Utah's Division of Child and Family Services

Northern Region Report

Qualitative Case Review Findings

Review Conducted
January 22-26, 2007

A Joint Report by
The Child Welfare Policy and Practice Group
And
The Office of Services Review, Department of Human Services

March 1, 2007

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I. Introduction

The Northern Region Qualitative Case Review for FY 2007 was held the week of January 22-26, 2007. Reviewers representing the Child Welfare Group, Office of Services Review, Division of Child and Family Services, and community partners participated in the review. There was great celebration at the conclusion of the review week when OSR announced that the region had successfully met the exit requirements on the QCR.

II. System Strengths

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was identified by the reviewers during the preparation for the exit conference. Not every strength was noted in every case. Nevertheless, each of these strengths contributed to improved and more consistent outcomes for specific children and families.

STRENGTHS:

- Excellent casework, including open communication with the caseworker and the mother.
- Professional, experienced caseworkers who have longevity with the Division.
- Tremendous teamwork with multiple foster parents of the children in the family.
- Careful preparation for placement and the biological family was given a voice in the choice of the foster family.
- Supervisors support workers, leading to open relationships and trust.
- The QCR is used as a learning experience.
- Attorneys are recognizing that this has become a way to improve practice.
- School personnel are more comfortable working with the division.
- Caseworkers show tremendous dedication to the children.
- There is excellent communication and coordination among the team members.
- There are excellent matches made between foster parents and foster children and a willingness to take the extra time needed to find a good match.
- Detailed information is given to the foster parents upon placement.
- The caseworker follows up and keeps those who aren't able to attend the team meetings informed.
- A judge expressed that he has seen evidence of teaming and communication in the cases coming before him.
- Effective transition planning.

III. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The monitor and OSR staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies and DCFS staff. This year the Qualitative Case Reviews in the Northern Region were supported by focus groups with DCFS workers, DCFS supervisors, the regional administration team and the Quality Improvement Committee. Individual interviews with were conducted with a judge, a Guardian ad Litem, an Assistant Attorney General and the regional director of DCFS.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

What is working well?

- Workers believe clients are getting better service because of the Practice Model. Workers seem to have a better understanding of it and how to implement it.
- Teaming is leading to more personalized assessment and family plans. Plans are less "cookie cutter" and more specific to the needs of the family.
- Workers are including GALs more in teaming. GALs have asked for and facilitated some team meetings.
- Early intervention in domestic violence cases is reducing the number of children being removed and allowing DCFS to work with non-offending parents in a more constructive and less intrusive fashion.
- Administrators are getting out among the workers and strengthening their relationship with them. They always want to be supportive and accessible to workers.
- The relationship between DCFS and mental health providers has improved. They meet regularly to address any issues that may arise.
- Assistant Attorneys General feel their relationship with workers has improved. There is a good exchange of information.
- Workers are entering the field well-trained and ready to do their jobs.
- Mediation is being used to prevent children returning to unsafe situations.
- Workers provide good information to AGs up front so they can decide how involved they need to be in the case.
- Administrators are actively overseeing cases where permanency has not been attained or where stability continues to be a concern.
- State specialists and state administrators have been more accessible and they support the region's efforts with families.
- Administration has the support of the Quality Improvement Committee.

What are the challenges? Where are improvements needed?

- More workers are feeling unsafe in their jobs. They must go alone to work with individuals who are aggressive, angry, and volatile.
- Workers believe parent advocates often slow down the parents' progress and interfere with the process of providing services.
- Workers sometimes feel caught between the GAL and AG when the legal partners are not united and they are receiving different directions from each.
- Workers cannot complete all they are required to do in a 40-hour work week, yet overtime is not allowed.
- Several stakeholders are concerned about low worker pay, high work load and high worker turnover. High case loads for GALs and AGs were also a concern.
- GALs and foster parents need to be included more in teaming.
- There are concerns about how the Adam Walsh Bill might affect timely placement of children with family members.

If you could accomplish or change one thing, what would it be?

- Develop services for special groups such as low IQ perpetrators, youth who are aging out of the system but are unable or unwilling to assume responsibility for themselves, victims and perpetrators of domestic violence, treatment homes for latency age children, and mothers who want to keep their children with them while they do inpatient drug treatment.
- Start a worker support group.
- Provide some administrators and front line workers the opportunity to participate in national conventions.
- Remove unnecessary paperwork and activities that are not productive.
- Increase support for and funding of Drug Court.
- Provide state appropriated funding for QI committees.

Many stakeholders expressed the need to keep current processes in place in order to sustain practice, such as the Quality Improvement Committees, Case Process Review, Qualitative Case Reviews, Finishing Touch Reviews, mini QCR reviews and mentoring. They also saw a need for ongoing support for Practice Model training.

IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be

"acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

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

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

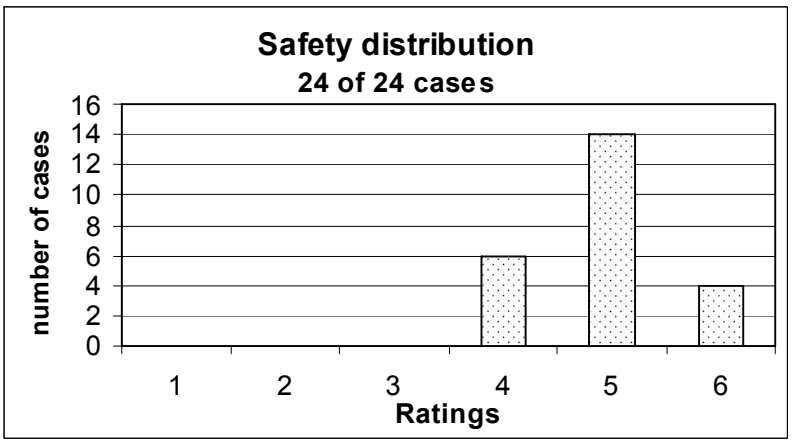
Overall Status

Northern Child Status								
				FY03	FY04	FY05	FY06	**FY07**
	# of	# of cases						**Current**
	cases (+)	(-)	Exit Criteria 85% on overall score					**Scores**
Safety	24	0	100%	100%	100%	96%	96%	**100%**
Stability	20	4	83%	79%	75%	92%	75%	**83%**
Approp. of Placement	24	0	100%	100%	96%	96%	100%	**100%**
Prospects for Permanence	21	3	88%	42%	67%	71%	71%	**88%**
Health/Physical Well-being	24	0	100%	100%	100%	100%	100%	**100%**
Em./Beh. Well-being	22	2	92%	88%	79%	75%	92%	**92%**
Learning Progress	22	2	92%	79%	75%	83%	92%	**92%**
Caregiver Functioning	14	0	100%	88%	100%	100%	100%	**100%**
Family Resourcefulness	14	3	82%	44%	56%	76%	71%	**82%**
Satisfaction	22	2	92%	75%	92%	100%	96%	**92%**
Overall Score	**24**	**0**	100%	**100%**	**100%**	**96%**	**96%**	**100%**
			0% 20% 40% 60% 80% 100%					

Safety

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

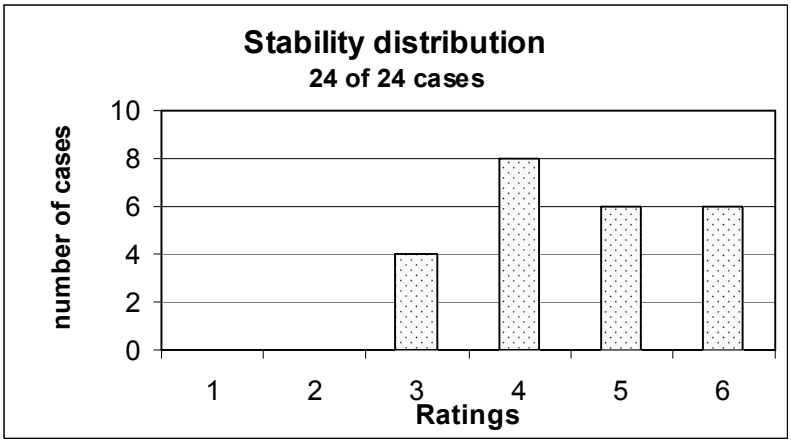
Findings: 100% of cases reviewed were within the acceptable range (4-6). This is up from 96% last year. There were no cases that received an unacceptable score on safety. As the distribution shows, most of the children were not just minimally safe, they were substantially or optimally safe.



