

**Utah's Division of Child and Family Services**

# **Western Region Report**

## **Qualitative Case Review Findings**

**Review Conducted  
October 2-6, 2006**

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

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## I. Introduction

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

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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.

<u>Child and Family Status</u>	<u>System Performance</u>
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)
<b>Overall Status</b>	<b>Overall System Performance</b>

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 DIVISION 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.

## IV. 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 compiled from an analysis of the strengths collected in the debriefings of all of the individual cases, supplemented by other strengths identified during the preparation for the exit conference. Not every strength was noted in every case; indeed, some items appear both on the list of “strengths” and on the list of “practice improvement opportunities.” Nevertheless, each of these strengths contributed to improved and more consistent outcomes for specific children and families.

### STRENGTHS

- Improvements in Teaming
  - Regular team meetings are held based on the needs of the family
  - Some teenagers are leading their meetings and feel ownership of the team
  - All team members share a common understanding
- Worker Competence
  - New workers are resourceful and knowledgeable. The AG recognizes the competence of new workers.
  - Workers are skillful in engaging and teaming
  - Workers persevere and overcome the resistance of parents.
- Planning
  - Plans are adapted to address specific needs of the parent. Services are located in close proximity to the parents
- Skilled Foster Parents
  - The training foster parents receive is exceptional
  - Foster parents advocated for sibling visitation of a foster child
  - There are strong partnerships between the foster parents and the caseworkers
  - The connections to the biological family were maintained by the foster parents
  - Foster parents mentor other foster parents and work with providers
- Long-term View
  - Child had ownership of the team and he could clearly articulate objectives and steps of his plan
  - The articulated LTV was well-matched to the written LTV
- Transition to Adult Living
  - There was good attention to getting the skills the child needed to make the transition to independence
  - There was linkage to Workforce Services

## V. 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 staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers,

and representatives from the legal community, other community agencies, and DIVISION staff. This year the Qualitative Case Reviews in the Western Region were supported by a total of seven focus groups with agency staff, foster parents, legal partners and drug court clients and three individual interviews with a judge, peer parent, and the regional director of the Division.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Obviously, 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?**

- Wasatch Mental Health therapists are located in the Provo office now in addition to those already located in the Spanish Fork and American Fork offices.
- The region has held quarterly summits with the home-based workers. This has resulted in greater support from supervisors in the teaming.
- They combined the High Cost and Out-of-Home Placement committees. This has helped the work flow and eliminated workers having to go back and forth between the committees.
- They have done more one-on-one with workers and given them good examples of written documents. Workers and teams seem to be getting the concept of Long-term View and Child and Family Assessment better. Assessments are reviewed in work groups and supervisors and administrators have been doing interviews once per month with each worker.
- The region has been doing well with mentoring. They put new employees with those doing QCR so they can see the process.
- Communication has opened up. The teaming process is greater than before. They are involving the families more.
- Information about the foster child is passed to the foster parent within a reasonable amount of time.
- Communication between foster parents is good. They are a great support for each other. They participate in cluster groups and share ideas that work.
- Foster parents have input into the training for new foster parents.
- The coverage and timeliness of Medicaid have been good.
- Administration has taken steps to help the workers, especially with team meetings.
- They are more frequently using mediation. The family feels that they are contributing and more involved in the process. It is almost always a positive experience.
- Workers have access to flexible dollars and they are allowed to be creative in using those funds.
- Progress summaries are no longer required so that time is being funneled into doing Child and Family Assessments.
- Training for new workers has improved. There is now more emphasis on mentoring and shadowing concurrently with the class work. This is resulting in new workers being very competent right from the start of their work.

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- Caseworkers involve peer parents in team meetings and peer parents feel empowered to call team meetings if they see a need. Peer parents are also urged to attend all hearings and are required to attend drug court hearings.
- Teaming is a regular occurrence. It is seldom that three or four months go by without a meeting.

### **What are the challenges? Where are improvements needed?**

- They have seen an increase in 9 to 11 year old sexual perpetrators. It is hard to find treatment and homes for them. They are working with Wasatch Mental Health to tailor a program for these younger perpetrators.
- There are 50 more children in foster care this year but no increase in staff. Most supervisors are carrying some cases and some have a full caseload. If they could keep their teams staffed they wouldn't need to carry cases. Supervisors would like to be able to keep their teams full and not have to be hiring all the time.
- The region would benefit from having intensive substance abuse treatment for adolescents.
- More Resource Family Consultants are needed to help preserve placements.
- Sex offender treatment requires a two year stay, so having more sex offenders in care is increasing the average length of time in care.
- The loss of the Skills Development payment for structured foster parents has made these foster parents feel unappreciated. Good foster homes may leave to go to a proctor organization.
- Burdensome requirements to complete paperwork tend to take time away from working with the families.
- The increase in the number of children in out-of-home care has led to a need for more foster homes.

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

- Workers would like to see the waiting list for drug treatment reduced or eliminated. More slots are needed in the drug court program since there is a waiting list for both drug court and treatment.
- Workers would like more support staff to help them with paperwork, coordinating meetings, transporting to visits and medical appointments, etc. They feel what workers are expected to do is unrealistic.
- The number of Hispanic families receiving services has increased, leading to a need for Spanish-speaking resources, providers and workers.
- As the population in the region grows it is becoming increasingly difficult for clients to find affordable housing.
- Services for female sex offenders are needed.

One focus group that was particularly interesting consisted of drug court clients. These clients described how drug court uses a combination of urinary analysis, treatment, counseling, and high accountability. Clients appear every two weeks. Treatment programs have become more flexible to accommodate clients' work schedules. The urinary analyses and frequent accountability help

clients succeed. The Division goes to criminal court hearings to report on drug court progress to help clients with their criminal cases. The Division was also a good source of support when a client's grandfather died, requiring that the client find a new source of housing. The Division also helped a client clear some drug charges in another state. Workers help clients get criminal charges cleared up so the clients can focus on treatment.

Clients described how their relationship with the Division changed over the course of their substance abuse treatment. Most clients come into the system thinking they can just go through the motions to get through the system and then go back to the same old drug using lifestyle. But clients learn to like being clean. At first they are against the Division, and then they realize the Division is just trying to help them. One client hated herself when she was using, but now she realizes that she can be loved and can love herself.

A challenge clients face is the requirement to pay support for their children in care. Sometimes they can have as much as 50% of their income withheld. Clients expressed that it would be nice if they could have a few months to get on their feet before the state started withholding this money. They also felt they could benefit from educational opportunities. They would choose to go to school if there was more help to get into school. They would like to see clients given more options when they get out of drug court, although they do have the option of connecting with Vocational Rehabilitation or Department of Workforce Services.

According to these clients, drug court is not as effective for men as it is for women for the following reasons. There are not as many men as there are women who start the program or who make it through the program. Women seem motivated by a desire to have their children back. The men tend to disappear while the Division is involved, then after the case is closed they return to their wife or girlfriend and influence them to relapse. If the men want to have a relationship with these women, there needs to be some way of holding them accountable. As it is, men are able to duck out while the women are in treatment, and then manipulate their way back into the home after treatment has ended and the case is closed. Women need to be empowered to set boundaries or there needs to be legal boundaries in place before the women exit treatment.

Clients would like to see drug court receive more funding so there would be more slots for participants. They would also like to see the drug court program advertised so people knew it was available and could come in voluntarily rather than waiting until they were brought into drug court because they are involved with the Division.

