DATE: March 3, 2009

TO: Vern Melvin, Circuit Administrator
    Christine Demetriades, Chief Executive Officer, United for Families

FROM: Traci Klinkbeil, Central Region Quality Assurance Manager
     Al Swanson, Quality Assurance Specialist

SUBJECT: United for Families 2nd Quarter Fiscal Year 2008-2009 Review

The Department of Children and Families and United for Families Quality Assurance staff have completed a Side-by-Side review of eight cases assigned to United for Families for case management. The Department of Children and Families Quality Assurance staff completed an in depth review of two cases assigned to United for Families for case management, which included case specific and stakeholder interviews and reviewed two of the seven Child and Family Services Review Systemic Factors.

Attached you will find the United for Families 2nd Quarter Fiscal Year 2008-2009 Side-by-Side Review report.

If you have any questions, Al Swanson can be contacted at (772) 467-3056 or cell (772) 473-3908.

cc: Stephanie Weis, Central Region Family Safety Program Manager
United for Families
Case Management Side-by-Side and
In-Depth Review Report
October 1, 2008 - December 31, 2008

Region: Central
Lead Agency: United for Families
Date of Review: December 8–11, 2008

Methodology
The eligible population for the first quarter review was drawn from service group A, children age 10 and under as of the sample date, in open cases, who were service recipients for at least one day during the selection period, and who were also service recipients for at least six months as of the sample date or service receipt end date of June 15, 2008. This includes children who were receiving in-home services, out-of-home care services, or both during the period under review. Children who were siblings of a child in this sample were not included in the sample listing, but children under courtesy supervision and children in cases where Florida is the sending state for an Interstate Compact for the Placement of Children were included. The first quarter review period was from July 1, 2007 through June 30, 2008.

The second quarter Side-by-Side Review included a review of eight case records selected from service group B, children ages 11 and older as of the sample date, in open cases, who were service recipients for at least one day during the selection period, and who were also service recipients for at least six months as of the sample date or service receipt end date of September 12, 2008. The review period was from October 1, 2007 through September 30, 2008. A review of two of the seven systemic factors (Quality Assurance System, Staff and Agency Responsiveness to the Community) was completed and summarized in this report. The file review included application of the revised review tool, compared with file documentation and data entered in the Florida Safe Families Network (FSFN) information system.

United for Families (UFF) selected the sample of 25 cases and of those 25 cases, 8 cases were identified randomly to be included in the Side-by-Side review. The Community Based Care (CBC) Quality Assurance (QA) Unit is responsible for reviewing 17 of the case files using the Quality Practice standards and guidelines and provides a final written report and analysis of their findings.

The second quarter 8 Side-by-Side review sample included five children receiving out-of-home care supervision, two children receiving in-home supervision and one child receiving in-home post placement supervision during the period under review. One case involved Termination of Parental Rights (TPR) that occurred on both parents prior to the review period and one case involving a pending TPR.
1. **List of Standards and Data Roll-Up**

   This review was based on the state's recent redesign of the Quality Assurance system. The statewide case management review tool includes 66 review elements, with 13 of the 66 review elements containing sub-parts assessed, but not rolled up into the overall review rating. Ten of the review elements address child safety, including repeat maltreatment, efforts to prevent removal, initial family assessment, service referrals consistent with identified needs, six-month family assessments, immediate safety concerns addressed, a thorough safety assessment prior to reunification, and efforts to manage risks following reunification. Twenty-nine of the review elements address permanency for the child, and include the critical areas of placement stability, appropriate placement matching, sibling visitation, maintaining a child’s connections, Indian Child Welfare Act (ICWA) requirements, engagement of the mother and father in decision-making, timeliness of Interstate Compact for the Placement of Children (ICPC) activities, Adoption and Safe Families Act (ASFA) requirements regarding TPR, and efforts to identify or recruit an appropriate adoptive family. Twenty-five of the review elements address child well-being, and include the critical areas of case planning, effectiveness of service provision, assessment for independent living services, ongoing assessments of parents, and/or out-of-home care providers to ensure appropriate care for the child, frequency and quality of the services worker’s visits with case participants, educational needs for the child are addressed, physical and dental health needs of the child are met, and the child’s mental/behavioral health needs are assessed and appropriate services are provided. Two items addressed supervisory reviews and the current case plan.

   The data roll-up for the eight cases reviewed Side-by-Side with Regional and UFF QA staff is provided in Attachment I.

2. **Analysis of Side-by-Side File Review Data**

   **A. Overall Performance in Achieving Safety, Permanency, and Well-Being**

   The provider’s overall performance in achieving Safety in the eight cases reviewed was 84%. The provider’s overall performance in Permanency was 58%. Regarding child well-being, the provider achieved a rating of 54%. The overall performance in all areas was 59%.

   **B. Practice Trends**

   In January 2008, a Child and Family Services Review (CFSR) was conducted by the Administration for Children and Families in Florida, and highlighted areas of concern for child welfare case management practice. During the United for Families review, the agency practices in these areas were also considered:

   1. **Repeat Maltreatment**: Repeat maltreatment is defined as a subsequent report of abuse or neglect within six months of a prior report, with some indicators or verified findings documented. All eight cases reviewed documented the children remained safe from abuse or neglect during the period under review.
2. Re-entry: Re-entry is defined as a child’s return to out-of-home care within 12 months of a prior out-of-home care episode. None of the eight cases reviewed were applicable to the focus child’s re-entry into care.

3. Placement Stability: Children are to experience no more than two placement settings during an out-of-home care episode per Chapter 65C-28.004 and 65C-28.005, Florida Administrative Code and Children and Family Services Review, Permanency Outcome 1, Item 6. Any placement setting changes in excess of two are to be in the best interest of the child and consistent with achieving the child’s case plan goal. In four of the five applicable cases reviewed, the requirement of no more than two placement settings was met. In the case that did not meet this requirement, only two of the placement setting changes was planned in an effort to achieve the child’s permanency goal but one was due to the relative placement coaching the children regarding the father’s criminal case.

Note: The re-design of the Department’s QA system implemented a new requirement for a multi-disciplinary staffing or assessment for placement planning before a child’s initial and any subsequent placement to ensure all removals and placement changes are unavoidable. Data specific to this standard (#12.0) will be collected during the first year, but not factored into the overall score. There were three applicable cases involving a multi-disciplinary staffing or assessment in advance of the initial or subsequent placements. In only one case, the staffing was performed prior to the child being placed with a relative from licensed care. In two cases, there was no staffings documented. One involved a child moving from a Therapeutic Foster Home to another Therapeutic Foster Home; however, there was no evidence that a multi-disciplinary staffing was conducted to address this child’s move. The other child’s placement change involved a move from one licensed foster home to another licensed foster home without any documentation of a staffing addressing the move.

4. Separation of Siblings: When two or more siblings are in out-of-home care, every effort is to be made to place siblings together, unless it is contrary to the children’s best interest. Four cases in the Side-by-Side Review sample involved children placed in out-of-home care. Two of the cases reviewed involved children who had one or more siblings. Both applicable cases involved siblings who were not placed together. In those two cases, although the siblings were separated there was clear evidence that each separation was necessary to meet the child’s needs. In one case, sibling groups were separated due to a large sibling group of seven children and no foster home, relative or non-relative was identified as able to care for all seven children. The second case involved a move from a licensed foster home to a non-relative placement. One of three children did not want to live with the non-relative and wanted to remain with the foster parent. The separation was found to be in the best interest of all of the children during the separation staffing.

5. Maintaining Connections: When a child is in out-of-home care, concerted efforts are required to ensure visitation between the child and his or her mother, father, and siblings, to maintain the relationships among them. Concerted efforts
were made to ensure visitation between the child and parents occurred in the three applicable out-of-home cases reviewed.