Stability

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

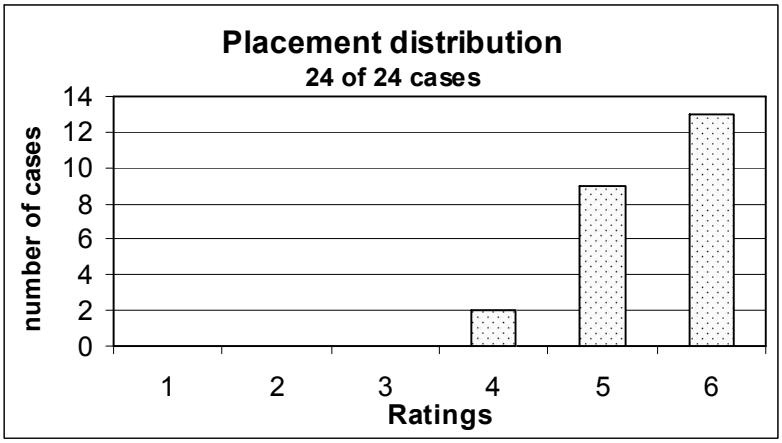
Findings: 83% of cases reviewed were in the acceptable range (4-6). This is up from 75% last year.



Appropriateness of Placement

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

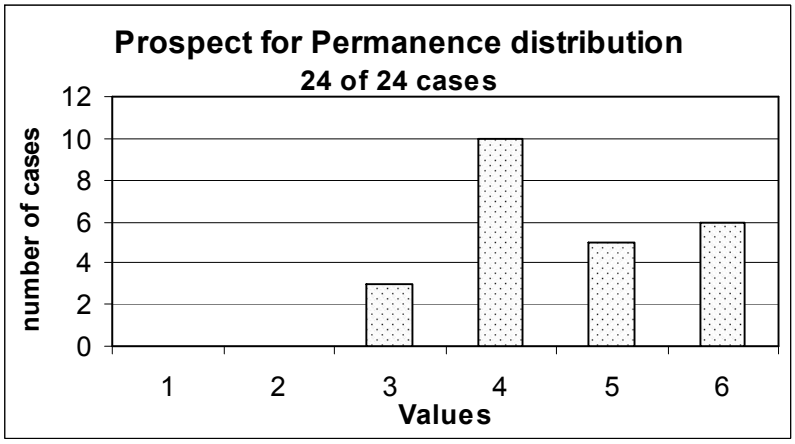
Findings: 100% of cases reviewed were in the acceptable range (4-6). This is a repeat of last year's score of 100%. Twenty-two of the 24 cases received a score of 5 or 6 on this indicator.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

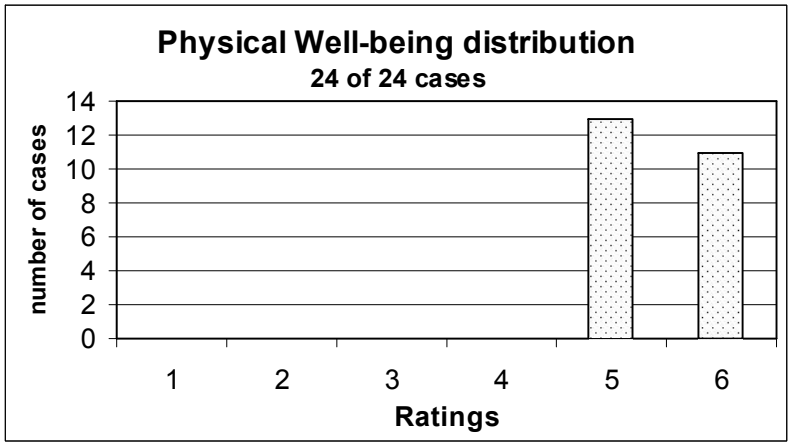
Findings: 88% of cases reviewed were within the acceptable range (4-6). This was a substantial improvement for the region. This is a 17 percentage point increase from last year when they scored 71% on this indicator.



Health/Physical Well-Being

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

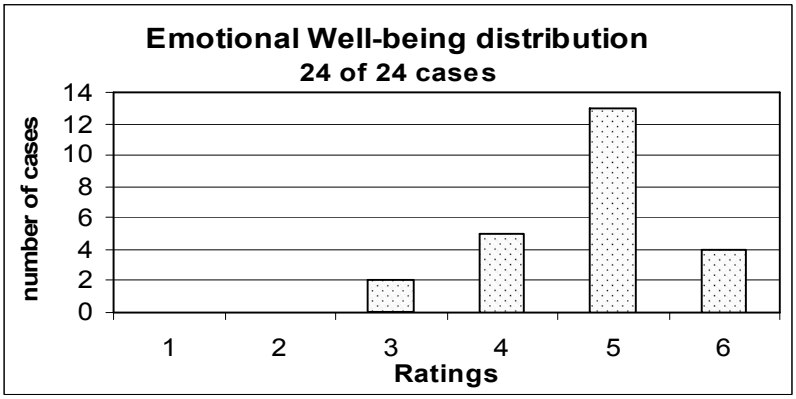
Findings: 100% of cases reviewed were within the acceptable range (4-6). No child received a minimally acceptable score; every child was found to have substantial or optimal health status. Northern region has achieved a score of 100% on this indicator every year since FY 2000.



Emotional/Behavioral Well-Being

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

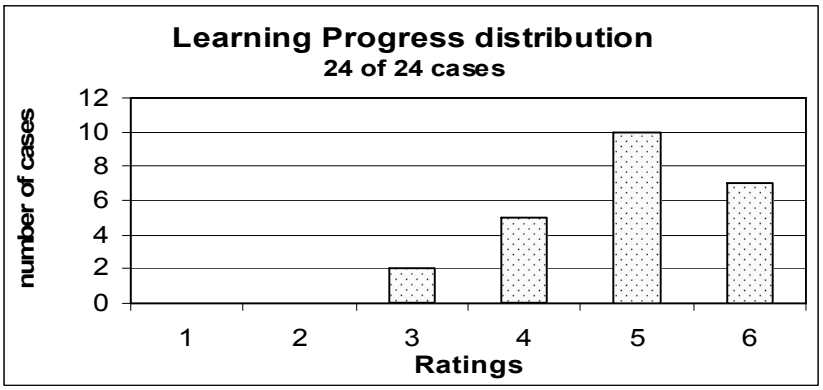
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a repeat of the excellent score achieved last year on this indicator. Remarkably, 17 of the 24 children were found to have substantial or optimal emotional well being.



Learning Progress

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

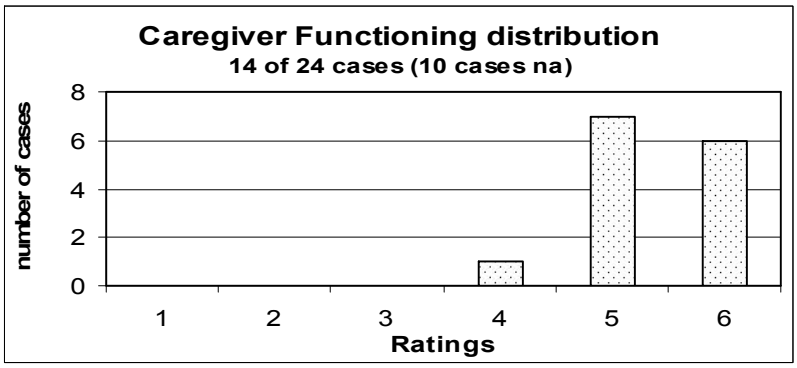
Findings: 92% of cases reviewed were within the acceptable range (4-6), which was identical to last year's score. Seventeen of the 24 children had substantial or optical learning progress.



