Child and Family Connections

System of Care Review 2012: Strengths and Recommendations
**Introduction**

Child and Family Connections, Inc. (CFC) is the Lead Network Agency for Community-Based Care in Palm Beach County, Florida. Founded by three community agencies with more than 150 combined years of service; (Children's Home Society of Florida, Family Preservation Services, and the Children's Place at Home Safe), CFC draws experience from a long and rich history in not only Palm Beach County, but from across the State of Florida.

These agencies, with the support of the Community Alliance of Palm Beach County and the Palm Beach County Children’s Services Council, partnered to develop a local response to the Department of Children and Families initial ITN and became the Community-based Care (CBC) Lead Agency in Palm Beach county. Since the agency’s founding, their strong community foundation has grown to include the partnership and support of other stakeholders including our service provider network partners, the Local Education Agency, Department of Juvenile Justice, Legal Aid Society, Children’s Medical Services, Agency for Health Care Administration and countless community organizations.

Guided by an agency mission, vision, commitments, and values, the agency has built a legacy for foster children and their caregivers by establishing program collaborations and efficiencies designed to improve outcomes for children and families.

**CFC Mission Statement**

It is the mission of CFC to promote a safe living environment, permanency and stability for the children and families of Palm Beach County.

**CFC Vision Statement**

It is the vision of CFC to achieve our mission while maintaining core values of respect, integrity, service, diversity, excellence, openness, and stewardship.

**CFC Commitments**

The System of Care should:

- Engage the community in service delivery.
- Ensure the physical and emotional safety and well-being of children and their families.
- Ensure timely permanency for all children.
- Deliver family preservation programs for families at risk.
- Ensure provider accountability.
- Maintain genuine respect for the worth and dignity of all people.

**Values**

*Respect:* Maintain genuine respect for the worth and dignity of all people with whom we work and serve.
**Integrity:** Remain faithful to our mission and the highest standards of ethical and professional behavior.

**Service:** Maintain the highest standards of quality in our programs and operations following Council on Accreditation standards and using performance measures that are outcome based.

**Diversity:** Maintain employment policies that promote diversity and cultural competency in how staff members are treated and how services are provided.

**Excellence:** Provide leadership to assure that an environment of learning is created in which innovation and creativity are encouraged and rewarded.

**Openness:** Maintain responsible, honest, and open communication.

**Stewardship:** Maintain responsible stewardship of Child and Family Connection resources, including finances, equipment, human resources and use of public funds.

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**Governance and Leadership**

Governed by a community-based board of directors since 2006, CFC has engaged existing community resources and facilitated the development of new resources that are responsive to the needs of children and families in our community. This local connection allows us to create a culture that is able to effectively serve families in a manner exceeding federal and state requirements, enhance the system of care through a continuous quality improvement approach, manage funds efficiently, provide services that represent the best value for our stakeholders and clients, engage families while protecting their dignity and fostering their growth, manage and utilize data to guide program development, and maintain children in their own homes or in the most appropriate and least restrictive setting.

The Board of Directors is comprised of six members that are representative of the communities served. There are currently two standing committees of the board: the Finance and Program Outcomes Committee and the Legal Risk Committee. These committees work with the CEO and assigned staff to make recommendations, address issues and provide assistance to the agency when needed.

The Board of Directors plays an integral role in overseeing the data and outcome driven CFC System of Care. The Board of Directors, as well as the community, reviews all pertinent data measures on a monthly basis. The Board of Directors takes a proactive view of the data and provides valuable input, suggestions and
recommendations to the CEO to improve outcomes. Key changes within the CFC System of Care occur based on board input. Recently, such recommendations have included significant changes to the service provision model and the continued integration of recognized best practices within the system of care. The Board supports agency efforts and involvement in statewide child welfare initiatives, including the Quality Parenting Initiative, Permanency Roundtables, Trauma Informed Care, and Family Preservation Programs.

