#### The Great Seal of Georgia

**Knowledge Management**

**July 2016- December 2016**

**Quality Assurance Trend Report**

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# I. PURPOSE

The Quality Assurance (QA) Unit conducted an ongoing Child and Family Service Review (CFSR) beginning July 1, 2016 through December 31, 2016. The CFSR Reviews were conducted to evaluate the quality of child welfare services provided to children and families. This document presents the findings of this CFSR assessment of the state’s performance with regard to seven child and family outcomes and the regions’ systemic factors.

The findings were derived from the following documents and data collection procedures:

* A review of **150** (90 Permanency, 30 Family Preservation, 30 Family Support) social services cases in all regions.
* The input of **306** internal and external stakeholders was incorporated into this report. Case specific interviews and/or surveys were conducted in counties and at the region level with community stakeholders, including but not limited to: children; parents; foster parents; social services supervisors; social services case managers; DFCS administrators; collaborating agency personnel; service providers; court personnel; school and public health personnel; and attorneys.
* Information reflected in state, regional and county level data reports.

|  |  |
| --- | --- |
| **Region** | **Number of Case Reviewed (All Programs)** |
| **1** | **12** |
| **2** | **8** |
| **3** | **7** |
| **4** | **18** |
| **5** | **15** |
| **6** | **6** |
| **7** | **3** |
| **8** | **8** |
| **9** | **5** |
| **10** | **11** |
| **11** | **11** |
| **12** | **9** |
| **13** | **14** |
| **14** | **23** |

Regional data from the CFSR QA Reviews are combined to produce State Trend Reports, and the data are included in the State’s Annual Progress and Services Report (APSR) required by the Administration for Children and Families (ACF) as part of the State’s Child and Family Services Plan (CFSP). Additionally, CFSR QA review findings are used by local agency leaders and practice partners to improve child welfare practices which will lead to better outcomes for children and families receiving child welfare services in Georgia.

# II. METHODOLOGY

To conduct the review, the current CFSR on-site review instrument and the Federal Online Monitoring System (OMS) were utilized. Case-specific interviews were conducted on all cases reviewed to evaluate the quality of casework and adherence to policy as related to safety, child and family well-being and permanency planning for children. A standardized questionnaire was utilized and interviews were conducted by the QA Review Team in order to assess the agency’s relationship with stakeholders in the community and its effectiveness in helping children move toward permanency.

Cases were randomly selected by zones. A rolling statewide sample was drawn from active cases beginning with the period of July 1, 2015 to December 31, 2015 and moved forward one month for each sample pulled during the review cycle (i.e. the second sample would be pulled from August 1, 2015 to January 31, 2016 and so on).

The period under review also rolled forward each month beginning with July 1, 2015 and ending with December 31, 2015. It should also be noted, the period under review returned to 12 months for the July to December 2016 review, increasing from the six to eight month period under review utilized for the January to June 2016 reviews. Increasing the period under review caused an overlap of several months during both reviews which contributed to similar results being noted. The current performance data will be used in measuring PIP goal accomplishment.

All program activity (Family Support, CPS Investigations, Family Preservation, and Permanency) in selected case records was reviewed. An overall rating of Strength or Area Needing Improvement (ANI) was assigned to each of the 18 items. In order for the state to be in substantial conformity with a particular item, **90%** of the cases reviewed must be rated as a strength.

State performance on the seven outcomes is evaluated as Substantially Achieved, Partially Achieved and Not Achieved. In order for the state to be in substantial conformity with a particular outcome, **95%** of the cases reviewed must be rated as having substantially achieved the outcome.

Although the statewide sample was randomly selected by zones, Regional and District data included in the report are reflective of the reconfigured regions and established Districts which were implemented in July 2015.

# III. ANALYSIS OF REVIEW FINDINGS

**Demographics of cases**

Figure 1

Of the 150 cases reviewed, there were a total of **246** children (0-18 years) served by the Division. The race and ethnicity of the children served included 90 African American, 132 White, 14 Hispanic and 10 Bi-Racial. (Figure 1).

Figure 2

Of the 246 children, there were **132 (47%)** females and **114 (53%)** males represented in the statewide sample (Figure 2). From the sample, **90** children were in foster care, while the remaining **156** children were served through in-home services (Family Support and Family Preservation).

The primary reason for agency involvement with the **150** cases included neglect, physical abuse, emotional maltreatment, medical neglect and sexual abuse. In addition, most of the cases were complex and had multiple reasons for agency involvement including, but not limited to: mental health issues by parents and children; substance abuse and/or domestic violence issues; physical health of the parents; behaviors of the children; and Department of Juvenile Justice involvement and/or abandonment by their parents. There was one placement case which involved a child who was rescued from child sex trafficking.

Of the **150** cases reviewed, approximately **44** (**29%**) involved some form of substance abuse issues by parents and/or children. Domestic violence only issues were present in approximately **7** **(5%)** of the cases reviewed. An additional **26** **(17%)** cases involved both substance abuse and domestic violence issues. In conclusion, a total of **77 (51%)** of the **150** cases involved substance abuse and/or domestic violence issues.

**Review Findings:**

For the second six months of 2016 (July 2016 to December 2016), a case review of the seven overall outcomes and 18 items was conducted in all regions within the state. Based on review findings, there continued to be minimal progress in the achievement of items and two overall outcomes (Safety 2 and Well-Being 1) have declined since the Round 3 Federal CFSR Review conducted from April 2015 to September 2015.

