



Community Based Care of Central Florida

Annual Report of Case Management Agency Practice Trends FY 2017-2018

I Introduction

Community Based Care of Central Florida 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. CBCCF is one of five (5) lead agencies that comprise the Central Region (of the Department of Children and Families). CBCCF 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 administrated 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.

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

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

trainer/licensing specialist, child welfare field/in-service trainer, quality assurance manager, clinical coordinator, records room staff, information and eligibility specialists and an ICPC/OTI specialist.

CBCCF in partnership with the case management agencies, child protective investigations, and provider partners worked closely together on supporting and strengthening safety management services throughout the year through ongoing feedback provided from quarterly quality assurance reviews. Coaching and skill practice around the practice model also continued throughout the year, shifting to a maintenance phase for the initial proficiency component. The maintenance phase transferred mentor assignment to the CMA PD or CBCCF Director with the new hire/newly promoted staff person that has a proficiency requirement. CBCCF continues to require that all CBCCF Operations Staff (Vice President of Operations, County Executive Directors, Youth Services Manager, Quality Assurance Managers & Director & Operations Managers) and case management agency leadership (supervisors through Director of Program Operations) participate in and successfully complete the proficiency process within six months of hire/promotion. The proficiency process includes the candidate being matched with a mentor (who has successfully completed proficiency), observations of the candidate conducting three case consultations, a written exam where the concepts are tested; followed by presenting to a panel the feedback that would be provided to a case manager, and a final role play where any areas of practice can be further examined by questioning/challenging feedback that is being provided. The final part of the proficiency process requires that the candidate successfully complete mentoring a subsequent candidate.

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
Seminole CHS	9/10=90%	10/10=100%
Orange		
CHS	7/8=88%	7/7 =100% (1 vacant supervisor, not included)
Devereux	6/9=67%	7/9=78%
OHU	7/9=78%	5/8=63% (vacant DPO, not included)
OR TL	20/26=77%	20/24=83%
Osceola GC	5/9= 56%(1 vacancy)	5/10=50%
CBCCF TL	34/45=76%	35/44=80%

As we moved through the Proficiency Project over the last two years, it also became apparent that there were other staff in the organization that needed at least an intermediate level of understanding of the practice model. The case review component of the proficiency process (for Operations) was very intensive and although it assisted greatly in the transfer of learning from classroom to application, it was determined that this level of intensity was not needed for all CBC 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 TL by participants. The target audience includes our CEO, COO, CLO as well as Clinical, Licensing

and Network staff. Eight staff completed the first round of Saavy in spring 2018 and a fall session is currently underway.

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

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

CFSR Related	RSF Related	FY 17/18	FY 18/19
WB 1	2.2	Children Seen Every 30 days 99.5%	Children Seen Every 30 days 99.5%
WB 1	2.4 2.6	Mother and Father Visits Monthly 55% Father visits 55% Mother visits 55%	Mother and Father Visits Monthly Father visits 65%, 100% not seen will have efforts Mother visits 65%, 100% not seen will have efforts
WB 2		Medical Services in last 12 months 95%	Medical Services in last 12 months 95%
WB 2		Dental Services in last 7 months 95%	Dental Services in last 7 months 95%
WB 1	2.2	PPS Visits children 0-5 95%	PPS visits for children 0-5 in accordance with safety plan 95%
		Timely JR’s 90%	Timely JR’s 90%

		Timely PPS Case Plans 95%	
	1.2 4.1 5.1		Consults and initial review completed by supervisor on cases received during the month 95%
	5.1		Children with comprehensive quarterly QA reviews completed by the supervisor and f:f with assigned DCM 95%
			Percentage of DCM who has utilized My Jump Vault within last 60 days 80%

Chart 3: Contract Performance Outcomes (CMA)

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

Chart 4: Contract Performance Measures for Residential Group Care

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

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

Chart 5: Example of weekly report/Utilization Management

Out of County Report: This report shows the number of children who were placed between 8/27/2018 12:00:00 AM and 9/4/2018 12:00:00 AM. Data Source: Argos. Report Date: 9/4/2018

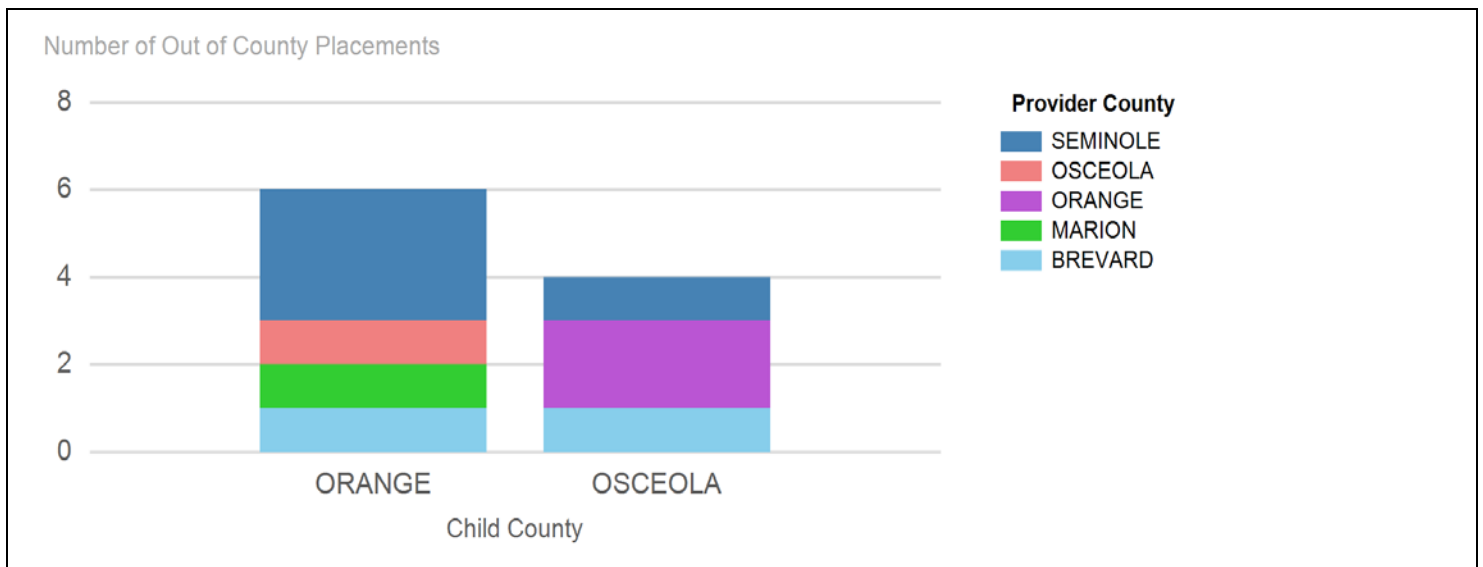


Chart 6: Utilization Management: OHC Report

This report displays the placement length of stay and location of all children who have length of stay greater than or equal to 0 days, and daily rate greater than or equal to \$30 per day, grouped by OHC group type. Source: Argos.



Monthly CREST Report (chart 7): Reports are generated monthly and capture trends at the unit, CMA Agency, County and CBCCF Lead Agency level. Report items with (FY 17-18) targets and the end of year status/performance is included below. While this is a standing monthly report with multiple data elements and measurements there are also auto reports/alerts send out daily/weekly/monthly that assist case management and CBCCF staff in managing the System of Care. Reports are created and scheduled based on the needs of the organization and user of the information. Each CBCCF functional area director is required to maintain a **scorecard** of the performance of their area of responsibility (see **chart 8** below example). Underperforming areas are addressed in the CBCCF 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 are forwarded to the COO for ongoing review, and shared with the Quality and Training Director and Quality, Accreditation and Risk Manager.