Caregiver Functioning

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

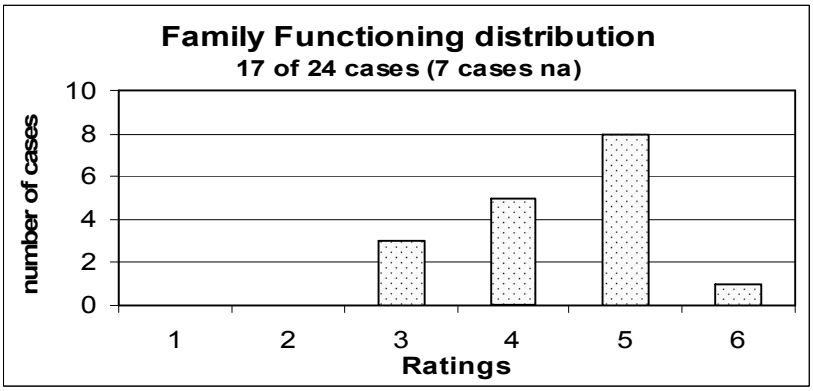
Findings: 100% of cases reviewed were within the acceptable range (4-6), and in all but one case the child was receiving substantially adequate or optimal care giving.



Family Functioning and Resourcefulness

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

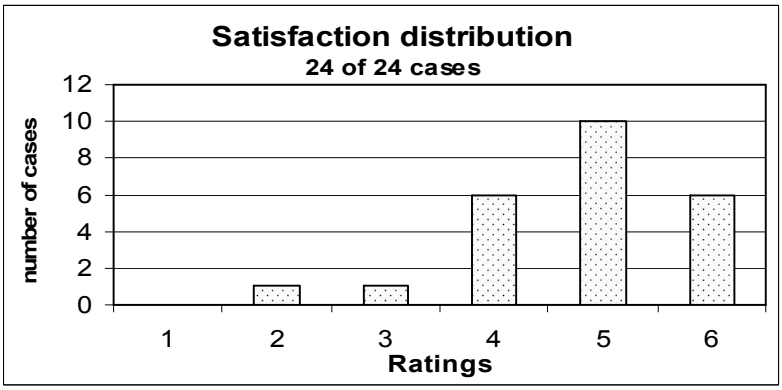
Findings: 82% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase of 11 points over last year's score (71%).



Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

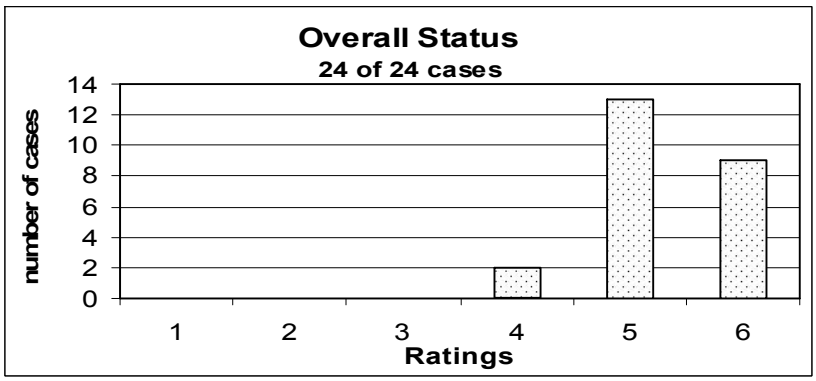
Findings: 92% of cases reviewed were within the acceptable range (4-6), a slight decrease from last year's very high score of 96%. In 16 of the 24 cases respondents were either substantially or optimally satisfied.



Overall Child and Family Status

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

Findings: 100% of cases reviewed were within the acceptable range (4-6). Northern region has scored 96% or higher on Overall Child Status every year since FY 2002.



System Performance Indicators

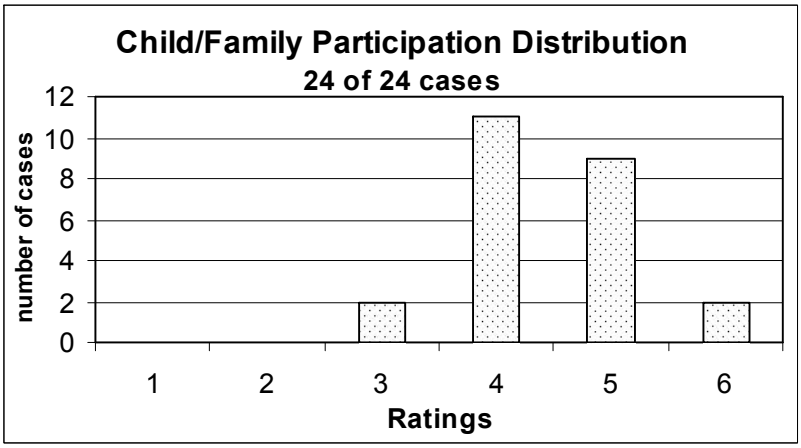
Overall System

Northern System Performance								
				FY03	FY04	FY05	FY06	**FY07**
	# of cases (+)	# of cases (-)	Exit Criteria 70% on **Shaded** indicators Exit Criteria 85% on overall score					**Current Scores**
C&F Team/Coordination	20	4	83%	42%	67%	75%	71%	**83%**
Functional Assessment	19	5	79%	42%	54%	67%	54%	**79%**
Long-term View	22	2	92%	25%	58%	71%	75%	**92%**
C&F Planning Process	21	3	88%	46%	63%	79%	83%	**88%**
Plan Implementation	23	1	96%	71%	71%	83%	88%	**96%**
Tracking & Adaptation	23	1	96%	67%	71%	88%	83%	**96%**
C&F Participation	22	2	92%	50%	88%	96%	67%	**92%**
Formal/Informal Supports	24	0	100%	75%	79%	96%	92%	**100%**
Successful Transitions	19	4	83%	63%	73%	83%	82%	**83%**
Effective Results	24	0	100%	75%	71%	96%	92%	**100%**
Caregiver Support	13	0	100%	94%	92%	92%	92%	**100%**
Overall Score	**23**	**1**	96%	**58%**	**79%**	**83%**	**88%**	**96%**
			0% 20% 40% 60% 80% 100%					

Child/Family Participation

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

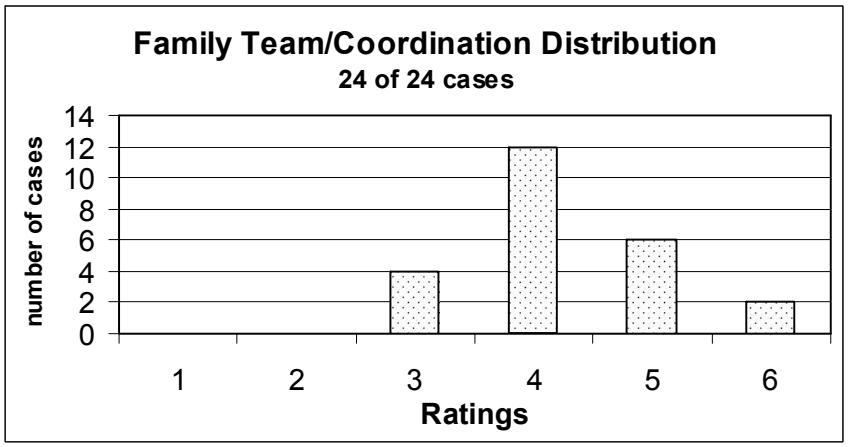
Findings: 92% of cases reviewed were within the acceptable range (4-6). This was a remarkable increase from 67% last year. Nearly half the cases had either substantially acceptable or optimal participation.



