

ITN# ITN-024-CMO Inquiries and Responses

Inquiry #	Provider	Inquiry	FSS Response																								
1	Gulf Coast Jewish Family and Community Services	In Section 11.4 Item 5. The ITN states "plan must also include the providers' indirect allocation and rate methodology and a description of costs allocated to indirect. Further, in 5. d. the ITN states "indirect costs must be kept at or below 10%." Our organization's federally negotiated indirect rate is 14.65% are we allowed to use this rate?	Yes																								
2	Gulf Coast Jewish Family and Community Services	How many months should be included in any plans the proposed transition period? Are start-up salaries, benefits and recruiting costs, allowable in the transition period?	Yes, reasonable startup costs are allowable. The proposed budget for the FY needs to include all projected costs and effectively explained in the relevant workbook tabs.																								
3	Gulf Coast Jewish Family and Community Services	Are start-up costs allowable if the proposed services are new? Will equipment be transferred from existing providers? I.e. computers, phones, desks, chairs, etc.	Yes, reasonable startup costs are allowable. The proposed budget for the FY needs to include all projected costs and effectively explained in the relevant workbook tabs. Necessary equipment would be negotiated.																								
4	Gulf Coast Jewish Family and Community Services	Is it allowable to provide electronic signatures i.e. DocuSign?	Yes																								
5	Gulf Coast Jewish Family and Community Services	Is it possible to get a report of the number of unduplicated children and families receiving FAST services in Pinellas County in the following time periods FY22 July 1, 2021 – June 30, 2022 and FY23 July 1, 2022 – June 30, 2023?	FSS providing services in the circ"it in January 2022 so the data below reflects clients served for FY23 only: <table border="1" data-bbox="1055 745 1364 840"> <thead> <tr> <th>Additional Information</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total number of children served (Unduplicated)</td> <td>964</td> </tr> <tr> <td>Total number of children ages 5 and under served (Unduplicated)</td> <td>496</td> </tr> </tbody> </table>	Additional Information	Total	Total number of children served (Unduplicated)	964	Total number of children ages 5 and under served (Unduplicated)	496																		
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6	Gulf Coast Jewish Family and Community Services	Is it possible to get a summary 12-month report of performance outcomes and achieved metrics for children/families receiving FAST Services for Pinellas County for the following time periods FY22 July 1, 2021 – June 30, 2022 and FY23 July 1, 2022 – June 30, 2023?	<table border="1" data-bbox="974 850 1396 1218"> <thead> <tr> <th>Contract Performance and Outcome Measures FY 22-23</th> <th>Target</th> <th>Actual</th> <th>% Met</th> </tr> </thead> <tbody> <tr> <td>Total number of families to be served (Unduplicated)</td> <td>483</td> <td>472</td> <td>97.72%</td> </tr> <tr> <td>Children not neglected or abused during service provision</td> <td>95.00%</td> <td>1179</td> <td>99.16%</td> </tr> <tr> <td>Children not neglected or abused within 6 months of service provision</td> <td>95.00%</td> <td>22</td> <td>100.00%</td> </tr> <tr> <td>Children not neglected or abused within 12 months of service provision</td> <td>95.00%</td> <td>35</td> <td>94.59%</td> </tr> <tr> <td>Children receiving Family Support Services and In Home Non Judicial Services who DO NOT enter the FSS System of Care Dependency System during service provision</td> <td>90.00%</td> <td>324</td> <td>97.30%</td> </tr> </tbody> </table>	Contract Performance and Outcome Measures FY 22-23	Target	Actual	% Met	Total number of families to be served (Unduplicated)	483	472	97.72%	Children not neglected or abused during service provision	95.00%	1179	99.16%	Children not neglected or abused within 6 months of service provision	95.00%	22	100.00%	Children not neglected or abused within 12 months of service provision	95.00%	35	94.59%	Children receiving Family Support Services and In Home Non Judicial Services who DO NOT enter the FSS System of Care Dependency System during service provision	90.00%	324	97.30%
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7	Camelot Community Care	On Page 1 of the ITN, the following is stated "Any areas of the proposal that the Respondent does not wish to provide or respond to, the Respondent shall notate those as not applicable in their proposal and will not be scored for those areas. This will not prevent the Respondent from being awarded part of the ITN". Please confirm that if only responding to a specific service, the non-scored sections will not result in a lower overall score for the response. In other words, is the programmatic section scored equally based on the service the respondent wishes to provide and is not impacted by not responding to all services.	That is correct.																								
