



Annual Report of Case Management Agency Practice Trends FY 2018-2019

I Introduction

Embrace Families - CBC is the lead agency for foster care and adoption related services in Orange, Osceola and Seminole Counties. Orange and Osceola Counties comprise (judicial) Circuit 9 and, Seminole is one of two counties (the other is Brevard), that comprise (judicial) Circuit 18. Embrace Families is one of five (5) lead agencies that comprise the Central Region (of the Department of Children and Families). Embrace Families has held the lead agency contract since 2004 in Seminole County and since 2011 in Orange and Osceola Counties. The contracts were administered separately by the Department of Children and Families until October 2017, when they were administratively combined. The protective investigation function is conducted by the Seminole Sheriff's Office in Seminole County and by the Department of Children and Families (DCF) in Orange and Osceola Counties. Children's Legal Services (CLS) represents the state in Dependency proceedings in both judicial circuits. In Orange County the Guardian Ad Litem Program is administered by Legal Aid Society of the Orange County Florida Bar Association, with pro bono attorneys representing the best interest of the child; in Osceola and Seminole Counties lay volunteers assist professional staff in the advocacy role.

Embrace Families - CBC operates a county level operations management model with an agency administrative overlay. The CBC's service locations include 4 county service centers (Seminole, Osceola, East Orange and West Orange) and a centrally located Administrative Support Center. Case management is subcontracted to community partners in all three counties: Seminole: Children's Home Society; Orange: Children's Home Society, Devereux, and One Hope United; and in Osceola: Gulf Coast Jewish Family and Community Services. Each case management agency (CMA) is also contracted to provide diversion staff, to include staff that are co-located at each CPI service center and assist with referrals to services or resources; and staff to provide care coordination for Family Support cases or to provide an oversight role when care coordination is referred to another program in accordance with Embrace Families - CBC Operating Procedures for Family Support Services. Each CMA has staff assigned to provide secondary case management support for older foster care youth (required at age 16.5 with primary assignment for youth age 18+); and for children with an adoption goal (secondary from goal change through finalization).

Each Embrace Families - CBC County Executive Director has direct supervision of operation managers (primarily responsible for participating in Case Transfer Staffings and facilitating permanency staffings for children in OHC at one month and then every 90 days thereafter until permanency is achieved); an adoption manager (who conducts permanency staffings for all adoption goal cases at goal change through finalization, separated sibling staffings, subsidy review, Adoptive Applicant Review Committee meetings, and monthly adoption audits to ensure timelines are met and permanency is progressing, and who is responsible for providing oversight of all adoption program requirements; a youth services manager who oversees youth services program requirements, and a diversion manager who oversees diversion/family support program functioning. Several other functional departments are managed across the service area and provide support to Embrace Families- CBC operations/system of care and are co-located in the service centers to include: a foster parent trainer/licensing manager, child welfare field/in-service trainer, quality assurance manager, clinical coordinator, records room staff, information and eligibility specialists and an ICPC/OTI specialist.

During 2016-2018 Embrace Families in partnership with the case management agencies, child protective investigations, and provider partners worked on developing sufficient safety plans, supporting and strengthening safety management services, and improving on the timeliness and quality of the family assessment. Continued monitoring of the supervisor activity in the first 45 days of a case following case transfer staffing occurred, with contract performance measurements added to the case management contracts for FY 2018/2019. Embrace Families – CBC QA staff validated (random sample) of performance reported by the case management agency QA staff and continued to provide feedback following Rapid Safety Feedback case reviews. Embrace Families System of Care Trainers continued to provide unit level learning circles, in-service training and individual coaching and skill practice around the practice model throughout the year.

Embrace Families requires that all Embrace Families-CBC Operations Staff (Vice President of Operations, County Executive Directors, Youth Services Manager, Quality Assurance Managers & Director & Operations Managers) and case management agency leadership (supervisors through Director of Program Operations) participate in and successfully complete the proficiency process within six months of hire/promotion. The proficiency process includes the candidate being matched with a mentor (who has successfully completed proficiency), observations of the candidate conducting three case consultations, a written exam where the concepts are tested; followed by presenting to a panel the feedback that would be provided to a case manager, and a final role play where any areas of practice can be further examined by questioning/challenging feedback that is being provided. The final part of the proficiency process requires that the candidate successfully complete mentoring a subsequent candidate. At the beginning of 2018/2019 the proficiency process was shifted to a maintenance phase, which transferred mentor assignment to the CMA PD or Embrace Families Director with the new hire/newly promoted staff person that has a proficiency requirement. The case management agencies have not taken full responsibility for their role in this realignment, and coupled with supervisor/leadership turnover the number/percent of proficient staff has decreased from 80% to 55%. **(Chart 1 below)**. This decline was addressed at the Embrace Families Leadership Team meeting on July 22, 2019 and suggestions to address the issue were forwarded to the case management agency contract point of contacts for feedback on August 25, 2019 to include the following: 1) Bonus upon successful completion to employee (supervisors), 2) Financial Penalty to agency if supervisor does not meet timeframe, 3) Higher contract reimbursement rate for certified/proficient staff 4) Require increased CMA agency oversight of supervisors that are not proficient (which could include reviewing work and sign off on such items as safety plans and FFA-O & PU consults), and 5) Require a development plan (technically already required in our QM plan) for all supervisors on key competencies.

Chart 1: Status of completion of Proficiency 1:

Proficiency Status EOY (End of Year)* CMA Supervisors, PD, APD, PD, QA			
	FY 16/17	FY 17/18	FY 18/19
Seminole CHS	9/10=90%	10/10=100%	7/10=70%
Orange			
CHS	7/8=88%	7/7 =100% (1 vacant supervisor, not included)	6/8=75%
Devereux	6/9=67%	7/9=78%	5/9=56%
OHU	7/9=78%	5/8=63% (vacant DPO, not included)	3/8=38%
OR TL	20/26=77%	20/24=83%	14/25=56%
Osceola GC	5/9= 56%(1 vacancy)	5/10=50%	3/9=33%
Embrace Families Total	34/45=76%	35/44=80%	24/44=55%

As we moved through the Proficiency Project over the last two years, it also became apparent that there were other staff in the organization that needed at least an intermediate level of understanding of the practice model. The case review component of the proficiency process (for Operations) is very intensive and although it assisted greatly in the transfer of learning from classroom to application, it was determined that this level of intensity was not needed for all Embrace Families-CBC/Holdings and partner staff. Based upon this, SDMM Savvy was developed. SDMM Saavy is an intensive overview of the main concepts of the practice model with sessions addressing: 1. identifying danger and safety planning, 2. assessment and case planning, 3. assessing progress and identifying stage of change and 4. FSFN document review. While there is no direct case review in the process, there are focused reading requirements and after each session there is an essay style test to insure understanding of main concepts by participants. The target audience includes CEO, COO, CLO as well as Clinical, Licensing and Network and management staff from provider agencies. Eight staff completed the first round of Saavy in spring 2018 and since then an additional 3 classes have been hosted.

Embrace Families QA/Training Department has worked closely with the Director of Business Analytics and Automation, Network Support and Program Operations to develop meaningful reports that support SDMM practice processes, including reports that capture timeliness of safety plans, FFA-Ongoing, and supervisor consultations. The creation and automation of these reports allows for Embrace Families to hold the case management agencies accountable for following the SDMM Practice Model/operating procedures which will improve practice fidelity and increase achievement of quantitative outputs, quality outcomes and performance outcomes. Additional reports and automation is planned and discussed in the last section of this document. Three meaningful contract measures were added with an effective date of July 1, 2018 and included the: requirement to achieve 95% compliance on the CBC “front end” report which measures creation/completion of work from the CTS (safety planning, functional family assessment and supervisor consultation and reviews), requirement to *document monthly efforts* to contact and see parents (with a reunification case goal) in 100% of cases where they were not actually seen f.f.; and requirement to *verify visitation in compliance with the safety plan* in cases for children under the age of 6 under post placement supervision. The leadership of case management organizations have historically been more diligent about thoroughly understanding and taking action when a measurement is a contract requirement. Network Support has been reluctant to add contract measures that aren’t supported by accurate and reliable automated data reports, therefore the creation of these automated reports was essential. Before the end of each fiscal year the Network Support Director convenes a meeting with the CMA and CPA agencies, Embrace Families Operations and QA to discuss and arbitrate proposed measurements. The following **chart 2** identifies contract measures in place for the report year and the preceding fiscal year, performance on these contract performance measures are reported to the CMA’s monthly by Network Support, with an opportunity to review exceptions that may apply, and are discussed in the Healthy Systems Meeting.

Chart 2: Case Management Contract Requirements 2017/2018 vs. 2018/2019

CFSR Related	RSF Related	FY 17/18	FY 18/19
WB 1	2.2	Children Seen Every 30 days 99.5%	Children Seen Every 30 days 99.5%
WB 1	2.4 2.6	Mother and Father Visits Monthly 55% Father visits 55% Mother visits 55%	Mother and Father Visits Monthly Father visits 65% , 100% not seen will have efforts Mother visits 65% , 100% not seen will have efforts
WB 2		Medical Services in last 12 months 95%	Medical Services in last 12 months 95%
WB 2		Dental Services in last 7 months 95%	Dental Services in last 7 months 95%
WB 1	2.2	PPS Visits children 0-5 95%	PPS visits for children 0-5 in accordance with safety plan 95%
		Timely JR’s 90%	Timely JR’s 90%
		Timely PPS Case Plans 95%	
RSF	1.2 4.1 5.1		Consults and initial review completed by supervisor on cases received during the month 95%
RSF	5.1		Children with comprehensive quarterly QA reviews completed by the supervisor and f:f with assigned DCM 95%
			Percentage of DCM who has utilized My Jump Vault within last 60 days 80%

Chart 3: Contract Performance Outcomes (CMA)

CFSR Related	RSF Related	FY 18/19
P1	n/a	Number of children with finalized adoptions varies by CMA
P1	n/a	Percentage of children exiting foster care to a permanent home within 12 months 45%
S2	n/a	Children who do not re-enter foster care within twelve (12) months of moving to a permanent home ≤ 8.3%
P1	n/a	Children’s placement moves per 1,000 days in foster care 4.12
P2	n/a	Percentage of children placed with relatives/non-relatives 85%
WB2	n/a	Percentage of young adults in f/c at age 18 who have completed their high school diploma or are enrolled in secondary education. 80%
WB1	n/a	Improve case manager responsiveness to caregivers 4.25
	n/a	CMA acted in a manner that conveyed respect for caregiver role as a professional team member 95%
WB1	n/a	CMA invited or made Caregiver aware in a timely manner of FST Meeting/Staffings and given an option to participate 4.25
	n/a	CMA asked caregiver to provide input into JR through Caregiver Court Input form 65%