Child/Family Team and Team Coordination

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

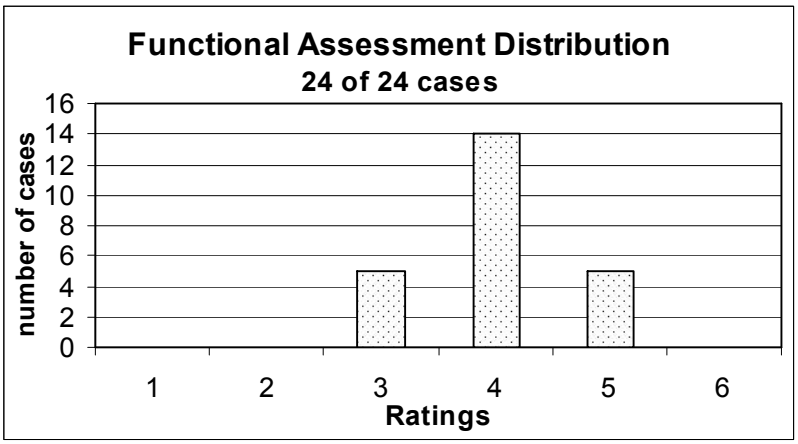
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is a significant 12 percentage point increase from last year's score of 71%.



Child and Family Assessment

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

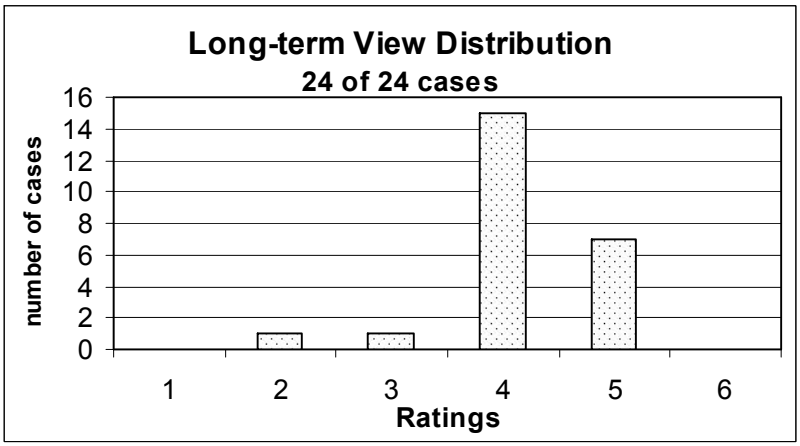
Findings: 79% of cases reviewed were within the acceptable range (4-6). This is an amazing increase of 25 percentage points on this indicator (up from 54% last year), and it is the highest score the region has achieved on this indicator to date.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

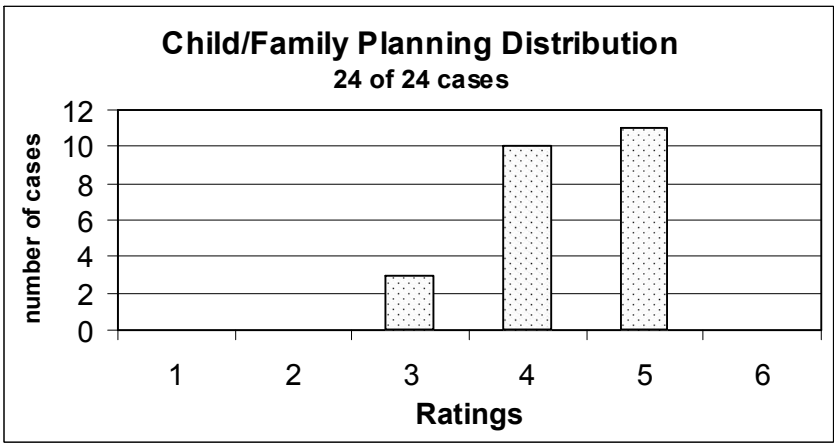
Findings: Northern region achieved a marvelous score of 92% on this indicator, meaning all but two of the cases reviewed were within the acceptable range (4-6). This indicator made a significant improvement upon the 75% score they achieved last year.



Child and Family Planning Process

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

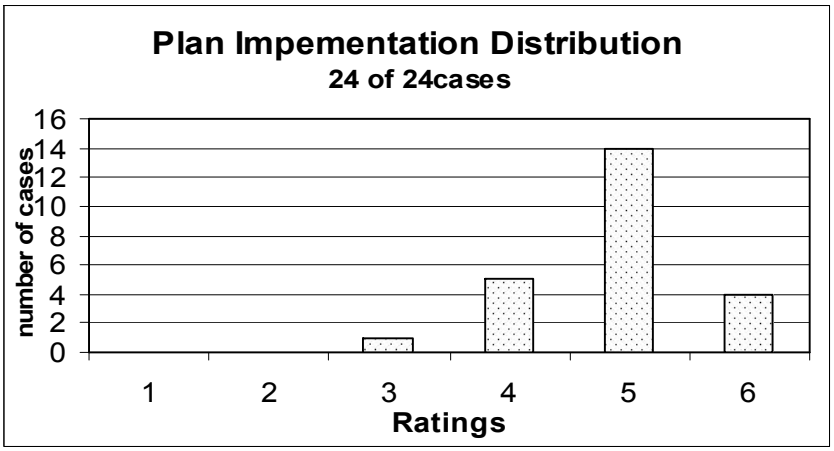
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is an increase from 83% last year. Nearly half of the cases achieved a score of substantially acceptable.



Plan Implementation

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

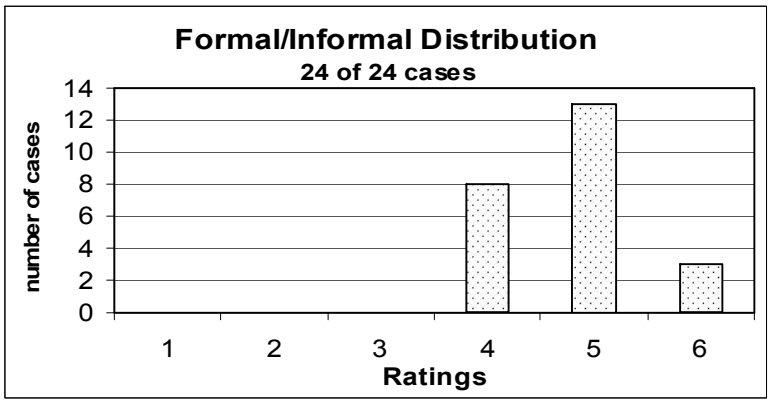
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is an increase from 88% last year. Eighteen of the 24 cases reviewed had plan implementation that was either substantially acceptable or optimal. This is a remarkable achievement.



Formal/Informal Supports

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

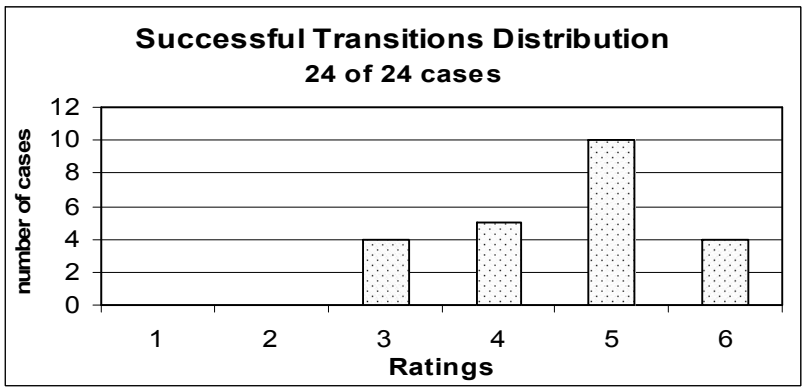
Findings: 100% of cases reviewed were within the acceptable range (4-6), which is even better than the high mark of 92% achieved last year on this indicator.



