

THE PERFORMANCE MILESTONE PLAN

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DIVISION OF
Child and Family Services

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Executive Summary

Purpose of Plan

The Division of Child and Family Services seeks to provide protection, permanence, and well being for children and families in Utah. To this end, the Division in cooperation with the Child Welfare Policy and Practice Group have developed the Performance Milestone Plan which describes in some detail how the Division will improve services to its clients in Utah.

Throughout the plan, the concept of the “milestone” is used which conveys the idea that progress within the Division has been made, but the journey is not completed. The Division and Child Welfare Policy and Practice Group have identified and developed nine milestones in this plan. These milestones will assure that a sound base of operation exists from which to serve children and their families. According to the activities outlined in this plan, the Division must measure and meet performance goals, compare its performance to known standards, and make program adjustments based on feedback from this measured performance. Each milestone is an important marker in the Division’s quest for excellence.

Defining the Milestones

This plan details nine milestones, as well as the monitoring and exiting processes to be used as milestones are completed. Each milestone is described in terms of how the milestone aids children and families, what the Division has already achieved, what the Division has yet to achieve, and how the Division will accomplish these goals. The nine milestones are:

Milestone 1. Practice Model Development, Training, and Implementation

This milestone details why a framework of practice is important for the Division, how the model for Utah is being developed, how staff and partners will be trained about the model, and what steps will be taken by the Division to implement the model and measure its effectiveness.

Milestone 2. System Investments

This section outlines historical growth, and current financial and technical supports which support the Division’s provision of services to children and families. How the Division will retain staff, and recruit and retain foster families is answered in the section.

Milestone 3. System Management Structures

This milestone examines the principal management and administrative structures within the Division. These structures include the various management teams which work to direct the system and the necessary communication tools for providing information to the field about the direction of the Division.

Milestone 4. Priority Focus Areas

Over the past two years, the Division in conjunction with community partners has identified six areas for special attention. These areas include: CPS priority time-frames, proximity issues relating to out-of-home placement, health and mental health follow-up issues, regular visits and family engagement, barrier removal to kin placement, and placement prevention/disruption funds. The plan examines each of these areas and provides strategies to solve the problems associated with each specific focus area.

Milestone 5. Accountability Structures

This milestone outlines the internal and external structures that are in place for reviewing the Division work and practice as it relates to delivering child welfare services.

Milestone 6. Trend Data Analysis

This section reviews the Division's work in developing trend indicators to show progress in the areas of child protective, out-of-home, and in-home services. The Division and the Child Welfare Policy and Practice Group jointly developed the 16 trend indicators that reflect the direction of national discussion as it relates to child welfare data trends.

Milestone 7. Case Process Review

Case process reviews have been used over the past four years to examine the performance of the Division in key case practice areas. This milestone describes how these reviews will be continued and how the data from the reviews will be used for system improvement.

Milestone 8. Qualitative Case Record Review

This milestone details a new review method for the Division. The Division along with the Child Welfare Policy and Practice Group will be conducting qualitative reviews of out-of-home and in-home cases in order to more directly assess the status of children and families with whom the Division is involved.

Milestone 9. Quality Improvement Committees

This milestone describes the charter of quality improvement committees. These committees, which will be developed in each Division region and at the state level, will be responsible for utilizing information from the data trends, case process reviews, and qualitative reviews to guide necessary change to ensure system improvement.

Introduction to the Performance Milestone Plan

Plan Background

This plan has been prepared according to the September 17, 1998 order of United States District Court Judge Tena Campbell and is intended to fulfill the March 17, 1997 order of Judge David Winder. The plan was developed as a business plan by the Utah Division of Child and Family Services (DCFS) with the assistance of the Child Welfare Policy and Practice Group (CWPPG) of Montgomery, Alabama.

This plan presumes monitoring by CWPPG. Although the plan does not presume or admit continued court jurisdiction or involvement, the monitoring portion, as well as some other parts of the plan, were written at the request of CWPPG using an assumption of some form of continued court involvement.

The Performance Milestone Plan is, first and foremost, a business plan which the Division intends to implement voluntarily with or without further court involvement, and with or without monitoring by the Child Welfare Policy and Practice Group. Submitting the plan does not signal the consent of DCFS for continuing court involvement or jurisdiction, but rather demonstrates DCFS' compliance with the order of the court and the commitment to provide quality child welfare services.

In articulating the principles, objectives, and standards incorporated into this plan, DCFS is not conceding standards by which the agency's liability should be judged. Rather these are principles, goals, objectives, and standards in which DCFS believes, to which it aspires, and which it endeavors to achieve. The standard of constitutional and statutory liability is a separate issue not addressed or modified by this plan. This plan is not an agreement or an admission of legal responsibility.

Construction of the Plan

The purpose of DCFS is to provide for the protection, permanence, and well being of children and families in Utah. In the context of this plan, the metaphor of the milestone conveys measurable achievement. The identification, development, and achievement of these milestones will provide a sound base of operation from which to serve children and their families.

As the structural milestones are reached, methods of measuring agency performance will be applied. The demonstrated ability of DCFS to achieve the named milestones, measure and achieve performance goals, compare this performance to known standards, and make program adjustments based on feedback from this measured performance will be the basis for exit.

Each milestone is described in terms of:

1. How the milestone helps children and families.

2. Components already achieved.
3. Components to be achieved.
4. DCFS strategies for achieving the milestones and the methods for measuring agency performance.
6. Exit considerations.

In addition, monitoring and exit processes are detailed in the last portion of the plan. An appendix section is attached. Finally, this plan presumes monitoring by CWPPG.

How This Plan Will Improve DCFS

This plan seeks to employ many of the actions recommended in the reports of the “David C. vs. Leavitt” Monitoring Panel. Principal among these recommendations is the development of a “framework of practice,” or Practice Model. Designing and implementing a Practice Model is an activity that shapes an organization’s nature and outcomes over time. The longer a Practice Model is in place, the more measurable results can be ascribed to the presence of that model. DCFS and CWPPG agree that the action of defining the model is an important and necessary first step toward the long-range goal of influencing outcomes for children and families.

Six areas in this plan have been described as “priority focus areas” and are specifically targeted by management for action. They are addressed on pages 45 through 57. Specific strategies and time lines for implementation are assigned to each of these areas. Each of the Division’s seven regions will create local plans for improving performance in the six “priority focus areas.”

Additionally, significant attention is paid to measuring the results of current and future practice. Milestones 6, 7, and 8 are specifically dedicated to discovering trends on outcomes, individual case processes, and case practice quality. Measuring the results of practice will not in and of itself improve the organization. DCFS must act on the information from outcome measurement. Milestone 9 is dedicated to increasing the capacity to thoughtfully consider outcomes to direct future practice, procedure, and policy.

Throughout the consultation and plan development process, the CWPPG has stressed that locally developed strategies and accountability measures, featuring participation by agency staff, consumers, and key community partners work best. While the Performance Milestone Plan is a statewide plan, several of its key responsibilities are accomplished through regional efforts. Regional planning and implementation is the assigned responsibility of the seven Region Directors, and is identified in Milestones 1, 2, 4, and 5. (See Appendix 1 for a listing of specific regional planning activities.)

In summary, the Division and CWPPG assert that continued improvement in the Utah child welfare system will be realized when an agency with adequate resources, operating under a clear Practice Model, measures and achieves its outcomes and adjusts practice and resources accordingly. Simultaneously, DCFS will address known performance deficits. The Performance Milestone Plan is crafted and timed to achieve this improvement.

Milestone 1 Practice Model Development, Training, and Implementation

Milestone 1: Practice Model Development, Training, and Implementation

This milestone addresses the strengthening of DCFS staff members in their ability to provide reliable and effective services to children and families. A child welfare organization will never be stronger than its front-line staff. If front-line staff members are focused on correct priorities, and if the administration provides necessary resources and removes barriers to getting the job done, the child welfare system can meet its mission of protecting children. Front-line staff members and front-line supervisors make most of the critical daily decisions of the organization. The front-line staff members and their supervisors design service plans for children and families, and provide services through which families are able to effectively change. They coordinate community resources to provide for the safety, permanence, and well being of children. The direct professional practice of front-line staff members and supervisors in DCFS will be strengthened through the design and implementation of a Practice Model that will provide a consistent philosophy, reliable direction on day-to-day professional practice, and training for specific skills with proven effectiveness in child welfare. A Practice Model will create clear performance expectations. In addition to the attention paid to front-line staff members and front-line supervisors, the administration will make changes in the allocation and management of resources required to develop and sustain the Practice Model.

Practice Model Development

The Monitoring Panel reports of 1997 and 1998 discovered that DCFS had placed a much greater emphasis on paperwork compliance and compliance to the prescriptive items in the Settlement Agreement than to the quality of the day-to-day work with children and families. One of the examples of this misalignment of priorities was the requirement to make two visits to a child in foster care with little emphasis on the quality of the interaction during the visits. A second example was the assumption that even infants undergo mental health assessments. Change in direct practice must provide a balance between critical administrative functions and direct child welfare practices that are consistent with improving outcomes for children and their families. The opportunity to develop a new DCFS plan will establish more effective priorities for agency resources by emphasizing the quality of work provided by front-line staff and establishing administrative structures that support this effort.

Front-line staff in DCFS must place the protection of children first. The primary mission of DCFS is “to protect children at risk of abuse, neglect, or dependency.” This mission is guided and supported by statute, policy, and practice. The Practice Model emphasizes protection of children through completing accurate and timely investigations, helping families select and participate in appropriate services that will remedy previous difficulties, meeting the special needs of children, selecting and supporting strong foster families, and making durable adoptive placements.

During the “community meetings” on the Practice Model (see Appendix 1), key partners expressed concern that moving from a law-based practice to a social work-based model might expose children to greater risk. The Division considers “protection” its primary mission, the Practice Model seeks to integrate the initial acts of protection (investigation and risk assessment) with the concept of “continuous” protection. The

Division asserts that information compiled from individual cases will provide a statewide perspective on the safety of children referred to the Division. The following table provides information on the child protective services substantiation rates. For the past three years, DCFS has been stable in its substantiation rates.

Substantiated Child Abuse Cases

	Referrals Received	Substantiated Victims	Percentage
1996	15,853	5,425	34%
1997	17,132	5,836	34%
1998	16,606	5,419	33%

The Child Welfare League of America's (CWLA) 1997 statistics book indicated that Utah substantiated 33 percent of received Child Protection Service (CPS) referrals. Utah's rate of substantiation was slightly above the national average.

In 1998, DCFS accepted for investigation 16,606 Child Protection Service (CPS) referrals and there were an estimated 730,000 children under age 18 in Utah in 1998. Therefore, the CPS referral rate was 44.2 per 1,000 children. The CWLA's 1997 statistics book found the national average to be 43.6 per 1,000 children. Overall, Utah is receiving and substantiating CPS referrals slightly above the national average.

DCFS staff members are expected to understand the larger context of their decisions. Safety is the first consideration, with stability through a permanent home and future well being of children also playing a major role in the decisions of the child welfare professional. Each case-related decision made by the Division must include the consideration, "Does this action create safety today, tomorrow, and for the future?" An action that may provide safety today may create risk for the future. The Practice Model will teach the concept of "continuous protection," and will guide decision-making, seeking to eliminate both immediate and long-term threats to the safety of children.

A superficial view of children's or families' situations may cause premature conclusions about the safety and well being of a child, not only from DCFS staff, but also from community partners who have an interest in the safety of children. The Practice Model will emphasize the search for underlying causes of the incidents that threaten the safety, permanence, and well being of children. For example, if there is an ongoing problem with substance abuse that has not been identified or treated, then many of the threats to a child's safety, permanence, and well being may continue long after the risk from the referring event is believed to be resolved. The use of good practice skills that form constructive relationships, and the use of effective assessment tools, will lead to more thorough and participatory case planning, creating long-term solutions, and avoiding

serial interventions that have little or no lasting effect. The Practice Model is being designed to support this level of competency.

Components already achieved

The development of a Practice Model began in October 1998. The Practice Model Development Team consists of representatives of foster parents, parents who have received services from DCFS, university staff, DCFS field supervisors, and DCFS administration. This team was chartered to develop the foundations for the Practice Model. The team has recruited a group of advisors (approximately 40 individuals), from many different disciplines and interests, representing all areas of the state. The advisory group receives the meeting minutes, written drafts, and final products from the Development Team. These advisors are asked to provide written comments and recommendations.

DCFS has had a clear mission statement for the past five years, but had not specifically articulated a set of principles to direct the Division on how to achieve its mission. One of the first tasks of the Development Team was to develop these principles. The Development Team designed and implemented a process for DCFS to work with community partners across the state in developing foundational principles for child welfare practice. In addition, the Development Team provided more foundation to the DCFS plan to improve practice by adding staff performance expectations, and knowledge and skills requirements for meeting those expectations. (DCFS has included CWPPG in some of the developmental processes designed by the Development Team.) All DCFS regions, local communities, allied agency partners, and advisors from across the state were provided an opportunity to submit recommendations on these foundational components of the Practice Model during a series of community forums conducted in January, February, and March 1999. The product of this process is a document, entitled "Putting Values into Action," (see Appendix 1). "Putting Values into Action" provides direction to DCFS through principles on which to build direct practice, the expected performance levels for practice, and the knowledge and skills needed to effectively practice reliable child welfare services. The document is now being applied to the requirements of this plan so that all expectations fit appropriately.

Many of the participants in the statewide group meetings emphasized the importance of having practice principles that support DCFS' work with children, families, and community partners. The principles that have been developed are:

1. **Protection:** Children have the right to be safe from abuse, neglect, and unnecessary or needless dependency. Swift intervention is necessary when this right is violated.
2. **Development:** Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

3. **Permanency:** All children need and are entitled to enduring relationships that provide a sense of family, stability, and belonging.
4. **Cultural Responsiveness:** Children and families have the right to be understood within the context of their own family rules, traditions, history, and culture.
5. **Family Foundation:** Children can be assured a better chance for healthy personal growth and development in a safe, permanent home with enduring relationships that provide them with a sense of family, stability, and belonging.
6. **Partnerships:** The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.
7. **Organizational Competence:** Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help ensure positive outcomes for children and families.
8. **Treatment Professionals:** Children and families need a relationship with an accepting, concerned, empathic worker who can confront difficult issues and effectively assist individuals in their process toward positive change.

These foundation principles will lead to the type of child welfare practice that the citizens of the state of Utah want. These principles have already promoted strong performance expectations, and have assisted DCFS in identifying the types of skills training needed to increase the effectiveness of child welfare staff.

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

The Practice Model informs front-line staff members of what is expected in their daily work and also provides direction to administration on needed administrative resources. The performance expectations need additional administrative supports, such as adequate funding and staffing, effective training, clear policies, and effective administrative structures to assist staff in reaching the above expectations.

DCFS has recently developed some baseline studies from which to measure progress toward improved practice. Conducted in January 1999, the first survey was of current DCFS practice. The University of Utah's Graduate School of Social Work compiled the results of this survey of DCFS employee practice perceptions--survey results are available on request. The employee perception survey will be repeated in January 2001 and September 2001 after the Practice Model has been implemented.

Another second survey, which will assess foster parents' perceptions of DCFS practice, will be conducted in June and July of 1999. The results from this survey will be available in October 1999. This study will also be replicated after the DCFS Practice Model is implemented. A comparison of these baseline information from these surveys with future survey results will provide one additional way to assess progress on direct practice in DCFS.

Components to be achieved

The Practice Model for DCFS will combine the discrete actions of the practice values listed above, show the impact of practice on the trend indicators, support selected case processes, and design practice in line with the qualitative review guidelines. The qualitative review is a method of practice evaluation that has been used in five other states and is explained in Milestone 8. Practice approaches that have been found to be effective in direct work with children and families are currently being matched to these standards and will be incorporated into the model. The major components of the model are:

1. **Skills for direct practice** will be developed to a greater capacity through training, observation, and testing of staff on engaging children and parents in the goals of providing safety, protection, and permanence for children. Additional training will be added to all phases of DCFS work for the purpose of closing the previous gap of limited focus on adequate practice skill levels. This element is addressed more specifically in the training section.
2. **Comprehensive family assessments** that provide specific knowledge about children and families will lead to more decisive action earlier in DCFS involvement. The assessment will contain key factors in the life of the family, including family

strengths and needs. This tool is expected to enhance the current assessment of risk.

3. **Individualized service planning** flowing from a comprehensive family assessment, will lead to services that are tightly matched to real needs and to the underlying causes of the incidents or circumstances leading to the referral for services.
4. **Family team conferences** will be used to support the child and family.
5. **Trained mentors** will be provided to each new employee.
6. **Foster parent training** will align key partners to the same practices as DCFS staff.
7. **Community resource development skills** that advocate for children and families, and build community teams, will increase the available resources to help resolve individual instances of child neglect, abuse, and dependency.
8. **Response system for adjusting the model** to information obtained through:
 - a. DCFS data.
 - b. Reviews (case process, qualitative, and oversight groups).
 - c. Trends will be analyzed and recommendations from these analyses implemented.

This system will allow the model to be adaptable while this data informs the administration of the impact the model is having on practice.

DCFS will complete the development of a Practice Model and response system by June 30, 1999. (This goal is contingent on the availability of the contractors who will assist in the development. The proposed training budget is attached in Appendix 1.)

Policy Development/Change Process

As the Practice Model is further developed, but no later than three months after the Practice Model is implemented, existing policy will be rewritten to fit Practice Model principles and guidelines. The general DCFS policy process is:

1. Inform all steering committees of the plan to revise the DCFS policy manual.

2. Establish work-groups (representatives of steering committees, policy specialists, Practice Model development team, etc.) to review policy and procedures for each section of the manual.
 - a. Review policy for readability and organization.
 - b. Review policy for consistency with DCFS Guiding Principles, Child Welfare Institute standards, and the Division's Practice Model.
 - c. Distinguish between policy, procedure, and practice.
 - d. Recommend new and revised policies, procedures, and/or practices.
 - e. Draft new or revised policies, procedures, and/or practices for review by the DCFS Administrative Team or its designees.
3. The DCFS Administrative Team will approve policy, procedure, or practice. If the submitted policy, procedure, or practice is not approved, it will be referred back to the work-group for revision.
4. Present new or revised policy to the DCFS Board for approval. Procedures may or may not be presented to the DCFS Board at the discretion of the DCFS Director. Practice changes will not be presented to the Board for approval.
5. Revise procedures or practices to meet new policy requirements following Board approval of new policies.
6. Incorporate and disseminate policies approved by the DCFS Board and procedures or practices approved by the DCFS Administrative Team into DCFS publications.

DCFS has already retained a policy specialist to work on policy development. The Policy Specialist will coordinate the following steps for policy change:

1. Ensure that new or revised policy is developed in cooperation with interested and/or affected parties to implement the goals and objectives established in the design.
2. Rank and complete policy priorities according to the time lines established in the design.
3. Present policy changes to the DCFS Board for its approval.
4. Submit policy changes through the administrative rulemaking process, as necessary.

5. Publish and distribute adopted policy changes to DCFS staff and other interested parties.

Practice Model Training

The Division began increasing staff training prior to the signing of the Settlement Agreement. A four-course curriculum called CORE, a comprehensive, competency-based, child welfare training program, was fully implemented and delivered to DCFS staff during the past four years. This training has been adopted by CWLA. The current CORE training has been modified to conform with Utah law and with Division policies.

For many years, DCFS has provided staff training. During the past five years, the TASK (Training to Ability, Skills, and Knowledge) training unit has been maintained at the state office. The unit consisted of a training coordinator and five training staff members. This group maintained and delivered the CORE training programs and additional DCFS training offerings. In the fall of 1998, the organization of TASK was changed and the trainers were moved to the regions as training managers, providing more training support at the region level and placing training resources closer to the front-line staff members. Two additional positions were funded at the time of the change so that all seven regions have a training manager. This group of training managers has been chartered as the DCFS Training Steering Committee and has the continued statewide responsibility to oversee the CORE curriculum.

Components to be achieved

The revised DCFS training plan will involve an extensive review of the current curriculum to assess its continued value to DCFS. Adaptations will be made to this program as needed with the assistance of CWPPG and the University of Utah Graduate School of Social Work. All changes to the training will incorporate training on the knowledge and skills required to accomplish the performance expectations. The new Practice Model will require higher levels of skills training and emphasize solution-based practice.

Introductory training of DCFS staff in the new direct Practice Model will be accomplished through:

1. CORE curriculum workshop presentations.
2. Skills coaching during workshops.
3. Additional skills practice at the work setting (coached by the supervisor or mentor).
4. Follow-up workshop sessions in which knowledge and skills will be tested.

All DCFS staff members will receive training in the new direct-practice framework, depending on their job responsibilities. The training will be provided locally within each region, allowing for less time away from the office. The initial training sessions will be held for groups of no more than 20 individuals. Eight teams of two trainers will provide the training for these groups. The facilitator teams will be made up of a regional training manager and a clinical consultant from the region. Additional trainers for back-up to these teams and for additional training offerings (non-direct practice staff, foster parents, mentoring, etc.) will come from a group made up of recently retired DCFS staff with training experience, family resource consultants, other Department of Human Services (DHS) training staff, and contracted trainers. (See Appendix 1 for the training plan for Practice Model training and mentoring groups.) Training for non-direct service staff, foster parents, and overviews for community partners will not be finalized until DCFS has had experience with the delivery of the larger Practice Model training package. This experience will help DCFS to modify the training to meet the needs of these groups. In general, these three groups will be trained on the philosophy of the changed practice, performance expectations of front-line staff and supervisors, and the role of each member of a service team. The training will illustrate for each group on how it can fulfill its role in supporting the Practice Model, and how the Practice Model will facilitate their involvement with children and families, even though some of their work may seem distant from the “hands-on” work of front-line staff.

Foster-parent training on the Practice Model will be incorporated into the preservice course currently offered. There will be an additional training for foster parents who have already completed preservice. Family resource consultants in the regions will be the key training resource and will be teamed with foster care workers to provide training in their region.

Community partner involvement began with focus groups held around the state, asking for input on the new Practice Model. Each Region will be responsible to continue this involvement. The structure for these meetings will continue to follow the community focus group meetings held during the model development. Future meetings will provide more detail to community partners on the actual practices that are being implemented by DCFS. The partners who provide contracted services to children and families working with DCFS will receive more intensive training on the model. Contractors who provide case management will be invited to participate in the first training given to DCFS staff and will be required to receive the Practice Model training. Additional resources from contractors will be requested to assist in the training of their staff.