In the two applicable cases where the siblings were separated, there were documented concerted efforts to support and maintain the continuity of the relationship between the child and his or her siblings. These efforts included arranging for phone calls between the siblings in Florida and the other sibling out of state. In the same case the mother gave birth to another child and the foster parents arranged for visits between the baby and the siblings in Florida. In the second, there were weekend visits between the siblings.

Concerted efforts are required to maintain the child's important connections to his or her neighborhood, community, faith, extended family or other connections. This standard applied to all five of the out-of-home care cases reviewed, but only one case met the standard. Of those cases not meeting this standard, there were concerns noted that there were no concerted efforts made to maintain contact with the children's adult siblings, aunts, uncles, other extended family members and friends. In the case that met the standard, the child was placed with the paternal grandparents but due to the situation of them coaching the children and what to say in court the children were moved to a non-relative.

6. Quality of Worker Contacts with Parents: The service worker's contacts with the child, parents, and caregivers are to be sufficient to ensure safety, permanency, and well-being, and promote achievement of the case plan goals.

In three of the eight cases reviewed the service worker’s contacts with the mother, father, child and out-of-home caregiver were of sufficient quality to address issues related to the child’s safety, permanency, and well-being. In the five cases that did not meet this standard, documentation of home visits did not include children’s interactions with their caregivers or the children were not seen alone during any part of the visit. Additionally, case file documentation did not include discussion regarding safety, permanency and well-being with mothers and caregivers during contacts. However, regarding one father, he was not seen at home but only in court and discussions did not focus on safety, permanency and well-being. The service worker’s visits did not occur every thirty days with the mother and father in the seven applicable cases. Only one of the eight cases reviewed documented visits every thirty days with the child and caregiver. This was the one case in which the parent’s rights had been terminated prior to the review period.

7. Engaging Parents in Case Planning: The child’s, parents’ and caregiver’s needs are to be assessed and addressed through appropriate services. One case reflected evidence of participation of all participants in a case plan staffing and discussion of case plan goals during contacts. Three cases showed evidence that the mother and child were engaged in case planning. None of the eight cases documented the father’s engagement in case planning.
Five of the eight cases had a current (not expired) case plan in the case record. Of those five cases, four cases had a case plan goal that was appropriate for the child’s and family’s circumstances. In one case the goal of reunification was not appropriate, as the father is in prison for 20 years, the mother has resided out of state since prior to removal and a petition for TPR was filed. In this case there were numerous permanency staffings that documented that reunification was no longer appropriate and discussion of permanent guardianship was documented. However there was no documentation of the case plan goal changing from reunification to another more appropriate goal, such as adoption or permanent guardianship.

Five of the eight applicable cases documented evidence of communication with the service providers. Written correspondence was found in the file from the service providers regarding progress made by the case participants. There were also chronological notes found in FSFN documenting telephone and in person discussions with the service providers.

In six of the eight cases reviewed, an ongoing assessment of the child’s needs was conducted to provide updated information for case planning. In two cases that did not meet this standard, there was no documentation of any ongoing assessments completed by the service worker.

8. Engaging Parents in Meaningful Decision-Making: Concerted efforts are required to promote, support and maintain positive relationships between the child in foster care and his or her mother and father through activities that go beyond the parents’ participation in visitation. Examples include the parents’ participation in school activities and case conferences, attendance at doctors’ appointments, and participation in the child’s after school extracurricular or sports activities.

Documentation of this standard was achieved in two cases reviewed regarding the mother’s participation and decision-making. In the one case that did not achieve this standard, there was a lack of documentation found in the case file to support the case manager’s engaging the mother to be involved with her child’s needs and activities beyond visitation with the child. Only one case was applicable regarding the father’s participation in decision making and did not achieve the standard. In this case the father resided out of state. The remaining out-of-home cases that were rated as not applicable were due to reasons such as, court order no contact with the child, father deceased, and TPR.

9. Quality of Supervisory Reviews, Direction and Follow-up: Supervisory reviews are required quarterly for each case, per Children and Families Operating Procedure 175-42 and Federal CFSR, Systemic Item 20 and must consider all aspects of the child’s safety, permanency and well-being. Supervisors must ensure follow through on the guidance and direction provided or documents the reason why the guidance and direction was no longer necessary. This requirement was applicable to all eight cases reviewed, and the requirement was fully met in four cases.
Five of the eight cases documented the completion of quarterly reviews. One of the three cases that were not reviewed timely had no supervisory reviews completed during the entire review period. The supervisor considered all aspects of safety, well-being, and permanency in only one case. The reviewers found that many of the supervisory reviews had the same guidance and direction repeated without covering safety, well-being and permanency. Those reviews appeared to be copied from one review to the next and did not contain any specific instructions targeting the case being reviewed. The supervisors did not ensure any follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary in all of the cases reviewed.

C. Areas of Excellence

Excellence in performance was noted in several areas related to safety.

- No repeat maltreatment documented in any in-home or out-of-home care cases (100%).
- Concerted efforts were made to provide and arrange for services for the family to protect and prevent the child’s entry into out-of-home care (100%)

Excellence in performance was noted in several areas related to permanency.

- Concerted efforts were made to ensure visitation (or other contact) between the child, their parents and siblings were sufficient to maintain or promote the continuity of the relationship between them. (100%)
- When siblings were separated in out-of-home care, there was clear evidence separation was necessary to meet the child’s needs. (100%)
- The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. (100%)

Excellence in performance was also noted in areas related to well-being.

- An ongoing assessment of the out-of-home care providers or pre-adoptive parent’s service needs was conducted in order to ensure appropriate care for the child. (100%)
- If educational needs were identified, necessary educational services were engaged. (100%)
- Services effectively reduced or resolved the issues that interfered with the child’s education. (100%)

D. Opportunities for Improvement

The review also noted several opportunities for improvement. In the area of safety, the opportunities include:

- A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (0%)
A thorough initial family assessment was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks. (50%)

In the area of **permanency**, opportunities for improvement include:

- For cases in which an out-of-state placement was, or is being, explored for the focus child, a complete ICPC packet requesting a non-priority home study was submitted within the required timeframe. (0%)
- An inquiry was made to determine if the child was of Native American or Alaskan Native heritage (14%).
- Concerted efforts were made to maintain the child’s important connections. (20%)
- If a TPR petition was not filed, there were compelling reasons and an exception for not filing the petition documented. (33%)
- A TPR petition was filed or joined if the child was in out-of-home care for at least 15 of the last 22 months (60%).
- The child’s current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (67%)
- The parents were notified of all the child’s placement changes. (75%)

In the area of child **well-being**, opportunities for improvement include:

- The frequency of the service worker’s visits with all the case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child (13%).
- Concerted efforts were made to actively involve all case participants in the case planning process. (20%)
- Appropriate services were provided to address the child’s identified dental health needs. (33%)
- If the case involves a youth who has reached 13 but not yet 15 years of age and he/she is living in a licensed, out-of-home care placement, a pre-independent living assessment was completed that identified service needs and services were provided. (33%)
- The quality of the service worker’s visits with case participants was sufficient to address issues pertaining to the child’s safety, permanency and well being (38%).
- Concerted efforts were to support the mother’s engagement with services (50%).
- Concerted efforts were made to assess the child’s dental health care needs (50%).
- Informed consent was obtained for the use of psychotrophic medications when necessary to address the child’s mental/behavioral health needs. (50%)
- An ongoing assessment of the mother’s needs was conducted to provide updated information for case planning purposes. (57%)
An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes (33%).

An ongoing assessment of the children's needs was conducted to provide updated information for case planning purposes. (75%)

Concerted efforts were made to assess the child's educational needs. (60%)

The services worker communicated with service providers about the effectiveness of services for involved case participants. (63%)

Appropriate services were provided to address the child's mental/behavioral health needs. (67%)

The case plan helped achieve permanency (out-of-home care cases) and safety and stability (in-home cases) through appropriate tasks for the case participants. (75%)

Overall Safety, Permanency and Well-Being Standard 66:

Standard 66 is not included in the total score or within a specific realm of safety, well-being or permanency but is identified as an opportunity for improvement. The question is based on all the information reviewed, is it likely that the child will live in a safe and nurturing environment with his/her needs being met on a permanent basis during the next 12 months (75%).

