
Annual Report of Case Management Agency Practice Trends FY 2019-2020

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, One Hope United, and Devereux (through December 2019); 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).*

The Embrace Families system of care design shifted significantly beginning in February 2020, and will be fully transitioned by mid September 2020. This includes separating the caregiver support and child well-being for out-of-home care cases from CMA-case management to a secondary assignment of a "Caregiver Support Manager". In this model, the CSM is able to fully concentrate on meeting the needs of children and their caregivers as it relates to caring for the child, while the primary Case Manager focuses on working with the parents and moving the case to permanency expeditiously (including evaluating Conditions for Return). In addition, for children in-home either through NJHS, IHJS or PPS, the primary Case Manager has more time to work on ensuring child safety, family stability, and successful case closure. In the redesigned system of care the CSM is assigned to the caregiver home, they are able to develop supportive relationships and provide a more timely response to needs identified, further promoting placement matching, service identification, and placement stability. *Understanding, that the teen population is more vulnerable to placement instability, a Transitional Support Specialist, is assigned at age 13 and performs caregiver support role responsibility in addition to youth/independent living services for children placed in group care; and just the overlay of youth/independent living services for children placed in relative/non-relative or licensed foster homes. The Transitional Support Specialist follows the child, this allows for increased youth engagement, which will promote improvements in outcomes for older youth in placement stability, well-being and permanency.

Each Embrace Families - CBC County Executive Director has direct supervision of operation managers (primarily responsible for participating in Case Transfer Staffings, "shelter" audits, 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, Embrace Families FY 2019 2020

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, child welfare field/in-service trainer, quality assurance manager, clinical coordinator, records room staff, information and eligibility specialists and an ICPC/OTI specialist. Nurse Care Coordinators (Integrated Health) are assigned by county and provide oversight of the completion of the Health Risk Assessment, and coordination of complex medical needs of children in OHC as needed. Caregiver Information & Eligibility staff who perform the regulatory function for level 2 foster homes licensure; as well as oversee level 1 licensure of relative- non-relatives/fictive kin are located at the administrative service center.

In prior fiscal years Embrace Families has worked closely with our case management partners on developing sufficient safety plans, supporting and strengthening safety management services, and improving on the timeliness and quality of the family assessment. In the last two years we have continued monitoring of the supervisor activity in the first 45 days of a case following case transfer staffing and added contract performance measurements to the case management contract in both fiscal years 2018/2019 and 2019/2020. In FY 19/20 we also began tracking the update of the safety plan (at least every 6 months) for children placed in-home; and the Progress Update (aka Family Assessment) every 90 days. Embrace Families – CBC QA staff validate (a random sample) of performance reported by the case management agency QA staff and continue to provide feedback following Rapid Safety Feedback case reviews. Embrace Families System of Care Trainers continue to provide unit level learning circles, in-service training and individual coaching and skill practice focused on key components of 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 Managers, Quality Assurance Managers, Quality and Training Director & Operations Managers) and case management agency leadership (supervisors through Director of Program Operations, Quality Assurance Manager and Permanency Specialist) 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 did not take responsibility for their role in this realignment, and coupled with supervisor/leadership turnover the number/percent of proficient staff decreased from 80% to 55% FY 2018/19 and even further to 45% at the end of FY 2019/20 (**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. These considerations are on hold pending completion of SOC re-alignment, in the interim Embrace Families Training Department has reassumed a lead role in ensuring the proficiency requirements are being met.

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	FY 19/20
Seminole CHS	9/10=90%	10/10=100%	7/10=70%	5/10=50%
Orange				
CHS	7/8=88%	7/7 =100% (1 vacant supervisor, not included)	6/8=75%	6/15=40%
Devereux	6/9=67%	7/9=78%	5/9=56%	n/a
OHU	7/9=78%	5/8=63% (vacant DPO, not included)	3/8=63%	0/12=0%
OR TL	20/26=77%	20/24=83%	14/25=56%	6/27=22%
Osceola GC	5/9= 56%(1 vacancy)	5/10=50%	3/9=33%	4/10=40%
Embrace Families Total	34/45=76%	35/44=80%	24/44=55%	21/47=45%

As we moved through the Proficiency Project over the last several 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 assists 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, to now also include Caregiver Support Agency supervisors and leadership. (Note: the first Saavy cohort for CSA staff in in process now, with the essay planned for September 3, 2020; 9 staff, which includes 7 staff from CHN).

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, supervisor consultations/supervision/review of home visit quality, and parent engagement (contact, including efforts). 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 (unless parental rights have been terminated) 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 has been essential. Before the end of each fiscal year the Network Support Director convenes a meeting with the contracted providers, Embrace Families Operations and QA to discuss and arbitrate proposed measurements. The following **chart 2**

and chart 3 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 4** identifies contract performance measures in place for Residential Group Care contracts, including performance for the most recent FY.

Chart 2: Case Management Contract Requirements 2017/2018, 2018/2019; and 2019/2020

CFSR Related	RSF Related	FY 17/18	FY 18/19	FY 19/20
WB 1	2.2	Children Seen Every 30 days 99.5%	99.5%	99.5%
WB 1	2.4 2.6	Mother and Father Visits Monthly 55% <ul style="list-style-type: none"> Father visits 55% Mother visits 55% 	Mother & Father Visits: 65% <ul style="list-style-type: none"> Father visits 65%; 100% not seen will have efforts Mother visits 65%, 100% not seen will have efforts 	Mother & Father Visits: 65% <ul style="list-style-type: none"> 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%	95%	95%
WB 2		Dental Services in last 7 months 95%	95%	95%
WB 1	2.2	PPS Visits children 0-5 95%	PPS visits for children 0-5 <i>in accordance with safety plan</i> 95%	95%
		Timely JR's 90%	90%	95%
		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%	95%
RSF	5.1		Children with comprehensive quarterly QA reviews completed by the supervisor and f:f with assigned DCM 95%	95%
			Percentage of DCM who has utilized My Jump Vault within last 60 days 80%	80%

Chart 3: Contract Performance Outcomes (CMA)

CFSR Related	RSF Related	FY 18/19	FY 19/20
P1	n/a	Number of children with finalized adoptions , varies by Agency; (EF: 232, achieved 305; FY 17-18: goal 224, achieved 301)	Embrace Family target: 286, achieved 321
P1	n/a	Percentage of children exiting foster care to a permanent home within 12 months 45%	45%
S2	n/a	Children who do not re-enter foster care within twelve (12) months of moving to a permanent home ≤ 8.3%	≤ 8.3%
P1	n/a	Children's placement moves per 1,000 days in foster care 4.12	4.12
P2	n/a	Percentage of children placed with relatives/non-relatives 85%	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%	80%
WB1	n/a	Improve case manager responsiveness to caregivers 4.25	4.25
	n/a	CMA acted in a manner that conveyed respect for caregiver role as a professional team member 95%	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	4.25
	n/a	CMA asked caregiver to provide input into JR through Caregiver Court Input form 65%	65%

Chart 4: Contract Performance Measures for Residential Group Care

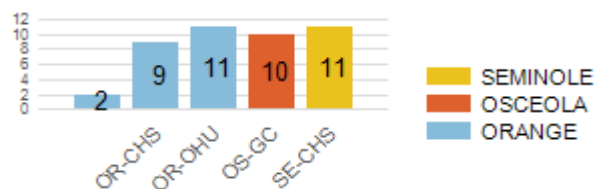
CFSR Related	RSF Related	FY 18/19; FY 19/20	Performance FY 19/20				
			IOG	BL	KH	ASP	CF
S3	n/a	Safe environment free from of incidents of abuse by providers staff, volunteer or visiting family members 100%	100%	100%	100%	4%	100%
WB2	n/a	Children enrolled in school shall attend daily, except when it is an excused absence 100%	87%	100%	100%	59%	100%
WB2	n/a	Preventative, routine, emergency and follow-up medical and dental care is provided and documented in MJV 100%	100%	100%	100%	26%	100%
P1	n/a	Participation in Placement Support Staffings prior to submission of removal request 100%	?	25%	100%	15%	25%
S1	n/a	Children will remain in the facility without incident of running away. 90%	71%	92%	100%	100%	92%
		Conduct and maintain a personal items inventory on children's belongings upon admission, with every new purchase every six months and at discharge. 100%	99%	41%	100%	94%	41%
		A minimum of (4) recreation and cultural enrichment activities shall occur away from the facility in a calendar month	71%	73%	100%	4%	73%

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 Tri-County Area as of 6/30/2020 (43)

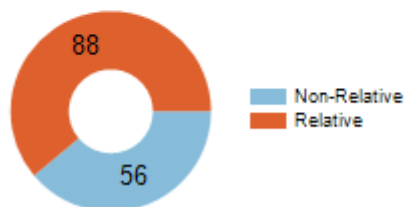
Active Tri-County clients placed outside of the Tri-County area. CMA shown is that of the FSFN 'Primary' worker. A blank CMA could be a Administrative unit or that the Argos client is missing their FSFNID. Source: Argos and FSFN



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](#)).