Successful Transitions

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

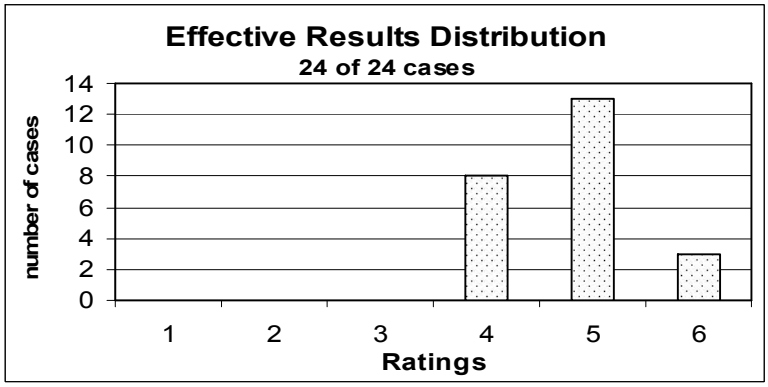
Findings: 83% of cases reviewed were within the acceptable range (4-6), which was nearly identical to last year's score of 82%.



Effective Results

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

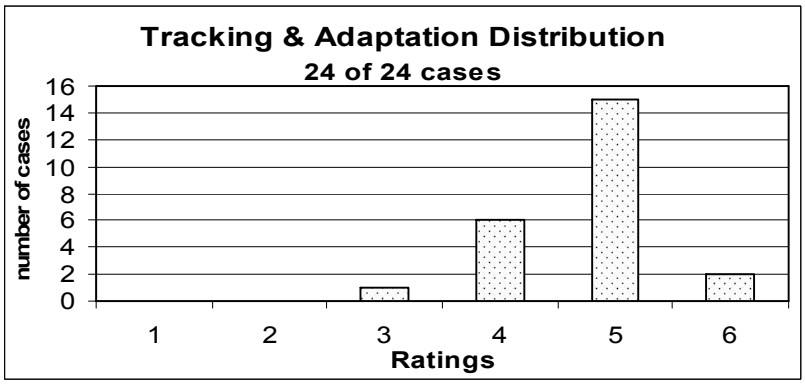
Findings: 100% of cases reviewed were within the acceptable range (4-6), an increase of 8 points over the already high score of 92% achieved last year. Two-thirds of the cases had results that were either substantially or optimally effective.



Tracking and Adaptation

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

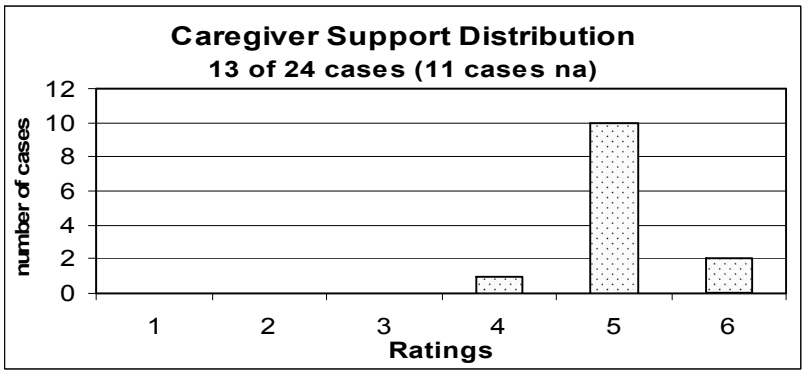
Findings: 96% of cases reviewed were within the acceptable range (4-6). This was an increase of 13 percentage points over last year's score of 83%. Seventeen of the 24 cases had either substantially acceptable or optimal tracking and adaptation.



Caregiver Support

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

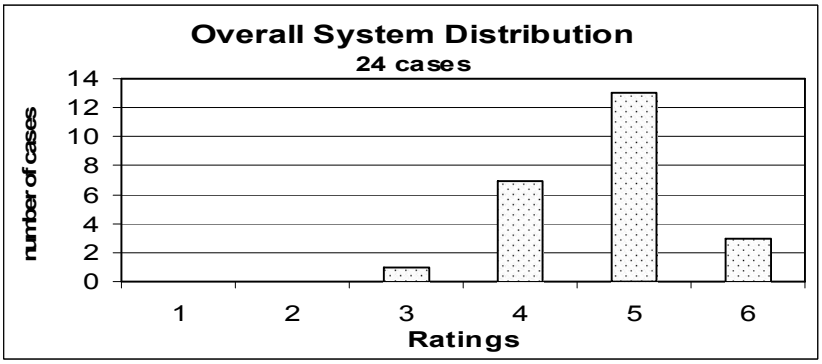
Findings: 100% of cases reviewed were in the acceptable range (4-6). Twelve of the thirteen cases that received a score on this indicator were either substantially acceptable (5) or optimal (6).



Overall System Performance

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

Findings: 96% of cases reviewed were within the acceptable range (4-6). This is a notable improvement of 8 percentage points over last year's score of 88%. Even more impressive is that 16 of the 24 cases achieved an overall System Performance score of a 5 or 6.



Status Forecast

An additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver is the child and family's overall status likely to improve, stay about the same or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the cases reviewed, 43% were expected to remain the same, 0% were expected to decline or deteriorate, and 57% were expected to improve.

Outcome Matrix

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

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

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

The current outcome matrix represents an exceptional level of positive outcomes. Every case had acceptable overall Child Status and all but one case had acceptable overall System Performance. These results are an admirable and remarkable achievement for any child welfare system.

	Favorable Status of Child **Outcome 1**	**Unfavorable Status of Child** **Outcome 2**	
Acceptable System Performance	Good status for the child, agency services presently acceptable. n= 23 96%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n= 0 0%	**Total** **96%**
Unacceptable System Performance	**Outcome 3** Good status for the child, agency mixed or presently unacceptable. n= 1 4% **Total 100%**	**Outcome 4** Poor status for the child, agency presently unacceptable. n= 0 0% **0%**	**4%** **100%**

Summary of Case Specific Findings

Case Story Analysis

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

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level only selected indicators are discussed below.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 100% in the current review, a further improvement from the already excellent score of 96% scored last year.

One story was an especially good example of the precautions that are being taken to manage safety risks in foster homes.

There are no safety concerns with the foster home, although given the accident that occurred with the foster father [he was struck by a car] and the high rates of speed on the highway [on which the foster home is located] there is a concern about safety around the road. There are no detectable hazards in the home. The foster father does have guns, but they are managed by using a locked gun safe and [the target child] does not have access to the key. [The target child] has not taken an approved hunter safety course and won't until he is 16. The foster parents don't let him shoot or handle the guns at any time. There could be safety concerns around his friends due to the suspicion of smoking, alcohol and possible marijuana use, but access to those friends is being controlled by the foster parents.

Stability

Stability is an important indicator of well being for children, especially for those in foster care. The Region's performance on this indicator improved from 75% last year to 83% this year. Every home-based case received an acceptable score on stability, meaning the reviewers did not see the child as being at risk of removal. Eleven of fifteen foster care cases earned acceptable scores on stability. About half of these were adoption cases where high stability scores are

customary, but one case had particularly difficult circumstances to overcome to achieve acceptable stability. This child had three placements in the previous year and will not be able to return home due to his mother's severe mental health issues. The ongoing concern of a former foster parent who still had the child's biological sibling in the foster home led to the child's return to this home.

Even though [the target child] had three placement changes during the past twelve months he now has stability and caring relationships. The setting and structure [of the current foster home] are helping him develop a sense of security and attachment to his brother and foster parents. He was previously in this home for twelve months and has been back in this foster home for the past seven months. There is no risk of disruption and the foster father indicated that no additional services are needed at this time.

There were four cases that received unacceptable scores on stability. Two of these cases were teenagers who had long histories of mental health issues and aggressive/assaultive behaviors that required intensive treatment. Both were in residential facilities at the time of the review. Given these teens' histories and underlying issues it remains uncertain if or when they might achieve stability in spite of the intensive placements and services they are receiving.

In the other two cases it appears that improved system performance might have led to acceptable stability for the target children. In one of these cases there appears to have been a misunderstanding about the level of commitment of the foster mother. In the other case a lack of teaming resulted in confusion about the long term view for the child. A paragraph from each of these cases explains the unacceptable scores.