8	Thompson Child and Family Focus	What were your monthly removal rates over the last FY for Pasco county?	<table border="1" data-bbox="1104 1480 1323 1879"> <tbody> <tr><td>Jul-22</td><td>38</td></tr> <tr><td>Aug-22</td><td>39</td></tr> <tr><td>Sep-22</td><td>24</td></tr> <tr><td>Oct-22</td><td>32</td></tr> <tr><td>Nov-22</td><td>23</td></tr> <tr><td>Dec-22</td><td>19</td></tr> <tr><td>Jan-23</td><td>26</td></tr> <tr><td>Feb-23</td><td>24</td></tr> <tr><td>Mar-23</td><td>33</td></tr> <tr><td>Apr-23</td><td>19</td></tr> <tr><td>May-23</td><td>13</td></tr> <tr><td>Jun-23</td><td>11</td></tr> </tbody> </table>	Jul-22	38	Aug-22	39	Sep-22	24	Oct-22	32	Nov-22	23	Dec-22	19	Jan-23	26	Feb-23	24	Mar-23	33	Apr-23	19	May-23	13	Jun-23	11
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11	Thompson Child and Family Focus	What was the average service duration in Pinellas County in FY23?	24.3 months for the removal episode																								
12	Thompson Child and Family Focus	What was the average service duration in Pasco County in FY23?	20.1 months for the removal episode																								
13	Thompson Child and Family Focus	What were your outcome measures for the CMO and diversion provider in Pasco County in FY23?	See Exhibit A																								
14	Thompson Child and Family Focus	What were your outcome measures for the CMO and diversion provider in Pinellas County in FY23?	See Exhibit B																								
15	Youth and Family Alternatives	Is it FSS's intent to subcontract all foster care case management and adoptions services or will FSS continue to keep a portion of this in house in Pinellas County?	FSS will retain a portion of case management and related services in Pinellas County.																								
16	Youth and Family Alternatives	Will Motivational Interviewing training be provided by FSS or is the coordination and cost associated with the training the responsibility of the Respondent?	FSS arranged for this training to be provided on an ongoing basis moving forward.																								
17	Youth and Family Alternatives	What is the estimated length of service and caseload for a TEAM therapist?	It is a 6 to 8 week program assigned to every child removed. Case loads are dependent on the number of children coming into care.																								
18	Youth and Family Alternatives	The ITN ratio for adoptions states the case manager may be assigned primary or secondary. FSS required adoption case managers to be assigned secondary in the current fiscal year. Will that be a requirement again or will the CMO have the autonomy to decide?	This is not a current requirement. The ITN response should describe the adoption case manager's role and responsibilities. At minimum, the Adoption Case Managers are responsible for timely and accurate preparation of the adoption related portions of the progress update and/or Judicial Review Social Study and any required Adoption Status Reports. This preference will align with either the 1 to 20 ratio for adoption staff as primary, or 1 to 35 for adoption staff ratio as secondary.																								
19	Youth and Family Alternatives	The list of Employees does not include OCS case managers. YFA was informed by FSS that we will be required to provide primary case management for C6 children residing in Hillsborough (C13) county. - Will additional OCS positions be added to the contract to meet this requirement due to travel/distance requirements? - Will there be any additional funds for mileage?	FTE allotment will be based on the numbers of children to staff ratio. Case loads are the primary determining factor is FTE positions needed. Any anticipated mileage costs should be included in the budget proposal.																								
20	Youth and Family Alternatives	Will the current MOU between DCF/CPI and CMO/FSS regarding supervision and transportation of sheltered children be modified with CMO participation and input?	There is not a current MOU between DCF/CPI's. If one is created in the future, we would seek CMO input.																								
21	Youth and Family Alternatives	When will FSS assume Background Screening as indicated would occur?	July 1, 2024.																								
22	Thompson Child and Family Focus	How many kids were open in the Pinellas dependency court system as of 7/1/2022 (broken out by out-of-home and in-home care)?	Please refer to the Office of Child and Family Well-Being Dashboard (https://www.myffamilies.com/ocfw-dashboard) for county specific data.																								
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27	Thompson Child and Family Focus	How many cases were open in the Pasco dependency court system as of 7/1/2022 (broken out by out-of-home and in-home care)?	In Home:114 Out of Home: 584
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29	Thompson Child and Family Focus	How many cases were open in the Pasco dependency court system as of 7/1/2023 (broken out by out-of-home and in-home care)?	In Home:94 Out of Home: 534