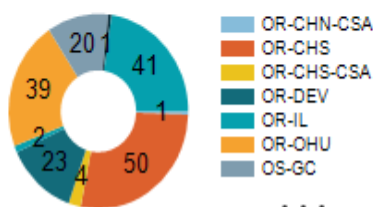
Approved to Licensed (7/1/2019 to 6/30/2020)

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



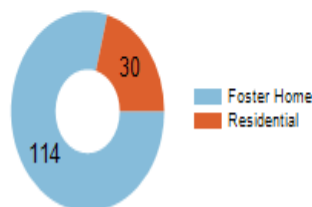
Approved to Licensed (7/1/2019 to 6/30/2020)

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



Approved to Licensed (7/1/2019 to 6/30/2020)

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



The report also provides information on the number of children disrupting placement, and specifically leaving non-licensed care and entering licensed care, both foster home level and group care, and can be stratified by agency and any time period. In consideration of qualitative information from the CFSR review of ANI rating (item 4) for last fiscal year, we are aware that most children that are disrupting placements are for reasons related to behaviors of the child (12/16:

75%). Embrace Families Clinical staff chair Placement Support Staffings upon referral, when placement stability requires additional supports. Embrace Families conducts an after disruption review as well to verify that all items discussed in the PSS staffing were followed. Additional training targeted at caregivers for teens (CORE TEEN); and in-service training on Trauma have been provided and will continue to be provided to address this area. With the change to a caregiver support focus within the system of care, there is also a greater likelihood that increased support will be available to ALL out of home caregivers and that staff in those roles will be responsive (measured by survey and feedback text/email after each home visit, asking caregiver and CSM how visit went which they can rate thumbs up or down and provide comment). The relationship of placement stability and permanency are correlated, and Embrace Families believes strongly that all children should be with family, and in the least restrictive environment as possible to meet the child's individual needs.

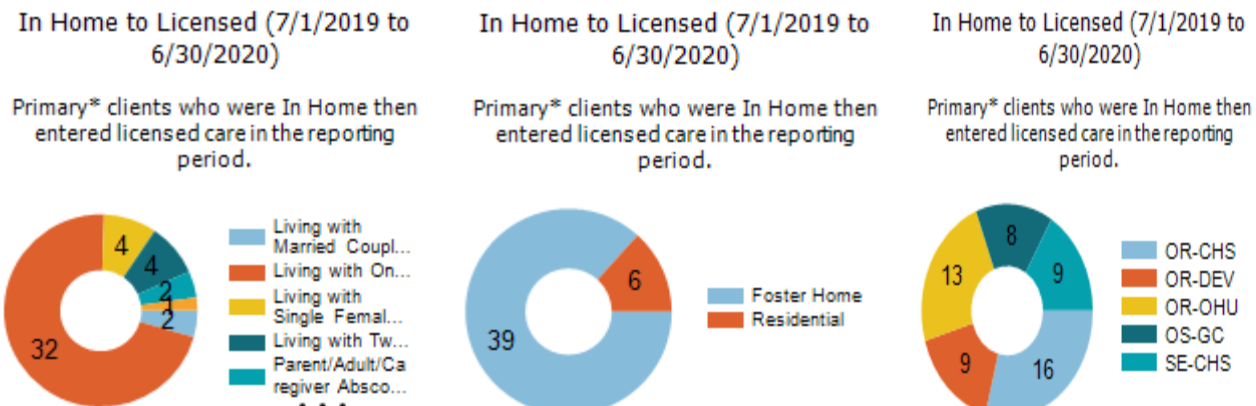
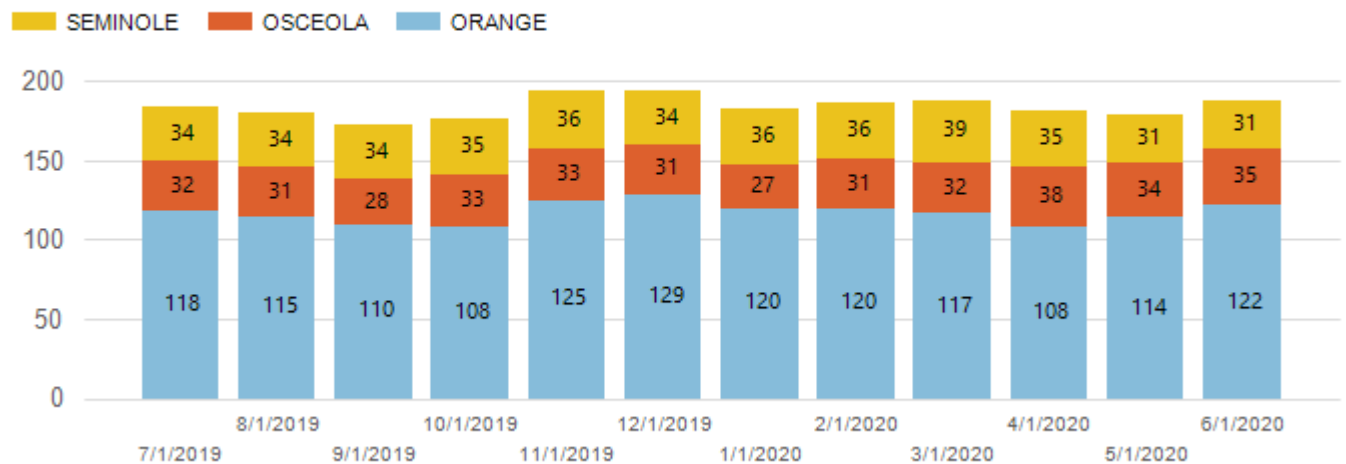


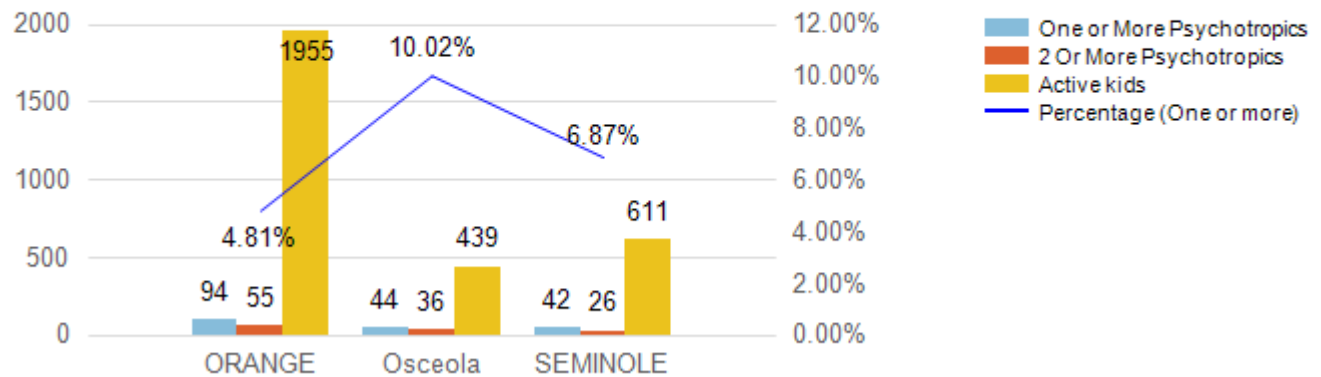
Chart 6

High End Placements By Month



Number of Kids on Psychotropic Medications

Active all "primary" clients (includes, Diversion, In Home and Out of Home) on one or more Psychotropic Medications.
Source: FSFN CARS report



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. As of 7/21/20 Embrace Families out of county licensed placement rate was 43.27%; 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 as of 7/20/20 was 29.05%, FY 2018/19: Q1: 30.02%, Q2: 31.26%, Q3: 43.36%, and Q4: 32.75%. Placed out of region, Embrace Families had 9.94%. 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. According to the EF CEO Dashboard, there were 43 children placed in an RCG out of the tri-county area at the end of the FY. 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 7 quarters (2018/19: Q1: 4.26, Q2: 3.88; Q3: 3.59 and Q4: 3.77; 2019/20 Q1 3.93, Q2 4.07, Q3 3.83, Q4 3.32).

Chart 7: 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 and 7/1/2020 (Data Source: ARGOS).

By County	2019 Count	%	2020 Count	%
ORANGE	450	65.41 %	455	64.17%
OSCEOLA	98	14.24 %	109	15.37%
SEMINOLE	140	20.35 %	145	20.45%
TL	688	n/a	709	n/a

All Counties	2019 Count %		2020 County %	
⊕ ADMIN	23	3.34 %	23	3.24%
⊕ FH	466	67.73 %	488	68.83%
⊕ IL	1	0.15 %		
⊕ OTH	3	0.44 %		
⊕ RGC	178	25.87 %	184	25.95%
⊕ RTF	17	2.47 %	14	1.97%
	688		709	

Embrace Families monitors increases in OHC population by placement type and percentage. There are numerous strategies in place to increase the number/percentage of children placed in relative care and foster homes and to increase the capacity of foster homes. Embrace Families considers data as a package of information that informs how well the system of care is operating. The licensing, recruitment, and training scorecard is in the process of being redesigned to provide the level of detail needed to make contracting decisions and resource allocations. There was little change overall to the mix of placement levels, but it is anticipated with the SOC enhancements fully operationalized for FY 20/21 that there will be an increase in the percentage of children placed in relative care and foster homes and a reduction in the number of children placed in congregate care. Child well-being in areas of placement stability and permanency will also improve.