Chart 4: Contract Performance Measures for Residential Group Care

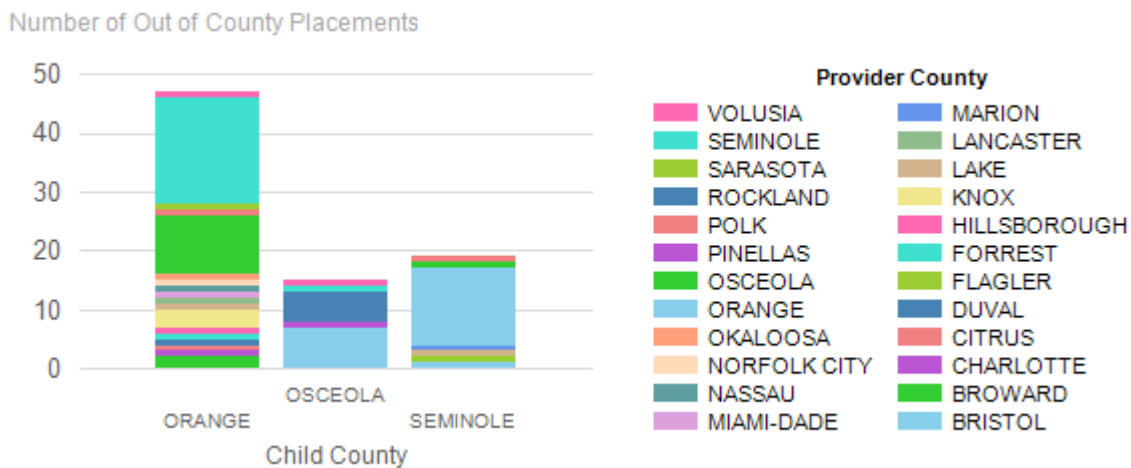
CFSR Related	RSF Related	FY 18/19
S3	n/a	Safe environment free from of incidents of abuse by providers staff, volunteer or visiting family members 100%
WB2	n/a	Children enrolled in school shall attend daily, except when it is an excused absence 100%
WB2	n/a	Preventative, routine, emergency and follow-up medical and dental care is provided and documented in MJV 100%
P1	n/a	Participation in Placement Support Staffings prior to submission of removal request 100%
S1	n/a	Children will remain in the facility without incident of running away. 90%
		Conduct and maintain a personal items inventory on children’s belongings upon admission, with every new purchase every six months and at discharge. 100%
		A minimum of (4) recreation and cultural enrichment activities shall occur away from the facility in a calendar month

Dashboards: Executive leadership and functional directors have automated dashboards which provide non-technical users the ability to view real-time visualizations of key performance indicators for a specified timeframe. Users are then able to drill down to the details that make up the visualizations and act. The dashboards connect to multiple data sources and are focused on specific functional areas such as: Executive, Utilization Management, Network Resources, Youth Services, Diversion, Information and Eligibility, etc. The dashboards provide data-driven answers to deeper questions. Making information visible to the individuals who can affect process has helped improve performance. See below example **Charts 5 & 6** of a dashboard of select items that are part of utilization management dashboard.

Chart 5: Example of weekly report/Utilization Management

Out of County Report: This report shows the number of children who were placed between 7/1/2018 12:00:00 AM and 6/30/2019 12:00:00 AM. Data Source: Argos. Report Date: 8/28/2019

Out of County Report



This report provides information on the number of children placed in OHC licensed placements that were placed out of county during the fiscal year (user may select any time period). Note: Embrace Families-CBC placement protocols require that (absent special needs of the child that can only be met out of county of jurisdiction) that every effort be made to place the child in county, with siblings, and in the same school zone. Any placement that involves a child potentially changing schools requires ESSA evaluation by the Embrace Families Education Manager following established agreements; any placement out of county or at a higher level of care require approval of Embrace Families Clinical Utilization Manager/Clinical Coordinator. Placement near the removal home allows children to maintain connections to their neighborhoods, friends, family, schools and activities, as well as allowing for more frequent parent visits and parent participation in the child’s activities. (Impact to [CFSR Item 9: Preserving Connections](#) and [CFSR Item 11 Relationship of Child in Care with Parent](#)).

Chart 5a. Licensed Care Placements made between 7/1/2018-6/30/2019

County	Initial Placements	Subsequent Placements
ORANGE	414	2,224
OSCEOLA	146	696
SEMINOLE	149	641

ESSA Data

	Fall 2017	Spring 2018	Fall 2018	Spring 2019
Total Calls	301	83	255	255
Remain	71	17	36	54
Move	230	66	219	201
Percentage Remain	24%	20%	14%	21%

Application example for these reports: Placement in licensed care out of county and district are measured and reported on the CBC Scorecard by the Department. In FY 2018/19 the out of county licensed placement percentage rate was Q1: 42.65%, Q2: 43.33%, Q3: 43.36%, and Q4: 44.25%. Placement in licensed care out of circuit for F2018/19: Q1: 30.02%, Q2: 31.26%, Q3: 43.36%, and Q4: 32.75%. While this is a relevant report and consideration (best interest of child and preserving connections would be to maintain them in their own county, and close to their home community, the measure in district specifically and as a comparison among CBC's is misleading for Embrace Families which shares a circuit with another CBC (Brevard Family Partnership, Circuit 18) and is one of a few CBC's that have more than one circuit in its operational oversight area. At any point in time CBC has less than 10% of licensed placements out of operational jurisdiction. This fiscal year 709 initial placements into licensed care were recorded (Orange: 414, Osceola: 146, and Seminole 149). Subsequent placements out paced initial placement in excess of 500% (709/3561). 45 placement changes were identified as "disrupted" and "300" were identified as planned move to lateral level of care. Performance outcomes related to placement stability (placement moves per 1000 days in OHC) is better than the statewide average, and exceeds required performance standards (<4.12) in the last 3 quarters (Q1: 4.26, Q2: 3.88; Q3: 3.59 and Q4: 3.77. Note: Placement Support Staffings are schedule by I&P and chaired by Clinical Utilization/Coordinators in an effort to meet the needs of children and their caregivers. Placement disruptions are reviewed at county quarterly risk management meetings.

**Chart 6: Utilization Management: OHC Report
Census By Placement Type (licensed)**

This report displays the number of placements by placement group and type active on 7/1/2019.
Data Source: ARGOS.

By County	Count	%
ORANGE	450	65.41 %
OSCEOLA	98	14.24 %
SEMINOLE	140	20.35 %
	688	

All Counties	Count %	
ADMIN	23	3.34 %
FH	466	67.73 %
IL	1	0.15 %
OTH	3	0.44 %
RGC	178	25.87 %
RTF	17	2.47 %
	688	

ARGOS Executive Dashboard: The Dashboard contains a suite of reports that can be expanded to and capture the detail needed down to the individual child. The Data and Business Analytics Director has designed reports and visualizations as requested by each leadership level. Leadership staff utilize these reports to inform daily/weekly performance that informs their scorecard based on their individual area of responsibility. There are also a multitude of data elements and measurements that also have auto reports/alerts that are generated and sent out daily/weekly/monthly that assist case management and Embrace Families staff in managing the System of Care. On an ongoing basis reports are created and scheduled based on the needs of the organization and user of the information. Each Embrace Families functional area director is required to maintain a **scorecard** of the performance (see **chart 8** below example). Underperforming areas are addressed in the Embrace Families weekly Leadership Meeting and if the performance needs to be addressed by the group or explored more thoroughly this is done in the IDS (investigate, discuss and solve) part of the meeting. As a result of the discussion, the CEO/COO may decide to devote more time to the issue and direct that a workgroup address the issue in more detail and schedule the update on the “to do list” which remains on the agenda until the group decides that the issue has been satisfactorily addressed/resolved. Scorecards from each functional area are disbursed with the weekly Leadership Meeting Minutes which is sent out to all Embrace Families staff.

Chart 7. ARGOS Executive Dashboard Data Elements/ARGOS Reports

Safety Permanency WB	Data Element	As of 7/1/2019
Financial	Prevention/Adoption Funded Placements	
Financial	Average daily rate a. By county	
Capacity	Scheduled & attended Foster Parent Orientation	
Workload	Average Caseload by case manager by CMA	Range: 12.5 – 24.95
Workload	Number of case managers with a caseload >20	
Workload	Active Clients by CMA	Orange CHS: 609 Orange Dev: 543 Orange OHU: 624 Osceola GC: 351 Seminole CHS: 545
Workload	OHC intakes a. Intakes by age b. By reason for service	

Workload	New Clients	
Demographic	Active in licensed OHC by gender	
Financial Capacity	Active in OHC by placement type	Relative/non-relative: 62.99% Licensed OHC: 30.08% Other: 6.93%
Financial Capacity	Active in OHC licensed by placement type	Foster home: 73.60% Group Home: 26.40%
Financial Capacity	# of Children placed in RGC	178
	Placements by county	Chart 5a
CFSR P2	Placements without school stability checklist	ARGOS on demand report
CFSR P2	# of Children in licensed care placed out of tri-county area	36
CFSR P2	Separated siblings	ARGOS on demand report
CFSR P1	Placement moves from approved rel/non-rel to licensed care a. Placement type: FH, RGC, RTC b. By CMA assigned	FY 2018/19: 138 a. FH: 99, RGC: 38, RTC: 1 b. Orange: 104, Osceola: 20, Seminole: 18
CFSR S2	Placement moves from in-home to licensed a. By placement type b. By CMA	F 2018/2019: 29 a. Foster home: 19 IL: 1: RGC: 9 b. Orange: 19 Osceola: 4 Seminole: 6
CFSR P1	Children exiting to a permanent home within 12 months of entry by agency	FY 18/19 Q1: 39.95%, Q2: 41.47%, Q3: 43.04%, Q4: 41.88%

Chart 8. Example of functional area scorecard: Information and Eligibility

I&E Scorecard	Status
Delay in benefits: Medicaid (red over 30 days)	
CWSP Plan enrollment (red under statewide average / yellow under target but above statewide average/green above 76% target)	
Adoption IVE FC IVE Eligibility Penetration Rate: (red under monthly average/green above monthly average)	
FC IVE Eligibility Penetration Rate: (red under statewide average/green above statewide average) List Identified trends for ineligible, if applicable:	
Placement Timeliness to entry: (red average time to entry above 48 hours) List Identified trends, if applicable:	
Payment issues / concerns:	
Record room incidents:	

IEM Service Center/CMA Scorecard for Compliance

Reporting Elements

Placement & Case Data Exceptions (# errors divided by # active primary children) GOAL 90%	
*Number of errors on report	
*Number of errors pending	
Adoption AFCAR errors (# errors divided by # active primary children) GOAL 90%	
*Number of errors on report	
*Number of errors pending	
Foster Care AFCAR Errors (# errors divided by # active primary children) GOAL 90%	
*Number of errors on report	
*Number of errors pending	
Eligibility Exceptions Report (# errors divided by # active primary children) GOAL 90%	
*Number of errors on exception report	
*Number of errors pending	
TANF Eligibility Determinations Due (# errors divided by # active primary children)	
*Number of overdue TANFs on report	
Weekly Photo (# CX in compliance divided by # CX requiring photos)	
Number of children with photos in compliance	
HRA Compliance	GOAL 95%
Medical	GOAL 90%
*Number of children without current medical	
Dental	GOAL 90%
*Number of children without current dental	
Immunizations	GOAL 90%
*Number of children without current immunizations	
Psychotropic Medication (Over 1 year)	GOAL 95%
Psychotropic Medication (Expired)	GOAL 95%
Modified Placement Issues:	
Argos/Authorization Issues:	
Case Transfer Staffing/Acceptance Issues:	
IES Primary Assignment Issues:	
Staff Performance Issues:	
Record Room Issues	
Pending Record Requests/Restricted Files:	
Benefit Delay Issues (SSI/SSA, Medicaid, Enrollment, Finalization)	

*****Eligibility Penetration Rates JULY *****

Foster IV-E	#DIV/0!
*Number of determinations effective in prior month	
*Number of eligible determinations	
Adoption IV-E	#DIV/0!