Chart 7. Monthly Crest Data Report

Safety Permanency WB	Data Item	Target 17-18	Year End June Data	Unit	CMA	County	Lead Agency
	Number of Active Children: Primary, Courtesy or ICPC	2500	2503	X	X	x	x
	Number of Active Children, Primary & in-home setting	50%	32%	X	X	x	x
	Number of Active Children, Primary and OHC	50%	67%	X	X	x	x
	Number of Children in Licensed Care	25%	29%	X	X	x	x
	% of Children in Foster Home (of children in LOHC)	85%	68%	X	X	x	x
	% of Children in Residential Group Care (of children in LOHC)	15%	32%	X	X	x	x
	Number of children opened in the month		June 106	X	X	X	X
	Number of children closed in the month	=/< intakes	June 193	X	X	X	X
	Number of children opened to OHC in the month (intake)	n/a	June: 29	X	X	X	X
	Children closed to OHC in the month		June: 28	X	X	X	X
	Average caseload (primary, courtesy, or ICPC)	15	17	X	X	X	X
	Number of Caseworkers assigned as primary, courtesy or ICPC	n/a	June 149	X	X	X	X
	Average number of primary worker assignments for a child in care		June 2.41	X	X	X	X
Permanency	Adoptions Finalized YTD			X	X	X	X
WB	Percent of Children Seen (primary assignments seen at least once in the month)	99.5%	97.34%	X	X	X	X
WB	Percent of Children Seen within 30 days of last FTF Visit in home	99.5%	94.22%	X	X	X	X
WB	Percent of Face to Face Contact with Mother	55%	53.95%	X	X	X	X
WB	Percent of Face to Face Contact with Father	55%	35.86%	X	X	X	X
WB	Percent of Face to Face Contact with Mother & Father	55%	28.76%	X	X	X	X
Permanency	Percent of Children Placed in Residence County (LOHC)		59.56%	X	X	X	X
Permanency	Average number of moves per child- Ever		5.95	X	X	X	X
Permanency	Average number of moves per child – over last 6 mon.		2.46	X	X	X	X
Permanency	Children in OHC over 12 months		1039	X	X	X	X
	Children open to services over 12 months		1771	X	X	X	X
Permanency	Months to case closure (avg. months open to primary before closed).		39.21	X	X	X	X

Permanency	Percent of children with relative/non-relative approved placements	70%	72.88%	X	X	X	X
Permanency	Average LOS for Open Active Removals (months)	12	21.49	X	X	X	X
Permanency	Number of children with the primary goal of APPLA		32	X	X	X	X
	Percent Compliant with Exit interview requirements	100%	100%	X	X	X	X
	Percent with Fingerprints obtained		78.32%	X	X	X	X
	Percent of Children with birth certificates obtained		95.33%	X	X	X	X
	Percent of Children with photos obtained		78.32%	X	X	X	X
	Foster Home Capacity		505			X	X
	OHC avg daily cost		43104			X	X
	Number of children sheltered (primary with removal that happened during the report month)		38	x	x	X	X

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

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

IEM Service Center/CMA Scorecard for Compliance	Compliance
Reporting Elements	400
Placement & Case Data Exceptions (# errors divided by # active primary children) GOAL 90%	100.00%
*Number of errors on report	0
*Number of errors pending	
Adoption AFCAR errors (# errors divided by # active primary children) GOAL 90%	100.00%
*Number of errors on report	0
*Number of errors pending	0
Foster Care AFCAR Errors (# errors divided by # active primary children) GOAL 90%	100.00%
*Number of errors on report	0
*Number of errors pending	
Eligibility Exceptions Report (# errors divided by # active primary children) GOAL 90%	100.00%

*Number of errors on exception report		0
*Number of errors pending		
TANF Eligibility Determinations Due (# errors divided by # active primary children)		100.00%
*Number of overdue TANFs on report		
Weekly Photo (# CX in compliance divided by # CX requiring photos)		100.00%
Number of children with photos in compliance		400
HRA Compliance	GOAL 95%	100.00%
Medical	GOAL 90%	100.00%
*Number of children without current medical		0
Dental	GOAL 90%	100.00%
*Number of children without current dental		0
Immunizations	GOAL 90%	100.00%
*Number of children without current immunizations		0
Psychotropic Medication (Over 1 year)	GOAL 95%	100.00%
Psychotropic Medication (Expired)	GOAL 95%	100.00%
Modified Placement Issues:		
Argos/Authorization Issues:		
Case Transfer Staffing/Acceptance Issues:		
IES Primary Assignment Issues:		
Staff Performance Issues:		
Record Room Issues		
Pending Record Requests/Restricted Files:		
Benefit Delay Issues (SSI/SSA, Medicaid, Enrollment, Finalization)		

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

Foster IV-E	#DIV/0!
*Number of determinations effective in prior month	
*Number of eligible determinations	
Adoption IV-E	#DIV/0!
*Number of determinations effective in prior month	
*Number of eligible determinations	
Other Eligibility Issues including MAS TANF:	
Client Payment Manager	
Adoption- (Lori)	RGC- (Genise)
1. Monthly Adoption Penetration Rates	1. Missing Invoices
1. Adoption Eligibility Issues:	2. Pending placement approvals
2. Monthly Pending Post Adoption Case closures:	3. Pending family support cases
3. # of adoption checks returned for insufficient address: 0	4. Monthly Trend Analysis- a. payment issues, b. placement issues
4. # of post adoption address changes: 0	5. GOV expenditures (NA000)
5. Post adoption expenses: 0	Foster Care (Deon)
6. Vendors on hold: 0	1. Foster payments-

Youth Services – (Lori & Genise)	a. FH Placement Charges for Clients 13 and Older
7. Reports: HRA is 100%	b. Legal Feeds-
8. GOV expenditures (NAEXT): X over 18 youth at GOV	c. Clothing Allowance
9. Medicaid Enrollment for youth 21 and older (next review MM/DD/YY)	2. Monthly Foster Board Placement Trends- a. Payment Issues-
10. Grades: pending grades and class schedules	b. Placement Issues-
11. Application/Eligibility Issues	3. Quarterly Foster Parent Newsletter-
Financial- (Lori, Genise, Deon)	
1. Reconciliation	
2. Aged AP report from Accounting	

Quality Assurance Reviews

CBCCF has four staff dedicated solely to the Quality Management department, and three additional staff who have responsibility for both Quality Management/Training or Risk Management. Of the seven staff, three have graduate degrees, including one with a Ph.D. Combined they have 164 years of experience in child welfare, 23 years on average; with 40 combined years in Quality Management (six years on average). All staff have direct care child welfare experience, in either protective investigations, protective services or foster care/adoption programs; all seven have supervisor experience and 4 have previously served as operation managers for CBC and/or DCF. Each quality assurance manager (QAM) has responsibility for oversight of the CBCCF 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 CBCCF practice proficiency process, and provides 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.

CBCCF has a Training Manager and 5 child welfare trainers, one dedicated to pre-service training (continuous training cycles). The child welfare 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 CBCCF training priorities. The CBCCF Training Department utilizes in-house experts to co-train in areas of mental health, behavioral health and legal issues. CBCCF has collaborated this year with Central Florida Cares (Managing Entity) to co-facilitate a substance abuse series. In July 2017, CBCCF created a position titled “Diversion Program Development Manager” with the responsibilities of that position to ensure ongoing support to safety management services (service providers) and the Family Support Program; to include

measuring the quality of services and effectiveness of the program and the services provided through a peer quality and compliance review process.

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 (legislative, modification of operating procedures, allocation of resources).^{*} During FY17-18 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 FSN 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. CBCCF is assigned six (6) cases semiannually, which is continuous throughout the PIP period (3 years). CBCCF exceeds the required reviews to ensure a more representative sample of each of our CMA partners, see **chart 9** below.

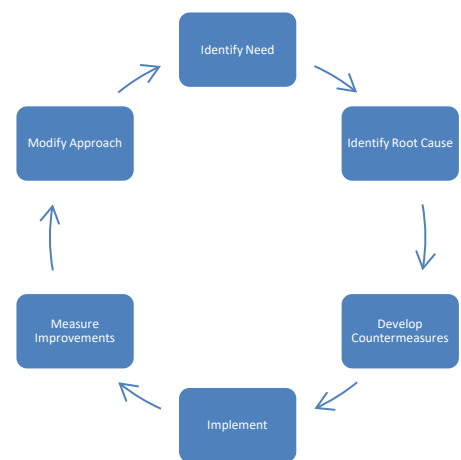
Chart 9: CFSR Review Requirements

Annual Sample Sizes during the 7/17-6/18 PIP monitoring period								
CBCCF	In-Home Children	Out-of-home care	Total	Florida CQI Reviews		PIP Monitored	Rapid Safety Reviews	TOTAL
	FSFN June '17	FSFN June '17		File Review	In-Depth Review			
Orange/Osc	779	1313	2092	50	0	10	40	100
Seminole	218	399	617	20	6	2	32	60
Total required	997	1712	2709	70	6	12	72	160
Total completed				150			115	265

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 cases management agency level which summarize the data/QA findings at the sixth month mark and at the end of the FY. 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 CBCCF 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 CBCCF 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 CBCCF 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 CBCCF's entire system of care.