There will be five initial training formats:

1. New employees.
2. Current employees that provide direct services to children and families.
3. Administrative staff, supervisors, and clinical consultants.

4. Other staff in the Division who do not provide direct services.
5. Foster parents.

The new employee training will be a combination of the current CORE child welfare overview, the new Practice Model, and skill development. Employees who currently deliver direct services will receive the new direct-practice framework and skills development. Administration, supervisors, and clinical consultants will receive the same training as current employees with additional training for mentors. All DCFS staff not providing direct services will receive training on the principles and expectations of the Practice Model.

The content of the new training and model will incorporate the philosophical understanding of child welfare contained within the current curriculum. It will foster better interviewing skills and methods for engaging children, families, foster parents, and community partners for the purpose of protecting children and strengthening families. A major component of this training will equip staff with the skills to conduct comprehensive family assessments that provide significant information about a family's history, current functioning, and capacity to ensure child safety and well being. The direct-practice skills and family assessment curricula are currently being researched and are planned to be selected by May 28, 1999.

The initial training will require consultation and training from content experts who will be contracted for this purpose. Since the training content will be mostly new content for Utah, the trainers will come from outside the state. Currently, the DCFS in-home specialist is researching various comprehensive family assessment tools as well as training curricula. The specialist has asked several states (California, Idaho, Nevada, North Carolina, Ohio, and Oregon) and agencies (Boystown, Homebuilders, Institute for Human Services, and National Center for Family-Centered Practice) to outline the tools and curricula they have developed and are using. In May 1999, DCFS will host a meeting where these groups will be asked to present their models so that DCFS can make a determination about whether to use the comprehensive family assessment from one of these groups or if components of assessments will need to be modified to better fit Utah's Practice Model direction.

The contracted trainers will provide training and will be mentors to DCFS trainers. Quality assurance of DCFS and contracted trainers will include the following, already established, four procedures:

1. Reference check on trainer's past performance.
2. Evaluation of performance in a training of trainers exercise (mostly for DCFS staff).

3. Evaluation of curricula review and past training performance by the DCFS Administrative Team and the Training Steering Committee.
4. Proven performance of past training in the child welfare field or in fields related to a particular training.

This training structure will allow Utah to continue the provision and future adaptation of this training.

House Bill 93, which passed during the 1999 Utah legislative session, requires a mentoring period of up to three months for each new direct service employee. New employees will observe and accompany at least two capable and experienced child welfare workers as they perform work-related functions. DCFS is required to make an annual report to the Child Welfare Legislative Oversight Committee under this statute. A performance plan outlining mentor responsibilities and duties will also be developed and approved by the Administrative Team in June 1999. The goal is to have the training curriculum developed by January 2, 2000, and there will be an ongoing monthly group for supervisors and mentors on how to coach staff on obtaining skills in direct practice and how to test for skill level attainment and retention. The first training on how to effectively implement a mentor program that includes effective clinical supervision is targeted for February 15, 2000, with continued group discussion and learning during the remainder of the year.

In addition to the introductory courses and mentoring training, a more intensive series of skills development training will be provided for all those delivering direct services to children and families. Training will begin after the introductory course to the new model has been given. Each Region will implement monthly learning groups to provide continuous improvement of skills development. The groups will be facilitated by DCFS trainers and clinical consultants. Supervisors will attend these advanced sessions and then provide training to their staff (facilitated by two supervisors together to train their combined staff groups). The monthly groups will contain a learning module for the month, skills practice, open discussion about application of skills with children and families, and assignments to practice specific skills between group sessions. Prior to the monthly sessions, all of the facilitators will attend a workshop to prepare them for holding these groups. Additional workshops for assessing how the groups are proceeding and for support of the facilitators will be held throughout the ten months of training. Regions will submit their plan for conducting monthly learning groups by January 1, 2000. The first series of groups is intended to run for the entire year. This will provide a forum for discussion of practice and sharing of ideas on the practice changes.

Training Logistics

The new Practice Model training will require the following approximate time for delivery:

New employee training	16 days
Administrators/supervisors/clinical consultants/trainers	8 days
Current direct practice employees	9 days
Current non-direct practice employees	2.5 days
Foster parents	Equivalent of 2 days

Training DCFS on the Practice Model will be a sequenced program allowing staff to return to the work site between training sessions. The training sequence requires nine total days, with four major components:

1. An introduction to the model (one day).
2. Engaging children and families (two days).
3. A comprehensive family assessment (four days).
4. Service planning (two days).

This sequence of training is scheduled over three months for each trainee group. The actual starting and completion dates for training are contingent on the availability of the contractors who will provide the initial training development and beginning training sessions. The major steps for completing Practice Model training and the proposed completion dates are:

August 1, 1999	Complete curriculum for basic Practice Model training.
August 31, 1999	Pilot test training of Practice Model with a group of front-line staff members.
September 30, 1999	Pilot test training with DCFS administration.
November 24, 1999	Complete training of Practice Model for all supervisors.
January 2, 2000	Begin training all DCFS direct, non-direct staff, and foster parents on Practice Model. Begin mentor training on

Practice Model for new employees. Begin using new training on Practice Model for new employees.

November 19, 2000 Complete all initial Practice Model training to current employees and foster parents.

After the first training of all DCFS staff, new employee training will ensure that all staff have been trained in the Practice Model, skills in applying the model, and mentoring. Other training offerings in DCFS will support 40 hours of annual skills development or refresher training as assessed by each supervisor on a Division-wide basis as determined by administration. Administrative data collected through trends, case processes, qualitative reviews, and other monitoring reports will provide guidance to administration on additional training needed each year. DCFS will structure the 40 hours of training to match the needs identified from these processes, and design specific continuous learning offerings that will be provided as a required training in any particular year. The Training Steering Committee will be responsible for advising the Administrative Team on these issues as it reviews all of the information collected from the resources referred to earlier.

Once the introductory training on the new Practice Model is completed, other training development and delivery will begin. Another training development will increase the ability of DCFS to provide introductory training through the DCFS website. This website will allow new employees to go through these exercises at the job site and then come to training with some knowledge about the content.

The website will also provide “just-in-time” training offerings. “Just-in-time” training will focus on those practices that may not be used regularly but which are needed to accomplish a specific task that is either unfamiliar or has not been used for a long period of time. An example of this type of training would be on the Indian Child Welfare Act (ICWA). Currently, all staff are to receive this training, but ICWA is not often used in areas where there are few Native Americans. A staff member who takes a Native American child into custody, and has not had to use ICWA policy, can access the website and receive a quick training session on what is done. DCFS will collect information on training issues that best fit this description and prepare these learning modules. This type of training will not be available until the first training offerings on the new Practice Model are completed. This development will begin no later than July 2000.

Measuring Change

The effectiveness of the new curriculum in assisting staff to meet the performance expectations will be measured by six different measurements:

1. **Staff Survey:** Under the direction of the DCFS Director of Strategic Improvements, a staff survey will be conducted two more times to measure change in staff perception and understanding of direct practice. The first survey will be conducted in January 2001 and will measure changes after the practice orientation is in place. The second survey will be conducted in September 2001 and will measure the degree to which changes have been made and sustained in day-to-day practice. In addition, a survey on key stakeholders' (attorneys general and guardians ad litem) perceptions will be completed to determine a baseline of their attitudes and measure change toward using the Practice Model within these groups. This survey will be conducted in September 1999 and annually thereafter.
2. **Trend Indicators:** The DCFS Director of Strategic Improvements will oversee the review of trend indicators and the production of the DCFS Annual Outcomes Report based on these data which will provide a broad picture of practice change.
3. **Case Process:** Reviews will be conducted by the Bureau of Services Review (BSR) and CWPPG.
4. **Qualitative Reviews:** These will be completed by the BSR and CWPPG.
5. **Foster Parent Survey:** Under the direction of the DCFS Director of Strategic Improvements, the foster- parent survey will be re-conducted to assess the success of key partners in providing care for children in custody. The survey was first conducted to provide a baseline measurement of foster parents' perceptions, and will be conducted again in June and July 1999.
6. **Staff Turnover:** A study on staff turnover will be conducted in May 1999, and again in May 2000, to determine if DCFS is providing more stable support and resources to staff members. The DCFS Director of Strategic Improvements and Director of Finance will oversee these surveys.

Practice Model Implementation

After pilot testing of model components, training curriculum development, and administrative preparations on a regional basis, the Practice Model will be implemented. The effectiveness of Practice Model implementation will be assessed by a Quality Improvement Committee in each Region, and through ongoing reviews of the Division.

Components to be achieved

The Practice Model will be incrementally implemented after each Region is trained on the model. Implementation will include the provision of new performance plans containing the performance expectations listed earlier, and a training plan that requires DCFS staff to maintain expected levels and use of expected practice skills.

Pilot tests of Practice Model components will begin in June 1999. These tests will be completed by September 1999. A training of the Practice Model will be tested with a pilot group of front-line staff members and supervisors. Later, the Practice Model will be tested with a pilot group of DCFS Administrative Team members and DHS administrators. These training pilots will be completed by October 1999. These tests will allow observation of the basic model components, encourage recommendations for changes to the model, and assist in the reworking of the model and related training.

Each of the seven DCFS Regions will assess its readiness to move into the new Practice Model. This assessment will include a readiness test designed by the Administrative Team (September 1999) that will account for local resource allocations to the model; preparing staff as to perceptions about the change; preparing staff support for time away during training; and setting up discussion groups to review the impact of the changes implemented in the Model, including removing barriers to fully implementing the model. All Regions are to complete their goal of Region readiness and will report readiness for training by January 2, 2000.

Prior to the implementation of the new model, a Practice and Training Committee will be established in the Division to review practice information and assist DCFS in developing strategies for continuous improvement. The members of this committee will be experienced practitioners and researchers in fields that provide services to children and families, professional skill trainers, curriculum writers, DCFS training managers, and DCFS clinical consultants. This group will be convened and chartered no later than January 2000. The purpose of the committee is to provide an annual assessment of the level of skill, adequacy of training, and the progress DCFS is making in adequately matching the level of expertise required in DCFS front-line staff and front-line supervisor positions. This group will convene quarterly to discuss progress and offer recommendations to “vexing problems” identified in training and skill acquisition. This group can also request “vexing problem” studies from the BSR and make recommendations for changes in model training based on these studies.

Once all DCFS staff members have been trained to the model, a training and support group will be established in each region for front-line supervisors. The groups will be facilitated by Region Directors, associate Region Directors, team leaders, training managers, or clinical consultants in any mix determined by the Region Director. The purpose of the support group is to discuss Practice Model implementation and recommended improvements. The group will also receive ongoing training with the expectation that the supervisor is to train his/her staff in the months between trainings. This continuous learning process will begin with training the supervisors in solution-based practice, with movement to other significant skills training each year.

Implementation of the new Practice Model will be supported by performance plan expectations that will be designed at each organizational level of DCFS. An ongoing focus on skills improvement will be maintained by the Practice and Training Committee and the monthly regional supervisory skill development groups. As it reviews DCFS data

to assess achievement of Division performance goals, the DCFS Administrative Team will oversee maintenance and improvements of the model.

Exit Consideration

DCFS and CWPPG recommend that the monitor discontinue oversight of this portion of the plan when the following items are developed and completed in all seven regions:

1. A new curriculum is developed for training of the Practice Model.
2. A Practice Model curriculum is contained in employee training.
3. A new Practice Model curriculum is delivered to all DCFS staff and foster parents.
4. A training system is established for continuous development of direct practice skills.

DCFS agrees to voluntarily report the results of the staff practice surveys scheduled for January 2001 and September 2001, as well as actions taken based on these survey results, to the Child Welfare Legislative Oversight Committee.

CWPPG will participate in portions of each level of DCFS training and will assure that each Region has been trained on the curriculum.

Milestone 2
System Investments

Milestone 2: System Investments

Successful public child welfare organizations must receive the fiscal support necessary to develop the reasonable infrastructure that supports appropriate and effective child welfare practices. While spending alone does not guarantee the achievement of desired outcomes, the absence of sufficient funding makes the attainment of those outcomes more difficult, if not impossible.

This section will describe the following items and detail how these items will be kept in place over time:

1. Historical (pre-lawsuit), current (fiscal year 1999) and up-coming (fiscal year 2000) DCFS budgets.
2. Historical and current staffing patterns.
3. Proposed staff retention strategies, including current national and local caseload sizes.
4. Available and future practice support tools.
5. Current and proposed training capacities.

Appendix 2 details proposed spending for fiscal year 2000. The funding for Utah's Child Welfare and Children's Justice system partners, and the current initiatives underway to improve the existing infrastructure, are also examined.

Components already achieved

DCFS Budget Summary

The Office of the Legislative Fiscal Analyst reports that in fiscal year 1994 (7/1/93 through 6/30/94), the year the "David C vs. Leavitt" Settlement Agreement was reached, DCFS received \$18,872,900 in state general funds. Federal funding and other revenues created a total budget of \$48,902,600. Five years later, in fiscal year 1999 (7/1/98 through 6/30/99), DCFS received \$59,872,200 in state general funds. Federal funding and other revenues created a total budget of \$115,908,600.

DCFS Funding Increase from 1994 to 1999

**Utah Division of Child and Family Services
The Performance Milestone Plan**

Fiscal Year	State General Funds	Federal and Other Funds	Total Funding	Percent Increase
1994	\$18,872,900	\$30,029,700	\$48,902,600	----
1999	\$59,872,200	\$56,036,400	\$115,908,600	137%

This five-year period from 1994 to 1999 saw state general funding for DCFS increase by 217 percent and total funding increase by 128 percent. State funds now comprise 53.8 percent of DCFS' budget, compared to only 38.6 percent in 1994.

CWLA's *Fact Book* of 1997 compared per capita spending by state. Utah, despite having the nation's highest percent of population under age 18, was ranked 21 of 42 reporting states. Utah's per capita spending on child welfare in state fiscal year 1996 exceeded that of any of its border states e.g., Arizona, Colorado, Idaho, Nevada and Wyoming and since then Utah's DCFS budget has increased an additional 40 percent.

The budget for fiscal year 2000, which was passed by the 1999 Legislature, is \$118,401,200 and includes new funding specifically for foster care support, crisis nurseries, information system management, and support for victims of domestic violence and their children.

Current Budget Distribution

Utah is a geographically diverse state. For service delivery and administration, DCFS has established seven Regions. To ensure that each child and family have equal access to needed and appropriate services, budget distribution must account for that diversity.

In May 1998, the DCFS Management Team agreed on a formula for distribution of resources authorized through the legislative process. DCFS State Office operations utilizes 6.2 percent of DCFS' available funding. The balance is distributed to the seven operating Regions based on a staged implementation of a formula based on square miles, child population, children living in poverty, and CPS referrals. For fiscal year 1999, 15 percent of each Region's budget was based on this formula with 85 percent based on the historic base budget.

Financial Commitment

The Division and DHS will continue its efforts to sustain the state's financial commitment throughout the implementation of this plan. In addition, DCFS will report its fiscal status to the Child Welfare Legislative Oversight Committee in July of each year.

A major effort to focus on increasing federal revenue (i.e., federal revenue maximization) began over a year ago. This effort has developed into a three-fold strategy concentrating on an increased Targeted Case Management (TCM) rate for Title XIX Medicaid revenues, a restructuring of residential provider contracts (also effecting Title XIX Medicaid revenues), and bringing in an outside revenue maximization consultant to focus on Title IV-E revenues (with some Title XIX revenue work). This strategy also involves the previous decision to perform DCFS' eligibility determinations in the regions.

In December 1997 (fiscal year 1998), a rate increase was granted for TCM services performed by DCFS employees. This increase, coupled with an improved method of calculating the number of units of service performed by employees, has increased Title XIX Medicaid revenues (fiscal year 1997 vs. fiscal year 1999 est.) by approximately \$3,000,000. This increase was due to the development of a better reporting system and a new rate. This revenue was "earned" in the Service Delivery (KHB) budget category and has been used to help offset the increased expenses associated with the massive personnel hiring that has taken place over the last four years. The current rate will be reviewed periodically to determine if further increases are warranted.

One of the most significant changes in the business activities of the Division has been the restructuring of residential contracts. The goal of the restructuring has been to shift funding for high-cost residential care from the state general fund and Title IV-E fund to Title XIX Medicaid funds by including "wrap-around services," (e.g., mental health treatment services) in all inclusive basic rates (meaning an individual service now includes identified "up-front" treatment services) paid to providers.

In the Fall 1998, MAXIMUS, Inc. (a national consulting firm specializing in federal entitlement policy and the maximizing of federal reimbursement for state child welfare expenditures) won a department "rev-max" contract. Areas of focus are eligibility determination, random moment time study, training, and an overview of Title XIX revenues. Since work was formally started in December 1998, the consultants have aided the Division in developing an eligibility system to determine under which federal programs children in custody and state adoptive children may qualify under. These efforts were put in place in March 1999, so an increase in Title IV-E revenues has not been realized yet. However, DCFS' financial team estimates that for every one percent increase in the "penetration rate," the Division can realize an additional \$250,000 in increased Title IV-E revenues. These new funds will be generated in the Out-of-Home Care (KHE) and Adoption Assistance (KHP) budget categories and, with the Utah Legislature's approval, can be used to offset the cost of services provided directly to children in custody. MAXIMUS is currently working on the random moment study program to make it more "caseworker friendly." As with increased eligibility, DCFS estimates that for every one percent increase in the random moment study rate, the Division can realize an additional \$250,000 in increased Title IV-E revenues. These funds would be mainly generated in the personnel budget category, or KHB--Service Delivery, and would need to be used to offset expenses in this area. However, as DCFS realizes increased federal funding from these efforts, Utah State General Funds can be shifted among budget categories (with

approval from the Governor’s Office of Planning and Budget) to meet children’s needs. MAXIMUS will also review the DCFS cost allocation plan with respect to Division training activities and will make recommendations for improvement. DCFS expects an increase in Title IV-E revenue from this effort but not as dramatic an increase as that realized from eligibility and random moment study efforts. Any gain in this area will be in the Service Delivery (KHB) budget category.

The Division anticipates using some of the additional revenues derived from the MAXIMUS contract to enhance the service array. The process for developing a larger service array began in February 1999. On March 1, 1999, the Division assumed responsibility for the eligibility determination functions for both Medicaid and Title IV-E. Previously, Title IV-E and Medicaid eligibility were split between DCFS and the Department of Health (DOH). The plan for using the enhanced revenues from this effort is also outlined in Appendix 2.

Staff Resource and Deployment

In fiscal year 1994, DCFS was authorized to employ 576 full-time positions. By fiscal year 1999, this authorization grew to 1,064 positions--an 84.7 percent increase. The new positions have been hired and are currently placed within the following functions: 92 management positions, 104 supervisory positions, 539 caseworkers positions, and 329 support staff positions.

The authorized positions are distributed as follows: Cottonwood 103, Eastern 153, Granite 115, Northern 244, Salt Lake 126, Southwest 93, Western 133, and Tri-Region support 51. The state office has 46 assigned staff positions. Additionally, DCFS contracts for some case-management services. Currently, seven agencies offer case-management services and have assigned 46 staff members to fulfill these contracts.

The increase in staff positions has allowed for a decrease in caseload size in all program areas. DCFS calculates caseload size based on the primary case functions of CPS, Foster Care Services, Home-Based Services, Intensive Family Preservation Services, and Adoptions caseworkers. While the emerging Practice Model (discussed in Milestone 1) encourages fewer case transfers among functions and more “generalist” case practices, caseload size will continue to be determined based on the above description. The table below compares the CWLA established caseload standards for public child welfare agencies with the DCFS, point in time in February 1999, caseload sizes.

CWLA Standard and DCFS Caseload Comparison

Program Area	CWLA Standard	Average DCFS Caseloads
Child Protection Services	12 - 15 families	9.3 families
Foster Care	12 -15 families	12.6 children

Home-Based	15 families	17.6 families
Intensive Family Preservation	2 - 6 families	3 families
Adoption	12 - 20 families	19.5 children

Utah appears to be generally meeting these standards. While national comparative data on caseload size is unavailable, it is generally understood that few state or county agencies have actually met the CWLA standards. DCFS and DHS have committed to financially maintain these caseload trends for the next five years. This reduction in caseload size allows staff to spend more time working with children and families, developing more individualized services, and implementing these services effectively.

Finally, the DCFS Annual Outcomes Report for 1998 (available on request), required by UCA§62A-4a-117, found a leveling of CPS referrals since 1993. The total of CPS referrals for the calendar year of 1998 was 16,606; this figure is essentially equal to the six-year average of 16,560 referrals. In addition, the “point in time” children/youth in custody analysis shows a flat trend for the past three years. These measures indicate that DCFS staffing and caseload size have “caught up” with referral and court custody demands.

Training Capacity

One of the keys to staff retention is the capacity to train employees on a Practice Model and then supervise the practical application of the model on a professional level to meet professional standards. Heretofore, the Division has relied upon the Child Welfare Core Curriculum as developed by the Institute of Human Services (IHS). While the IHS curriculum is nationally recognized, Utah’s adaptation has relied largely on classroom instruction without specific skill demonstration or skill practice. Classroom training has not been methodically reinforced in the work setting (see Milestone 1).

In November 1998, each Region was assigned a Training Manager in preparation for training on and mentoring in the Practice Model. Additionally, the DCFS Administrative Team established a Training Steering Committee. This Committee has the responsibility for developing, planning, and assessing Division training. The Committee will be directly involved in adapting relevant portions of the current CORE training to the new model, adding new skills development curriculum, and developing mentoring training. It will work directly with contracted consultants during the development of new training curriculum and formats for training delivery. In addition, the Committee will evaluate each Region’s effectiveness in supporting the curriculum through on-the-job learning activities. These activities will be designed by the Committee in consultation with the contracted developers. This Committee will continue to review all training in DCFS and provide quarterly evaluations of DCFS training programs.