*Number of determinations effective in prior month		
*Number of eligible determinations		
Other Eligibility Issues including MAS TANF:		
Client Payment Manager		
Adoption- (Lori)		RGC- (Genise)
1. Monthly Adoption Penetration Rates		1. Missing Invoices
1. Adoption Eligibility Issues:		2. Pending placement approvals
2. Monthly Pending Post Adoption Case closures:		3. Pending family support cases
3. # of adoption checks returned for insufficient address: 0		4. Monthly Trend Analysis- a. payment issues, b. placement issues
4. # of post adoption address changes: 0		5. GOV expenditures (NA000)
5. Post adoption expenses: 0		Foster Care (Deon)
6. Vendors on hold: 0		1. Foster payments-
Youth Services – (Lori & Genise)		a. FH Placement Charges for Clients 13 and Older
7. Reports: HRA is 100%		b. Legal Feeds-
8. GOV expenditures (NAEXT): X over 18 youth at GOV		c. Clothing Allowance
9. Medicaid Enrollment for youth 21 and older (next review MM/DD/YY)		2. Monthly Foster Board Placement Trends-
10. Grades: pending grades and class schedules		a. Payment Issues-
11. Application/Eligibility Issues		b. Placement Issues-
Financial- (Lori, Genise, Deon)		3. Quarterly Foster Parent Newsletter-
1. Reconciliation		
2. Aged AP report from Accounting		

Quality Assurance Reviews

Embrace Families has four staff dedicated solely to the Quality Management department, and four additional staff who have responsibility dedicated to ICPC/OCS, Incident Reporting, Supervisor Development/Diversion Training, and Risk Management and COA Accreditation. Of the four staff dedicated solely to QA, two have graduate degrees, combined they have 81 years of experience in child welfare, 20 years on average; with 21.5 combined years in Quality Management (5 years on average). All staff have direct care child welfare experience, in either protective investigations, protective services or foster care/adoption programs; 3 have supervisor experience and 2 have previously served as operation managers for a CBC. Each quality assurance manager (QAM) has responsibility for oversight of the Embrace Families Quality Management Plan at the county level: to include incident reporting, risk management reviews/meetings and reporting, conducting Rapid Safety Feedback Reviews and Child and Family Service Reviews, critical incident reviews, and special reviews as directed by the Quality/Training Director. In addition, the QAM has monthly, quarterly, semi-annual and annual reporting requirements to report on quality assurance activity and findings. The QAM is involved in quality improvement activities through the provision of coaching/support to supervisors, as a mentor in Embrace Families practice proficiency process, and provide training on the Quality Management Plan to supervisor/program directors and operations managers which includes information on the ratings from reviews and strategies that can be utilized to positively impact the overall achievement of safety, permanency and well-being quality and performance outcomes. Workload planning for the QA/Training Team is the responsibility of the Quality/Training Director. Each QAM, while supporting a specific county/service center, has an equitable workload (task list, and number of reviews required quarterly). Special reviews are generally handled by the Q/T Director and or Quality/Accreditation & Risk Manager, this allows the QAM to plan their schedule with a significant degree of reliability.

Embrace Families has a Training Manager and 5 child welfare system of care trainers (one dedicated to pre-service training, continuous training cycles) and 4 foster parent PRIDE trainers. The child welfare system of care trainers primarily focus training support to case management staff through the provision of learning circles, in-service training

and individual consultation. The Training Manager has oversight of all training and training materials to ensure quality and consistency of information as well as managing Embrace Families training priorities. The Embrace Families Training Department utilizes in-house experts to co-train in areas of mental health, behavioral health and legal issues. In January 2019 Embrace Families modified the Diversion Program Development Manager position to include supervisor training/development with the responsibilities of that position to ensure ongoing support to safety management services (service providers) and the Family Support Program as well as ongoing development and training of case management supervisors.

Each year the DCF Office of Child Welfare, Continuous Quality Improvement Unit establishes minimum requirements as to the framework for Quality Assurance reviews that are required to be reviewed by lead agency contract, as well as identifying/modifying the standard review tools that will be utilized for each type of review. Establishing this consistent statewide approach allows the state to measure, identify and address outcome areas that might require statewide responses (federal CFSR Program Improvement Plan response/initiatives, legislative, modification of operating procedures, allocation of resources). * During FY18-19 the focus continued on safety of children that either remained in the home, were released to a non-maltreating other parent, or had been reunified (Rapid Safety Feedback Reviews); and on conducting Florida CQI reviews using the Child and Family Services Review Instrument. Florida entered into a PIP with the Children’s Bureau in late spring 2017 which requires semi-annual progress reporting, to include findings from CFSR PIP qualitative case reviews for ten items. *Note the quality assurance system is 1 of 7 systemic factors that are measured during CFSR: CFSR item 30: Standards Ensuring Quality Services and item 31: Quality Assurance System. Based on the results of Round 3, the Agency for Children and Families (ACF) required Florida to enter into a Performance Improvement Plan. Florida’s QA System (Systemic Factor) was found to meet Federal standards.

Sample Selection for all quality reviews are outlined in the Windows into Practice guidelines. Reports from which the sample is selected for the RSF reviews and in-home CFSR reviews are located in the FSFN Reporting Environment contained in the Office of Child Welfare Data Reporting Unit/QA folder. **Rapid Safety Reviews** are selected from the “Children Receiving In-Home Services Daily QA listing”. Filters are applied in a prescribed manner as outlined to identify a priority sample (filters include age of child, age of caretaker, number of prior reports, maltreatment of substance abuse and/or domestic violence, and sorted for new abuse investigation). The case must be open at the time of the review and have been open for at least 30 days. **CFSR CQI reviews** are divided into in-home cases (20%) and out-of-home cases (80%). Samples for the in-home cases are selected from the OCWDRU “Children Receiving In-Home Services Daily QA listing” report. Cases are randomly selected and are required to have been opened during the sampling period and remained open continuously for 45 days during the period under review (PUR) and without a removal that lasted more than 24 hours. CFSR out of home care review sample is selected from the AFCAR report prepared by Central Office. This report is available on the Web Portal and located in the Imaging Lite folder. The lead agency randomly selects cases within review parameters that include that the child had an open removal for at least one (1) day during the PUR and the case was open for at least six (6) months. Florida CFSR PIP monitored cases are randomly selected by the Office of Child Welfare and assigned to the CBC Lead Agency. Embrace Families is assigned six (6) cases semiannually, which is continuous throughout the PIP period (3 years). Embrace Families exceeds the required reviews to ensure a more representative sample of each of our CMA partners, see **chart 9** below.

Chart 9: CFSR/RSF Review Requirements

Reviews Completed by Agency

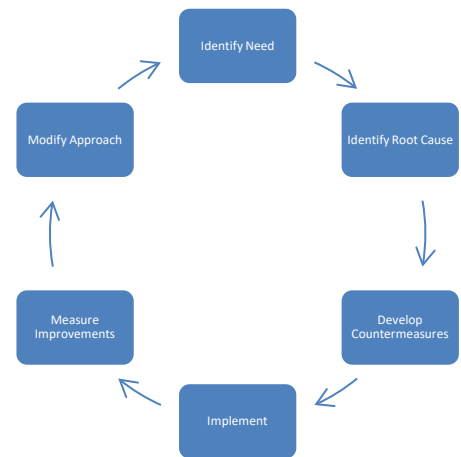
County/Agency	Rapid Safety Feedback Reviews	CFSR PIP Monitored-with case interviews	Child & Family Service Review- CQI	Total
Seminole-CHS	6 each quarter	2 per year	5 each quarter	46

Orange-Dev/OHU/CHS	16 combined each quarter	10 combined (Circuit 9)	12 combined each quarter	112
Osceola-GCJFCS	6 each quarter		5 each quarter	44
Annual Totals:	112	12	88	212

The Purpose of QA Reviews: Reviews are conducted to determine the quality of services/service response provided to children and families. The standards in the Rapid Safety Review protocol are linked to child safety constructs; the Florida CFSR reviews evaluate the degree to which safety, permanency and well-being are achieved utilizing the Child and Family Services standardized tools and rating guidelines. A consultation is conducted after each case review with the case manager and supervisor (to include the case management agency QA staff and program director as available). Reports are prepared in January and July at the case management agency level which summarize the data/QA findings at the sixth month mark and at the end of the Fiscal. The report completed at the sixth month mark provides information to inform CQI activities and at the end of the year informs progress and guides CQI activity for the following year. Each month the Embrace Families Quality Assurance Manager participates in county level management meetings and provides interim feedback on quality measures; quarterly the case management agency quality assurance staff participate in Embrace Families QA Staff Team Meetings.

II. Performance Improvement

Our approach to quality improvement engages network providers in an efficient system that integrates quality management in day-to-day activities. This efficiency minimizes duplication and maximizes systemic impact. By utilizing “in-process” and “end-process” measurements as performance indicators we allow Embrace Families leadership, network providers, community partners, DCF and other key stakeholders to continuously monitor and evaluate the System of Care. Performance data is communicated with key stakeholders and is used to identify: 1) program improvement needs; 2) contracting, policy and procedural changes, 3) training needs, 4) effective best practices, and 5) funding reallocation or enhancements. Once identified, QA/CQI needs are used to inform and direct system improvements across the System of Care.



Because the QM process is based on effective monitoring of subcontracts, use of real time data and collaboration with network partners, the system has been effective in driving outcomes across Embrace Families entire system of care.

Each Chief, VP and Functional Director have defined responsibilities and maintain a scorecard of their functional area performance. Embrace Family functional directors hold at least monthly internal team meetings to discuss operational targets and to define or discuss progress of actions and impact. In addition each of the County Executive Directors hold larger internal meetings monthly which include staff from other departments that support the county team; a monthly external meeting which may include CPI leadership, CLS, I&P, and GAL; and facilitates Healthy System meetings weekly with each CMA Leadership team. A representative from Network Support and QA/Training participate in the **Healthy System** meeting on a consistent basis, often the DCF Contract Manager participates as well. Bi-monthly the Network Support Director coordinates Provider Board meetings and Residential Group Care Meetings. The Director of Caregiver

Information and Eligibility has regular performance meetings with the CPA's; the QA/T Team holds monthly internal meetings and quarterly external meetings that include CMA QA staff and may include Network Support. The Youth Services Director holds monthly internal and external meetings. Utilization Management meets at least monthly internally and with each CMA at least bi-weekly to review child placement agreements and psychotropic medication compliance. The purpose of all of these meetings are to receive and provide information, share resources, clarify requirements/provide guidance/direction/assistance and collaborate on actions as well as to discuss performance, including impact of strategies employed.

The Embrace Families County Executive Directors utilize the Healthy Systems weekly meeting to review performance with each CMA/CPA leadership staff individually. Operational targets are established for each agency and discussion is on progress to target and strategies to address under performance. Generally each CMA is operationally staffed to provide primary case management (not including diversion & former foster care youth over the age of 18) to 500 children. To perform optimally caseloads should not exceed 20 children per staff, with less experienced staff assigned lower caseloads. Staffing/caseloads at the agency, unit and case manager level are reviewed. Targets are individually set for exits, permanencies, and closures (duplicative count) to encourage efficient management. Contract performance and quality assurance findings are discussed during the meeting at least monthly. The review with the CPA addresses: number of total homes, number of new homes, utilization of homes, and timeliness to licensure against targets that are established. See below **chart 10**, for an example of one of the CMA Healthy Systems summary reports.

Chart 10: Healthy System Report (weekly by CMA)

Example: CHS Orange June 2019 Performance as of 7/1/2019

Caseloads (primary children)		Caseload Size (primary)		Green (0-20)	Yellow (21-26)	Red (27+)
Agency	557	Case Carrying Not Certified	8		4	4
Supervisor (6) Case Manager	1:5	Case Carrying Certified	4	2		2
Case Carrying	25	Case Carrying Certified 2 years+	6	2		4
Overhires/waiting on class	3	Protected Caseload	5	TL: 4	4	10
In Pre-Service	6	Average caseload: 22.28		Monthly Targets		
Secondary Specialist	Staff	Children		Exits	10 of 13	
Adoptions Specialist	2			Permanencies	23 of 50	
IL	2	21		Closure	13 of 26	
Family Finder	1	4		Permanency within 12 months (target 55%)	57%	
OCS/ICPC				% of OHC with relatives (target 85%)	69%	

The case management agencies strive to adhere to a 5:1 supervisor to case manager ratio and a case manager caseload of no more than 20 primary children. Caseload size, effective management of cases, and turnover at the Director of Operations/Program Director level impacted 2 of the Orange County case management agencies during the year. These were causal factors in those two agencies consistently underperforming on contract measures and compliance with timeliness of required case actions. All 5 agencies saw a decline in the number/percent of fully certified staff as evidenced in the status of certification in a year to year comparison (**chart 11 below**). The Orange County Executive

Director has provided extensive operational support to two of the three Orange County case management agencies. Embrace Families has recently funded an additional position to allow for each of the three CMA's in Orange to have a dedicated Embrace Families Operations Manager to provide additional support and each CMA was allocated an Assistant Program Director position. Several times during the year 30-50 children/cases were handed off to the Lead Agency "Dream Team" to complete the final actions to bring the case to closure/permanency; and in addition an addendum contract was signed recently with CHS to hire an additional unit and transfer 200 children from Devereux's caseload to assist in stabilizing their workforce. Case Management and leadership turnover are at a concerning level, as of 6/30/2019 only 56% of case management staff had reached full certification. Embrace Families held an overlapping pre-service class this summer to assist in getting more staff available to absorb cases of staff that were vacating their positions.