EXHIBIT A

CMO PERFORMANCE MEASURES - PASCO				
Ref#	Category	Measure Description	Standard	Report Period
1.	Safety	Percent of children with no verified maltreatment within six months of termination of supervision.	95%	The month ending nine months prior to the report month (e.g., January 1, 2020 to January 31, 2020 for the report month ending September 30, 2020).
2.	Safety	Children with no recurrence of verified maltreatment within 12 months of a prior verified maltreatment	90.9%	The month ending 15 months prior to the end of the report month. (e.g. March 1, 2020 - March 31, 2020 for the month ending June 30, 2021).
3.	Permanency	Children achieving permanency within 12 months of entering care.	41%	The month beginning 12 months prior to the end of the report month (e.g. June 1 through June 30, 2019 for the report month ending June 30, 2020).
4.	Permanency	Children achieving permanency within 12 months for children in Out-of-home care between 12 and 23 months.	44%	The beginning of the day 12 months prior to the end of the report month (e.g. July 1, 2019 for the report month ending June 30, 2020).
5.	Permanency	Children achieving permanency within 12 months for children in out-of-home care for 24 months or more	30%	The beginning of the day 12 months prior to the end of the report month (e.g. July 1, 2019 for the report month ending June 30, 2020).
6.	Permanency	Children who do not re-enter foster care within 12 months of moving to a permanent home.	91.7%	The 12-month period ending 24 months prior to the end of the report quarter. (e.g., October 1 to September 30 for the 12-month period ending September 30).

7.	Safety	Percent of children not abused or neglected while in out-of-home care.	98%	The month ending three months prior to the end of the report month (e.g., June 1, 2020 to June 30, 2020 for the report month ending September 30, 2020).
8.	Safety	Percent of children not abused or neglected while receiving in-home services.	95%%	The month ending three months prior to the end of the report month (e.g., June 1, 2020 to June 30, 2020 for the report month ending September 30, 2020).
9.	Well-Being	Percent of children under supervision who are seen every 30 days.	99.5%	The month ending as of the end of the report month.
10.	Well-Being	Percent of cases with caseworker visits with parents monthly.	80%	The month ending as of the end of the report month.
11.	Well-Being	Percent of case managers and supervisors maintained by vendor for contractual needs.	TBD	Monthly: Staff available must be reported monthly to ensure availability is being maintained.
12.	Permanency	Children's placement moves per 1,000 days in foster care.	≤ 4	The month ending as of the end of the report month
13.	Permanency	Percent of children placed with relatives or nonrelatives.	65%	The last day of the report month.
14.	Permanency	Percent of sibling groups where all siblings are placed together.	65%	The last day of the report month.
15.	Permanency	Number of children with finalized adoptions during each state fiscal year (SFY) ending June 30. SFY 2021-22 SFY 2022-23	TBD TBD	Monthly: Performance through the end of the month prior to the report month Fiscal Year to Date: Same as monthly.