DCFS training for foster, adoptive, and kinship families has grown over the past four years. Preservice and ongoing training are both required of these families. Preservice training provides prospective resource families an opportunity to learn about providing care to children who have been separated from their biological families. The *Foster/Adoption/Kinship Pre-service Series*, from Ohio's IHS, is consistent with Child Welfare League of America Standards and Utah's caseworker training. Preservice is required of all foster parents, including kin, and, as of 1999, is required in its entirety for adoptive parents as well. Families must also complete at least two hours of CPR/first aid training.

A variety of other courses for foster, adoptive, and kinship families are available statewide in formats consisting of in-depth classes, topical sessions, and home study materials. Ongoing training requirements vary from eight to 12 hours annually, depending on licensure level. Examples of ongoing training topics include: Caring for Children with Sexually Abusive Behavior Problems, Strengthening Your Foster Family Association, Working with the Agency/Policy Review, Allegation Training, Teen Issues, and topics related to specific conditions (such as Attention Deficit Disorder, Drug Babies--An Update, etc). Families providing care to medically fragile children receive specific training from their child's health care provider.

To provide structured foster care (for youth who benefit from a family-living situation yet require 24-hour a day supervision), a foster family must complete an additional 20 hours of training beyond the preservice level. When foster parents are faced with a challenging child or adolescent, resource family consultants are available in each Region to provide in-home consultation and training. Internet links are also established and can be accessed electronically through the DCFS at the website:

www.hsdcs.state.ut.us/task

Training evaluation is accomplished through participant evaluation of trainers and curriculum content. Some courses include pre- and post-tests, as well as behavioral observation of skill demonstration by foster parents.

Additionally, DCFS has provided access to college seniors majoring in undergraduate Social Work or related majors to the IHS Child Welfare Core Curriculum, thus avoiding re-training when they seek employment with the Division. Brigham Young University, Utah State University, and Weber State University all now offer the Child Welfare Core Curriculum as an elective in their respective Social Work or Human Services course offerings. Southern Utah University will do so in the fall of 1999.

Management Information System: SAFE

DCFS has created a child welfare database called "SAFE," which is now a crucial tool for the completion of casework in DCFS. The overall system design has received

Federal approval and funding, and meets the Federal Statewide Automated Child Welfare Information System (SACWIS) requirements.

Caseworkers have been individually provided with the necessary tools to utilize the SAFE system. In February 1999, 648 new computers were ordered to assist in keeping DCFS current with technology and to allow for an efficient interface with SAFE. Currently, there are 1,249 computers, printers, and other hardware devices in use by Division workers. The overall plan is to replace computers every three years.

The currently deployed SAFE modules include:

1. **Word Perfect Templates:** These replace previous paper forms and permit workers to utilize automation providing electronic records.
2. **Child Protective Services (CPS):** As of December 7, 1998, the CPS module has replaced all data previously entered into the older Unified Social Service Delivery System (USSDS) data system. This module provides all the necessary data to prepare the National Child Abuse/Neglect Data System (NCANDS) federal report. The CPS case record in SAFE was significantly expanded beyond that previously maintained in the Unified Social Services Delivery System database and includes intake recording, case transfer, activity recording, risk assessment, policy-related action items, and case closure. Implemented modules include:
 - a. **Process Guide:** Reflects the completion of processes as they occur.
 - b. **Notification:** Provides computer generated notifications to referent and perpetrator.
 - c. **Intake:** Provides caseworkers with the ability to accept a referral, and initiate an investigation of potential child abuse and develop electronic logs.
 - d. **Case Management:** Provides for recording case activity, risk assessment, action recording, and case closure. Caseworkers are alerted when actions become due, when due and, if not completed timely, when overdue. Supervisors also receive notification of actions due/overdue for their staff.
 - e. **Help Desk Management Information System:** Tracks problem calls received by the Help Desk, directs calls for resolution, and follows progress in resolving problems.
 - f. **Case Closure Wizard:** Walks the caseworker through the process of recording the completion of an investigation and case closure.

3. **SAFE Help Desk:** Personnel have been trained and currently staff a function designed to assist caseworkers with problems in the utilization of SAFE, train current and new employees as new versions of SAFE are released, test new modules before release, and accumulate daily information regarding problems to determine necessary corrections or modifications to the system.
4. **In-Home and Out-of-Home Cases:** Data maintained in the USSDS system are currently updated in SAFE on a daily basis. Presently caseworkers/technicians can enter data into USSDS or SAFE as each system is updated with changes received from the other system.
5. **SAFE User Certification:** This part of the system allows for the training of caseworkers, and includes a program to permit workers to demonstrate proficiency in SAFE use.

A variety of groups have access to SAFE in order to complete their work and to monitor the safety and well being of children in Utah. Within DHS, the following groups have access:

1. **Caseworkers and DCFS Management:** All DCFS Regional Directors, State Specialists, caseworkers, supervisors, and technicians have access to SAFE to review and record data, to obtain prompts of items due, and to determine the status of activities in child welfare, measure trends, and provide statewide reports. Simultaneous users currently exceed 250 individuals on any given workday.
2. **Office of Compliance:** In order to prepare an annual report for the Utah Legislature, staff has access for review of individual cases to determine compliance with Utah Code and DCFS policy.
3. **Office of Licensing--Licensing Database:** Office of Licensing staff, who are authorized to clear persons to become foster parents or to work or volunteer in human service programs who are required to be licensed by state law, have access to the licensing database created from the SAFE database. This database provides information on persons who have been substantiated as abusers of children.

The Departments of Health and Human Services have entered into a contract whereby DOH provides health care coordinators in each DCFS Region. These coordinators have access to the SAFE system and update all records pertaining to the health of the child, including medical, dental, and mental health. Current records include documentation of initial and annual health examinations.

Practice Support Tools

DCFS has provided all caseworkers and supervisors with cell phones, to aid in communication with staff and clients, and a transcription service, to save time documenting cases activities. Over 14,000 files were submitted to Quality Transcription Services, Inc. and transcribed during January 1999.

Funding for System Partners

Funding for a public child welfare system alone will not always create a contemporary and effective system. The justice system that adjudicates child welfare matters and oversight structures that mediate consumer concerns must also have sufficient funding. These organizations were not a part of the 1994 Settlement Agreement; however, the examination of their parallel development indicates that state policy makers have created a broad environment of child welfare resources. The following table depicts the funding of these justice, oversight, and allied service delivery organizations.

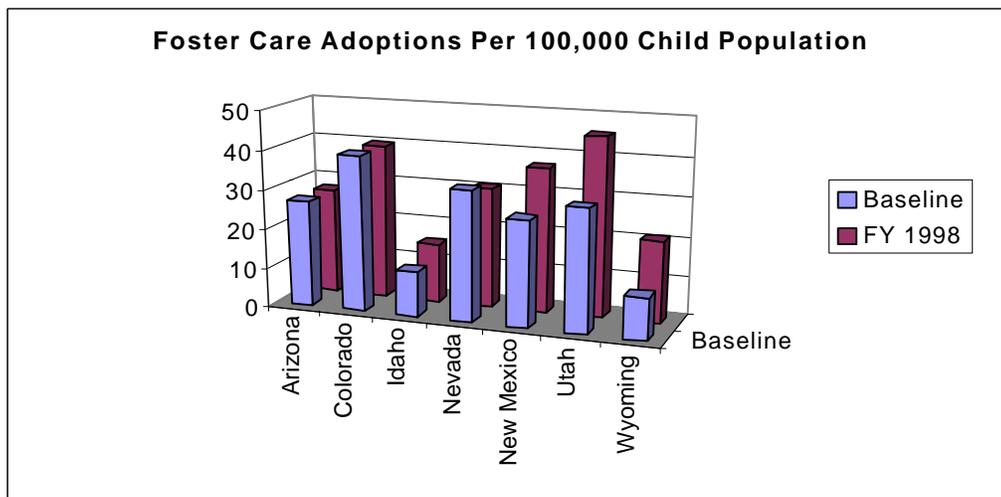
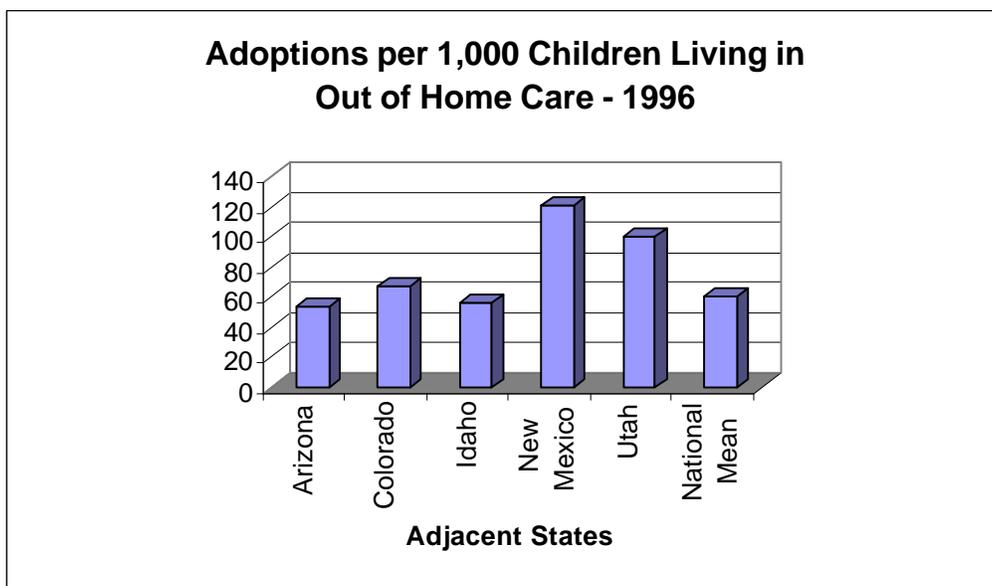
Budget and Function of System Oversight Partners

Organization	Function	FY94 Budget	FY94 FTE	FY99 Budget	FY99 FTE
Court System	work on legal issues	\$10,988,400	236*	\$25,308,500	467*
Juvenile Court Judges	preside over all child welfare court proceedings		12		23
Court Mediation Project	provide quick, out-of-court solutions for children and families	0	0	\$142,000	3
Attorneys General--CPS	represent DCFS in child welfare legal matters	0	0	\$3,931,000	32
Guardians ad Litem	represent children in child welfare custody cases	\$250,000	contract	\$2,826,800	46
Children's Justice Centers	provide multi-disciplinary assessment/investigation of child sexual abuse/battery	\$435,600	contract	\$1,636,000	contract
Child Protection Ombudsman's Office	investigate/mediate consumer concerns	0	0	\$403,000	7
Foster Care Citizen Review Boards	conduct periodic reviews of all foster care cases	0	0	\$865,500	17
Consumer Hearing Panel	provide next-level authority for consumer concerns	0	0	\$13,000	.5 (volunteers)
Office of Compliance	measure DCFS' progress on statutory service delivery requirements	0	0	\$754,300	11

* These numbers include the entire court staff, not just those individuals involved in child welfare issues.

Adoption and Safe Families Act Requirements

As a result of the intensive effort by the Division and the cooperative support of the Governor, State Legislature, and the State Attorney General’s Office, Utah has achieved a high level of success in placing foster children for adoption. Data from a survey of states by CWLA show Utah’s number of legally adopted children per 1,000 in out-of-home care to be 100.7 in 1996. This compares favorably to the lower national mean of 60.1. The mean for surrounding states was 72.8. The charts below reflect these data:



An additional study by the North American Council on Adoptable Children shows continued improvement in fiscal year 1998. Utah's finalized adoption rate of 45.6 per 100,000 child population exceeded that of any surrounding state. The 1998 rate shows a 46 percent increase from a baseline of 31.2 percent. The baseline was developed from an average of finalized adoptions in 1995, 1996, and 1997.

An analysis of state legislation enacted in response to the Adoption and Safe Families Act, P.L. 105-89 (ASFA), compiled by the National Conference of State Legislatures, provides a summary of states' responses to the major requirements of ASFA. Of the 15 major requirements, Utah had addressed 12 compared to a national average of eight. An additional requirement, "concurrent planning," was addressed and passed during Utah's 1999 legislative session. Utah has enacted all of the mandatory components identified in ASFA pertaining to reasonable efforts and most of the components in which ASFA requires the state to initiate proceedings to terminate parental rights.

In order to facilitate placement of waiting children, particularly those who are older or have behavioral problems that make them more difficult to place, the state will have on-line by July 1999 an Internet listing of children awaiting a permanent placement. Additionally, families approved by either private or state adoption agencies and who have completed the state training required to receive special needs children will be listed on the website. This website will facilitate connecting children needing homes with available families.

Expedited permanency resource teams are being developed, involving public and private agencies, in which a variety of resources can be pooled to facilitate placements. These teams will convene at the request of caseworkers when placements for children have not been identified.

A combination of newly available Adoption and Safe Families Act funds and IV-B part II funds, in the amount of \$300,000, will facilitate post-adoption support contracts for adopted children and their families to assist in maintaining challenging adoptive placements. These funds will support services to families, including assessment and in-home behavioral management, specialized respite care, support groups and mentoring for parents, and training in specialized problem areas. These expanded service contracts will be in place by October 1, 1999.

The SAFE system tracks the time from when a child has an adoption goal to when he/she becomes free for adoption, and to when he/she is placed into his/her permanent placement. Efforts are made to shorten the time between goal identification and permanent placement. Efforts to continue concurrent planning, mediate voluntary

relinquishments, kinship placements and family group conferences, all designed to expedite permanency for children, will continue to be implemented.

The Utah Court Improvement Grant Project Committee will track the number of children free, but awaiting adoption, on a quarterly basis. An adoption sub-committee of the Court Improvement Grant Project will also be established.

Components to be achieved

Division Budgetary Strategy

For state fiscal year 2000, 30 percent of each Region's budget will be allocated based on the formula (see page 25), with 70 percent based on the historical base. In each subsequent year, an additional 15 percent of each Region's budget will be allocated by formula until each regional budget is based entirely on this formula. The implementation of this formula shifts the regional allocations from an historic budget distribution to one that recognizes needs as expressed by population, poverty, and geographic area. Formula distribution, coupled with regional fiscal accountability and increased autonomy for regional decision-making will create an environment where regional management can reasonably predict fiscal resources and create contractual partnerships more effectively. The general effect of the formula is to move a larger share of DCFS funds from urban to rural areas. In the most rural DCFS regions, this budget growth permits regional management to develop local strategies to create enhanced behavioral health or health care services through contract or other partnership.

The following demonstrates the impact of the formula on rural regions. In state fiscal year 2000 (the second year of formula distribution), Utah's most rural areas will receive the following budget increase over their 1999 allocations: Eastern Region will receive \$885,340, Southwest Region will receive \$1,965,940, and Western Region will receive \$1,364,740.

Staff Retention Strategy

The stability and maturity level of a public child welfare agency is to some degree dependent on retaining trained and experienced staff. Currently, the Division is experiencing an unacceptably high turnover rate. During calendar year 1998, the Division lost 32.1 percent of its direct casework and supervision personnel, and 23.3 percent of its clinical service positions. High turnover rates create significant costs to DCFS in the areas of retraining, loss of experienced caseworkers, and the client and community partner relationships they have developed.

DCFS and the University of Utah Graduate School of Social Work are designing a study to review the DCFS employee turnover rate. The purpose of this study is to learn:

1. The rate of workers who actually leave DHS employment versus moving to employment within the department structure.
2. Why people leave the employment of DCFS.
3. Why people stay in the employment of DCFS.
4. How many employees complete their probationary period.

The information from this study will be available by August 1999. The results of the study will be used as baseline information for developing a retention strategy for DCFS staff. The retention strategy will be designed in November 1999 and implemented in December 1999. Three additional retention plan steps will be taken in advance of the results of the University of Utah study.

1. Division has contracted with the University of Utah to provide instruction leading to a Master of Social Work (M.S.W.) degree for 28 students. The students are participating in three types of M.S.W. programs: (1) rural, (2) evening, and (3) day. The students receive tuition assistance and/or a stipend. These students have the contractual responsibility to take Child Welfare classes and to work for the Division after graduation for 24 to 36 months. Of the 28 students currently receiving tuition assistance and stipends, 19 are already DCFS employees. The availability of flexible methods of M.S.W. instruction, and the tuition and stipend assistance, has created a "career ladder" opportunity for DCFS employees. In 1998, DCFS hired 22 M.S.W.s who graduated from the University through this contract.
2. The "mentor" requirements of House Bill 93 will be implemented on July 1, 1999. The Training Steering Committee will design the "mentor" approach according to instructions from the statute. The DCFS Administrative Team will approve the "mentor" approach and the Region Directors will implement it. The Division will report the design and initial results to the Child Welfare Legislative Oversight Committee by October 31, 1999, according to statutory instruction.
3. By October 1, 1999, DCFS and the Office of Human Resources will have conducted a salary survey of public child welfare agency pay for casework, supervisory, and clinical positions. Previous salary surveys conducted by the Utah Department of Human Resource Management did not consider any out-of-state comparisons. Subsequently, child welfare system staff members have been

compared against the relatively small number of social casework positions from the non-profit sector within the state. Since DCFS is a statewide child welfare agency, comparable jobs are not readily available within the state. The information from this study will be used to structure building block requests for direct service staff.

Foster Family Resource Retention

The Utah Foster Care Foundation has been established as a non-profit organization for the purpose of recruiting, training, and retaining foster families and foster volunteers to serve children in the custody of the Division. A Board of Directors has been established and has been pledged \$2.2 million in private donations to begin operation. Additionally, the 1999 Legislature appropriated to the Division \$750,000 in state general funds for contracting for services from the Foundation. The Foundation's Executive Director has been hired and began work on March 1, 1999. It is the intention of the Division to enter into a performance-based contract with the Foundation as soon as the Foundation has established the capacity to begin recruitment and training functions.

The Foundation and DCFS will select two initial sites to begin the transition between DCFS recruitment and training and Foundation services. Full reliance on the Foundation for recruitment, training, and retention is the plan for DCFS; however, no timetable for statewide transfer has been established.

While this public-to-private transition is occurring, DCFS will continue to interact with the Foster Family Association and provide training and support. On July 1, 1999, reimbursement for "basic" care will be increased from \$10.50 per day to \$13. "Specialized" care will increase from \$15.75 to \$16.75. In September 1999, the Christmas Box Foundation and the Division will cosponsor a foster family recognition day and banquet as part of the Utah Child Welfare Institute.

The Practice Model emphasizes strengthening the team effort of all individuals and family systems that impact children and their families. The model promotes improved involvement of foster parents. Family team conferences will bring the foster parent's knowledge and daily observations into the decision-making process. Foster parents will be involved in the planning, implementation, and completion of individualized service plans. Combined training of foster care staff and foster parents will establish stronger working relationships with the goal of good collaboration between the foster parent, the child, the child's family, and DCFS staff. Involvement of foster parents in service planning will be stressed in the training that addresses the engagement of children and families, and in the training on individualized service plans. Also, as stated in the Practice Model training section, foster parents will be trained in the new model concurrently with DCFS staff.

The third annual foster parent survey will be conducted in June and July of 1999. Since the Utah Foster Care Foundation will assume the responsibility for foster parent training, the results of this survey, which will be available on October 1, 1999, will be provided to the Foundation for use in planning the training component.

Management Information System Maintenance Strategy: SAFE

SAFE Version 2.2 will be released in July 1999. This version will include 12 new modules with in-home and out-of-home components on items such as forms facility, case creation and plans, placement, independent living, purchase service authorization, and health and education tracking. In addition, this version will provide Federal reports on children reported as being abused and/or neglected.

Version 2.3 of SAFE will be implemented in October 1999. Additional in-home and out-of-home modules are slated to be released with this version. Some of the modules are the foster care citizen's review interface, the Adoption and Foster Care Analysis Reporting System (AFCARS), and the juvenile court/Medicaid interface. (See Appendix 2 for detail of versions 2.2 and 2.3.)

The SAFE system is primarily designed as a case management system for utilization by the caseworker. The system is responsive to caseworker needs, and maintains current documentation of services provided and client needs. Since the system contains documentation on all activities related to clients and case management, the data are valuable to DCFS management at all levels. As the SAFE modules are completed and implemented, there will be a shift in how SAFE is used, leaning toward more management of information by regional and state administration. As additional components need to be constructed, the SAFE Project Director will work with DCFS in completing these components.

In terms of administrative management activities, data input on case records will be used to answer the following reporting requirements:

1. **Federal Reporting:** During 1999, as the new modules become available, SAFE will be used to generate reports so that Federal requirements can be met.
2. **Division Reporting:** Staff members in DCFS, at both the state and regional levels, have been trained in the utilization of reporting software, allowing them to develop management reports. These reports are available to all levels of management to measure progress, determine areas of concern, and hold staff and management accountable.

3. **Outcome Reporting:** The system provides support data used to measure outcomes in client services for internal use and Legislative reporting.

The SAFE project has been in development mode since 1994. With the deployment of Version 2.3 in fiscal year 1999, some funding was shifted to an operational mode to support ongoing operations. In fiscal year 2000, SAFE will switch to a complete operations and maintenance mode. The 1999 Utah State Legislature has funded the project with an additional \$1.2 million base for fiscal year 2000 for continued operations and maintenance.

Exit Consideration

DCFS and CWPPG agree that significant attention has been given to the adequate financing of DCFS since 1994. This financing has resulted in a greatly enhanced capacity to serve children and families. The funding needs of child welfare agencies are unique in each state and are, to a large part, dependent on partnerships with and capacities of other agencies, which provide health care, mental health care, and educational services to children and families.

DCFS' implementation of the budget formula will, over time, equalize agency capacity statewide and facilitate local planning on how to best meet needs. DCFS will continue to prepare annual "budget building blocks" for the DHS Executive Director for consideration in the Governor's Budget. Additionally, the Division will make a report each July to the Child Welfare Legislative Oversight Committee regarding the Division's fiscal maintenance of effort.

Each milestone addressed in this plan has, at least in part, some relationship to the adequacy of system investment. Rather than specifically exiting this milestone, it should be considered that as other milestones are reached, they have been reached by adequate investment. Therefore, the principal exit consideration becomes reaching other milestones while making reports to the Child Welfare Legislative Oversight Committee regarding "fiscal maintenance of effort."