Stability *is not adequate. [The target child] has been moved from his father's home to his stepmother's, then to shelter and foster care in the last year. Initially, in the reviewers' judgement, the strength of his relationship with the foster family, his foster father's relationship with his dad and the foster father's careful attention to being a support system that will continue after he goes home raised the score to an acceptable range. However, after talking with the foster mother at the end of the review, the reviewers learned that although the foster father sees their home as a resource for [the child] as long as needed, the foster mother has a somewhat different perspective. She does not have a relationship with [the child] in spite of efforts to build one, and this home may not be the concurrent planned resource and back up system that had been hoped and to which the foster father is committed. The reviewers do not know if the foster father is aware of his wife's hesitations and feeling that when [the child] returns home she just "wants it to be over." She is open to a "transition" placement if he needs to come into care but not, according to what she told the reviewers, a long term commitment.*

And from the second unacceptable case:

At the time of the review, [the target child's] permanency plan was in limbo because no concurrent plan had been discussed throughout the case. The foster family would be willing to take custody and guardianship, but sending [the target child] to stay with an uncle in Oklahoma has also been suggested but not fully explored. Individual team members verbalize common ideas about their vision for [the target child's] future but they haven't discussed the long term view together or developed the steps it will take to achieve that vision. The family's goals create a different planning direction from other team members. The family strengths and needs are not reflected in the goals.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator rose from 71% last year to 88% in the current QCR sample. As with the acceptable stability scores, several of the highest permanency scores were on cases where the child was in an adoptive placement. However, even in cases with difficult circumstances the region went beyond the mark in order to achieve permanency. In one such case a child was successfully reunited with his biological father who had not been involved with him for some time. The child had been in four different psychiatric placements and achieving permanency for him appeared to be an impossible goal. However, the region's efforts to locate the biological father and provide services to him led to substantially acceptable permanency for this child as evidenced in the following excerpt from this case story.

[Father] was notified about the court hearing to place [target child] in the state's custody and he did attend. He asked for custody at the hearing and was denied. [Mother] had not wanted [child] to visit with [father] prior to this time and she voiced her concerns about future visitation.

Team members attributed [child's] behaviors after visits with his mother to a perceived "lack of structure and rules" in his mother's home. This led the team towards the recommendation that [child] be reunited with his father. At a court hearing in early December, the judge ordered reunification with [father]. At the time of this case review, [child] had been living with his father and stepmother for one month, and had weekend visits with his mother every other weekend.

Since living with his father, the teacher had observed a significant improvement in his school appearance and in his completion of homework assignments. She said that he often came to school looking quite "unkempt" when he lived with his foster family. She also reported that he never turned in any homework when was with the foster family. She said that his demeanor was noticeably better since he had been living with his father.

[The child's] father is very committed to raising him. The team expects that there will be ongoing, frequent visitation with his mom. [Child] is clearly enjoying his new found relationship with his father.

There were just three cases that received unacceptable scores on permanency, a remarkable accomplishment for any region. Two of these three cases also received unacceptable scores on stability. Explanations from these two cases were cited in the above section on Stability. The circumstances that led to the unacceptable scores on stability also led to unacceptable scores on permanency. The third case that received an unacceptable score on permanency did so due to a lack of commitment on the part of the foster mother to keep the child, similar to the circumstances previously cited in one of the other two cases. Here is the reviewers' explanation of this unacceptable score:

[The target child]has been in his current placement since June (eight months). He was moved to this placement because this placement could get the DSPD designation necessary for him to remain in this home for the long term, presumably until he is 21 or 22 years old. The proctor parents expect that he will remain in their home that long, but they stated that this is conditional upon his behaviors. If he again has the criminal involvement with the court system that he has had in the past, they would ask that he be removed. The reviewers believed there was enough of a history of stability and a strong enough

expectation that this placement will endure to find stability minimally acceptable, but not enough of a commitment from the proctor parents for permanency to be acceptable.

In two of the three cases a stronger commitment from the foster mother to the child would have led to acceptable permanency scores. In both cases the region appeared to perceive the commitment of the foster mothers as much stronger than the foster mothers portrayed to the reviewers. Examination of the underlying concerns of the foster mothers and offering additional supports and reassurance may have led to acceptable scores in these two cases.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator increased substantially from 71% last year to 82% in the current review.

The following story excerpt illustrates the progress a family can make once they engage in services. This progress led to an acceptable score on Family Functioning. More importantly, the children were able to return home on a trial home placement.

Prior to the development of the written permanency plan, [child's] father began to pro-actively involve himself in services defined in mediation. He also got a job and, by all accounts, stopped using drugs. He was referred to services designed to meet his presenting issues. He had in-home parenting services, drug counseling and domestic violence counseling. He completed parenting [classes]several months ago. He completed drug counseling (individual and group) recently. He was still involved in his domestic violence counseling at the time of the review, but was on track to complete this in the near future.

Only three cases received unacceptable scores on Family Functioning, and only one of these was an in-home case. The children came into care after a serious domestic violence incident after which mother was hospitalized and father was incarcerated. Appropriate services were offered but neither parent had embraced them, and neither appeared to acknowledge the need for the services.

Mom has also completed classes regarding domestic violence. She, however, is comitted to remaining in her marriage and while she has reported to the agency in the past that if her husband does not get to court and work his case plan she would leave him, this is an unlikely scenario.

Mom has been working her case plan since her children came into care; however, even though she has completed some classes, she has not had the responsibility yet of returning to parenting and has had very little substance treatment due to her moving to Salt Lake. She also lost her job recently and won't ride the bus for some appointments due to the cold and not wanting to expose her children in those instances when she has to take them with her. Mom has completed high school and has had some medical type training post high school. She also reported that she does not know how to use the bus but her veracity was doubtful.

Mom has completed the domestic violence requirement and says she has learned things there, but she said at least three times in her interview that she has an anger management problem. This may be a good entry point to help engage her in seeking some individual counseling for herself.

System Performance

Child and Family Team/Coordination

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance improved from 71% to 83%.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review. The example illustrates many aspects of good teaming such as ownership by the proctor mother, special arrangements to accommodate the needs of a low functioning target child, frequency of meetings, preparation and purpose of meetings, and inclusion of all key parties.

The location of [the child's] mother and siblings is unknown and his stepfather has [left the country], leaving the proctor parents and [child] as the only participating family members. The proctor mother and the target child are regular participants in meetings. The proctor mother has a voice in these meetings. She has been a foster parent for several years and is adept at asking for what she needs. She is familiar with the system and knows the resources that are available. She is an important partner in case planning and heavily influences decision making such as visitation with the former foster father. She knows she is empowered to call team meetings if she sees the need to do so and has reportedly done so in the past.

[The child] has ample opportunity to vocalize wants and needs, but he usually chooses not to do so. He makes his needs known to his proctor mother, therapist, or tracker and they are brought to the team via these individuals if he chooses not to vocalize them himself. He is purposely seated at the head of the table and told that the team is his team. Although [the child] may choose not to say anything, he is reportedly always listening intently.

Most team members participate in regular face to face meetings. During the previous twelve months meetings were held in March, October, November, December and January. The proctor parents, [private provider] program director, [private provider] program coordinator, tracker, therapist, teacher, former foster parent and DSPD worker have all participated as team members. They each seem to understand their unique roles and appear to be working well together. It was apparent that they each feel like their role is imperative to achieving a successful outcome for [the child]. Team members had a general understanding of where the case was headed and why, namely, that [the child] would remain long term in this DSPD placement so he could access DSPD services and have a high level of structure and supervision. Meetings seemed to be unusually purposeful and participants were well prepared for them. They knew what the objective of each meeting was and came prepared to accomplish it. In addition to the formal meetings the proctor mother has good communication with the therapist, daily interaction with the tracker, and regular visits with the worker. Most team members reported feeling well informed and connected.

The following example illustrates how a little more attentiveness on the part of the worker to the needs of the family and a little more effort to engage all team members could have resulted in an acceptable score.