Chart 11: CMA Certification Status Comparison

Case Manager Certification Status EOY (End of Year)			
	FY 2016-2017	FY 2017-2018	FY 2018-2019
Seminole CHS	35/38=92%	22/30=73%	15/28=54%
Orange			
CHS	28/28=100%	16/26=62%	12/23=52%
Devereux	19/29=66%	16/26=62%	14/26=54%
OHU	18/26=69%	16/27=59%	14/22=64%
OR TL	65/83=84%	48/79=61%	40/71=56%
Osceola GC	18/30=60%	14/26=54%	16/25=64%
EMBRACE FAMILIES	118/151=78%	84/135=62%	71/124=57%
TL			

Chart 12: EMBRACE FAMILIES Contract Measures Orange County

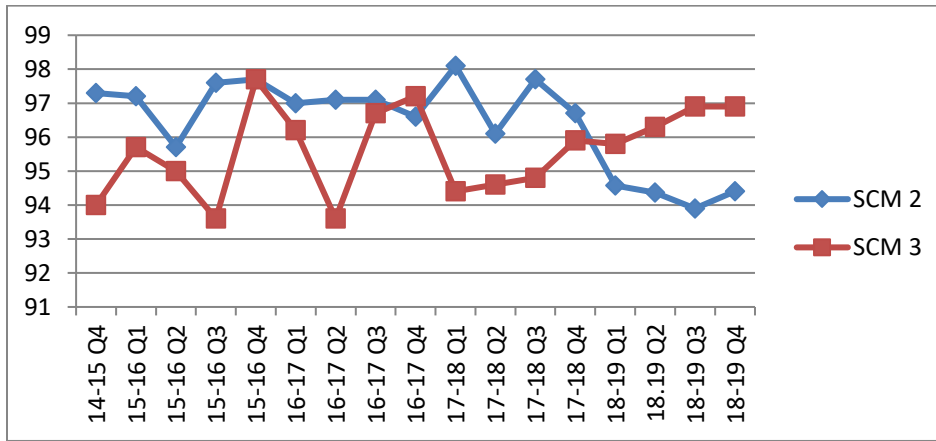
EMBRACE FAMILIES Contract Measures YTD		Children seen every 30 days	Month and Father visits every month	Father visits monthly	Mother visits monthly	Medical services in last 12 months	Dental services in last 7 months	PPS Visits children ages 0-5	Timely JR's	Timely PPS case plans
16/17	OHU	98.73%	41.12%	26.77%	53.06%	93.68%	92.74%	74.42%	57.84%	6.25%
17/18		90.05%	41.21%	32.60%	47.56%	95.46%	89.95%	64.23%	71.25%	61.67%
18/19		99.02	48.93%	40.99%	54.53%	96.97%	92.74%	90.62%	92.73%	
16/17	Devereux	99.23%	40.47%	31.95%	47.38%	95.50%	91.22%	91.75%	72.64%	45.91%
17/18		98.93%	44.98%	35.59%	51.76%	96.35%	93.07%	94.08%	72.40%	62.17%
18/19		98.83%	57.17%	46.73%	64.37%	95.33%	91.01%	86.76%	83.09%	
16/17	CHS Orange	99.54%	58.76%	50.50%	67.36%	97.31%	95.72%	99%	93.67%	
17/18		99.55%	63.92%	50.44%	74.22%	97.32%	96.31%	98.25%	89.75%	98.00%
18/19		99.45%	54.69%	39.97%	65.02%	96.38%	95.47%	88.27%	73.50	
16/17	CHS Sem	99.33%	52.24%	37.23%	64.03%	92.49%	87.27%	96.33%	86.49%	
17/18		99.18%	54.08%	51.63%	61.47%	94.01%	90.59%	97.56%	88.65%	81.36%
18/19		98.86%	59.58%	47.04%	69.19%	95.21%	94.32%	96.55%	94.77%	
16/17	GCIFS	99.05%	57.77%	47.06%	65.99%	93.53%	86.99%	93.41%	87.25%	82.92%
17/18		99.77%	65.03%	59.13%	69.12%	97.25%	95.90%	90.00%	n/a	87.50%
18/19		99.70%	74.85%	66.87%	79.49%	98.05%	95.76%	96.40%	97.97%	

Safety trend: The Department's values are strongly supported through the framework of the Practice Model. Child safety is the foremost concern above all else, and only when child's safety can be ensured by controlling danger threats through the implementation of an in-home safety plan and monitoring of that plan are children left in the home while the diminished protective capacities of the parent are addressed through treatment services. Embrace Families re-aligned resources several years ago to ensure that CPI and CMA had ongoing support for formal safety management services (SMS) when needed. Embrace Families evaluates compliance of our contracted SMS providers every 3 times a year to ensure that requirements of operating procedures are followed. In addition, Embrace Families continues to offer provider SMS Core track training to strengthen practice of our providers in supporting this critical area. Case Management QA staff review all new cases received in the month to ensure fidelity of practice as to supervisor requirements once the case has been staffed at CTS. Embrace Families evaluates how well our SOC is performing through review of the following:

CBC Score Card Measure 1 Rate of Abuse per 100,000 Days in Foster Care: Embrace Families has met the contract standard in each quarter of FY 2018/19 (Q1 6.79%, Q2 8.25%, Q3 8.45% and Q4 7.20%). Embrace Families review has found three major contributors in the following order of significance: 1) Caretakers/relatives violate safety plans allowing the parents to have unsupervised visitation, while no new incident occurs generally, the violation of the safety plan and court order is rated as verified and results in the placement change and verified finding of inadequate supervision. 2) Teens in OHC runaway and engage in an incident which meets the criteria for a verified finding of Human Trafficking. 3) Child Protective Investigations applies the verified finding incorrectly or records the incident date incorrectly both which trigger the re-abuse criteria. 4) Teens are physically abused or bullied in group care with the knowledge of the caretaker or due to the actions of the caretaker. Last fiscal year Embrace Families began a systematic evaluation of cases that meet the re-abuse criteria and work with the Family Safety Program Office moving to ensure cases are adequate coded. Embrace Families has in addition, expanded Kinship Support Services and anticipate expanding supportive services even further through Level 1 Licensure (relatives) and through caregiver redesign anticipated to be implemented in early 2020. Group Home contract standards include performance measurements related to children not running away during placement OR being abused during services by staff, residents, volunteers or during visitation. Institutional abuse report findings are discussed every quarter during risk management meetings. *Scorecard measures 1 & 2 (below) related to CFSR Safety Item 3, which also includes safety of children who remain in their own homes (not removed) as well as children in foster care. Embrace Families declined slightly this year on this CFSR Item (73.5%).

CBC Score Card Measure 2: Children who are not Abused/Neglected during in-home service. Embrace Families has missed the target in each quarter by less than 1% (1.1% in Q3; Q1 94.57%, Q2 94.37%, Q3 93.9% and 94.4%.) Embrace Families QA staff evaluate abuse during post placement supervision as a risk element, and have found during reviews that in general the parent that has been reunified would violate a safety plan, generally related to a new incident of family violence with a partner. There were some indications that transition planning could have been improved (primarily in cases where substance abuse was a contributing factor to neglect); there are also indications that the response did not always require a new abuse report, but rather a modification of a safety plan. Scenarios were added to safety plan training to address this issue.

CBC Score Card Measure 3: Percent of Children Who Are Not Neglected or Abused After Receiving Services. Embrace Families has met the 95% standard in each quarter of FY 2018/19 (Q1: 95.8%, Q2: 96.3%, Q3: 96.9%, and Q4: 96.9%). During 2018/19 a new training series was initiated "Drug of the Quarter" which included information on identification of the drug, symptoms of usage, safety planning through out the case, and treatment services to include relapse prevention. Post placement supervision requirements have been modified to focus on visitation consistent with safety plan monitoring requirements.



	Rate of Abuse per 100,000 days in FC				% of children not neglected/abused during in-home services				% of children not neglect/abused after receiving services			
	Orange	Osc	Sem	EMBRACE FAMILIES	Orange	Osc	Sem	EMBRACE FAMILIES	Orange	Osc	Sem	EMBRACE FAMILIES
15/16 Q1	12.43%	9.67%	11.45%	11.56	97.9%	96.4%	95.9%	97.2	98%	87.1%	95.3%	95.7
Q2	12.42%	13.68%	12.89	12.81	96.8%	94%	94%	95.7	97.1%	91.6%	93.4%	95.0
Q3	8.38%	13.61%	11.85	10.33	97.1%	99%	97.9%	97.6	91.9%	97.5%	96%	93.6
Q4	8.15%	18.29%	12.28	11.28	98.3%	98.4%	95.4%	97.7	97%	100%	97.7%	97.7
16/17 Q1	7.82	15.48	11.15	10.17	96.6	97.9	97.6	97.0	95.0	100	97.1	96.2
Q2	7.64	9.27	11.87	9.05	96.2	97.3	98.9	97.1	95.5	95.0	85%	93.6
Q3	10.32	7.80	10.2	9.82	97.3	95.8	95.6	97.1	96.3	92.8	100%	96.7
Q4	9.37	4.46	8.58	8.27	97.0	95.9	95.8	96.6	96.3	97.3	99%	97.2
16/17 TL	8.79	9.39	10.48	9.33	96.78	97.5	97.1	96.6	95.78	96.9	96	94.4
17/18 Q1	9.93	4.56	6.86	8.23	97.6	100.0	97.7	98.1	95.0	97.5	94.7	94.6
Q2	11.24	9.610	6.88	9.94	95.6	95.8	97.7	96.1	94.4	94.8	94.8	94.8
Q3	10.6	11.46	6.07	9.66	97.3	98.1	98.9	97.7	94.4	96.7	95.2	95.9
Q4	10.86	6.69	7.97	9.44	96.7	92.6	98.8	96.7	96.5	95.1	94.8	97.0
17/18 TL	10.67	7.52	6.80	9.24	97.0	97.0	98.0	97.0	95.0	96.0	95.0	95.0
18/19 Q1				6.79				94.57				95.8
Q2				8.25				94.37				96.3
Q3				8.45				93.9				96.9
Q4				7.20				94.4				96.9
18/19 TL												
standard	(-)8.5%				95%+				95%+			

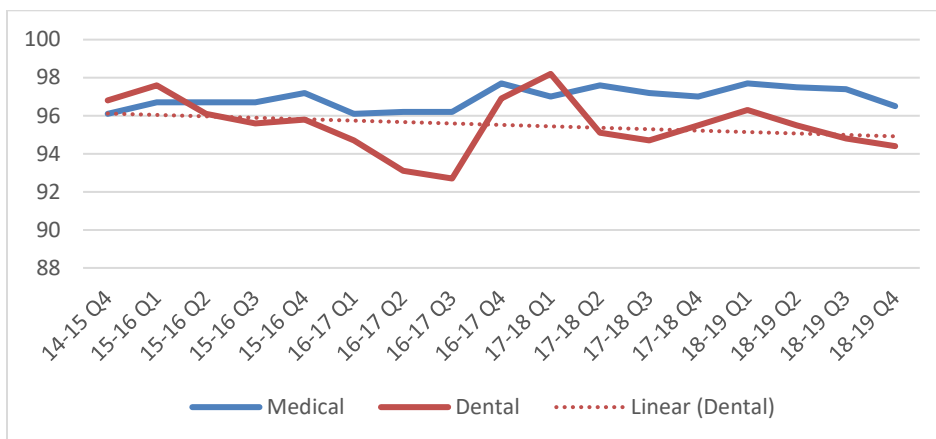
Well-being Trend: Embrace Families continually evaluates SOC performance related to service array (services needed, available and gaps) to ensure that services can be accessed timely. The primary reason for creating a Preferred Provider Network was to ensure qualification of providers, address the no-wait list philosophy, engage providers in an effective manner through regular support and access, and to promote a customer service culture. Network Support functional department has continually made efforts to address timely access and funding for services through efforts at 1) continually evaluating their authorization timeliness & return rate; 2) serving as POC for any provider related issues in customer service (either from the provider or concerning the provider); 3) holding bi-monthly Provider Board meetings for collaborative purposes; 4) ensuring training is accessible and relevant to providers when needed; and 5) working closely with the Managing Entity to create a universal referral from and access to funding.