Chart 8 (ESSA Management Transitioned from Youth Services to County Executive Director)

	Fall 2017	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020
Total Calls	301	83	255	255	ARGOS	ARGOS
Remain	71	17	36	54	ARGOS	ARGOS
Move	230	66	219	201	ARGOS	ARGOS
Percentage Remain	24%	20%	14%	21%	ARGOS	ARGOS

Chart 9: Select Elements from Youth Services Scorecard (August 2020 report: June/July not posted)

8	Supportive Adult Connections (Mentor Matches ages 16-17)	80%	41/130=32%	↑	Quarterly
9	Keys Referrals	80%	212/306 = 69%	↓	Monthly
10	Keys: Youth w/ Learners Permit (compared to other CBCs with 50% or more enrolled and population of enrolled over 100)	36%	66/306 = 31%	↑	Monthly
11	Keys: Youth w/ Drivers Licenses (compared to other CBCs with 50% or more enrolled and population of enrolled over 100)	13%	20/157 = 13%	↑	Monthly

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. 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 10. ARGOS Executive Dashboard Data Elements/ARGOS Reports

Safety Permanency WB	Data Element	As of 7/1/2019	As of 7/1/2020
Financial	Prevention/Adoption Funded Placements		
Financial	Average daily rate a. By county		39,564.23
Capacity	Scheduled & attended Foster Parent Orientation		
Workload	Average Caseload by case manager by CMA	Range: 12.5 – 24.95	Range: 15.67 – 27.71
Workload	Number of case managers with a caseload >20		
Workload	Active Clients by CMA and CSA	Orange CHS: 609 Orange Dev: 543 Orange OHU: 624 Osceola GC: 351	Orange CHS: 846 Orange CHS CSA: 27 Orange CHN CSA: 17 Orange OHU: 970

		Seminole CHS: 545	Osceola GC: 373 Osceola GC CSA: 35 Seminole CHS: 542 Seminole CHS CSA: 13
Workload	OHC intakes a. Intakes by age b. By reason for service		
Workload	New Clients		
Demographic	Active in OHC by gender		48.90% Male 51.10% Female
Financial Capacity	Active in OHC by placement type	Rel/non-rel: 62.99% Licensed OHC: 30.08% Other: 6.93%	Rel/non-rel: 46.93% Licensed OHC: 46.71% Other: 6.36%
Financial Capacity	Active in OHC licensed by placement type	Foster home: 73.60% Group Home: 26.40%	Foster home: 81.40% Group Home: 18.60%
Financial Capacity	# of Children placed in RGC	178	184 (25.95%)
	Placements by county	Chart 5a	Chart 7 (UM)
CFSR P2	Placements without school stability checklist	ARGOS on demand report	ARGOS on demand
CFSR P2	# of Children in licensed care placed out of tri-county area	36	41
CFSR P2	Separated siblings	ARGOS on demand report	36.87% of cases involved sibling separation; 41.99% of children were separated from their sibling (As of 9/3/2020)
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	FY 2019/20: a. FH: 114, RGC: 30, RTC: x b. Orange: 119, Osceola: 21, Seminole: 41
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	F 2019/2020: xx a. Foster home: 39 IL: x RGC: 6 b. Orange: 38 Osceola: 8 Seminole: 9
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%	FY 19/20 Q1: 40.63%, Q2: 38.27%, Q3: 36.49%, Q4: 36.32%

Chart 11. Example of functional area scorecard: Caregiver Information and Eligibility

Each functional area maintains a scorecard that is provided to management team each month, and copied broadly to the staff at Embrace Families with the meeting minutes. This affords the entire organization to be aware of agency and functional area performance, and understand the interlocks that exists between areas. Each month a scorecard is featured at the Leadership meeting and staff provide a detailed view of the information collected and respond to any questions that staff may have. In addition, there are often several components within a functional area that have their own scorecard at the more micro level. The Caregiver Information and Eligibility Scorecard is provided as an example. This area manages the Level I and II foster home licensure process, and serve as the “regulatory” part within that process, as such they are the final agency level authority for Embrace Families to submit licensure packets to the Department utilizing the attestation model permitted contractually. The Caregiver Information & Eligibility unit is concerned about licensed capacity and utilization and retention of foster homes. In addition, timeliness to licensure, quality of care, and placement stability are factors that are monitored, by Embrace Families but are part of the Utilization Management and a joint scorecard of Recruitment (Embrace Families Foundation), Training (Quality & Training) and Licensure (Caregiver Information & Eligibility).

Chart 11: Caregiver I&E Scorecard June 2020

Indicators	Goal	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	March 2020	April 2020	May 2020	June 2020
Total Homes Level II and above	2019 = 348 2020 = 348	350	349	336	335	329	330	332	328	327	338
Total Beds Level II and above	2019 = 585 2020 = 585	583	585	562	562	555	556	557	553	557	577
Net Gain/Loss Homes from July 1 baseline	0	2	1	-12	-13	-19	-18	-16	-20	-21	-10
Net Gain/Loss Beds from July 1 baseline	0	-2	0	-23	-23	-30	-29	-28	-32	-28	-8
Utilization Rate	80%	75% 443/583	75% 439/585	87% 489/562	68.6% DCF	69.5% DCF	In progress	71.15% ARGOS	68.24% ARGOS	67.52% ARGOS	63.02% ARGOS
Retention Rate Active on 1 st and last day of the month	85%	96.94 ARGOS	96.11 ARGOS	95.26 ARGOS	85.9% DCF	82.8% DCF	80.7% DCF	79.6% DCF	77.9% DCF	76.7% DCF	79.9% DCF
Total Level I Licenses (by child)	N/A	21	43	55/1094	67/1150	91/1148	126/1116	169/1123	189/1108	213/1119	223/1107
% Level I Licenses vs Total Relative/NR	10% 12/31 20% 3/30 30% 6/30 40% 9/30	2%	4%	5%	5.83%	8.6%	11.29%	15.05%	17.06%	19.03%	20.14%

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, three have graduate degrees, combined they have 85 years of experience in child welfare, 21 years on average; with 25.5 combined years in Quality Management (6 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. This staff member works closely with the Director of Business Development and Analytics to develop reports for operational use, and also trains supervisors/management and operations on utilization of reports in the management of their units/agencies.

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 FY19-20 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 12** below.

Chart 12: CFSR/RSF Review Requirements

Reviews Planned/Completed by Agency

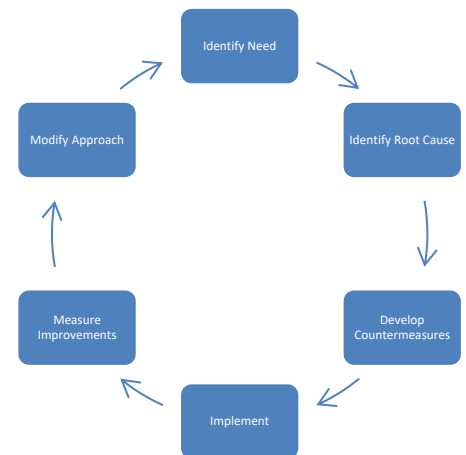
County/Agency	Rapid Safety Feedback Reviews	CFSR PIP Monitored-with case interviews	Child & Family Service Review- CQI	Total
Seminole-CHS	6 each quarter	2 per year	5 each quarter	46
Orange-Dev/OHU/CHS	16 combined each quarter	10 combined (Circuit 9)	12 combined each quarter	112
Osceola-GCJFCS	6 each 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 bi-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 CSA'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 bi-weekly meeting to review performance with each CMA/CSA 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 500-800 children. To perform optimally caseloads should not exceed 22 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 to encourage efficient management. Contract performance and quality assurance findings are discussed during the meeting at least monthly. The review with the CSA addresses: child well-being measures (children seen, dental and medical visit compliance, foster home utilization and placement stability. See below **chart 12**, for an example of one of the CMA Healthy Systems summary reports.

Chart 12: Healthy System Report (weekly by CMA)

Example: GC Osceola July 2020 Performance as of 7/20/2020 (Summarized data)

Caseloads (primary children)		Caseload Size (primary)		Green (0-22)	Yellow (23-25)	Red (26+)
Agency	364	Case Carrying Not Certified	5	4		1
Supervisor (5) Case Manager	1:5	Case Carrying Certified	15	7	1	7
Case Carrying	20					
Overhires/waiting on class	0		5	TL: 11	1	8
In Pre-Service	5	Average caseload: 18.2		Monthly Targets		Weekly Target
Program Measures				Exits	7	5
In Home Safety Plan Compliance	48/48 Cases	100%		Permanencies	8	3
	99 Chn	100%		Closure	28	3
				Permanency within 12 months	41%	
				% of OHC with relatives	90%	

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 22 primary children. In Orange County, at the time of the release of the ITN for CMA/CSA contracts one of the three case management organizations in Orange County notified Embrace Families that they elected to not submit a notice of intent/proposal under the redesigned system of care, and instead elected to announce their intent to end their contracts for CMA/Diversion/FH CPA by the end of the year (2019). At the time, one of the three Orange County agencies struggled with stability of workforce. Orange County transitioned an entire case management agency caseload, at the same time implementing an agency wide redesign of the system of care (and level 1/GAP program requirements) during the last half of the fiscal year. There have been barriers with hiring with the largest provider of caregiver support services (Children's Home Network), which delayed transition to the redesigned SOC across all three counties. The redesigned SOC will be fully operational effective mid September 2020. Barriers related to COVID and full system transition have placed a burden on all direct care staff but moreso in Orange County due to the transition of the case load from the former third case management agency in the county. Orange County 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 13 below**). The Orange County Executive Director has provided extensive operational support to the Orange County case management agencies. In 2019/20 Embrace Families funded additional positions at Embrace Families, creating an Associate Director to assist in overseeing Orange East, as well as two operation managers. During the last half of the fiscal year, an Operations Manager was dedicated to assisting in the transition and staffing shared caseloads related to the resignation of a case management agency, as well as later related to system redesign.