Child and Family Team and Coordination scored a 3, primarily because of poor communication and incomplete team composition. The family was very frustrated by the difficulty they experienced in reaching the worker, in understanding the adoption process in terms of the services and financial assistance available to them, and in getting answers to their questions regarding service options, e.g. [the child's] therapy.

Unlike many other indicators in which most of the cases scored 5's or 6's, the predominant score on teaming was a 4. Twelve of the 20 cases that received an acceptable score were scored as minimally acceptable (4). A score of 83% on this indicator is a very good score, yet there is some room for improvement by moving scores from the minimally acceptable range into the substantially acceptable and optimal range.

There were four cases that received unacceptable scores on teaming. Some of the things reviewers saw that led to the unacceptable scores included meetings being held sparsely, teams that lacked important members such as the therapist or family members, meetings held at the convenience of the agency such that other members could not attend, poor communication among members, and team members feeling their input was not sought or they were not listened to.

Child and Family Assessment

The child and family assessment indicator rose from 54% last year to 79% in the current review. The following example illustrates how assessing the reasons for disruptions in three previous placements led to a stable and permanent place for one child.

The caseworker has held child and family team meetings at critical points to assess the needs of the child and family. There is evidence of good sequencing in assessing and the Child and Family Assessment document has been updated after team meetings before the new service plan is written. The team has used the formal assessments and assessment findings about [the child's] adjustment and progress, or lack of progress, in his placements during the past year to form a comprehensive "big picture" of what [he] needs. He is now with his brother in a family that will treat him as part of their family. He has formed a bond with his foster parents that all team members acknowledge.

There were also examples of the confusion and lack of understanding that can exist on a team in the absence of an acceptable assessment process by the team.

The child and family assessment missed many important strengths and underlying needs of [the child] and his family. Team members did not have an understanding of [mother's] family support system and as a result they were marginally engaged in assessing, planning and tracking services.

Team members had many different perspectives as to why [the child] needed medication. Some thought it was to help him sleep at night; others thought it was due to agitation. A recommendation has been made that [the child's] general practitioner continues to prescribe the Haldol which the parents are intending to do.

Some team members thought that [the child] was "a perfectly normal little boy" while one professional was said to believe that he was a budding socio-path. The team's understanding of [the child] and the written assessment did not convey a complete picture of his behaviors in the foster home or in school.

The team was not able to develop agreement as to his separation anxiety regarding his mother, as well as his symptoms of agitation and aggression. His mother and maternal relatives feel that his symptoms reflect ADHD which his mother and maternal grandfather have been diagnosed with. The current therapist feels that [the child] does not have ADHD, although his predecessor at the same agency who saw [the child] felt that he needed a special education setting. The school teacher felt that he did not have ADHD, but that he had many symptoms that were indicative of some other underlying condition.

Unlike many other indicators in which most of the cases scored 5's or 6's, the predominant score on assessment was a 4. Fourteen of the 19 cases that received an acceptable score were scored as minimally acceptable (4). Although a score of 79% on this indicator is a good score, there is some room for improvement by moving scores from the minimally acceptable range into the substantially acceptable and optimal range.

Five cases received unacceptable scores on Child and Family Assessment. Some of the things the reviewers saw that led to these scores were workers not having reviewed the history of the case, inadequate or incomplete formal assessments, lack of an ongoing assessment process, assessment information not being shared among team members, lack of a common understanding of the family's strengths and needs, lack of understanding of the reasons behind behaviors, and no gathering of informal assessment information, particularly from family members.

Long-Term View

The long-term view indicator rose from 75% last year to 92% in the current review! This is a very commendable improvement in an indicator that has traditionally been difficult for regions to master. The importance and usefulness of an acceptable long-term view was clear in a case story example. This explanation highlights the importance of identifying specific steps to be taken to accomplish and sustain the Long Term View, which in this case was adoption.

The assessment lead to a well thought out long-term view for [the child]. Transitions were well planned for to reach the goals of the team. [Adoptive parents] had all the information they needed prior to consenting to the adoption. Additionally, prior to the adoption the caseworker made sure that [the child's] Medicaid was set up post-adoption, [the adoptive parents] met with an adoption worker about a subsidy, an initial assessment with DSPD was set up to evaluate [the child] for those services, and all of [the child's]services were set to continue in a seamless fashion. Additionally, the need for therapy to help with adjustment of being adopted was set up

for [the child]. [The adoptive parents] know were to go in the future if [the child] is in need of a subsidy and they know when to have her evaluated for DSPD services if she is need of those services.

An example of how circumstances in a case can change, requiring a reexamination of the Long Term View, was apparent in one of the cases.

> *The appearance of [father]back in the United States and back in [mother's] life makes the whole reunification plan need to be reconsidered. Unless and until he works with the agency and the court and works a case plan, he will be considered a possible threat to the children. [Mother] as well cannot be considered completely safe as she did not really know in what frame of mind her husband would return, yet she took the children to the bus station to meet him, despite having assured the caseworker she would not expose her children to him until he had made some changes.*

Unlike many other indicators in which most of the cases scored 5's or 6's, the predominant score on Long Term View was a 4. Fifteen of the 22 cases that received an acceptable score were scored as minimally acceptable (4). A score of 92% on this indicator is an excellent score, yet there is still some room for improvement by moving scores from the minimally acceptable range into the substantially acceptable and optimal range.

Only two cases had unacceptable scores on Long-term View. Reviewers cited lack of concurrent planning, lack of agreement on the path to permanency, lack of discussion of the steps required to achieve the long-term view, and family goals that were at odds with the team's goals as reasons for these unacceptable scores.

Child and Family Planning Process

The region's score on the Child and Family Planning Process indicator rose from 83% last year to 88% this year, significantly exceeding the exit criteria. The following excerpt is an excellent example of the importance of allowing parents to have a voice in the selection of their services and being willing to make adaptations when things are not working well for a parent.

The mother, working through the Weber Mental Health system, was initially assigned to domestic violence classes in a group setting. She deemed this process was not helpful and requested of her team and counselor to be switched to individual counseling. The team agreed and the agency agreed to pay for the process. The mother entered individual counseling in conjunction with group counseling and excelled. Both therapists reported a significant change in attitude, acceptance of responsibility for her behaviors and that she began to fully process the chain of events that led to [the target child's] removal from her home.

In a case that received an unacceptable planning score the success appears to be due more to the mother herself than to the planning process of the agency.

This is a case where the family was handed a plan and [told to]"get going." [Mother] has stated that she has been lucky in many ways. The first is that her sister was able to get her children. However, [her

sister] was going through a divorce and had significant financial deficits. She states that she does not know how she did it. [The sister's] ex-husband was very upset that she took the children and she very desperately needed financial support. [The sister's] financial support through the Division was significantly delayed. In addition there was not any record that support was given in any fashion to [her].

[Mother] also fees very lucky that she was able to find her "one stop and shop" [provider of services she needed]. If she had not, she felt that she would not have been able to complete the service plan because of the number of things on it that she needed to complete.

This is the third year in a row that the region has exceeded the exit criteria on this indicator, and the number of substantially acceptable scores on this indicator is evidence that this is an area of strength for the region. Eleven of the 21 cases that earned acceptable scores had a score of 5.

Three cases received unacceptable scores on Child and Family Planning Process. Some of the reasons given by the reviewers were lack of a concurrent permanency plan, parents not being involved in developing service objectives or choosing service providers, a service plan that consisted only of court ordered services without addressing underlying needs, the family was handed a plan and told to "get going," the mother was overwhelmed by all she'd been asked to do at once, and a major change in circumstances required the plan be reconsidered.

Plan Implementation

Plan Implementation has exceeded the exit criteria for the past five years and steadily increased over the past four years. This year the region achieved its highest score yet on this indicator, 96%. Here is a typical example of one of the cases that earned a substantially acceptable score on this indictor.

