Utah's Division of Child and Family Services

Western Region Report

Qualitative Case Review Findings

Reviews Conducted

April 19-22, 2010

A Report by

The Office of Services Review, Department of Human Services

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I. Introduction

The Western Region Qualitative Case Review (QCR) for FY2010 was held the week of April 19-22, 2010. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Review partners included individuals from Fostering Healthy Children, Bureau of Internal Review and Audit, Wasatch Mental Health, Utah State University, Fourth District Juvenile Court, and a community volunteer. In addition, there were four out-of-state reviewers from Florida's Family First Program.

At the two kickoff meetings held during the review week, Western Region introduced the QCR reviewers to the theme they had selected for their QCR. The region had ascribed to the concept called "Kaizen," which is Japanese for "continuous improvement." In practice, it's the idea of empowering those people closest to a work process so they can participate in designing and improving it. "Kaizen" is also about spreading what you've learned throughout the system. Western Region will be living "Kaizen" throughout the coming year. They are committed to continuous improvement in the work they do in child welfare.

There were 24 cases randomly selected for the Western Region review. The case sample included 19 foster care cases and five home-based cases. Six offices in the Region had cases selected as part of the random sample, which included the American Fork, Delta, Heber City, Orem, Spanish Fork, and Provo offices. The case sample also included one case from the contracted case management services being provided by Wasatch Mental Health. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

Members from the Office of Services Review met with region staff on May 6, 2010 to review the preliminary results of the region's QCR. Preliminary scores, data analysis, and stakeholder results were reviewed with the region. Strengths and practice improvement opportunities were also presented.

II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

Appropriateness of Placement

- Three siblings were placed together in an adoptive home.
- Two brothers flourished due to the nurturing they received in the foster home.
- The placement was a good match for the child's heritage.
- ICWA issues were addressed and the tribe supports placement in a non-tribal home.
- The foster home was carefully selected and was a good match for the child because it was similar to the family home.

Engagement

- The worker had great engagement skills with the youth.
- The mother completed treatment because the worker engaged her and earned her trust.
- The worker kept the mother involved even though reunification services had been terminated.

Teaming

- The pattern of teaming was critical to managing competing primary and concurrent goals.
- Communication between the worker and team members was strong.
- There was an active, effective team that worked well together.
- Team meetings were held frequently.
- The worker had been having almost monthly family team meetings, which led to the team being cohesive.
- There were many team meetings and the worker went above and beyond to ensure that members could attend, such as picking the mother up from the State Hospital.
- The next team meeting was scheduled at the conclusion of the current meeting so everyone had plenty of advance notice of meetings.
- Because the team met regularly, mother was not able to triangulate team members.
- Team meetings were held at various locations to accommodate the participation of various members.
- The caseworker worked hard to get informal supports to team meetings.
- Because team meetings were held monthly, issues could be addressed before they had a chance to escalate.

- Maternal and paternal extended family members were included in monthly team meetings where they learned to trust each other and began using each other for respite.

Tracking and Adaptation

- The team helped the therapist adapt therapy as the child progressed.
- The team adjusted what they were doing based on information received at team meetings.
- When mother did not connect to her peer parent, a new peer parent was quickly assigned who was a better fit culturally for the mother.
- The worker almost daily tracked the progress of the parents as they went through services, especially drug treatment.

Plan Implementation

- A courtesy worker helped a parent find local resources and proved to be an invaluable contributor to mother's progress.
- The worker found a creative way to provide therapy in the home.
- Services were put in place quickly so there has been lots of progress even though the case has been open a short time.

Supports and Services

- The family had a good informal support system.
- A kinship provider had numerous supports to sustain the placement.
- A couple of TAL youths' former foster parents continued to support the youth although they had moved to independent living placements.
- A TAL youth had access to many supports such as ETV funds, WIA, and PELL grants.
- There were excellent drug treatment programs and Drug Court in the area.

Transitions

- There was a good transition from one foster home to another. There was some nice discussion and planning with the adoptive parents about steps to complete the adoption.
- The teacher the child will have next year was already attending team meetings in order to prepare for the transition next school year.

Caregiver Support

- The Resource Family Consultant was a support to the foster parents 24/7.
- The training received by the foster parents was excellent.
- Some foster parents had difficulty getting hold of workers because the workers either don't have cell phones or their voice mailboxes were full.
- The child and family met the foster parents before the placement was made so the transition went very smoothly.

III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Review in the Western Region was supported by a total of 12 interviews. There were six focus groups, which included DCFS caseworkers, DCFS Senior Assistant Caseworkers, DCFS Program Managers, Region Administration Team, Wasatch Mental Health, and the Quality Improvement Committee. There were also individual interviews with a Guardian ad Litem, Assistant Attorney General, Foster Parent, House of Hope, Juvenile Court Judge, and the DCFS Western Region Director.

The information from the stakeholders' observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted. Each comment section is organized in two groups— community partner interview comments and DCFS interview comments.

Collaboration

A. Community Partner Interviews

- There is good collaboration between mental health, DCFS, Juvenile Justice Services (JJS) and the juvenile court through the multi-agency staffings. There is a genuine interest in putting the needs of children first. The budget has been an issue, so each of the agencies has to get more creative.
- Representatives from the county mental health agency participate as committee members on the Region Adoption Committee (RAC) and the region's residential placement committee. They consult, review assessments, help select appropriate placements, review subsidies, and provide clinical input.
- The county mental health agency participates in the DCFS 24-hour staffings, which has been helpful in getting mental health involved early in the cases.
- Good collaboration occurs within the judicial district. The district has great people interested in improving the system. The various agencies come together weekly at the court to staff cases. One of the strengths of the district is the way all the various players work together. Everyone has the attitude, "They are all our children," whether DCFS, JJS, or mental health. Everyone is willing to come to the table to put a plan together to meet the needs of the family.
- The Court Improvement Project (CIP) has worked on developing better collaboration between DCFS, JJS, juvenile probation officers (PO), and mental health. More collaboration between agencies results in better communication and increased understanding. The PO's have often been working with the family for a while and can identify some of the family dynamics and issues that are contributing to the family's current situation.

- The Strengthening Families parenting program has been very successful in helping reunify families. It is a whole family parenting program. Mental health and DCFS workers were trained to administer the project. They use the mental health facility for the program and then both mental health and DCFS staff facilitate the program.
- There is an interest among the various agencies in collaborating and working together. There is an annual training with various agencies and stakeholders that helps everyone learn more about each other, fosters better coordination, and reduces duplication of services. For example, DCFS has trained JJS on how to do family team meetings.

B. DCFS Interviews

- The region has focused on enhancing their relationship with the county mental health agency. Mental health currently has six workers that are helping DCFS with case management services. The plan is to increase that total to nine case managers from mental health. It has been a nice collaboration between DCFS and mental health.
- The region is working with interns coming out of the surrounding universities. They are recruiting interns to help with the casework. It helps the intern and assists with some of the workload. Supervisors are beginning to recognize how interns can be helpful. Interns that speak Spanish help out with the Spanish speaking community that is growing in the area.
- The region started the year with 550 children in foster care and has since reduced it down to 508 due to the partnerships they have established. The population in the area has gone up considerably in the last year, but they are still down in the low 500's, which demonstrates the positive impact of collaboration.

Working Relationship

A. Community Partner Interviews

- The partnership between DCFS, the Department of Health, and foster parents has been strengthened. Foster parents receive regular emails, updates, contact, and power point trainings from the health care nurses, which is very helpful to foster parents.
- There is still a good working partnership between DCFS and the school district. The YIC mentors are a good monitoring tool for youth that are in custody. It would be good if the school mentors could continue to follow a child after the child transitions home for a trial home visit.
- One private provider reports that caseworkers are always open to questions or concerns. DCFS is very responsive to them. Caseworkers are receptive to the program's guidelines and are good about sharing information.
- The Guardians ad Litem have a collaborative working relationship with DCFS. They participate in subcommittees such as the Child Welfare Interagency Council.
- The county mental health agency enjoys a good working relationship with DCFS intake and CPS. They are always willing to staff cases and answer questions.

B. DCFS Interviews

- DCFS has established a good relationship with many of the elementary and junior high schools. Schools are now driving some of the involvement with DCFS. They are approaching DCFS about families that are struggling that would benefit from short-term family preservation type services.
- The region has been doing Immersion Day presentations for three years. The focus this year was on the Latino community. They had professors and interns come in and share information about resources and services for the Hispanic community. It has helped the Hispanic community be more comfortable when DCFS knocks on the door.
- More requests for DCFS services are coming in through the schools and juvenile probation. Not as many referrals have to go through the CPS intake process. The community is becoming more aware of the teaming process that is helping families. The services are perceived as more helpful and not as threatening.
- Region administration is encouraging judges to become part of the region's team. It is slowing the flow of cases that are being court ordered into foster care for issues not related to abuse or neglect. Instead, DCFS offers to go out and provide voluntary services. Judges are willing to meet with AG, GAL, and DCFS to try to figure out how to best meet the needs of the family. This has contributed to the declining trend in children coming into foster care.
- The region is working with one of the local church groups on teaming together with families that are involved with their congregation.
- The region has monthly in-service trainings that community partners participate in. Half of the participants at the last training were DCFS employees and half were community partners.
- Region administration continues to strive for more community involvement in child welfare work.

Communication

A. Community Partner Interviews

- For the most part, DCFS has very diligent caseworkers. They are diligent in having family team meetings and communicating with the families.
- If communication isn't taking place between DCFS and the legal partners, it is a barrier. Some workers are much better at communicating and other workers keep the attorneys out of the loop. Some workers will call with information that is two weeks old and that delay can be a problem because there are things that could have been done, such as getting back into court, if the information had been provided timely.
- The Guardians ad Litem try to always attend the family team meetings so they will have the current information. Workers try for the most part to keep them informed and updated. Periodically there is a caseworker making decisions without collaboration.
- Public defenders are often left out of the loop. When information is provided to the other legal partners, then the information is obligated to go to the public defender. DCFS could do better at sending family team meeting notes to public defenders.

- Overall in the region, there is great communication amongst the agencies such as mental health, DCFS, legal partners, court staff, and judges. There is a quarterly meeting where all the agencies meet with the judges and address any issues they want to bring up. As a district they try to come up with one or two goals to improve some part of the system.
- DCFS is not getting much in the way of media coverage for child welfare related issues. The Quality Improvement Committee (QIC) continues to work on making the media aware and working on more positive media attention. There is a new Spanish newspaper in the area so they are planning to check that option.
- QIC members share information and resources with each other when they hear there is an unmet need.
- Communication is one of the bigger issues for private providers. Some communication lags. Workers give the program their cell phone numbers. Workers call back, but sometimes there is a need to get hold of them immediately.
- The legal partners do not like to get surprises. If there is a placement change, serious problem, or injury, the legal partners need to know. It is usually not a problem due to their working relationship.
- Getting timely court reports had been a problem for years. Legal partners would usually receive the reports the same day as court. Now court reports are being emailed to all the legal partners. Now about 80% of the court reports are sent out timely so they have a chance to review them prior to the court hearings.
- DCFS and mental health have a quarterly meeting with the focus of the group being directed at issues of communication between the two agencies. They have a system of resolving problems quickly through very open communication. All it takes is for either agency to send an email, then neither party is hesitant to get together and work out any issue.
- One of the biggest barriers to communication is the four-day work week. Mental health often has a crisis on Fridays and it is too difficult to get hold of DCFS. If they have a big CPS issue Thursday morning, they know it won't be dealt with until Monday. DCFS staff are trying to finish everything they need to do before the weekend so it is hard to get hold of them on Thursdays. The biggest issue is new cases or issues that come in on Thursday afternoon or Friday.

B. DCFS Interviews

- For many caseworkers, this is a thankless job. The clients don't thank you because they don't want DCFS in their life. It would be nice to see a report that indicates, " You are doing a good job." Some workers hear that a lot from their supervisors who are quick to compliment. For some workers, the only thing they hear from administration is negative comments or telling them they need to get caught up on their work.
- Workers often complete surveys and participate in focus groups, but nothing changes. They don't see any benefit from providing their input.