16.	Safety	Cases with concerted efforts to provide services to prevent entry/re-entry into out-of-home care.	TBD%	The month ending as of the end of the report month.
17.	Safety	Cases Transferred to Case Management within 10 business days	TBD%	The month ending as of the end of the report month (e.g. June 1, 2020 – June 30, 2020 for the month ending June 30, 2020).
18.	Well-Being	Cases with quality caseworker visits with child every 30 days. (ATTACHMENT 1)	TBD%	The month ending as of the end of the report month.
19.	Well-Being	Cases for which concerted efforts were made to assess and provide services to meet the needs of children, parents, and foster parents.	TBD%	The month ending as of the end of the report month.
20.	Well-Being	Cases with concerted efforts to involve children and parents in case planning.	TBD%	The month ending as of the end of the report month.
21.	Well-Being	Cases with quality caseworker visits with parents every 30 days to ensure safety, permanency, well-being and support achievement of case goals. (ATTACHMENT 1)	TBD%	The month ending as of the end of the report month.
22.	Well-Being	Cases with concerted efforts to meet the educational needs of the child.	TBD%	The month ending as of the end of the report month.
23.	Well-Being	Cases with concerted efforts to meet the mental/behavioral health needs of the child	TBD%	The month ending as of the end of the report month.
24.	Well-Being	Cases with concerted efforts to meet the physical and dental health needs of the child.	TBD%	The month ending as of the end of the report month.

25.	Permanency	Cases with appropriate permanency goals established in a timely manner.	TBD%	The month ending as of the end of the report month.
26.	Permanency	Cases for which concerted efforts were made to ensure visitation between a child in out-of-home care with parents and siblings in out-of-home care.	TBD%	The month ending as of the end of the report month.
27		Reduction in the average number of days from identification of a behavioral health need to completion of the assessment.	<p>Year 1: 85%</p> <p>Year 2: 95%</p> <p>Within 12 months of execution of the contract, 85% of children and families referred for behavioral health services will be assessed by a behavioral health provider</p>	
			<p>within 7 days (unless that assessment has specific timeframes that require longer timeframes).</p> <p>Within 24 months of execution of the contract, 95% of children and families referred for behavioral health services will be assessed by a behavioral health provider within 7 days.</p>	

CMO Measures

*These performance measures are subject to change by DCF and/or FSS.

**Performance Evaluation Methodology – The performance evaluation methodology for statewide measures is posted on the Department's website and included in the Biography of Accountability Metrics: <https://www.myflfamilies.com/service-programs/child-welfare/dashboard/>

B. Provider shall also meet or exceed the performance measures outlined in the DCF Scorecard, hereby incorporated by reference, as changed from time to time.