## **VI. 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

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“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

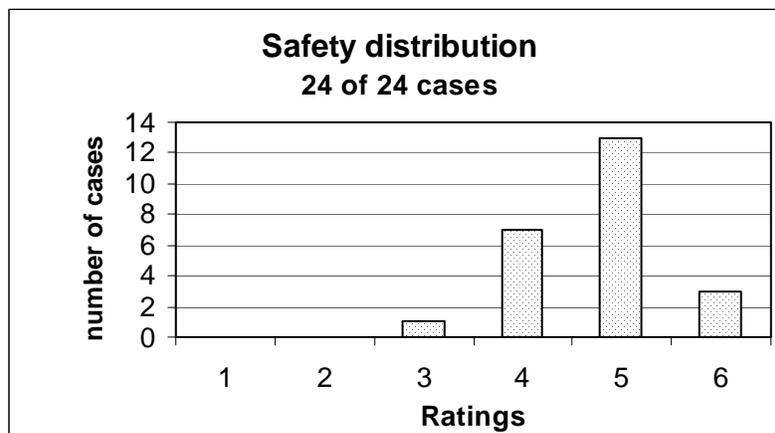
### Overall Status

Western Child Status	# of cases	# of cases		FY03	FY04	FY05	FY06	FY07
	(+)	(-)	Exit Criteria 85% on overall score					<b>Current Scores</b>
Safety	23	1		96%	96%	88%	92%	<b>96%</b>
Stability	19	5		71%	71%	86%	75%	<b>79%</b>
Approp. of Placement	24	0		92%	92%	100%	92%	<b>100%</b>
Prospect for Permanence	20	4		58%	58%	73%	58%	<b>83%</b>
Health/Physical Well-being	24	0		96%	96%	100%	100%	<b>100%</b>
Emot./Behavioral Well-being	22	2		67%	88%	86%	92%	<b>92%</b>
Learning Progress	19	5		71%	83%	77%	92%	<b>79%</b>
Caregiver Functioning	15	0		94%	93%	92%	84%	<b>100%</b>
Family Resourcefulness	10	4		47%	53%	85%	58%	<b>71%</b>
Satisfaction	21	3		88%	79%	95%	88%	<b>88%</b>
<b>Overall Score</b>	<b>23</b>	<b>1</b>		<b>92%</b>	<b>92%</b>	<b>88%</b>	<b>92%</b>	<b>96%</b>

### 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?

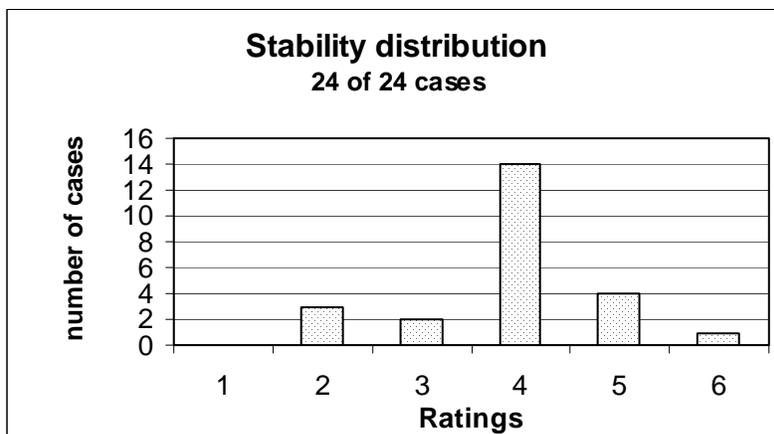
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is up from 92% last year. There was only one case that received an unacceptable score on safety, and this was because the child was aggressive and posing a safety risk to his foster mother and school peers, not that the child was experiencing a safety risk. 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?

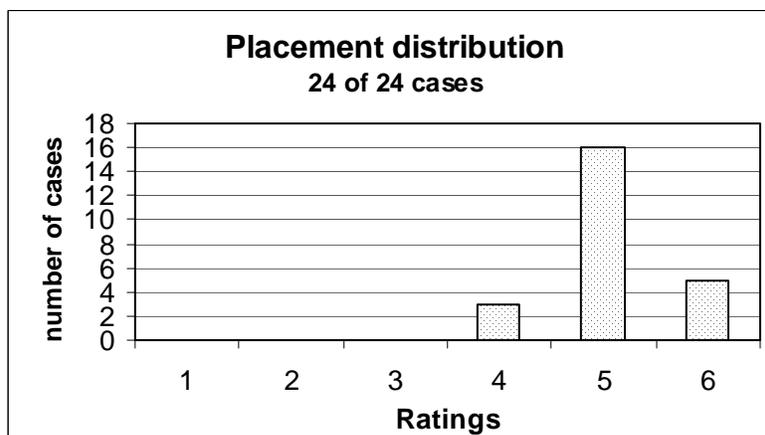
**Findings:** 79% of cases reviewed were in the acceptable range (4-6). This is up from 75% last year.



## 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?

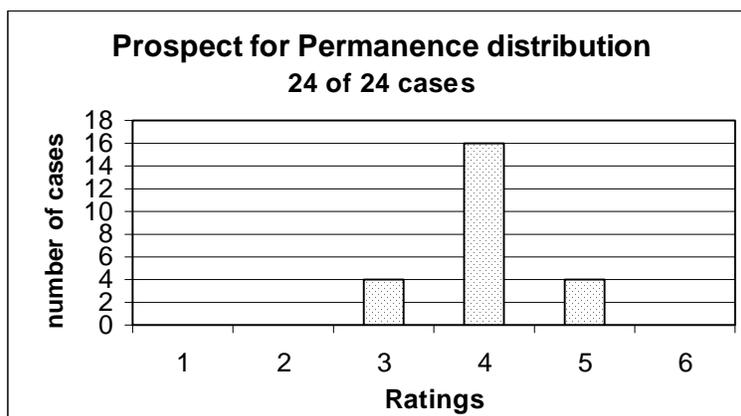
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). This is up from 92% last year. As the distribution shows, Western region scored very well on appropriateness of placement. Only three cases received a score of 4. All other cases received either a score of 5 or 6 on this indicator, which is an outstanding accomplishment.



## 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?

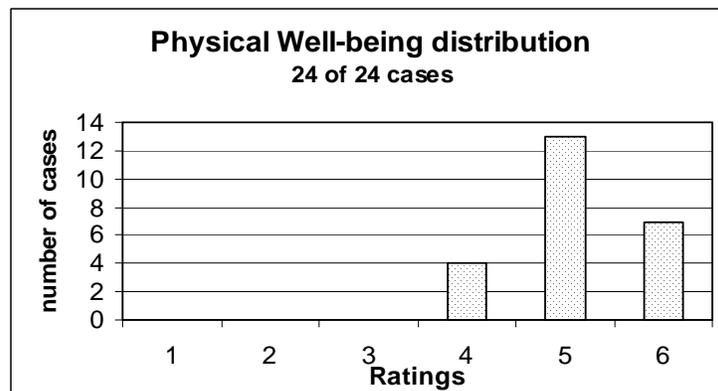
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a tremendous improvement for the region. Last year, and in three of the previous four years, this indicator scored just 58%.



## 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?

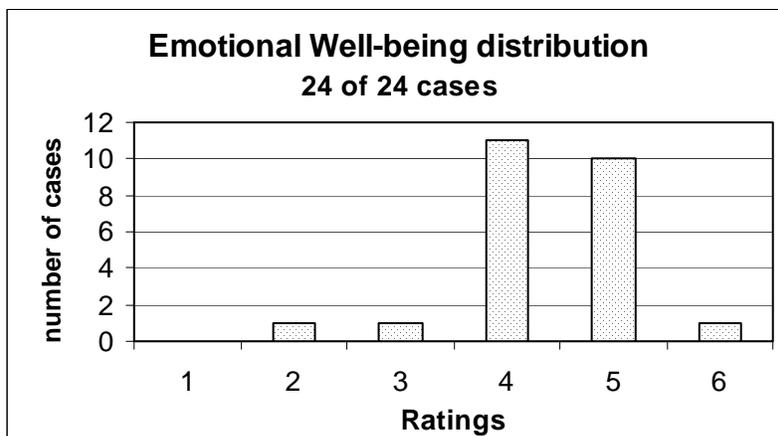
**Findings:** 100% of cases reviewed were within the acceptable range (4-6), and in 20 of the 24 cases the children were found to be in substantially good health or enjoy optimal health status. For the past three years in a row all children have had acceptable health status. This indicator has not been any less than 92% for the past five years.