Services

A. Community Partner Interviews

- DCFS contracts with the county mental health agency for Family Preservation services. Family Preservation services are used to help prevent the removal of children. The family preservation workers do assessments on situations that don't warrant a CPS investigation.
- The court district has a strong drug court team. Parents with drug and alcohol issues are encouraged to participate in drug court due to the increased likelihood of success and reunification. The parents usually get their children back sooner.
- DCFS has a great Transition to Adult Living (TAL) program. Despite the great services, some youth get to the point that they will not let the system help them. They just want to be out of the system once they are 18 years old. Many of these youth are not successful after they emancipate.
- State statute doesn't allow a child to be removed from the home on grounds of truancy only. When one judge places a child in DCFS custody after coming to the court's attention for truancy, it is because other major family problems were discovered.
- There are a lot of youth coming into the system through delinquency proceedings. Now an Assistant Attorney General (AAG) attends the multi-agency staffings (MAS) to help evaluate cases at the onset. Often the focus is on the youth. The AAG helps assess any parenting issues that may be contributing to the problem so they can also be addressed by the court.
- There is a clinical team that is being used to do risk assessments for some specific youth that are coming to the attention of the court. The purpose is to give the judge some additional information to help make more informed decisions regarding what services or level of intervention would be appropriate. This approach is much different than what a CPS investigation would do. Another time it can be helpful is when a non-custodial parent approaches the court about getting custody and the judge and other legal parties need additional information to determine if approving the request would be appropriate.
- The Child and Family Plans need to be improved. The plans can be confusing to legal partners and families. Having a more direct, concise, simple list would be more helpful. The current format is too long and cumbersome.
- One area that needs attention is disrupted adoptions. For example, one day at the MAS, 10 cases were staffed. Eight of the ten cases were disrupted adoptions. More needs to be done in regards to private adoption agencies that allow families to do things like adopting 10 special needs children.
- The QIC has a Mentoring Subcommittee that is focusing on older youth needing mentors. In the past, it was often college students who would mentor short-term and then move on. The goal is to use that same model but have mentors that can be involved more long-term. Their goal is 50 mentors and they currently have 35 in less than a year.
- The QIC's Community Awareness Subcommittee is putting an Immersion Day together. One local mayor is planning on participating and holding a press conference. The mayor will proclaim May as "Foster Care Month." They are inviting the community, community leaders, religious leaders, media, and community partners. The motto for the Immersion Day is, "It takes a Village."

- The QIC's Structured Solutions Subcommittee is working on recruiting and supporting structured foster homes. The structured homes in the area are getting more difficult children that are stepping down from residential levels of care. With the Medicaid unbundling, the region anticipates needing more structured foster homes. For foster parents, taking very difficult children can create burnout. The concern is if they lose a structured home, where will they place the children? They are recruiting "relief home parents" that will go into the foster home and learn how the foster home runs and the rules. The hope is that at some point, the relief parent will be able to come into the home and allow some time away for the foster parents as a break to get refreshed. It won't require another home be licensed and it can keep the foster child in their home and in their normal routine during the respite. There are currently 42 structured foster homes in the region. The goal is to identify and train 15 relief parents. At this point, they have six individuals that have expressed interest. Another project for the committee is putting a "crisis home" together that can be a resource for foster parents and youth who are in need of a temporary break from a stressful situation in the foster home.
- Initial court petitions are becoming more difficult to resolve. Parents are not recognizing what they did wrong and are unwilling to get into services. Some of the parents have hardcore underlying issues. There have been more trials in the last six months than ever before to resolve petitions. This makes the process more contentious. When the court orders interim services while the petition is being adjudicated, the worker has to have a plan completed within 60 days. It creates a difficult and awkward working relationship between the worker and family due to the contentious start of the case. They can lose up to two months of an eight-month reunification period trying to get the petition adjudicated. When they do mediations, they are able to successfully mediate about 70% of the time.
- DCFS always seems to be concerned and invested in their clients. They are aware of what is going on with their clients. They are concerned about the welfare of the children.
- There is an increase in the number of children disrupting from foster homes because they are difficult youth and DCFS was not willing to place them in a residential program. It impacts the foster family and the other foster children in the home. These situations highlight the system's lack of an intermediate level of care.
- Mental health is seeing some adopted children coming in with their parents saying they can't deal with their adopted child and the parents are wanting to give up. Some are out-of-state adoptions such as from California. There is a need for more post-adoption services.
- It is difficult to put a foster family in a situation where they are expected to be 100% committed to reunification and 100% committed to adoption.

B. DCFS Interviews

- At multi-agency staffings, cases are reviewed with JJS, DCFS, and mental health for placement. When youth don't meet the standards for JJS, the children are ordered into DCFS custody.
- Cases that come in on delinquency don't have the same permanency timeframes as cases coming in on abuse and neglect.

- The region is working very closely on managing the out-of-home placements. They are looking for ways to step youth down out of high cost care. They have made great strides in stepping children down from residential placements.
- The region is creating a clinical team to help workers that are having a difficult time. On really difficult cases, they are assigning a clinical person to assist with the case. Some are caseworkers that feel like they have done all they can and are not sure how to best help the family at this point. They will be able to work with the workers from a clinical intervention perspective. This will be helpful as caseloads continue to rise and stress continues to increase. It will be helpful for the overall health and well-being of the workers.
- A second clinical team is being developed to work with families. The goal of the group is to work with youth to try to keep them in their home, particularly on delinquency cases. Judges are even asking clinical staff to do assessments and come back and report to the court to assist the judge in making more informed decisions.
- Decisions made by state legislators directly impact the work. Legislators don't understand what caseworkers do. The federal government also dictates a lot of changes that negatively impact the workers. There has been very little change that assists with the work.
- Casework is about spending time with the families, yet the majority of caseworkers' time is spent doing paperwork. When they have a lot of cases resulting in a lot of paperwork, workers see less success.
- Many of the paperwork requirements are redundant and do not add value to the process. For example, much of the information in the Child and Family Assessment (CFA) is already found in the court reports. The case activity logs and family team meeting notes are a better way to get familiar with a case as compared with the CFA. The document is not helpful to workers. Another example is the Child and Family Plan and summary, which are redundant. The summary helps the clients, but then all the other verbiage gets tossed into the plan document, which confuses the clients. Other documents that are time consuming but that many workers do not consider useful are the risk assessment, immediate risk assessment, termination summary, and home-to-home book. Too much required paperwork is taking time away from casework.
- There is a committee that reviews every funding request from staff as part of the effort to stay on top of resources. Some workers feel the way the region funding committee works is subjective. There is no rhyme or reason as to why some workers get their requests approved and others are denied.
- Judges are bringing children into foster care for truancy issues. Truancy is not a safety issue. This should be a truancy court issue, not a DCFS issue. DCFS is hoping the clinical team can be a resource to help assess what the problem is without ordering the child into custody. Sometimes probation officers use DCFS to threaten parents to comply with probation agreements.

Teaming

A. Community Partner Interviews

- Each court now has a full-time public defender assigned to the court. Now the public defenders have more time and are more accessible to their clients. If there is a problem, public defenders want to attend the family team meeting. One public defender requested that a family team meeting be set up to problem solve some issues before the next court hearing. Legal partners are seeing some very positive problem solving as a result of good teaming.
- Foster parents love getting the whole team around the table and tracking everyone's progress. They have an opportunity to be heard in the team meetings. The foster parents know exactly what is going on with the case when they participate in the teaming.
- One private provider feels like part of the decision making process in working with DCFS. They have been involved in a lot of family team meetings over the years. They prefer to have the therapist and child program director attend the family team meetings. DCFS gives their input a lot of credence. This is particularly true with the family drug court program.
- Family team meetings are utilized regularly on most cases. Legal partners are unable to attend every family team meeting. When they do attend, they feel like their voice is heard. The strengths and areas for needed improvement are addressed in the team meetings. The legal partners usually receive a copy of the family team meeting notes.
- Mental health is not invited nearly enough to family team meetings. If the child is in therapy and foster care and transitioning to adoption, the therapists are usually not there and involved in that planning.
- Issues that the families need to resolve are being addressed in the family team meetings.

Resources

A. Community Partner Interviews

- The Medicaid changes are very concerning and are going to be a big issue. Some of the children are very challenging and need specialized placements; for example, young sex offenders or youth with severe mental health issues that are a danger at home. There will be no placement options for them. A lot of residential facilities will no longer be qualified to provide services. This will make it difficult to keep some youth in safe treatment environments, which may result in youth being placed in a less structured setting with other youth, which will be counterproductive.
- There is a need for more resources for post-adoption services. Many kin are being licensed as foster parents so that if they adopt, they will get a larger subsidy.
- The biggest challenges for the next 12 months are going to be the limited resources and tightening of the belt. There used to be a slush fund to help clients with expenses such as car repairs or getting a child into therapy, but that has ended.
- Housing is a huge issue because there is not much available and there is a long waiting list. If the children are in custody, it is not as big an issue as compared with in-home cases when housing depends on the parents' resources that are often non-existent. In reunification cases, it makes it more difficult to return the children when the parents have no job and no housing due to the economy. When the parents complete residential

programs, housing is one of the primary challenges for the parents. DCFS had reunification vouchers, but they have gone away. Section 8 vouchers have been unavailable for 6-9 months.

- The reduction in treatment services is a huge challenge. DCFS cannot pay for as much as they use to. Treatment facilities have cut back and there are waiting lists. Having a substance abuse issue and having to wait three months to get into treatment significantly impacts outcomes. The barrier becomes an issue in meeting the reasonable efforts standard because the parents are not responsible for the delay in services.
- Legal partners recognize the constraints DCFS is under. The legal partners know that workers have to take any requests for funding before a committee. The workers have to tell the judges they will check into a request before committing to pay for a service or evaluation.
- The budget negatively impacts some of the projects that the QIC puts together such as the Immersion Day. The committee is unable to use funds for food, even if the money is available. It is difficult when you are inviting community partners for a three to five hour presentation for conferences like the Immersion Day and then you can't provide any food. Committee members donate food items, but there gets to be a limit to that. The committee is doing okay without being able to buy lunch for committee meetings, but it is difficult for other projects.
- It is important for the state and DCFS to not cut adoption subsidies. Things are already pretty bare bone.
- Legal partners worry about the lack of resources. DCFS is unable to do for families what they used to do. DCFS is stretched due to losing workers. Families need services that they probably won't be able to access. This jeopardizes the legal case and reasonable efforts, particularly in termination cases. If they need to terminate parental rights and are not able to terminate, it will result in inadequate permanency for the child.
- There are fewer and fewer resources for drug treatment. There is a longer waiting list for residential treatment.
- DCFS bends over backwards to do their work with the resources that they have.

B. DCFS Interviews

- The region has lost several positions during the course of a year from budget cuts. They have lost two supervisors, four caseworkers, and one senior assistant caseworker. The region is currently down seven workers due to not being able to fill vacancies. The last time the region hired a new employee was in October.
- The unbundling of Medicaid is a huge concern. Workers keep getting mixed messages on that. They are worried about youth residing in high cost care. They are concerned about the youth's safety as well as the community's safety. Workers are very stressed about where they are going to put some of the youth that are very difficult to manage.
- If the workers are not provided with the resources to meet the expectations, then it is an administrative issue. Workers are not able to say, "I did the best I could," and be okay with the gap between resources and what the family needs. It makes them feel like they are set up to fail. It produces burnout.

- The region initiated the use of ankle monitors as an effective tool for youth that constantly run from their placement. The monitors allow the youth to stay in programs rather than escalating to more expensive higher levels of care. The region had to work around state contract rules in order to help make that happen, which resulted in them getting some negative feedback from the state contract office. The state office is too far removed from the work to understand the benefits of the process. The state contract issues have been a barrier for the region. The other challenge is to keep the judges from misusing their ankle monitor resource. They want to preserve the resource for children who have been abused or neglected, not delinquency cases.
- There are a lot of workers looking for other employment, but due to the economy and no other options, they are sticking around. The fear is, as the economy gets better, workers will leave and they will not be able to replace them.

Workload

A. Community Partner Interviews

- Community partners anticipate that DCFS will experience some additional cuts. Because of the region's high caseloads, they may see fewer cuts, but caseloads will continue to increase. Burnout will still create turnover. Workers will become less and less available. Some workers are staying due to having no other options due to the economy.
- Caseloads are extremely high. There is a need for more caseworkers.