Chart 13: CMA Certification Status Comparison

Case Manager Certification Status EOY (End of Year)				
	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
Seminole CHS	35/38=92%	22/30=73%	15/28=54%	18/23=78%
Orange				
CHS	28/28=100%	16/26=62%	12/23=52%	18/41=44%
Devereux	19/29=66%	16/26=62%	14/26=54%	n/a
OHU	18/26=69%	16/27=59%	14/22=64%	14/33=42%
OR TL	65/83=84%	48/79=61%	40/71=56%	32/74=43%
Osceola GC	18/30=60%	14/26=54%	16/25=54%	19/25=76%
EMBRACE FAMILIES TL	118/151=78%	84/135=62%	71/124=57%	69/122=57%

Chart 14: EMBRACE FAMILIES Contract Measures by County and CMA

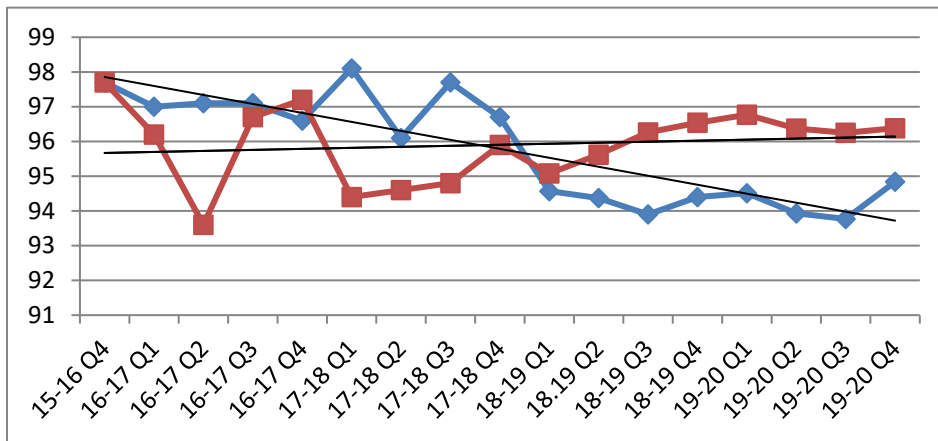
EMBRACE FAMILIES Contract Measures YTD		Children seen every 30 days	Month and Father visits every month	Father visits monthly	Mother visits monthly	Medical services in last 12 months	Dental services in last 7 months	PPS Visits children ages 0-5	Timely JR's	Timely PPS case plans
16/17	OHU	98.73%	41.12%	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%	n/d
19/20		93.43%	30.84%	21.36%	37.41%	89.81%	82.45%	60.67%	42.00%	n/d
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%	n/d
19/20		96.96%	35.73%	19.75%	46.86%	88.89%	89.77%	73.50%	80.80%	n/d
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	
19/20		98.6	52.31%	34.01%	65.14%	94.83%	85.94%	90.12%	81.08%	n/d
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%	
19/20		97.49%	60.35%	49.20%	68.82%	92.76%	87.15%	96.95%	90.07%	n/d
16/17	GCJFS	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%	
19/20		99.92%	69.55%	60.35%	76.32%	96.83%	85.90%	97.95%	98.07%	

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 three 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; and Q2 & Q3 of FY 2019/20. Q1 & Q4 are less than 1% from the contract goal of < 8.5%. Embrace Families review has consistently found three major contributors in the following order of significance: 1) Caretakers/relatives violate safety plans allowing the parents to have unsupervised visitation, 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 and 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 Embrace Families regularly evaluates cases that meet the re-abuse criteria and works with the Family Safety Program Office to ensure cases are adequate coded. Embrace Families in 2018/19 further expanded Kinship Support Services and in 2019/20 through redesign further expanded supportive services to all OHC caregivers. 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 improved significantly this year on this CFSR Item (73.5% in 2018/19 to 85.6%), exceeding the Federal PIP target of 77.7%.

CBC Score Card Measure 2: Children who are not Abused/Neglected during in-home service. Embrace Families has missed the target in each quarter for the last two years by less than 1.3%, and in the most recent quarter (Q4) by .16%. 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. In redesign Embrace Families is requiring greater CMA agency leadership oversight of quality of case work, and specifically engagement standards. To support, skill level in this area Embrace Families is in the process of creating a four part Motivational Interviewing training for front line staff.

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 and in 2019/20 (Q1: 96.77%, Q2: 96.37%, Q3: 96.25%, and Q4: 96.38%). Embrace Families continues to emphasize and monitor cases to ensure that post placement supervision/visitation is consistent with safety plan monitoring requirements.



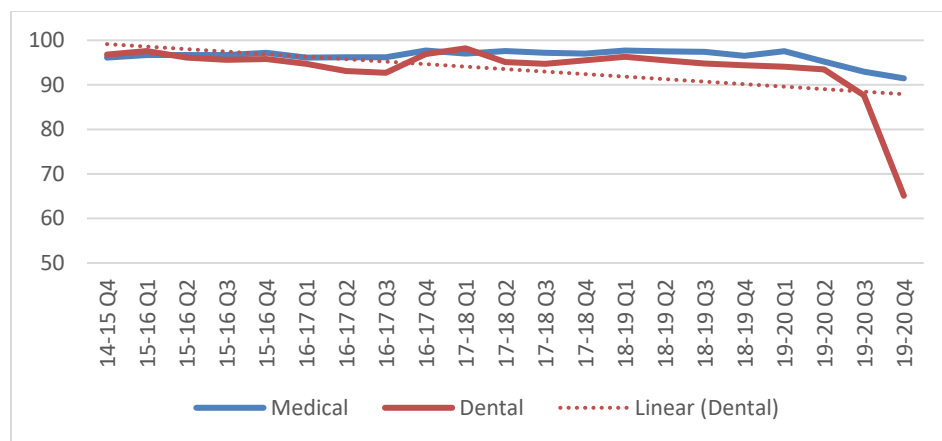
	Rate of Abuse per 100,000 days in FC				% of children not neglected/abused during in-home services				% of children not neglect/abused after receiving services (w/ 6 months)			
	Orange	Osc	Sem	EMBRACE FAMILIES	Orange	Osc	Sem	EMBRACE FAMILIES	Orange	Osc	Sem	EMBRACE FAMILIES
15/16 Q1	12.43%	9.67%	11.45%	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				95.08
Q2				8.25				94.37				95.62
Q3				8.45				93.89				96.26
Q4				7.20				94.38				96.54
19/20 Q1				8.86				94.51				96.77
Q2				7.14				93.93				96.37
Q3				7.44				93.77				96.25
Q4				9.22				94.84				96.38
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 promote system integration.

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 assist with school enrollment and stability/appropriate placement. Compliance with semi-annual dental screenings is an area that falls slightly short 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. In the last two quarters COVID has impacted performance both related to provider availability and caregiver willingness to take children for risk of exposure of their homes. 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 behavioral health needs identified (CFSR Item 18) that is an 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: 63.4%; Q2: 63.4; Q3: 63.8% and 64.5%.** During QA reviews in cases not meeting an exception the reason centered around lack of capacity for a sibling group, but most often the behaviors of one of the children in the sibling group disrupted the placement due to behaviors (this also impacted placement stability rating, item 4).