Milestone 3
System Management Structures

Milestone 3: System Management Structures

Public child welfare agencies must have sufficient management and administrative structures to carry out their organizational missions. Organizational lines of authority, decision-making, and communication must be established and maintained. DCFS has a defined management and operations capacity. This Milestone examines the principal management/administrative components of DCFS.

Components already achieved

The Board of the Division of Child and Family Services, established by UCA§62A-4a-102, is an 11-member Board charged with establishing policy for the Division and seeing that the legislative purposes of the Division are carried out. The membership of the Board includes foster parents, consumers, and experts in child welfare related fields. The Board meets monthly in a public meeting with a pre-published agenda.

The state office of the Division is located in Salt Lake City and contains the Director's Office, the Finance Section, Grants Management, Contracts Management, Information Management, the Policy Office, and Program Specialists. The state office is responsible for planning, legislative matters, federal programs coordination, policy development, information system development and maintenance, and overall management of DCFS' programs and services. The actual delivery of services to children and their families is carried out through seven geographically defined Regions. Each Region is led by a Region Director who serves at the pleasure of the state Director. Region Directors have delegated authority to deploy resources, create contracts, form inter-agency partnerships, make personnel decisions--in essence manage their assigned Regions. The organization chart in Appendix 3 depicts DCFS organization for the State Office and the regional offices.

The DCFS Administrative Team is the principal planning, budgetary, decision-making, and communication structure for the Division. The DCFS Administrative Team is comprised of the Director, two Deputy Directors, seven Region Directors, the Director of Finance, the Director of Strategic Improvements, and the Director of SAFE. This group meets monthly and on an ad hoc basis to conduct the business of the Division.

The DCFS Administrative Team is assisted in planning and decision-making by program area-specific steering committees. Steering committees study assigned issues, report to the Administrative Team, and suggest program and policy changes. Steering committees are chartered by the Administrative Team, develop an annual work plan that is agreed to by the Administrative Team, and are governed by procedures developed by the Administrative Team. Steering committees are comprised of supervisors and front-line

staff members from the seven Regions and a state office Program Specialist. Each committee is assigned a liaison from the Administrative Team. The following steering committees are currently chartered and in operation: Child Protection Services, In-Home Services, Out-of-Home Services, Clinical Services, Adoption Services, Domestic Violence Services, SAFE, and Training. Appendix 3 depicts committee names, membership, and liaison assignments.

Regional Management Teams carry out the planning, budgetary, decision-making, and communication structure for the staff and resources assigned to the defined Region. Regional Management Teams are charged with understanding the character of the communities and neighborhoods that comprise the Region. Each Region has Community Service Managers (CSM) who are DCFS' link to the various communities the agency serves. These positions were established in January 1999. Each Region has divided its geographic area into natural community lines (e.g., city or county lines, school districts, or self-identified community boundaries which historically exists in the city or area). CSMs oversee the service delivery within that specific community and develop relationships with local community partners such as families, schools, law enforcement, neighborhood councils, and businesses. The CSMs use these partners in the process determining how services should be delivered to children and families in their community. In addition, the CSM tracks historic and current trends in service delivery within the community. The CSM adjusts personnel and program resources to meet community needs. Based on the knowledge gained through their interaction in the community, the CSM educates DCFS staff on the unique characteristics of the neighborhoods, cultures, and families which make up the community being served.

The DCFS Director has oriented each Region Director to *The Future of Child Protective Services: Community Partnerships*, a 1997 publication by Frank Farrow through the Kennedy School for Government at Harvard University. This publication instructs public child welfare agencies regarding steps that must be taken to create greater community participation in the process of protecting and serving children. The suggested practices and principles are consistent with the goals and activities of the Performance Milestone Plan, and serve as a guide for Regional Management Team management and planning. This publication is available on request.

Communications

Policy changes, practice changes, and new developments in the Division are communicated through several structures. DCFS' Child Welfare Policy Manual is available to all front-line staff on the Folio database. Folio is an electronic record of policies and procedures available to each staff member through wide and local area networks operated and maintained by the Division. Folio may also be accessed at the website:

www.hsdcs.state.ut.us

In March 1999, the Division began publication of the *Quarterly Bulletin*. The Bulletin includes policy, rule, and procedure changes occurring during the previous quarter and briefs readers on the intent and application of the changes. The *Quarterly Bulletin* is distributed electronically to each employee and by hard copy to each supervisor and office, and is also distributed to many partner agencies and organizations.

GroupWise is the Division's electronic mail tool. GroupWise is installed on each of the personal computers the Division has deployed to staff. GroupWise spans the wide and local area networks managed by the Division and DHS and can be used to deliver messages and mail with attached documents to any Internet site with the capacity to receive electronic mail. GroupWise is used for standard inter/intra-office communication and to deliver system-wide messages. Administrative Team and steering committee minutes are routinely posted via this tool. Management also uses GroupWise to communicate a wide range of information to both general and targeted readers within the DCFS system.

The Link is the Division's news and information letter. It is published bi-monthly and contains feature articles, regional contributions, and new stories. Fifteen hundred hard copies of *The Link* are distributed to DCFS staff and partner agencies.

SAFE also has the capability to broadcast messages on a daily basis. Messages about new SAFE activities, SAFE training, or database explanations appear on the first screen a user reads when he/she accesses SAFE.

Collectively, these tools create significant capacity for DCFS management to communicate with staff and to further receive direct comment and group feedback from within the organization.

Exit Consideration

DCFS, with the tentative agreement of CWPPG, asserts that the management structures and communication processes and tools are sufficiently developed to achieve effective administration. CWPPG will review the documentation which supports this milestone, and if the documentation supports the assertion of sufficiency, CWPPG will find that the milestone is accomplished.

Milestone 4
Priority Focus Areas

Milestone 4: Priority Focus Areas

DCFS has identified six areas where management will focus its attention and conduct special studies over the next year. These areas were identified through review of Monitoring Panel and BSR reports; discussions with community partners, DCFS staff, and CWPPG; the development of the Practice Model; and internal discussions about policy. In the future, the Practice Model will be the primary tool for identifying the Division's focus areas for action. In the meantime, however, DCFS management has defined six areas to focus on while the Practice Model is being developed and implemented. Each focus area is described below with solution action steps:

1. **CPS priority time frames:** Ensuring that children are seen on time when an allegation of abuse and/or neglect is accepted to be investigated by DCFS.
2. **Proximity issues relating to out-of-home placements:** Ensuring that children are placed as close as possible to their familiar surroundings.
3. **Health and mental health care follow-up issues:** Ensuring that children in DCFS custody have access to medical, dental, and mental health care, as appropriate.
4. **Regular visits and family engagement:** Ensuring that children in DCFS custody are visited by caseworkers on a regular basis.
5. **Barrier removal to kin placement:** Ensuring, whenever possible and appropriate, that relatives who want to take a child into their home are allowed to do so in a timely manner.
6. **Placement prevention/disruption fund:** Ensuring that modest funds to prevent placement disruption are available for use by caseworkers.

1. CPS priority time frames

Problem Statement

State statute and DCFS policy mandate the time period within which children should be seen after a CPS referral is accepted. According to the DCFS Annual Outcomes Report, DCFS found below goal performance in meeting these time frames, particularly Priority 3 time frames. The data on time frames reflect the responsiveness of the system in maintaining safety for children in the community.

Strategy

DCFS has already begun to review the data surrounding meeting priority time frames in CPS. Part of this review has been a quality check of the data input into SAFE. Thus far, the Director of SAFE has determined that a main reason for the low performance rates on these time frames is due to incorrect use of some of the SAFE screens, e.g., “must see by” screen versus “child first seen” screen. In the majority of cases the Director of SAFE has reviewed, the child was seen within the priority time frame; however, the time and date input into SAFE was placed in the wrong screen. The Director of SAFE is alerting DCFS to this issue and is working on a re-training of caseworkers for this issue on SAFE. The Region Directors and the Director of SAFE are working on a plan to allow Region Directors to monitor caseworker activity and to provide rewards or corrective actions, accordingly. This plan will be available in August 1999.

2. Proximity issues relating to out-of-home placements

Problem Statement #1

When children can not be maintained in the family home, there are insufficient foster families to ensure that these children are placed in or as close as possible to their neighborhood or community. Additionally, there are not enough foster families to place siblings together. Practice values nine through 12, provided by CWPPG and shown on pages nine through ten, speak directly to this issue. Visits with parents, visits with siblings, contact with friends, continuity of education, continuity of medical care, and frequency of contact with the assigned social worker are all facilitated by sibling-compatible (when possible), neighborhood-, and community-based placements.

On occasion, the safety or unique treatment needs of a child may require placing a child outside of his/her sibling group, neighborhood, or community. Additionally, certain youth may benefit from a “fresh start” in a new community.

Strategy #1

The Division has established the following goals:

1. 90 percent of the children in custody who are under age 13 will be placed within their own Region.

2. 75 percent of the children in custody who are 13 or older will be placed within their own Region. This goal is the initial goal and it will be revisited on an annual basis.
3. 75 percent of siblings in custody will be placed together.

To meet the goals of Phase 1, each Region will be required to create a high degree of self-sufficiency regarding the array of placements needed to serve the range of childrens' needs. By July 1, 1999, each Regional Management Team will have completed a study of proximity issues and will have developed a "proximity" plan for review and approval by the DCFS Director. The plan will include the current measurement of placements compared to the stated goal, and will give time-specific steps to achieving the goal if current performance is lower than the set level.

The following guidance is given for calculating performance:

1. Children placed outside the Region with kin will not be counted against the performance goal.
2. The offices of the Tri-Region area (Cottonwood, Granite, and Salt Lake) are considered "within Region" for calculating performance.
3. Children placed within 30 miles of the home of their removal, but in another Region, will not be counted against the performance goal. In some circumstances, neighboring communities within easy commuting distance (e.g., Salt Lake City/Bountiful, Lehi/Bluffdale, etc.) are in different Regions.
4. Children placed outside the Region or away from siblings, by the order of the Juvenile Court, will not be counted against the performance goal.
5. Children placed outside of the Region to effect a permanent adoption will not be counted against the goal.

Inherent in the goals for placement for children within a region will be the intent to place children in their home zip code or other neighborhood boundary. However, performance for purposes of monitoring will address only regional proximity. To formalize this intent, a Phase 2 proximity plan will be regionally developed no later than July 1, 2001. The phase two proximity plan will aim to make placements within a zip code, school district, or other regionally defined neighborhood or community parameter.

Problem Statement #2

An additional barrier to proximity is the timely licensing of prospective foster families. While licensors are located in each Region, licensing functions are centrally administered and licensing supervisors are located in Salt Lake. Moreover, the licensing process often depends on input and follow up from potential foster parents and others outside the control of the licensor. This can lead to a lack of communication at the local level regarding planned time frames and workload progress.

Strategy #2

A licensing response plan will be developed for each region by the Office of Licensing and submitted to the monitor for review. Supervisors and licensors will meet with each Region Director by October 1999 to ascertain desired input and methods of communication regarding progress with the licensing process. Goals will be set regarding timeliness, depending on size of caseload and geographic territory. The principal guideline will be that licenses will be issued within 20 working days of receipt of verification of foster parent completion of requirements.

3. Health and Mental Health care follow-up issues

Problem Statement

Children who are placed in the custody of DCFS must receive physical examinations, dental examinations, and mental health evaluations within the first 30 days from the date of removal. Currently, DCFS is at 95 percent to 98 percent in meeting this need for children. However, ensuring that children in DCFS custody receive timely medical follow-up has been an issue of concern to DCFS. In this context, DCFS along with DOH have identified five goals for maintaining ongoing health care for these children:

1. Establish and/or maintain primary care medical, dental, and mental health providers.
2. Ensure continuity of health care for children.
3. Ensure access to health care provider resources, especially in rural and frontier areas.

4. Determine initial Medicaid eligibility in a reasonable time frame and ensure eligible children continue to receive Medicaid cards throughout the custody episode.
5. Gather, maintain, and provide a health history for each child.

Completed Strategies

Through the Fostering Healthy Children Program (FHCP) contract with the DOH, Regional Health Care Coordinators (RHCCs) are assigned to each DCFS Region. There are currently 16.5 FTEs (15.5 R.N.s and one L.P.N.) who work with DCFS in this program. The FHCP is part of the Children with Special Health Care Needs Bureau (CSHCN) located in DOH, providing a resource-rich environment for the program and linking FHCP with all DOH services. The RHCCs work in conjunction with DCFS to ensure the health of children in DCFS custody. Through this collaborative process, the RHCCs review each child's recorded health care and make recommendations accordingly. Resources are identified and accessed, and follow-up services completed.

The RHCCs, in collaboration with the Health Care Advisory Committee (HCAC) and the DCFS Board, have developed health status indicators. The RHCCs track the data, enabling them to identify the health trends of children in custody. Preliminary data are currently available that identify barriers which impact children's health status. This information is available from the Program Coordinator for the RHCCs at the DOH.

The HCAC meets monthly to discuss identified concerns and barriers, and works with DCFS to develop strategies. The current discussion surrounds ways to improve continuity of care, including maximizing Medicaid reimbursements for health and mental health providers, developing strategies to increase the number of children remaining with their identified primary care provider, and receiving follow-up services in a timely manner.

In order to ensure access to health care provider resources, especially in rural and frontier areas, CSHCN provides a variety of speciality services to assist in meeting this population's health care needs. CSHCN traveling clinics are provided in the following sites: St. George, Cedar City, Blanding, Moab, Richfield, Vernal, Provo, Ogden, and Logan. The clinics offer specialty health care services for all children with special health care needs, including orthopedic, neurology, and cardiology services.

The MI706 procedure, which is detailed in DCFS' Child Welfare Manual in the Health Care Appendix, allows for the use of funds to expedite payments to health care providers. These providers, who provide services under the FHCP, deliver services to eligible children in the custody of DCFS. This detailed procedure is available on request.

Along these same lines, DCFS also makes use of the Utah Children's Health Insurance Plan (UCHIP) funds. Foster children are eligible to receive these funds, and DCFS recommends to caseworkers that when a child is denied Medicaid funds that the caseworker refer the case to UCHIP for medical funding.

Additionally, CSHCN and the FHCP are working with the University of Utah on a grant to promote telemedicine services to increase access to Wasatch front tertiary care health care providers. Telemedicine sites include Richfield, Vernal, and Moab. The Division of Mental Health is cooperating with this effort in the hope of linking sites with limited resources to sites with more resources.

Another mental health effort DCFS is involved with is a \$7,000,000 five-year grant, entitled "Utah Frontiers Project: Building Services One Child at a Time," from the Center for Mental Health Services at the United States Department of Health and Human Services. The Utah Frontier Grant for Children, Youth and Families will change how mental health services are provided in frontier and rural communities of Utah within the Utah System of Care. It will assist agencies and families in identifying children and youth with mental health needs, and in developing, implementing, and evaluating service plans to meet those needs. Emphasis will be on keeping children and youth with their families, in their schools, and in their communities and on strengthening local community capability to meet the needs of the children, youth, and families living there. The Division of Mental Health will develop a plan to sustain the anticipated impact of the Utah Frontiers Project.

To ensure that initial Medicaid eligibility is determined in a reasonable time frame, and to ensure eligible children continue to receive Medicaid cards throughout the custody episode, DCFS negotiated with the DOH to transfer the Medicaid eligibility determination function from the Bureau of Eligibility Services to DCFS. This transfer took effect in March 1999.

Future Strategies

It is crucial to obtain medical information about children in DCFS custody. With the development of the SAFE database, this is now possible. Health histories for children will be obtained and then maintained in SAFE. This component of

SAFE is scheduled for release in July 1999. In addition, the RHCCs, in collaboration with DCFS and the HCAC, are making recommendations to meet the health and mental health care needs of children according to identified barriers/concerns. The monitor will receive a copy of the report when it is available. In addition, the RHCCs will meet with the monitor to discuss these issues in August 1999.

In order to establish medical foster homes for children with special health care needs, the RHCCs, in conjunction with DCFS, train foster parents on DCFS health care mandates and the importance of maintaining continuity of care, preventative health care, and basic health care principles. In addition, DCFS and the RHCCs will continue to train caseworkers and foster parents concerning medically fragile children.

Currently, "medically fragile children" are coded in the living arrangement for a structured rate. Although this provides a higher reimbursement rate for foster parents, more appropriate coding is needed. "Medically fragile" also requires further definition. Since identification of a medically fragile child is determined by either the caseworker, foster parent, or RHCC, a clinical staffing must be held with the RHCC, foster parent, natural parent, and caseworker on any child who is identified as "medically fragile." Discussion will include identification of the child's health care needs, services available and utilized, and the foster parent's level of understanding regarding the health care needs of the child. If it is determined that the child has specialized health care needs, the service plan shall address the needs. The living arrangement will be coded as "specialized" and a service code for medically fragile child (MFC) will be opened. This code will allow payment to the foster parent to help to meet the medical needs of the child, as well as provide the RHCCs a way to identify this population. On a minimum of a quarterly basis, the continued medical needs of the child, as well as the need for additional payment to the foster parent, will be reviewed. The RHCC, foster parents, natural parent, and caseworkers will be involved in the decision-making. This action will be accomplished by October 1, 1999.

4. Regular visits and family engagement

Problem Statement

The general purpose of a caseworker completing visits to a child in DCFS custody is to ensure the safety and well being of the child, as well as to evaluate progress on service plan goals and additional needs of the child and foster parent. Prior reviews of visit practice have indicated a compliance focus rather than an understanding of the best practice purpose for visits. The practice of visiting

children where they reside will help to maintain the placement and achieve permanency in a timely manner. The following statements reflect the general principles for caseworker visits.

1. Each child in the custody of DCFS will be seen by the primary caseworker in his/her placement at least twice a month. Once a month visits will be allowed for the following exceptions:
 - a. Children in pre-finalized adoptive placements where the child has been with the same family for a minimum of six (6) months and a TPR trial has been held.
 - b. Children in DCFS custody when the provider has guardianship.

Strategy

With the release of SAFE 2.2, foster care workers will have specific codes to enter into activity recording which will enable supervisors and other concerned individuals to quickly recognize the visits that have been completed where the child resides and any additional monthly visits. These specific codes will automatically fill the "monthly contacts" portion of the progress summary/court report.

By April 1999, the out-of-home visit policy will be rewritten. The above procedures will be incorporated and staff will be oriented by August 1999 to the policy change. The Out-of-Home Steering Committee will address the following issues:

1. Who is authorized to complete monthly visits?
2. What are the specific purposes of the visit?

For further information about how flexible funds will aid in removing this barrier and the proximity barrier, see priority focus area #5 and the draft policy on the placement prevention/disruption fund.

5. Barrier removal to kinship placement

Problem Statement #1

Although relatives may often provide the best temporary or permanent home for a child who is/has been in DCFS custody, there are currently a number of

legal, administrative, financial, and other barriers that make it difficult for willing relatives to do so.

Current Utah law, 78-3a-307(8)(a) indicates that any preferential consideration that a relative may be initially granted expires 30 days from the date of the shelter hearing. At times, close relatives who live some distance from the child may not have sufficient time to complete the process to be considered as a home for the child within the 30-day window.

Strategy #1

Each region will establish a “kin locator” procedure by June 1, 1999. One or more persons from each region will be designated by the Region Director as the staff resource person for locating kin and will assist relatives in qualifying them to receive the child in their home. In order to quickly find and contact the child’s relatives, the Division will ensure that each regional designee has electronic access to the national “parent locator service.”

Problem Statement #2

Under current law, DCFS may place children in its custody only in a licensed home, even if the child is placed with a relative who is defined as a grandparent, great grandparent, aunt or uncle, great aunt or great uncle, or sibling of the child. Title IV-E, however, requires only approval of a home, not licensing. This Title grants states the ability to discriminate which providers require licensing and which require approval only.

Strategy #2

The Division’s Constituent Services and Legislative Affairs Specialist will draft legislation by October 31, 1999 and will seek a legislative sponsor to amend current licensing requirements in the 2000 legislative session. In addition, DCFS will write a description of a kinship placement approval process that will meet federal requirements.

Problem Statement #3

Sometimes a family who is not related to a child, but who is well-known to a child, is willing to act as a foster family. The Office of Licensing and DCFS staff have developed procedures for granting a 90-day “conditional” kinship or specific license once certain criteria are met (e.g., caseworker home review and recommendations, background clearances, and reference checks). During the 90

days, the complete licensing criteria are expected to be met: home study requirements, training, and medical clearances must all be completed.

Strategy #3

By July 1, 1999, DCFS will collaborate with the Office of Licensing to ensure that staff know and use the process effectively to expedite the child's placement. Relative requests for conditional licensing will be completed within 15 days of application. Permanent licensing work will be completed before the expiration of the conditional license. The Office of Licensing will provide quarterly reports on relatives who are not able to be licensed in the required time frame.

6. Placement Prevention/Disruption Fund

Problem Statement

The strategic use of quickly accessed funds has proven an effective tool in avoiding unnecessary out-of-home placements and in maintaining foster care placements at risk of disruption. These funds are used to augment the existing intervention. The Division has previously established the capacity for social workers to access flexible funds, but the funds have not been used across the full spectrum of individualized client need. Presently, these funds are used for special foster care items and to support in-home service cases. In fiscal year 1998, the Division spent \$797,800.

All placement prevention/disruption funds are not for crisis interventions. For example, helping a defiant child deal with behavior problems may involve a support which develops a strength, such as musical skills or dance lessons, and helps improve self-esteem. Paying for these supports can be the most effective way to deal with the behavior that causes disruptions, even though it is not traditionally seen as an emergency intervention to prevent a placement change.

Strategy

The Division will rename its flex funding access procedure the "Placement Prevention/Disruption Fund." The Placement Prevention/Disruption Fund will be used for both one-time crisis situations to prevent placement and for longer range supports to placements at risk of disruption because of specialized child or care giver needs. By June 15, 1999, the access procedure will be written and will be distributed to all staff by the DCFS Director of Finance. Beginning in fiscal year

2000, the Division will allocate an additional \$300,000 to the \$797,800 allocated to current special needs spending to further develop the Placement Prevention/Disruption Fund. The funding will come from out-of-home accounts. A draft version of this procedure is found in Appendix 4. Regions will have three options for accessing these funds.