## 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.

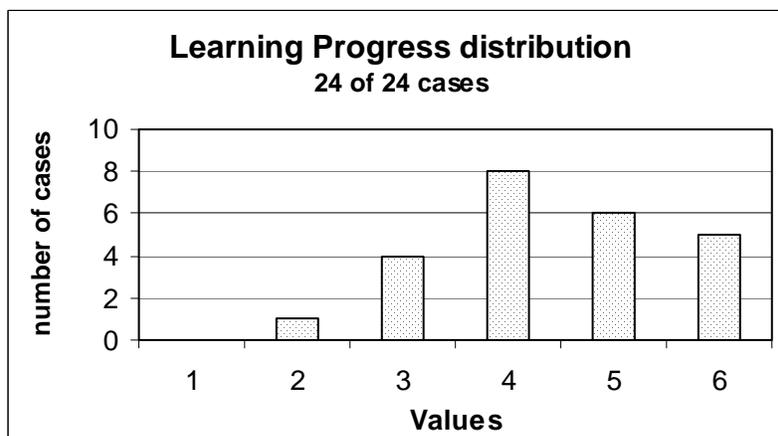


## Learning Progress

**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.

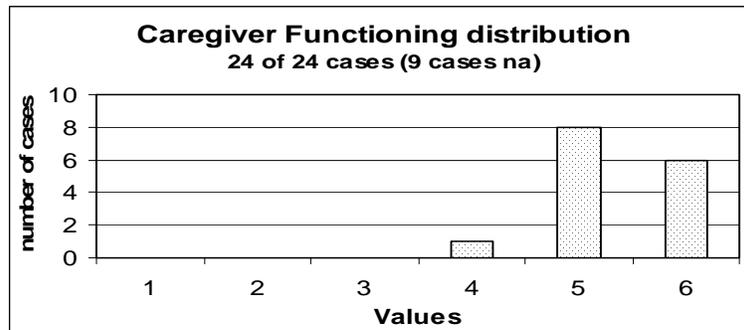
**Findings:** 79% of cases reviewed were within the acceptable range (4-6). There was some slippage in this indicator. Last year the region achieved a score of 92%.



## 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?

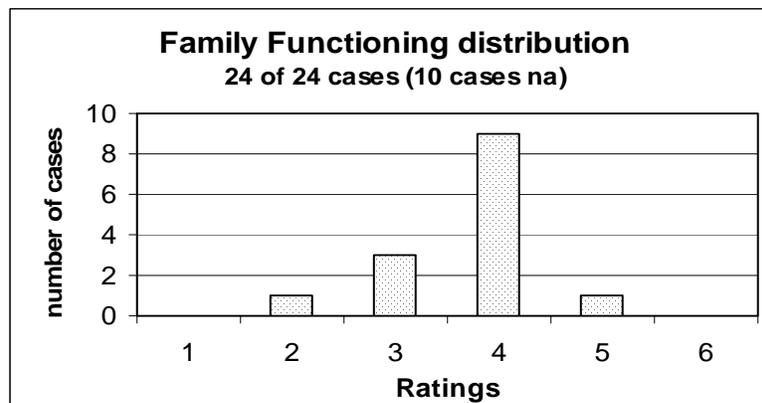
**Findings:** 100% of cases reviewed were within the acceptable range (4-6), and in all but one case the child was receiving substantially adequate or optimal care giving.



## 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:** 71% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase of 13 points over last year's score (58%).



## Satisfaction

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

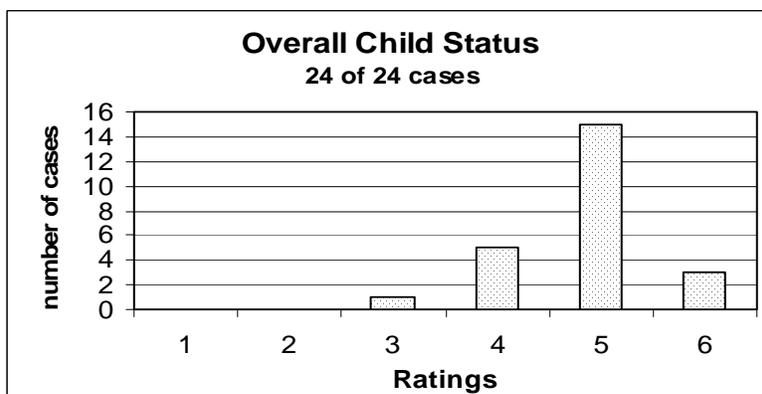
**Findings:** 88% of cases reviewed were within the acceptable range (4-6), and in 18 of the 24 cases those interviewed were either substantially or optimally satisfied.



## Overall Child and Family Status

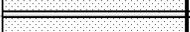
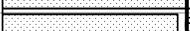
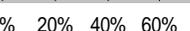
**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above.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

**Findings:** 96% of cases reviewed were within the acceptable range (4-6).



## System Performance Indicators

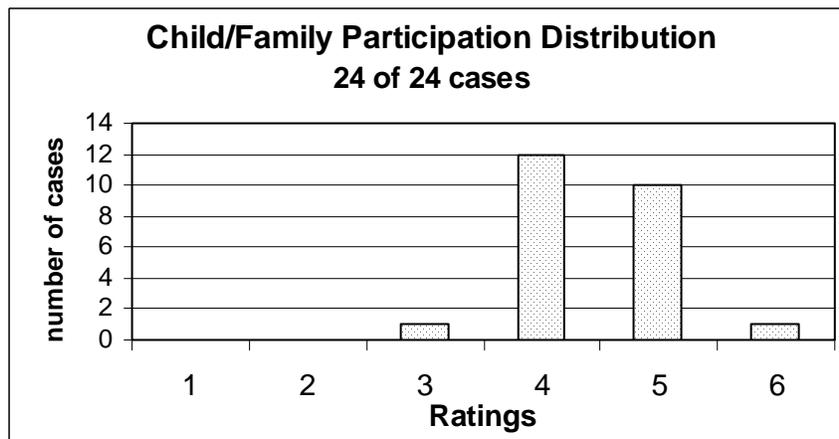
### Overall System

Western System Performance									
	# of cases	# of cases		FY03	FY04	FY05	FY06	FY07	
	(+)	(-)	Exit Criteria 70% on Shaded indicators						Current
			Exit Criteria 85% on overall score						Scores
Child & Family Team/Coord.	19	5		54%	83%	73%	75%	79%	79%
Child & Family Assessment	18	6		42%	63%	68%	54%	75%	75%
Long-term View	17	7		50%	50%	68%	54%	71%	71%
Child & Family Planning	20	4		67%	63%	68%	67%	83%	83%
Plan Implementation	22	2		83%	79%	91%	92%	92%	92%
Tracking & Adaptation	19	5		63%	83%	77%	79%	79%	79%
Child & Family Participation	23	1		67%	75%	82%	83%	96%	96%
Formal/Informal Supports	22	2		92%	79%	86%	92%	92%	92%
Successful Transitions	14	7		64%	70%	71%	74%	67%	67%
Effective Results	22	2		83%	71%	86%	75%	92%	92%
Caregiver Support	14	1		100%	92%	100%	94%	93%	93%
<b>Overall Score</b>	<b>21</b>	<b>3</b>		<b>71%</b>	<b>79%</b>	<b>77%</b>	<b>79%</b>	<b>88%</b>	<b>88%</b>

### 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?

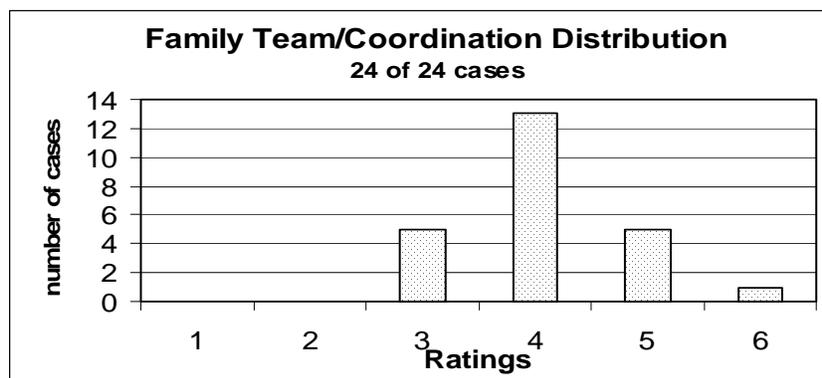
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This was a significant increase from 83% last year.