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%, with the exception of a slight dip in Q3 (92.96%) and Q4 (91.46%) this year specifically related to COVID with medical providers limiting or cancelling appointments, as well as the caregiver reluctance to take children due to risk of exposure. 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: Dental compliance has varied within 3% points below and above the target over the last two years. Performance has declined in the last 2 quarters, and is now in the red, with the lowest quarter Q4 65.09%, specifically related to COVID issues. 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**

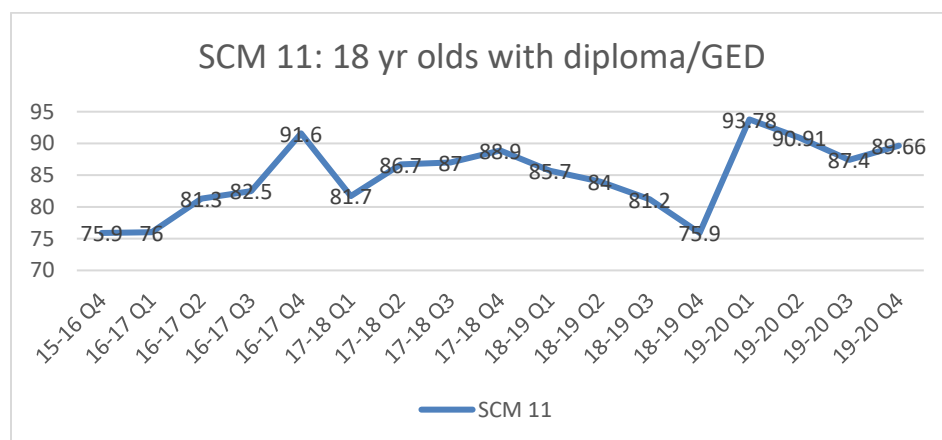
Total prescriptions with begin date over 1 year = 0 **Compliance Percentage = 100.00%**

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

Total missing parental consent or court order = 4

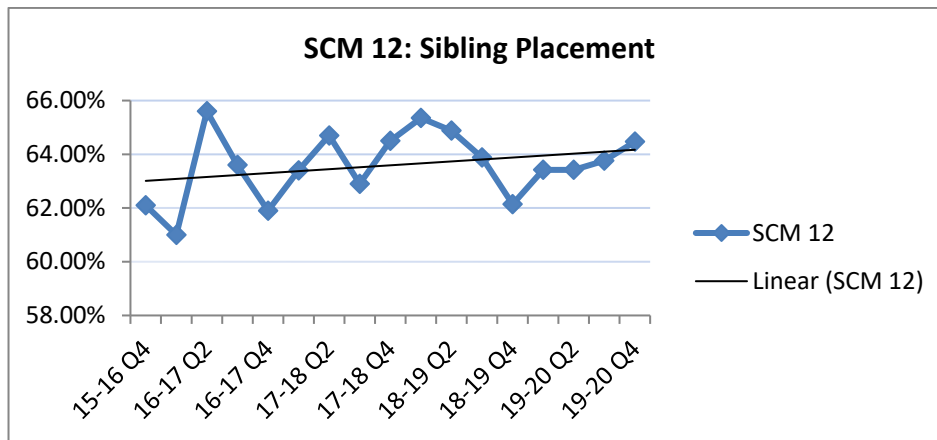
Total TPR & Parental Consent Inconsistencies = 0

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 Q4 of fiscal year 18/19 (75.9%). During 19/20 Embrace Families achieved the 80% or higher standard: Q1: 83.78%, Q2: 90.91%, Q3: 87.4% and Q4: 89.66%. The Youth Services Director evaluated FY 2018/19 Q4 standard 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.



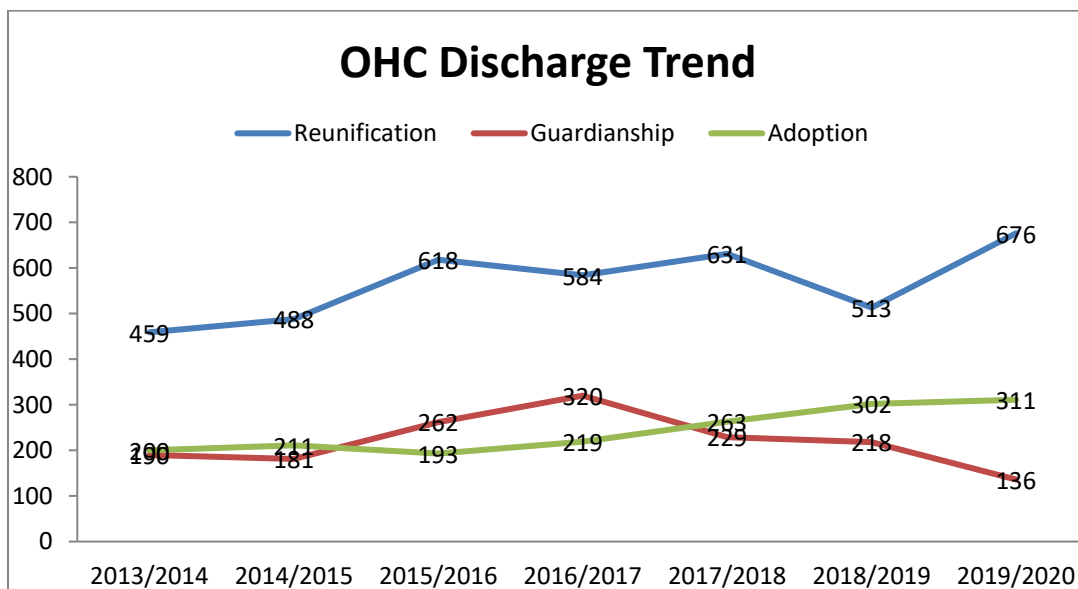
Permanency Trend: The continuity of family relationships and connections should be preserved for children placed in OHC; and they should have permanency and stability in their living situations. Embrace Families requires that CMA case manager/or supervisor attend the Shelter Hearing and meet with the 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.



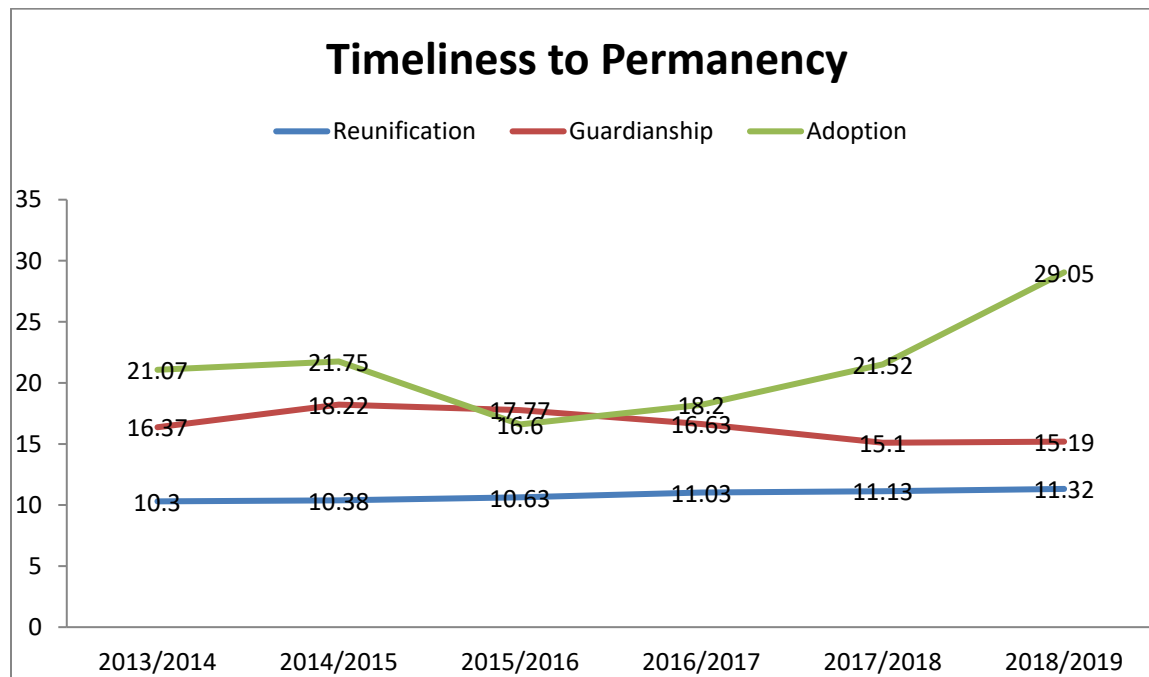
At the time of any OHC placement where a child can't remain with or be released to a parent, the priority order of placement considerations are relative placement and placements that can accommodate sibling groups (unless there are special needs or circumstances of the children that would prohibit placements together). If children are separated in placement there are continued efforts to locate alternative placement that can maintain the sibling group. Embrace Families 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
2019/2020	459 46%	136 13.5%	311 31%