C. Additional Performance Requirements:

1. 100% of all chronological notes, case management activities, and documentation shall be accurate and entered into FSFN within two (2) Business Days of the event. For purposes of this section, compliance shall mean that no AFCARS errors attributable to Provider are generated.
2. Provider's CWCM shall participate in the Safety Meeting in collaboration with DCF and attend the Case Transfer Staffing for all cases.
3. 100% of reportable incidents will be submitted as per the Department and FSS policy and procedures.
4. Provider shall implement a plan for the early development and education of children and youth in out-of-home care. The plan will improve the educational, employment and life skill outcomes for children and will address the need to identify any barriers that stand in the way of their doing well in school and work. The plan should also include assisting young children in school readiness, including access to quality child care, compliance with the [Rilya Wilson Act](#), Early Head Start or Head Start, early childhood special education, Early Steps, and other early development and learning opportunities. Provider shall comply with all required MDT staffings for school, daycare, and placement changes.
5. Provider shall ensure that any child on visitation status does not exceed thirty (30) days, unless prohibited by a delay in receiving a court order.
6. Provider's CWCM shall ensure at a minimum that face-to-face contact with biological parents is conducted at least every thirty (30) days. If address of parents is unknown, the CWCM shall submit the Affidavit of Diligent Search for the missing parent and file with CLS in a timely manner.
7. Provider's CWCM Supervisor shall conduct supervisory consults on all cases in their unit every ninety (90) days in conjunction with progress updates. Supervisory Consultations will be conducted and documented in FSFN for all case management stages: Introduction, Preparation, Exploration, Progress Evaluation, Approval of Safety Plans, Approval of Case Plans, Approval of FFA-O, At critical junctures in the case, Approval of case closure. Reference [CFOP 170-9 Ch. 10](#).
8. Provider will conduct all Child Welfare Case Manager Reviews of foster homes per [F.A.C. 65C-13](#) and submit the required review within five (5) days of the child's exit from the placement.
9. Provider will conduct all Child Welfare Case Manager Exit Interviews with every child, age 5-18, when placement changes after a child has been in the placement for at least thirty (30) days, per [F.A.C. 65C-28](#) and submit the required exit interview to FSS within five (5) days of the child's exit from the placement.
10. Provider's CWCM will create a Child Placement Agreement when children that need out of home care may pose a significant threat to the safety of other children or themselves; either a Care Precaution Plan or Behavior Management Plan. (Requirements of plans noted in [CFOP 170-11 Ch. 4](#)).
11. Provider shall comply with any Corrective Action Plan instructions issued by FSS as a result of this Agreement.

12. At least 95% of current medical reports shall be uploaded into FSFN as referenced in Attachment XVII, Quality Services.
13. At least 95% accuracy with utilizing UF Med Consults (<https://dcf.psychiatry.ufl.edu/>) on every child prescribed two (2) or more medications as referenced in Attachment XVII, Quality Services.
14. At least 95% accuracy with FSFN documentation of correct and up-to-date legal consent – parental or court order as referenced in Attachment XVII, Quality Services.
15. At least 85% accuracy that the medication tab in FSFN is up-to-date as referenced in Attachment XVII, Quality Services.
16. Provider shall submit 95% of all updated progress updates one (1) week prior to the permanency staffing as referenced in Attachment XVII, Quality Services.
17. In 99% of cases, Provider shall initiate the permanency note in FSFN for each permanency staffing on the day of the staffing and shall complete the note within 48 hours of initiation as referenced in Attachment XVII, Quality Services.
18. Provider shall complete or articulate why there is a delay in completing 95% of all recommendations within two (2) weeks of the held permanency staffing as referenced in Attachment XVII, Quality Services.

D. Additional Independent Living Outcomes:

1. 99.5% of eligible ** youth age seventeen (17) will have a transition from care plan signed and filed with the court within 90 days immediately following the youth's seventeenth (17th) birthday. This transition from care plan shall be updated and filed with the court at least six (6) months prior to the youth's eighteenth (18th) birthday. The transition from care plan shall be updated and filed with the court again no later than 90 days prior to the youth's eighteenth (18th) birthday.
2. 99.5% of youth ages 13-17 will have a comprehensive case plan filed with the court, which meets the requirements of Florida Statute, Florida Administrative Code, and FSS Policies/Procedures.
3. Baseline: Youth aged 16 and 17 shall have a completed Independent Living needs assessments uploaded into FSFN. This measure shall be re-evaluated on an annual basis and amended from time to time.
4. Eligible**: With appropriate documentation, the following may be excluded from the eligible youth population for skills assessments. However, each youth previously excluded must be reviewed no less than every 90 days for redetermination of eligibility:
 - a. Youth on runaway
 - b. Youth incarcerated in a juvenile justice/correctional facility where a skills assessment and plan is developed as part of the program. If a skills assessment and plan is not part of the services provided to the youth through the program, the Provider must ensure that a skills assessment and training plan/services is offered to the youth.
5. Youth currently placed in a mental health or medical health facility. If a skills assessment and plan is not part of the services provided to the youth through the program, the Provider must ensure that a skills assessment and training plan/services is offered to the youth- unless there is a documented statement from the mental health or medical health provider that such an assessment/skills plan and try.