On a weekly basis Embrace Families Information and Eligibility (I&E) staff send out alert reports regarding pending medical and dental exams that are approaching or overdue, missing Health Risk Assessments, and psychotropic medication validation reports to case management, operations and leadership staff. The Nurse Care Coordinator is

available to assist with physical or dental health needs consultation and the Embrace Families Clinical Coordinator is available to assist with any mental health or behavioral health need or service. Embrace Families staff review management reports ongoing to ensure that timely preventative and screening services are provided, CBHA's are authorized, received and contain valid information; I&E completes SSI/A applications, Medicaid determinations, non-relative caregiver funding; and UM assists with Agency for Persons with Disability applications and services. The Education Manager & ESSA Coordinator assists with school enrollment and stability/appropriate placement. Compliance with semi-annual dental screenings is an area that on occasion falls slightly short (Q3: 94.8%, Q4: 94.4%) of the State goal but this is due to lack of planning and rescheduling of appointment beyond the timeframe than related to lack of availability. Embrace Families has a partnership with the Orange County Health Clinic for priority appointments and to arrange for a dental bus to provide services on premises when the need arises. Quality assurance reviews identify that is the lack of timely follow-up to needs identified that is the area needing improvement. CBC Scorecard measure 12: (Percent of Sibling Groups Where all Siblings are Placed Together) continues to be an area that Embrace Families falls short of by a few percentage points: Q1: 65.4%; Q2: 64.9; Q3: 63.9% and 62.1%. During QA reviews in cases not meeting an exception the reason centered around lack of capacity for a sibling group, reluctance of a provider to accept and older sibling of a sibling group OR the behaviors of one of the children in the sibling group disrupted the placement due to behaviors.

CBC Scorecard Measure 9: Percentage of Children in out-of-home care who received medical services within the last 12 months. Embrace Families has performed in the “green” consistently in each quarter over the last 4 years+, exceeding the Department’s goal of 95% with performance that has ranged from a low of 96.1% to a high of 97.7%. Embrace Families includes SM 9 as a contract measure for each case management agency.

CBC Scorecard Measure 10: Percentage of children in OHC who received dental services within the last 7 months. Embrace Families has had mostly “green” performance over the last 3 years, with the exception of 3 quarters in FY 16/17 where performance slipped a few percentage points to a yellow rating; and the third quarter of FY 17/18. Performance over the time period has ranged from 92.7% to 98.2%. Embrace Families includes SM 10 as a contract measure for each case management agency.



Example of I&E email: which accompanies the psychotropic medication compliance report to the CMA:

Please see attached report. The quantity should be entered on all medications and refills should not exceed 12 months. We need to pay closer attention to the quantity, parental consent date and court order date. The parental consent date and court order date should not be more than one year from the prescription begin date. Any inconsistencies are highlighted in PINK.

It is also imperative that the Disability Information tab in the Medical Profile reflects child's diagnosis.

Total prescribed Psychotropic Medications = 64

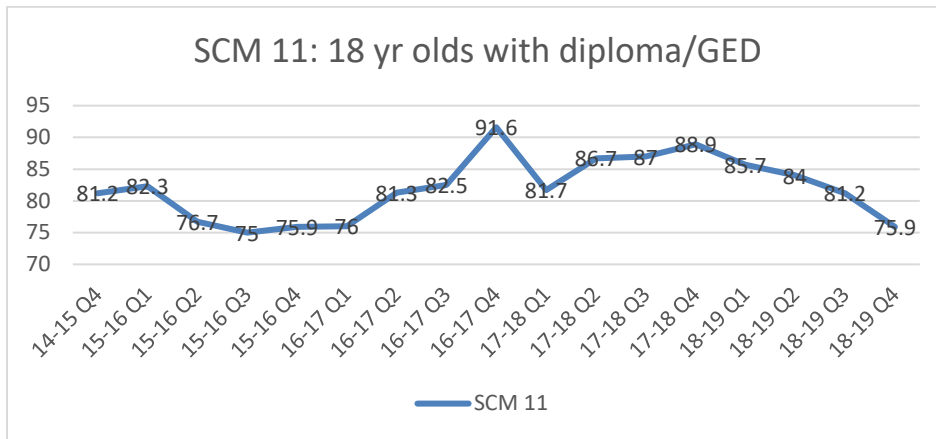
Total prescriptions with begin date over 1 year = 0 **Compliance Percentage = 100.00%**

Total prescriptions that have expired = 9 **Compliance Percentage = 85.94%**

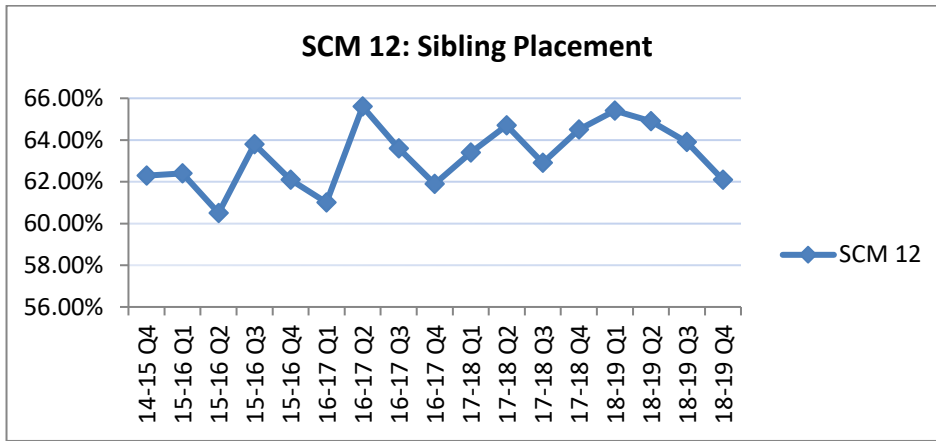
Total missing parental consent or court order = 4

Total TPR & Parental Consent Inconsistencies = 0

CBC Scorecard Measure 11: Percentage of young adults in foster care at age 18 who have earned a high school diploma or GED or are enrolled in a secondary education program: Embrace Families has met the Departments goal of 80% since the 2nd quarter of FY 16/17, with the exception of the last quarter of this fiscal year (anticipating a data correction which will change this performance rating). During 18/19 Embrace Families achieved Q1: 85.7, Q2: 84.0%, Q3: 81.2% and Q4: 75.9%. The Youth Services Director evaluated where the standard was not met at the youth level and found that: of the 14 that were not enrolled in school on their 18th birthday: 4 were in a DJJ program waiting to be sent to commitment so no school was in place, 4 were on runaway, 3 were in transition to live with a family member just prior to 18, 2 transferred into a GED program around birthday and 1 came in 8 days before birthday but wasn't a citizen so couldn't get everything done to enroll until after 18.

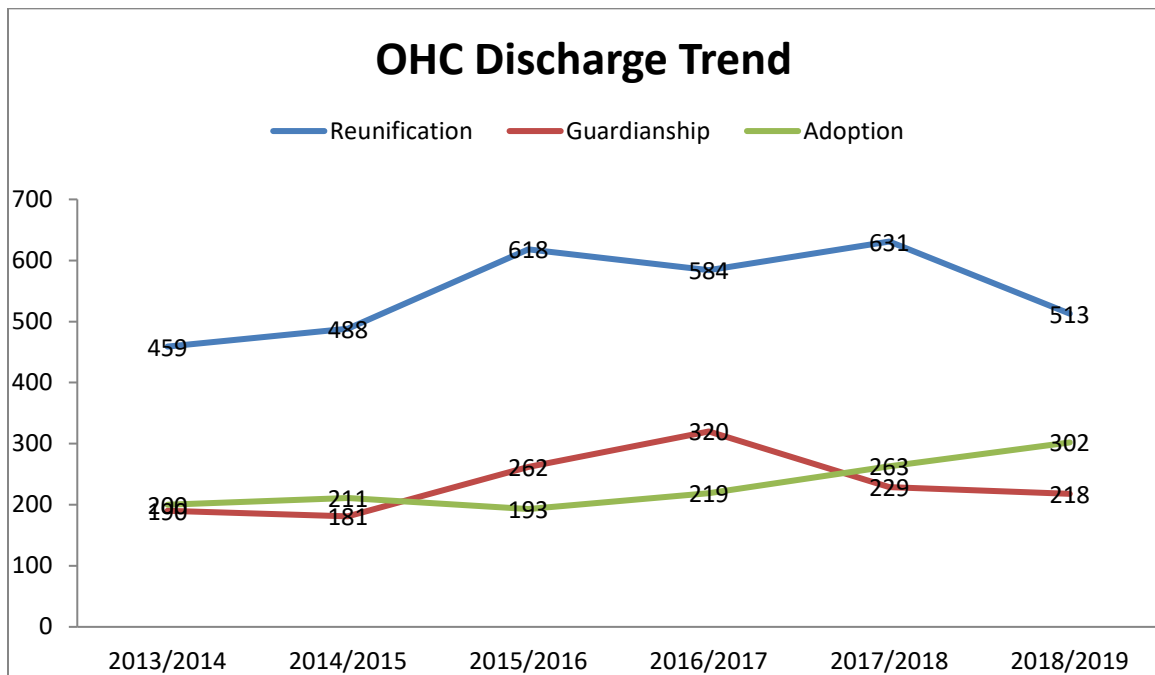


Permanency Trend: The continuity of family relationships and connections should be preserved for children placed in OHC; and they should have permanency and stability in their living situations. Embrace Families requires that CMA case manager/or supervisor attend the Shelter Hearing and meet with the family, gathering information about their family and children. Meeting the family during this time begins the engagement process, this may be the first time the family has met with the CMA, if the child was removed during a present danger determination. Important information is gathered and recorded on the about "Our Family" and "About My child(ren)". Information about the child's preferences and significant relationships are gathered. A second opportunity in the system of care to obtain information on family connections is at the Case Transfer Staffing, which includes this as information to be gathered at the staffing. CBC reviews placement stability in OHLC during monthly "shelter audits" facilitated by the Embrace Families County Executive Director or designee on a monthly basis. During the review the visitation plan between the child and separated siblings and parents is discussed, information on absent parent and status of relative search is discussed.