Each Chief, VP and Functional Director have defined responsibilities and maintain a scorecard of their functional area performance. At the weekly CBCCF Leadership Meeting any underperforming element on the scorecard is required to be brought to the attention of the Leadership Team where it may receive further discussion/action. Each County Executive Director (and many of the functional directors) hold weekly internal team meetings to discuss operational targets and to define or discuss progress of actions and impact. In addition, the County Executive Director holds larger internal meetings monthly which include staff from other departments that support the county team; a monthly external meeting which may include CPI leadership, CLS, I&P, and GAL; and facilitates Healthy System meetings weekly with each CMA Leadership team. A representative from Network Support, QA/Training, Licensing and Youth Service 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 Out of Home Care Director (Licensing) has regular performance meetings with the CPA's; the QA/T Team holds monthly internal meetings and quarterly external meetings that include CMA QA staff and may include Network Support. The Youth Services Director holds monthly internal and external meetings. Utilization Management meets at least monthly internally and with each CMA at least bi-weekly to review child placement agreements and psychotropic medication compliance. The purpose of all of these meetings are to receive and provide information, share resources, clarify requirements/provide guidance/direction/assistance and collaborate on actions as well as to discuss performance, including impact of strategies employed.

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

Chart 10: Healthy System Report (weekly by CMA)

Example: OHU 8/31/2018

Caseloads (primary children)		Caseload Size (primary)		Green (0-20)	Yellow (21-26)	Red (27+)
Agency	545	Case Carrying Not Certified	3	2	1	1
Supervisor: Casemanager	1:5	Case Carrying Certified	9	3	4	2
Case Carrying	23	Case Carrying Certified 2 years+	11	1	7	3
Overhires/waiting on class	3	Average caseload: 23.70		TL: 6	12	6
Monthly Targets						
Secondary Specialist	Staff	Children		Exits	5 of 13	
Adoptions Specialist	3	64		Permanencies	7 of 26	
IL	1	22		Closure	49 of 50	
Family Finder	1	n/a		Permanency within 12 months (target 55%)	14 of 28 August	Sept: 3/21 Oct: 4/14
OCS/ICPC	1	41		% of OHC with relatives (target 85%)	61%	

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

Chart 11: CMA Certification Status Comparison

Case Manager Certification Status EOY (End of Year)		
	FY 2016-2017	FY 2017-2018
Seminole CHS	35/38=92%	22/30=73%
Orange		
CHS	28/28=100%	16/26=62%
Devereux	19/29=66%	16/26=62%
OHU	18/26=69%	16/27=59%
OR TL	65/83=84%	48/79=61%
Osceola GC	18/30=60%	14/26=54%
CBCCF TL	118/151=78%	84/135=62%

Chart 12: CBCCF Contract Measures YTD 2016/17

CBCCF 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
OHU	98.73%	41.12%	26.77%	53.06%	93.68%	92.74%	74.42%	57.84%	6.25%
Devereux	99.23%	40.47%	31.95%	47.38%	95.50%	91.22%	91.75%	72.64%	45.91%
CHS Orange	99.54%	58.76%	50.50%	67.36%	97.31%	95.72%	99%	93.67%	
CHS Sem	99.33%	52.24%	37.23%	64.03%	92.49%	87.27%	96.33%	86.49%	
GCJFS	99.05%	57.77%	47.06%	65.99%	93.53%	86.99%	93.41%	87.25%	82.92%

Chart 13: CBCCF Contract Measures YTD 2017/18

CBCCF 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
OHU	90.05%	41.21%	32.60%	47.56%	95.46%	89.95%	64.23%	71.25%	61.67%
Devereux	98.93%	44.98%	35.59%	51.76%	96.35%	93.07%	94.08%	72.40%	62.17%
CHS Orange	99.55%	63.92%	50.44%	74.22%	97.32%	96.31%	98.25%	89.75%	98.00%
CHS Sem	99.18%	54.08%	51.63%	61.47%	94.01%	90.59%	97.56%	88.65%	81.36%
GCJFS	99.77%	65.03%	59.13%	69.12%	97.25%	95.90%	90.00%	n/a	87.50%
standard	99.5%	55.00%	55.00%	55.00%	95.00%	95.00%	95.00%	90.00%	95.00%

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. CBCCF re-aligned resources several years ago to ensure that CPI and CMA had ongoing support for formal safety management services (SMS) when needed. CBCCF evaluates compliance of our contracted SMS providers every 3 or 4 months to ensure that requirements of operating procedures are followed. In addition, CBCCF also developed a provider SMS Core track training to strengthen practice of our providers in supporting this critical area. CBCCF reviews all new cases received in the month to ensure fidelity of practice as to supervisor requirements once the case has been staffed at CTS. CBCCF evaluates how well our SOC is performing through review of the following:

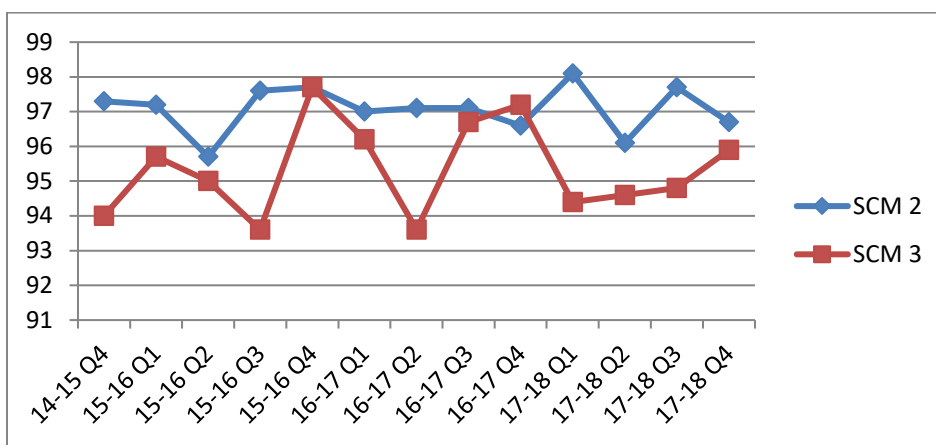
CBC Score Card Measure 1: Rate of Abuse per 100,000 Days in Foster Care: CBCCF review has found three major contributors in the following order of significance: 1) Caretakers/relatives violate safety plans allowing the parents to have unsupervised visitation, while no new incident occurs generally, the violation of the safety plan and court order is rated as verified and results in the placement change and

verified finding of inadequate supervision. 2) Teens in OHC runaway and engage in an incident which meets the criteria for a verified finding of Human Trafficking. 3) Child Protective Investigations applies the verified finding incorrectly or records the incident date incorrectly both which trigger the re-abuse criteria. 4) Teens are physically abused or bullied in group care with the knowledge of the caretaker or due to the actions of the caretaker. CBCCF has only recently began a systematic evaluation of cases that meet the re-abuse criteria and will work with the Family Safety Program Office moving forward to ensure cases are adequate coded. CBCCF has in addition, expanded Kinship Support Services and will create a brochure for relatives around the issue of parental visitation and court orders specifically, offering support in situations where respite maybe needed. 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.

CBC Score Card Measure 2: Children who are not Abused/Neglected During in-home services: CBCCF has continued to meet the Departments target of 95% or higher over the last several years, with a low over the last 3 years ranging from 95.7% to a high of 97.7%. CBCCF evaluates abuse during post placement supervision as a risk element, and found during reviews that in general the parent that had 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).

CBC Score Card Measure 3: Percent of Children Who Are Not Neglected or Abused After Receiving Services. CBCCF has fluctuated between a low of 93.6% to a high of 97.2% with variance between yellow and green rating from the 95% standard set.

As a result of wanting to lower re-abuse rates in both areas at the end of FY 17/18 CBCCF initiated a new series “Drug of the Quarter” which includes information on identification of the drug, symptoms of usage, safety planning through out the case, and treatment services to include relapse prevention. Post placement supervision requirements have been modified to focus on visitation consistent with safety plan monitoring requirements.

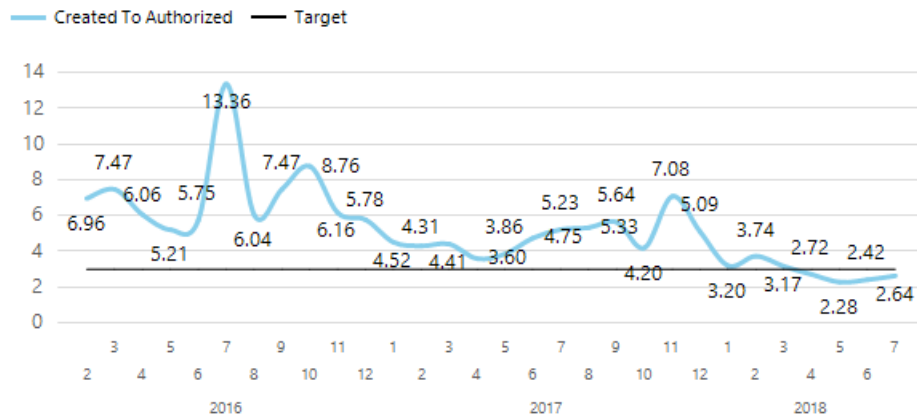


	Rate of Abuse per 100,000 days in FC				% of children not neglected/abused during in-home services				% of children not neglect/abused after receiving services			
	Orange	Osc	Sem	CBCCF	Orange	Osc	Sem	CBCCF	Orange	Osc	Sem	CBCCF
14/15 Q2	7.68	7.35	6.21	5.89	97.7	95.8	98.0	97.4	96.4	100	100	98.0
Q3	10.62	8.93	9.67	9.06	95.6	98.7	92.7	95.6	99.1	100	98.3	99.1
Q4	12.2	6.32	12.35	10.41	97.6	95.9	97.6	97.3	90.3	96.1	97.6	94.0
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
standard	(-) 8.5%				95%+				95%+			

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

Example (Well-being): CBC Accountability for role in promoting CFSR Item 12 (concerted efforts to assess needs and provide services to children, parents and foster parents to achieve case goals and reasons for involvement). Time from Request to Authorization – CBC began monitoring the service request process due to complaints from CMA and found that, around 30% of the requests were being returned by our UM staff to Case Managers for more information and the time from request to authorization was over 7 days. We have since been able to reduce this in half, the time from request to authorization is now less than 3 days while total authorizations have increased by roughly 10%.