DIVERSION PERFORMANCE MEASURES

Re #	Category	Measure Description	Standard	Frequency of Measurement
1.	Safety	Percent of children with no verified maltreatment within six months of termination of supervision.	95%	The month ending nine months prior to the report month (e.g., January 1, 2020 to January 31, 2020 for the report month ending September 30, 2020).
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**Performance Evaluation Methodology – The performance evaluation methodology for statewide measures is posted on the Department’s website and included in the Biography of Accountability Metrics: <https://www.myflfamilies.com/service-programs/child-welfare/dashboard/>

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24. Provider shall comply with any Corrective Action Plan instructions issued by FSS as a result of this Agreement.

EXHIBIT B

Pinellas County CMO – DIVERSION PERFORMANCE MEASURES				
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2.	Safety	Children with no recurrence of verified maltreatment within 12 months of a prior verified maltreatment	90.9%	The month ending 15 months prior to the end of the report month. (e.g. March 1, 2020 - March 31, 2020 for the month ending June 30, 2021).
3.	Permanency	Children achieving permanency within 12 months of entering care.	41%	The month beginning 12 months prior to the end of the report month (e.g. June 1 through June 30, 2019 for the report month ending June 30, 2020).
4.	Permanency	Children achieving permanency within 12 months for children in Out-of-home care between 12 and 23 months.	44%	The beginning of the day 12 months prior to the end of the report month (e.g. July 1, 2019 for the report month ending June 30, 2020).
5.	Permanency	Children achieving permanency within 12 months for children in out-of-home care for 24 months or more	30%	The beginning of the day 12 months prior to the end of the report month (e.g. July 1, 2019 for the report month ending June 30, 2020).
6.	Permanency	Children who do not re-enter foster care within 12 months of moving to a permanent home.	91.7%	The 12-month period ending 24 months prior to the end of the report quarter. (e.g., October 1 to September 30 for the 12-month period ending September 30).

7.	Safety	Percent of children not abused or neglected while in out-of-home care.	98%	The month ending three months prior to the end of the report month (e.g., June 1, 2020 to June 30, 2020 for the report month ending September 30, 2020).
8.	Safety	Percent of children not abused or neglected while receiving in-home services.	95%%	The month ending three months prior to the end of the report month (e.g., June 1, 2020 to June 30, 2020 for the report month ending September 30, 2020).
9.	Well-Being	Percent of children under supervision who are seen every 30 days.	99.5%	The month ending as of the end of the report month.
10.	Well-Being	Percent of cases with caseworker visits with parents monthly.	80%	The month ending as of the end of the report month.
11.	Well-Being	Percent of case managers and supervisors maintained by vendor for contractual needs.	TBD	Monthly: Staff available must be reported monthly to ensure availability is being maintained.
12.	Permanency	Children's placement moves per 1,000 days in foster care.	≤ 4	The month ending as of the end of the report month
13.	Permanency	Percent of children placed with relatives or nonrelatives.	65%	The last day of the report month.
14.	Permanency	Percent of sibling groups where all siblings are placed together.	65%	The last day of the report month.
15.	Permanency	Number of children with finalized adoptions during each state fiscal year (SFY) ending June 30. SFY 2021-22 SFY 2022-23	TBD TBD	Monthly: Performance through the end of the month prior to the report month Fiscal Year to Date: Same as monthly.