Change in Management
Over the past ninety days, CFC has experienced significant change in leadership with the departure of two key staff. The challenge of the CEO’s resignation was met with a strong board response and hire of a tenured individual with significant leadership and executive management experience. The departure of the Quality Assurance Director resulted in a restructure of the agency. Presently, Quality Assurance is operating under the auspices of the Chief Financial Officer. In the long run, the organizational structure of the agency should be reviewed to ensure that such structure continues to be operationally logical and that the structure creates sufficient separation of functions to ensure that quality assurance functions are clearly impartial and able to reflect agency strengths and needs.

The Program Operations and Finance departments continue to operate under the management of tenured, experienced staff.

Accreditation
While CFC was scheduled to complete accreditation in 2012, the process was put on hold in response to the significant operational changes undertaken by the agency. It should be noted that, in preparation for accreditation, the agency developed a strong strategic plan, a quality set of policy and procedures including a Board Manual, and several operational guides.

Documents, policies and procedures are reflective of Council on Accreditation operating standards and, if followed, will provide a solid framework for continuing accreditation efforts at a later date.

Policy and Procedure
CFC has adopted a comprehensive policy structure covering all operational areas of the organization. Policies not only provide guidance for all primary business functions (including Board of Directors operation expectations) but for the entire life of the case. Through these policies, all agency subcontract providers have access to clear expectations and direction. Considering the significant organizational change that CFC has undertaken, policies should be reviewed carefully and revised to reflect any new or modified operating expectations / procedures.

Contract Management
In FY 2011, CFC began to utilize performance-based contracts. Though several of these contracts were subsequently eliminated when case management services were brought in house, the effort to tie performance expectations to outcomes was a
clear step in the right direction from a contract management standpoint. CFC should build upon this experience to expand efforts pertaining to implementing performance based contracts.

**Strategic Plan**

The Board oversees and participates in the development, implementation and execution of an agency-wide strategic plan. The last plan was developed by senior management, presented to the Board and approved in July 2011.

The FY 2010-11 Strategic Plan outlines specific challenges for CFC and the System Care. These include:

1. Not able to document impact on prevention
2. Board makeup (need for expansion, diversification of skills)
3. Diversity of funding; Weakness in grant acquisition
4. Don’t fully utilize information, program data and (special) report feedback to change system
5. Staff isn’t adequate, sufficient or deployed correctly; Don’t effectively utilize interns
6. Don’t market or use social networking efficiently; message isn’t consistent (branding)
7. Silos/segregation between departments
8. No strong history of fundraising or giving

Strategic objectives are categorized into several key operational areas: Administration, Governance, Program, and Marketing. Each area has one or more identified goals and multiple objectives within each goal.

**Administration:**

Goal Statement: Increase management effectiveness and support for Network of Care

- Strategic Objective A: Become COA Accredited as a Network Lead Agency
- Strategic Objective B: Enhance PQI-related activities; Better utilization of program data
- Strategic Objective C: Improve procurement processes to better anticipate/match program needs
- Strategic Objective D: Improve inter-departmental communication

**Governance:**

Goal Statement: Strengthen CFC Board

- Strategic Objective A: Expand Board in number and diversity of members
- Strategic Objective B: Strengthen Board knowledge
Strategic Objective C: Increase Board advocacy and involvement

Program:
Goal Statement: Develop programming that will support reunification/permanency, empower families, and keep them from entering the formal child welfare system

- Strategic Objective A: Enhance focus on the needs and strengths of families and their engagement in services
- Strategic Objective B: Enhance focus on prevention (family preservation; diversion)
- Strategic Objective C: Improve permanency outcomes for children and families
- Strategic Objective D: Fully implement Trauma Informed System of Care

Marketing:
Goal Statement: Establish public image/recognition of CFC as a high-impact, high-performing child welfare lead agency

- Strategic Objective A: Increase awareness of CFC in community and among stakeholders
- Strategic Objective B: Establish consistency in CFC branding
- Strategic Objective C: Effectively manage the media and CFC public image

Finance:
Goal Statement: Achieve long-term financial viability

- Strategic Objective A: Maintain sound financial management practices
- Strategic Objective B: Diversify funding
- Strategic Objective C: Address weaknesses in grant acquisition

Since being adopted, the CFC system of care has undergone a significant transition. It is important that the existing strategic plan be revisited and modified to reflect current systemic needs within the revised service provision model.