B. DCFS Interviews

- There is a need to change the caseload standard to a reasonable caseload size. The way to do that is get more workers. The workload is increasing because the needs in the community are increasing.
- When someone goes out on medical leave or maternity leave, the remaining workers have to absorb their cases. There is usually someone on leave. It's hard for workers to take time off because they feel guilty. They worry about who is going to cover for them. If they take time off, they come back to a mess. If they try to take a vacation, they end up putting in a lot of extra hours before to get ready and then put in a lot of extra hours when they get back.
- Priorities for the week are often driven by reports sent down from the state office saying what is overdue. They have had to prioritize when it is not possible to get everything done. There is a lack of leadership from the state office because there should be more open discussion about what priorities must be met so that region administrators are not at risk for helping workers prioritize and then some items go overdue. The expectations need to be tied to the caseworkers' caseload size. There is no sense of support from the state office that gives them the impression that the state office knows where the region is at on the workload issue.
- Supervisors are under the same stress as workers. They are dealing with workers' stress and then dealing with administration, so they get it from a couple of sources. More expectations keep getting added to the work, the concept of "one more thing." There is a need to have some expectations taken away when new things are added.

- The region has great workers that take pride in their work. Workers put pressure on themselves, and then they get pressure from the families, court, community, legal partners, state office, and administration. It gets to be too much.
- For supervisors, there are some things that could be eliminated; for example, the monthly case checking requirements of reviewing two cases per month per worker. It is difficult to do, particularly when they are carrying cases. They don't want to approach workers about it because of all the stress already on the workers.
- Supervisors don't feel any support in giving workers permission to not worry about any specific expectations to try and meet the workload. For example, they tell workers to do their visits but don't stress so much about documentation, but then they get a report saying their team has the most overdues which makes them feel terrible.
- Many workers are working two jobs due to the low pay. Some workers qualify for public assistance programs. Workers are not given the appropriate amount of financial compensation, so they should at least be given a reasonable caseload. Workers take their job home with them and end up with sleepless nights once in a while. The state needs to allocate more funds to the Division, which includes pay increases for workers.
- In some ways, the region is in survival mode. The workload on staff is high. Trainers and supervisors are carrying cases to help with the load. They are trying to look at ways to reduce caseloads while providing the services that the families need to be able to successfully transition out of DCFS services.
- For region administration, caseload size is key. They need to do whatever is necessary to keep the workload at a manageable level. Making the job doable needs to be a focus.
- Staff totals are heading back to pre-lawsuit days. The level of service cannot be maintained at the current levels. They worry about workers' stress, particularly for those carrying 20+ cases. Workers are asked to do more cases but with no overtime. There are new requirements added, but no expectations are removed. When new things are added, they just add to the load but don't make things more efficient. The expectation is to do the same level of work with fewer resources.
- When the lawsuit ended, funding started going away and worker positions started going away. It feels like they are trying to see how big of a caseload they can give workers with as little expense as possible.
- They are recruiting interns to help with the casework. It helps the intern and helps with some of the workload. Supervisors are beginning to recognize how interns can be helpful.
- The JJS partners have been trained in practice model. JJS administration has recognized DCFS' caseload issues and as a result tries to take some borderline cases when they come to the table at the weekly multi-agency meeting.
- Region administration continues to work on ways to support employee recognition when there is no funding for incentives or awards. Administrators often donate money from their own pocket towards a token of recognition for workers that go above and beyond and achieve some really good results.

IV. Child and Family Status, System Performance, Analysis, and Trends

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

1: Completely Unacceptable
2: Substantially Unacceptable
3: Partially Unacceptable
4: Minimally Acceptable
5: Substantially Acceptable
6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

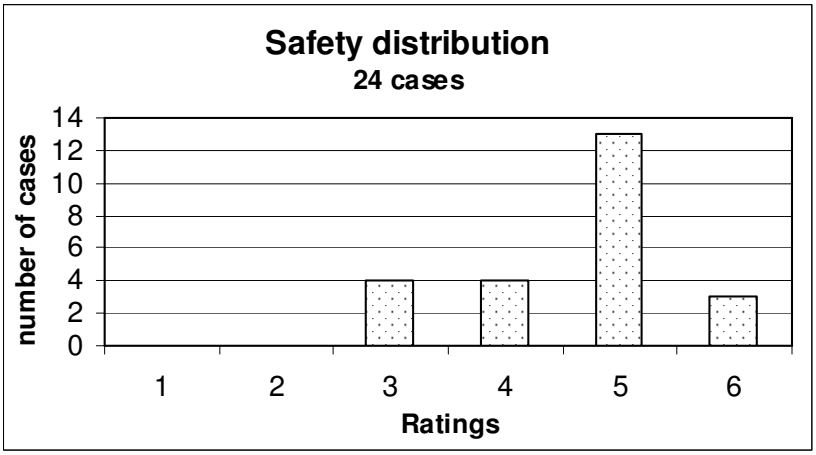
Western Child Status	# of cases (+)	# of cases (-)	Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	**FY10 Current Scores**	**Trends**
Safety	20	4	83.3%	92%	96%	91%	83%	**83%**	
Stability	17	7	70.8%	75%	79%	65%	63%	**71%**	
Approp. of Placement	24	0	100.0%	92%	100%	87%	88%	**100%**	
Prospect for Permanence	17	7	70.8%	58%	83%	61%	54%	**71%**	
Health/Physical Well-being	24	0	100.0%	100%	100%	100%	96%	**100%**	
Emot./Behavioral Well-being	22	2	91.7%	92%	92%	87%	91%	**92%**	
Learning Progress	22	2	91.7%	92%	79%	83%	83%	**92%**	
Caregiver Functioning	20	0	100.0%	84%	100%	100%	94%	**100%**	
Family Resourcefulness	6	4	60.0%	58%	71%	54%	67%	**60%**	
Satisfaction	21	3	87.5%	88%	88%	96%	87%	**88%**	
Overall Score	**20**	**4**	83.3%	**92%**	**96%**	**87%**	**83%**	**83%**	Status Quo and below standard

0% 20% 40% 60% 80% 100%

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

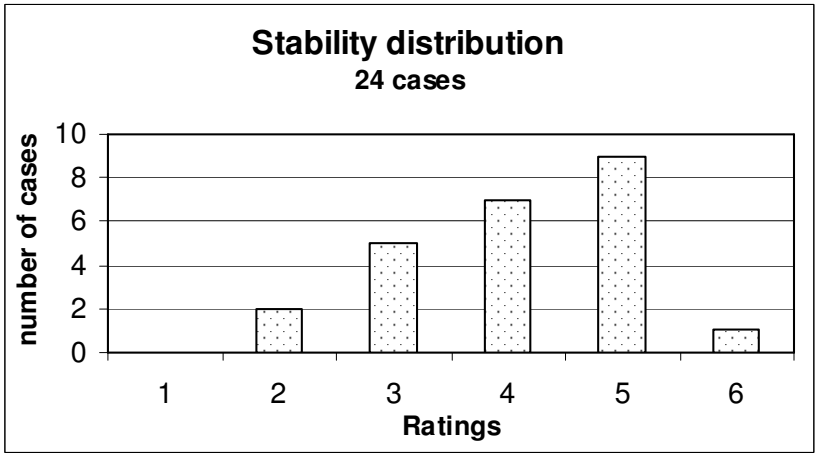
Findings: 83% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

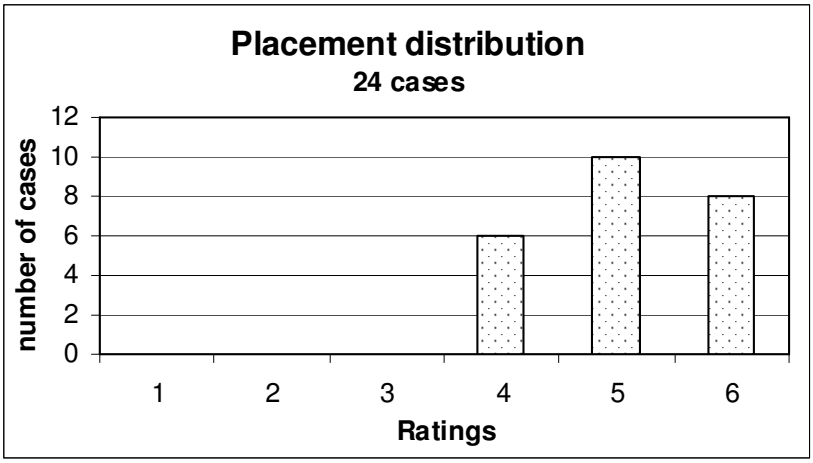
Findings: 71% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 63%.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

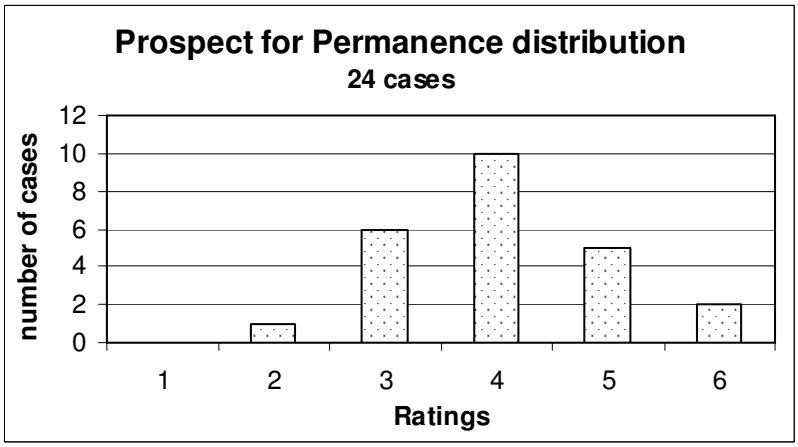
Findings: 100% of cases reviewed were in the acceptable range (4-6). This is a significant increase over last year's score of 88%.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

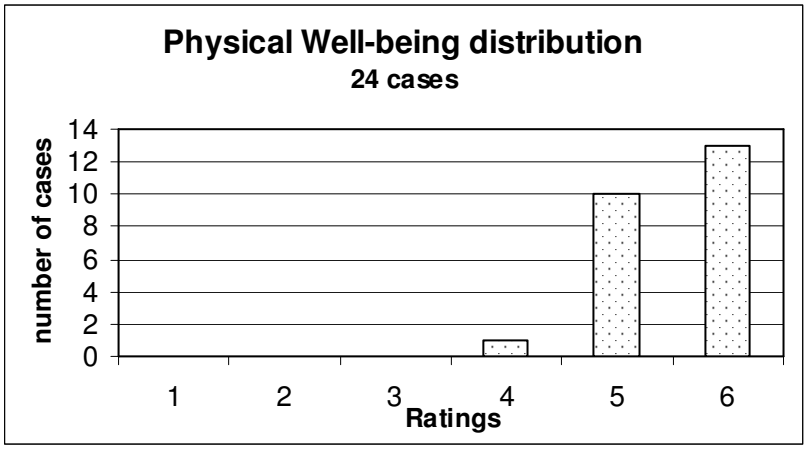
Findings: 71% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 54%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

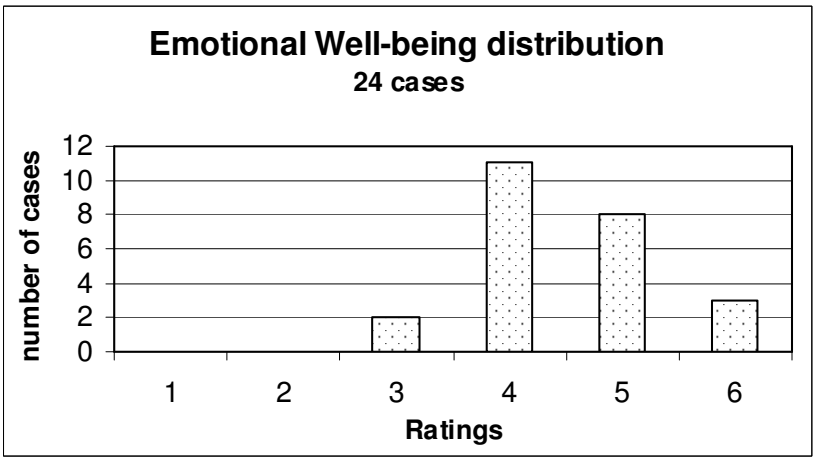
Findings: 100% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 96%.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

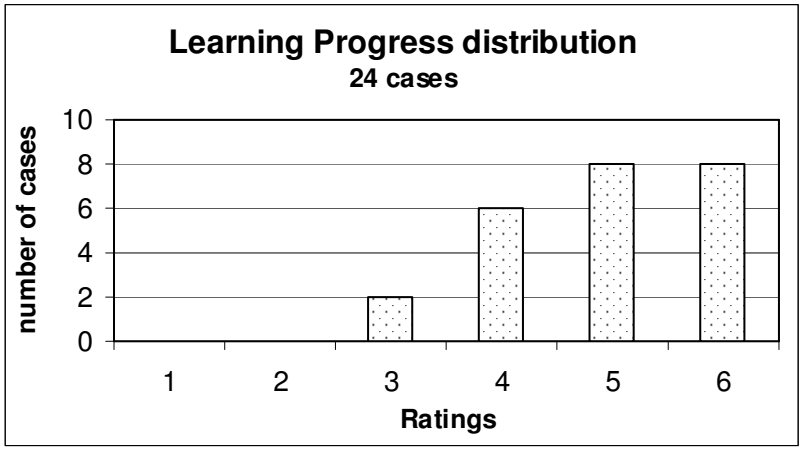
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a slight increase over last year's score of 91%.



Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability? Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

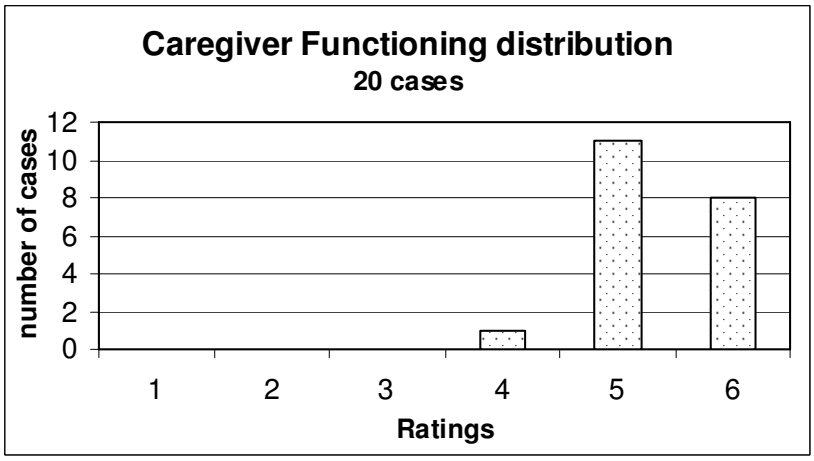
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 83%.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

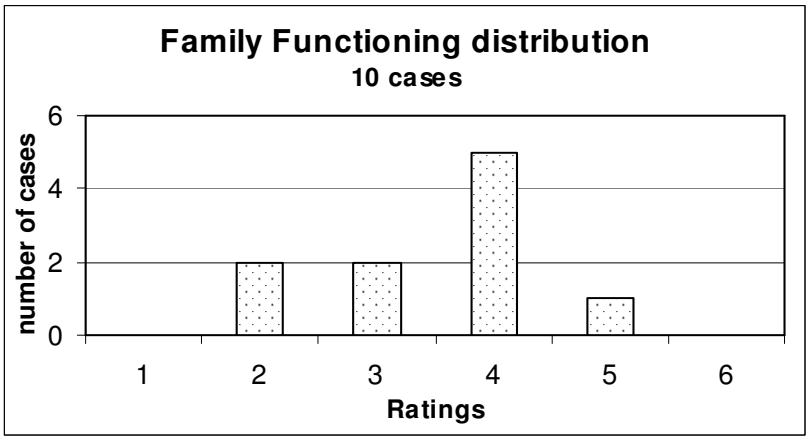
Findings: 100% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 94%.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

Findings: 60% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a decrease from last year's score of 67%.



Satisfaction

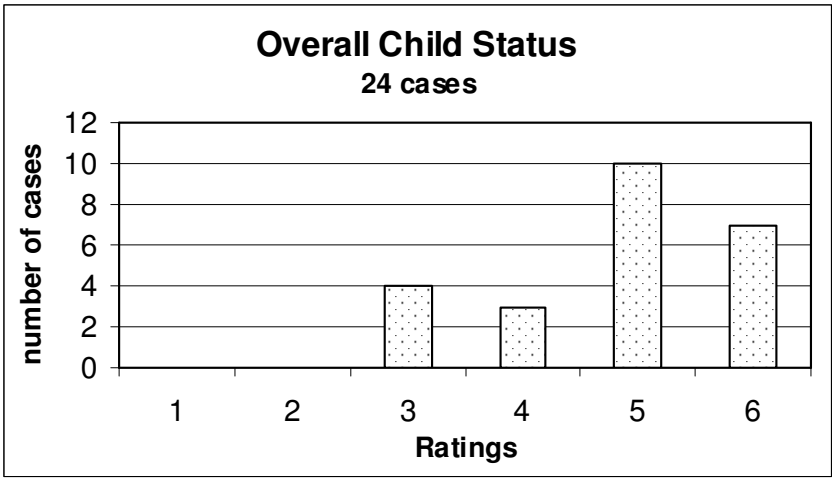
Summative Question: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a slight increase over last year's score of 87%.

Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a "trump" so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 83% of cases reviewed were within the acceptable range (4-6). The overall Child and Family Status score was maintained at 83% for the second year in a row.



System Performance Indicators

Overall System

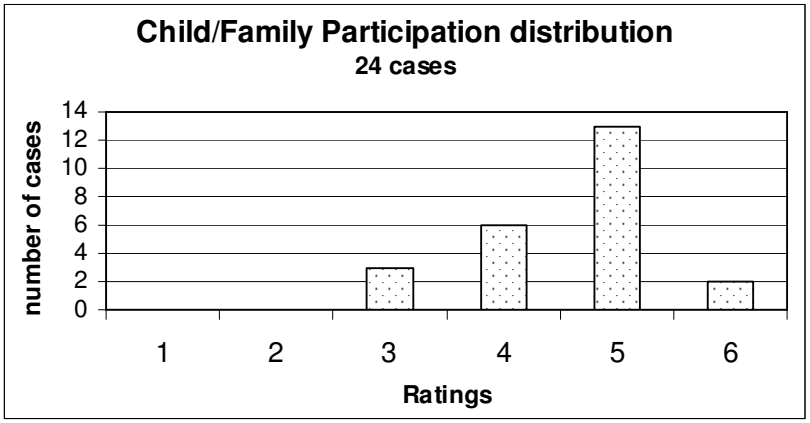
Western System Performance									
	# of cases (+)	# of cases (-)	Standard Criteria 70% on Shaded indicators Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	**FY10**	**Trends**
								Current Scores	
Child & Family Team/Coord.	19	5	79.2%	75%	79%	91%	67%	**79%**	Above standards
Child & Family Assessment	18	6	75.0%	54%	75%	70%	75%	**75%**	Above standards
Long-term View	17	7	70.8%	54%	71%	65%	54%	**71%**	Above standards
Child & Family Planning	17	7	70.8%	67%	83%	74%	75%	**71%**	Decreased but above standards
Plan Implementation	21	3	87.5%	92%	92%	96%	92%	**88%**	Decreased but above standards
Tracking & Adaptation	22	2	91.7%	79%	79%	100%	88%	**92%**	Above standards
Child & Family Participation	21	3	87.5%	83%	96%	91%	92%	**88%**	
Formal/Informal Supports	24	0	100.0%	92%	92%	100%	88%	**100%**	
Successful Transitions	18	6	75.0%	74%	67%	74%	74%	**75%**	
Effective Results	22	2	91.7%	75%	92%	83%	83%	**92%**	
Caregiver Support	18	2	90.0%	94%	93%	100%	94%	**90%**	
Overall Score	**22**	**2**	91.7%	**79%**	**88%**	**100%**	**88%**	**92%**	Above standards

0% 20% 40% 60% 80% 100%

Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

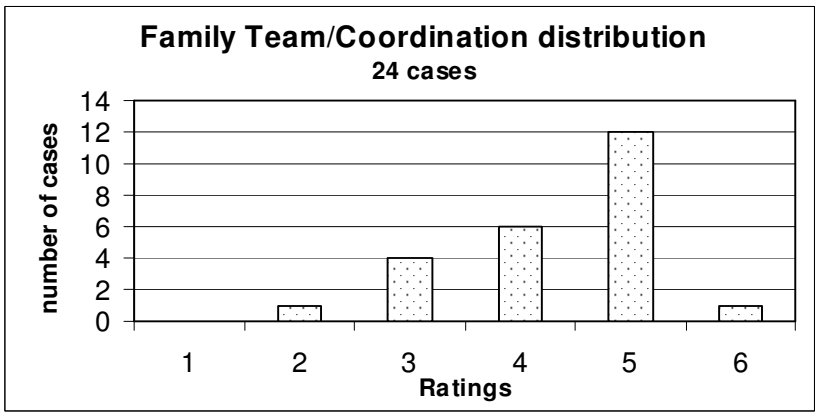
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 92%.



Child and Family Team and Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

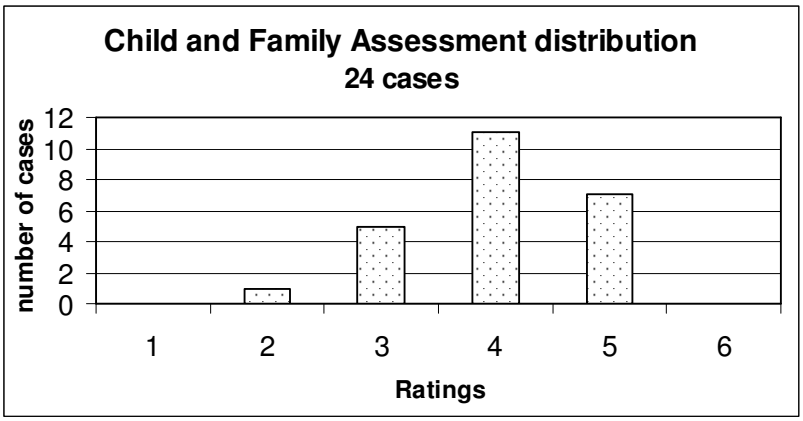
Findings: 79% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 67%.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

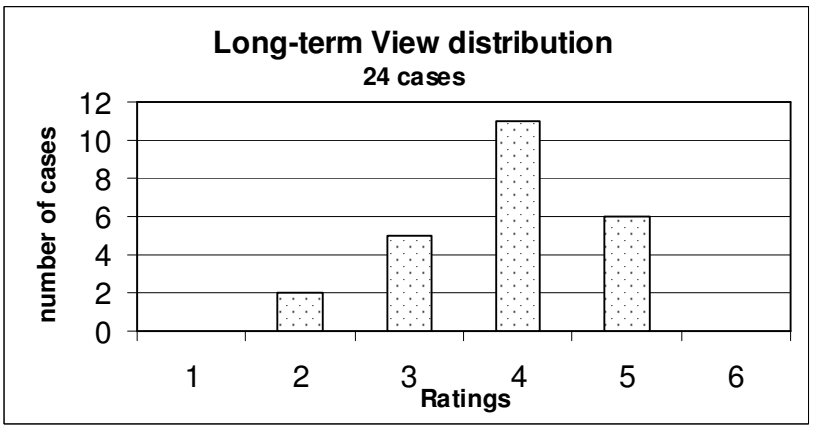
Findings: 75% of cases reviewed were in the acceptable range (4-6). This is the same percentage as last year.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

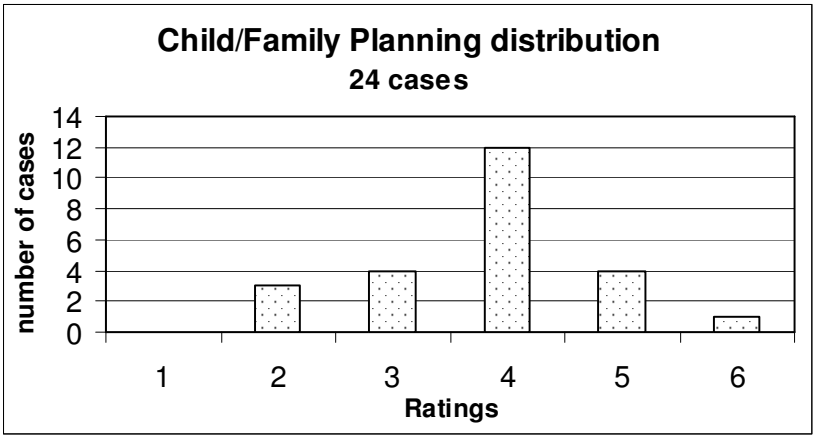
Findings: 71% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 54%.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