## 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?

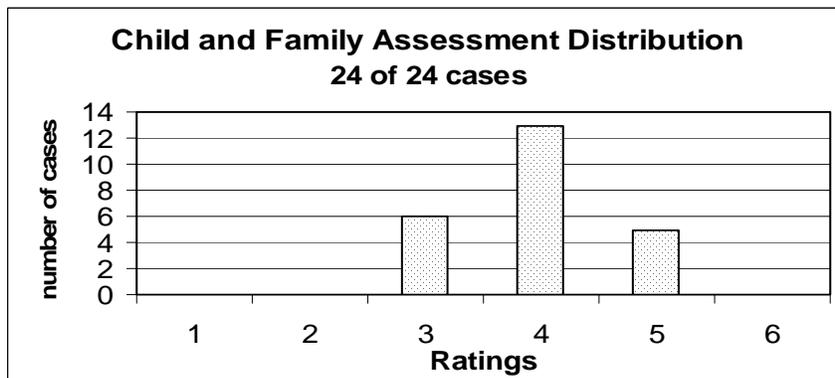
**Findings:** 79% of cases reviewed were within the acceptable range (4-6). This is up from 75% last year.



## Child and Family Assessment

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

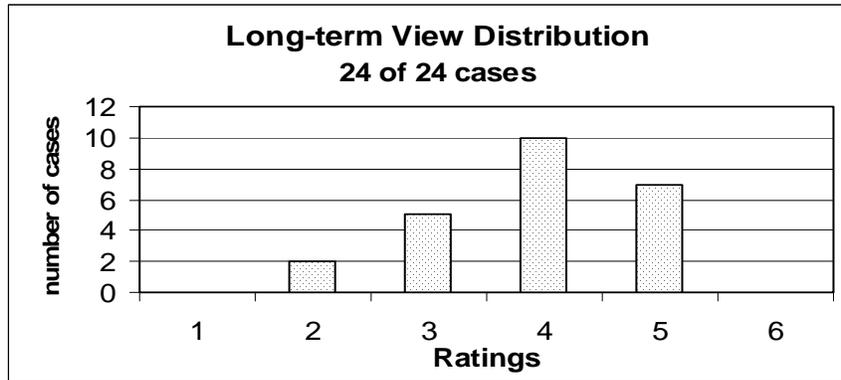
**Findings:** 75% of cases reviewed were within the acceptable range (4-6). This is up from 54% last year, and it is the highest score the region has ever achieved on this indicator.



### 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?

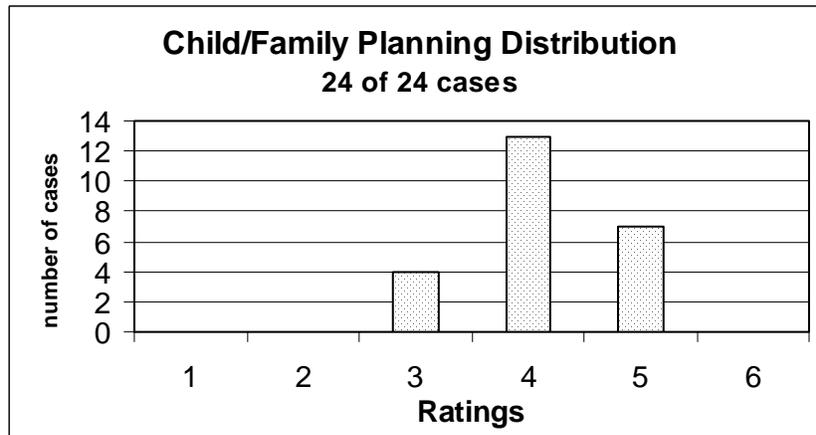
**Findings:** 71% of the cases reviewed were within the acceptable range (4-6). This indicator made a remarkable improvement upon the 54% scored last year.



### 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?

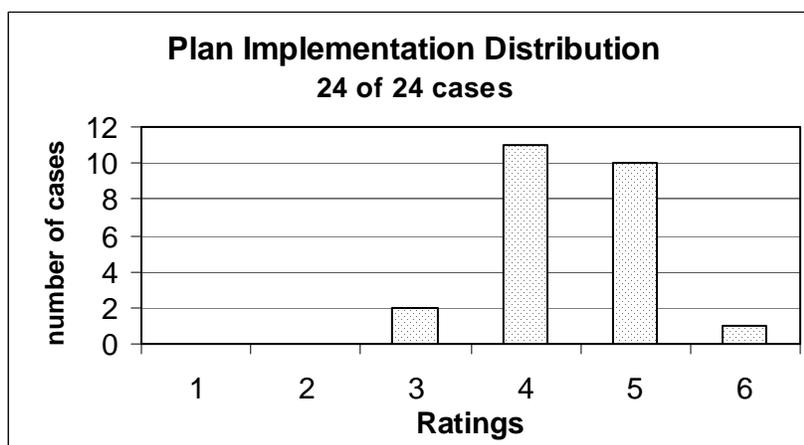
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This jumped from 67% last year.



## 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?

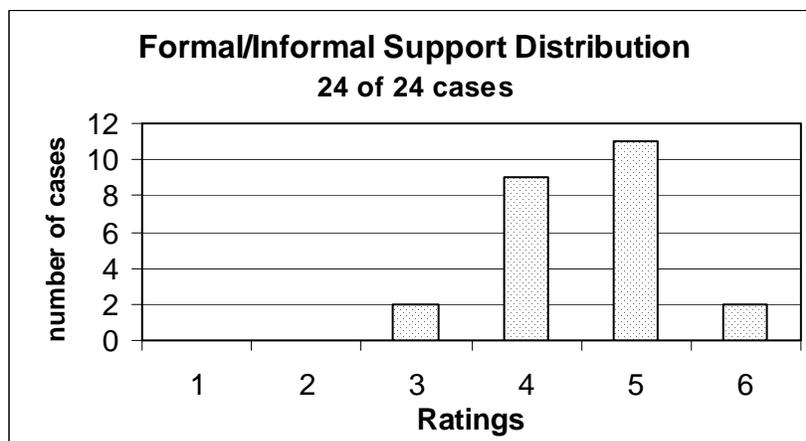
**Findings:** 92% of cases reviewed were within the acceptable range (4-6). This is the third consecutive year that the region has scored in this range on this indicator.



## 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?

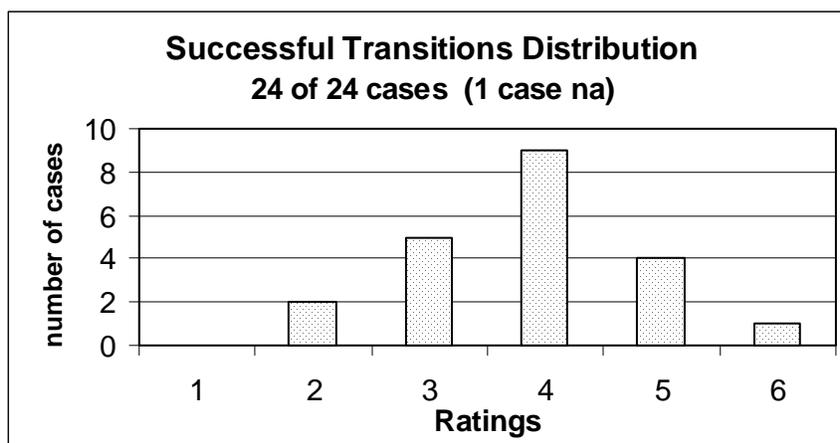
**Findings:** 92% of cases reviewed were within the acceptable range (4-6), which is consistent with the high mark achieved last year on this indicator.