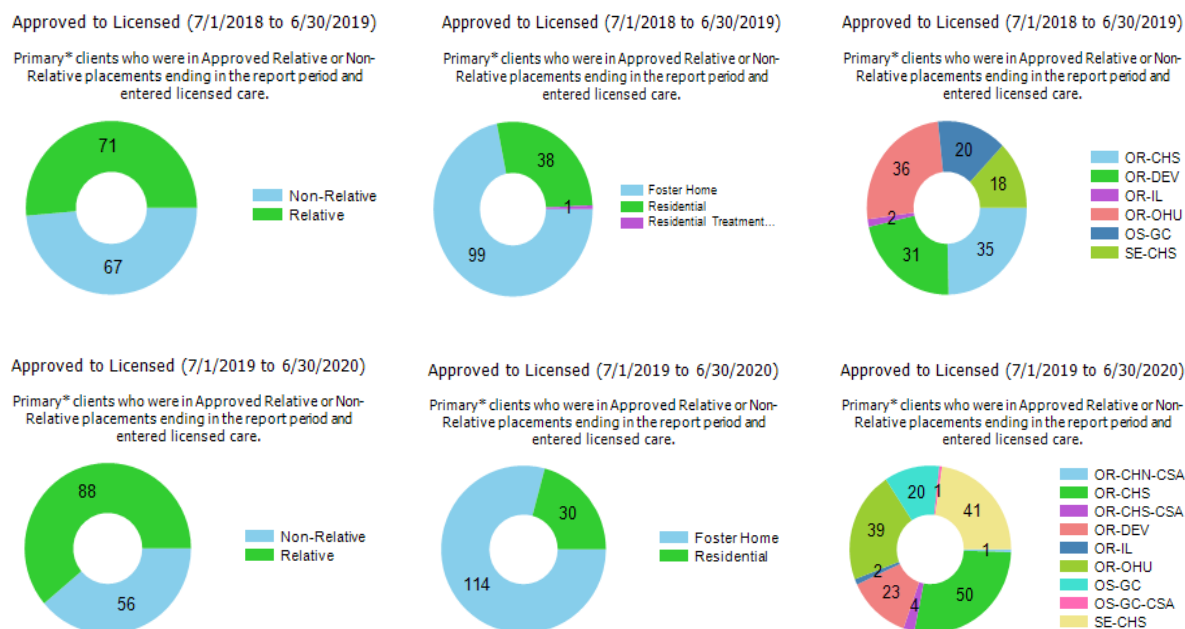
Chart 15: Timeliness to Permanency



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 and 144 in FY 19/20. A major contributing factor that emerged was 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. Embrace Families continues to

work with Child Protective Investigations and Caregiver Support on messaging to relatives/NR as part of the Level 1 licensure process; the Embrace Families Training Manager provided an overview training of Level 1 & GAP during a CPI zoom meeting in late August 2020.

Figure 16: Placement Stability in Relative/Non-Relative Care Analysis

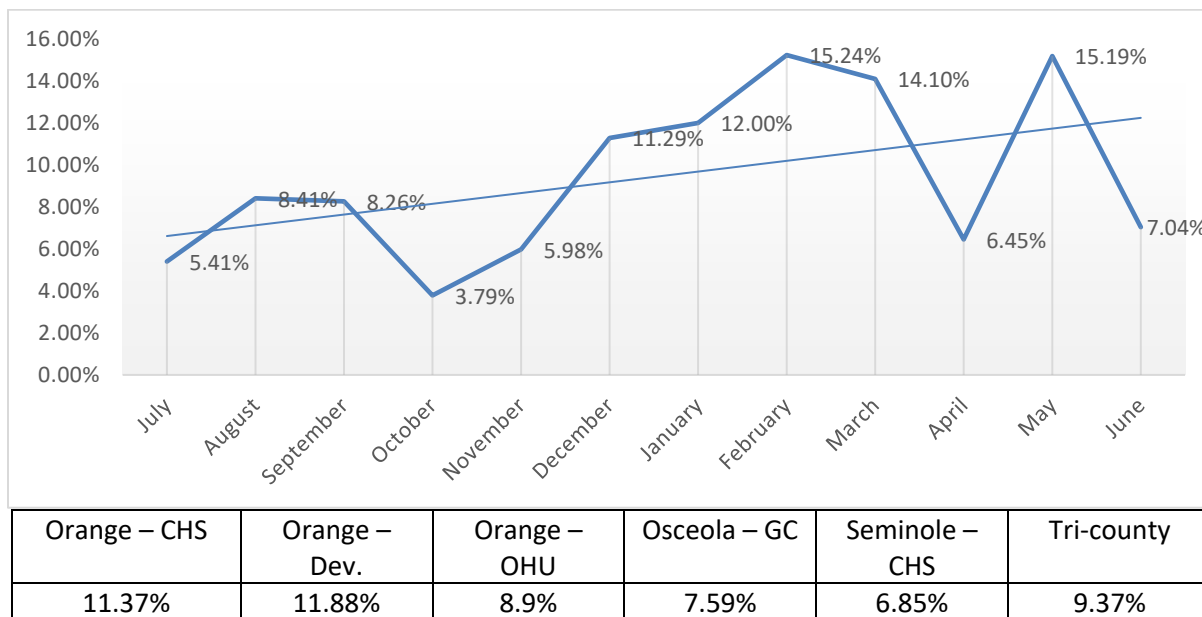


Financial Viability Plan: Reduce disruptions from relative/non-relative caregiver placements

Baseline: 7.25%, FY1718

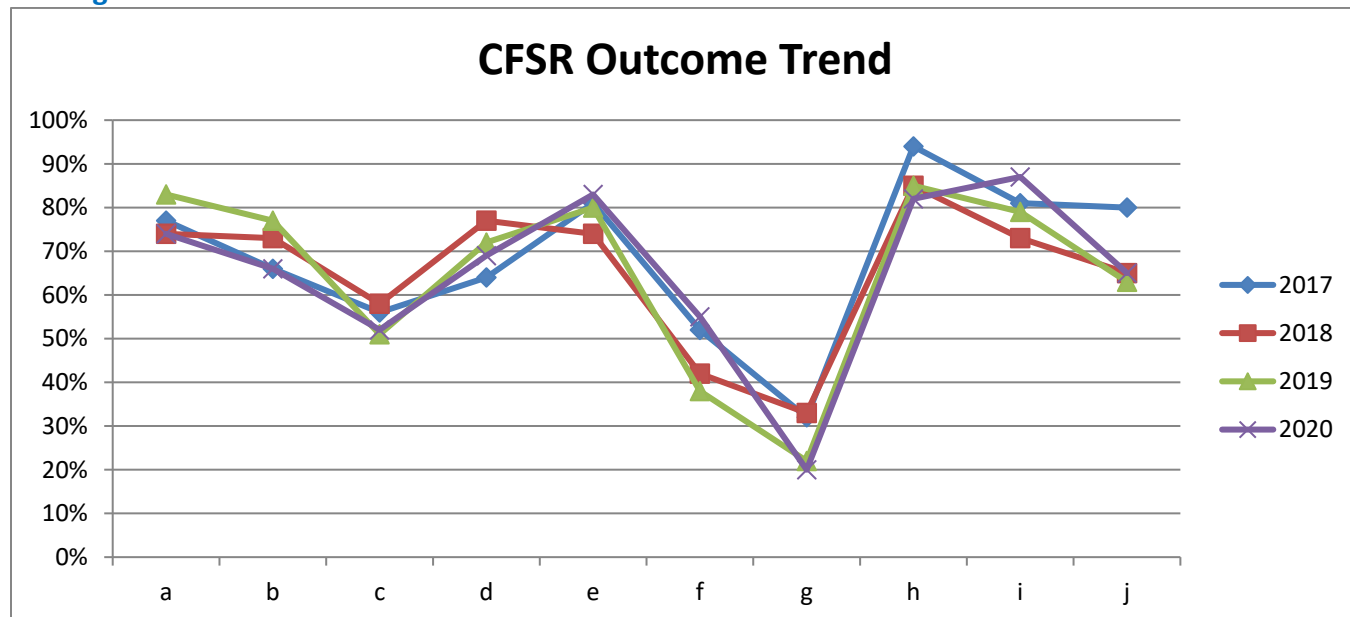
Indicator: Rate of new licensed OOHC placements from which approved relative/non-relative was immediately preceding placement

Performance: 2018/19 9.37%



Embrace Families will continue to monitor and conduct further analysis after full implementation of re-designed SOC. This includes: 1) Consistent communication from CPI/CMA/CSA in reference to foster care timeline with placement resource; 2) Consistent communication about the legal authority of the court/court orders and the out-of-home safety plan in place specifically related to visitation by the parents; 3) Enhanced support to OHC resource, to include Emotional Support Services and support groups; 4) Access to Placement Support Staffings, 5) Invitations to permanency planning at Family Service Team Meetings, 6) Evaluation of customer service provided by providers (CMA/CSA) directly to the OHC resource/provider.

III. Findings



Directory for chart above

A= Stability of placements

B= Timely establishment of permanency goals

C= Concerted effort to achieve goals

D= Placing siblings together

E= Placement with relatives

F= Frequency & quality of visits with child

G=Frequency & quality of visits with parents

H=Educational Needs and Services

I=Medical/Dental Needs and Services

J=Mental/Behavioral Health Needs and Services

Safety: Strengths observed were in the accuracy of the initial assessment completed by the CPI related to the assessment of safety and risk and/or by the DCM related to child's safety in the OHC placement (88%). The initial assessment, in those cases, were often thorough, accurate and the safety actions taken appropriate and least restrictive, if there were concerns they were addressed in most cases. When appropriate, safety services were initiated to prevent the removal (CPI/CMA) or to maintain the child in the home once reunified (CFSR: 86%). Quantitative data supports that safety of children in the home, while receiving services (quarterly scorecard measures ranged from 92.81% - 93.12%) which is just a few percentage points below the state standard set at 95%; and within 6 months following the closure of services is a continued area of strength (94.22%-95.30%). Background checks and home assessments were completed when required (RSF) and an 11% improvement was noted on (81.4%). 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 remaining essentially unchanged at **67.4%**. 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 **43.8%**) improved only slightly. 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 improved by 14% to **43%** from last year (RSF) and decreased by 8% to **42%** (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, **19.5%** (CFSR) and with mothers, **48.8%** (RSF) and fathers **34.1%** (RSF). Quality of visits with the child was rated at **43%** (RSF) and **55%** (CFSR). The frequency of case manager visits with the case manager continued to be rated high, but fell short on quality more than half of the time 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 almost half of the cases rated ANI.