Time from Request to Authorization

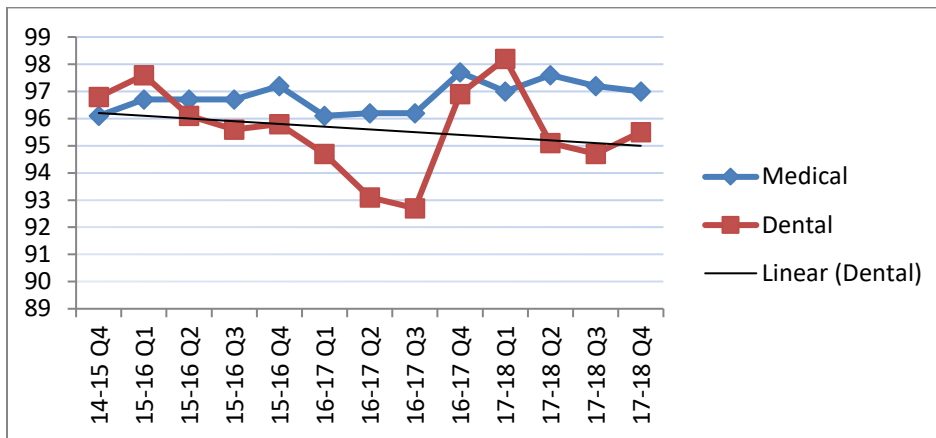


On a weekly basis CBCCF Information and Eligibility (I&E) staff send out alert reports to regarding pending medical and dental exams that are approaching or overdue, missing Health Risk Assessments, and psychotropic medication validation reports to case management, operations and leadership staff. The Nurse Care Coordinator is available to assist with physical or dental health needs consultation and the CBCCF Clinical Coordinator is available to assist with any mental health or behavioral health need or service. CBCCF staff review management reports ongoing to ensure that timely preventative and screening services are provided, CBHA's are authorized, received and contain valid information; I&E completes SSI/A applications, Medicaid determinations, non-relative caregiver funding; and UM assists with Agency for Persons with Disability applications and services. The Education Manager & ESSA Coordinator assists with school enrollment and stability/appropriate placement. Compliance with semi-annual dental screenings is an area that on occasion falls slightly short 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. CBCCF has a partnership with the Orange County Health Clinic for priority appointments and to arrange for a dental bus to provide services on premises when the need arises. Quality assurance reviews identify that is the lack of timely follow-up to needs identified that is the area needing improvement. CBCCF is reviewing methods to be aware of when follow up is required to proactively assist the CMA and caregiver. Over the last 2 years CBCCF included CBC Scorecard Measures 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) and 12 (Percent of Sibling Groups Where all Siblings are Placed Together) as agency ENTERPRISE goals. This year CBC achieved goal 11, but continued to fall short on measure 12, primarily related to the lack of foster home capacity to meet the need for sibling groups of 3 or more.

CBC Scorecard Measure 9: Percentage of Children in out-of-home care who received medical services within the last 12 months: CBCCF has performed in the “green” consistently in each quarter over the last 3 years+, exceeding the Department’s goal of 95% with performance that has ranged from a low of 96.1% to a high of 97.6%. CBCCF 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: CBCCF has had mostly “green” performance over the last 3 years, with the exception of 3

quarters in FY 16/17 where performance slipped a few percentage points to a yellow rating; and the third quarter of FY 17/18. Performance over the time period has ranged from 92.7% to 98.2%. CBCCF 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**

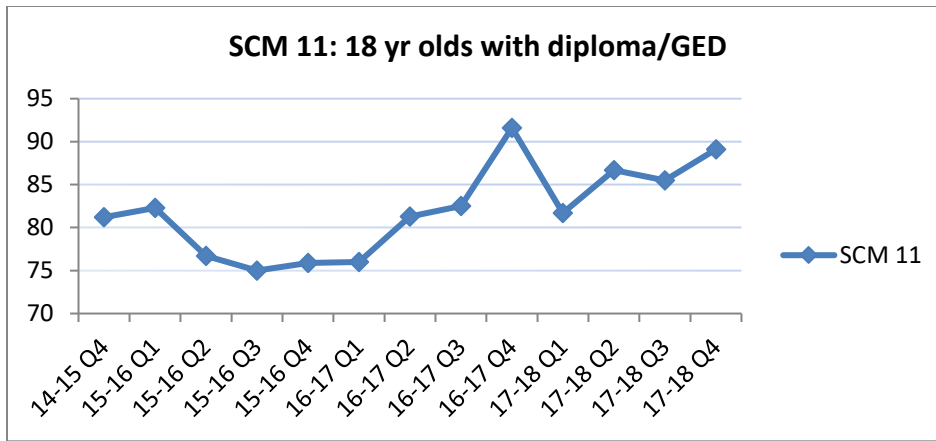
Total prescriptions with begin date over 1 year = 0 **Compliance Percentage = 100.00%**

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

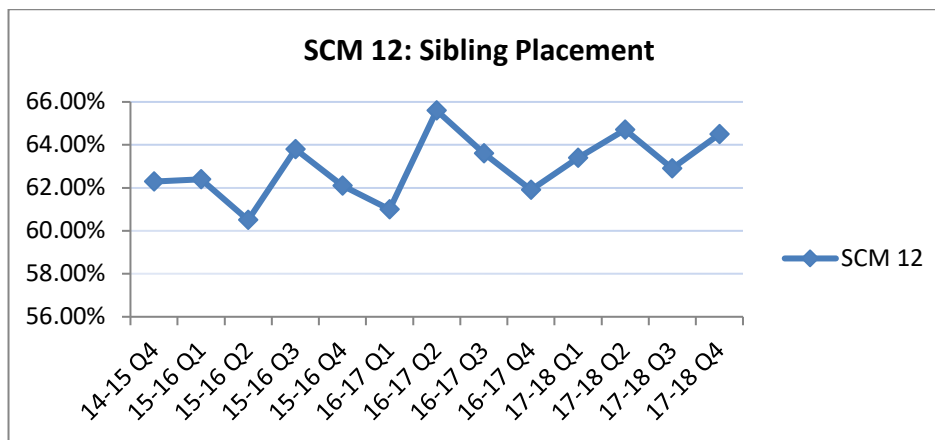
Total missing parental consent or court order = 4

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: CBCCF has met the Departments goal of 80% since the 2nd quarter of FY 16/17, performance since that time has continued to trend up overall with scores ranging between 5-15 points higher, with the highest score to date of 91.6% in FY 16/17 Q4.