1. The use of existing petty cash funds via a waiver granted by the State Division of Finance. This waiver allows for petty cash funds to be used for client needs.
2. Each region will enter into a contract with one or more non-profit organizations to act as a fiscal intermediary for the purpose of making payments to vendors on behalf of DCFS for placement prevention/disruption purposes. The contract will require the non-profit organization to disburse funds upon authorization of the Division within eight hours of the request, seven days each week. Each region will have at least one contract in place by October 1, 1999. When ongoing, e.g., more than a single event, placement prevention/disruption efforts are directed to the child's parents or other care givers, who are not receiving foster care payments, this second option will be used.
3. This option will be used for known long range prevention and disruption supports for foster parents. This type of use will be closely approximate the concept of "wrap around" services. Payment for these supports will be through the USSDS/SAFE vendor payment system. When the known prevention strategy extends more than 30 days, the payments will be made through USSDS/SAFE and will be noted as an adjustment to the case plan. In addition, field staff will be trained to fully understand the use of wrap around services. This training will begin at the Child Welfare Institute which is held in September 1999. Karl Dennis, Joh Vandenberg, or other comparable experts in the practice of integrating wrap around services to child welfare populations will be invited to present.

When the regional contracts are completed, the DCFS Director of Finance will merge existing policies 103 (in-home special needs) and 315 (foster care special needs) into a single flex and need policy known as the Placement Prevention/Disruption Fund. Use of Placement Prevention/Disruption Funds will be monitored quarterly by the DCFS Director of Finance in conjunction with the quarterly regional budget analysis.

Exit Consideration

DCFS will issue quarterly reports to the monitor on the progress made on these priority focus areas. Reports will be issued on June 30, 1999, September 30, 1999, and December 30, 1999. Exit will follow achievement of tasks and process in these areas as measured by case processes, qualitative performance, and other indicators.

Milestone 5
Accountability Structures

Milestone 5: Accountability Structures

This section presents the internal and external structures for reviewing work and practice. DCFS and DHS are committed to maintaining each of these structures and to making full use of the recommendations from these groups.

Components already achieved

Internal Accountability Structures

DCFS' internal accountability structures include the SAFE database (described in Milestone 2), Supervisory Quality Reviews (process being refined by the Office of Compliance; described in Milestone 7), DCFS Annual Outcomes Report (required by Utah statute, and described in Milestone 6), Monthly/Quarterly Management Reports, and the Peer Evaluation and Review Committee process, whereby peers review the work of staff within DCFS. The last four internal structures have been in place for a minimum of two years, and have provided useful practice and system data. DCFS is now in a position to better clarify how these structures will be used for system improvement.

External Accountability Structures

External structures are the Office of the Child Protection Ombudsman, Foster Care Citizen Review Board, Child Fatality Review, Legislative Child Welfare Oversight Committee, Office of Compliance, Consumer Hearing Panel, and the Board of the Division. Each structure is funded and staffed, and regularly interacts with DCFS.

Components to be achieved

Internal and External Accountability Structures

The Division is recruiting for the position of Constituent and Legislative Services Specialist; this position will be filled in April 1999. This position will be responsible for reviewing and interpreting the recommendations made by these accountability groups. This position will involve analyzing the recommendations and findings from the accountability structures and informing the Administrative Team of the policy, procedure, and practice implications of the recommendations. This position will also serve on the State Quality Improvement Committee described in Milestone 9.

DCFS receives formal reports from each of these groups. Each accountability group makes suggestions for system improvement. The information from these reports will be used in developing better relationships within these groups as well as with the

public and working toward overall DCFS system improvement. The process for compiling this information in a usable form and for disseminating the information will be developed in June 1999.

Exit Consideration

The Division and CWPPG agree that sufficient internal and external oversight structures exist and find this milestone appears to be met. CWPPG will review the (1) information from these groups and determine if DCFS is using the information appropriately for system improvement and (2) documentation which supports this milestone. If documentation supports the assertion of sufficiency, the monitor will accept this milestone as achieved on October 1, 1999.

Milestone 6
Trend Data Analysis

Milestone 6: Trend Data Analysis

Trend data analysis considers DCFS' treatment of and service delivery to children and families in the broader view of protection, permanence, and well being. By using numerical data which are in line with national data, it will be possible to compare Utah's data with developing national standards. The baseline determination for these trends will be 16 trend indicators where data are obtained from the DCFS database. (See Appendix 5 for complete trend indicator list.)

Components already achieved

The 16 trend indicators were agreed to by CWPPG and DCFS in December 1998, and were used by DCFS in writing its Annual Outcomes Report (available on request). This report provides the necessary baseline information about these trend indicators in addition to three other indicators. DCFS will continue to use these indicators in three ways:

1. To begin to better define management needs through data interpretation.
2. To provide annual comparisons of system functioning.
3. To refine its approaches and systems.

Components to be achieved

Process for Validation of Data

DCFS is in the process of validating the data presented in its annual report through three steps:

Step 1: The Office of Compliance is checking data in the SAFE database against actual paper case files for calendar year 1999. By completing this step, the Office of Compliance will be able to show how well caseworkers are using the SAFE database for data input. This step will continue as long as paper case files are still being used, i.e., until SAFE has reached its full capability and complete case files are available through this database.

Step 2: Includes having DCFS information analysts assess data coding errors, misuse/misunderstanding of codes, and a lack of complete information on various SAFE screens. The information analysts are in the process of developing a system of error identification and problem solving within DCFS. The process

will include working with state specialists and steering committees for better training on SAFE use for caseworkers. Once established, this process will be ongoing to ensure quality system improvement.

Step 3: Strategies will be developed to improve system performance in four problem areas as shown in the Annual Outcomes Report. These four areas are: meeting CPS Priority 3 time frames, reducing the amount of time for a child to attain permanency, reducing the number of placements for children in foster care* (especially for older children), and increasing the number of youths completing the Independent Living Program. DCFS and the Office of Compliance are completing special studies on each of these areas, and will work to develop system improvement strategies beginning in April 1999.

**Two points of clarification are necessary here. First, shelter placement will be included in counting placement changes for reviewing trends, and in the DCFS Annual Outcomes Report. Second, a "service episode" means one event of foster care a child might experience.*

In terms of the Independent Living Program, DCFS is working to improve access to independent living services through the following methods:

1. Improving collection of outcome measures and results from various types of Independent Living Services.
2. Increasing the number of youth who receive comprehensive needs assessments tied to individual planning.
3. Increasing funding to expand Independent Living Services in the rural areas of the state and in the under-funded area of Salt Lake County.

Developed resources will include any additional funding related to grants and requests for building block funds.

Process for Data Interpretation

More effective data analysis and interpretation has been established for DCFS Region Directors, state specialists, the DCFS Management Team, etc. The data illustrate office and regional system activities. From this information, issues can be identified that require special attention by Region Directors (e.g., missed priorities in CPS, numbers of placement changes for older youth in DCFS custody, etc.) Through data analysis and interpretation, DCFS will be able to determine when data are moving in a negative direction and make appropriate system adjustments.

DCFS will appoint two teams whose functions will be to work on data analysis and interpretation. The first team will be composed of front-line caseworkers. This team will consist of approximately seven to 10 caseworkers from throughout the state. As trend data are obtained, this team will have the responsibility for reviewing data and providing a thorough assessment of the meaning behind the numbers at office and regional levels. The DCFS 1998 Annual Outcomes Report will provide baseline information for beginning this process. The DCFS information analysts will be responsible for training this team on how to analyze data. This team will be chartered by May 31, 1999.

A second team, composed of the state specialists, will serve a function similar to the caseworker team, but analysis and interpretation will be conducted on the state level. This second team will be responsible for reporting trend data and their meanings to steering committees. This process will allow for the identification of appropriate actions across the state if these trend indicators are low. This team will be chartered by April 30, 1999.

Region Directors are in the process of reviewing data from the Annual Outcomes Report and will provide feedback for report improvement over the course of the 1999 calendar year. In addition, CWLA has been given a copy of the report and has been asked for comments on how to improve the report.

A DCFS information analyst has been assigned the responsibility of reviewing the national trends from the Children's Bureau and CWLA. In order to understand how Utah compares nationally, DCFS must review how other states collect these data and how they are being presented on a national scale. The person responsible for this activity was selected in February 1999. This person is prepared to discuss national trends and will show how Utah compares to these trends in July 1999 and December 1999, as well as provide brief summaries of these data for the state specialists and DCFS management.

The Director of Strategic Improvements will meet monthly with the caseworker team, the state specialist team, steering committees, and the national data reviewer so that data can be used for regional and statewide improvement on a timely basis.

Once these processes for data collection, validation, and interpretation are in place, DCFS will be in a position to work toward system correction where data trends are particularly low. By the end of June 1999, the system for targeting areas needing correction will be in place. After the caseworker team has provided the regional contexts within which to place these data, the state specialists and the steering committees will identify the most effective way to train the regions on how to improve these trends. Since each trend indicator will require individual training efforts, those training efforts will need to be developed based on the trend indicators over the course of the 1999 calendar year. Each steering committee will be responsible for detailing a plan to bring the trend

indicators within an acceptable range. The first set of these plans, based on the DCFS 1998 Annual Outcomes Report, will be developed and implemented by the end of July 1999. By the end of calendar year 2000, additional plans will have been developed on an ongoing basis for system improvement.

Exit Consideration

DCFS will have these processes functioning, analyze the data to identify areas of practice that need improvement, and take reasonable action to address the problem. DCFS will issue annual implementation reports. These trend data, along with the information provided from the case process reviews and qualitative case record review, will be compared to determine how well these data items are connected. These reports will be provided to the DCFS Director, DHS Executive Director, and CWPPG. In addition, CWPPG will have access to the data which support these trend indicators.

Milestone 7
Case Process Review

Milestone 7: Case Process Review

Case process review examines the performance of DCFS in key case practices that are essential to child safety, permanence, and well being. Case record reviews consider conformity to policy, statute, and the Performance Milestone Plan. In compliance with UCA§62A-4A-118, BSR conducts annual case process reviews and has completed four annual reviews of the case records of DCFS.

Components already achieved

Currently, BSR reviews case processes related to CPS, Foster Care, and Home-Based cases. Consistent baseline information about the case files exists from case record reviews in the BSR reports 97-1 and 98-1. In addition, Monitoring Panel Report 97-1 and Report 98-1 provide additional baseline information about DCFS system functioning as it relates to case record information.

BSR has formally compared information from these reports and identified areas of historic weakness in case record documentation. BSR worked with regional staff members to train caseworkers and supervisors on required documentation for case records and the reasons that these items needed to be documented. This process, called the case reader project, is an ongoing BSR project.

Components to be achieved

In order to provide a more in-depth consideration of case file documentation, BSR and CWPPG have the goal of working together to define the case processes to be reviewed for the year 2000. The formulation of this case process review plan has begun and the plan is scheduled to be completed in August 1999. BSR and CWPPG have already reached agreement on the questions to be asked during the case record reviews.

The case reader guidelines need to be modified to accommodate this collaborative review effort. These guidelines will be finalized no later than September 1999. Some agreement has been reached on the case process guidelines. For instance, "Documented Exception," as a category, will be allowed in some instances, although the language for allowing this exception will be stricter. Several questions will be rewritten to address an "Antecedent Event" as a scoring issue. There is also tentative agreement on a joint process to follow in collecting information, controlling the accuracy of data collected, and reporting the information.

In November and December 1999, BSR and CWPPG will each hire its own case readers. These readers will participate in a joint training overseen by CWPPG with the

assistance of BSR. All case readers will attain and maintain an inter-rate reliability rate of at least 90 percent; those who cannot meet this standard will not participate in this process. Pre- and post-tests will be given to all readers for each type of case to determine case-reading proficiency. Case process reviews will begin in December 1999. A sample of cases sufficient to provide meaningful confidence levels will be reviewed.

An approach for joint case process review has been discussed and is described below. After BSR and CWPPG define the review time period, they will select the size of the sample of cases to be read. CWPPG will begin the review process by reading a subsample of cases that will also be reviewed by BSR. CWPPG will pull an initial sample of 30 to 40 cases and review these cases before BSR readers review them. Once CWPPG readers have completed their review, BSR readers will review the cases and compare answers with the CWPPG readers. If there is significant disagreement, the reviews will be discontinued and the cause of the disagreement will be determined and corrected. CWPPG will continue to pull cases in this fashion with BSR reviewing afterwards until CWPPG has completed its subsample. In addition, CWPPG anticipates having staff representation throughout the case review process, as needed.

In addition, BSR and CWPPG will designate a primary person to respond to case reader questions. When the primary person gives an answer to a question, it will be recorded in a database. The database will be distributed and updated periodically to all readers to improve consistency.

In order for BSR to move forward in developing drafts of the case process tools and regional instructions on what will be required, it is mutually agreed that the monitor and BSR will not deviate substantially from current efforts to reach agreement. For instance, based on previous discussions with the monitor, BSR has rewritten the case process tools. Assuming the case process tools incorporate the agreed upon changes, the monitor and BSR would expect further changes to be relatively minor. The monitor and BSR have reached tentative agreement on sampling methodology and quality controls to ensure data accuracy.

A promising approach to joint reviews involves the following plan. To ensure accuracy during the reviews, CWPPG will conduct a random double read of as many of BSR's cases as it sees fit (cases not already read in CWPPG's subsample). This double read will allow for an additional check and balance process to be established. In addition, at CWPPG's discretion, CWPPG will review the database of reader questions. If there is a disagreement with BSR's answers, both BSR and CWPPG will discuss the issue. If a resolution cannot be reached, the question for which there is a disagreement will be noted and reported. CWPPG may select a particular question and review all answer sheets on this question to ensure that data are being input correctly into the final database.

The monitor and the Division have adopted new performance goals for the case process review, relevant to the processes selected and the additional measures of performance contained in this plan. Forty-six case processes will be measured on a statewide basis. Ten of these processes have been judged “critical” (where the child’s life could be in danger if action is not completed); the other 36 processes are considered “essential” (where the child’s well being and timely permanency are at stake). (See Appendix 6 for case processes.)

Vexing Problem Studies

The recommendations from this review will be used to identify “vexing problems” for further study by the Office of Compliance. “Vexing” is defined as something which causes *difficulty in respect to finding a solution or answer*.

Studies on some of these vexing issues have already been completed by the Office of Compliance (the “Caseworker Visits Study” and “Priority Time Frame Study” are available on request). Additionally, the Office of Compliance has a prioritized list of current and upcoming special studies. The office is currently working on a study of family service plans--this study will be available June 30, 1999. This study evaluates such items as how individualized the service plans are for a family’s unique strengths and weaknesses, how specific the consequences are of non-compliance with the plan’s objectives, etc. This study is being conducted by collecting information through a review of the literature, comparing concepts with the Practice Model, reviewing case records, and discussing the service plans with caseworkers.

Another study will evaluate re-entry of children and families into the DCFS system. This study will determine why some clients keep coming back into the system and what can be done to reduce re-entry. A final example of a future study is a focused office-by-office evaluation of performance on the case process review. The objective is to understand what the case process problems are, and then to correct these problems office-by-office.

A final activity which stems from these case process reviews is an expansion of the case reader project. BSR is currently in the process of developing quality assurance (QA) instruments that reflect the current case process questions being asked by BSR during its reviews. Supervisors who were trained in the QA process during the previous case reader project will receive additional training on use of the new QAs and will monitor how DCFS caseworkers are doing in terms of documenting appropriate activities in their case files. This re-training will begin in June 1999.

Vexing problems will be identified by State and Regional Quality Improvement committees, and the DCFS Administrative Team. The priority for vexing problem studies

will be established by the Administrative Team, the monitor, and the Office of Compliance. Since at least two vexing problems will be studied annually, by December 31, 1999, the Office of Compliance and DCFS will decide which studies will be the priorities for the year 2000. Currently, as a result of one of the pilot tests of the qualitative review, the Office of Compliance has identified the need for a vexing problem study on the depth and quality of risk assessment. A study strategy will be outlined by September 30, 1999.

How Vexing Problem Studies are Used

DCFS is using the vexing problem study approach to improve system performance. Thus far, the process has worked in the following way: BSR or other sources identify a weakness in the system and propose a study, which is approved by the Executive Director's office. Once the study is conducted, it is reviewed by the Executive Director, DCFS management, and the DCFS Region Directors. Following review, the Office of Compliance visits each region and reviews the study with individual teams. Finally, the State Office then prepares a response to implement changes and monitor performance.

Exit Consideration

DCFS and CWPPG agree that this milestone is achieved when the structures are in place to conduct the case process reviews, and when the performance goals have been met for two consecutive reviews. DCFS will determine non-overlapping review intervals.

Milestone 8
Qualitative Case Record Review

Milestone 8: Qualitative Case Record Review

Qualitative review of cases is a new method of evaluation for DHS in considering DCFS performance. This type of case review permits the direct assessment of the current status of children and families, as well as the performance of the system on key functions through the use of in-depth interviews with individuals associated with a case.

Components already achieved

Since qualitative case review is a new process for BSR, the entire process of developing the instrument and guidelines had to be started from the beginning. The instruments used by the Monitoring Panel in its 97-1 review were the basis from which BSR began to develop its own qualitative review instruments. This process included contacting Human Systems and Outcomes, Inc. (HSO, Inc.) and having the BSR Director spend time with this group on one of its reviews. The instrument developed by HSO, Inc. was discussed with Utah staff and was determined to be the best available qualitative instrument for this review.

BSR and CWPPG have the goal of working together to review cases through the qualitative process. They are close to agreement on many qualitative review items, and hope to reach agreement in the near future. They have reached substantial agreement on the case review protocols, as well as tentative agreement on a joint process to be followed in collecting information, controlling for accuracy of the data collected, and reporting the findings. The next meeting of the Utah design team is March 30, 1999, at which time the protocol will be further refined.

A draft of the instrument is available on request. The domains, which are shown in the draft and will be reviewed, are:

Child and Family Status

Safety
Stability
Permanence
Caregiver Functioning
Appropriateness of Placement
Health/Physical Well-Being
Emotional/Behavioral Well-Being
Learning Progress
Personal Responsibility
Satisfaction

System Performance

Child/Family Participation
Service Team
Functional Assessment
Long-Term View
Service Plan
Plan Implementation
Mix, Match, and Fit
Urgent Response Capability
Service Coordination
Successful Transitions

Overall Child Status

Effective Results
Tracking/Adaptions
Overall Performance

Components to be achieved

By the end of Spring 1999, BSR will pilot test the qualitative protocol. This draft qualitative protocol, which contains a section on child and family status, as well as a section on system performance, will be reviewed and critiqued by a team which will include, where possible, representatives from CWPPG, the Child Welfare Legislative Oversight Committee, Guardians ad litem, the Foster Care Citizen Review Board, schools, mental health providers, the Office of Compliance, DHS, and DCFS. The team, which represents stakeholders as well as child welfare advocates, will review cases using the protocol to understand its effectiveness in the evaluation of quality of case practice. CWPPG will provide final comments around the protocol development before the pilot test is finalized (by the end of May 1999). Baseline information will be available in September 1999 after CWPPG and BSR complete pilot testing.

BSR will use this finalized protocol to complete a pilot qualitative review of a selected number of DCFS' cases from across the state. The report on these pilot reviews will be released with BSR's quantitative report to the Legislature in September 1999.

In order for BSR to move forward in developing drafts of the qualitative review tools and regional instructions on what will be required, it is agreed that the monitor and BSR will not deviate substantially from current efforts to reach agreement. For instance, based on previous discussions with the monitor, BSR has begun to rewrite the draft qualitative review protocols to incorporate such items as "mix, match, and fit" as separate domains. Assuming the qualitative review tools incorporate the changes that have been agreed upon, the monitor and BSR would expect further changes to be relatively minor. The monitor and BSR have reached a tentative agreement regarding how data are to be collected and the quality controls necessary to ensure data accuracy.

For the second qualitative review after the protocol has been field tested and finalized by BSR and CWPPG, case readers will be trained. This training will begin in September 1999. Less experienced readers will work with experienced readers during this process.

When qualitative reviews are used for monitoring purposes, CWPPG will work along side BSR to train reviewers. CWPPG has extensive experience in conducting this type of review and will lead the training. Reviewers will be supplied by CWPPG and individuals selected by DCFS and BSR. CWPPG and BSR have agreed that CWPPG will supply up to one-half of the case readers for each site. Reviewers will be individuals from

within and outside of DCFS, as well as individuals with expertise in qualitative reviews and those with little experience in qualitative reviews. Reviewers will be staff and consultants of the monitor, and, where possible, staff and stakeholders from Utah. All reviewers will be adequately trained so that they will possess the interviewing and practice skills needed to effectively use the qualitative protocol.

The number of cases to be reviewed will be selected by CWPPG with the assistance of BSR. The case sample will be representative of case loads seen statewide and regionally, and will include elements such as the age of the child, placement type, length of stay in custody, etc. Cases will be selected from foster care, home-based, adoption services, and CPS. Reviews will be held on a regional basis and the monitor will interview key system stakeholders, such as judges and providers. While the responses to the interviews cannot be quantified and are not tied to exit criteria, these responses will provide valuable information to the Division about external views on system performance. Due to its experience and the need for independence, CWPPG will lead the discussion on debriefings.

For the qualitative case review, CWPPG and BSR will sample on a regional basis. The sample size will be adjusted based on the size of the region; however, there will be no less than 24, and no more than 48 cases in each region included in the sample.

All qualitative reports will identify system strengths and weaknesses. Explanations for the numerical ratings will be given with a view toward categorizing the causes for particular case record scores. Recommendations will be made to improve the system either directly through the qualitative review process itself or through a more in-depth follow up study of the particular area of concern.

CWPPG and BSR will finalize their working arrangement by September 1999 to complete the qualitative case review. Case review will begin in fall of 1999.

Exit consideration

DCFS and CWPPG agree that this milestone is achieved when the structures are in place to conduct the qualitative reviews, internal review are effectively employed, and performance goals have been met for two consecutive reviews. DCFS will determine non-overlapping review intervals.

Milestone 9
Quality Improvement Committees

Milestone 9: Quality Improvement Committees

To effectively utilize trend data, case process information, and qualitative review data, DCFS will create Regional and State Office Quality Improvement (QI) Committees. The purpose of the QI Committee is to study the data and outcomes children, families, and communities experience, and to suggest changes in resource deployment, policy, procedure, and practice that will improve or maintain favorable outcomes. QI Committees will apply the learning from the measures gathered through Milestones 6, 7, and 8. These committees will create an additional evaluation process from which internal and external groups may view DCFS functioning.