## 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?

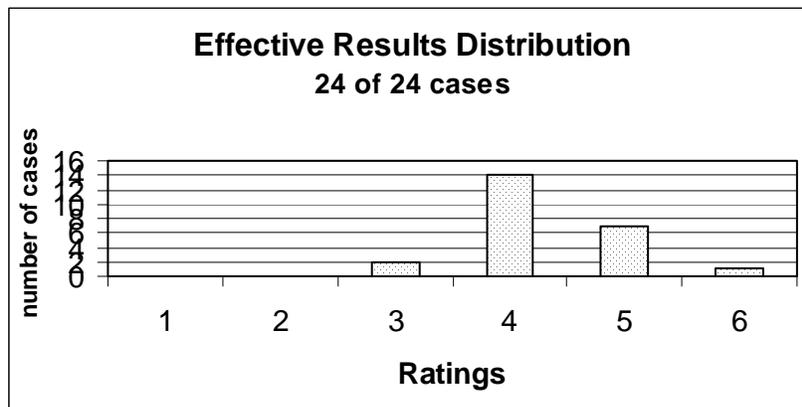
**Findings:** 67% of cases reviewed were within the acceptable range (4-6).



## 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?

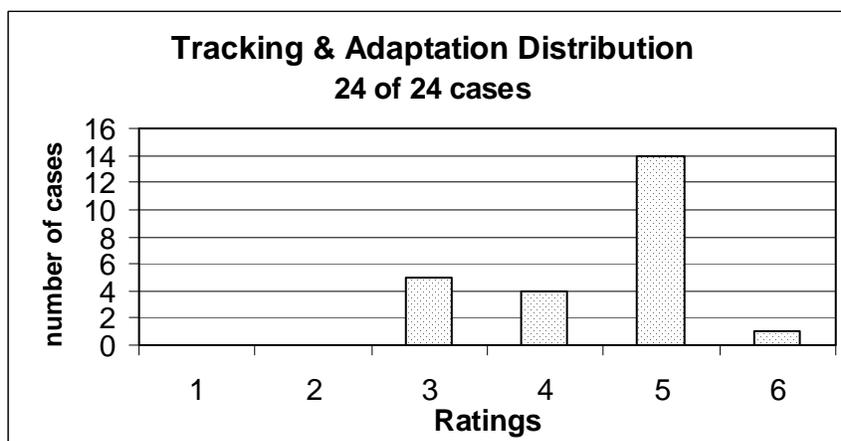
**Findings:** 92% of cases reviewed were within the acceptable range (4-6), an increase of 13 points over the 75% scored last year.



### 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?

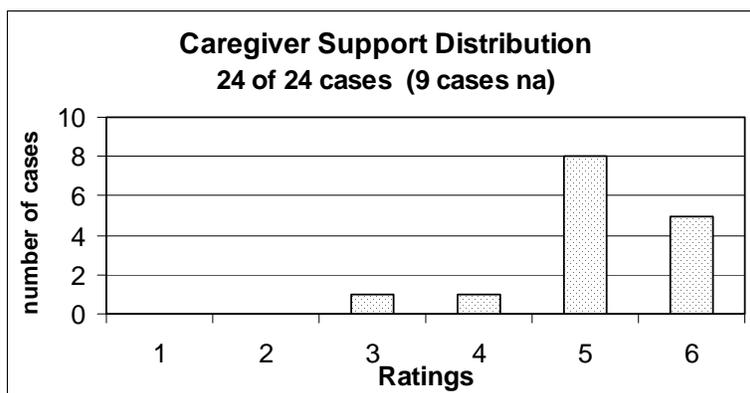
**Findings:** 79% of cases reviewed were within the acceptable range (4-6). This was consistent with last year’s score.



### 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?

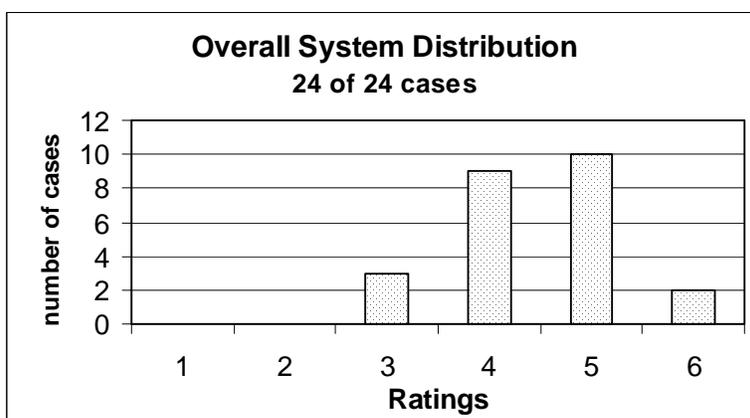
**Findings:** 93% of cases reviewed were in the acceptable range (4-6).



### 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:** 88% of cases reviewed were within the acceptable range (4-6). This is a notable improvement; it moved the overall System Performance into the acceptable range.



## **Status Forecast**

One 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's 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, 14% were anticipated to be unchanged, 0% were expected to decline or deteriorate, and 83% were expected to improve. *Note: The percentages do not total to 100% because one case did not list a sufficiently clear prognosis to score it accurately.*

## **Outcome Matrix**

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

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

Obviously, the 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. No child welfare system is capable of delivering perfect performance with perfect consistency, so the current results should not be construed as either achieving or establishing an expectation of perfect performance. That is not a rational or realistic standard of performance. These results are, however, an admirable and remarkable achievement for any child welfare system.

	<b>Favorable Status of Child Outcome 1</b>	<b>Unfavorable Status of Child Outcome 2</b>	<b>Total</b>
<b>Acceptable System Performance</b>	Good status for the child, agency services presently acceptable.  n= 21  88%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.  n= 0  0%	<b>88%</b>
<b>Unacceptable System Performance</b>	<b>Outcome 3</b> Good status for the child, agency mixed or presently unacceptable.  n= 2  8%	<b>Outcome 4</b> Poor status for the child, agency presently unacceptable.  n= 1  4%	<b>12%</b>
<b>Total</b>	<b>96%</b>	<b>4%</b>	<b>100%</b>

## Summary of Case Specific Findings

### **Case Story Analysis**

For each of the cases reviewed in Western Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the 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. Some of the results are self-evident or have been stable at an acceptable level and will not be addressed in detail, so 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 96% in the current review, an improvement from the 92% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. The only case in which safety was found to be at an unacceptable level at the

time of the review had multiple key indicators of system performance at an unacceptable level, including the indicators for teaming, child and family assessment, the long-term view and tracking and adaptation.

An example of acceptable child safety is represented in the following case story excerpt:

*Because of concerns [Foster/kinship placement] had about her mother's ability to behave appropriately with her [biological] children, she had already established a safety plan for them. She allows her mother to visit with the children only when she or her husband can supervise the visits. If her mother's behavior is inappropriate or unsafe the visit is ended. They have established a similar safety plan for [target child] and now include [biological mother] in the requirements of the plan.*

Even in the one case that received an unacceptable score on safety, the child was found to be safe. The unacceptable safety score was based on the risk the child posed to his foster mother and adults in his school setting due to the child's aggression. The following excerpt from the story explains this finding.

*[Target child's] safety scores indicate the continued aggression exhibited at both home and school. His provider does not feel threatened by him, but identifies that his size is beginning to limit her ability to provide restraint. [Target child's] behavioral outbursts have resulted in bruising and deep scratches on his provider, school personnel and RISE support persons. [Target child's] schoolteacher identifies that he tends to be aggressive toward the adults, but not necessarily toward the other children. He appears to have seasonal fluctuations in spring and fall, showing outbursts with more aggression, particularly in the school setting.*

### **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 79% percent in the sample of cases represented in the current review.

The region's attention to stability from the very inception of the case led to an optimal permanency score in the following case. It also demonstrates that the region is paying attention to placing children with kin whenever possible.

*The stability of [the target child's] placement is optimal for a variety of reasons. This is the only home that [the target child] has known. He went home from the hospital with [his current foster parents/aunt and uncle] and has been well integrated into their family. This appears to be a stable marriage with parents who work together and support each other to create a positive environment for their children.*

An unacceptable stability situation was described in another case story. Again the region explored kinship options, but the results were not as positive for this target child as for the target child in the previous example.