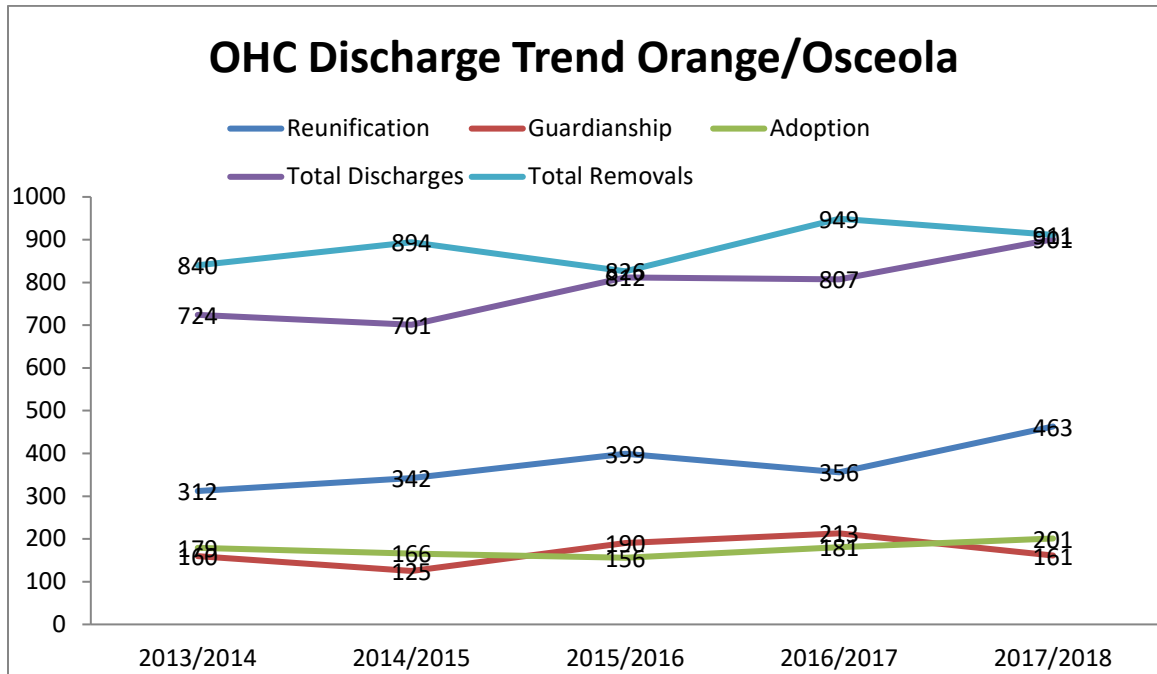
Permanency Trend: The continuity of family relationships and connections should be preserved for children placed in OHC; and they should have permanency and stability in their living situations. CBCCF requires that CMA case manager/or supervisor attend the Shelter Hearing and meet with the family, gathering 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 CBCCF County Executive Director or designee on a monthly basis. During the review the visitation plan between the child and separated siblings and parents is discussed, information on absent parent and status of relative search is discussed.



At the time of any OHC placement where a child can not remain with or be released to a parent, the priority order of placement considerations are relative placement and placements that can accommodate sibling groups (unless there are special needs or circumstances of the children that would prohibit placements together. If children are separated in placement there are continued efforts to locate alternative placement that can maintain the sibling group. CBCCF 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. CBCCF works with the CPI to place children with relative care 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 this past year has been the highest it has been over the last 4 years. 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) expansion of kinship support program, and 4) improved family finding efforts.

Chart 14: OHC Removal/Discharge by Type of Discharge



	Reunification	Guardianship	Adoption	Total Discharges	Total Removals
2013/2014	312 43%	160 22%	179 25%	724 86%	840
2014/2015	342 49%	125 18%	166 24%	701 78%	894
2015/2016	399 49%	190 23%	156 19%	812 98%	826
2016/2017	356 44%	213 26%	181 22%	807 85%	949
2017/2018	463 51%	161 18%	201 22%	901 99%	911

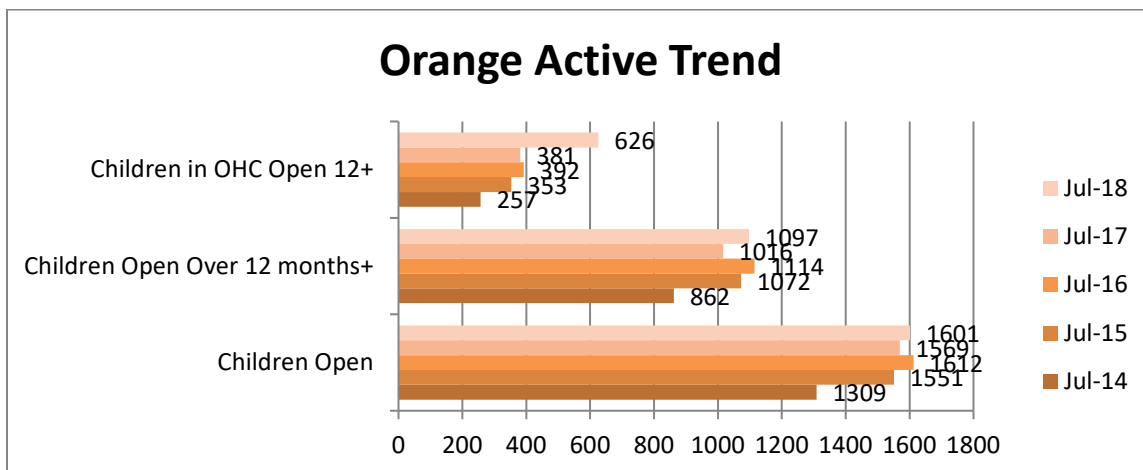
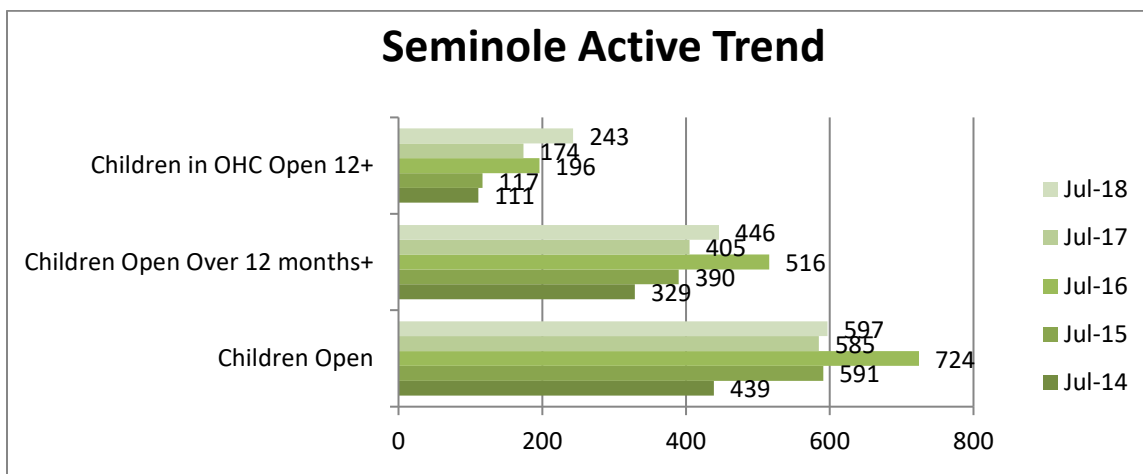
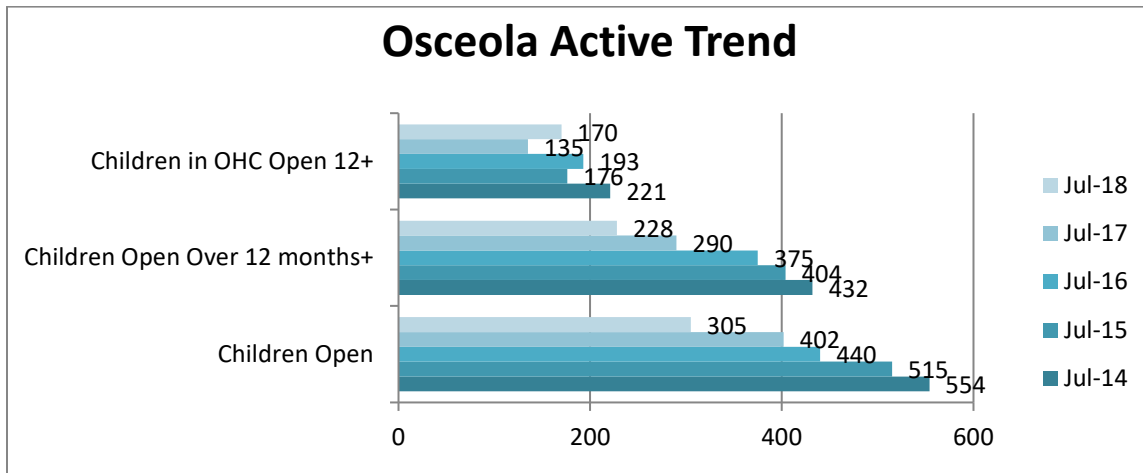