Documentation of involvement of the child and parents in case planning was present in less than half of the cases reviewed (CFSR **35.8%**), 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, in almost a third of the cases rated ANI there was not adequate involvement of the child and the documentation with child/parents 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: **74%**). This is an area that declined 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 **68.8%**) children were placed together, this has declined for the last two years. While there continues to be more children in a removal placed with their relatives, on the CFSR there were was also a continued increase in concerted efforts to place the child with the relative **83.1%**.

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: **48.4%**, which is a small improvement over last FY of 45.9% but a very large decline from FY 2016/17: 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 declined significantly this year to **48.7%** (CFSR, last year 66.3%). 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 again this year (CFSR **20%**). 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 declined this year by 11%, to **66.2%** this year from 77.2% last year (CFSR), a gap of over 20% 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, and in a few cases were entirely inappropriate given the case circumstances at the time the goal was established. Concerted efforts to achieve the case goal were only evident in **51.9%** (CFSR) of the cases, an improvement of .8% over last FY (51.1%). 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, but most significantly the lack of agency efforts contributed to the delays. The Department (CLS) have several 4DX goals around timeliness and efforts around case goal; and have collaborated with Embrace Families operations to set review meetings at least once per month which are designed specifically around case specific barriers.

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 8 of the 10 items.

Chart 18: CFSR PIP performance gap

CFSR Item	2018/19	2019/20	State Baseline	Federal Goal
Safety Item 1: timeliness of investigative response	98.9%	90.6%	91.5%	96.7%
Safety Item 2: safety services to prevent removal	86.1%	87.9%	76.5%	85.5%
Safety Item 3: risk and safety assessment	73.5%	85.6%	71.3%	77.7%
Permanency Item 4: placement stability	82.6%	74.0%	81.8%	88.5%
Permanency Item 5: timely and appropriate goal	77.2%	66.2%	74.5%	82.1%
Permanency Item 6: concerted efforts to achieve permanency	51.1%	51.9%	67.3%	75.4%
WB Item 12: Assessment & Services to child and parent	50%	41.9%	51.3%	58.4%
WB Item 13: Involvement in case planning	46.4%	35.8%	63.6%	70.7%
WB Item 14: frequency and quality of case manager visits with child	36.7%	55.0%	72.5%	78.9%
WB Item 15: frequency and quality of case manager visits with parents	22.1%	19.5%	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 and further expanded support to all OHC caregivers through redesign. We recognize that strong caregiver 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); 2) workload of existing/remaining case managers continue to exceed CWLA standards (number of staff with more than 20 children assigned); 3) complicated family dynamics that require experienced and skilled workforce to navigate; 4) staff lack the ability to efficiently record and document case activity, and data and information cannot always be extracted easily; 5) and a practice model (SDMM) that continues to require system supports across the continuum; 6) major system of care redesign; 7) transition of an entire case management agency caseload to the two remaining agencies in Orange County; and 8) the later half of the year the impact of COVID related policy and health concerns.

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 continued movement to 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, Request for Proposals (Case Management, Caregiver Support, and Emotional Support) were issued in August/September 2019, awards and contracts were issued and implementation began in January 2020. There were delays in the capacity of the largest provider for Caregiver Support, Children’s Home Inc, to transition cases due to workforce constraints of hiring, complicated by COVID in March 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%, the requirement to achieve a 95% compliance rating was added to the 2018/19 contract standards as a monthly measurement at the end of the most recent FY 2019/20, 3 of the 4 remaining case management agencies were rated in the “green” on compliance with SDMM front end case practices, demonstrating sustained performance. The agency which failed to meet the requirements dropped significantly in performance over the FY but are beginning to show improvement as we enter the quarter of FY 2020/21. Workforce stability is the largest barrier to meeting requirements that have timeliness as measurements to performance.

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	July 2019 Total percentage of Consults and Initial Reviews completed	July 2020 Total percentage of Consults and Initial Reviews completed
CHS-Sem	34/120 =28%	39 /40 =98%	24 /27=89%	94.94%	90.12%
Devereux	42/110 =38%	64/84 =76%	24/35=68%	81.73%	78.25%
CHS Orange	20/100=20%	47/65=72%	51/65=78%	73.5%	90.12%
OHU	27 /99: 27.3%	85/115=74%	52/55=95%	90%	30.18%
GCJFS	21/45: 46.7%	63/85: 74%	42/50=90%	95%	94.25%
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 and FY19/20, Embrace Families Operations staff continued several strategies including meeting with case management leadership agencies every other 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. During the 2nd quarter of FY 2019/20 CLS collaborated with operations to jointly staff cases at least once a month, focusing on barriers to permanency. In Orange County, an operations manager specifically tracks and monitors children/cases by cohort based on the length of stay and where reunification/permanency could be achieved within 12 months from removal. Embrace Families (Operations/QA) are working on enhancements that will improve the Family Service Team Staffing process and tracking, and create efficiencies for case management, which should reduce the number of staffings that are currently utilized to manage and report on the progress of key activities in a case that impact well-being and permanency. This will address the decrease we have consequently seen in children achieving permanency in both the 0-12 month and the 12-23 month timeframe. Over the last several years there has been an increasing percent of children achieving permanency through adoption, and while this is preferred when reunification cannot be achieved the timeliness of court process and CLS actions must improve to make this more efficient.

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

	% children exiting FC to a permanent home w/l 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/l 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									87.33%	86.49%	88.67%	87.54%
19/20 Q1				40.63%				57.92%	81.82%	86.67%	90.24%	84.96
Q2				38.27%				54.79%	89.19%	100.00%	97.44%	92.91
Q3				36.49%				50.46%	94.87%	100.00%	94.74%	95.38
Q4				36.32%				47.24%	90.48%	85.71%	92.31%	90.98
19/20 TL									88.14%	93.03%	93.38%	90.38
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 3 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. During 2019/20 Embrace Families added requirement for supervisors to conduct a review of the quality of the case manager visit (at a minimum of monthly) and enter a supervisory consult note type and specifically reference a review for quality as evidence

of completion. Embrace Families recently developed a report for the CMA to provide monthly, with weekly updates in reference to completion of this requirement which is reviewed at Healthy Systems. As part of that requirement (which also must be reported), the CMA/CSA agencies must document the random sample reviewed by their agency QA which is then sampled and validated by Embrace Families QA. In addition, the Embrace Family QA and Training Team have mentored any new staff transitioning to caregiver support around the quality contacts for a full month after their assignment of a case. Following the month long mentoring (all case notes reviewed and feedback provided through month), a discussion is held with the staff person's supervisor on progress. In the second month, the assigned mentor reviews a sample of the supervisor's reviews for this staff and provides feedback. To further supplement quality documentation Embrace Families piloted the Mindshare CaseWorker app, this is scheduled for implementation across all CMA/CSA staff, training is occurring this week.

	<i>Month and Father visits every month</i> YTD 17-18	Father visits monthly	Mother visits monthly	<i>Month and Father visits every month</i> YTD 18-19	Father visits monthly	Mother visits monthly	<i>Month and Father visits every month</i> YTD 19-20	Father visits monthly	Mother visits monthly
OHU	41.21%	32.60%	47.56%	48.93%	40.99%	54.53%	30.84%	21.36%	37.41%
Devereux	44.98%	35.59%	51.76%	57.17%	46.73%	64.37%	35.73%	19.75%	46.86%
CHS Orange	63.92%	50.44%	74.22%	54.69%	39.97%	65.02%	52.31%	34.01%	65.15%
CHS Sem	54.08%	51.63%	61.47%	59.58%	47.04%	69.19%	60.35%	49.20%	68.82%
GCJFS	65.03%	59.13%	69.12%	74.85%	66.87%	79.49%	69.55%	60.35%	76.32%
standard	55.00%	55.00%	55.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%

	<i>Month and Father concerted efforts every month</i> YTD 18-19	Father concerted efforts monthly	Mother concerted Efforts monthly	<i>Month and Father concerted efforts every month</i> YTD 19-20	Father concerted efforts monthly	Mother concerted Efforts monthly
OHU	65.76%	59.95%	69.84%	36.17%	25.50%	43.55%
Devereux	93.07%	91.90%	94.00%	55.86%	44.47%	63.79%
CHS Orange	70.97%	60.15%	78.57%	70.22%	60.05%	77.84%
CHS Sem	68.58%	56.99%	77.45%	67.08%	54.13%	75.30%
GCJFS	96.44%	96.14%	97.43%	96.50%	96.42%	96.69%
standard	100%	100%	100%	100%	100%	100%

Only one of the five CMA agencies (Gulf Coast) has had sustained performance on parent contacts, with the related improvement on the efforts documented when contact was not successful. 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, CMA Supervisors did not comply with this requirement; and although this continued to be a focus of Embrace Families realistically, with the case transition of an Orange County CMA and system shift in redesign and with Level 1/GAP and later

COVID, Embrace did not expect to see much traction. In the interim a better CMA reporting mechanism and a re-focus of CMA on parent engagement we expect to see substantial improvements by the second half of FY 2020/21.