Board Membership
Though the current Board possesses the requisite diversity, skills, and ability to effectively manage CFC, there has been significant attrition from the Board over the past twelve months. In order to remain effective on a long-term basis, CFC Executive Leadership, in partnership with current Board Leadership, must strategically recruit new membership. By doing so, the Board will continue to remain effective and be able draw upon community connections to strengthen agency programs, community impact, and service outcomes for families and children.

Funding Diversification
Presently, CFC’s annual budget is almost 100% dependent on the agency’s Lead Agency contract with the State of Florida Department of Children and Family. This
contract is subject to regular procurement efforts by the State and is, therefore, at
significant risk. Further, the agency budget is also subject to state appropriations
and fluctuations in available funding. CFC has been the beneficiary of recent state
budget reallocations during FY11-12.

CFC’s Board has not historically pursued fund raising activities in order to allow our
local subcontracted agencies (of which many are local organizations with strong
community history and ties) to fund raise without “competition”. However, in an
effort to improve the fiscal viability of the agency and improve community visibility,
the strategic plan included objectives related to increasing donations and fund
raising activities. In the coming year, the Board and Senior Leadership should
identify ways to leverage State funds by diversifying the budget. Strategies for
pursuing grants, enhancing fund raising activities and leveraging additional
community support through donations may be considered as part of this plan.

**Network Structure**

CFS’ system of care has undergone significant change in the past several months.
Most significantly, in March all case management services were brought in house in
an effort to strengthen practice, collaboration and outcomes.

System wide, CFC is committed to finding solutions to local system challenges
including:

- Ease of system navigation
- Service capacity and consistency
- Out of home care capacity
- System wide communication
- Financial constraints
- Lack of community awareness
- Independent living
- Parent engagement

Presently a significant number of core services are housed within CFC, including:

- Case Management
- Adoption Licensing and Subsidy determinations
- Clinical Support Services and Referrals
- Community Relations
- Contracts
- Data Services
- Diligent Search
- Diversion and Prevention Service Referrals
- Eligibility Management
- Finance and Accounting
- Human Resources
- Licensing Support
- Management Information Systems
- Office Management
- Operations Specialists
Permanency Specialists, Placement Specialists, Quality Assurance, Training

CFC contracts with other community-based organizations that provide support to the case management process. Services range from foster parent recruitment, residential services, stabilization, diversion, visitation, adoption promotion, medical support, mentoring, intensive in home and other services as needs are identified. The following program areas represent the range of ancillary services.

- Family Preservation Services - Parent Child Center and Boys Town. This program utilizes in-home support, services, and referrals to families to divert families from entering the child welfare system.
- Child Placing Agencies - Kids in Distress, Place of Hope, Choices, and Camelot Community Care. Provide licensing and support of foster homes. Camelot and Alternate Family Care also provide Therapeutic Foster Care.
- Emergency Shelter Placements - Place of Hope, Grandma’s Place, and Vision Quest.
- Residential Group Care Services –The Haven, Nelle Smith, and Home Safe.
- Independent Living Services – Vita Nova. Provides case management services in life skills training, job skills coaching and training, self sufficiency support, education coordination, financial skills training and support and Road to Independence Scholarship program management
- Foster Adoptive Parent Association – Independent Contractor. Provides support to foster parents.
- Adoption Services and Support – Children’s Home Society (CHS) recruits adoptive families and provide support during and after an adoption.
- Mental Health Services including Therapeutic Behavioral Overlay Services, Targeted Case Management, Psychiatric, Psychological, Parenting through service agreements with Multilingual Psychotherapy Counseling, Inc., Parent Child Center, CORTE, Center for Family Solutions, Family Preservation Services, Center, Boys Town for Family Services, Court Psychology, etc.
- Domestic Violence Services-service agreements with Wellington Counseling Services, DART, Let’s Grow Together, etc.