Components already achieved

DCFS has not previously used QI processes, because DCFS lacked the type of thorough data necessary to examine system functioning. Most data analysis and interpretation occurred at the State Office. Advances in SAFE now make regional and local analysis practical.

Component to be achieved

Two types of committees will be formed: State and Regional QI Committees. Each committee will reflect the diversity seen in the regions and at the state level and will have one management person elected from each committee. The State QI Committee, which will be formed by May 31, 1999, will include a maximum of 11 individuals: three from private, non-profit, partner groups, three from local businesses, two from the professional community, one Guardian ad Litem representative, and two people from the DCFS state office. Foster parents and DCFS Board members will be included in this composition.

By June 15, 1999, seven Regional Committees will be chartered. The Regional Committees will have a maximum of ten persons, including an Associate Region Director and the regional data person, and community individuals (from partner groups, the private sector, local businesses, and the professional community). Groups from which Region Directors may wish to consider committee membership are: hospital personnel, former DCFS staff, university officials, individuals with quality assurance background, DCFS Board members, private industry individuals, judges, and members of CWPPG. To ensure that regional committees are well-rounded in their membership, the Director of Strategic Improvements and the monitor will work with the Region Director to determine committee composition.

The State Office will provide the necessary staff support to arrange the logistics of committee meetings. DCFS will arrange for travel reimbursement for the community volunteers who serve on these committees. These committees will meet for two to three hours per month to work on their activities.

By October 1, 1999, the Region Directors will develop regional performance plans for individual regional achievement and have these plans available for regional QI committees. Regional plans will detail how the six priority focus areas will be addressed and how Regional QI Committee will be structured. In addition, the plans for rural areas (Eastern Region, Southwest Region, and non-Utah county areas in Western Region) will detail how these regions will create behavioral health and health care services to better serve their populations. The State Office will work with each Region Director to ensure that (1) community partners aid in developing this review process, and (2) long range planning is outlined.

Training of committee members will be done locally with the assistance of the two State Office staff as well as other necessary DCFS personnel. The training, which will begin in July 1999, will be on defining the QI process, how to successfully use community member input, and how to communicate recommendations for action to the community and to DCFS. The training component will be the same training that the State Specialists and front-line caseworker group receive as outlined in Milestone 6.

As they begin their work, the committees will complete the following activities:

- 1. Review trend data.**
- 2. Discuss what communities could do for improvement.**
- 3. Deal with media and public relations issues.**
- 4. Deal with specific problems on cases or other Region/office areas.**
- 5. Work on qualitative reviews, special studies, and share information with monitor.**

As these activities are completed, the committees will develop brief quarterly reports. These report should contain a brief description of the issues discussed during the quarter and the barriers reflected in these issues. In addition, these reports will provide DCFS and the monitor with concrete recommendations on how regions can solve the problems noted by the committees. The reports will be provided directly to the Director of Strategic Improvements for distribution to the DCFS Director and the monitor. The State Office will provide support staff to assist in writing these reports.

Exit Consideration

DCFS and CWPPG agree that once the processes are in place, at varying organizational levels, DCFS will respond to the recommendation of the Quality Improvement committees by taking reasonable action to address the problems identified by the committees, this milestone has been met. CWPPG's interaction with and collection of information from the committees will continue until a region completely exits or, in the case of the State committee, until the State exits. Since DCFS would like to continue to receive input from these committees, their work will be continuous.

Monitoring and Exit Processes

Monitoring and Exit Processes¹

Monitoring Processes

Background

In developing the Performance Milestone Plan, DCFS and CWPPG have examined the requirements for monitoring the original “David C. vs. Leavitt” Settlement Agreement. They have also reviewed prior monitoring instruments and reports, as well as the effect on the practice and performance of the Division in attempting to comply with over 300 separate case-related requirements that were in the 1994 agreement.

The court’s September 17, 1998 order encourages DCFS to rethink its approach to system improvement, and to design, with the assistance of CWPPG, new, more valid and instructive measures of performance. The measures chosen include a smaller number of the most critical and essential case process practices to be reviewed, the use of a qualitative review of child and family status and system performance, attention to the trends of key outcome indicators, and examination of timely completion of task milestones as expressed in the Performance Milestone Plan. How outcomes for child welfare systems are measured is changing. The majority of child welfare systems nationwide can only count cases and case activities. However, significant information system development and leadership by federal and advocacy organizations are creating an improved data environment where system comparison on several trends and outcome measures may soon be practical. As these comparative data become available, DCFS and the monitor will examine how to use them in evaluating performance.

Since the court’s order, dated September 17, 1998, implies some form of continued court involvement and outside monitoring, the “monitoring and exit processes” have been drafted in response to the wording in the court’s order. However, DCFS reiterates its position that its “Performance Milestone Plan” is a business plan which it intends to implement with or without outside supervision. Any and all statements in the “monitoring and exit processes” which refer to court jurisdiction do so to conform to the court’s order. DCFS continues to assert that court jurisdiction should be terminated. For its interpretation of the court’s intent, refer to the attached letter from CWPPG.

¹ As stated in the introduction, this monitoring section was written at the request of CWPPG using an assumption of some form of continued court involvement. Inclusion of this section does not signal the consent of DCFS for continuing court involvement.

The monitoring process, like the selection of performance measures, is designed to accomplish two essential functions: (1) to provide accurate, independent information to the court and the parties about system performance, and (2) to provide such feedback to the Division in a manner that supports self-correcting, continuous quality improvement. The design of the plan expands the array of sources of information about performance and strengthens the use of feedback to address system functioning. The creation of external QI Committees is an example of commitment on the part of DCFS to develop new mechanisms for independent review and feedback. The committees are also sources that will better inform and balance the monitoring process.

The plan and the approach to monitoring makes the performance feedback process more organic and developmental than deficiency finding alone. This approach is consistent with the court's perspective that "... a flexible approach is often essential in achieving the goals of reform litigation" and "the plan is intended to be a dynamic document . . ."

Additionally, in its monitoring role, CWPPG has a goal, where possible, of conducting case process reviews and qualitative reviews jointly with Division staff, without compromising the independence of the monitor and the data collection process. Joint analysis is intended to make monitoring more developmentally useful to the system, and to facilitate transfer of information and experience between CWPPG and DCFS.

The Monitoring Process

Access to Information

The monitor will be provided access to any documents relevant to system performance, such as case files, budgets, internal memoranda, and policies. The monitor will also be provided access to any Division staff member and/or stakeholders who possess information relevant to system performance.

Case Complaints

The monitor will undoubtedly receive complaints from citizens and stakeholders about individual cases. The monitoring role is not intended to include the function of case ombudsman. Quality assurance related to individual cases is best managed by DCFS, where lessons learned from individual cases can inform efforts toward systemic remedies, and the variety of case-related oversight bodies already exist.

However, it is inevitable that the monitor may receive expressions of concern about individual case outcomes. If the monitor receives case concerns, the monitor will ask DCFS to forward the case to the Department of Human Services' Ombudsman's

Office and request that the case be reviewed through the normal process. The monitor will be provided a brief report on case status. Where individual case reports suggest trends or systemic barriers, the monitor may offer suggestions for resolution.

Plan Action Steps

This plan consists of numerous commitments to system improvement. These commitments are in the form of specific action steps, strategies, and interventions intended to address barriers to satisfactory performance in protecting children from abuse and neglect, providing children with permanent homes, and supporting child well being. In order for CWPPG to assess DCFS' performance in accomplishing the tasks described in the plan within the specified time frames, the Director of Strategic Improvements for DCFS will submit a bi-monthly report to the monitor on the progress in achieving those tasks. The reports will describe the status of each action step, the date by which it is expected to be completed if different from the projected dates, and, if unanticipated barriers are impeding implementation, the nature of those barriers. The monitor may offer suggestions on alternate strategies for completing tasks that DCFS is having difficulty in accomplishing.

When DCFS believes that it has satisfactorily achieved a plan task milestone, it will assert to the monitor its achievement in writing, submitting and/or making available to the monitor necessary documentation of the achievement.

The monitor will base evaluation of the achievement of plan action steps by reviewing agency policies, reports, budgets, and other written materials relevant to the task. Evaluation will also occur through interviews with state-level and local Division staff members, key stakeholders, providers, and other state officials. Where necessary, the monitor may interview consumers of services with their consent.

Once the monitor has agreed that a plan task milestone has been achieved, reports of status to the monitor will no longer be required; nor will routine monitoring of the milestone be required. DCFS is, however, required to immediately notify the monitor if the status of a milestone changes. For example, if it is determined that DCFS performance is high in an area (e.g., a commitment to routinely provide outcome data to Region Directors) and if the practice is ceases, the monitor will be notified. Monitoring of performance through DCFS reporting and possible on-site observation would then resume.

Outcome Trend Indicator Monitoring

DCFS and the monitor have agreed on a series of outcome trend indicators that will provide general information about system performance. These trend indicators are listed in Appendix 5.

No performance goal is assigned to trend indicators, because there are no national norms regarding such trends, and because absolute conclusions about system performance cannot be derived from such general data. DCFS and the monitor will regularly examine evolving national trend data and system performance in other states to inform the monitoring process and established exit considerations. Trend indicators are valuable in the monitoring process, because they often signal important events and effects that are not apparent or reliable in case process reviews.

The trend indicators will be used to inform DCFS and the monitor of changes, or lack of changes, in indicators of performance. Such trends may confirm the validity of case record reviews; for example, when shortened lengths of stay in foster care parallel review findings of improved permanency. On the other hand, trend indicators may contradict a review finding, as in the case where case process reviews reflect good performance in maintaining children in stable placements but trend indicators show an increase in the number of placement changes. In this case, the indicator data would suggest additional attention to review findings or perhaps a special study.

The Division will provide quarterly trend indicator reports to the monitor. DCFS and the monitor will regularly review the trend data to identify possible performance improvements or performance questions.

Case Process Reviews

DCFS and the monitor have agreed on a reduced number of case process requirements, 45 in total, that are to be monitored through case record reviews. It is the goal of the monitor and BSR to employ the same case process review instrument, reader guidelines, and sampling methodology in reviewing case records to determine performance goals within the context of the plan. The monitor and BSR desire to review case records jointly to the extent possible. A possible approach to joint monitoring was described previously. The joint review would permit BSR to meet statutory requirements for periodic case record review, and allow the monitor to evaluate case process performance. A single, joint review would permit the parties to focus on performance improvement and would also be less expensive.

To assure the integrity of the monitoring process, the monitor will ensure the validity of the instrument and exercise final approval of selected reviewers, reviewer

training and supervision, sample selection, and quality control of reviews. The monitor will oversee tallying of the data, data analysis and interpretation, and the preparation of reports for the court. If the parties cannot agree on a joint approach and/or if the integrity of the monitoring process cannot be assured, the monitor will conduct the case process reviews independently.

Qualitative Reviews

A new element of the monitoring process is introduced in the Performance Milestone Plan--qualitative review. As a part of its Report 97-1, the former Monitoring Panel conducted a qualitative review. The purpose of that qualitative review was to gather information needed to prepare the Comprehensive Plan, not to measure performance. To assist in assessing DCFS performance within the context of this plan, the qualitative review process will be employed as a monitoring tool.

Beginning in the fall of 1999, a qualitative review will be conducted on child and family status and system performance. It is the goal of the monitor and BSR to employ the same qualitative instrument, reviewer guidelines, and sampling methodology in using the qualitative review to determine performance. The monitor and BSR desire to conduct the reviews jointly where possible. A joint review would permit BSR to meet its goal of utilizing a review of practice quality and would permit the monitor to evaluate case practice. A single, joint review would permit the parties to focus on performance improvement and would also be less expensive.

To assure the integrity of the monitoring process, the monitor will have to ensure the validity of the instrument and have final approval over selection of reviewers, reviewer training and supervision, sample selection, and quality control of reviews. At least half of the reviewers will be the monitor's staff and/or consultants. Local reviewers must have adequate case practice experience. Scoring and tallying of data, data analysis and interpretation, and preparing reports will be overseen by the monitor. If the parties cannot agree on a joint approach and/or if the integrity of the monitoring process cannot be assured, the monitor will conduct the qualitative reviews independently.

Special Studies

As a part of the system analysis needed to address problems found in system functioning, DCFS will routinely utilize special studies to respond to performance that is significantly below expectations. In such instances, the monitor recommends that the Division undertake special studies of serious problems. DCFS will use results to inform the quality improvement process. In preparing plans based on special studies, priority focus areas, or vexing problems studies, DCFS will provide collected data and plans in draft form to the monitor for comments prior to implementation. If the need arises, the

monitor may request that a special study be conducted by the Office of Compliance. The Office of Compliance will respond to requests for special studies from the monitor, or state why a study is not necessary.

Reporting of Monitoring Findings

If DCFS and the monitor are in agreement on the validity of data collected and the interpretation of findings, it is their united goal to issue reports jointly. Performance reporting issued by DCFS and the monitor in a common voice will be a meaningful symbol of the validity of findings and the Division's commitment to honest self-examination. The inability to agree, however, does not preclude the monitor from preparing and issuing independent reports.

Consistent with the court's order, the monitor will issue a public report of monitoring findings to the court no less than once each year, detailing the progress made by DCFS in implementing this plan. The monitor reserves the final authority to determine the content of reports. If events require, the monitor reserves the right to file interim public reports more frequently. Where low performance is found, the monitor will offer quality improvement suggestions for consideration by DCFS as it develops internal improvement strategies. During the monitoring process, the monitor will provide the DCFS with informal reports of issues discovered, successes noted, or barriers identified to permit continuous system improvement.

The monitor will provide DCFS with written reports and recommendations on completion of case process and qualitative reviews. These reports will also be incorporated in the monitor's annual report.

Before the DCFS completely exits monitoring oversight, the monitor retains the right to ensure that all areas previously found to be performing well continue to meet the performance goals.

Exit Processes

Evaluation of Progress Sufficient to Warrant Exit of Monitoring by CWPPG

To determine the point in time at which CWPPG's monitoring is no longer indicated and when DCFS may exit court supervision, the monitor will verify that the agency has established the infrastructure as identified in the plan, that the Practice Model and other operating systems are functional and effective in tracking and measuring performance levels, and that internal quality improvement processes have demonstrated capacity to identify and take action on negative performance trends. Verification that these

components are in place and functional will provide assurances that DCFS has demonstrated a commitment to provide child welfare services at satisfactory levels.

The Performance Milestone Plan strengthens the “Comprehensive Plan for Corrective Action” of August 13, 1998, prepared in response to Judge Winder’s 1997 order, in that it broadens the scope of areas to be evaluated from case process activities to include qualitative performance and outcome trend indicators. This step was taken in recognition of the fact that no single measure of performance can effectively define the level of child welfare system functioning. The performance goals set are based on current “best practice” experience and thinking in the child welfare field. However, the setting of performance goals, contains subjectivity and, therefore, requires some level of flexibility.

Other court ordered reforms in the country, particularly related to exit strategies, have been hampered by the inflexibility of quantitative targets alone as a measure of performance. Agencies have found that they can achieve close proximity to performance targets and perform well in other system areas; however, these agencies are not able to achieve the last few increments of quantitative performance without an unproductive, and occasionally considerable, contribution of effort and resources. This expectation exists despite recognition that these efforts and resources might be better expended elsewhere.

In CWPPG’s research of existing child welfare court orders involving interviews with several court monitors, CWPPG has been advised by these monitors to propose that the court permit a reasonable exercise of the monitor’s professional judgement in determining if performance merits exit. As a result, the following flexibility is incorporated into this plan.

1. If appropriate plan milestones have been accomplished and the necessary infrastructure and self-correcting processes are in place;
2. If outcome indicator trends are consistent with indicators of appropriate practice; and
3. If performance on either case process measure or qualitative measures are sufficient for exit; then
4. If other measures of system performance are positive, CWPPG may consider sufficient for exit close approximation of established goals in either case process or qualitative performance.

Evaluation of performance sufficient to warrant termination of monitoring will be evaluated using a composite of the four factors listed below:

1. **Verification of existence and adequacy of systems, infrastructure and tasks:** The monitor will verify that the operating systems and infrastructure referenced in the plan are in place and adequately functioning.
2. **Comparison of actual performance to performance goals:** The monitor will determine whether reasonable performance goals have been established for essential agency functions, if DCFS has the capability to measure its performance in relation to each goal, and if DCFS can compare actual performance to the performance goal.

Numerical goals, which relate to the case process and qualitative case record reviews, have been established as part of the exit criteria to support this second factor. These are detailed below:

Case Process Review

In measuring progress for these processes, DCFS and CWPPG have agreed to the following performance goals:

1. “critical” case processes--90 percent performance; and
2. “essential” case processes--85 percent performance.

These performance goals differ somewhat from prior performance goals, because the qualitative review process (described in Milestone 8) establishes an additional measure of performance that strengthens the evaluation of system functioning. The qualitative review was not used for performance monitoring purposes previously.

Qualitative Review

In addition, each region will exit when:

1. 85 percent of the cases are given an “acceptable” score (attaining a rating of four or more) on the child and family status scale; and
2. 85 percent of the cases attain an “acceptable” score (attaining a rating of four or more) on the system performance scale. The average of the following system performance core domains will be at 70% or above:

functional assessment, long-term view, service plan, plan implementation, service coordination, and tracking adaptation.

3. **Analysis of trend indicators:** The monitor will review data on DCFS performance trends. Trends which show increased performance over time or “plateaus” at acceptable levels of performance will be evidence of DCFS’ commitment to the plan and of the agency’s ability to foster and maintain desired improvement. As mentioned in Milestone 6, national standards are still being developed. As these standards are drafted and finalized, and if it is necessary, DCFS will revise the trend indicators based on these national standards.

Trend indicators that are contradictory with satisfactory case practice performance may require additional study of performance prior to exit. Specifically in the area of system performance and the qualitative review, areas of lower findings would become part of special studies. The monitor would be able to review these special studies and to ensure that DCFS implemented appropriate recommendations.

4. **Verification of system responsiveness to negative trends:** The monitor will determine whether DCFS’ internal review processes are capable of identifying negative trends, isolating performance barriers, and taking reasonably calculated action to improve performance.

Appendix 1

Regional Community Meetings

Draft of “Putting Values Into Action”

Projected Practice Model Training Schedule

Projected Budget for Development and Training of the Practice Model

Required Regional Plans

**PRACTICE MODEL DEVELOPMENT
REGIONAL COMMUNITY MEETINGS**

Location	Date	Development Team Person
Tri-Region Community 5801 S Fashion Blvd Murray, Utah	January 15	Richard Anderson/Olivia Moreton
Northern Regional Staff Brigham City, Utah	January 25	Heber Tippetts
Northern Regional Staff Ogden, Utah	January 25	Heber Tippetts
Northern Regional Staff Clearfield, Utah	January 25	Heber Tippetts
Northern Region 1050 S 500 W Brigham City, Utah	January 28	Reba Nissen
Northern Region Logan, Utah	February 1	
Cottonwood Bldg. 5801 S Fashion Blvd Murray, Utah	February 2	Caren Frost
950 25th St. Ogden, Utah	February 2	Olivia Moreton
Cottonwood Bldg 5801 S Fashion Blvd. Murray, Utah	February 3	Heber Tippetts
1350 E 1450 S Clearfield, Utah	February 4	Irl Carlson
Western Region (Juab Co.) 555 E 800 N Nephi, Utah	February 9	Irl Carlson
Southwest Region 377 E Riverside Dr. St. George, Utah	February 9	Reba Nisen
Eastern Region Blanding, Utah	February 10	Richard Anderson
Eastern Region Price, Utah	February 11	Richard Anderson
Western Region (Millard Co.) 39 S 300 E Delta, Utah	February 16	Heber Tippetts

Location	Date	Development Team Person
Cottonwood Region West Jordan City Hall 8000 S Redwood Rd. West Jordan, Utah	February 16	Caren Frost
Moab, Utah	February 16	Olivia Moreton
201 E 500 N Richfield, Utah	February 17	Richard Anderson
Vernal, Utah	February 18	Matt Watkins
DCFS Office 106 N 100 E Main Cedar City, Utah	February 19	Reba Nisen
Roosevelt, Utah	February 19	Matt Watkins
50 S Main Manti, Utah	February 22	Reba Nisen
Multi-Purpose Center Pleasant Grove, Utah	February 22	ReNae Brereton
Michelsons Restaurant 2100 S Main Nephi, Utah	February 23	Irl Carlson
DCFS Building 305 N Main Tooele, Utah	February 24	Heber Tippetts
Central Admin. Team 150 E Center Provo, Utah	February 24	ReNae Brereton
Moab, Utah	February 25	Richard Anderson
DCFS Conference Rm. Payson, Utah	February 25	Olivia Moreton
69 N 600 W Heber City, Utah	February 26	Irl Carlson
West Valley City Hall West Valley, Utah	March 9	JJ Glazier
3600 S Constitution Blvd	March 9	Irl Carlson
Steelworker's Union Hall	March 11	JJ Glazier
2650 S 8950 W	March 11	
Holladay DCFS 645 E 4500 S Murray, Utah	March 17	JJ Glazier

Location	Date	Development Team Person
Kearns High School 5525 S Cougar Ln Kearns, Utah	March 17	JJ Glazier
East Granite-Holladay DCFS 645 E 4500 S	March 24	JJ Glazier

“Putting Values into Action”

This document has come into being gradually - as we have met with the Practice Model Development Team, as the Division of Child and Family Services staff gathered for a one-day conference down in Provo to pool their ideas and experience, as we met with focus groups around the state who willingly gave their time to gather together and contribute generously of their years of experience and wisdom garnered from many different fields - all centered around children, and how we can better help them and keep them safe. We thank all those who have contributed for their efforts.

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1. PROTECTION. Children and adults have the right to be safe from abuse, neglect and unnecessary or needless dependency. Swift intervention is necessary when this right is violated.