*After being placed with their grandmother initially after removal (placement #1), they moved into a residential drug treatment facility serving women and their children (2<sup>nd</sup> placement). Two weeks after being there, (mother) was found with drug paraphenalia and was discharged from the program. At that time the children all went back with the paternal grandmother (3<sup>rd</sup> placement).*

*One month later the children went back into the same residential program with their mother for the second time (4<sup>th</sup> placement). Things went well for two months and then (mother) relapsed. All of the children went back with paternal grandma (5<sup>th</sup> placement). During the summer the children were placed with a paternal aunt (6<sup>th</sup> placement).*

*On August 7<sup>th</sup>, 2006 the court determined that (father) had made enough progress and had been clean for four months so the children were allowed to return to him on a trial home placement (7<sup>th</sup> placement).*

### **Prospects for Permanence**

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator rose from 58% last year to 83% in the current QCR sample. This is a relief since permanency has been a challenging indicator for the Region over a period of years, with the region scoring 58% on permanency in three of the past five years.

The following excerpt is an excellent example of achieving acceptable permanency for a child in an adoptive family while maintaining connections with the biological family. It also demonstrates the region's commitment to keep biological siblings together whenever possible.

*[Target child] is stable in this placement and has a feeling of family with the foster family. He has established a very positive relationship with the parents and his eight new siblings. The foster parents believe that [target child] is part of their family and will adopt both him and [target child's biological sister] when the rights of the parents are terminated. This will allow [target child] to grow up with his biological sibling.*

*The foster mother has made contact with the maternal grandparents and together they are working on keeping a biological family bond through the grandparents.*

Sometimes implicit understandings among team members of the pathway to permanency for a child were not supported with concrete plans that would actually lead to permanency. This was the circumstance in the case of one older youth reviewed.

*There seems to be an informal feeling that this home could become a permanent placement for [target child]. However, there have been no formal discussions associated*

*with this status and no plans have been made. [Target child's] current permanency goal is individualized permanence with a concurrent goal of non-relative guardianship. Most respondents seem to feel that [non-relative guardianship] would be an idea worth pursuing. This should be done with some caution given the circumstance surrounding [target child's] most recent experience (disruption) with a foster home turned guardian. There also should be some more clarity around diagnoses and medications and his general course of treatment as the region enters into more formalized discussions of potential changes in permanence or in the permanency goal.*

### **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 58% last year to 71% in the current review.

Family functioning and resourcefulness is evident in the following case story example:

*Both parents have jobs that they have maintained. Mom has made all of her UA tests. Her therapist said one time she couldn't get a ride into Provo to have her test and she went to a local hospital and paid for her UA. Mom says at this point her focus is on getting her kids back. The plan contains the types of services that can support the family's change process.*

Questionable family functioning was evident in another case story example:

*The biological mom continues to abuse alcohol as evidenced by the breathalyzer obtained at court. The initial substance abuse evaluation did not note any addictive behaviors; however, a fairly recent report states she had been taken by paramedics to the hospital after collapsing at a store. They identified multiple prescription pain medication bottles she was carrying with her. The mother has had hip surgery and reports she is in chronic pain and can't work. She will not admit she has any problems. She has frequented the emergency room recently and reports she needs surgery; however, she has no health insurance.*

*The other issue is that the bio mom's paramour is in and out of her life. He is involved in pornography by report, but this has not been proven. During the visit at her home, it was noted that boxes were packed up as if she were moving. She reported to the reviewers she had to move out, but didn't know where she was going. It appears the bio mom may want the state to intervene so DCFS can be blamed for [target child] not returning home.*

## **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 75% to 79%.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review.

*The members of the team (child, parents, worker, GAL, AG, therapist) have been the same since the beginning of this case. Now that [target child] is in a foster home and has transferred to a regular high school the foster parents and school representative are represented on the team as well. As a result of the team knowing this child very well and having open and direct dialog in meetings on the assessments and other information about [target child] there has been a lot accomplished in this case. Another important point is how the team has allowed [target child] to take control of the meetings, if he wants, and help make decisions on what needs to be done. As a result, [target child] feels empowered about the process and can articulate where he wants to be and what steps are needed to get him there. These same thoughts are all articulated in one form or another by every member of the team that we talked with.*

The following example illustrates how unacceptable team functioning can impede case progress and lead to unacceptable performance on other system performance indicators such as assessment and long-term view.

*The team has a strong informal support system; however, the formal supports are missing such as the school and the therapeutic resources for both [the target child and the father]. It also appears that the father is in control of the meetings, and that his viewpoint is the one that the team adheres to and supports. This is concerning because in the domestic violence assessment it identifies him as having characteristics of an abuser. One of those concerns is his need to control his environment. This is also discussed in the assessment completed regarding his anger problems and potential for further domestic violence. Because the results of these assessments have not been discussed with the team, the effectiveness of the team meetings is in question. Full disclosure of all of the needs of this family would be more effective in long term solutions if all the concerns were discussed in the team and planned for with a full formal and informal group.*

### **Child and Family Assessment**

The child and family assessment indicator rose from 54% last year to 75% in the current review. The following example illustrates how good assessment led to improved outcomes for one target child.

*A comprehensive set of strengths and needs of the parents, foster parents and the child were identified through timely and appropriate assessments. The birth parents received mental health and substance abuse assessments. The worker also utilized information gathered during [mother's] prior involvement with DCFS about her mental health status, level of functioning, and the type of substance abuse treatment she had received to guide her in developing the child and family plan.*

*[Target child] has received all of his required medical and mental health evaluations, which have driven the planning process. Once it was determined that he had developmental delays (discovered as a result of the completion of the Ages and Stages at 6 months) he was immediately provided the relevant services to address his needs. The foster/adoptive parents report that he is making progress.*

There were also examples of the confusion and misunderstanding that can exist on a team when child and family assessment is unacceptable.

*Team members had significantly different views of [target child's] condition over the long term. Some thought he actually had a diagnosis of cerebral palsy; that he was likely to have significant learning disabilities and will be quite "high maintenance." The GAL believed that [target child] was "a very sickly little guy." Other persons felt that given the current state of his health and development he was very likely to have no long term or lasting impacts from his pre-mature birth, including any learning disabilities.*

### **Long-Term View**

The long-term view indicator also rose from 54% last year to 71% in the current review. The importance and usefulness of an acceptable long-term view was clear in a case story example:

*All team members were able to verbalize the long-term view for this family. The family should be living together in a house, staying clean and taking care of their children and providing for all of their needs. The AAG and GAL both were positive about this family and had hopes of them succeeding. When asked what would happen if they relapsed again, the AAG reported that they would assess the situation and keep working with the family. She reported that the judge has a lot of hope for this family as well. The team members know and understand that the next transition for the family will be to find housing and to learn to live together as a family. The team identified things that [mother and father] still need to do to make this process successful. Some team members identified a money management class and a communication class that could teach them needed skills. The team also wants to have added support in the home like a peer parent and is planning on keeping the case open for several months after housing is located to provide additional support.*

Some of the risks associated with an incomplete long-term view were described in one of the stories.

*It is important to [include the target child] in the long-term view as well as the family. The reason for this is all team members believe that if he doesn't have some individual treatment as well as treatment with his father, the family will not be able to integrate cohesively on a long term basis. The long-term view as it is written plans for the family as a whole in a generic sense. If [the target child] is not included in this, and specific steps identified to assist him in integrating more effectively into this blended family, the long term view as it is written will not come to fruition. Included in this needs to be a part including how he and his newly adopted father can work through their issues and treatment of each other.*

### **Child and Family Planning Process**

The region's score on the Child and Family Planning Process indicator rose from 67% last year to 83% this year, significantly exceeding the exit criteria. The following excerpt is an excellent example of allowing a teenage foster child to have a voice in the selection of his services and the prioritization of his objectives.

*As a result of this, the plan reflects [target child's] preferences and he has personal ownership of the plan. The team supports him in those plans. For example, the original plan stated that he needed to start the "Academy of Excellence, independent living skills program. When [target child] stated that he was overwhelmed with what he was currently doing the worker presented the option to restart the program in January 2007. The team agreed and the plan was modified to reflect that preference.*

Conversely, for another teen foster child the plan was not individualized to her needs and didn't incorporate a long-term view.