The Federal CFSR also contains items related to supervisory reviews and case plans. Both of these items were rated within the area of opportunities for improvement.

- Qualitative supervisory reviews and follow through were conducted as needed and required (13%).
- The case record contained a current case plan (63%).
- The case plan specifically addressed visitation and other contact plans with all case participants. (67%)

E. Child and Family Services Review Comparison

The recently-completed CFSR summarized the preliminary findings of Florida's performance in the areas of safety, permanency, and well-being for children. The chart below documents the statewide rate of achievement toward the required level of 95% in these areas, with a differentiation between in-home cases and out-of-home (foster care) cases:
3. In-Depth Findings

A. Methodology
   There were two cases selected for in-depth review from the sample of eight cases. Both children selected were receiving licensed out-of-home care services.

B. Case Specific Interviews

In-depth case #1
The D.C. case involves a child, B.R. (age 14), who was sheltered on July 31, 2006. He was placed in foster care due to abandonment and substance abuse by his mother. The case was assigned to Case Management Organization Children’s Home Society (CHS). B.R. was placed in a licensed foster home during the review period. The child was not subject to any abuse reports during the period under review. There are no siblings in out-of-home care (see below). The mother has not completed her case plan tasks to include a substance abuse evaluation and outpatient treatment, and the goal has changed to Another Planned Permanency Arrangement (APPLA). The mother stated to the court that her son should remain in foster care and feels he will benefit from remaining in his current placement. B.R. has unsupervised weekend home visits with his mother. The father lives in Ohio and does not have any contact with B.R. and was undergoing dependency action concerning another child in Ohio (B.R.’s half sibling).

Interviews were conducted with the focus child, CHS Case Manager, Guardian ad Litem (GAL), mother, and foster parent, M.P.

On December 22, 2008, the CHS Case Manager, Kipling Crouch, was interviewed. Mr. Crouch stated he has been the only primary case manager for B.R. However, there was at one time a courtesy case manager because the child was placed in
another county. He stated there is no longer a courtesy case manager and he
travels from Okeechobee to Fort Pierce to conduct the home visits with the focus
child and the foster parent, M.P. Mr. Crouch stated he has involved the mother and
child in permanency staffings and all are noticed of court hearings. He indicated that
the mother, during the latest permanency staffing, indicated that she could not care
for the child and would not be able to complete her case plan due to some medical
condition that is prevalent in her family. Mr. Crouch indicated that the mother had
begun to complete her case plan and had received a certificate of completion for
drug classes. However, the mother relapsed and has been in and out of jail, moves
frequently and cannot maintain stable employment.

Mr. Crouch stated the child’s current case plan goal is APPLA. B.R. will apply for
the Road to Independence program when he turns 17. He will continue to receive
life skills training by the foster parent and has completed the required Independent
Living assessments. B.R. currently sees a therapist due to anger issues. The child
is invited to attend and participate in permanency staffings and court hearings. The
child is safe in his current environment.

Mr. Crouch completed the mother’s home study for the purpose of approving
weekend overnight visits; however, the background check revealed the mother had
a recent arrest for driving while her license was suspended. The court allowed the
mother weekend overnight visits to occur and the visits are occurring. Mr. Crouch
indicated the mother has a medical condition that requires in home care. He stated
that she has always been well meaning, but lacks the ability due to her medical
condition (condition unknown) to care for the child. Mr. Crouch said that he
continues to ask about other relatives that may be able to care for the child. The
mother states that there are no other relatives available on her side of the family to
care for the child at this time.

On December 16, 2008, the mother, D.C., was interviewed. The mother did not
want to discuss specifics of the case. She stated that she had not been informed
that a review was being conducted on the case. The mother stated that the child was
removed from her because she had “dirty urine.” She attended substance abuse
classes and complied with unannounced drug tests. The mother said that she did
participate in the development of the case plan. She stated that she had completed
the substance abuse evaluation and treatment but she took too long so the child
would remain in foster care. She stated the last time she saw her case manager
was about six months ago when he came to do a home study for weekend visits.
The mother said she could reach her case manager when she needed. The mother
stated that the only service she was continuing to receive was food stamps and did
not feel she needed any other services at this time.

On December 9, 2008, the focus child, B.R. was interviewed at his foster home.
The child stated he is 14 years old and will be 15 very soon. He was born in Ohio.
He loves to skateboard and play video games. He said school is “O.K”. He stated he
received a 78% on a recent language arts test. He currently has a B in math. He
indicated he loves living in his foster home. He feels safe and is very happy. When asked if there is anything he would like to change about his life, he said he would like to be with his mother and be happy. He stated that his mother and adult brother had drug problems in Okeechobee. He said his mother used drugs and left him alone for several days. He also indicated his father is deceased. When asked which father, he stated his biological father is currently involved in a child welfare case in Ohio. The child stated that he was referring to his mother’s husband (stepfather). He related that he has had no contact with his biological father, has had phone contact with his adult brother and sees his mother for unsupervised visitation on weekends.

The child stated that he recently went to the dentist and had 3 cavities filled, with one more cavities to be filled. He said he sees the doctor when he needs to, but felt he’s a healthy kid. He stated that he had been going to the court hearings. He has IL papers that he completed but stated it was just the assessment. He added the foster parent helps him with his every day stuff. The child stated he is a very good cook and knows how to wash his own clothes.

On December 9, 2008, M.P., foster parent was interviewed in her home. M.P. stated that the child is consistent with her placement preference. The foster mother relayed that she previously had two smaller children in her home, and although she was provided day care for them, she could not physically take care of them. When B.R. was placed in her home, the connection just clicked. She happily said that he is a very good fit in her home.

The foster mother stated that the positives in parenting a teen include being able to leave the home and know that the child knows what is expected of him while she is out. She stated she was not sure she would be able to have a social life, but has been pleasantly surprised by his discipline while she is not in the home. She trusts him and he knows how to contact her. She also stated that there had been some challenges. The foster parent indicated that the child is in therapy for anger issues. She stated the therapist was instrumental in talking through some of the challenges which are truly typical teenage issues. She stated, for example, his use of judgment and the fact that he hears what he wants to hear at times.

The foster mother indicated that she is invited to all his staffings and judicial review hearings. She stated she previously attended all of them, but now only attends when there is something significant to discuss. She has committed to maintaining the child in her home until he reaches age of majority. She stated she does voice her opinion when she thinks she needs to and is allowed by the case manager and judge to do so. She further stated she coordinates all medical, educational and mental health needs for B.R. and he is up to date with all his needs.

According to the foster mother, B.R. has a courtesy worker that came to see him on a monthly basis. She indicated that the courtesy worker does not spend quality time with B.R., but rather is in and out of the home fairly quickly. She stated that when Mr.
Crouch comes to the home he spends a lot of time with B.R. She also indicated that Mr. Crouch is very responsive to her requests. She relayed that she needed therapy for B.R due to his anger issues and that a referral was completed very quickly and therapy started immediately. She further indicated that the GAL has only seen the child at her home on one occasion. The GAL usually sees him in school.

The foster mother stated that the permanency goal of APPLA is appropriate, based on the child’s bond with his mother. She indicated that B.R. is very attached to his mother and has a great relationship with her. They had discussed adoption with him; however he had indicated that he did not want his mother to lose her parental rights, but understood that he could not safely live with her. The foster mother reported a prior miscommunication with the GAL, wherein she was not informed that the GAL was transporting the child to court. When she arrived home, she found the child was not there. Consequently, the foster parent indicated that she transports the child to all hearings if he wants to go. She stated that her concern with the child attending the hearings is that they are normally during school hours and the child cannot afford to miss school. When the child was first placed with her, his grades were “terrible”. B.R. has had a tutor and the foster mother makes him read every day. She stated initially he did not bother to do homework. She has been able to use incentives, such as going out to eat, to encourage good grades. She relayed that the child and she have a very good, respectful relationship. However, she did indicate that they do butt heads over music (he likes rap, she does not) when all else fails, they settle on country music.