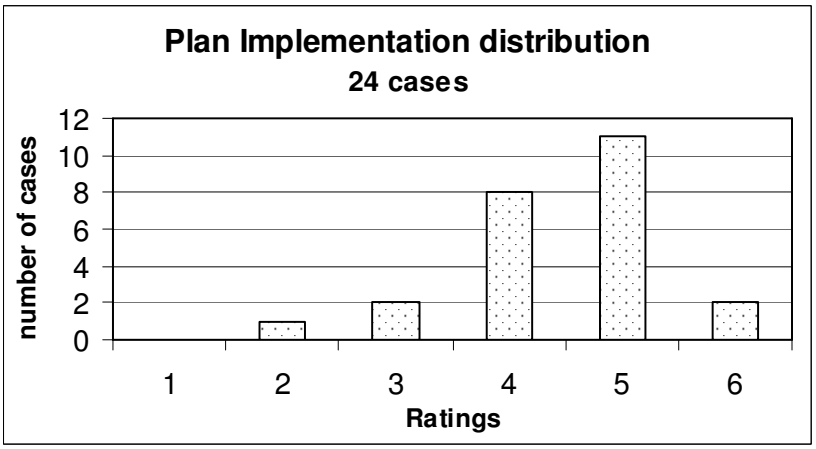
Findings: 71% of cases reviewed were within the acceptable range (4-6). This is a decrease from 75% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

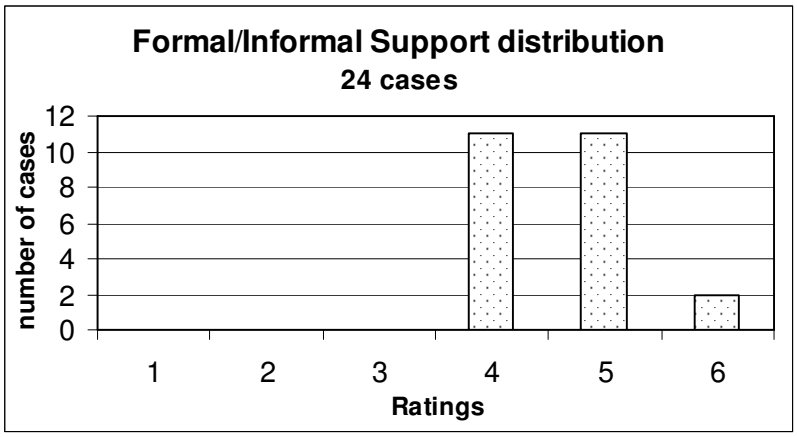
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 92%.



Formal and Informal Supports and Services

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

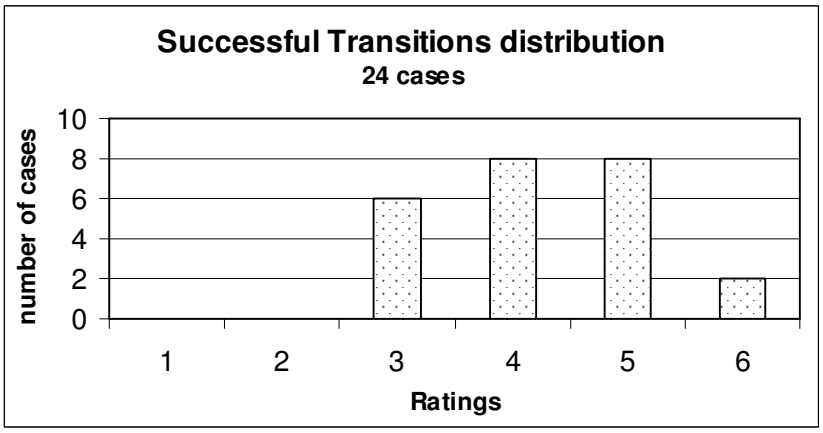
Findings: 100% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 88%.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

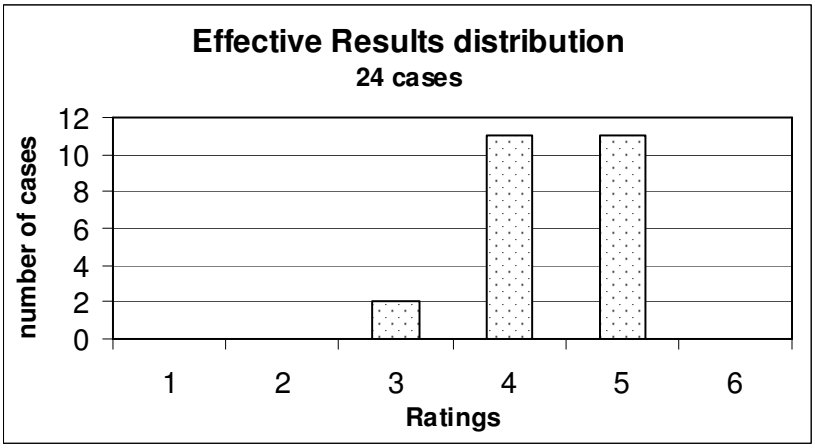
Findings: 75% of cases reviewed were within the acceptable range (4-6), which is a slight increase over last year's score of 74%.



Effective Results

Summative Questions: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

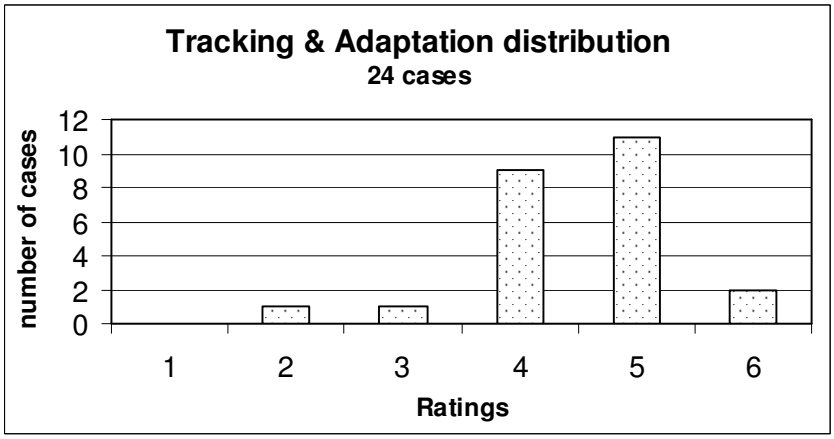
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 83%.



Tracking and Adaptation

Summative Questions: Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

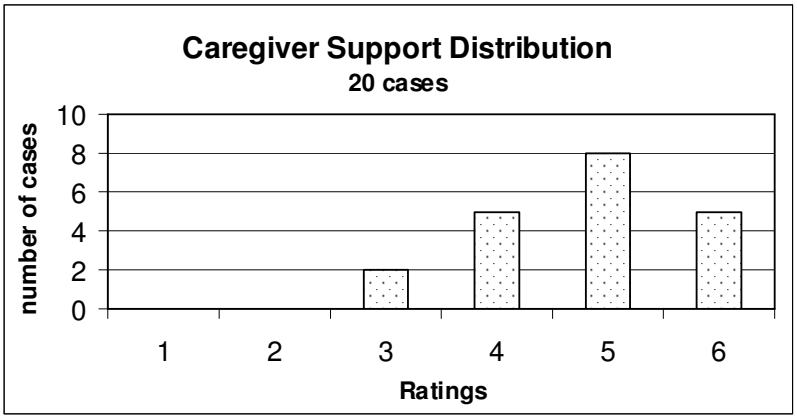
Findings: 92% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 88%.



Caregiver Support

Summative Questions: Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

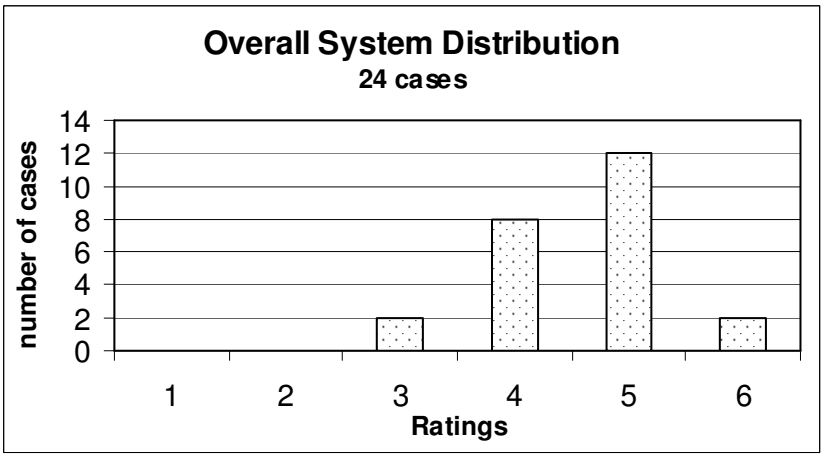
Findings: 90% of cases reviewed were in the acceptable range (4-6). This is decrease from last year' score of 94%.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

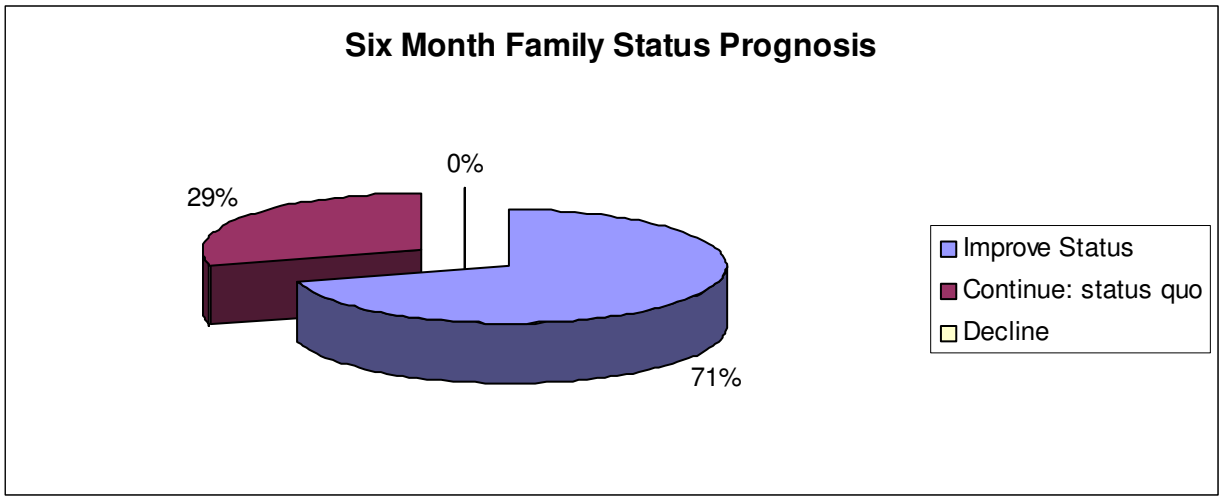
Findings: 92% of cases reviewed were within the acceptable range (4-6). The Overall System Performance score increased from last year's score of 88%.



Status Forecast

One additional measure of case status is the reviewers' prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the 24 cases reviewed, 71% (17 cases) anticipated an improvement in family status over the next six months. In 29% (7) of the cases, family status was likely to stay about the same. There were no cases that were anticipating that the family's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The data indicates that of the seven cases with a prognosis of staying about the same over the next six months, five cases had acceptable ratings in child and family status. Of those five cases, four cases were rated as either substantially acceptable or optimal status so it would be a positive expectation for those to continue status quo. The remaining two cases with a prognosis of staying about the same had unacceptable ratings in child and family status. Of the total 24 cases in the review, two cases had a negative prognosis.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Western Region review indicates that 79.2% of the cases had acceptable ratings on both Child Status and System Performance. There was one case that rated unacceptable on both child status and system performance.

	Favorable Status of Child	**Unfavorable Status of Child**
	Outcome 1	**Outcome 2**
Acceptable System Performance	Good status for the child, agency services presently acceptable. n=19 79.2%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n=3 12.5%
	Outcome 3	**Outcome 4**
Unacceptable System Performance	Good status for the child, agency mixed or presently unacceptable. n=1 4.2%	Poor status for the child, agency presently unacceptable. n=1 4.2%

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Western Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. Safety is a "trump" exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and child risk to others.

In the cases that had an acceptable score in safety, the safety issues had been identified and addressed by the team as exemplified in the following case example.