**Diversion Services**

A particular strength of the CFC network is the diversion program. During 2010 – 2011, 316 families were served through the program. The program experienced a sixty-six percent (66%) completion rate resulting in 180 families successfully being served. Forty-four families did not remain with the program long enough to permit a service plan to be generated.

The success of the program is obvious: ninety-five percent (95%) of families did not have a verified abuse report while engaged with services and ninety-two percent of families were free of re-abuse post-service completion.
**Trauma Informed Care**

CFC has focused on the development of a trauma informed system of care. Children’s safety must be ensured and children and their families must be connected with services that help them to process and integrate traumatic experiences. The system of care has been educated about the impact of childhood traumatic experiences and how systems can traumatically impact a child. The focus continues to be on the development of treatment strategies that address the individual’s trauma experience and appropriately identify trauma-affected children.

CFC uses resources from the National Child Traumatic Stress Network including the *Child Welfare Trauma Toolkit* and *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC)*. The toolkit is designed to teach basic knowledge, skills, and values about working with children who are in the child welfare system and who have experienced traumatic stress. It also teaches how to use this knowledge to support children’s safety, permanency, and well-being through case analysis and corresponding interventions tailored for them and their biological and resource families.

**Residential Placement**

CFC’s out-of-home care budget has taken a serious toll on the organization’s finances over the past year. Though spending is coming under control, CFC must continue to focus on core program factors to ensure that quality diversion services are available when risk and safety factors permit and families are willing to participate. Further CFC must continue to expand efforts to ensure that kinship local foster family homes are available and utilized as placement options of first choice when appropriate.

**Quality Assurance**

CFC’s QA process is grounded in the collection and review data and information. These data are aggregated and used to examine utilization, contract compliance and case management performance throughout the System of Care. A particular strength of the CFC QA model is the fact that data is collected and reviewed at many different points throughout the life of a case in order to monitor progress toward goals. Specific data collection points include: case assignment, case plan development, supervisory review, permanency staffing(s), reunification staffing(s), child specific staffing(s), QA reviews at contract monitoring.

CFC’s QA process engages core internal and external staff including the case manager, supervisor, program director, provider and CFC staff. In addition CFC staff are involved in continuous quality assurance which ensures that all staff are engaged in the process of examining feedback and data and making improvements. This results in a more individualized course of action and a greater likelihood that outcomes are achieved. The QA process also allows for critical life, health, and safety issues to be identified and corrected in an efficient manner and encourages ongoing
and early detection of performance deficiencies as well as promoting promising practice.

CFC CEO and management team have staffed the QA department to ensure ongoing implementation of CQI activities. CFC has five full-time positions dedicated to implementing our CQI Plan. The Director of Quality Assurance and Contracts provides oversight to the Quality Assurance and Contract Staff, and reports to the CFO. The Quality Assurance Team consists of the Quality Assurance Coordinator and three Quality Assurance Managers. The QA staff are responsible for completing all case file reviews, annual subcontract monitoring and tracking performance towards quality improvement initiatives as well as conducting special reviews of cases or providers as needed.

The Director of Quality Assurance and Contracts and the Quality Assurance Coordinator provide data and co-facilitate the Quality Improvement Committee. The entire CQI team works together to coordinate the quarterly case record reviews, outside reviews of the agency, analyze data and complete written reports. The staff members responsible for CQI are qualified by experience and education to engage staff from all areas of the agency, systemically collect and analyze data, and communicate results and recommendations for each key audience.

Another strength of CFC is their use of systemic meetings CFC the CQI process throughout the network on a continuous basis by using a series of regularly scheduled committees and meetings. The CEO and management leadership team at CFC have endorsed this process as part of the culture that promotes excellence and continual improvement. All members of management receive reports from staff at weekly staff meetings and individual supervision, regarding the quality activities they have included in their contacts with network providers. Those activities are reported to the entire management team on a weekly basis at management meeting.