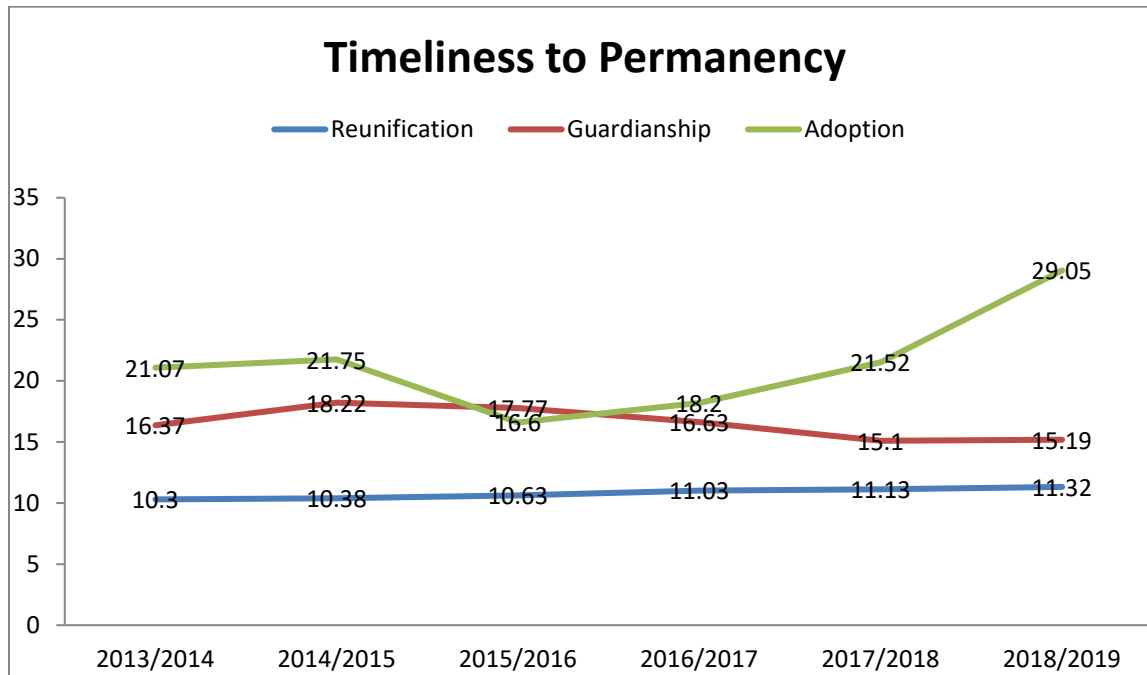
At the time of any OHC placement where a child can not remain with or be released to a parent, the priority order of placement considerations are relative placement and placements that can accommodate sibling groups (unless there are special needs or circumstances of the children that would prohibit placements together. If children are separated in placement there are continued efforts to locate alternative placement that can maintain the sibling group. Embrace has consistently performed just under the target by a few less percentage points than the 65% requirement. Foster home capacity to accommodate sibling groups is the primary reason for children not being initially placed together, and when they are placed together it is the behaviors of one of the children that has resulted in the child ultimately disrupting the placement. Embrace Families works with the CPI to place children with relatives at the time of the removal. CPI tracks their initial relative placement rate as an indicator of performance and this is included as measurement on the financial viability plan. The rate of relative placement in the last several years has been one of the highest in the state. There are a number of reasons that this has occurred 1) Efforts by CPI upfront at initial placement, 2) attention at CTS, FST, and Healthy System Meeting, 3) CBC added as a contract measure for CMA; 4) expansion of kinship support program, and 5) improved family finding efforts.

Chart 14: OHC Removal/Discharge by Type of Discharge



	Reunification	Guardianship	Adoption
--	---------------	--------------	----------

2013/2014	459 48%	190 20%	200 21%
2014/2015	488 50%	181 19%	211 22%
2015/2016	618 53%	262 23%	193 17%
2016/2017	584 49%	320 27%	219 18%
2017/2018	631 52%	229 19%	263 22%
2018/2019	513	218	302

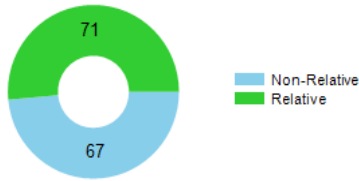


Example: Permanency: (Informing contracting decisions/expansion of services) Disruptions of Relative/Non-Relative to Licensed Care – Embrace Families observed in FY 2017/18 that the licensed out of home care number was increasing, but removal episodes were dropping. Analyzing the issue we realized that the increase was coming from failed approved placements. At the same time, we compared the disruptions that occurred for the homes that were being served by CHN (Kinship Services provider) and found that they were not only disrupting at half the rate as those not served, but when there was a disruption the children were more likely to enter a foster home than a group home. In 2018/2019 additional resources were invested in additional services with CHN to support kinship homes. The disruptions from relative/non-relative care however have continued to increase (by 9% from 126 in FY 2017/18 to 138 in FY 2018/19). Recent risk management data supports that CHN had some level of involvement with half of the homes that disrupted, a major contributing factor emerging is the lack of understanding by relatives/NR about the timeframe that the children would be in OHC and placement would be needed. While families were agreeable to assisting during a crisis the reality of a longer term commitment was more difficult to commit to. Continued analysis of disruption and services provided is warranted.

Figure 17: Placement Stability in Relative/Non-Relative Care Analysis

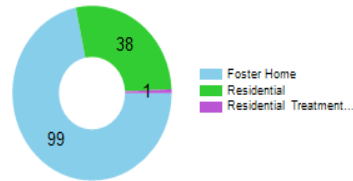
Approved to Licensed (7/1/2018 to 6/30/2019)

Primary* clients who were in Approved Relative or Non-Relative placements ending in the report period and entered licensed care.



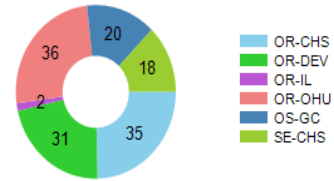
Approved to Licensed (7/1/2018 to 6/30/2019)

Primary* clients who were in Approved Relative or Non-Relative placements ending in the report period and entered licensed care.



Approved to Licensed (7/1/2018 to 6/30/2019)

Primary* clients who were in Approved Relative or Non-Relative placements ending in the report period and entered licensed care.

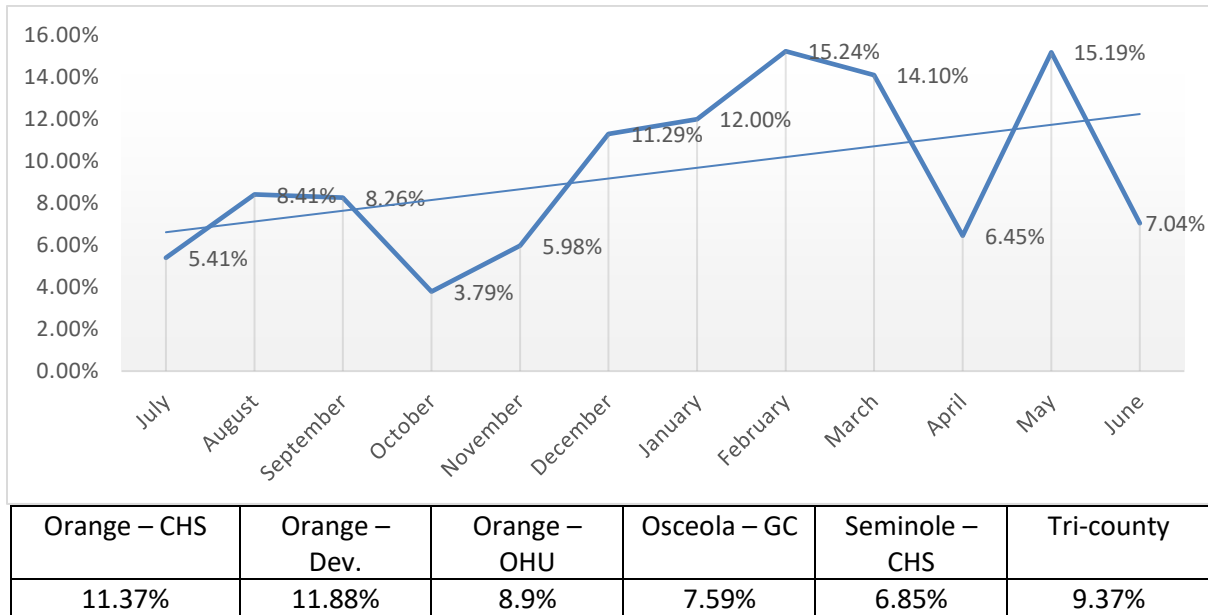


Financial Viability Plan: Reduce disruptions from relative/non-relative caregiver placements

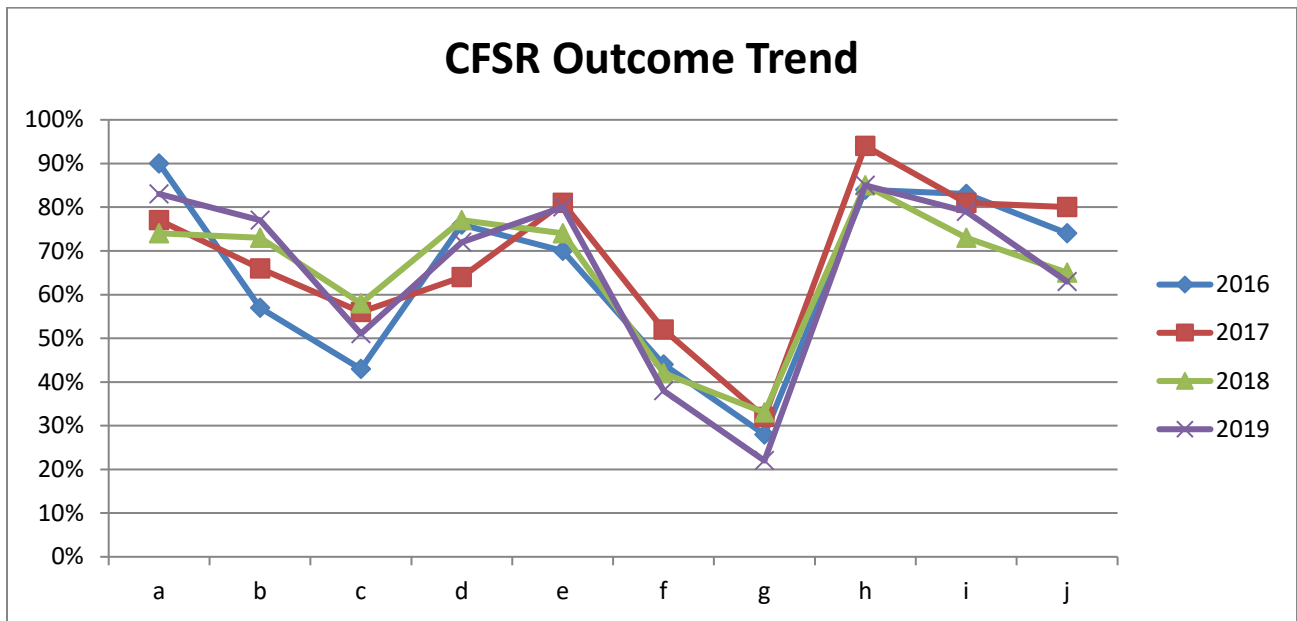
Baseline: 7.25%, FY1718

Indicator: Rate of new licensed OOHC placements from which approved relative/non-relative was immediately preceding placement

Performance: 2018/19 9.37%



III. Findings



[Directory for chart above](#)

- | | |
|---|---|
| A= Stability of placements | G=Frequency & quality of visits with parents |
| B= Timely establishment of permanency goals | H=Educational Needs and Services |
| C= Concerted effort to achieve goals | I=Medical/Dental Needs and Services |
| D= Placing siblings together | J=Mental/Behavioral Health Needs and Services |
| E= Placement with relatives | |
| F= Frequency & quality of visits with child | |

Safety: Strengths observed were in the timeliness of the investigative response (CFSR: **98.9%**) and the initial assessment completed by the CPI related to the assessment of safety and risk. The initial assessment, in those cases, were often thorough, accurate and the safety action taken appropriate and least restrictive. When appropriate, there were also safety services that were initiated to prevent the removal (CPI/CMA) or to maintain the child in the home once reunified (CFSR: **86.1%**, however a decrease of 5.9% over FY 17/18). The safety of children remaining in their own home, or in their foster home placement was assessed and any concerns were addressed in most cases (CFSR **73.5%**). Quantitative data supports that safety of children in the home, while receiving services (quarterly scorecard measures ranged from **93.89%-94.57%**); and within 6 months following the closure of services is a continued area of strength (**95.08%-96.54%**). Background checks and home assessments were completed when required (RSF) and a 11% decline was noted (**70.1%**). Often when this item was rated as an ANI it was due to a new household member or safety monitor not have the required checks completed.