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 has:

- Redesigned the caregiver support framework,
- balanced the workload and enhanced the capacity across the front line,
- developed 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 was released in August/September 2019 and system transition occurred from February 2020 and continues through mid September 2020. 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 has partnered with Operations to develop an action plan); and we will continue to implement strategies on PIP Action Plan and Financial Viability Plan.

Embrace Families has completed role specific training for all major components of the redesigned system. Our job aids, tools and guides are posted on the Embrace Families website. We will continue to develop methods to measure and hold ourselves and our contracted providers accountable for improving the quality of case work practice and for achieving outcomes. The Quality Department is in the process of developing a System of Care tool to measure compliance with SOC requirements outlined in our protocols and contracts which will be utilized beginning in October 2020. We will support the field through advanced training on skills necessary to be effective in their position, to include understanding childhood trauma and effective family engagement through Motivational Interviewing.

We will continue to move forward with creating efficiencies in partnership with our DCF and provider partners. Visual Vault (online records), FST automation, and continued work on tools and tracking that support case work practice are in process.

CFSR ANI Data (includes primary reason for any CQI/PIP case rated ANI during FY 2019/20).

	Orange	Osceola	Seminole
Item 1	2 not timely	All timely	3 not timely
Item 2		1 no efforts to prevent removal	2 no efforts to prevent removal
Item 3	3 inaccurate assessments (did not assess sibling who remained with removal parent); or all siblings in an in-home case	4 inaccurate assessments (1 case) Safety plan was implemented but was not monitored ongoing; (2 nd case) home visits were not sufficient to correctly assess risk and safety to the children; (3 rd case) agency (investigations) failed to correctly assess and address the risk and safety of the children during the first investigation received during the PUR; (4 th case) CPI assessed the older child but failed to recognize safety concerns for the other children in the home.	1 Failure to follow up on concerns 1 no significant discussion with children about safety concerns 1 no assessment while child placed out of state
Item 4	5 child's behavior 1 caregiver health unstable	4 child's behavior 1 Other: Household member's legal immigration status prevented the agency from completing appropriate background checks.	3 child's behavior 2 concern for caregiver
Item 5	1 lack of timeliness in adding concurrent goal 1 lack of timeliness in changing goal 2 hadn't explored father, impeded goal change 2 court would not accept goal change 5 lost TPR, TPR not filed timely, didn't adeq assess fx	2 goal inappropriate* 3 lack of timeliness in changing goal hadn't explored father, impeded goal change 1 court would not accept goal change lost TPR, TPR not filed timely, didn't adeq assess fx * (1) Reunification was not appropriate from the beginning, given the circumstances of the case (father unable to care for child); (2) Reunification was	2 lack of timely establishment of concurrent goal 3 case goal not changes timely/inappropriate goal

		not appropriate given that the mother was deceased and the legal father was excluded due to paternity testing.	
Item 6	<p>5 delay in setting TPR Trial/other court hearings</p> <p>6 lack of efforts by CMA</p> <p>2 CLS did not file TPR petition timely/final order</p>	<p>3 Lack of efforts by case management</p> <p>2 CLS did not file TPR petition timely, or did not prepare the final order of TPR timely (due to staffing shortage).</p> <p>1 Other: (1) Based on the mother's compliance, reunification could have been achieved sooner; there were no documented barriers to reunification.</p>	<p>3 delay in court hearings (TPR Trial)</p> <p>6 lack of efforts by CMA</p> <p>1 court extended goal inappropriately</p>
Item 7	<p>1 no exploration to place together</p> <p>2 initial placement could not accommodate sibling group</p> <p>2 sibling behaviors led to separation</p>	<p>4 Initial placement could not accommodate the sibling groups</p>	<p>1 initial placement could not accommodate sibling group</p> <p>2 at least one child disrupted placement</p> <p>2 sibling behaviors led to separation</p>
Item 8	<p>11 lack of efforts by CMA</p> <p>2 inadequate documentation</p>	<p>4 lack of efforts by CMA with parents</p> <p>4 lack of efforts by CMA with</p> <p>1 Other: Agency did not encourage visitation with the step-mother, whom the child had a relationship with prior to entering foster care and with whom the father was in a relationship with.</p>	<p>6 lack of efforts by CMA</p> <p>2 sibling visit efforts & quality</p>
Item 9	<p>3 no initial exploration</p> <p>9 no ongoing efforts documented</p>	<p>2 No initial exploration</p> <p>6 No efforts documented to support child maintaining connections known to them; or assumed as such.</p>	<p>2 no initial exploration</p> <p>5 no going efforts to maintain</p> <p>1 lack of sufficient inquiry with caregiver around maintaining connections</p>
Item 10	<p>6 no efforts to explore mat/pat</p> <p>1 maternal identified not explored</p>	<p>1 Maternal relatives were identified, but not explored.</p> <p>2 paternal relatives not explored</p>	<p>2 no efforts to explore maternal</p> <p>4 no efforts to maintain paternal</p>

Item 11	<p>3 mothers 6 fathers 11 both No efforts to locate missing px or minimal documentation to support efforts to strength</p>	<p>1 Mothers 4 Fathers 3 Both 1 Other: Step-mother</p>	<p>4 mothers 1 fathers 6 both No efforts to locate missing px or minimal documentation to support efforts to strength</p>
Item 12 a	<p>4 suff assess not completed 1 not all children assessed 3 assessed services not provided</p>	<p>3 Sufficient assessments (including Independent Living) were not completed On two of the cases, the agency completed initial assessments but failed to complete ongoing assessments throughout the PUR. 3 Assessed services were not provided to the target child or if provided, the needed services were not provided timely. Delay in providing services were mainly attributed to lack of adequate follow up (by the agency) with providers to be aware of the reasons why services had not been initiated.</p>	<p>2 assessed services no provided 3 delay in providing services</p>
Item 12 b	<p>13 no ongoing assessment 6 lack of engagement with parent beyond referral</p>	<p>1 Initial assessment was not completed on the parent. (1) The mother was not assessed when the case re-opened and was offered the same case plan she completed in the previous case. 6 Ongoing assessments were not reflected in case work documentation. 4 of 6 cases rated ANI included no ongoing assessment of both the mother and the father. 1 Needs assessed but services were not provided. (1) Agency assessed that the stepmother was in need of services to address her substance misuse and this</p>	<p>15 no ongoing assessment reflected</p>

		<p>service was not provided to her. There was no documented reason why the service was not offered.</p> <p>2 Agency did not make concerted efforts to locate a missing parent.</p>	
Item 12 c	<p>1 no ongoing assessment</p> <p>1 identified needs not followed up on</p>	<p>3 Child had more than one caregiver/placement during the PUR and not all caregivers were adequately assessed.</p> <p>1 identified needs were not followed up on/met. (1) Grandmother asked for help with transporting the child to services and the agency did not assist.</p>	<p>2 no ongoing assessment inquiry</p> <p>2 identified needs were not followed up on</p>
Item 13	<p>10 no documented efforts to involve mx</p> <p>15 no documented efforts to invite father</p> <p>5 no documented efforts with child</p>	<p>5 no documented efforts to involve mx</p> <p>6 no documented efforts to invite father</p> <p>4 no documented efforts with child</p>	<p>12 no documented efforts to involve mx</p> <p>13 no documented efforts to invite father</p> <p>4 no documented efforts with child</p>
Item 14 Child	<p>2 freq not adequate-ICPC (1)</p> <p>15 no private conversation</p> <p>15 not qualitative in all areas</p>	<p>5 no private conversation</p> <p>5 not qualitative in all areas</p>	<p>1 freq not adequate</p> <p>9 no private conversation</p> <p>6 not qualitative in all areas</p>
Item 15 Mother	<p>14 not monthly with mx</p> <p>14 lack of substantiative conv</p>	<p>6 not monthly with mx</p> <p>5 lack of substantiative conv</p>	<p>8 not monthly with mx</p> <p>10 lack of substantiative conv</p>
Item15 Father	<p>18 not monthly with fx</p> <p>14 lack of substantiative conv</p>	<p>7 not monthly with mx</p> <p>5 lack of substantiative conv</p>	<p>9 not monthly with fx</p> <p>6 lack of substantiative conv</p>
Item 16	<p>2 needs not assessed adequately</p> <p>2 services not provided</p>	<p>2 Needs not assessed adequately.</p> <p>2 Services needed were not provided at all. In both cases, the CBHA recommended for the child to have a tutor and this service was not provided.</p> <p>1 Services were delayed in being provided due to the child changing placement.</p>	<p>1 services needed not provided</p> <p>1 No documentation regarding the effectiveness or recommendation for ongoing services</p>

Item 17	4 lack of follow up of needed service	2 lack of follow up of needed service	4 lack of follow up of needed service
Item 18	4 no referral made for service 2 delay in provider providing services 1 psych meds not to standard	1 Delay in provider providing services due to various placement changes and not appropriate follow-up by the agency.	3 lack of timeliness in referral 1 delay in providing service 2 no provider available in services area