> *The adoptive home for the children, and specifically the target child, is very safe and will provide her with constant care, supervision and love. At 18 months of age the target child is of absolutely no risk to anyone. The reviewers were told that the extended biological family has a history of violence and aggression and that they live in the same community. On one occasion the adoptive parents saw some of the extended bio-family and were approached by them. The incident never escalated, but it did identify a safety concern for the children and the adoptive parents. The adoptive parents reported that they were in the process of buying a new home away from their current location and believed the move would eliminate the risk. The adoptive parents also indicated that they have become vigilant to the safety risk and have taken steps to ensure the children are never put in that situation again.*

The following case example illustrates how an inadequate safety plan or a safety plan that is not being adhered to can fail to appropriately manage identified safety risks.

The children were with their mother on an extended visit for spring break. During this visit an argument broke out, which the children and mother witnessed along with the fiancé's children. The argument escalated and the wife and the fiancé began pushing and shoving each other. The fiancé threw the handicapped child's food into the wife's car. His anger escalated and he kicked the car, resulting in a dent in the car. According to reports he then went into the house and broke a large coffee table. The police were called and when they arrived he was sitting in the car with the mother, [target child], and her brother. The police requested that he get out of the car, but he refused. After several requests, the police threatened to use force, but eventually he complied. He continued to struggle with the police but was handcuffed and taken away and charged. There is now an open CPS investigation and a court hearing will be held in the future. The mother told the children not to tell anyone because it appeared that she was afraid that this would jeopardize the children's return home and the closing of the foster care case. As a result, many team members question whether it is appropriate to send the children home at this time. The [target child] struggled with night terrors and her brother struggled with enuresis when they were first placed in foster care a year ago. According to team members, the night terrors had stopped for [target child] and enuresis was much improved for her brother. Since the domestic violence incident, both children have reverted back to their original state. A safety plan was developed. Part of the safety plan is for the mother not to have the fiancé in the home when the children come home for visits. However, it appears that as recent as the last visit he was still in the home when [target child] came to visit.

There were four cases in which safety was rated as unacceptable. In three of the cases, the child's safety was considered to be at risk. In one of the four cases, the child's safety was adequate but the child was considered to be a risk to the safety of others. All four of the cases that struggled on safety were foster care cases. The first case referenced above was a 12-year-old residing in a proctor level of care. The child had a history of significant behavior issues and continued to act out in a way that put others at risk. The second case involved a 17-year-old residing in a residential level of care. While in the group home, the youth was recently victimized by an unprovoked attack when a peer slugged him in his jaw resulting in 11 stitches in his lip and cheek. The third case included a 6-year-old child who was recently having an extended visit with his mother. During the visit, the mother's fiancé had a domestic violence incident that the child witnessed. The incident was traumatic and had a negative impact on the child. After the incident, there were concerns that the mother and fiancé were not following the safety plan by allowing the fiancé to be in the home when the child visited. The fourth case that struggled with safety involved an 18-year-old youth that had recently left his placement and was gone for three days. When the youth returned, he reported that he had participated in risky behavior while he was gone. Because the youth's whereabouts had been unknown and there were concerns about high-risk behavior, the youth's safety was considered unacceptable.

Stability

Stability is an important indicator of well-being for children, especially for those in foster care. Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development.

The following case story identifies key items that can add to a child's sense of stability such as consistency in their placement and team membership.

> *The children have been placed together for 12+ months and in the same home over this period of time. There is no plan to change the placement of the children. There is some potential that the paternal grandparents could prevail in court; however, this appears to be unlikely. Additionally the team has enjoyed substantial stability over the past 12+ months. The caseworker, treatment team, drug court team, legal team, and health care team have remained the same over the past 12 + months.*

Instability in living arrangements and caregivers as well as significant changes in important relationships can have a negative impact on a child. One case story illustrates how multiple moves and school changes were problematic for a youth preparing to emancipate from foster care.

> *Stability was found to be substantially unacceptable. This is due to the three placement changes [target child] has experienced in the past year, and the three school changes that have taken place. He is also anticipating another placement change in the near future as he is planning on transitioning out of foster care and getting his own apartment. This future change can be viewed as a positive step forward for [target child], but right now there is no real plan in place for how the transition will take place or what it will look like. There has not been a good assessment of what his TAL needs are, and that lack of assessment has led to a weak TAL plan. This has created a situation where the prognosis for [target child] successfully making the leap from foster care to living on his own is very poor. [Target child] expresses a desire to be successful in this change, but right now he does not have a clear road map of what course he can take to achieve that success.*

There were seven cases in which stability was rated as unacceptable. Review of the case stories indicates that stability was problematic because the children experienced multiple changes in placement which resulted in a change in key connections or relationships such as the child's caretaker, school, and therapist. Four of the cases struggled with stability due to an elevated likelihood of disruption and additional placement changes. Review of the case demographics of the seven cases that struggled with stability indicates that six of the cases were foster care and one was a home-based case. Five of the cases involved youth 12 to 18 years old. Three of those youth were placed in residential levels of care. The case stories also provide some insight into the reasons for the changes in placement. The issue identified most often that resulted in the child experiencing multiple placement changes was the acting out or behavior issues of the child.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Every child is entitled to a safe, secure, appropriate, and permanent home. Consider the following case example.

> *[Target child's] adoption was finalized on April 12, 2010. She is in the most appropriate placement possible and is very happy with her new "forever family." She is able to maintain not only her [ethnic] heritage but also her [religious] faith. She has been mainstreamed in school and is getting A's and B's. In addition, prospects for permanence is optimal and the adoptive father reports that this is a long-term commitment and he and his wife are in it for the long haul.*

Inadequate permanency often results when a child is not residing with caregivers where the relationship is expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the child does not have enduring relationships that provide a sense of safety and stability as demonstrated in the following case example.

> *The past would suggest that the plan to have [target child] and his brother continue to live with their father is the right move given the life style of the boys' mother. Although she is now back in the picture, many team members are very leery about her regaining custody of the children. The issue that clouds the picture is the father going to jail for drinking as little as six weeks ago. If the boys' report is correct, he was drinking even after his release from jail. Some of the team believes that if he relapses one more time (which appears to be the case), it is time for the boys to be removed. If he goes to jail again or the children are removed, most certainly the mother will use that as a reason to return the children to her, showing that the father is an unfit parent. Therefore, the reviewers believe permanence is unacceptable at this time.*

There were seven cases in which the child's prospects for permanency were rated as unacceptable. Review of the case stories indicates one central theme, which is the team's uncertainty about the future plans for the child. Often there was no consensus among team members regarding the primary permanency plan for the child. In two of the cases involving older youth, permanency planning was problematic because there was no specific plan that would enable the youth to successfully emancipate from foster care.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how a parent can elevate their level of functioning by being assertive in

accessing appropriate resources.

> *[The mother] expressed that she would like to attend college and become a dental hygienist and eventually go on to be a dentist. Members of the child and family team state the goal is one that [mother] might achieve. She starts her program to become a dental assistant in June. [Mother] signed herself up with Vocational Rehab to help her reach her goal. [Mother] has been receiving services from the Department of Workforce Services (DWS) and understands and has concerns that her services will run out. She informed the reviewers that she has used 18 months of her 36 months of services from DWS. [Mother] signed up for the shortest program to be a dental assistant so she can start working and save some of her services from DWS for an emergency. [Mother] is a recovering addict and a young single mother. She has been to her drug treatment center since she has graduated. For additional support she attends a local church.*

In some cases, the parents' inability to take ownership of their situation can be a barrier that prevents a child from being able to return home or from being able to safely maintain the child in their home. Consider the following case story example.

> *[The mother] is unable and/or unwilling to deal with the issues that led to involvement with DCFS. Her mental health issues go back many years, as does her use of drugs and alcohol to self medicate. When the reviewers saw her in jail she was adamant that she did not have an addiction problem and she just needed to get out of jail and get her children back. It was difficult to witness the depth of her sadness and depression while hearing her deny any issues that belonged to her.*

System Performance

Child and Family Team and Coordination

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. Effective teaming is often mentioned as a key element in cases that scored well on overall system performance. The following example illustrates how effective teaming can help successfully manage a safety issue.

> *The fact that outcomes for [target child] are as positive as they are – in spite of the risks and challenges he represents – is the result of diligent efforts put forward by the well functioning team assembled around [target child]. As a result of the increased safety risk caused by [target child's] swallowing habit, the caseworker has worked hard at pulling together a close-knit team made up of professionals who meet on a monthly basis at the school to continuously track progress and adapt their interventions to better serve this special needs youth. This team consists of the DCFS caseworker, [proctor mother], the special educations teacher, the RISE coordinator, the behaviorist, and the DSPD caseworker. Each team member believes that these meetings are effective and contribute*

to the progress. They report that the caseworker always comes prepared with an agenda and a DCFS support staff who takes helpful notes, and keeps the meeting within the available time frame. This core team reviews what is working, what's not and any adjustments needed in their interventions. The level of teaming and coordination is very intensive, with monthly meetings at the school and a strong sense of belonging to a well functioning team expressed by many. While holding monthly meetings is not a requirement for a high score, in this case it is needed because of the serious safety concerns in regards to [target child's] swallowing habit. The high frequency of the meetings and the close collaboration between the professionals is what resulted in improved outcomes for [target child]. In every respect this practice is a strength in this case.

Inadequate teaming leads to ineffective planning. The case below demonstrates how the lack of teaming results in no shared information and frustration on the part of individuals trying to assist the youth.

The team does not meet often or at key times when decisions are made. The team does not involve the school, with the teacher reporting she had never spoken to the caseworker at all. When [target child] went to detention last November and when he went to the group home in December, there were no team meetings held. Right now the team seems to be made up of three very distinct entities, 1) the group home, 2) the school, and 3) the former foster parent. All of these entities are trying to help [target child] prepare for adulthood, but none of them are working together or even seem to know what the others are doing. There is no central planning and sharing of information because the whole group has never met or communicated. The team does not recognize itself as a team. This situation has resulted in very vague planning for [target child's] future, and has resulted in hurt feelings and misunderstandings between people who should be working together. [Former foster mother] and the group home have had several issues between them since [target child] arrived at the group home. All of these stem from the fact that they never had a chance to sit down and talk about what each of their respective roles was to be and what their expectations were.

There were five cases that rated as unacceptable on Child and Family Teaming and Coordination. Review of these five case stories revealed two primary concerns. The concern mentioned most often was team members not meeting together for coordination, planning, and information sharing purposes. Family team meetings were not being held at key times. Often the caseworker was coordinating information individually with service providers or other members of the team. This often resulted in a lack of communication and understanding, poor coordination of services, and ineffective planning. The second concern mentioned most often was key members missing from the team. Missing key members included extended family members, therapist, school teacher, Guardian ad Litem, and health care nurse. Missing key members led to a fragmented team in which team members were operating independently of each other.

Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The following example exemplifies how good use of formal and informal assessments can enhance a team's approach and support of an older youth.

> *The formal educational and mental health assessments are reviewed by the team and future plans are mapped based on the information provided in the assessments. The team is also astute regarding informal assessing. The team re-evaluated their approach regarding education. [Target child] was vehemently baulking the team's persistent pressure. The team chose to back off and allow [target child] some autonomy. This assessment and direction served her well. Additionally, the team was wise, regardless of the legal non-reunification status, to continue to include her mother as an informal support.*

Lack of a good, shared assessment among team members can lead to poor planning and ineffective results. The case example below demonstrates how lack of assessment can lead to a team's lack of understanding and a weakened intervention.

> *No real underlying needs were identified for either the parents or the children. The early Child and Family Assessment focused on the specific court ordered needs for the parents and missed several critical issues around the physical and mental health of the target child. Nowhere in the assessment is there mention of target child's need for medical attention for her cellulites or the need for tubes in her ear. Both of these medical issues were identified by the adoptive parents and addressed through their family physician. Target child's progress and success in these areas are because of the medical training of the adoptive father and the tenacity of the adoptive mother, not because of the ongoing assessment of the child by the team. The team was also very aware of target child's need for adult interaction and stimulation. Assessments from [the provider] and [the county mental health agency] had not been integrated into the assessment, limiting the extent and range of the team understanding. The adoptive parents worked one on one with the [provider] team members, then implemented the recommendations made by [the provider]. It was only after target child's behaviors improved that the team met and discussed the improved outcome. Therefore, the assessment, which focused on the needs of biological parents, is only minimally integrated into the child and family plan. The reviewers were able to read in the early Child and Family Team Meeting minutes where some family strengths had been identified, but unable to see where those strengths were then included as part of the assessment.*

There were six cases that struggled with Child and Family Assessment. Review of those case stories indicates that the most common problem was the assessment missing key elements, resulting in a lack of shared assessment among team members. Missing key assessment elements included underlying needs, medical issues, disabilities, and strengths. In a few cases, good formal assessments had been completed but then not incorporated into the Child and Family Assessment or used for planning purposes.