*The planning process itself is not individualized to address unique strengths and needs of [target child] or to encompass a big picture assessment or long-term view. For that reason the reviewers have scored it as partially unacceptable. There are some services that have been set in motion that seem to be working on treatment issues. The therapist who updates her treatment goals on a quarterly basis has identified these issues. It does not appear that these goals have been incorporated into the children and family plan in any other way than a generic plan for continued participation in therapy. The caseworker shared that there has been some discussion within the team of what types of support and adjustments need to be made to assist [target child] in completing her school assignments and turning them in. However, there isn't any evidence that the plan is being adapted for intervention.*

### **Plan Implementation**

Plan Implementation remained at the high level it has achieved for the past two years, repeating last year's score of 92%. In the following example challenges involving availability of services in proximity to the family were overcome.

*Service **implementation** was substantial due to the way the team was able to identify service providers that were in closer proximity to the family that would be able to meet the needs identified by the formal assessments. These changes were implemented by the team in a very timely manner, within a week of a child and family team meeting that identified the concerns with the previous course of treatment for [target child]. From the beginning [target child] was already participating in the services that have been identified by the team to address her needs. She was linked to a substance abuse treatment program in the Provo area and attending individual mental health counseling. She was meeting consistently with her therapist; however, she did not feel that this particular therapist was meeting her needs for treatment. Additionally there was a substantial waiting list for the substance abuse program but she was participating in interim treatment through AA/NA while waiting. Once she was admitted to the program, transportation and the distance to the services she was participating in became a barrier. Also the demands for time that this program was commanding of [target child] created a need for the team to re-evaluate where the treatment was being provided for her. The team moved quickly to identify services that were closer in proximity to [target child] that met the same requirements for the intensity of services as the previous program. The team was also able to identify a mental health therapist that was not only in closer proximity, but that [target child] felt more of a personal connection to, thus allowing her to use this service more effectively.*

The following excerpt is from one of only two cases that were scored unacceptable on Plan Implementation. In both of these cases the biological mother has been reluctant to engage in offered services, delaying participation in some services and not participating at all in other services.

*Progress on the accomplishments and completion of steps of the service plan has been slow and inconsistent. The case was opened in July 2005 and the first case plan was dated October 2005 (although the record indicated that it was completed in January 2006). Mom relapsed in June of 2006, about 11 months after the case was opened and one month before she started drug treatment (in August 2006). Initially, in October 2005, Mom agreed to attend drug treatment with Promises yet she attended only one time (just prior to the relapse). Mom wanted to attend treatment at [a particular treatment center] but professionals were not willing to agree with her. She was told she would have to advocate for herself in justifying the change. She did make the change to [a particular treatment center] and has been attending regularly since beginning the program in August 2006. Mom has not yet started parenting classes, which was on the initial plan.*

### **Tracking and Adaptation**

The indicator score for tracking and adaptation achieved a score of 79%. This is identical to last year's score and exceeds the exit criteria for the fourth year in a row. 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:

*Tracking of changing case circumstances has generally been very good. The team responds quickly and cohesively under most circumstances. Even under the current strain of having to respond to an unexpected discharge [from a residential treatment program] the team is rallying, reconvening and beginning to develop a plan for dealing with the circumstances. Tracking and adaptation are rated as substantially acceptable.*

Less successful tracking and adaptation was evident in another case story.

*The lack of a permanent caseworker affected both Caregiver Support and Tracking and Adaptation scores. Both areas scored as minimally acceptable due to the fact that [target child's] case has been managed by two permanency workers, both of whom have left the agency. The case is currently being managed by the permanency supervisor who is also managing seven additional cases in addition to his supervisory duties. With personnel resources stretched so thin, Adaptation, in some cases, has been slow in responding to some conditions that may have warranted faster action.*

*The most notable example was that [target child] was not removed from the second foster home after it was reported that the two adopted sons were pretending "to hump" him or after he and the older boys in the home, due to the foster parents' lack of appropriate supervision, inflicted nearly \$5,000 worth of damage to vehicles near a Coalville campground. [Target child's] therapist felt that the older boys in the home were "targeting" him and that they were "setting him up to get into trouble." He felt that [target child] was following their lead because of his desperate need to be accepted by his peers. However, [target child] remained in the home until he was court-ordered into DT on August 4, 2006, while awaiting placement in O & A.*

## Summary

The executive summary of the OSR preliminary report last year made three broad points:

- 1) Data on Child and Family Assessment and Long-Term View shows that every office needs improvement in these indicators. No office had more than 50% of their cases pass both of these indicators. To improve scores next year, a region-wide response is necessary.
- 2) For the seventh consecutive year, in-home cases did not perform as well as foster care cases. In-home cases were largely responsible for the unacceptable scores on the core indicators as well as the overall System Performance.
- 3) There was no significant difference between the cases selected for review this year and those selected last year. The sample this year showed no significant difference in caseloads or worker experience, more cases that had been open for over a year, fewer

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cases of teenagers and fewer in-home cases; all of which would presumably [make] this year's sample more favorable than last year's sample.

The first OSR observation made last year, that every office was struggling with Child and Family Assessment and Long-term View and that there was no pattern that pointed to acute needs in a particular office, suggested that a successful strategy for improvement would focus on efforts that affected the entire Region. Not only were all of the offices affected, but cases with unacceptable system performance were distributed across supervisory teams. This pointed to a need to examine practice across the Region.

There was region wide improvement in the scores this year. Child and Family Assessment and Long-term View, both of which were at 54% last year, soared to 75% and 71% respectively. The following charts illustrate the improvement in each office's success with these indicators, illustrating that improvement was in fact region wide. Every office that participated in the reviews both years increased the number of cases that had successful scores on both indicators.

**2006**

<b>Office</b>	<b>Total cases reviewed</b>	<b>Total Cases Acceptable for both Child and Family Assessment and LTV</b>	<b>% Acceptable</b>
American Fork	3	0	0%
Delta	1	0	0%
Heber City	2	1	50%
Orem	2	1	50%
Provo	12	6	50%
Spanish Fork	4	2	50%

**2007**

<b>Office</b>	<b>Total cases reviewed</b>	<b>Total Cases Acceptable for both Child and Family Assessment and LTV</b>	<b>% Acceptable</b>
American Fork	4	1	25%
Fillmore	1	1	100%
Heber	2	1	50%
Nephi	1	1	100%
Orem	3	3	100%
Provo	8	5	63%
Spanish Fork	5	4	80%

The second OSR observation, that in-home cases did not perform as well as foster care cases, pointed to a persistent finding in the Region that had been discussed in prior exit conferences. For whatever reason, in-home cases have consistently scored lower than foster care cases since QCR reviews were implemented in FY 2000.

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This year the scores on foster care cases and home-based cases came out nearly identical. The only case in the review that had unacceptable Overall Child Status was a foster care case, so home-based cases actually performed better on Child Status this year than foster care cases did. On the system side, 88% of foster care cases had acceptable Overall System Performance while 86% of home-based cases had acceptable system performance. The results were nearly identical for the two case types.

Year	# foster care cases in sample	# in-home cases in sample	% of foster cases with acceptable child status	% of in-home cases acceptable child status	% of foster cases with acceptable system performance	% of in-home cases acceptable system performance
2000	8	14	63%	43%	50%	21%
2001	12	11	83%	82%	50%	36%
2002	13	11	100%	100%	62%	45%
2003	15	9	100%	78%	87%	56%
2004	14	10	100%	80%	93%	60%
2005	13	9	93%	80%	85%	67%
2006	12	12	100%	83%	92%	67%
2007	17	7	94%	100%	88%	86%

SYSTEM PERFORMANCE				
	# in sample	# Acceptable	% Acceptable	Average score
PFP/PFR	1	1	100%	5.0
PSS	6	5	83%	4.4
SCF	17	15	88%	4.5
TOTAL	24	21	88%	4.5

All Home-based cases	7	6	86%	4.5
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The third OSR observation, that the sample selected last year, to the extent that any demographic analysis could determine, was no more challenging than the samples in past years pointed to the importance of taking the system performance challenges seriously and not assuming that they were due to some peculiarity of the sample. In fact, all of the demographic analysis provided by OSR pointed to a counterintuitive conclusion: that, if anything, last year's sample should have been less challenging rather than more challenging. This further heightened the importance of directly addressing the challenges presented by last year's system performance results.