The GAL, Robin Cheser, was interviewed on December 16, 2008. Ms. Cheser stated that the mother recently indicated that she is not going to complete her case plan tasks. Ms. Cheser stated that the child sees a therapist every three weeks in school or at home due to his anger issues. She stated that she gathers information regarding his progress. She is usually invited to staffings and hearings but did not attend the last permanency staffing due to miscommunication with the GAL case coordinator. Ms. Cheser said that in speaking with the child, the case manager, Mr. Crouch, does visit as often as the child needs and that those visits are very well conducted.

Ms. Cheser indicated that the goal of APPLA, with independent living, was appropriate due to the child not wanting to be adopted and having a very strong bond with his mother. She also stated that the child has indicated that once he reaches age of majority, he would like to move closer to his mother and brother in Okeechobee County. Ms. Cheser indicated that she does not really know about the medical and dental needs for the child but stated, “The foster mother is doing a great job with him.”

Ms. Cheser reported that there was a hearing on December 1, 2008, in which the mother had requested unsupervised, overnight visitation on the weekends. CHS was ordered to complete a home study but it was denied based on the mother’s criminal history. However, the court granted unsupervised visitation from Saturday noon to
Sunday noon every weekend. Ms Cheser stated that this past weekend was the first visit and it seems to have gone very well. She also stated he understands he cannot live with his mother and will not be reunified with her but wants to continue having a relationship with her.

**In-depth case # 2**
The A.L. case involved a child, A.N., (age 13). The child was removed from his father due to physical abuse on October 18, 2006, and placed in the Hibiscus Children’s Center. The father was arrested for Aggravated Child Abuse and the step mother was arrested for Child Neglect. The father was placed on probation for a year and was ordered to have no contact with the child. The biological mother of the child has informed the court that she is not interested in reunifying with the child. The child has not seen his mother since he lived with his father. The child had not seen his father since he has been in care but has received letters from his father through the child’s therapist. Due to behavioral and psychological needs of the child, a referral was made for a therapeutic foster care setting. The child was placed in a therapeutic foster home in Palm Beach County on May 27, 2007, and remained there until December 28, 2007. The move to another therapeutic foster home was necessitated because the foster parent felt that the child’s behavior was too disruptive for them to continue with him in their home. Another therapeutic foster home was located in Palm Beach County, where the child is presently placed. The current goal for the child is APPLA.

During the period under review, the child was not subject to any new report of abuse and/or neglect. Case Management Organization, CHS is assigned primary responsibility and courtesy supervision is in place in Palm Beach County provided by Alternate Family Care (AFC).

Interviews were conducted with the focus child, therapeutic foster parent, father, CHS Case Manager, and the focus child’s AFC therapist. Many attempts to interview the GAL, or staff person from the GAL’s office were made without success.

On December 10, 2008 the focus child, A.N., was interviewed. He stated that he is placed in foster care until he can go back home, and has been in foster care for about two and a half years. According to the child, he was placed in foster care because he was living in a “bad” environment. The child stated he loves to play musical instruments, and has been playing the French Horn for at least two years. The child is now looking into playing the Clarinet, as he likes how it sounds. His therapist is making arrangements to get a Clarinet for him.

A.N. has a younger sibling that resides with his mother. There has been no contact because the mother will not allow any visitation between the siblings. The child stated he used to live with his mother, but went to live with his father before being placed in foster care. He stated that he feels safe in his current foster home. The child said he is doing well in school. He is receiving bad grades in math; however, according to the child, he will work on it. The child stated he is not doing “horribly” in school, but he still needs improvement regarding test taking. The child states he
does see a doctor and dentist when needed. He stated he has been invited in the past to attend court hearings, but he did not want to go, and he thinks that was sometime during the year of 2007. The child stated he has never been to a staffing.

On December 12, 2008 the therapeutic foster parent, M.M., was interviewed. This is a level 2 Therapeutic Foster Home, so the placement of the child is appropriate because he can receive the type of supervision and services needed. There is only one other foster child residing in her home. The child is not younger than A.N. in accordance with Florida Administrative Code requirements. She stated that the child is showing “big” and “great” progress in school, regarding his behavior and grades. The child requires constant supervision because of his sexual and destructive behavior. If he is not constantly supervised he will do something. For example, in the past while in her home, A.N. has smeared feces in the bathroom, clogged up the toilet and scratched and ripped up furniture. The child’s safety plan states that his actions have to be monitored as a result of him making inappropriate comments and acting out inappropriately. The foster mother also provided an additional example of his inappropriate behavior. For example, if he is asked to sweep something, he will break the broom.

The foster mother states she is kept informed of court hearings and staffings by the courtesy case manager. She stated that she has not attended any of the court hearings concerning the child. The foster mother is also kept informed by telephone of any meetings or staffings by the CHS Case Manager, Jayla Thornton. She does attend staffings every three months, with AFC, the therapeutic foster care provider agency, to review the case. The foster mother also receives information from the child’s therapist about hearings and staffings, as well as the child’s mental health needs. The foster mother stated that the courtesy case manager, Shavon Rahming, is visiting the home at least once every three weeks and spends quality time with the child during the visits. Ms. Rahming speaks with the foster mother and with the child alone. She also stated that Ms. Rahming and Ms. Thornton are very responsive to any of her requests.

The foster mother stated that the child is doing fine in his current placement, with his current permanency goal of APPLA. The foster mother states that the child is a very smart kid. If Independent Living is an option in the future, he will be able to manage. The child is receiving therapy twice a week and also is seen by a Psychiatrist every month. She states the child is only thirteen years old, and has gone through a lot. At first he was having problems at school with peers, but that has now stopped. He is doing “good” in school, and there have not been any more complaints. She said she is always in touch with school officials and teachers, and his grades have gotten “much” better.

On December 18, 2008 the focus child’s father, V.D., was interviewed. He stated that the mother dropped the child off to the father in 2003, along with his medication for bipolar disorder. The father began experiencing problems with the child during this time. The child was hospitalized in the Center for Emotional Behavior in Vero
Beach. He also had numerous runaway episodes. The father said that the child was removed from his care due to allegations that the child was beaten with an extension cord. The father stated he was arrested for Aggravated Child Abuse and his current wife was arrested for Child Neglect. The father was placed on probation for a year and was to have no contact with the child.

The father stated that he does not have case plan tasks. He stated that he did everything that the court told him to do in order to reunify with his son. The father stated that he completed parenting and anger management, and indicated that he would not be off of probation if he had not completed them. He also stated that he did not participate in the development of a case plan. The father said that he has had only two visits from Jayla Thornton within the past year. The last time he saw her was October 2008. During the father’s last visit with Ms Thornton, they spoke about the father wanting the child back in the home. According to the father, he informed Ms. Thornton, that he thought the child would be returned to him once he was off of probation, and had completed the three week parenting class and twelve weeks of anger management. During this time, he said she also told him that the child’s therapeutic services would be completed sometime during the first quarter of the year of 2009. According to the father, he informed Ms Thornton that he wanted to talk to his son but she informed the father he would only be permitted to write the child letters. He did not understand why he is only permitted to write letters, when he’s done all that was required of him.

The father stated he does not need any more services and that he did not have any anger problems but rather he was just being a father. The father did say that the anger management and parenting classes did enlighten him. The father stated that the child is in need of intensive therapeutic care, similar to a hospital setting. The father stated that although the child is currently receiving therapy it is not helping. He feels that the child is manipulative, and at thirteen years old is “running the show.” The father stated that having to write the child letters is an example of how the child is being manipulative, and gaining control of the situation. The father stated that recently the child said that the letters his father is writing him are not good enough.