Long-Term View

A long-term view addresses a child's need for enduring safety and permanency. A long-term view helps create a plan for the family that should enable them to live safely and independent from the child welfare system. The following is an example of how a good long-term view can guide a team in their efforts to reach the case goals.

> *The team has a clear understanding of what it will take to help [target child] successfully exit foster care. They have established strategies for his schooling and Transtition to Adult Living (TAL) that will be successfully completed at the age of 18. The team will modify [target child's] long-term view as his situation changes or challenges arise. [Target child's] current long-term view is written and the team knows where the case is heading and how it will get there.*

An inadequate long-term view can translate into fragmented planning and decrease the likelihood of success in future transitions. Consider the following case example.

> *Team members share a common long-term view in that they would like to see the parents get the help they need and be in a position to provide for the enduring safety and permanency needs of the children. Some steps to make that happen include the drug treatment, peer parenting, income, and a stable home environment. The team is divided on how to best achieve the long-term view. Team members also have doubts about the likelihood of success of the primary and concurrent permanency plans. The primary plan is to get the mother into the inpatient program and then transition the children to her there. The grandmother is opposed to the children residing in the treatment program. The Guardian ad Litem is raising concerns regarding whether it would be best to move the children to the treatment program. The concern is if there is a chance that the mother is not going to be successful, then it would be better to have the children remain with the grandmother. Team members are more optimistic about the mother's prognosis but are more concerned about the father's likelihood of success. The mother verbalizes that the children would be her priority, but some team members are not convinced that the mother would sever her relationship with the father in order to keep the children. Most of the long-term view planning and discussion regarding the primary plan centers on getting into the treatment program. From there, the long-term view in regards to the mother becomes a little more vague. There continue to be some questions surrounding the concurrent plans. Some team members are not convinced that the grandmother would be willing to adopt. The grandmother verbalizes that she will do whatever she needs to do but also indicates that she wants to be the grandmother. The grandmother is adamant that the best thing for the mother would be to have no involvement with the father. Questions have been raised whether the maternal grandmother would be a better concurrent permanency option, so some work is being done to have the paternal grandparents assessed as an option. Team members are aware of the various options but different team members have significant reservations about different parts of the long-term view. The written long-term view is very basic and does not seem to play any role in the case.*

There were seven cases with an unacceptable rating on Long-term View. The majority of the concerns regarding the long-term views centered on one issue. That issue was the concern that team members did not share a common long-term view for the child and family. Problematic long-term views were described as vague, not current, short sighted, and unclear. In four of the cases, there were no clear steps that would lead to enduring safety and permanency for the child. In four of the cases, long-term view was also viewed as unacceptable due to underdeveloped concurrent goals.

Child and Family Planning Process

Child and Family Planning Process has two primary elements: the written plan, which is a legal document, and the process used to create the plan. The written plan should be individualized and relevant to the needs and goals of the family. The following case is an example of a well-written plan that was developed with team members' input.

> *The plan addressed the parents' needs for substance abuse evaluations, UA's, housing, employment, mental health assessment, parenting skills and visitation. These services were all offered to the parents. Unfortunately, the father chose not to take advantage of them or was unavailable due to incarceration. The mother completed the substance abuse and mental health evaluations. She successfully completed an inpatient drug treatment program and transitioned to an outpatient program where she was not successful and eventually relapsed. She was able to obtain housing thanks to the generosity of her family, but had little hope of being employed due to her illegal status and complete lack of any employment history. Peer parenting services were in place and being implemented. Team members all had copies of the plan and knew what the objectives were. They described the plan as having been created in a team meeting.*

Another case example demonstrates how a vague or generic plan becomes ineffective as a legal document.

> *The plan was vague and generic. It stated that educational needs would be met, medical needs met, but there were not specific items that needed to be addressed. [Target child] told the reviewers that she had been drinking since she was 14 and was drinking daily before coming into custody. This was not addressed in the plan. The history of the previous discipline concerns of the birth father were not addressed and the grief and loss issues, which some team members felt were the heart of this case, were not addressed. The parents stated that they had not seen the plan or signed it. They did acknowledge that everyone was always talking about what needed to be done for [target child] and they felt like they had a say in what they felt the family needed. The plan would have been outstanding if everything that was being done had been written in the plan.*

There were seven cases in which the Child and Family Planning Process was rated as unacceptable. All seven of the cases had issues connected to the written plan while two cases also had issues related to the planning process. The biggest issue related to the written plans was that the plans were not relevant to the needs of the child and family or did not reflect the current

status of the case goals. The unacceptable plans were described as generic, outdated, and did not evolve as the case evolved. In the two cases that struggled with the case planning process, the concern was parents or key team members not feeling included in the plan development.

Plan Implementation

A plan that is being implemented in a meaningful way produces measurable results. The following case example demonstrates how a successfully implemented plan can produce positive results.

> *Everything in the plan was implemented as it was written. One of the strengths of this case was the ability of the caseworker and the team to identify what was required for [target child] to succeed and to find resources for her and her family. Many things were put into place, as the team met monthly to assess what was needed.*

Lack of plan implementation often prevents timely services or the services are not provided at an appropriate level of intensity. The following case example demonstrates how poor plan implementation results in ineffective services.

> *The plan has changed little, and what is ordered through the plan has not been completed almost two years later. Reviewers are unsure what has been done and what hasn't. Reviewers are unsure as to who the service providers are as there has been little or no communication with them.*

Tracking and Adaptation

Good tracking and adaptation helps with monitoring progress and adapting to evolving needs of the child and family. Consider the following example.

> *The caseworker has done an excellent job of tracking progress and making appropriate adaptations. For example, after mother had worked with the peer parent initially assigned to her for a couple of sessions, she was not connecting with her. The caseworker reviewed the other peer parents available and identified one who reminded her of mother's mother and who was of the same ethnicity. The mother related well to this peer parent and was making progress with her. Earlier in the case, the mother was overwhelmed by all she was being required to do, so the requirements were adapted so that the mother could focus on substance abuse treatment. The frequency of the team meetings and consistent attendance of team members enable excellent tracking of the parents' progress and status. The caseworker also made meaningful visits each month to assess strengths and needs. Several professional partners reported that the worker has been outstanding at keeping them informed, some reporting that the worker calls them almost daily to get a status report and provide information.*
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> .

When a case struggles with tracking and adapting, it often leads to issues not being addressed which can be detrimental to case goals. Failing to adapt can result in an ongoing delay in services as evidenced in the following example.

> *Tracking and adaptation is really where the most work could be done to improve the functioning of this case. There is limited monitoring as evidenced by the fact that [the worker] did not know who is providing treatment to mother other than her medication. Also, the worker only recently talked with the father's probation officer to see what the progress was in that regard. Much of the information [the worker] has been relying on is what the parents have told him/her. It has taken a long time to get services going and moving. Given what the caseworker doesn't know in this case, it is difficult to say what the prognosis for the future of this child will be.*

V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes, which are listed below.

Stability

- The child had moved five times to different homes and schools in the last 12 months.
- The child had four placement changes since July that were each less restrictive.
- The child had three placements in the last year and another is anticipated.
- The child had three moves since last June and changed schools with each move.

Teaming

- The team consisted of only the worker, parents, and grandparent.
- The parents did not know they could call a family team meeting.
- Team members were not coordinating with each other and each had different bits of information.
- Over the past year the team meetings consisted of only the worker and the TAL youth.
- Important providers such as Early Intervention, Head Start, or the school were not included in teaming.
- There were communication issues between workers who had different cases with the same family.
- There had never been a team meeting with all members present; the caseworker met separately with each member and then passed the information on.
- There were multiple therapists on the case, but they didn't communicate or share information because none of them knew there were other therapists on the case.
- There had not been a team meeting until the case was pulled for review.
- The caseworker was making decisions unilaterally without taking them to the team.

Assessment

- Formal assessments had not been completed or were inadequate.
- The Child and Family Assessment had not been updated since 2006. Team members had bits and pieces of information about the child, but they had not been assembled into a cohesive document.
- The Child and Family Assessment did not include strengths and needs, it was just a log of what was happening.
- The Child and Family Assessment didn't include information from formal assessments that identified underlying needs.
- Assessment information wasn't shared among team members.
- There was no assessment of adults living in the family home.

- Underlying needs had not been explored and Fetal Alcohol Syndrome had not been ruled out.
- Neither the Child and Family Assessment nor the drug and alcohol assessment were completed until just prior to the review.

Long-term View

- Team members had different views of where the case was headed.
- The team had no long-term view for the child, although the child had one for himself.
- The long-term view section of the plan was blank.
- There was a need for greater clarity and specific steps in the long-term view.
- Discussion had not occurred about how and when to transition two youth over 18 out of care.
- The long-term view was stated as only the permanency goal, i.e. adoption or reunification.
- Team members didn't share an understanding of what the long-term view was.
- There was no written long-term view statement.
- The written long-term view was very different from the long-term view articulated by the team.

Planning

- The plan was created by the worker without a team meeting or input from the parent.
- The written plan was inadequate for one or more of the following reasons:
    - The only objectives were those required by the father's probation officer.
    - It did not talk about what the child needed to prepare for emancipation.
    - It was outdated and referred to a previous placement.
    - It did not include services the child needed.
    - It had not been updated for two years although the needs and permanency goal had changed.
    - It contained only pre-programmed language.
    - It didn't include services for the mother or elements of other plans such as Adult Probation and Parole.
    - The effective date on the plan was changed, but the content wasn't updated.
    - It was very generic.

Plan Implementation

- There were delays and misinformation around getting a kinship provider licensed as a foster parent which led to the child being in an unlicensed home.
- The child needed therapy, but the therapist was only available during school hours and her father didn't want her to miss school to attend therapy because she was already so far behind.
- There were no good service matches for youth who are 18, fairly low functioning, but don't qualify for DSPD.
- The IEP wasn't done until the review and the child was two years behind in school. The school had not done testing.

Tracking and Adaptation

- The caseworker did not know who the service providers were. The worker thought the parents were in services, but they were not.

Transitions

- The team was not supportive of moving the children home due to the lack of specific transition planning.
- Although the transition home is only a month away, no transition planning had happened.

Caregiver Support

- The adoptive mother felt like she was being pushed to maintain contact with the biological mother.
- Neither the caseworker nor the foster parents were aware of the available post-adopt services.
- Because the foster parent felt she wasn't receiving the support she needed, she intended to quit being a foster parent.
- The foster parents had not been supported by the private provider and they had no way to access help in a crisis situation, nor did they have access to respite.

VI. Analysis of the Data

RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following tables compare how the different Case Types and Permanency Goals performed on some key child status indicators, overall child status, core system performance indicators, and overall system performance. The four cases that struggled on the Safety indicator were foster care cases. Home-based cases struggled more with Prospects for Permanency as compared with the foster care cases. Foster care cases outperformed home-based cases in every core system performance indicator as well as Overall System Performance.

Case Type	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Foster Care	19	79%	68%	74%	79%	84%	79%	79%	74%	95%	100%	95%
Home-Based	5	100%	80%	60%	100%	60%	60%	40%	60%	60%	60%	80%

There were five different Permanency Goal types represented in the case sample. Cases with the goal of Individualized Permanency exceeded the other goals on key status indicators of Stability and Prospects for Permanency. The three goals generally connected to foster care cases (Adoption, Individualized Permanency, and Reunification) scored 100% in Overall System performance. The Permanency Goal generally connected to home-based cases (Remain Home) struggled on the key system performance indicators.

Permanency Goal	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Adoption	3	100%	67%	67%	100%	100%	67%	67%	100%	100%	100%	100%
Guardianship (Non-R)	1	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%
Individualized Perm.	6	83%	83%	83%	83%	83%	83%	83%	67%	100%	100%	100%
Remain Home	3	100%	67%	67%	100%	33%	67%	33%	33%	67%	33%	67%
Reunification	11	82%	73%	73%	82%	91%	82%	82%	82%	91%	100%	100%

RESULTS BY CASEWORKER DEMOGRAPHICS

When comparing caseload size with Overall Child Status and Overall System Performance outcomes, both categories identified in the chart below performed about equally well. The caseload size of the caseworkers included in the sample suggests that a significant percentage (42%) of the region's caseworkers have caseloads of 17 or more cases. Caseworkers with 16 cases or less outperformed caseworkers with the higher caseloads in all indicators except one (Planning Process).