Chart 15: Year End Comparison: %Children Open Over 12 Months

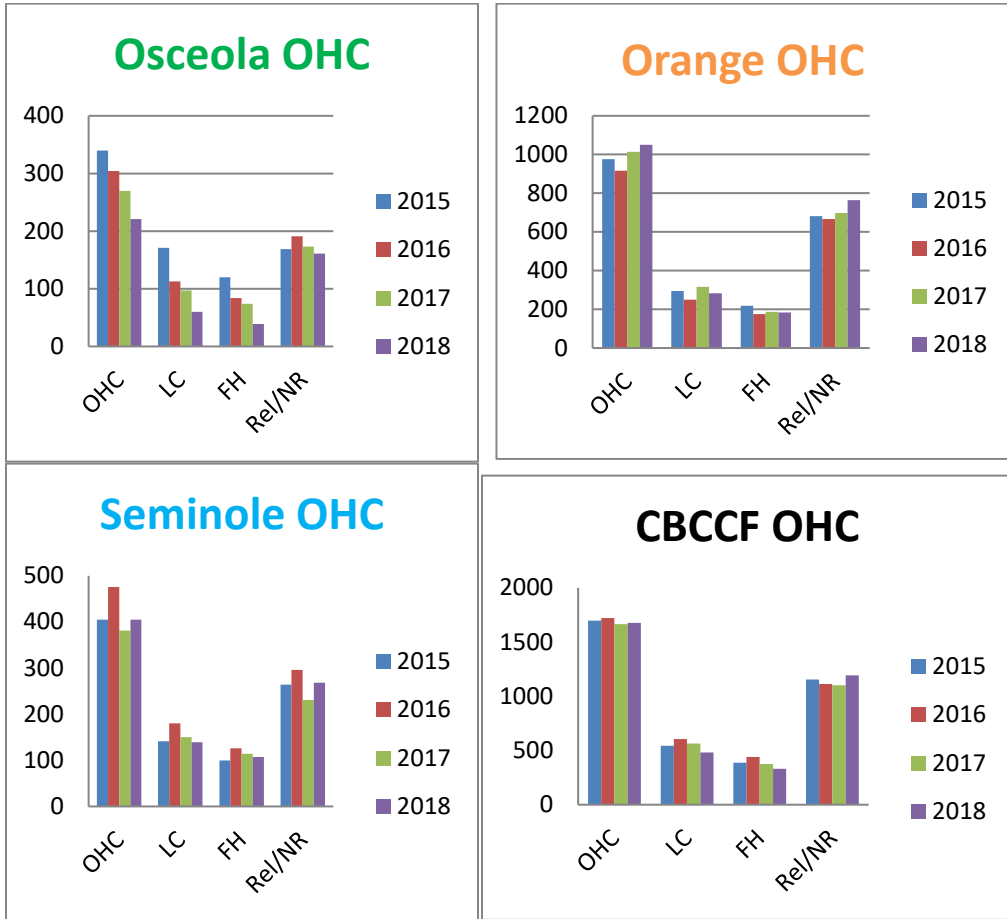
Osceola County	Open	Open over 12 Months	Children in OHC Open 12+
2014	554	432 78%	221 40%
2015	515	404 78%	176 34%
2016	440	375 85%	193 44%
2017	402	290 72%	135 34%
2018	305	228 75%	170 56%
Orange County			
2014	1309	862 66%	257 20%
2015	1551	1072 69%	353 33%
2016	1612	1114 69%	392 24%
2017	1569	1016 65%	381 24%
2018	1601	1097 69%	626 39%
Seminole County			
2014	439	329 75%	111 25%
2015	591	390 66%	117 20%
2016	724	516 71%	196 27%
2017	584	405 70%	174 30%
2018	597	446 75%	243 41%

Osceola: Osceola has continued to dramatically reduce their number of children open to services, in large part due to CPI’s reduction in cases being staffed over to services. The number of cases open over 12 months has continued to decline, which is due to the reduction in cases received; there has been a spike in children in OHC open over 12 months (up 22%) but this is misleading. The rate of closures continued to exceed intakes at 134%.

Orange: The number of cases continued to trend upward, there was a proportionate number/% of cases that are open over 12 months, but the % of those cases in OHC within that population grew disproportionately by 15%. There are several possible factors that have contributed to this 1) heightened focus on permanency within 12 months, 2) improvement in understanding and application of SDMM practice, specifically Conditions for Return, and 3) the Healthy Systems focus on exits, permanency and closures which have suggested an underachievement on permanency. CBCCF is monitoring the impact of the Scorecard Measure 6, which has had a small decline in the most recent months. Orange County’s rate of closures to intakes falls short by 6%.

Seminole: Seminole observed a modest net increase over same time last year status of cases open, and a slightly disproportionate % of cases open over 12 months. The percentage of children in OHC open 12+ was proportionate to the rate at which intakes outpaced closures (9%).

Chart 16: Healthy Systems (OHC Type) Trend



	2015	2016	2017	2018
OHC	1697	1721	1665	1676
LC	543	607	563	482
FH	386/71.09%	439/72.32%	375 66.6%	330 68.5%
Rel/NR	1154 /68%	1114/64.73%	1102 66.19%	1194 71.24%

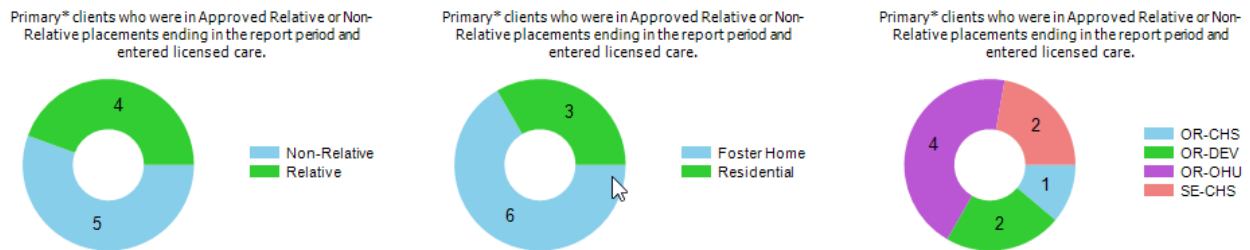
Chart 17: Intake/Closure Snapshot FY 2017/2018

		June 18	May 18	Apr 18	Mar 18	Feb 18	Jan 18	Dec 17	Nov 17	Oct 17	Sept 17	Aug 17	July 17	TL
Orange														
	Intake	49	86	81	76	64	84	41	67	67	44	85	57	801
	Exit	110	82	67	46	46	61	51	65	54	43	66	63	754
	Net	61	(4)	(14)	(30)	(18))	(17)	10	(2)	(13)	(1)	(19)	(6)	(47)
Osceola														
	Intake	8	15	12	9	12	13	14	4	8	0	1	14	110
	Exit	14	5	11	13	3	11	14	22	8	13	20	13	147
	Net	6	(10)	(1)	4	(9)	(2)	0	18	0	13	19	(1)	37

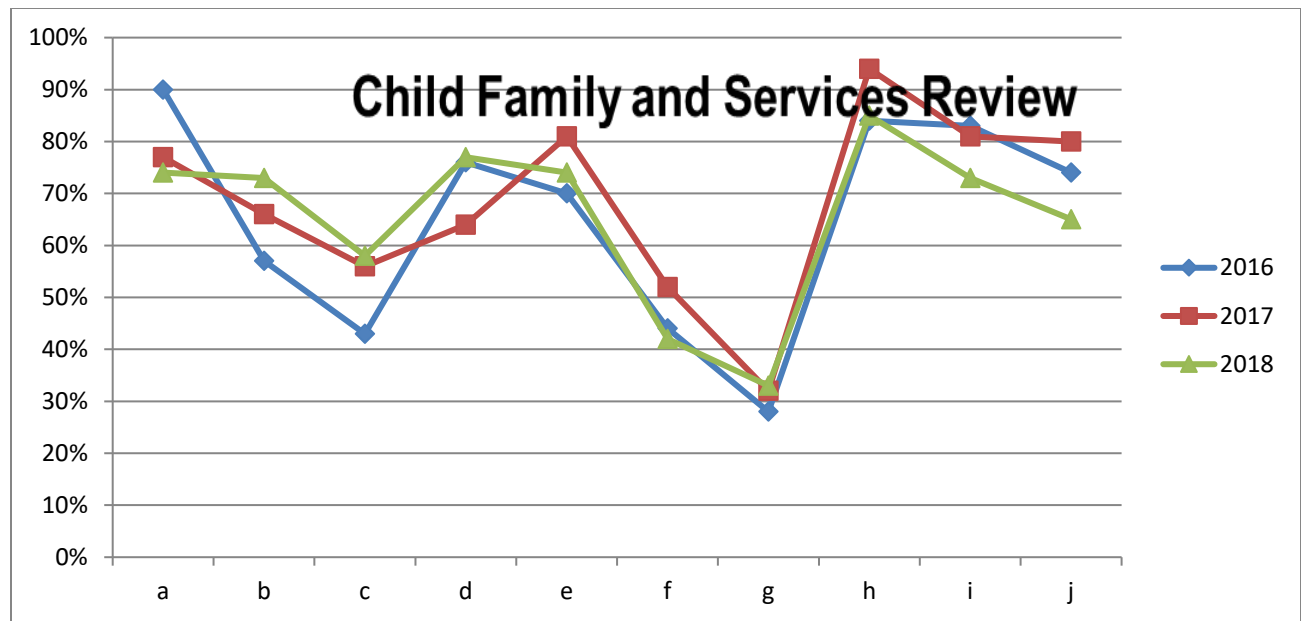
Seminole														
	Intake	11	44	24	34	21	22	18	25	34	21	34	21	309
	Exit	34	19	15	30	21	34	19	29	19	15	24	21	280
Net		23	(25)	(9)	(4)	0	12	1	4	(15)	(6)	(10)	0	(29)

Example: Permanency: (Informing contracting decisions/expansion of services) Disruptions of Relative/Non-Relative to Licensed Care – Our 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. We have since invested in additional services with CHN.