The father reported he can reach his caseworker when needed. The father also stated that the caseworker has provided him with stamped envelopes so that he can write to his son, returns his phone calls and has provided him with the contact information for the child’s therapist. The letters he writes are sent to the therapist, who reads them before giving them to the child. The father feels that the therapist wants his son to inappropriately continue to receive therapy in order to continue to get paid for services.

The father stated his son should be back home by now, and he has completed all requirements for him to return home. The father stated that the current foster home in which his is living, is the second foster home since A.N. was removed from his
care. He stated the child was removed from the first foster home because he was caught “messing” with a child.

On December 10, 2008, the child’s therapist, Marilyn Mee of AFC, was interviewed. The therapist stated that the child receives therapy twice a week, and is seen by the psychiatrist once a month. She stated she was provided adequate history and background information to be able to provide the proper treatment and services. The only problem the therapist encountered was when talking to A.N. about specific information he wanted to know where she got the information. He tended to try to refute the information rather than confront the issues.

Ms. Mee feels that based on the child’s past experiences and emotional problems, he should continue to receive therapeutic services. The therapist stated that the child has a connection to the program. The therapist has talked to the father about his son’s progress; however, the father does not participate with the therapy services for his son. Ongoing therapy is needed in regards to the child’s behavioral issues and destructive behavior. The therapist would like to have contact with the mother in hopes to engage her in the therapeutic services. Ms. Mee stated that the child would benefit from the School of the Arts, a Master School in which he is trying to enroll. Ms. Mee reported A.N. is an “incredibly” talented child. He writes reads and plays music, as well as writes poetry. The School of the Arts would foster/add to the child’s self esteem. She is concerned that he will be devastated if he is not accepted into the school. When she began working with A.N. her expectations for him were “limited”, and she was not sure of how far she could get through to the child to get him to open up. However, A.N. has exceeded her expectations. Although the therapist knows that he will lie, she still knows there is safety and trust between them. She stated the child has a history of great sexualized behaviors, and is now open in sharing information with the therapist in regards to how he handles his urges.

The therapist stated that the child’s foster parent is “very” engaged in services. The foster parent is a “perfect” compliment to the child, as she cares about him, and he has respect for her. The therapist stated that the child is in the right home. She feels that he should remain with the foster parent until he graduates. The only issue the therapist knows is that the child is in need of a passport because the foster mother would like to be able to take him with her when she travels out of the country.

On December 17, 2008, Jayla Thornton, CHS Case Manager for the child, was interviewed. She stated that she has been the assigned case manager since December 2007, a year after the case had been open. The mother’s location is unknown, and the case manager has never met with the mother. Ms. Thornton reported the child has had little to no contact with his mother since being removed from his father’s care. The father initially had a no contact order for at least a year, which was dismissed this year. The father is married and has another child. The father maintains contact with his son by mail. She provides him with pre-stamped envelopes to facilitate this communication. His letters are sent to the child’s
therapist before being forwarded to the child. Neither the mother nor the father has had their parental rights terminated. When the child was removed from his father's care, the mother wanted to surrender her parental rights to him. Parenting classes for the mother are a part of the case plan for reunification; however, the mother does not want to be reunified with the child, and has not participated in services, even though she initially signed the case plan. The father has “minimal” involvement in case planning activities, but has agreed to family therapy which has not yet been initiated. The father has also completed parenting and anger management through his probation, which were case plan tasks. He has also maintained stable housing and income. The case manager stated that according to the therapist, A.N.’s acting out is attributed to the intense therapy he is now undergoing.

Ms. Thornton advised she keeps the father informed of what is going on with his son. For instance, the father is aware that his son has been prescribed Concerta for his attention deficit hyperactivity disorder (ADHD) and has signed an approval for the medication. The father is also kept informed of A.N.’s educational and medical needs. The child is seen in the home, every month by the courtesy case manager in Palm Beach County. Ms. Thornton also keeps in contact with the foster parent, who will call her if there are any problems or concerns. She also stated that there is a safety plan in place which includes no young children being placed in the foster home. Ms. Thornton stated the child needs permanency whether it is to be reunified with the father or through adoption.

C. System Assessment:

The new QA plan requires each Community Based Care agency to be evaluated on the seven Child and Family Service Review Systemic factors by the end of the fiscal year 2008-09. These factors include Statewide Information System, Case Review System, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment, and Retention. See Attachment II for definitions.

A review of two of the seven systemic factors: Quality Assurance System and Agency Responsiveness to the Community was identified for the second quarter review period.

Quality Assurance System

The QA System must develop and implement standards to ensure the children and families served are provided quality services that protect the safety and health of the children. The Community Base Care agency must operate an identifiable QA system that is in place in jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.
Interviews regarding the QA System were completed with Christine Demetriades, Chief Executive Officer for UFF, Russell Kline, Director of Quality and Data Management for UFF, and Katheryn Basille, Community Alliance Member. The UFF QA Unit consists of three QA Specialists under the direction of the Director of Quality and Data Management. The activities include analysis of outcome and performance data, quarterly base case reviews (17), quarterly side-by-side case reviews (8) with the staff from Department of Children and Families Central Region’s QA Unit, customer satisfaction surveys, complaint monitoring and investigation, data reporting and monitoring incident reports, assisting in the preparation of corrective action plans and monitoring of the plans, and serving on various QA/QI teams. The unit monitors the progress of searching for “Missing Children”.

The UFF QA Unit also provides consultation to contracted agencies’ Program Managers and Dependency Case Manager Supervisors concerning the specific elements of providing quality services. The Program Managers and their staff use the information to evaluate their individual areas of responsibility and services provided. The unit also participates in child death reviews that involve a child who dies while receiving protective services. As a result of the reviews, they provide direct feedback to participants concerning best practices and identification of needed services.

The QA Unit conducts quarterly QA meetings with the contracted case management agencies. In attendance are Program Administrators, Case Manager Supervisors, Case Managers and UFF Program Staff. The results from the previous quarter’s QA reviews are discussed and corrective steps are suggested for further corrective action. Examples of best practices are presented and recognition of individual Case Managers is included in the meetings. Information gained from tracking and data reporting regarding incident reports, client relations concerns and issues found in individual death reviews are also presented.

The information gathered from all of the QA activities are also utilized in the development and revisions of policies and procedures. In-service training areas are developed and presented to case management, licensing, federal funding and other providers by the QA Unit or the UFF Program Staff.

The overall opinion of the interviewees regarding quality services for their children and families is not just a goal of UFF but rather an expectation. The QA program is an integral part of the organization from the Chief Executive Officer to the case managers and contract providers.

**Agency Responsiveness to Community**
The Community Based Care agency must engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family serving agencies and includes the major concerns of these representatives in the goals and objectives of the Children and Family Service Plan (CFSP). The Community Based Care agency must develop, in consultation with these representatives, Annual Progress
and Services Reports pursuant to the CFSP. The Community Based Care agency must services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

Interviews regarding UFF’s responsiveness to the community were completed with Christine Demetriades; Chief Executive Officer for UFF, Vern Melvin, Circuit 19 Administrator and Katheryn Basille, Executive Director of the Childrens Service’s Council of Saint Lucie County and also serves as a member of the Circuit 19 Community Alliance.

UFF has representation on numerous community organizations and committees such as the Chamber of Commerce, Junior League, Shared Services Network, Circuit 19 Community Alliance and Circuit 19 Juvenile Court Improvement Project. UFF operates a web site that provides information to the public, clients and providers. They also solicit comments and feedback with individual telephone contacts as well as an e-mail address.

UFF offers a behind-the-scenes look at its child-welfare system through its “If These Walls Could Talk” tours. Groups interested in learning more about local child welfare, can call and schedule a “If These Walls Could Talk” tour – a one-hour overview of UFF’s programs and services told through a mix of audio and visual props and two-minute presentations. The presentations were held in the local service centers but now are offered in locations chosen by the interested groups. The presenters are knowledgeable concerning all facets of the child-welfare system and can answer questions and concerns from the groups.