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none"> 1. We lead the community in providing preventative services and education to assist families and communities in protecting their children. 2. We assess and take action on protection concerns in a timely, objective manner, focusing on the children’s and families’ safety and the families’ strengths and ability to protect the child. 3. Children and families receive responsive services that identify risks and implement necessary measures to keep them safe, even beyond the life of the case, as risk factors allow. 4. CPS will carry short-term in-home cases or will involve in-home case workers during the initial assessment so that the family can be assured of accessing services and continuity of services. 5. Contract and other providers are to ensure child safety and protection and are empowered to advocate for child safety and protection. 	<ol style="list-style-type: none"> 1. Good knowledge of basic social work: <ul style="list-style-type: none"> • Developmental Stages of children • Signs of abuse, neglect or family violence • Cultural Differences • Loss/Grief • Mental illness • Substance abuse • Strength based assessments • Interviewing strategies and techniques • Relationships • Separation and attachment 2. Utah code, policy and procedures applicable to child protection 3. Community resources 4. Conflict resolution 5. Safety planning 6. Domestic violence training - knowledge of cycle of abuse 7. How to monitor safety and empower children and families to change 	<ol style="list-style-type: none"> 1. Skill in identifying signs and symptoms of maltreatment, neglect, strengths and resources 2. Ability to develop obtainable and measurable goals for use in safety & service plans 3. Skills in conflict resolution, mediation, crisis intervention 4. Critical thinking and decision making skills 5. Effective interviewing skills for children and adults 6. Skills in relationship and rapport building, trusting and being trustworthy 7. Communicate effectively <ul style="list-style-type: none"> • writing • orally • computer • listening skills 8. Skills in completing strength-based assessments

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2. DEVELOPMENT. Children and families need consistent nurturing in a healthy environment in order to achieve their developmental potential.

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none"> 1. Children and families are provided services and resources to meet their emotional, physical and educational needs and support their strengths. 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs. 3. We provide ongoing evaluation and support during the development of the child and family. 4. We participate in identifying and developing resources with the child & family. 5. Services are provided in the most home-and neighborhood-based settings appropriate for the child and family's needs. 6. Children are placed with siblings or family members when possible and, when not possible, we give them opportunities for positive interaction with family and significant others when appropriate. 	<ol style="list-style-type: none"> 1. Developmental stages of children and families and the application of that knowledge to child welfare work. 2. Family and community resources, how resources are used and how to follow through to see that children and families receive required services (advocacy). 3. Laws, administrative rules, Division policy and procedures. 4. Signs of abuse and neglect and an understanding of the various factors that contribute to it. 5. Effective communication, conflict resolution and mediation techniques. 6. Domestic violence cycle, generational effects, and developmental effects. 7. How to go about locating kin. 8. Effects of home placement on children's and families' physical and emotional well-being. 	<ol style="list-style-type: none"> 1. Applying knowledge of development stages in conducting interviews and drawing up comprehensive, individualized children's and families' assessments, in order to create plans that build on strengths and address needs. 2. Connecting children and family to community resources. 3. Engaging children and families and developing effective working relationships. 4. How to request help or to receive different views on issues. 5. Assessing a child's ability to form attachments to others and parents' ability to form healthy attachments to children. 6. Being a team player. 7. Assessing signs of abuse and neglect and the family's ability, willingness and resources to provide protection. 9. Locating and involving kin.

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2. DEVELOPMENT. Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

Performance Expectations	Knowledge	Skills
<p>7. Children placed in out-of-home care will receive timely, intensive and appropriate reunification services and permanence, facilitated by concurrent planning.</p> <p>8. All involved with children, we and families, are considered partners and are given needed support and training to develop skills that enhance our capacities to nurture and provide a healthy environment.</p> <p>9. Children in placement are provided the supports needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.</p> <p>10. Children receive adequate, timely, medical and mental health care responsive to their needs.</p>		<p>10. Communicating effectively.</p> <p>11. Assisting families and workers to manage or resolve grief, loss and separation issues.</p>

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**3. PERMANENCY. All children need and are entitled to enduring relationships
that provide a sense of family, stability and belonging.**

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none">1. We (DCFS) keep children with their families, only if safety and well-being allows. We will identify as early in the process as possible those families that will not be able to safely raise their children.2. We give to each child and family, services that respond to the urgency of establishing and maintaining permanency and stability, and address both strengths and concerns.3. We provide services and interventions that are best-suited to each child and family.4. We actively encourage families to exercise their responsibility to make decisions that affect their children.5. We make every effort to coordinate with others, i.e., relatives, mental health, courts, schools, advocates, etc., to seek permanency for children.6. Children are placed in close proximity to their family and have frequent opportunity for visits.	<ol style="list-style-type: none">1. The value of relationships and the impact of separation and loss on children and families.2. Federal and state laws, administrative rules and DCFS policies.3. Dynamics and process of change.4. Available treatment and placement resources.5. Treatment/ service planning that demonstrates an understanding of socioeconomic-economic status, cultural diversity and ethnicity while addressing the concerns and risks facing each child and family.6. The impact of neglect, domestic violence, drug abuse, etc.	<ol style="list-style-type: none">1. Assisting families and workers in managing grief, loss and separation issues.2. Bringing partners to consensus (i.e., family meetings, multi-disciplinary staffing).3. Creating effective service plans and safety plans with measurable and attainable goals.4. Providing concurrent planning.5. Actively encouraging families to take responsibility.

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**4. CULTURAL RESPONSIVENESS. Children and families have the right to be understood
within the context of their own family rules, traditions, history and culture.**

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none">1. We provide individualized services to children and families, respecting their cultural, ethnic and religious heritage, traditions and values.2. We make every effort to understand the various cultures in which we work, so we may empower families to safely raise their children within their individual cultures.3. We will provide children and families with individualized services based on their assessed strengths and needs.4. We encourage cooperation among community partners in developing resources that respond to various cultural needs in an effort to provide early intervention, support, permanency, stability, growth and development.5. We are sensitive to the cultural needs of the child during placement and inform the caretakers of cultural issues that allow the child to continue their cultural heritage.6. We will obtain interpreters with bilingual skills as needed.	<ol style="list-style-type: none">1. Community resources and contacts that culturally support the family.2. Family relationships, traditions and diverse cultures and how these impact a child’s development and functioning.3. The impact of child welfare intervention on children and families.4. How to assess and address family strengths and needs in an effort to achieve positive child and family outcomes.5. How to help families receive knowledge, skills and services, so children can remain/return safely with their families.	<ol style="list-style-type: none">1. Identify and incorporate cultural values of children and families into services.2. Demonstrate the ability to recognize and engage community resources.3. Develop solution- focused intervention using the families’ recommendations, resources and strengths.4. Include families in all levels of decision- making.5. Listen and communicate effectively.6. Help families understand community standards of child care and learn new family skills to meet the standards.7. Recognize and resolve child rearing practices that put children at risk and the cultural significance of various child rearing practices, including the caretaker’s intention.

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5. FAMILY FOUNDATION. Children can be assured a better chance for healthy personal growth and development in a safe, permanent home with enduring relationships that provide them with a sense of family, stability and belonging.

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none">1. We will offer intensive services to try to keep the family of origin intact, and we'll recognize and support the child's positive and significant relationships.2. We will work together in a timely, objective manner with families to continually assess family and individual strengths, needs, safety and protection issues, and encourage families to identify and implement their solutions.3. We will develop individualized plans, including specific steps and services to reinforce identified strengths and needs and to meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment, and concrete actions for monitoring progress of the child and family.4. We recognize that family members have critical knowledge about their situations, and should be consulted in any assessment and planning process.5. We support and enable access to in-home and neighborhood resources for families and care givers, to help them develop and enhance their ability to nurture.	<ol style="list-style-type: none">1. Family relationships including principles of attachment, family systems, family violence dynamics and components of family culture.2. Appropriate interventions to correct harmful family relationships.3. Collaboration with other agencies and extended family members in developing community-based resources which address family needs for prevention, education, intervention and after-care.4. Each family is vastly different and should be treated that way.5. Assessment tools (e.g., psychologicals) and how to read assessments.	<ol style="list-style-type: none">1. Assessment skills:<ul style="list-style-type: none">• Interview all persons, age and culture appropriately• Identify family strengths and challenges• Work with family dynamics - appropriateness of interviewing separately• Evaluate and address risk• Early intervention2. Service Plan Writing:<ul style="list-style-type: none">• Appropriate resources matched to children and families• Individualized plans for each family - multi-disciplinary approach and family input to help identify problem and help family assume their responsibility.• Time-specific• Measurable• Addresses child and family welfare3. Interventions:<ul style="list-style-type: none">• Safety Planning• Communication• Community Resource Matching• Negotiation• Conflict Resolution• Begin where family is• Empowerment• Modeling

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**6. PARTNERSHIP: The entire community shares the responsibility to create an environment
that helps families raise children to their fullest potential.**

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none"> 1. We network and build partnerships with other community agencies and share resources and information for the benefit of children and families in our communities. 2. We, along with community partners, will coordinate, collaborate, develop and implement a comprehensive array of services designed to assist families to achieve their goals of safety, permanence and well being for all. 3. We actively assist families to access community resources and become better integrated into their community. 4. Critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency are, whenever possible, made by a child and family team, including the child and family, the family’s informal helping systems, foster parents and formal agency stakeholders. 5. We help develop a unified, systematic community response to dealing with abuse issues. 	<ol style="list-style-type: none"> 1. Available community resources, how to access and how to fill gaps in services - understand community dynamics. 2. Community networking skills. 3. Agency requirements, services and resources and how those fit with the family’s assessed needs. 5. Families’ culture, values and needs. 6. Program development. 7. Policy, and how it seeks to support the best interests of both the child and the family. 9. Ongoing research and new effective models for the future of professional child welfare work. 	<ol style="list-style-type: none"> 1. Mediating, negotiating, conflict resolution, meeting management, public relations,advocating, communication. 2. Engaging and investing families in all facets of the process. 3. Modeling/teaching families how to access resources. 4. Integrating team planning to meet individual families’ needs. 5. Gathering, analyzing and communicating information and sharing outcome responsibility with community partners. 6. Educating legislators - writing clear proposals, seeking funding sources. 7. Encouraging community ownership and “give as well as take” volunteerism in our communities.

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6. PARTNERSHIP: The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

Performance Expectations	Knowledge	Skills
<p>6. We cultivate and maintain good, fair working relationships with foster parents and other community partners. Effective relationships rely on open and honest communication with families and partners.</p>		

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7. ORGANIZATIONAL COMPETENCE: Committed, qualified, trained, skilled staff, who are supported by an effectively-structured organization, help insure positive outcomes for children and families.

Performance Expectations	Knowledge	Skills
<ol style="list-style-type: none"> 1. Administration models a healthy, interdependent organization, with responsibilities and accountability clearly defined. 2. Services are provided by, and coordinated through, multi-disciplinary partners and the family who share the responsibility. 3. The Division obtains, supports and retains the most qualified, best-trained, experienced staff, and creates an environment that will help retain and reward qualified employees. 4. Services are provided by a competent staff and providers who are adequately trained and who have workloads at a level that permits practice consistent with these principles. 5. The Division provides training to prepare new employees to perform their jobs in an efficient and timely manner, and provides pre-service and ongoing training, education, mentoring and supervision to enhance staff effectiveness. 	<ol style="list-style-type: none"> 1. Organizational systems 2. Human behavior. 3. Community resources and the use of those resources, as well as for children and families. 4. Factors that motivate and promote job satisfaction. 4. State-of-the-art practice, training and support. 5. How healthy relationships enhance professional helping and community collaboration. 6. How sharing information with each other prevents making the same mistakes over and over again. 	<ol style="list-style-type: none"> 1. Implementing good organizational systems and influencing human behavior to be able to achieve the performance expectations. 2. Analyzing, mobilizing, creating and implementing resources. 3. Advocating for children and families. 4. Evaluating and adjusting practice models. 5. Obtaining and maintaining an awareness of the professional responsibility to children, families and the community. 6. Enabling workers to be empowered to speak out on issues and be listened to when they do. 7. Developing and providing supportive supervisors and designing a reward system for workers.

“Putting Values into Action” - Practice Model Principles
(Child Welfare Edition)

7. ORGANIZATIONAL COMPETENCE: Committed, qualified, trained, skilled staff, who are supported by an effectively-structured organization, help insure positive outcomes for children and families.

Performance Expectations	Knowledge	Skills
<p>5. The Division recruits and hires qualified minorities to ensure diversity among staff that promotes quality services for all children and families.</p> <p>6. The Agency selects workers who can establish relationships that facilitate change in the behavior of children and parents.</p> <p>7. Workers have access to ongoing clinical consultation.</p> <p>8. Adequate funding is be provided to assure that workers receive 20 hours of treatment-related training annually.</p> <p>9. Supervisors are skilled in treatment practice and provide mentoring through supportive teaching and treatment insight.</p> <p>10. Administration takes responsibility for allocating resources to meet the challenges of providing effective child welfare services.</p>	<p>Basic:</p> <p>A worker needs a beginning knowledge to use the following treatment methods:</p> <ul style="list-style-type: none"> • Engaging people in the helping relationship -listening, pacing, leading, empowering, holding accountable) • Professional self-awareness • Solution Based Practice <p>Advanced:</p> <ul style="list-style-type: none"> • Systems of Change • Family Systems • Object Relations • Attachment • Resiliency • Levels of intervention • Knowledge of domestic violence treatment issues <p>Workers receive training to apply their ability to facilitate change in the family.</p>	

Projected Budget for Development and Training of the New Practice Model

(Drafted March 26, 1999)

This budget represents one method for accomplishing the goals set forth in the plan for development and training of the new practice model. Adjustments will be made as a result of proposals obtained from contractors knowledgeable and skilled in model development and training. For this reason, specific line items in this budget must be viewed as estimates with flexibility to move funding across line items.

The contracted services listed in this budget represent start-up costs. In the future (post FY 2001), the DCFS annual budget will reflect the costs of ongoing development, enhancements, and training to the practice model.

Research and development of practice model Observation of direct practice, attending conferences, and attending training sessions in locations outside of Utah.	FY 1999	FY 2000	Totals
Transportation	\$ 4,850	\$ 3,000	\$ 7,850
Per diem	3,336	2,044	5,380
Purchase of materials	950	550	1,500
Consultation on the development of the model (10 days x \$750*)	5,400	2,100	7,500
Total costs for model development research	\$14,536	\$ 7,694	\$22,230

Development of practice model training	FY 1999	FY 2000	Totals
Comprehensive family assessment (18 days consultation x \$750)	\$ 11,500	\$ 2,000	\$ 13,500
Individualized service planning (12 days x \$750)	7,000	2,000	9,000
Engaging children and families in planning and service activity (12 days x \$750)	7,000	2,000	9,000
Concurrent planning for permanency (14 x \$750)		10,500	10,500
Mentoring (12 days x \$750)		9,000	9,000
Solution based intensive work with families (13.5 days x \$750)		10,125	10,125
Community development and teaming with key partners (6 days x \$750)		4,500	4,500
Enhanced new employee overview (24 x \$750)	7,000	11,000	18,000

Transportation/Per Diem (will vary according to onsite with DCFS vs. contractor's site). Includes a two-day consortium meeting of potential contractors	12,368	10,000	22,368
Total costs for development of practice model training	\$44,868	\$61,125	\$105,993

Development and acquisition of training materials	FY 1999	FY 2000	Totals
Consultation on training module development (10 days x \$750)	\$ 4,500	\$ 3,000	\$ 7,500
Training manuals for trainers (50 manuals x \$40)		2,000	2,000
Student manuals for all new employees for first 2 years (500 x \$32)		16,000	16,000
Manuals in the enhanced skills for all DCFS front-line staff, supervisors, and administration (850 x \$25)		21,250	21,250
Manuals for supervisors and mentors (225 x \$20)		4,500	4,500
Class materials (handouts, videotapes, etc.)		6,500	6,500
Total development & acquisition of training materials	\$ 4,500	\$ 53,250	\$ 57,750
Delivery of first sequence of training, including training of DCFS trainers (Training of DCFS Training Managers, Clinical Consultants, Supervisors, and selected front-line staff)	FY 1999	FY 2000	TOTAL S
Training and modeling from outside consultants for DCFS trainers through initial training of front-line staff:			
Training of DCFS trainers (3 days x 2 consultants x \$1,150*)		\$ 6,900	\$ 6,900
Pilot training for front-line staff and supervisors (9 days x 2 consultants x \$1,150)		20,700	20,700
Administrative group training (5 days x \$1,150)		5,750	5,750
Comprehensive family assessment (8 days x \$1,150)		9,200	9,200
Individualized service planning (4 days x \$1,150)		4,600	4,600
Engaging families and children (4 days x \$1,150)		4,600	4,600
Concurrent planning for permanency (4 days x \$1,150)		4,600	4,600
Mentoring (4 days x \$1,150)		4,600	4,600
Solution based (6 days x \$1,150)		6,900	6,900
Community development and teaming (2 days x 1,150)		2,300	2,300
Enhanced new employee overview (8 days x 1,150)		9,200	9,200

Two conferences with nationally validated experts in child welfare skills (Inviting community partners to participate with DCFS)	5,000	14,500	19,500
Transportation/Per diem (hotel & per diem - 8 trips, 48 days)	4,068	15,498	19,566
Total costs for training from consultants	\$ 9,068	\$109,348	\$118,416
Instate trainer expenses: Contracts for additional trainers:	32,800	72,800	105,600
Travel and per diem (contractors & DCFS staff)	13,950	41,850	55,800
Total cost for instate trainer expenses	\$ 46,750	\$114,650	\$161,400

Training site fees, site preparation, and travel for 1,000 people to attend all introductory courses.	FY 1999	FY 2000	Totals
Total costs for sites and attendance		\$ 33,600	\$ 33,600

Development of valid testing resources to determine staff skill attainment	FY 1999	FY 2000	Totals
Contracted development and validation of testing for skill attainment		\$ 45,000	\$ 45,000

TOTAL COSTS FOR NEW PRACTICE MODEL	\$119,722	\$424,667	\$544,389
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*\$750 daily average rate for off site consultation from contractors.

**\$1,150 daily average rate for onsite consultation or training from contractors.

Required Regional Plans

Plan Needed	Date Due	Page in Plan
Monthly Learning Groups	January 2000	18
Practice Model Readiness Assessment	January 2000	21
Practice Model Training Support Groups	June 2000	22
Regional Proximity Plan	June 1999	49
Regional “Kin Locator” Procedure	June 1999	55
Regional Placement Prevention/Disruption Fund Contracts	October 1999	57
Regional Quality Improvement Committees	June 1999	77
Regional Performance Plans	October 1999	78

Appendix 2

Proposed Spending for DCFS FY 2000

MAXIMUS Monies

Components to be Developed for SAFE Version 2.3

Division of Child and Family Services

Fiscal Year 2000 Budget

State Office Administration	\$ 6,734,200
Service Delivery	\$50,737,900
In Home Services	\$ 1,347,100
Out of Home Care	\$34,128,700
Facility Based Services	\$ 3,681,700
Minor Grants	\$ 2,053,700
Selected Programs	\$ 5,773,300
Special Needs	\$ 1,650,900
Domestic Violence	\$ 4,316,200
Children's Trust Fund	\$ 350,000
Adoption Assistance	\$ 7,627,500
Total DCFS Budget	\$118,401,200

MAXIMUS Monies

The DCFS Administrative Team has developed the following list of service enhancements that will contribute to (1) improved individualized care for children, (2) retention of children in foster care homes and other treatment settings, (3) retention of foster care families, and (4) timely reunification of children with parents or kin, where appropriate. It is the intention of DCFS to utilize the funding generated by the MAXIMUS contract to improve the existing resources, which are shown in the list below. This list has not been prioritized. As the new revenues become known, the DCFS Management Team will allocate them to one or more of the following areas:

Item	Description	Estimated Funding Required
1	Foster Care Increase a. Basic foster care from \$10.50 per day to \$13.00 b. Specialized Foster Care from \$15.75 per day to \$16.75	\$416,200 \$191,700
2	Respite care increase, which will be used as a “flexible fund,” versus days for respite, which will provide more relief to foster parents and thereby increase retention of foster parents and decrease placement disruptions for children in custody.	\$222,000
3	Placement Prevention/Disruption funds per page 45 in Plan	\$300,000
4	Peer Parenting Expansion to include a certification of peer parents from \$160,000 to \$250,000	\$90,000
5	MI-706 funds, the Utah Medical Assistance Payment Reimbursement Agreement, which provides for payment of medical services not covered by Medicaid for children in DCFS custody. Contract amount \$69,000 increased to \$140,000	\$71,000

Components to be Developed for SAFE 2.3

July 1999 Release

I. Home-Based and Out-of-Home/Foster Care Components	
Forms Facility	Generates forms directly from SAFE and eliminate reliance on WordPerfect.
Process Guide	Provides a complete listing of processes for in-home and out-of-home services.
Case Creation	Allows for the creation of all types of cases, except CPS which is currently deployed; to provide for case assignment, reassignment, and transfer.
Placement	Provides for initiation and change of an out-of-home placement/living arrangement for a child.
Purchase Service Authorizations	Provides for creation and updating of purchase service authorizations and synchronization with the USSDS payment system
Case Plan	Provide computer support for completion of case plans for children in state custody or families receiving services from DCFS (will include Social Summary/Needs Assessment and Transitional Independent Living Plan if a child is over 16 years of age).
Progress Summary	Provides computer support for completion of various types of case summaries, including Quarterly Summaries, Court Reports, 12-Month Dispositional Reports, Citizen Review Reports, and Six-Month Review Reports.
Health Tracking	Monitors health examinations, health care, and needs of children in custody, including providing health visit reports.
Educational Referral and Tracking	Provides information about educational attainment of children in custody.
Interface with ORSIS	Allows for the electronic sharing of data with Office of Recovery Services (SACWIS requirement).
Federal NCANDS Report	Provides Federal reports about children who have been reported as being abused and/or neglected (SACWIS requirement).