Board of Director committees include:

- **The Legal and Risk Committee** of the Board of Directors includes selected Board members with assistance from the CFC Management Team as well as CFC’s legal representative. The team reviews policy and procedures and any legal matters that may cause risk to CFC. This Board Subcommittee reports to the full Board.

- **The Finance Committee** of the Board of Directors included selected Board members with assistance from CFC staff members from finance and management. The committee reviews the monthly budget statements, reports the financial state of CFC to the Board Monthly and makes recommendations to the board regarding financial matters affecting CFC.

CFC committees and workgroups include:

- **The Policy and Procedure Workgroup** was developed from staff members throughout the agency to review policies, procedures and forms, review
updates to policies, procedures and forms, and make recommendations before the policies and procedures are presented to the Program Quality Subcommittee of the Board of Directors.

- **The Health and Safety Committee** is chaired by CFC’s HR Coordinator and includes representation from each area within CFC. This committee reviews issues related to the CFC work environment such as fire drills, policy and procedure regarding visitors to CFC, and any other concerns about the building or environment to ensure the optimum health and safety of our employees.

- **The Quality Improvement Committee** consists of all of the program directors, supervisors and QA staff from the case management organizations. The DCF regional QA staff and CFC QA staff are also included. All quality assurance and data reports are presented through the Quality and Performance Improvement committee. Through this committee, any projects for performance improvement are determined and surveys are coordinated. Incident reporting is also shared with the Risk Management Committee.

Following each semi-annual case file review the Quality Improvement Committee is convened to discuss opportunities for improvement as well as areas of excellent performance. At each committee meeting data is presented in a variety of ways. Network wide data is presented on topics that are monitored on an ongoing basis such as ICWA and supervisory reviews. Agency specific data is presented on several topics that need improvement as determined by the results of each semi-annual case file review. Case specific data is presented as each supervisor receives a detailed report of each case reviewed in their unit with all of the answers from the tool and all reviewer comments included. Each agency is then given time to review their data and determine actions that can be implemented to improve performance. Previous actions are also reviewed at each committee meeting to determine the success and need for changes in the action plans.

- **Coordinators’ Meeting**: CFC is structured such that there is a Coordinator over each program area. The CFC coordinators participate in monthly meetings designed to increase the level of communication and teamwork among them. These meetings promote Continuous quality improvement by identifying areas for improvement throughout the network. This process also promotes efficiency as the coordinators will be able to identify issues that impact numerous departments at the same time and coordinate their actions accordingly. The QA coordinator reports on contract monitoring results as well as network provider corrective action progress to get feedback on improving performance across the network.

This committee/workgroup structure enables all areas within the System of Care to participate and be integrated into quality and performance improvement. A review of the Continuous Quality Improvement process is incorporated into the CFC new hire orientation. In addition, QA staff members participate in each committee
(where appropriate) and attend individual department staff meetings in order to include front line staff in the process. CQI short and long-term goals and work plans are included as a standing item on meeting agendas.