Caseload Size	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
16 cases or less	14	86%	71%	86%	86%	86%	79%	86%	57%	93%	93%	93%
17 cases or more	10	80%	70%	50%	80%	70%	70%	50%	90%	80%	90%	90%

Caseworker's length of employment in their current position did not make a significant difference in the outcome of the overall scores. The workers represented in the sample suggest that the region has experienced caseworkers. Over 95% (23 workers) of the sample had more than two years experience as a caseworker. The newest caseworker in the sample performed well in each of the indicators.

Length of Employment in Current Position	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Less than 12 months	0											
12 to 24 months	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
24 to 36 months	10	80%	70%	70%	80%	90%	90%	70%	80%	90%	90%	90%
36 to 48 months	3	100%	100%	100%	100%	100%	100%	100%	33%	100%	100%	100%
48 to 60 months	5	80%	80%	40%	80%	40%	40%	40%	60%	60%	80%	80%
60 to 72 months	0											
More than 72 months	5	80%	40%	80%	80%	80%	60%	80%	80%	100%	100%	100%

RESULTS BY OFFICE

Cases from six offices in the Western Region were selected as part of the sample. One case was also selected from the case management services provided through the local mental health agency. Office C, Office F, and Office G scored 100% on both Overall Child Status and Overall System Performance as indicated in the chart below. Office A struggled with both Overall Status and Overall System Performance being below the standard.

Office	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Office A	3	33%	67%	0%	33%	67%	67%	33%	67%	33%	100%	67%
Office B	1	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%
Office C	2	100%	50%	50%	100%	0%	0%	0%	100%	100%	50%	100%
Office D	5	80%	60%	80%	80%	80%	80%	80%	60%	100%	100%	100%
Office E	4	100%	75%	100%	100%	75%	100%	75%	75%	75%	75%	75%
Office F	8	100%	88%	88%	100%	100%	75%	88%	63%	100%	100%	100%
Office G	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

RESULTS BY SUPERVISOR

A total of ten supervisors from throughout the region participated in this year's review. Most of the supervisors (eight) had multiple cases selected from their team. As indicated in the chart below, six of the supervisors scored 100% on both Overall Child Status and Overall System Performance.

Supervisor	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Supervisor A	2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor B	2	50%	50%	50%	50%	100%	100%	50%	100%	100%	100%	100%
Supervisor C	3	33%	67%	0%	33%	67%	67%	33%	67%	33%	100%	67%
Supervisor D	3	100%	67%	67%	100%	100%	100%	67%	67%	100%	100%	100%
Supervisor E	4	100%	100%	100%	100%	100%	50%	100%	50%	100%	100%	100%
Supervisor F	3	100%	67%	100%	100%	67%	67%	100%	33%	100%	100%	100%
Supervisor G	2	100%	50%	50%	100%	0%	0%	0%	100%	100%	50%	100%
Supervisor H	1	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%
Supervisor I	1	100%	0%	100%	100%	0%	100%	0%	0%	0%	0%	0%
Supervisor J	3	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

SYSTEM CORE INDICATORS

How are the ratings of 1 (completely unacceptable), 2 (substantially unacceptable), 3 (partially unacceptable), 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the core indicators? Below is analysis of the ratings for all Core System Indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking and Adaptation) over the last 10 years. The most ideal trend would be to see an increase in the average score of the core indicators along with an increase in the ratings within the acceptable range (i.e. ratings of 4 moving to 5's and 6's).

As indicated in the Total Number Acceptable column in the table below, the Average Score of the Child and Family Team and Coordination indicator has increased over the years. For example, in 2007 the Total Number of Acceptable scores was 19 and the Average Score was 4.08. In 2010, the region again has 19 Acceptable Scores but the Average Score is now 4.33. This is a direct result of the decrease in the indicators rated as a three and four and a corresponding increase in the indicators rated as a five.

Child and Family Team & Coordination									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	23	2	2	12	4	2	1	7	3.22
2002	24	1	3	11	4	4	1	9	3.42
2003	24	0	1	10	9	4	0	13	3.67
2004	24	0	2	2	12	8	0	20	4.08
2005	22	0	0	6	6	10	0	16	4.18
2006	24	0	0	6	9	8	1	18	4.17
2007	24	0	0	5	13	5	1	19	4.08
2008	23	0	0	2	10	11	0	21	4.39
2009	24	0	0	8	8	6	2	16	4.08
2010	24	0	1	4	6	12	1	19	4.33

As indicated in the Child and Family Assessment indicator table below, the region experienced the highest Average Score that the Child and Family Assessment indicator has ever experienced. Over the last four years they have maintained approximately the same Total Number of Acceptable cases. The increase in the average is a result of cases that had been rated as a four moving to the rating of five.

Child and Family Assessment									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	23	0	5	11	5	2	0	7	3.17
2002	24	0	4	9	6	5	0	11	3.50
2003	24	1	4	9	7	2	1	10	3.33
2004	24	0	2	7	10	4	1	15	3.79
2005	22	0	1	6	11	4	0	15	3.82
2006	24	0	1	10	6	6	1	13	3.83
2007	24	0	0	6	13	5	0	18	3.96
2008	23	0	0	7	12	4	0	16	3.87
2009	24	0	1	5	14	3	1	18	3.92
2010	24	0	1	5	11	7	0	18	4.00

According to the table below, the region experienced a significant increase in the number of Long-Term View indicators that were rated in the acceptable range. Over the years, the majority of the cases have continued to straddle the three/four bubble.

Long-Term View									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	23	2	9	6	4	2	0	6	2.78
2002	24	3	7	7	4	0	2	6	2.87
2003	24	1	3	8	10	2	0	12	3.38
2004	24	0	5	7	6	5	1	12	3.58
2005	22	0	1	6	9	6	0	15	3.91
2006	24	0	3	8	6	7	0	13	3.71
2007	24	0	2	5	10	7	0	17	3.92
2008	23	0	0	8	9	6	0	15	3.91
2009	24	0	3	8	10	3	0	13	3.54
2010	24	0	2	5	11	6	0	17	3.88

The Child and Family Planning Process indicator has been trending down over the last four years. Even though the region has maintained either 17 or 18 cases in the acceptable range in the last three years, the average has continued to decrease due to the unacceptable scores dropping farter down in the unacceptable range. The Child and Family Planning Process indicator experienced the most cases rated as a two of all the core system indicators.

Child and Family Planning Process									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	23	1	4	10	4	4	0	8	3.26
2002	24	0	4	7	7	6	0	13	3.63
2003	24	0	0	7	14	3	0	17	3.83
2004	24	0	2	7	8	7	0	15	3.83
2005	22	0	0	7	6	9	0	15	4.09
2006	24	0	1	7	9	6	1	16	3.96
2007	24	0	0	4	13	7	0	20	4.13
2008	23	0	0	6	11	6	0	17	4.00
2009	24	0	2	4	11	7	0	18	3.96
2010	24	0	3	4	12	4	1	17	3.83

The region has sustained over 20 or more Plan Implementation indicators in the acceptable range over the last six years. The Average Score continues to increase due to the decrease in ratings of four and an increase in indicators rated as a five.

Plan Implementation									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	23	1	2	6	5	8	1	14	3.87
2002	24	0	2	5	8	6	3	17	4.13
2003	24	0	1	4	11	7	1	19	4.13
2004	24	0	2	3	9	9	1	19	4.17
2005	22	0	0	2	8	11	1	20	4.50
2006	24	1	0	1	13	8	1	22	4.25
2007	24	0	0	2	11	10	1	22	4.42
2008	23	0	0	1	13	8	1	22	4.39
2009	24	0	1	1	13	7	2	22	4.33
2010	24	0	1	2	8	11	2	21	4.46

As indicated in the table below, over the last three years the region has maintained over 20 of the Tracking and Adaptation indicators within the acceptable range. The Tracking and Adaptation indicator experiences the most ratings of five and six of all the core system performance indicators.

Tracking and Adaptation									
Year	**Total Cases**	**Rating 1**	**Rating 2**	**Rating 3**	**Rating 4**	**Rating 5**	**Rating 6**	**Total Number of Acceptable**	**Avg Score of Core Indicator**
2001	23	0	4	9	4	5	1	10	3.57
2002	24	0	3	9	4	8	0	12	3.71
2003	24	0	1	8	7	7	1	15	3.96
2004	24	0	2	2	5	13	2	20	4.46
2005	22	0	0	5	5	11	1	17	4.36
2006	24	0	2	3	4	13	2	19	4.42
2007	24	0	0	5	4	14	1	19	4.46
2008	23	0	0	0	8	13	2	23	4.74
2009	24	0	1	2	9	10	2	21	4.42
2010	24	0	1	1	9	11	2	22	4.50

VII. Summary and Recommendations

Summary

In the Western Region Qualitative Case Review (QCR) for FY2010, the Overall Child Status score was maintained at 83% for the second year in a row. This is below the Overall Child Status standard of 85%. The Region's overall status score is directly connected to the four cases that struggled on the Safety indicator. Of the ten Child and Family Status indicators, the Region elevated three indicators (Appropriateness of Placement, Health/Physical Well-being, and Caregiver Functioning) to an impressive 100%. Eight of the ten status indicators experienced an increase over last year's scores. Two of the more challenging status indicators, Stability and Prospects for Permanency, experienced an increase with Prospects for Permanency experiencing a 17-point increase. The only child status indicator that experienced a decrease was Family Functioning and Resourcefulness, which dropped seven points to 60%.

The Region maintained the Overall System Performance score above the 85% standard for the fourth consecutive year. The Region experienced an increase in Overall System Performance from 88% last year to 92% this year. The Region either elevated or maintained all six of the core system performance indictors (Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking and Adaptation) above the 70% standard. Two of the core system indicators experienced double digit increases over last year's scores with the largest being a 17-point increase in Long-term View. Four of the system indicators (Tracking and Adaptation, Formal and Informal Supports, Effective Results, and Caregiver Support) were maintained at or above the 90th percentile.

Overall, the Western Region had positive outcomes in their performance on the Qualitative Case Review for FY2010. The Region exceeded the standard for Overall System Performance. The Region elevated or maintained all six of the Core System Indicators above the standard. Of the total 21 status and system performance indicators, 13 indicators were rated in the 80th percentile and higher. Only one of the 21 indicators scored below 71%.

Recommendations

It is recommended that the Western Region use the 24 case stories as part of their on-going effort to improve the services they provide to children and families. The case stories could be used to help sustain performance that is above standard and elevate performance that is below standard. Review of the case stories in which the indicators scored substantially well or optimal could be used as examples in an effort to help duplicate great work. Careful review of the case stories regarding the circumstances that resulted in the unacceptable ratings could be beneficial in formulating training opportunities or specific strategies to address those challenges. The following recommendations target specific indicators and the factors that presented the most challenges to those indicators.

Child Status

1. **Safety:** Continue efforts to manage risk through team safety agreements and team safety planning, particularly in regards to children who put themselves or others at risk due to their own decisions and behavior.

System Performance

1. **Child and Family Teaming and Coordination:** Ensure teams meet together regularly for coordination, planning, and information sharing purposes. Include all key team members in the family team meetings.
2. **Child and Family Assessment:** Incorporate all key elements, including underlying needs and issues, into the assessments of the children and families. Generate a shared assessment and understanding among team members.
3. **Long-term View:** Ensure long-term views are shared by team members and have a path and steps that will provide for the child's needs for enduring permanency and safety.
4. **Child and Family Planning Process:** Ensure families have current, relevant, well-written plans that the families help create.

VIII. APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

> *Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*
>
> 1. *Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
>
> 2. *Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
>
> 3. *Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
>
> 4. *Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*

6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*

7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*

8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*

9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*

10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*

11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*

12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*

13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*

14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*

15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

> AUDIT FOCUS:
> "Is there a current service plan in the file?"
>
> QUALITATIVE FOCUS:
> "Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?"
>
> AUDIT FOCUS:
> "Were services offered to the family?"
>
> QUALITATIVE FOCUS:
> "To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?"

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group's experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from "Completely Unacceptable" to "Optimally Acceptable." The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	**Overall System Performance**

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a "human face" on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.