Organizations that are sponsored by UFF include the contracted provider network and the individual county foster parent associations. The concerns and suggestions from foster parents and the contracted service providers are discussed along with other informational items. During one of the contracted services meeting, the information concerning the overall cuts to the State of Florida contract for UFF was presented. After the consultation with this group, UFF decided to absorb the budget cuts themselves, thus sparing the contract providers’ services to the children and families.

There was a distinct perception reported by the individuals interviewed that over the last few years UFF has become a positive and respected entity throughout Circuit 19 through open and informative initiatives.

4. Requests for Action
   There were no Requests for Action generated during the Second Quarter UFF Side-by-Side Review.

5. Comparison of Side-by-Side Findings to Base Review Findings Overall
   The review findings from the 17 base and 8 Side-by-Side case file reviews are indicated below (Chart 1 below).
• The **Safety** Outcomes rated as an area of strength with the side by side review score of 84% and the base review of 90%.
• The **Permanency** Outcomes rated as an area needing improvement with the side by side review score of 58% and the base review score of 68%.
• Both Side by Side and Base Review **Child and Family Service Review (CFSR)** Outcomes rated as an area needing improvement with the Side-by-Side review score of 42% and the base review score of 53%.
• Both Side-by-Side and Base Review **Well-Being** Outcomes rated as an area needing improvement with the Side-by-Side review score of 54% and the base review score of 70%.
• Both Side by Side and Base Review **overall** scores were rated as an area needing improvement with the Side-by-Side overall review score of 59% and the base review score of 71%.

**Chart 1**

<table>
<thead>
<tr>
<th>% Yes by Outcome 2nd Qtr UFF Side-by-Side and Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Children age 11 or older)</td>
</tr>
</tbody>
</table>

The overall percentage of “Yes” responses for the entire sample of 25 cases for the first quarter is 63%. The areas of permanency; well-being and CFSR standards 20 and 21 have been identified as areas needing improvement in both the Side-by-Side and Base Reviews for the second quarter.

6. **Current Findings and Prior Performance Review Findings**

The first quarter case review sample consisted of children age 10 and younger as of the sample date and the second quarter review sample consisted of children age 11 and over as of the sample date.


During the first quarter, the Side-by-Side review Safety Outcomes was rated as needing improvement at 74%. During the second quarter Side-by-Side review Safety was rated as strength at 84%.

Both the first and second quarter Side-by-Side review Permanency Outcomes were rated as an area needing improvement with the first quarter at 61% and the second quarter at 58%.

Both the first and second quarter Side-by-Side review CFSR Outcomes were rated as an area needing improvement with the first quarter at 58% and the second quarter at 42%.

Both the first and second quarter Side-by-Side review Well-Being Outcomes were rated as an area needing improvement with the first quarter at 61% and the second quarter at 54%.

Both the first and second quarter Side-by-Side review overall scores were rated as an area needing improvement with the first quarter at 63% and the second quarter at 59%.

Chart 2 below provides a summary of the percent yes by outcome for the first and second quarter reviews.

7. Summary and Recommendations

- UFF will develop strategies in areas identified as opportunities for improvement in both the Base and Side-by-Side review and identify targeted review of cases in areas found to be deficient. Targeted reviews will include cases with children who
were in out-of-home care for at least 15 of the most recent 22 months or met other AFSA criteria for TPR.

Practice Trend areas identified as opportunities for improvement, which were also recommended as a result of the first quarter side-by-side review:

- **Maintaining Connections:** When a child is in out-of-home care, concerted efforts are required to ensure visitation between the child and his or her mother, father, and siblings, to maintain the relationships among them.
  - UFF will require all case management agencies to closely monitor the efforts being made to maintain the child's important connections to his or her neighborhood, community, faith, extended family, school and friends while child is in care.
  - It is recommended that UFF develop strategies that will emphasize the importance of maintaining the connections with families. Included in those strategies should be that an inquiry is made with the parents to determine if the child is of Native American or Alaskan heritage and documented in the case file.

- **Quality of Worker Contacts with Parents:** The service worker's contacts with the child, parents and caregivers are to be sufficient to ensure safety, permanency, and well-being, and promote achievement of the case plan goals.
  - UFF will require all case management agencies to ensure worker's contacts with the child, parents and caregivers address and document issues related to safety, permanency and well-being pertinent to the family during each home visit.
  - UFF will implement a tracking system to monitor the frequency of case manager visits with parents whose children are in out-of-home care.
  - As in the First Quarter review, it is again recommended that UFF incorporate in their training curriculum "the quality of case worker contacts" and the importance of providing accurate and thorough documentation of their visits with the children, parents and caregivers. The documentation of observations that describe the behaviors, appearance and living conditions should also be included in the training.

- **Quality of Supervisory Reviews, Direction and Follow-Up:** To ensure the completion of quarterly supervisor reviews and that the reviews are considering all aspects of safety, well-being and permanency and appropriate follow through.
  - UFF will continue training curriculum to address "quality supervisor reviews" that are sufficient to ensure safety, permanency, well-being and promote achievement of case plan goals for all case manager supervisors.
  - UFF will continue to require all case management agencies to utilize the "Mentoring and Modeling Quality" A Discussion Guide for Case Management Supervisors on a quarterly basis for 100% of the cases within their units. Use of this tool will ensure the improvement of supervisory reviews, documentation of quality discussions in FSFN and supervisory follow up with guidance provided.
- It is again recommended that UFF ensure Case Manager Supervisors discontinue the practice of repeating the content of the prior months/quarters supervisor review in subsequent reviews.
- It is again recommended that UFF ensure Case Manager Supervisors give due dates for all instructions given while ensuring they are followed or documented that the instructions are no longer necessary.

- **Engaging Parents in Case Planning**: To ensure case plan goals are current and there is communication with community service providers regarding case plan tasks.
  - UFF will analyze data from case plan tracking systems to determine root causes for the lack of parental engagement in the case planning process and develop a plan to address these deficiencies.
  - UFF will ensure that the parents, either through Family Team Conferencing or other documented means, are engaged both initially and on an ongoing basis to address their needs and services

**Practice Trend** area identified as opportunities for improvement during the second quarter Side-by-Side review:

- **Engaging Parents in Meaningful Decision-Making**
  - UFF will design and implement training to demonstrate methods of engaging parents of children in out-of-home care in making decisions about their children’s involvement in services and activities.
  - UFF will ensure that during quarterly supervisory reviews, case management supervisors emphasize the case managers’ engagement of parents in decision-making regarding their children.

Signed by:

**Traci Klinkbeil**
Regional QA Manager - Traci Klinkbeil 3/4/09

**Stephanie Weis**
Program Administrator – Stephanie Weis 3/3/09

**Jeanie Johnston**
Regional Program Manager – Jeanie Johnston 3-03-09
Attachment(s)
Attachment I

Attachment I provide a summary of the total responses from the review tool used in the Side-by-Side review, by individual review item:

<table>
<thead>
<tr>
<th>United for Families Side-by-Side Results</th>
<th>Total 1st qtr</th>
<th>Total 2nd qtr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question #</td>
<td>Question</td>
<td>% Yes</td>
</tr>
<tr>
<td>1.0</td>
<td>No child living in the home was re-abused or neglected. (applicable to in-home cases)</td>
<td>60%</td>
</tr>
<tr>
<td>2.0</td>
<td>The focus child was not re-abused or re-neglected. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>3.0</td>
<td>If a child was re-abused or re-neglected, immediate and ameliorative interventions were initiated on behalf of the child. (applicable to all cases)</td>
<td>100%</td>
</tr>
<tr>
<td>4.0</td>
<td>Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child's entry into out-of-home care. (applicable to in-home cases)</td>
<td>100%</td>
</tr>
<tr>
<td>5.0</td>
<td>A thorough initial family assessment was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks. (applicable to all cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>5.0.1</td>
<td>Caregivers' (if removed from)/parents' capacity to protect and nurture the child;</td>
<td>N/A</td>
</tr>
<tr>
<td>5.0.2</td>
<td>Observations of interactions between the child and siblings and household members</td>
<td>N/A</td>
</tr>
<tr>
<td>5.0.3</td>
<td>Emerging risk factors</td>
<td>N/A</td>
</tr>
<tr>
<td>5.0.4</td>
<td>Actions needed to address emerging risk factors; and</td>
<td>N/A</td>
</tr>
<tr>
<td>5.0.5</td>
<td>Implementation of a safety plan when needed</td>
<td>N/A</td>
</tr>
<tr>
<td>6.0</td>
<td>Completed service referrals were consistent with the needs identified through investigative assessment(s), and other assessments related to safety. (applicable to all cases) Life of Case</td>
<td>88%</td>
</tr>
<tr>
<td>7.0</td>
<td>The six-month family assessment was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging danger and services needs. (applicable to all cases)</td>
<td>50%</td>
</tr>
<tr>
<td>7.0.1</td>
<td>Changes in the family's condition or circumstances since the initial assessment that positively or negatively impacted the child's safety</td>
<td>75%</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>Yes %</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>7.0.2</td>
<td>Short and long-term implication of any changes in individual or family factors affecting family resources, strengths and/or protective capacities</td>
<td>75%</td>
</tr>
<tr>
<td>7.0.3</td>
<td>An assessment of new or existing identified risks to the child(ren) and the actions needed to ameliorate them</td>
<td>38%</td>
</tr>
<tr>
<td>7.0.4</td>
<td>An evaluation of signs of emerging danger and a plan to address them</td>
<td>50%</td>
</tr>
<tr>
<td>7.0.5</td>
<td>A review of the case plan goals met and remaining, and the plan to address any barriers that exist; and,</td>
<td>63%</td>
</tr>
<tr>
<td>7.0.6</td>
<td>Additional and remaining services needed to address and fully meet the case plan goals</td>
<td>88%</td>
</tr>
<tr>
<td>8.0</td>
<td>All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. (applicable to all cases)</td>
<td>57%</td>
</tr>
<tr>
<td>9.0</td>
<td>A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (Applies to cases involving post placement supervision, and where a child will be placed in an unlicensed [relative/non-relative] setting.)</td>
<td>100%</td>
</tr>
<tr>
<td>10.0</td>
<td>Concerted efforts were made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care. (applicable to in-home post-reunification cases)</td>
<td>100%</td>
</tr>
<tr>
<td>11.0</td>
<td>The child remained safe in his/her home after being discharged from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. (applicable to out-of-home cases)</td>
<td>0%</td>
</tr>
<tr>
<td>12.0</td>
<td>A multi-disciplinary staffing/assessment for placement planning was conducted before each placement to ensure the placement or move was unavoidable. (applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>13.0</td>
<td>The child's current placement is stable and appropriate to meet the child's needs with no apparent or significant risks or projections of disruption. (applicable to out-of-home care cases)</td>
<td>82%</td>
</tr>
<tr>
<td>14.0</td>
<td>If No was entered for #13, concerted efforts were made to identify, locate and evaluate other potential placements for the child. (applicable to out-of-home care cases)</td>
<td>50%</td>
</tr>
<tr>
<td>15.0</td>
<td>The child experienced no more than two out-of-home care placement settings during the period under review. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>16.0</td>
<td>If No was entered for #15, all placement changes were planned in an effort to achieve the child’s case goals or to meet the needs of the child. (applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>17.0</td>
<td>In cases involving a child in more than one licensed placement setting, an exit interview was conducted with the child when moved from one placement to another, and appropriate action was taken if the exit interview documented a concern. (applicable to licensed out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>17.0.1</td>
<td>An exit interview was conducted with the child when he/she was moved from one placement to another to discuss the previous placement experience.</td>
<td>100%</td>
</tr>
<tr>
<td>17.0.2</td>
<td>Appropriate action was taken if the exit interview documented a concern.</td>
<td>N/A</td>
</tr>
<tr>
<td>18.0</td>
<td>The parents were notified of all the child’s placement changes. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>19.0</td>
<td>The court was informed of the child’s placements and reasons for changes in placement. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>19.0.1</td>
<td>Number and type of placement</td>
<td>100%</td>
</tr>
<tr>
<td>19.0.2</td>
<td>Reason for the change in placement.</td>
<td>100%</td>
</tr>
<tr>
<td>20</td>
<td>Qualitative supervisory reviews and follow through were conducted as needed and required. (applicable to all cases)</td>
<td>25%</td>
</tr>
<tr>
<td>20.0.1</td>
<td>Reviews were completed quarterly</td>
<td>13%</td>
</tr>
<tr>
<td>20.0.2</td>
<td>Supervisor considered all aspects of the child’s safety, well-being and permanency; and</td>
<td>50%</td>
</tr>
<tr>
<td>20.0.3</td>
<td>Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.</td>
<td>38%</td>
</tr>
<tr>
<td>21.0</td>
<td>The case record contained a current (not expired) case plan. (applicable to all cases)</td>
<td>75%</td>
</tr>
<tr>
<td>22.0</td>
<td>The current case plan goal was appropriate based on the child’s, and family’s circumstances. (applicable to all cases)</td>
<td>83%</td>
</tr>
<tr>
<td>23.0</td>
<td>The case plan specifically addressed visitation and other contact plans with all case participants. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>23.0.1</td>
<td>Mother</td>
<td>100%</td>
</tr>
<tr>
<td>23.0.2</td>
<td>Father</td>
<td>100%</td>
</tr>
<tr>
<td>23.0.3</td>
<td>Child</td>
<td>100%</td>
</tr>
<tr>
<td>23.0.4</td>
<td>Caregiver (removed from)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>23.0.5 Between siblings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.0</td>
<td>The case plan helped achieve permanency (out-of-home care cases) and safety and stability (in-home cases) through appropriate tasks for the case participants.</td>
<td>80%</td>
</tr>
<tr>
<td>24.0.1 Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.0.2 Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.0.3 Child (if age 13 and older and involved in Independent Living)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.0.4 Caregiver (removed from)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.0</td>
<td>The services worker communicated with service providers about the effectiveness of services for involved case participants. (applicable to all cases)</td>
<td>63%</td>
</tr>
<tr>
<td>25.0.1 Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.0.2 Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.0.3 Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.0.4 Out-of-home Care Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.0</td>
<td>The child’s current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>26.0.1 Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.0.2 Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.0</td>
<td>If No was entered for #26, the location of the child’s current placement was based on the child’s needs and achieving the case plan goal. (applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>28.0</td>
<td>The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (applicable to out-of-home care cases)</td>
<td>50%</td>
</tr>
<tr>
<td>29.0</td>
<td>If No was entered for #28, there was clear evidence separation was necessary to meet the child’s needs. (applicable to out-of-home care cases)</td>
<td>50%</td>
</tr>
<tr>
<td>30.0</td>
<td>Concerted efforts were made to ensure visitation (or other contact) between the child and parents were sufficient to maintain or promote the continuity of the relationship between them. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>30.0.1 Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.0.2 Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.0</td>
<td>Concerted efforts were made to ensure visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings and it was of sufficient frequency to maintain or promote the continuity of the relationship. (applicable to out-of-home care cases)</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Concerted efforts were made to maintain the child’s important connections. (applicable to out-of-home care cases)</td>
<td>60%</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>33.0</td>
<td>An inquiry was made to determine if the child was of Native American or Alaskan Native heritage. (Life of Case - applicable to out-of-home care and court ordered supervision cases)</td>
<td>0%</td>
</tr>
<tr>
<td>34.0</td>
<td>If the child is of Native American or Alaskan Native heritage, the tribe was provided timely notification of its right to intervene in any state court proceedings seeking court ordered supervision, an involuntary out-of-home care placement or termination of parental rights. (applicable to out-of-home care and court ordered supervision cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>35.0</td>
<td>Concerted efforts were made to place the child in out-of-home care in accordance with the Indian Child Welfare Act placement preferences if the child was of Native American or Alaskan Native heritage. (Life of Case - applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>36.0</td>
<td>The mother was encouraged and supported to participate in making decisions about her child’s needs and activities.</td>
<td>33%</td>
</tr>
<tr>
<td>37.0</td>
<td>The father was encouraged and supported to participate in making decisions about his child’s needs and activities.</td>
<td>33%</td>
</tr>
<tr>
<td>38.0</td>
<td>For cases in which an out-of-state placement was, or is being, explored for the focus child, a complete Interstate Compact for the Placement of Children (ICPC) packet requesting a non-priority home study was submitted within the required timeframe. (applicable to out-of-home care cases)</td>
<td>0%</td>
</tr>
<tr>
<td>39.0</td>
<td>The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>40.0</td>
<td>If the child was in out-of-home care for at least 15 of the most recent 22 months or met other ASFA criteria for TPR, a TPR petition was filed or joined. (applicable to out-of-home care cases) Life of Case</td>
<td>0%</td>
</tr>
<tr>
<td>41.0</td>
<td>If a Termination of Parental Rights petition was not filed, there were compelling reasons and an exception for not filing the petition was documented.</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>100%</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>42.0</td>
<td>Appropriate steps were taken to identify and recruit an adoptive family that matched the child’s needs. (out-of-home care cases)</td>
<td></td>
</tr>
<tr>
<td>43.0</td>
<td>Appropriate steps were taken to process and approve an adoptive family that matched the child’s needs. (applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>44.0</td>
<td>If the case involves a youth who has reached 13 but not yet 15 years of age and he/she is living in a licensed, out-of-home care placement, a pre-independent living assessment was completed that identified service needs and services were provided. (applicable to licensed out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>45.0</td>
<td>If the case involves a youth who has reached 16 but not yet 18 years of age, and he/she is living in a licensed, out-of-home care placement, a plan has been completed and discussed with the child and services are/were provided. (applicable to licensed out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>46.0</td>
<td>An ongoing assessment of the child(ren)’s needs was conducted to provide updated information for case planning purposes. (applicable to all cases)</td>
<td>75%</td>
</tr>
<tr>
<td>47.0</td>
<td>An assessment for residential group care was completed when required. (applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>48.0</td>
<td>An ongoing assessment of the mother’s needs was conducted to provide updated information for case planning purposes. (applicable to all cases)</td>
<td>67%</td>
</tr>
<tr>
<td>49.0</td>
<td>Concerted efforts were made to support the mother’s engagement with services. (applicable to all cases)</td>
<td>67%</td>
</tr>
<tr>
<td>50.0</td>
<td>An ongoing assessment of the father’s needs was conducted to provide updated information for case planning purposes. (applicable to all cases)</td>
<td>100%</td>
</tr>
<tr>
<td>51.0</td>
<td>Concerted efforts were made to support the father’s engagement in services. (applicable to all cases)</td>
<td>50%</td>
</tr>
<tr>
<td>52.0</td>
<td>An ongoing assessment of the out-of-home care providers or pre-adoptive parent’s service needs was conducted in order to ensure appropriate care for the child. (applicable to out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>53.0</td>
<td>Concerted efforts were made to actively involve all case participants in the case planning process: (applicable to all cases)</td>
<td>43%</td>
</tr>
<tr>
<td>53.0.1</td>
<td>Mother</td>
<td>57%</td>
</tr>
<tr>
<td>53.0.2</td>
<td>Father</td>
<td>0%</td>
</tr>
<tr>
<td>53.0.3</td>
<td>Child (if developmentally appropriate)</td>
<td>0%</td>
</tr>
<tr>
<td>53.0.4</td>
<td>Out-of-home Care Providers</td>
<td>33%</td>
</tr>
<tr>
<td>54.0</td>
<td>The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child. (applicable to all cases)</td>
<td>25%</td>
</tr>
<tr>
<td>54.0.1 Mother</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>54.0.2 Father</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>54.0.3 Child</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td>54.0.4 Caregiver (out-of-home)</td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>55.0</td>
<td>The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being. (applicable to all cases)</td>
<td>38%</td>
</tr>
<tr>
<td>55.0.1 Mother</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>55.0.2 Father</td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>55.0.3 Child</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td>55.0.4 Caregiver (out-of-home)</td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td>56.0</td>
<td>Concerted efforts were made to assess the child's educational needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>67%</td>
</tr>
<tr>
<td>57.0</td>
<td>If educational needs were identified, necessary educational services were engaged. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>N/A</td>
</tr>
<tr>
<td>58.0</td>
<td>Services effectively reduced or resolved the issues that interfered with the child's education. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>N/A</td>
</tr>
<tr>
<td>59.0</td>
<td>Concerted efforts were made to assess the child's physical health care needs. (out-of-home care cases and in-home cases if relevant)</td>
<td>80%</td>
</tr>
<tr>
<td>60.0</td>
<td>Concerted efforts were made to provide appropriate services to address the child's identified physical health needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>50%</td>
</tr>
<tr>
<td>61.0</td>
<td>Concerted efforts were made to assess the child's dental health care needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>33%</td>
</tr>
<tr>
<td>62.0</td>
<td>Appropriate services were provided to address the child's identified dental health needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>N/A</td>
</tr>
<tr>
<td>63.0</td>
<td>An assessment(s) of the child's mental/behavioral health needs was conducted. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>67%</td>
</tr>
<tr>
<td>64.0</td>
<td>Appropriate services were provided to address the child's mental/behavioral health needs. (applicable to out-of-home care cases and in-home cases if relevant)</td>
<td>100%</td>
</tr>
<tr>
<td>65.0</td>
<td>Informed consent was obtained for the use of psychotropic medications when necessary to address the child's mental/behavioral health needs. (applicable to out-of-home care cases)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