**CBC Outcomes**

Current performance outcomes should be the focus of CFC through their recent organizational restructure. Overall, the agency is falling short on several State key measurements and organizational efforts should be focused on performance improvement. Most importantly, these efforts should be operationalized through a strong strategic plan with strong objectives. Current 2012 performance is reflected in the current chart:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target Performance</th>
<th>Agency Performance Through April 2011</th>
<th>Statewide Performance</th>
<th>Variance from Target</th>
<th>Variance from Statewide Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In-State Children Seen within 30 Days (In-Home &amp; Out-of-Home)</td>
<td>99.50%</td>
<td>92.77%</td>
<td>98.33%</td>
<td>-6.73%</td>
<td>-5.56%</td>
</tr>
<tr>
<td>2. No Verified Maltreatment During In-Home Services or within 6 Months of Termination of Services (In-Home &amp; Out-of-Home)</td>
<td>96.00%</td>
<td>97.13%</td>
<td>95.57%</td>
<td>1.13%</td>
<td>1.56%</td>
</tr>
<tr>
<td>3. Ratio of Children Receiving Family Preservation Services to Children with Verified Maltreatment</td>
<td>2</td>
<td>0.65</td>
<td>1.66</td>
<td>-1.35</td>
<td>-1.01</td>
</tr>
<tr>
<td>4. Required Mother &amp; Father Contacts: Child in Out-of-Home Care, Goal Reunification</td>
<td>50.00%</td>
<td>31.49%</td>
<td>40.92%</td>
<td>-18.51%</td>
<td>-9.43%</td>
</tr>
<tr>
<td>5. Children Reunified within 12 Months of Entry</td>
<td>48.40%</td>
<td>35.68%</td>
<td>43.82%</td>
<td>-12.72%</td>
<td>-8.15%</td>
</tr>
<tr>
<td>6. Reunified Children Who Re-entered Care within 12 Months</td>
<td>9.90%</td>
<td>19.19%</td>
<td>12.24%</td>
<td>-9.29%</td>
<td>-6.95%</td>
</tr>
<tr>
<td>7. Ratio of Adoptions in Last 12 Months to Children in Care More than 12 Months</td>
<td>0.50</td>
<td>0.41</td>
<td>0.41</td>
<td>-0.09</td>
<td>0.00</td>
</tr>
<tr>
<td>8. Children in Care 8 Days-12 Months with No More than Two Placements</td>
<td>86.00%</td>
<td>81.89%</td>
<td>87.38%</td>
<td>-4.11%</td>
<td>-5.49%</td>
</tr>
<tr>
<td>9. Medical, Immunization, Dental Services</td>
<td>90.00%</td>
<td>78.71%</td>
<td>86.87%</td>
<td>-11.29%</td>
<td>-8.16%</td>
</tr>
<tr>
<td>10. Children Ages 5-17 Enrolled in School</td>
<td>95.00%</td>
<td>97.13%</td>
<td>99.03%</td>
<td>2.13%</td>
<td>1.90%</td>
</tr>
<tr>
<td>11. Former Foster Youth Ages 19-22 with Diploma or GED</td>
<td>40.00%</td>
<td>50.69%</td>
<td>50.32%</td>
<td>10.69%</td>
<td>0.37%</td>
</tr>
</tbody>
</table>

With the exceptions of verified maltreatment during in-home services, the number of children enrolled in school, and the number of foster youth who have obtained a diploma or GED, CFC is performing below DCF expected performance and below peer (CBC) performance. While the absence of verified maltreatment is encouraging, the data clearly points to the need for CFC to focus on critical permanency and well-being measures.
Recommendations

Based on a review of CFC’s current operating structure, performance and outcome data, there are several strengths and recommendations that have become evident:

**Strengths**

1. CFC has taken significant strides towards accreditation. As the new organizational structure becomes fully operationalized, CFC should complete the accreditation process.
2. CFC has a strong set of operating policies and procedures that are accreditation ready.
3. Quality assurance processes are well defined and appear to be fully operational. Data is readily available and accessible to management and other stakeholders on a regular or ad hoc basis.
4. CFC has a strong diversion process that is data-driven. The program is successfully serving approximately 200 families per year and achieving strong results. Factors that make this program successful should be identified and expanded across the system of care.
5. CFC has made positive steps towards establishing a trauma-informed, trauma-sensitive system of care. An evidence-based model of care has been selected and implemented within the system.

**Recommendations**

1. Strategic initiatives to ensure that will ensure that out kinship and local foster family homes are utilized when appropriate should continue. CFC’s out of home care budget should continue to be the primary focus for the agency in the coming year.
2. Diversify and strengthen board membership and leadership through strategic recruitment and outreach efforts.
3. The agency strategic plan should be reviewed and revised to reflect current challenges and organizational objectives. The agency should complete a comprehensive SWOT (Strength, Weaknesses, Opportunity, Threats) analysis as part of the strategic planning effort.
4. The agency should complete efforts towards accreditation.
5. Performance factors continue to be a struggle for CFC as evidenced by their aggregate contract measure outcomes. CFC should identify those safety and well-being performance measures that will be most quickly impacted and begin by focusing strategic improvement efforts on those measures.