The region successfully addressed this challenge. Demographic analysis of this year's sample shows that it was presumably more challenging than last year's. In spite of the difficulty of the sample the region exceeded last year's performance and passed the review.

Although the issues of turnover and caseloads came up in focus groups, the data did not show any significant change from last year to this year. Caseloads were very similar (18 workers with manageable caseloads and six with high caseloads last year versus 19 workers with manageable caseloads and five with high caseloads this year). The data for worker experience was identical for both years (five new workers and 19 experienced workers). There were more cases that were open for shorter periods of time this year than last year, which presumably would have made the sample more challenging. There were two more teenagers in the sample this year than last year, which again would presumably make the sample more challenging. Finally, last year there were 12 foster care cases in the sample (50%) while this year there were 17 foster care cases (71%). Given the region's history of performance on foster care cases versus home-based cases this may have been assumed to be an advantage going into the review, but because home-based cases performed nearly identically to foster care cases this year, the ratio of foster cases to home-based cases was irrelevant.

## **VII. Recommendations for Practice Improvement**

At the conclusion of the week of Qualitative Case Reviews, there 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. Because of the advancing state of practice in the Region, there was a conscious effort to focus on a small number of issues with the greatest promise of contributing to continued improvement in practice and outcomes.

### **Practice Improvement Opportunities**

During the exit conferences noted above, most of the examples of practice improvement opportunities fell within the small number of indicators summarized below. These represent the three indicators that had the lowest scores on system performance, although it should be noted that Child and Family Assessment and Long-term View both exceeded the 70% exit criteria (75% and 71% respectively). Successful Transitions, which is not a core indicator and does not have a particular exit requirement associated with it, scored a respectable 67%, down slightly from the 74% it achieved last year.

#### **Child and Family Assessment**

- One of the summative questions of Child and Family Assessment asks: 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? Reviewers reported that some assessments did not go deep enough. In other words, these assessments didn't address underlying issues such as the cause of domestic

violence, a child's anger, or a parent's attitude of denial. The difficulty some workers have in identifying underlying needs is also seen in the way some needs statements are actually lists of services. For example, "Mom needs parenting classes."

- 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 both the child and the family.
- The protocol definition of Child and Family Assessment states: The Child and Family Assessment is an integrated part of a logical practice model sequence of engagement, teaming with the family, assessment, service planning, and updating based on results or changed circumstances. In some of the cases there were some good assessment pieces, but they didn't make it into the plan; the plan itself was very generic.
- The protocol definition of Child and Family Assessment 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, risk, and lifestyle preferences of the child and family. In some cases there were missing pieces of information. For example, educational assessment information from teachers was missing, causes of disruption of the previous placement were not known, or existing assessments were not gathered and used in decision making.

### **Long-term View**

- The first summative question of Long-term View asks, "Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system?" Reviewers saw a need for Long-term Views that outlined transitions to exit the system and how to succeed independent of the Division.
- In a couple of cases the Long-term View was stuck waiting on a key player to make a decision or take a step. For example, in one case reunification was the goal but it didn't appear to be a likely outcome, so the team was waiting for the judge to make a decision on whether reunification would occur.
- In several cases the Long-term View was there, but the steps to achieve it were missing. Conversely, in another case the steps were listed but the Long-term View itself was missing.
- In some cases the Long-term View could be strengthened by addressing contingencies and strengthening concurrent planning, such as addressing what will happen if the father goes to jail.
- When there are multiple children, attention needs to be paid to the Long-term View for each. In one case the children with the most needs and issues was focused on but the target child was not addressed.

### **Successful Transitions**

- The first probe question of this indicator asks whether the next transition has been identified, and if so, if transition plans are being made. A reviewer noted that there were many transitions in a case, but the plan didn't adapt accordingly.
- Two reviewers observed that steps need to be identified and understood in order to be planned, and the process needs to be dynamic and address the concurrent planning.

### **Child and Family Team and Coordination**

- In one case there were several children that had different issues that needed to be discussed. The team was holding one large meeting and addressing needs in a very general way rather than specifically addressing the needs of each child.
- A need for more flexibility in scheduling team meetings was mentioned by some reviewers as a practice improvement opportunity.
- The final observation on teaming is related to the above mentioned practice improvement opportunity of Successful Transition. Reviewers felt that strengthening teamwork would improve planning and help the children and families through upcoming transitions.

### **Recommendations**

At the Exit Conference the court monitor presented three areas that reviewers had identified as needing improvement (Child and Family Assessment, Successful Transitions, and Long-term View) and invited the region to comment on why they felt they were struggling with these areas and what might help performance improve. Members of the region staff had several comments about what they were seeing as challenges to improving practice around these indicators.

Regarding assessment, workers mentioned that often they know or suspect parents have an issue such as substance abuse or domestic violence, so they ask the parents to have a formal assessment of their needs around that issue. The challenge then becomes getting the parent to complete the assessment. Months go by and the parent still does not complete the assessment. This leaves the workers in limbo, believing there are issues that need to be addressed but without adequate formal assessment to guide the planning process. Another frustration for them was that sometimes mental health assessments don't give them any information. They just come back saying that the same things you asked them to look at need to be looked at or regurgitating the same information that the worker gave them when they requested the assessment. Workers also expressed frustration with the amount of time it takes to create documents such as the Child and Family Plan and the Child and Family Assessment. They found the expectation that both of these documents be constantly updated to be especially burdensome, leaving little time for case work.

The court monitor encouraged region staff to use the assessments that have been done and to focus on getting to underlying needs and look at what is driving the behavior. There was also a reminder that Child and Family Assessment needs to look at the needs of both parents and children. They also pointed out a need for greater clarity of the scope and boundaries of Child and Family Assessment.

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Regarding Successful Transitions, workers expressed some feelings of ambiguity about what a transition is and how significant various transitions are to the case. They also questioned how workers could be expected to have transition plans for a transition that was unexpected (such as a sudden placement disruption). They also expressed that it is hard to do transition planning when you are overwhelmed with cases and in a “crisis management” mode.

The majority of the Exit Conference was spent discussing Long-term View. Workers had lots of questions about this indicator such as: What should the Long-term View look like? How far into the future does the Long-term View have to go? What if the team shares a Long-term View, but the parents don't buy in to it? Whose Long-term View is it? What if each of the parents wants a different Long-term View?

In response CWG expressed that there is a tremendous amount of focus on the written Long-term View document, but it is the functionality that is important, not the document. The focus on the document is hurting and impeding the functionality.

Additionally, one thing that came out of one of the supervisors' focus group was that nobody mentors them. Supervisors feel that they don't know any better than the workers know what Long-term View should look like and include. Supervisors must understand the principles and be able to ask questions that will prompt productive discussions with their workers about their cases. In order to do this they must have a good grasp on the principles themselves. Supervisors need to routinely ask their workers what the Long-term View is on their cases and coach and mentor this constantly.

It was apparent from this Exit Conference that there is a lack of consensus on what reviewers are looking for on Long-term View as several reviewers each described what they looked for. There appeared to many different perspectives among the reviewers. One of the needs identified as a result of the conference was for CWG, the Division and OSR to reach some consensus about this. Meetings are underway to address the system performance indicators of Long-term View and Child and Family Assessment. The work has involved the monitor, the parties and the regions.

The Western Region successfully addressed and resolved the challenges reflected in last year's QCR results. The Region improved system performance and improved outcomes for children and families. Only five years ago in FY 02 the overall score for system performance in the region was 54 percent. This year it was 88 percent! The Region achieved all of the exit requirements for this year's review. Having achieved the exit requirements, the region now has the opportunity to sustain and deepen the progress they have achieved. Several important indicators of both child and family status and system performance are at minimally acceptable levels with little room to spare; however, the manner in which the region successfully addressed each of the challenges presented last year is indicative of their ability to target efforts to sustain their progress and continue to improve system performance and outcomes for children and families.