This item is not included in the total score

| 66 | Based on all the information reviewed, it is likely that the child will live in a safe and nurturing environment with his/her needs being met on a permanent basis during the next 12 months. | 75% | 75% |

| Safety Outcome Total YES | 29 | 31 |
| Safety Outcome Total NO | 10 | 6 |
| Safety Outcome Total NA | 41 | 43 |
| Safety Outcome Total % YES | 74% | 84% |
| Permanency Outcome Total YES | 39 | 41 |
| Permanency Outcome Total NO | 25 | 30 |
| Permanency Outcome Total NA | 168 | 145 |
| Permanency Outcome Total % YES | 61% | 58% |
| Federal Child & Family Services Review Total YES | 11 | 8 |
| Federal Child & Family Services Review Total NO | 8 | 11 |
| Federal Child & Family Services Review Total NA | 5 | 5 |
| Federal Child & Family Services Review Total % YES | 58% | 42% |
| Well-Being Total YES | 50 | 56 |
| Well-Being Total NO | 32 | 47 |
| Well-Being Total NA | 110 | 96 |
| Well-Being Total % YES | 61% | 54% |
| Overall Total YES | 129 | 136 |
| Overall Total NO | 75 | 94 |
| Overall Total NA | 324 | 289 |
| Overall % of YES Responses | 63% | 59% |
Attachment II
Attachment II provides definitions of the seven CFSR systemic factors.

CFSR Systemic Factors Definitions

Statewide Information System
• The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Case Review System
• The State provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.
• The State provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.
• The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
• The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.
• The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child. (Item 29)

Quality Assurance System
• The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.
• The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Staff and Provider Training
• The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who delivers these services.
• The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.
• The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.
Service Array and Resource Development

- The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.
- The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

Agency Responsiveness to the Community

- In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.
- The agency develops, in consultation with these representatives, Annual Progress and Services Reports pursuant to the CFSP.
- The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

- The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards.
- The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.
- The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.
- The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.
- The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.