16.	Safety	Cases with concerted efforts to provide services to prevent entry/re-entry into out-of-home care.	TBD%	The month ending as of the end of the report month.
17.	Safety	Cases Transferred to Case Management within 10 business days	TBD%	The month ending as of the end of the report month (e.g. June 1, 2020 – June 30, 2020 for the month ending June 30, 2020).
18.	Well-Being	Cases with quality caseworker visits with child every 30 days. (ATTACHMENT 1)	TBD%	The month ending as of the end of the report month.
19.	Well-Being	Cases for which concerted efforts were made to assess and provide services to meet the needs of children, parents, and foster parents.	TBD%	The month ending as of the end of the report month.
20.	Well-Being	Cases with concerted efforts to involve children and parents in case planning.	TBD%	The month ending as of the end of the report month.
21.	Well-Being	Cases with quality caseworker visits with parents every 30 days to ensure safety, permanency, well-being and support achievement of case goals. (ATTACHMENT 1)	TBD%	The month ending as of the end of the report month.
22.	Well-Being	Cases with concerted efforts to meet the educational needs of the child.	TBD%	The month ending as of the end of the report month.
23.	Well-Being	Cases with concerted efforts to meet the mental/behavioral health needs of the child	TBD%	The month ending as of the end of the report month.
24.	Well-Being	Cases with concerted efforts to meet the physical and dental health needs of the child.	TBD%	The month ending as of the end of the report month.

25.	Permanency	Cases with appropriate permanency goals established in a timely manner.	TBD%	The month ending as of the end of the report month.
26.	Permanency	Cases for which concerted efforts were made to ensure visitation between a child in out-of-home care with parents and siblings in out-of-home care.	TBD%	The month ending as of the end of the report month.
27		Reduction in the average number of days from identification of a behavioral health need to completion of the assessment.	<p>Year 1: 85%</p> <p>Year 2: 95%</p> <p>Within 12 months of execution of the contract, 85% of children and families referred for behavioral health services will be assessed by a behavioral health provider</p>	
			<p>within 7 days (unless that assessment has specific timeframes that require longer timeframes).</p> <p>Within 24 months of execution of the contract, 95% of children and families referred for behavioral health services will be assessed by a behavioral health provider within 7 days.</p>	

*These performance measures are subject to change by DCF and/or FSS.

**Performance Evaluation Methodology – The performance evaluation methodology for statewide measures is posted on the Department’s website and included in the Biography of Accountability Metrics: <https://www.myflfamilies.com/service-programs/child-welfare/dashboard/>

B. Provider shall also meet or exceed the performance measures outlined in the DCF Scorecard, hereby incorporated by reference, as changed from time to time.