Respondents indicated they felt the plan had produced positive results for this family. Some respondents (i.e. the in-home parent, etc.) feel the plan has produced a "life change" in [the child's] father rather than a means for compliance driven symptom reduction. In part, the success of the plan was a result of successful and timely implementation. This plan was put in place, referrals made, and services accessed while the father's motivation level was high. Most of the agreed upon interventions have been completed. This was accomplished in six months or less.

Only one case received an unacceptable score on this indicator. Reviewers were not explicit in their reasoning, but the story described a family that had long been uncompliant with services and lacked understanding of why their children were in care. This case was also the only case to receive an unacceptable score on Overall System Performance due to unacceptable scores on virtually every system indicator.

Tracking and Adaptation

For the fourth year in a row Tracking and Adaptation exceeded the exit criteria. As with Plan Implementation, this year the region achieved its highest score ever, and that score was 96%. Tracking and adaptation reflects the team's "learning from experience" and is reflected in updated assessments and adaptations to planned interventions.

An example of effective tracking and adaptation was evident in a case story excerpt:

Services that the family received were responsive to changing needs. Due to the regular court reviews every two weeks, as part of the drug court program, rigorous monitoring and tracking was ensured. Team members were consulted when mother made the decision first to request that [the child] be moved from the shelter to maternal grandmother's home and then again when mother decided to move in with maternal grandmother and [the child].

As with Plan Implementation, there was only one case that had an unacceptable score on this indicator, and it was the same case. Reviewers explained that although effective results had not been achieved over an extended period of time, there was little or no adaptation of services or requirements.

V. Recommendations for Practice Improvement

Each review week concludes with an Exit Conference that all reviewers, state administrators, and region staff and administration are invited to attend. As the region fell just short of the exit criteria last year banners at the Exit Conference declared, "Close, but no cigar." To celebrate achieving the exit criteria this year bubble gum cigars were handed to everyone as they entered the conference room. In the Regional Director's remarks she referred to the motto they had adopted for the past year: Imagine-Believe-Achieve.

The exit conference is an opportunity for a conversation between the review team, Regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Northern Region performed exceptionally well on this review. As indicated previously in this report, many indicators had scores that were predominantly 5's and 6's. Only a handful of indicators had scores that were predominantly 4's. Nonetheless, part of the purpose of each review is to identify areas where there is still room for improvement.

Due to the outcome of the review, this being the first time this region has met the all of the exit requirements for the QCR, the exit conference was fairly brief due to the eagerness to adjourn and celebrate. Nonetheless, prior to meeting with the region the reviewers identified three areas as needing improvement and their comments around these three indicators were shared with the region. The three System Performance indicators with the lowest scores were Child and Family Team/Coordination, Child and Family Assessment, and Successful Transitions. Although these were the three lowest scoring indicators, it is important to note that they achieved scores of 83%, 79% and 83% respectively, very respectable scores and in the case of the two that are core indicators, scores that exceeded the exit criteria of 70% by a significant margin. The reviewers had the following feedback for the region:

PRACTICE IMPROVEMENT OPPORTUNITIES:

TEAMING AND COORDINATION

- One of the summative questions of Child and Family Team and Coordination asks: Do the actions of the team show a pattern of effective team work, commitment and follow through that benefits the child and family? One case illustrated the need for teams to be more assertive, asking the attorneys for additional reviews when needed to keep the case progressing and moving forward.
- Along these same lines of looking for a pattern of effective team work and follow through, the reviewers recommended that the team be used to track and adapt approaches to emerging challenges.

CHILD AND FAMILY ASSESSMENT

- One of the summative questions of Child and Family Assessment asks: Are the current, obvious, and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? In some cases reviewers saw good assessment pieces on the parents, but the children's needs were not included in the assessment. The assessment needs to create a big picture understanding of all members of the family.
- One of the probe questions on this indicator asks: Is the assessment evolving as a result of the work of the child and family team? Is there evidence of a continuous process? Additionally part of the definition states: New assessment findings should stimulate and direct modifications in strategies, services and supports for the child and family. In some cases reviewers saw good initial assessments, but the process didn't continue after the initial assessments were obtained.
- Reviewers saw a need for workers who are newly assigned to cases to read the entire file to make themselves aware of previous or current court orders and recommendations.
- The purpose of the assessment process is to help interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them. Rather than using the assessment process to provide services, the reviewers saw the worker(s) limiting service plans by including only the services the court had ordered. The court's judgment had been substituted for a team assessment process.
- The protocol definition states: As appropriate to the child's and family's situation, a combination of clinical, functional, and informal assessment techniques should be used to determine the strengths, capabilities, needs, risks, and lifestyle preference of the child and family. Reviewers noted that good communication with the formal supports as well as the family was necessary in order to gather information from both formal and informal sources.

TRANSITIONS

- One of the probe questions asks: If a transition is imminent, is a transition or articulation plan currently being implemented for this child? In at least one case reviewers saw the need for a written transition plan so that all team members were fully informed. Reviewers also recommended that attention be paid to how workers are transitioned on and off of cases so the family is ready to receive the new worker and all knowledge is passed along.

- The protocol definition states: Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the child and family. The reviewers encouraged extra effort to maintain or re-establish family connections for adolescents transitioning out of the system.

Reviewers also saw some opportunities to strengthen broader system processes:

- Pay attention to keeping as much of the team intact, such as nurses, when the workers change. Reportedly when workers change the nurse on the case also changes. This does not happen in other regions when workers are changed, so it may be preventable in this region.
- Help mental health partners know how they can bill for the time spent with the case so they can be more active team members.
- Provide enough respite for foster parents with large sibling groups that have extraordinary needs.
- Work to help partners have a parallel process to the Practice Model that allows children and families to have a voice in their treatment plans.

VI. Summary

Northern Region achieved excellent results on this review. None of the indicators declined, and only one was in the 70th percentile. Two indicators improved by more than 20 percentage points (Child and Family Assessment and Child and Family Participation). Four indicators improved by more than 10 percentage points (Child and Family Team and Coordination, Long-term View, Tracking and Adaptation, and Family Resourcefulness). Fourteen indicators achieved scores in the 90th percentile.

The most striking accomplishment of the region was the large number of 5's and 6's they scored on indicators, indicating the Practice Model is well integrated into daily practice. If the region were to experience any slippage their scores would most likely still remain in the acceptable area because they were not just minimally acceptable, they were substantially or optimally acceptable.

The region is in an excellent position to repeat these review results next year. Administrators, supervisors and workers appear to be working in harmony and are encouraged by this year's excellent and long awaited results. There is substantial momentum and the region is eager to pass a second review.

Perhaps their accomplishment was best described by a member of the monitoring group at the exit conference when he said, "You are achieving a level of practice that many aspire to but not many achieve….We are happy for the families you work with."

APPENDIX

I. Background Information

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

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

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

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

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

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

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be

reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

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

> *Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*
>
> 1. *Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
>
> 2. *Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
>
> 3. *Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
>
> 4. *Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*
>
> 5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*

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

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

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

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

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

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

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

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

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

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

III. The Qualitative Case Review Process

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

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

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

AUDIT FOCUS:
"Is there a current service plan in the file?"

QUALITATIVE FOCUS:
"Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?"

AUDIT FOCUS:
"Were services offered to the family?"

QUALITATIVE FOCUS:
"To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?"

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group's experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system

performance reviewed using a six-point scale ranging from "Completely Unacceptable" to "Optimally Acceptable." The judgment is quantified and combined with all other case scores to produce overall system scores.

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

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

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

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

Methodology

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

The sample thus assured that:

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

A total of 24 cases were selected for the review, and 24 cases were reviewed.

Reviewers

The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 11 different states. Utah reviewers "shadow" the Child Welfare Group reviewers as part of an organized reviewer training and certification process. These reviewers, once certified, become reviewers themselves and participate in subsequent reviews as part of the plan to develop and maintain internal capacity to sustain the review process. At this point, one half of the reviewer contingent ordinarily consists of Child Welfare Group reviewers and one half consists of certified Utah reviewers.

Stakeholder Interviews

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