Rapid Safety Reviews provide a good snapshot of how we are performing on our safety planning with families, and the adequacy of safety plans on those cases reviewed continued to show that this was an area requiring attention, however improving from 54% to **68%**, and 20% since FY 17/18. The safety plans that were rated as insufficient were often out of date because a service provider or informal support was no longer involved with the family or circumstances changed related to visitation with the parent that were not reflected in the safety plan. It is important to note that the safety plans were at one point sufficient however were not updated to reflect the changes in the case. The area of safety plan monitoring (RSF **40.2%**), when it was rated as ANI it was often times because the case manager had not contacted the safety monitors at least once monthly, or at a level more frequently if the circumstance or plan indicated was necessary.

Well-being: Sufficiency of family assessment declined by 7% to **29.9%** from last year (RSF) and decreased by 3% to **50%** (CFSR). In RSF cases the assessments were often determined to be insufficient as the information did not reflect additional information gathered by the case manager over the course of the case. The initial information gathered by the child protective investigator has continued to improve. The progress updates are not reflecting ongoing assessment of the family's progress and changes in protective capacities. In CFSR cases the rating was compounded by the lack of quality visits by the case manager with the parent, it is difficult to rate a case as a strength in assessment when the quality of the contact does not meet the standard required which was often the case, **22.1%** (CFSR) and with mothers, **62.6%** (RSF) and fathers **43.3%** (RSF). Quality of visits with the child was rated at **62.6%** (RSF) and **36.7%** (CFSR). The frequency of case manager visits with the case manager continued to be rated high, but fell short on quality due to the lack of documentation each month to indicate that there had been an attempt to see the child alone during some portion of every visit. The visits also lack substance in many cases.

Documentation of involvement of the child and parents in case planning was present in less than half of the cases reviewed (CFSR **46.4%**), in some cases this was due to only one of the two parents being included, and in other cases it appeared that the case plan had been drafted by the CMA without parent involvement and presented to them at the Case Plan Conference; in ongoing cases the documentation did not adequately include a discussion about services they were participating in or had completed; identification of how barriers could be addressed; or how permanency could otherwise be achieved if reunification were not possible.

Permanency: While children were in an OHC placement (licensed or unlicensed) the placement was stable and any placement changes were for the purposes of promoting permanency (CFSR: **82.6%**). This is an area that improved 7% this year, when rated as ANI this was generally due to children changing licensed care placements for reasons other than meeting the child's needs. In the OHC cases reviewed (CFSR **71.8%**) children were placed together, a decrease of 6.2% from last year (77%). While there continues to be more children in a removal placed with their relatives (62.3%), on the CFSR there were also an increase in concerted efforts to place the child with the relative **79.1%**, an increase of 5% from the year prior.

When a child was placed in OHC the frequency of visitation with their parents and siblings was sufficient in half of the cases reviewed (CFSR: **45.9%**, a significant continued decline from FY2016/17: 80%). In cases where this standard was not met it was due to a lack of documentation regarding the visit (supervised by the relative/non-relative placements) or the visitation with at least one of the parents was identified to be lacking and there was no effort documented by the case manager to support/encourage visits or address barriers.

The consistency of concerted efforts being made to preserve a child's connections (that existed at the time of the removal) often through relative/non-relative placement which allowed children to maintain relationships with important extended family/friends, and often in or near their home community improved by 6.3% this year to **66.3%** (CFSR, last year 60%). In cases rated as ANI there was not adequate documentation to identify at the time of removal who was significant in the child's life, and an effort to maintain that contact between the child and persons documented; in cases of relative placement there was insufficient inquiry or documentation to reflect this as well. Documentation regarding efforts by the agency to promote the child's relationship to their parents through activities other than visitation declined this year (CFSR **23.5%**). There is no evidence in most cases that the case manager discussed the parent participation in school activities/medical appointments/extra curricular activities/birthday parties etc. with the caregiver or the parents, or took action to promote/encourage or support parental involvement. In cases of relative placement, it was a lack of inquiry and documentation, as it was often the case that the parental visits were being supervised by the relative.

The timeliness and appropriateness of permanency goals continued to improve again this year from 73% last year, to **77.2%** this year (CFSR), however is still short of the State PIP goal of 88.5%. When this item was rated as an ANI it was because the goal had been extended by the court, denied by the court, or a concurrent goal should have been considered at the time the case was initiated or reopened. Concerted efforts to achieve the case goal were only evident in **51.1%** (CFSR) of the cases, a decline of 7.9% from last year. In many of the cases the timeline (12 months for

reunification, 18 months for a permanent guardianship, or 24 months for adoption) were not met. In some cases, this was because of the delay of changing the goal to permanent guardianship or adoption or because the goal was changed back to reunification after a prolonged period of time (often times years). Court continuances, delays in filing TPR petitions, lack of time on the court docket, and agency efforts all contributed to delays. Data collected by CLS supports that in Circuit 9 there are **7.7%** of children with a reunification goal extended past 15 months with no TPR activity (compared to statewide average of 5.9% and circuit 18 at **2.9%**.) CLS data also identifies that the median days from TPR petition to Final Order of TPR was **217** days for circuit 9 and **156** for circuit 18 (CLS Goal=159 days). See: timeliness to permanency chart for further detail.

IV. Gaps Between Findings and Benchmarks

CFSR PIP performance: Embrace Families falls below the federal approved PIP Goal on 8 of the 10 Federal PIP goals, and below the original state baseline on 5 of the 10 items.

Chart 18: CFSR PIP performance gap

CFSR Item	%	State Baseline	Federal Goal
Safety Item 1: timeliness of investigative response	98.9%	91.5%	96.7%
Safety Item 2: safety services to prevent removal	86.1%	76.5%	85.5%
Safety Item 3: risk and safety assessment	73.5%	71.3%	77.7%
Permanency Item 4: placement stability	82.6%	81.8%	88.5%
Permanency Item 5: timely and appropriate goal	77.2%	74.5%	82.1%
Permanency Item 6: concerted efforts to achieve permanency	51.1%	67.3%	75.4%
WB Item 12: Assessment & Services to child and parent	50%	51.3%	58.4%
WB Item 13: Involvement in case planning	46.4%	63.6%	70.7%
WB Item 14: frequency and quality of case manager visits with child	36.7%	72.5%	78.9%
WB Item 15: frequency and quality of case manager visits with parents	22.1%	43.5%	51.1%

Lack of adequate foster home capacity generally means that there is little choice in matching children to homes, less capacity to maintain sibling placements and to maintain connections to family and others important to the child, and increases the number of placement moves that occurs. The overall Length of Stay trends higher for children in licensed OHC vs. children in relative care, as often times adoption becomes the only viable goal in the case. Embrace Families conducts surveys (with foster parents), holds QPI trainings and participates in CMA staff meetings to address how to be a good partner and develop partnerships with foster parents, and updates an annual retention plan. Embrace Families has also expanded relative supports through the kinship program, recognizing that relative supports are needed to navigate the dependency system and ensure that families are provided services early, and have more realistic expectations about the length of time they may be caring for the child, as well as an understanding the court process and financial supports available.

There are several factors (many discussed in other sections) which continue to account for performance gaps:

- 1) A relatively new revolving front-line case manager whom has less than 1 year of experience (the number and percent of certified case management and supervisor staff declined over the year significantly; 2) workload of existing/remaining

case managers continue to exceed CWLA standards (number of staff with more than 20 children assigned increased); 3) complicated family dynamics that require experienced and skilled workforce to navigate; 4) an ability to efficiently record and document case activity is not burdensome, and in a manner that can be extracted easily; 5) and a practice model (SDMM) that continues to require system supports across the continuum.

Embrace Families continues to look at efficiencies and priorities across the SOC, and these are captured in the agency strategic plan, financial viability plan and program improvement plan and include everything from electronic records, work force development (supervisor training and skill building) and Leadership Academy to exploring grants to strengthen the service array. During 2018/19 Embrace Families contracted with a consulting group “Marketing for Change” to conduct focus groups and interviews and provide information on how Embrace Families could redesign our supports to caregivers and thereby impact the quality of care and outcomes for the children in OHC. A final report was issued by the group in February 2019 and since that time Embrace Families leadership has been planning for implementation of the recommendations. Request for proposals (Case Management, Caregiver Support, and Emotional Support) will be issued in August/September 2019 with a planned implementation for January 2020.

V. Intervention Findings

(Safety): Action taken based on QA Review Results: Embrace Families was concerned that QA reviews (primarily Rapid Safety Reviews) did not demonstrate timely and quality family assessments, sufficiency and adequate monitoring of safety plans, quality of contacts with children and parents, or frequent supervision and supervisor follow up. To isolate current performance and hold case management responsible for conforming to the practice model requirements (which would improve outcomes if performed well) CBC began reviewing all cases received in each month to determine if the supervisor was completing: initial supervisor consult within 2 days of CTS, safety plan consult within 5 days of CTS, Initial Supervisor Review within 7 days of CTS, FFA-O Consult within 30 days of CTS and approving FFA-O within 30 days of CTS. In August 2017 CMA performance was at 30.4% and in the most recent month had increased or remained stable for each CMA. The requirement to achieve a 95% compliance rating was added to the 2018/19 contract standards as a monthly measurement.

Figure SDMM Front End Review

Agency	August 2017 Total percentage of Consults and Initial Reviews completed	February 2018 Total percentage of Consults and Initial Reviews completed	July 2018 Total percentage of Consults and Initial Reviews completed	FY year to date Total percentage of Consults and Initial Reviews completed
CHS-Sem	34/120 =28%	39 /40 =98%	24 /27=89%	94.94%
Devereux	42/110 =38%	64/84 =76%	24/35=68%	81.73%
CHS Orange	20/100=20%	47/65=72%	51/65=78%	73.5%
OHU	27 /99: 27.3%	85/115=74%	52/55=95%	90%
GCJFS	21/45: 46.7%	63/85: 74%	42/50=90%	95%
Total Embrace Families	144/474=30.4%	298/389=77%	193/232=83%	n/a

Permanency: CFSR Item 6 and Scorecard Measure 5: Actions based on data (Contract Performance)/and CFSR

Embrace Families performance on CFSR item 6 “concerted efforts to achieve permanency goal” was significantly below the state baseline, at 56% for FY 17/18. Contract performance on CBC Scorecard Measure 5 Children exiting Foster Care to a Permanent Home within Twelve (12) Months of Entering Care was below DCF contract standard at 35.7%. During the second half of FY 17/18 and continuing through FY 18/19, Embrace Families Operations staff implemented several strategies to include meeting with case management leadership agencies each Monday (separately) to review Exits, Closures and Permanency rates and establish goals; implementation of initiatives such as Sixty Home within the next Sixty Days; HIT (home in thirty) and specifically identifying children in OHC 8-10 months where the parents were at high likelihood of meeting conditions for return and tracking/planning reunification to occur before the 12th month in OHC for that cohort. As a combined result of both initiatives CBC met the contract standard for the last 3 quarters.