C. Additional Performance Requirements:

1. 100% of all chronological notes, case management activities, and documentation shall be accurate and entered into FSFN within two (2) Business Days of the event. For purposes of this section, compliance shall mean that no AFCARS errors attributable to Provider are generated.
2. Provider’s CWCM shall participate in the Safety Meeting in collaboration with DCF and attend the Case Transfer Staffing for all cases.
3. 100% of reportable incidents will be submitted as per the Department and FSS policy and procedures.
4. Provider shall implement a plan for the early development and education of children and youth in out-of-home care. The plan will improve the educational, employment and life skill outcomes for children and will address the need to identify any barriers that stand in the way of their doing well in school and work. The plan should also include assisting young children in school readiness, including access to quality child care, compliance with the [Rilya Wilson Act](#), Early Head Start or Head Start, early childhood special education, Early Steps, and other early development and learning opportunities. Provider shall comply with all required MDT staffings for school, daycare, and placement changes.
5. Provider shall ensure that any child on visitation status does not exceed thirty (30) days, unless prohibited by a delay in receiving a court order.
6. Provider’s CWCM shall ensure at a minimum that face-to-face contact with biological parents is conducted at least every thirty (30) days. If address of parents is unknown, the CWCM shall submit the Affidavit of Diligent Search for the missing parent and file with CLS in a timely manner.
7. Provider’s CWCM Supervisor shall conduct supervisory consults on all cases in their unit every ninety (90) days in conjunction with progress updates. Supervisory Consultations will be conducted and documented in FSFN for all case management stages: Introduction, Preparation, Exploration, Progress Evaluation, Approval of Safety Plans, Approval of Case Plans, Approval of FFA-O, At critical junctures in the case, Approval of case closure. Reference [CFOP 170-9 Ch. 10](#).
8. Provider will conduct all Child Welfare Case Manager Reviews of foster homes per [F.A.C. 65C-13](#) and submit the required review within five (5) days of the child’s exit from the placement.
9. Provider will conduct all Child Welfare Case Manager Exit Interviews with every child, age 5-18, when placement changes after a child has been in the placement for at least thirty (30) days, per [F.A.C. 65C-28](#) and submit the required exit interview to FSS within five (5) days of the child’s exit from the placement.
10. Provider’s CWCM will create a Child Placement Agreement when children that need out of home care may pose a significant threat to the safety of other children or themselves; either a Care Precaution Plan or Behavior Management Plan. (Requirements of plans noted in [CFOP 170-11 Ch. 4](#)).
11. Provider shall comply with any Corrective Action Plan instructions issued by FSS as a result of this Agreement.
12. At least 95% of current medical reports shall be uploaded into FSFN as referenced in Attachment XVII, Quality Services.

13. At least 95% accuracy with utilizing UF Med Consults (<https://dcf.psychiatry.ufl.edu/>) on every child prescribed two (2) or more medications as referenced in Attachment XVII, Quality Services.
14. At least 95% accuracy with FSFN documentation of correct and up-to-date legal consent – parental or court order as referenced in Attachment XVII, Quality Services.
15. At least 85% accuracy that the medication tab in FSFN is up-to-date as referenced in Attachment XVII, Quality Services.
16. Provider shall submit 95% of all updated progress updates one (1) week prior to the permanency staffing as referenced in Attachment XVII, Quality Services.
17. In 99% of cases, Provider shall initiate the permanency note in FSFN for each permanency staffing on the day of the staffing and shall complete the note within 48 hours of initiation as referenced in Attachment XVII, Quality Services.
18. Provider shall complete or articulate why there is a delay in completing 95% of all recommendations within two (2) weeks of the held permanency staffing as referenced in Attachment XVII, Quality Services.

D. Additional Independent Living Outcomes:

1. 99.5% of eligible ** youth age seventeen (17) will have a transition from care plan signed and filed with the court within 90 days immediately following the youth's seventeenth (17th) birthday. This transition from care plan shall be updated and filed with the court at least six (6) months prior to the youth's eighteenth (18th) birthday. The transition from care plan shall be updated and filed with the court again no later than 90 days prior to the youth's eighteenth (18th) birthday.
2. 99.5% of youth ages 13-17 will have a comprehensive case plan filed with the court, which meets the requirements of Florida Statute, Florida Administrative Code, and FSS Policies/Procedures.
3. Baseline: Youth aged 16 and 17 shall have a completed Independent Living needs assessments uploaded into FSFN. This measure shall be re-evaluated on an annual basis and amended from time to time.
4. Eligible**: With appropriate documentation, the following may be excluded from the eligible youth population for skills assessments. However, each youth previously excluded must be reviewed no less than every 90 days for redetermination of eligibility:
 - a. Youth on runaway
 - b. Youth incarcerated in a juvenile justice/correctional facility where a skills assessment and plan is developed as part of the program. If a skills assessment and plan is not part of the services provided to the youth through the program, the Provider must ensure that a skills assessment and training plan/services is offered to the youth.
5. Youth currently placed in a mental health or medical health facility. If a skills assessment and plan is not part of the services provided to the youth through the program, the Provider must ensure that a skills assessment and training plan/services is offered to the youth- unless there is a documented statement from the mental health or medical health provider that such an assessment/skills plan and try.