Figure: Placement Stability In Relative/Non-Relative Care Analysis



III. Findings



[Directory for chart above](#)

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

Safety: Strengths observed were in the timeliness of the investigative response (CFSR: 88%) and the initial assessment completed by the CPI related to the assessment of safety and risk. The initial assessment, in those cases, were often thorough, accurate and the safety action taken appropriate and least restrictive. When appropriate, there were also safety services that were initiated to prevent the removal (CPI/CMA) or to maintain the child in the home once reunified (CFSR: 92%, increase of 10% over FY 16/17). The safety of children remaining in their own home, or in their foster home placement was assessed and any concerns were addressed in most cases (CFSR 77%). Quantitative data supports that safety of children in the home, while receiving services (97%); and within 6 months following the closure of services is a continued area of strength (95%). Background checks and home assessments were completed when required (RSF) and a 12% improvement was noted (81%).

Rapid Safety Reviews provide a good snapshot of how we are performing on our safety planning with families, and the adequacy of safety plans on those cases reviewed continued to show that this was an area requiring attention, however improving from 48% to 54%. 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 31%) remained essentially unchanged and this was largely because the case manager had not contacted the safety monitor 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 to 34% from last year 15% (RSF) and decreased by 7% to 53% (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, as well as the information that the case managers are obtaining from the family at the opening of the case has also improved. 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, 33% (CFSR) and with mothers, 53% (RSF) and fathers 40% (RSF). Quality of visits with the child was rated consistently at 49% (RSF) and 42% (CFSR). The frequency of case manager visits with the case manager continued to be rated high, but fell short on quality due to the lack of documentation each month to indicate that there had been an attempt to see the child alone during some portion of every visit. The visits also lack substance in many cases.

Documentation of involvement of the child and parents in case planning was present in half of the cases reviewed (CFSR 49%), in some cases this was due to only one of the two parents being included, and in other cases it appeared that the case plan had been drafted by the CMA without parent involvement and presented to them at the Case Plan Conference; in ongoing cases the documentation did not adequately include a discussion about services they were participating in or had completed; identification of how barriers could be addressed; or how permanency could otherwise be achieved if reunification were not possible.

Permanency: While children were in an OHC placement (licensed or unlicensed) the placement was stable and any placement changes were for the purposes of promoting permanency (CFSR: 74%). This is an area that has continued to decline over the last 3 years, and generally this has been due to children changing licensed care placements for reasons other than meeting the child's needs. In the OHC cases reviewed (CFSR 77%) children were placed together, a significant increase from last year (64%). While there continues to be more children in a removal placed with their relatives (quantitative data), on the CFSR there was a decline in concerted efforts to place the child with the relative 74%, a decrease of 7% from the year prior.

When a child was placed in OHC the frequency of visitation with their parents and siblings was sufficient in half of the cases reviewed (CFSR: 63%, a significant decline from last year: 80%). In cases where this standard was not met it was due to a lack of documentation regarding the visit (relative/non-relative placements) or the visitation with at least one of the parents was identified to be lacking.

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 continued to decline

again this year 60% (CFSR, last year 76%). 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; in cases of relative placement there was insufficient inquiry or documentation to reflect this as well. Documentation regarding efforts by the agency to promote the child’s relationship to their parents through activities other than visitation declined this year (CFSR 41%, last year 50%), erasing the progress from the previous year. There is no evidence in most cases that the case manager discussed this with the caregiver or the parents, or took action to promote parental involvement. In case of relative placement, it was a lack of inquiry and documentation, as it was often the case that the parental visits were being supervised by the relative.

The timeliness and appropriateness of permanency goals continued to improve again this year from 66% last year, to 73% this year (CFSR). Often times, 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. Concerted efforts to achieve the case goal were only evident in 58% (CFSR) of the cases.. In many of the cases the timeline (12 months for reunification, 18 months for a permanent guardianship, or 24 months for adoption) were not met. In some cases, this was because of the delay of changing the goal to permanent guardianship or adoption or because the goal was changed back to reunification after a prolonged period of time (often times years). Court continuances, delays in filing TPR petitions, lack of time on the court docket, and agency efforts all contributed to delays. Intakes slowed this year, although still outpace exits in both Orange and Seminole Counties.

IV. Gaps Between Findings and Benchmarks

CFSR PIP performance: CBCCF falls below the federal approved PIP Goal on 9 of the 10 Federal PIP goals, and below the state baseline on 8 of the 10 items.

Chart 18: CFSR PIP performance gap

CFSR Item	%	State Baseline	Federal Goal
Safety Item 1: timeliness of investigative response	88%	91.5%	96.7%
Safety Item 2: safety services to prevent removal	92%	76.5%	85.5%
Safety Item 3: risk and safety assessment	77%	71.3%	77.7%
Permanency Item 4: placement stability	74%	81.8%	88.5%
Permanency Item 5: timely and appropriate goal	73%	74.5%	82.1%
Permanency Item 6: concerted efforts to achieve permanency	58%	67.3%	75.4%
WB Item 12: Assessment & Services to child and parent	53%	51.3%	58.4%
WB Item 13: Involvement in case planning	49%	63.6%	70.7%
WB Item 14: frequency and quality of case manager visits with child	42%	72.5%	78.9%
WB Item 15: frequency and quality of case manager visits with parents	33%	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. CBCCF 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 has developed a new retention plan, while also transferring recruitment to our Community Development department. CBCCF has also expanded relative supports through the kinship program, recognizing that relative supports are needed to navigate the dependency system and ensure that families are provided services early, and have more realistic expectations about the length of time they may be caring for the child, and an understanding of court process.

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; 2) workload of existing/remaining case managers continue to exceed CWLA standards; 3) complicated family dynamics that require experienced and skilled workforce to navigate; 4) an ability to efficiently record and document case activity that is not burdensome, and in a manner that can be extracted easily; 5) and a practice model (SDMM) that continues to require system supports across the continuum.

CBCCF has supports build in across the SOC to support everywhere possible, but when a system is built in this manner it is easy to create a workload that is not always management or to lose focus in trying to serve or take on more than capacity allow for optimally. CBCCF continues to look at efficiencies and priorities across the SOC, and these are captured in the agency strategic plan, financial viability plan and program improvement plan and include everything from electronic records, work force development (supervisor training and skill building) and Leadership Academy to exploring grants to strengthen the service array.

V. Intervention Findings

(Safety): Action taken based on QA Review Results: CBCCF was concerned that QA reviews (primarily Rapid Safety Reviews) did not demonstrate timely and quality family assessments, sufficiency and adequate monitoring of safety plans, quality of contacts with children and parents, or frequent supervision and supervisor follow up. To isolate current performance and hold case management responsible for conforming to the practice model requirements (which would improve outcomes if performed well) CBC began reviewing all cases received in each month to determine if the supervisor was completing: initial supervisor consult within 2 days of CTS, safety plan consult within 5 days of CTS, Initial Supervisor Review within 7 days of CTS, FFA-O Consult within 30 days of CTS and approving FFA-O within 30 days of CTS. In August 2017 CMA performance was at 30.4% and in the most recent month had increased to 83%. The requirement to achieve a 95% compliance rating was added to the 2018/19 contract standards as a monthly measurement. CMA units that demonstrate higher compliance with front end reviews (and SDMM practice overall) have achieved higher scores on the RSF QA reviews.

Figure SDMM Front End Review

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

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

CBCCF 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 , CBCCF Operations staff implemented several strategies to include meeting with case management leadership agencies each Monday (separately) to review Exits, Closures and Permanency rates and establish goals; implementation of initiatives such as Sixty Home within the next Sixty Days; and specifically identifying children in OHC 8-10 months where the parents were at high likelihood of meeting conditions for return and tracking/planning reunification to occur before the 12th month in OHC for that cohort. As a combined result of both initiatives CBC met the contract standard for the last 2 quarters.