Chart 19: Length of Time to Permanency & Re-entry after Permanency

	% children exiting FC to a permanent home w/1 12 months of entering care				% of children achieving permanency in 12 months for children in f/c 12-23 months				% of children who do not re-enter FC w/1 12 month of moving to a permanent home			
	Orange	Osc	Sem	CBC	Orange	Osc	Sem	CBC	Orange	Osc	Sem	CBC
14/15	FSFN	FSFN	FSFN	DCF SOC	FSFN	FSFN	FSFN	DCF SOC	FSFN	FSFN	FSFN	DCF SOC
Q2	44.7	30.5	40.8	41.7	59.5	47.0	49.3	51.4	90.2	83.3	100	90.4
Q3	39.4	30.0	32.5	34.5	55.4	39.6	61.4	51.4	91.3	75	76.9	85.3
Q4	31.4	32.0	44.7	35.1	57.6	58.0	48.3	56.0	82.8	75	100	83.6
TL												
15/16 Q1	31	16.6	28	29.6	55.7	60	57.6	57.2	89.1	90	86.9	90.0
Q2	23.8	27.5	63.3	33.7	58.4	43.2	69.2	57.2	78.6	100	80	86.6
Q3	35	18.1	21.5	28.9	64.4	43.2	57.9	59.0	81	86.6	100	83.5
Q4	33.3	33.3	24.7	30.7	64.8	28	61	57.4	83	89.4	93	84.8
TL	31.14	23.83	31.6	30.7	61.29	44.65	60.46	57.53	83.3	90.77	89.9	86.1
16/17 Q1	32.8	8.6	33.8	29.0	64.40	28	54	55.8	90.70	75	93.7	91.3
Q2	31.9	25.	50.5	38.4	64.40	32.1	61.6	57.7	89.10	81.8	85.3	88.2
Q3	47.6	39.1	31.9	43.5	60.10	44.3	62	57.4	92.9	100	86.2	91.2
Q4	47.6	35.2	36.2	38.1	61.00	52	62	59.7	96.3	100	80	91.8
TL	36.51	22.81	38.5	35.7	62.43	35.17	60.3	59.7	92.63	92.11	85.3	90.3
17/18 Q1	37.8	46.4	18.6%	36.3	59.7	63.8	59.6%	60.9	95.10	100	88%	92.9
Q2	32.9	17.0	41.6%	32.8	59.4	65.5	58.6%	60.4	93.4	85.7	88.6%	90.7
Q3	38.7	31.5	58.9%	41.5	59.0	58.4	60.7%	59.4	93.0	100	69.5%	88.5
Q4	49.5	25.0	42.6%	45.3	58.1	43.7	61.8%	57.4	96.6	83.3	87.8%	92.9
TL	40.0	42.0	41.9%	39.0	59.13	60.06	60.17%	59.57	94.42	90.91	84.8%	91.05
18/19 Q1				39.95				54.84%				90.89%
Q2				41.47				59.29%				91.84%
Q3				43.04				57.40%				90.84%
Q4				41.88				52.74%				89.56%
TL												
standard	40.5%+				43.6%+				91.7%			

(Well-being 1: frequency and quality of contacts):

Information from RSF, CFSR and Embrace Families contract requirements related to frequency and quality of parent contact is known to contribute to lower performance scores on quality reviews in areas of service needs/assessment, case planning as well as on frequency and quality of contacts. Over the past 2 years Embrace Families has employed several strategies to impact this area. 1) Several email distributions with literature discussing parental engagement and defining

quality of contacts; 2) a training series aimed at parental engagement, “Put a ring on it” and followed by “Walking Down the Aisle”; 3) unit level learning circles focusing on discussing barriers; 4) distribution of jail/inmate visitation policies and services; 5) incorporating Family Team Conferencing style into the initial OHC FST; 6) updating and training on diligent search; 7) partnership with CMA QM staff to conduct focused (one case per active primary case manager) in March 2018 for February contacts and repeated in July 2018 with unit level and agency level consultation, 8) February 2018 all staff service center conversations on “Impacting CFSR and RSF ratings” focusing on the important of parental contact. Embrace Families developed performance reports and added contract measurements to the 2018/19 contracts to require and measure *unsuccessful and ongoing efforts to see the parent f:f in the month*, both outcome and in-process measurement reports are sent through email to supervisor level and above in Embrace Families Operations and CMA. Embrace Families added

Embrace Families Contract Measures YTD 16-17	Month and Father visits every month	Father visits monthly	Mother visits monthly	Month and Father visits every month YTD 17-18	Father visits monthly	Mother visits monthly	Month and Father visits every month YTD 18-19	Father visits monthly	Mother visits monthly
OHU	41.12%	26.77%	53.06%	41.21%	32.60%	47.56%	48.93%	40.99%	54.53%
Devereux	40.47%	31.95%	47.38%	44.98%	35.59%	51.76%	57.17%	46.73%	64.37%
CHS Orange	58.76%	50.50%	67.36%	63.92%	50.44%	74.22%	54.69%	39.97%	65.02
CHS Sem	52.24%	37.23%	64.03%	54.08%	51.63%	61.47%	59.58%	47.04%	69.19%
GCJFS	57.77%	47.06%	65.99%	65.03%	59.13%	69.12%	74.85%	66.87%	79.49%
standard	55.00%	55.00%	55.00%	55.00%	55.00%	55.00%	65.00%	65.00%	65.00%

Four of the five agencies continued to shown improvement in parent visit requirements (Embrace Families raised the standard from 55% to 65% for FY 18/19), and are continuing to show improvement in a related measure which focused on efforts documented to contact and engage parents that were not seen in the month. Due to the lack of impact on quality contact measures Embrace Families added requirements in June 2019 for CMA supervisors to review each case monthly for quality contact and efforts and that CMA Quality Assurance staff validate the review on a random selection of cases.

Strengthening Case Management Supervision: Embrace Families continues to believe that investing in the case management supervisor through training and coaching is the strategy to improving all aspects of case work practice. There will be a continued focus in this area over the next several years, and through further automation of key process documents, an ability to provide more support to their critical role. In January 2019 Embrace Families-CBC committed a position to devote ½ time to supervisor development. This experienced staff person is coaching new supervisors, conducted county level “back to basics” training for case management supervisors and initiated a quarterly supervisor peer meeting for all CMA supervisor staff.

VII: Plan Moving Forward

Embrace Families is committed to change what is not working and strengthen what is working. What is working: committed staff and provider agencies, an alignment on the values of customer service (internal and external) and how these are measured (RESPECT), a commitment to workforce stability and development. What is not working is the fragmentation of the approach to the complex work and how the individual work connects to child welfare goal achievement. Embrace Families will:

- redesign caregiver support framework,
- balance the workload and enhance the capacity across the front line,

- develop a framework of accountability by integrating current scorecards and reporting structures using automation wherever possible.

A request for proposal for Case Management Agency, Child Placing Agency (Caregiver Support) and Emotional Support contracts will be released in August/September. In the interim, Embrace Families will continue to: work with case management agencies on improving the quality of contacts with children, parents, and caregivers through focused monthly supervisor reviews, case management quality assurance and Embrace Family QA validation; and supporting supervisors through coaching and training. Embrace Families Operations Managers will continue to focus on driving permanency and assessing and addressing barriers (CLS is partnering with Operations to develop an action plan); and continue to implement strategies on PIP Action Plan and Financial Viability Plan (in revision).

i. Rapid Safety Feedback Review Data

	2018-19	2017-18	2016-17		2015-16
	Agency	Agency	Agency		Agency
Item	EF	EF	EF	Item	EF
1.1 Family Assessment is sufficient	44/97 45.4%	39/115 34%	20/132 15%	Initial and Ongoing Assessments	66/131 50%
1.2 Family Assessment was completed timely	29/97 29.9%	43/115 37%	40/132 30%		
2.1 Quality of visits between CM and child	34/97 35.1%	56/115 49%	75/132 57%	Caseworker Visits with Child (WB)	52/131 40%
2.2 Frequency of visits between CM and child	85/97 87.6%	108/115 94%	115/132 87%		
2.3 Quality of visits between CM and mother	57/91 62.6%	59/112 53%	62/131 47%	Caseworker Visits with Parents (WB)	36/131 27%
2.4 Frequency of visits between CM and mother	80/92 87.0%	89/113 79%	96/132 73%		
2.5 Quality of visits between CM and father	29/67 43.3%	32/81 40%	31/95 33%		
2.6 Frequency of visits between CM and father	36/81 44.4%	29/83 35%	35/106 33%		
3.1 Background checks and home assessments completed when needed	68/97 70.1%	93/115 81%	89/129 69%		
3.2 Background info assessed	68/97 70.1%	89/115 77%	92/132 70%	Background Checks & Home Assessment	88/131 67%
4.1 Sufficient safety plan	66/97 68.0%	62/115 54%	63/132 48%	Safety Planning	58/131 44%
4.2 Safety plan monitored	39/97 40.2%	36/115 31%	42/132 32%	Monitoring the Safety Plan	46/131 35%
5.1 Supervisor regularly consults with CM	56/97 57.7%	50/115 43%	39/132 30%	Supervision	21/131 16%
5.2 Supervisor f/u	51/97 52.6%	38/115 33%	33/132 25%		
Totals:				Totals:	542/1179 46%

85-100=green
65-84=yellow
<64 red

i. Florida CQI Reviews/Florida CFSR Reviews

Green: 80-100%
 yellow: 65-79%
 Red: <64

	Item	EF	EF	EF	EF	Fed PIP Goal
			17/18	16/17	15/16	
Safety	1. Were the agency's responses to all accepted child maltreatment reports initiated, and face-to face contact with the child (ren) made, within time frames established by agency policies or state Statutes? (CPI Function)	49/54 98.9%	60/68 88%	58/62 94%	52/54 96%	96.7%
	2. Concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	31/36 86.1%	46/50 92%	37/45 82%	46/50 92%	85.5%
	3. Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child (ren) in their own homes or while in foster care?	72/98 73.5%	79/102 77%	82/96 85%	78/103 76%	77.7%
Permanency Outcome 1	4. Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?	76/92 82.6%	56/80 74%	48/62 77%	62/69 90%	88.5%
	5. Did the agency establish appropriate permanency goals for the child in a timely manner?	71/92 77.2%	58/80 73%	41/62 66%	39/69 57%	82.1%
	6. Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?	47/92 51.1%	46/80 58%	35/62 56%	29/68 43%	75.4%
Permanency Outcome 2	7. Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	51/71 71.8%	41/53 77%	27/40 64%	35/46 76%	
	8. Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?	34/74 45.9%	46/73 63%	39/49 80%	32/63 51%	
	9. Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?	61/92 66.3%	48/80 60%	47/62 76%	55/69 80%	
	10. Did the agency make concerted efforts to place the child with relatives when appropriate?	72/91 79.1%	59/80 74%	50/62 81%	47/67 70%	
	11. Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?	16/68 23.5%	29/70 41%	21/44 50%	26/64 41%	
Well-being Outcome 1	12. Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	49/98 50%	54/102 53%	57/95 60%	56/105 53%	58.4%
	13. Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	45/97 46.4%	68/140 49%	46/89 52%	47/104 45%	70.7%
	14. Were the frequency and quality of visits between caseworkers and child (ren) sufficient to ensure the safety, permanency, and well-being of the child (ren) and promote achievement of case goals?	36/98 36.7%	63/150 42%	51/98 52%	47/107 44%	78.9%
	15. Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child (ren) sufficient to ensure the safety, permanency, and well-being of the child (ren) and promote achievement of case goals?	19/86 22.1%	45/137 33%	26/81 32%	27/98 28%	51.1%
Well-being Outcome 2	16. Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?	70/82 85.4%	92/108 85%	50/53 94%	48/57 84%	
	17. Did the agency address the physical health needs of children, including dental health needs?	74/94 78.7%	89/122 73%	57/70 81%	66/80 83%	
	18. Did the agency address the mental/behavioral health needs of children?	34/54 63%	51/79 65%	36/45 80%	39/53 74%	
	Total:					