II. Home-Based and Out-of-Home/Foster Care Components	
Process Guide	Reflects the completion of processes as they occur.
Foster Care Citizens Review Interface	Allows for the electronic sharing of information between databases (SACWIS requirement).
External Notice	Permits electronic notification to some entities about upcoming service needs.
AFCARS Report	Provides Federal reports on adoption and foster care (SACWIS requirement).
Juvenile Court/Medicaid Interface	Allows for interface with other department databases (SACWIS requirement).
Subsidy Maintenance	Provides electronic tracking of subsidy payments for subsidized adoptions, guardianship subsidy, and courtesy only medical cases.
Out-of-Home Visitation Summary Report	Provides reports of visits made by out-of-home caseworkers at caseworker and supervisor level.
Domestic Violence and Youth Services Shelter Placement	Documents placement of children in domestic violence and youth services shelters.
Independent Living	Tracks clients in independent living and to prepare required Federal reports.

Appendix 3

DCFS Organizational Charts

Steering Committees by Membership and Meeting Dates



DEPARTMENT OF HUMAN SERVICES
Division of Child and Family Services
 May 1999

OFFICE OF COMPLIANCE
Craig Monson, Director

Department of Human Services
Robin Arnold-Williams
Executive Director

OFFICE OF CHILD PROTECTION OMBUDSMAN
Marsha Peterson, Director

Governor's Initiative on Families Today (GIFT)
Abby Vianes, Executive Director
Annette Cowan, Coordinator

BOARD OF CHILD AND FAMILY SERVICES

Division of Child & Family Services
Ken R. Patterson
Director

Administrative Secretary
Marvella Cuch

Legislative & Constituent Specialist
Linda Winingar

Admin. Hearing Tracker
Nancy Bender
Child Abuse Review Tracker
Vacant

EXECUTIVE SECRETARY
Mary Steck

DEPUTY DIRECTOR
Richard Anderson

STRATEGIC IMPROVEMENTS
Caren Frost

MIS/SAFE PROJECT
Jack Green (Acting)

BUDGET & FINANCE
Wayne Airmet

DEPUTY DIRECTOR
Zohreh Saunders

EXECUTIVE SECRETARY
Mary Steck

PROGRAM SPECIALISTS
LeRoy Franke
Joelle Horel
Dianne W. Kearney
Reba Nissen

Training
Vacant

Training Technician
Marlene Goodrich

Community Services
Olivia Moreton

Functional Development
Robert Lewis

Application Development
Wade Owens

User Support
Anita Sorensen

Project Control
Vaughn Carter

Information Evaluation Data
Navina Forsythe
Linda Prince
Karrie Penney
Linda O'Brien

State Budget Officer
Lance Martin

Accountant

Medicaid Collections
Randy Sargent

Auditor
Ruth Johnson

Budget & Accounting
Paul Anderson

Accountant

Federal Revenue
Cosette Mills

IV-E Medicaid Trainer
Holly Sedlacek

Grant Coordinator
Vacant

POLICY & RULES
Steve Bradford

PROGRAM SPECIALISTS
Duane Betournay
Michael Chapman
Kate Jensen
Sally Tasker

CONTRACTS
Chuck Parsons

Contracts Technician
Rachel Archibald

Administrative Support Supervisor
Margaret Jones

Personnel Coordinator
Barbara Burwell

Support Staff
Helen Dipo
Vacant
Paula Loakes
Shirley Bingham
Reina Forsythe

COTTONWOOD REGION
Heber Tippets
Director

GRANITE REGION
Pat Rothermich
Director

SALT LAKE REGION
Spence Morgan
Director

TRI-REGIONAL SUPPORT
Paul Prince
Director

NORTHERN REGION
Katy Larsen
Director

SOUTHWEST REGION
Todd Minchey
Director

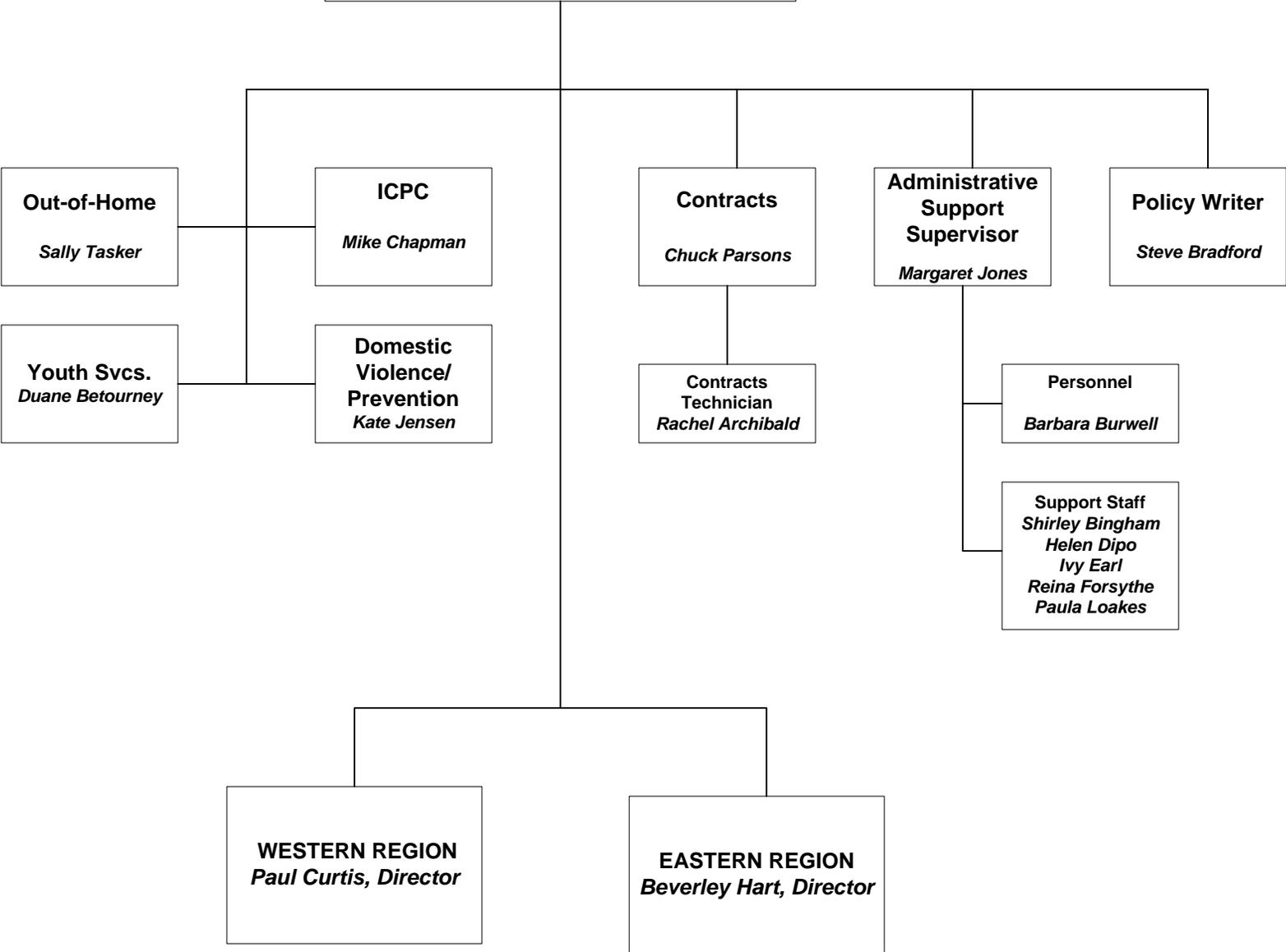
EASTERN REGION
Beverly Hart
Director

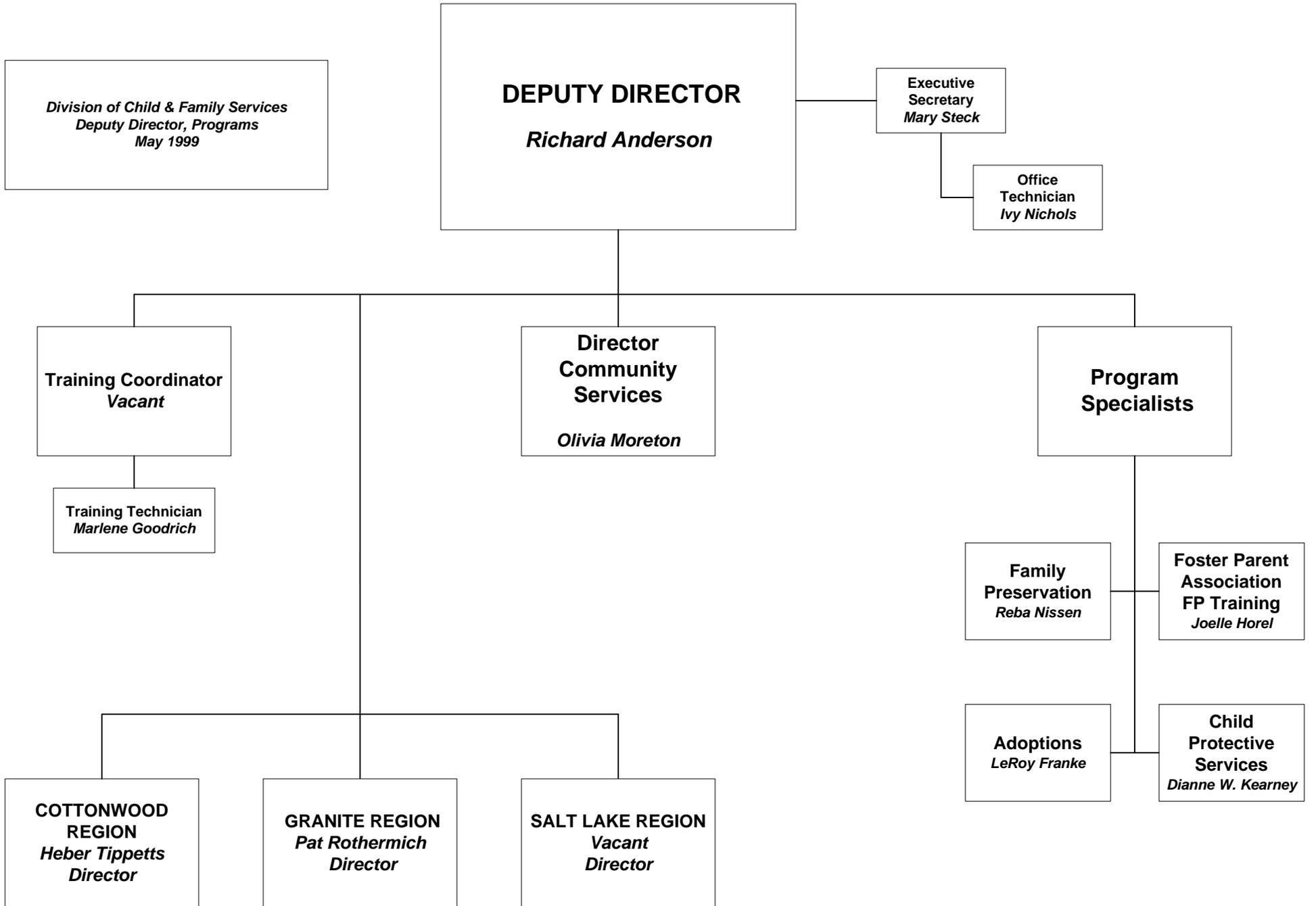
WESTERN REGION
Paul Curtis
Director

Division of Child & Family Services
Deputy Director, Operations
May 1999

DEPUTY DIRECTOR
Zohreh Saunders

Secretary
Mary Steck





Division of Child and Family Services
Steering Committees

Steering Committee	Staff/Chair	Administrative Team Liaison	Monthly Occurrence	Location	Development Team Liaison
Adoptions	LeRoy Franke/Vacant	Abel Ortiz	1st Wednesday	Holladay	JJ
Child Protection Svcs	Dianne Warner Kearney/Darla	Katy Larsen	2nd Tuesday	Cottonwoo	Heber
Clinical Consultants	Spence Morgan	Heber Tippetts	Last Tuesday	Heber	Heber
Domestic Violence	Terri Yelonek	Paul Curtis	3rd Wednesday	Provo	Matt
In-Home	Reba Nissen/Stacey Lewis	Todd Minchey	1st Wednesday	Payson	ReNae
Out-of-Home	Sally Tasker/Cheryl Dalley	Pat Rothermich	4th Wednesday	Provo	Kit
SAFE User		Jack Green	3rd Tuesday	DHS	Anita
Support Services	Linda O'Brien/Ardella	Paul Prince	2nd Tuesday	Provo	Caren
Training	Brian Young/Bert Peterson	Richard Anderson	1st Monday	DHS	Richard

Appendix 4

Draft of Placement Prevention/Disruption Fund Procedure

Rationale

In order to avoid the unnecessary removal of a child from his or her biological, adoption, or foster home, or to stabilize a placement, the Division of Child and Family Services (DCFS) has established a placement prevention/disruption fund. The purpose of this fund is to ensure that easily accessed funds are available to assist client and foster families in situations that threaten stability. These funds can be used for brief interventions to prevent placement or placement disruption, to stabilize a family crisis, or as a recurring support to placements that, if disrupted, would require significantly greater DCFS expense.

Policy

The Division of Child and Family Services establishes a placement prevention/disruption fund to assist families served by the Division and to address immediate needs which directly contribute to the retention of the children in biological, adoptive, or foster care.

Intervention Example

Intervention includes, but is not limited to the following:

- rent assistance
- housing deposit
- utility deposit
- utility bills
- automobile repairs
- gasoline
- food
- clothing
- child care supplies
- household supplies
- homemaker services
- language interpreters
- psychotherapy for child and parents
- psychological testing/drug screening for child/parents
- educational fees
- doctor visits and/or prescription drugs
- transportation for educational or medical services

Alternative interventions will be approved by the Regional Director.

Division of Child and Family Services Service Delivery System

Each region shall submit a plan for the system deliver of Placement Prevention/Disruption funds. The plan must be approved by the DCFS Director of Finance. The funds will be distributed through a special account based on a local population-served formula. The funds will be disbursed through a special account with local warrant capability. The DCFS Director of Finance will oversee disbursement of the funds.

Procedures

1. The Social Worker identifies the need of a client or foster family and determines if it is an appropriate intervention.
2. Social Worker completes the payment authorization form prescribed by the Division and obtains the supervisory approval.
3. Crisis requests exceeding \$400, or ongoing requests exceeding \$2,000, will be approved by the Regional Director.
4. The Regional Management Services Specialist will conduct a monthly reconciliation of the fund according to the fiscal procedures approved by DCFS Finance.
5. Checks will not be issued to the family.

Appendix 5

List of Trend Indicators

Trend Indicators for Comprehensive Plan Reporting

No.	Trend	What these data measure
1	Number and percent of intact families receiving in-home services that were successfully closed without an out-of-home placement within 12 months.	Effectiveness of in-home services
2	Percent of children with substantiated allegations of abuse and neglect while placed in out-of-home care.	Success of training foster parents and monitoring their activities with the child; adequate inventory of foster parents; ability to match child's need with appropriate family
3	Number and percent of cases with substantiated allegations of abuse and neglect of children within one year from case closure.	Family properly prepared; service needs identified and addressed; assessment of safety and coping capacity of family
4	Number and percent of closed CPS cases with subsequent founded reports of abuse and neglect.	Proper investigation and provision of services
5	Percent of children served in one of the following legal "permanent" placements after 12 to 24 months of child removal: return home, adoption, guardianship.	Time and effectiveness of moving children into permanency, especially with more difficult cases
6	Number and percent of children who attain permanency.	Same as #5
7	Percent of children who do not re-enter out-of-home care within six, 12, and/or 18 months.	Success of service delivery and selecting permanency goal
8	Average length of stay of cohorts of children in out-of-home care.	Success of meeting permanency needs
9	Percent of CPS investigations initiated within the time period mandated by state or local statute, regulation, or policy.	Safety of children; responsiveness of system
10	Percent of children experiencing fewer than three placement changes within a service episode.	Success of matching children's needs with placements; adequate inventory of neighborhood foster homes
11	Number and percent of children in placement by order of restrictiveness by number of days.	Success in timeliness of meeting special needs of children
12	Number and percent of children in custody under age five longer than six months without a permanent placement.	Ability of system to achieve timely permanency placements for very young children
13	Number and percent of children in custody longer than six months without permanent placement.	Ability of system to achieve timely permanency placements for children
14	Number and percent of children completing high school or obtaining a GED.	Ability of system to assist older children in obtaining educational goals
15	Percent of children in custody who are legally freed for adoption and who are placed in an adoptive home within six months.	Success in timeliness in placing children freed for adoption
16	Percent of adoptions that disrupt before finalization.	Success in matching children freed for adoption with adoptive families

Appendix 6

Draft of Case Process Review Questions

**BSR CASE PROCESS REVIEW QUESTIONS
DRAFT 4/29/99**

Critical (C) = 90% performance goal

Essential (E) = 85% performance goal

CPS General

ID #	Crucial/ Essential	Questions
CPS1	C	Did the investigating worker see the child within the priority time frame?
CPS2	C	If the child remained at home, did the worker provide or arrange for available services within 30 days of the referral?
CPS3	C	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?
CPS4	C	Did the worker interview the child's relevant caretaker(s)?
CPS5	C	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?
CPS6	C	Did the CPS worker make an unscheduled home visit?
CPS7	C	If this is a Priority I case involving severe maltreatment, severe physical injury, or recent sexual abuse causing trauma to the child, was a medical examination of the child obtained no later than 24 hours after the report was received?
CPS8	C	If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider within 30 days of the referral?
CPS9	E	Was the decision to substantiate or unfound the report based on facts obtained during the investigation?
CPS10	E	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well being ?
CPS11	E	During the CPS investigation, were reasonable efforts made to find possible kinship placements?
CPS12	E	Did the worker visit the child in shelter care within the first two days of placement to determine the child's adjustment to the placement and need for services?
CPS13	E	After the first two days, did the worker visit the child in shelter care at least weekly until CPS case closure, to determine the child's adjustment to the placement and need for services?
CPS14	C	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?

CPS Unable to locate

ID #	Critical/ Essential	Questions
UN1	E	Did the worker visit the home at times other than normal working hours?
UN2	E	If any child in the family was school age, did the worker check with local schools or the local school district?
UN3	E	Did the worker check with law enforcement agencies?
UN4	E	Did the worker check public assistance records for information regarding the family?

In-Home Services

(The future is to combine all in-home services into one heading or group. The number of days for completion of this service plan is under discussion.)

ID #	Critical/ Essential	Questions
IN1	E	Was an initial service plan completed within 30 days (PSS,PSC) of the risk assessment?
IN2	E	Was the family involved in creating the service plan?
IN3	E	Were all of the services identified on the Risk Assessment or referral form addressed in the service plan?
IN4	E	Did the family receive services identified in the service plan?
IN5	E	Was a family team approach used to create the service plan, including professionals as appropriate?
IN6	E	Were collateral contacts made each month of this review period to monitor the child's and family's progress?
IN7	E	Did the worker make at least one home visit each month of this review period? (This would also apply to PFP cases.)

General Foster Care

ID #	Critical/ Essential	Questions
FC1	E	Prior to the original dispositional hearing, were reasonable efforts made to locate kinship placements?
FC2	C	Were the child's special needs or circumstances taken into consideration in the placement decision?
FC3	E	Was proximity to the child's home/parents taken into consideration in the placement decision?
FC4	E	Before the new placement was made, was basic information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?

ID #	Critical/ Essential	Questions
FC5	E	Did the worker interview the out-of-home care provider at least once during each month of this review period?
FC6	E	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?
FC7	E	Did the worker visit the child at least twice during each month of this review period?
FC8	E	Did each visit include a private conversation with the child outside the presence of the out-of-home care provider?
FC9	E	If evidence of a disability arose, did the worker refer the child for a special education assessment?
FC10	E	If the child received a special education assessment, and if the assessment indicated that the child needed special education services, were they initiated as recommended by the assessment?
FC11	E	If the service plan which was current during the review period was the child's <u>initial</u> service plan, was it completed within 45 days of removal or placement in DCFS custody whichever occurred first?
FC12	E	Was a family team approach used to create the service plan, including professionals as appropriate?
FC13	E	Did the family receive services identified in the service plan?
FC14	E	Was the child provided weekly visitation with the parent(s)?
FC15	E	If siblings were not placed together, was the child provided an opportunity to visit his/her sibling(s) at least twice per month?
FC16	E	Was an initial or annual health assessment conducted during this review period?
FC17	E	If the health assessment conducted during this review period was the <u>initial</u> health assessment, was it conducted within 30 days of the child's removal from home?
FC18	E	If a need for further evaluation or treatment was indicated in the initial or annual health assessment, was that evaluation or treatment initiated within 30 days of the screening or as recommended by the medical personnel? (a. physical health care; b. dental health care)
FC19	E	If initial screenings indicated that a mental health assessment was needed, was an initial or annual mental health assessment conducted during this review period?
FC20	E	If the mental health assessment conducted during this review period was the <u>initial</u> mental health assessment, was it conducted within 30 days of the child's removal from home?
FC21	E	If mental health services were needed, were they provided?

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Acronyms/Abbreviations Used in this Document

AFCARS	=	Adoption and Foster Care Analysis Reporting System
ASFA	=	Adoption and Safe Families Act
BSR	=	Bureau of Services Review
CHIP	=	Children's Health Insurance Program
CPS	=	Child Protection Services
CSHCN	=	Children with Special Health Care Needs Bureau
CSM	=	Community Service Manager
CWLA	=	Child Welfare League of America
CWPPG	=	Child Welfare Policy and Practice Group
DCFS	=	Division of Child and Family Services
DHS	=	Department of Human Services
DOH	=	Department of Health
FHCP	=	Fostering Healthy Children Program
FTE	=	Full-time Equivalent
FY	=	Fiscal Year
HCAC	=	Health Care Advisory Committee
HSO, Inc	=	Human Systems and Outcomes, Inc.
ICWA	=	Indian Child Welfare Act
IHS	=	Institute of Human Services
L.P.N.	=	Licensed Practical Nurse
MFC	=	Medically fragile child
MI706	=	Designated funds under the Utah Medical Assistance Program
M.S.W.	=	Master of Social Work
NCANDS	=	National Child Abuse/Neglect Data System
QA	=	Quality assurance
QI	=	Quality Improvement
R.N.	=	Registered Nurse

- RHCC** = Regional Health Care Coordinators
- SACWIS** = Federal Statewide Automated Child Welfare Information System
- TASK** = Training to Ability, Skills, and Knowledge
- UCA** = Utah Code Annotated
- USSDS** = Unified Social Service Delivery System