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

	% children exiting FC to a permanent home w/1 12 months of entering care				% of children achieving permanency in 12 months for children in f/c 12-23 months				% of children who do not re-enter FC w/1 12 month of moving to a permanent home			
	Orange	Osc	Sem	CBC	Orange	Osc	Sem	CBC	Orange	Osc	Sem	CBC
14/15	FSFN	FSFN	FSFN	DCF SOC	FSFN	FSFN	FSFN	DCF SOC	FSFN	FSFN	FSFN	DCF SOC
Q2	44.7	30.5	40.8	41.7	59.5	47.0	49.3	51.4	90.2	83.3	100	90.4
Q3	39.4	30.0	32.5	34.5	55.4	39.6	61.4	51.4	91.3	75	76.9	85.3
Q4	31.4	32.0	44.7	35.1	57.6	58.0	48.3	56.0	82.8	75	100	83.6
TL												
15/16 Q1	31	16.6	28	29.6	55.7	60	57.6	57.2	89.1	90	86.9	90.0
Q2	23.8	27.5	63.3	33.7	58.4	43.2	69.2	57.2	78.6	100	80	86.6
Q3	35	18.1	21.5	28.9	64.4	43.2	57.9	59.0	81	86.6	100	83.5
Q4	33.3	33.3	24.7	30.7	64.8	28	61	57.4	83	89.4	93	84.8
TL	31.14	23.83	31.6	30.7	61.29	44.65	60.46	57.53	83.3	90.77	89.9	86.1
16/17 Q1	32.8	8.6	33.8	29.0	64.40	28	54	55.8	90.70	75	93.7	91.3
Q2	31.9	25.	50.5	38.4	64.40	32.1	61.6	57.7	89.10	81.8	85.3	88.2

Q3	47.6	39.1	31.9	43.5	60.10	44.3	62	57.4	92.9	100	86.2	91.2
Q4	47.6	35.2	36.2	38.1	61.00	52	62	59.7	96.3	100	80	91.8
TL	36.51	22.81	38.5	35.7	62.43	35.17	60.3	59.7	92.63	92.11	85.3	90.3
17/18 Q1	37.8	46.4	18.6%	36.3	59.7	63.8	59.6%	60.9	95.10	100	88%	92.9
Q2	32.9	17.0	41.6%	32.8	59.4	65.5	58.6%	60.4	93.4	85.7	88.6%	90.7
Q3	38.7	31.5	58.9%	41.5	59.0	58.4	60.7%	59.4	93.0	100	69.5%	88.5
Q4	49.5	25.0	42.6%	45.3	58.1	43.7	61.8%	57.4	96.6	83.3	87.8%	92.9
TL	40.0	42.0	41.9%	39.0	59.13	60.06	60.17%	59.57	94.42	90.91	84.8%	91.05
standard	40.5%+				43.6%+				91.7%			

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

Information from RSF, CFSR and CBCCF 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 year CBCCF 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. Despite these efforts parent contact rates on contract performance (an early indicator of progress) improved by less than 10%. CBCCF developed performance reports and added contract measurements to the 2018/19 contracts which will now 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 CBCCF Operations and CMA. CBCCF will also require that supervisors review each case monthly for quality contact and efforts and that CMA Quality Assurance staff validate the review on a random selection of cases.

CBCCF Contract Measures YTD 16-17	Month and Father visits every month	Father visits monthly	Mother visits monthly	CBCCF Contract Measures YTD 17-18	Month and Father visits every month	Father visits monthly	Mother visits monthly
OHU	41.12%	26.77%	53.06%	OHU	41.21%	32.60%	47.56%
Devereux	40.47%	31.95%	47.38%	Devereux	44.98%	35.59%	51.76%
CHS Orange	58.76%	50.50%	67.36%	CHS Orange	63.92%	50.44%	74.22%
CHS Sem	52.24%	37.23%	64.03%	CHS Seminole	54.08%	51.63%	61.47%
GCJFS	57.77%	47.06%	65.99%	GCJFS	65.03%	59.13%	69.12%
standard	55.00%	55.00%	55.00%	standard	55.00%	55.00%	55.00%

Note from 16/17-17/18 the combined father/mother contact rate improved by .09% -7.26% and both agencies in compliance with the contract rate met the requirement in both years for combined parent contacts, only one agency met the requirement for all three measurements in 2017/2018. Significant improvement (over 10%) was made on father contact (14.4%) in CHS Seminole (12.07%).

Family Support Program: CQI Since July 2017 the Family Support Program has continued to make tremendous strides on improvement in compliance, quality assurance outputs, and performance measurements. Since Quarter 1, there was an increase in 18 FSS quality measures and a decrease in 1 measure. The trend continued into quarter 3 with the reviews showing a marked increase in compliance with the Diversion Program Services 100-100A policy. Notable areas of improvement include timely engagement and assessment of families, creating quality service plans to strengthen protective factors, and ensuring monthly quality home visits. Areas that continue to need improvement include timely documentation, monthly supervision and the inclusion of target dates in all service plans (recently added as a performance measure). See chart 20 (end of report) for FSS QA Findings.

Re-Abuse Rates: Family support cases that ended between 1/1/17 and 6/30/17

- 25 of 703 (3.56%) had a verified abuse report within 6 months
- 41 of 703 (5.83%) had a verified abuse report within 12 months

Re-Abuse Rates: Family support cases that ended between 1/1/17 and 12/31/17

22 of 1005 (2.19%) closed and had an open primary dependency worker assigned within 7 days of closure.

- 42 of 1005 (4.18%) had a verified abuse report within 6 months
- Not enough time has passed to get an accurate 12 month calculation

Strengthening Case Management Supervision: CBCCF 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 year, and through further automation of key process documents, an ability to provide more support to their critical role.

Chart 20: Family Support Program Quality Reviews over the most recent 3 quarters

ITEM	1 st Quarter Average	2 nd Quarter Average	3 rd Quarter Average
1.1 Is the case appropriate for FSS?	20/24=83%	95% (39/41)	97% (29 of 30)
1.2 Does the risk level and/or documentation justify opening a FSS case?	17/21=81%	88% (35/40)	87% (26 of 30)
1.3 Was the initial visit completed within 3 days of identification?	14/23=61%	54% (21/39)	82% (23 of 28)
2.1 Is the FSS Agreement & Release signed & documented?	14/23=61%	82% (32/39)	100% (28 of 28)
2.2 Is the FSS Agreement & Release uploaded into FSFN?	14/23=61%	82% (32/39)	96% (27 of 28)
2.3 Is the PF Assessment completed within 3 days & documented?	14/23=61%	54% (21/39)	88% (21 of 24)
2.4 Is the PF Assessment uploaded into FSFN?	15/23=65%	90% (35/39)	92% (22 of 24)
3.1 Did the family participate in creating the Service Plan?	16/22= 73%	74% (29/39)	88% (23 of 26)
3.2 Did the Service Plan identify areas that need to be strengthened?	15/22=68%	64% (25/39)	80% (20 of 25)
3.3 Is the Service Plan signed by the parties?	12/22=55%	82% (32/39)	96% (24 of 25)
3.4 Is the Service Plan uploaded into FSFN?	13/22=59%	85% (33/39)	89% (24 of 27)
3.5 Was the Service Plan completed within 1 week of assessment?	Not tracked	Not tracked	84% (21 of 25)
3.6 Did the Service Plan identify target dates for completion?	Not tracked	Not tracked	60% (15 of 25)
4.1 Did monthly visits occur?	18/23=78%	80% (32/40)	90% (27 of 30)
4.2 Is the frequency of visits sufficient to address risk?	16/22=73%	67% (22/33)	86% (24 of 28)
4.3 Are case activities documented in FSFN?	16/23=70%	78% (31/40)	83% (25 of 30)
4.4 Is documentation entered in FSFN in 2 business days?	13/23=57%	48% (19/40)	10% (3 of 30)
4.5 Is the case staffed monthly with a supervisor?	4/22=18%	42% (16/38)	54% (15 of 28)
4.6 Is the quality of the home visits sufficient to address risk & evaluate progress on Service Plan?	19/23=83%	82% (32/39)	97% (28 of 29)

4.7 Is there documentation of contact with service providers?	16/20=80%	86% (31/36)	85% (17 of 20)
5.1 Is a Close the Loop staffing conducted with unsuccessful closures?	n/a	60% (3/5)	100% (5 of 5)
5.2 Is approval documented on cases opened more than 1 year?	n/a	n/a	n/a
5.3 Is an updated assessment completed & uploaded on successful closures?	n/a	71% (5/7)	67% (4 of 6)

Table 2 compares the tri-county averages from the first, second and third quarters to compare overall performance during the 2017-2018 review period. As displayed in Table 2, since Quarter 1, there was an increase in 18 FSS quality measures and a decrease in 1 measure. This continues the trend in reviews that have shown a marked increase in compliance with the Diversion Program Services 100-100A policy. Notable areas of improvement include timely engagement and assessment of families, creating quality service plans to strengthen protective factors, and ensuring monthly quality home visits. Areas that continue to need improvement include timely documentation, monthly supervision and the inclusion of target dates in all service plans (recently added as a performance measure).