The current review criteria specifically focused on the quality of the initial and ongoing case practice with families to improve overall family functioning as it related to safety, permanency and well-being, An emphasis was placed on the initial and ongoing assessment phase, as well as the initial and ongoing service provisions and monitoring.

**Performance Improvement Plan (PIP) Goals**

Based on Georgia’s Round 3 Federal Child and Family Services Review conducted in 2015, PIP performance goals were established by the Children’s Bureau. The chart below (Figure 3) provides a snap shot of Georgia’s performance in moving toward the accomplishment of the identified PIP goals for Items 2, 3, 12, 13, 14 and 15.

Based on Item 1 data submitted to the Children’s Bureau, the State of Georgia was notified in October 2016 that this item officially met the PIP goal. Consequently, Georgia’s PIP will not include measures of improvement for item 1.

Additionally, Georgia was notified in October 2016, due to issues with the National Data Indicators on the Federal level and the inability to utilize this data to determine state conformity that Georgia would also be required to meet PIP goals for Items 4 and 5 since these items were not met during the Round 3 CFSR Federal Review. The state appealed these findings, but the appeal was denied in January 2017 by the Children’s Bureau.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child and Family Services Review (CFSR) Round 3 Georgia: Program Improvement Plan (PIP) Goals Comparison**  **Statewide Performance (All Program Areas)** | | | | |
| **CFSR Items Requiring Measurement** | **Item Description** | **PIP Baseline**  **(CFSR Findings)** | **State Performance as of December 31, 2016** | **PIP Goal** |
| **Item 2** | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care | 58.7% | 58% | 68.0% |
| **Item 3** | Risk and Safety Assessment and Management | 43.3% | 32% | 48.5% |
| **Item 4** | Stability of Foster Care Placement | 67.8% | 67% | 74.1% |
| **Item 5** | Permanency Goal for Child | 41.9% | 43% | 48.7% |
| **Item 12** | Needs and Services of Child, Parents, and Foster Parents | 24.6% | 25% | 29.3% |
| **Item 13** | Child and Family Involvement in Case Planning | 41.6% | 42% | 47% |
| **Item 14** | Caseworker Visits With Child | 59.3% | 57% | 64.5% |
| **Item 15** | Caseworker Visits With Parents | 31.1% | 28% | 36.2% |

Figure 3

Based on the State’s current performance (Figure 3), all items failed to meet the specified PIP goal during this six month review cycle.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Child and Family Services Review (CFSR) Round 3 Georgia: Program Improvement Plan (PIP) Goals Comparison**  **Individual Program Performance (Permanency/Family Support/Family Preservation)** | | | | | |
| **CFSR Items Requiring Measurement** | **Item Description** | **PIP Goal** | **State Performance as of December 31, 2016** | **Permanency** | **Family Support** | **Family Preservation** |
| **Item 2** | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care | **68.0%** | **58%** | **77% (Met)** | **0%** | **14%** |
| **Item 3** | Risk and Safety Assessment and Management | **48.5%** | **32%** | **39%** | **23%** | **20%** |
| **Item 4** | Stability of Foster Care Placement | **74.1%** | **67%** | **67%** | **NA** | **NA** |
| **Item 5** | Permanency Goal for Child | **48.7%** | **43%** | **43%** | **NA** | **NA** |
| **Item 12** | Needs and Services of Child, Parents, and Foster Parents | **29.3%** | **25%** | **28%** | **22%** | **20%** |
| **Item 13** | Child and Family Involvement in Case Planning | **47%** | **42%** | **45%** | **31%** | **47% (Met)** |
| **Item 14** | Caseworker Visits With Child | **64.5%** | **57%** | **70% (Met)** | **23%** | **53%** |
| **Item 15** | Caseworker Visits With Parents | **36.2%** | **28%** | **28%** | **20%** | **37% (Met)** |

Figure 4

Based on individual program performance (Figure 4), Permanency met the PIP goal for Item 2 at **77%** and item 14 at **70%**, while Family Preservation cases met the PIP goal for Item 13 at **47%** and Item 15 at **37%.** The poorest performing program area was the Family Support program which did not achieve any of the PIP goals and possibly prevented the state from meeting Items 2, 13, and 14.

Based on review findings, the Child Protective Services (CPS) programs (especially Family Support) rated lower in most areas when compared to the Permanency program.

***Georgia did not meet the federal definition of Substantial Conformity for any of the overall seven outcomes (a rating of 95%) or for any of the 18 items reviewed (a rating of 90%).*** The highest performance was found for the following items:

* Item 1- Timeliness of initiating investigations of reports of child maltreatment, which had a **71%** strength rating; and
* Item 7- Placement with siblings, which had a **77%** strength rating

The State’s lowest performance was for the following items:

* Item 12- Needs and services of child, parents and foster parents (**25%)**
* Item 15- Caseworker visits with parent(s) (**28**%)
* Item 18- Mental/Behavioral Health of the Child (**20%)**

Systemically, many regions continued to report staff turnover, newly hired staff learning their current roles, and case load sizes as contributing factors which impacted the ongoing assessment of children’s risk and safety. There was a noted enthusiasm around the recent number of social services staff that have been hired and in the process of being certified throughout the state.

Many families had multiple case managers during the period under review which often resulted in the cases remaining stagnant and not moving toward safety and risk reduction and/or permanency.

The trends identified during July 2016 through December 2016 review cycle identified as State-wide opportunities for improvement remained as the following:

## Lack of adequate risk and safety assessment (including service provision, collateral contacts, quality contacts and engagement with parents and children)

Some of the more frequent issues identified by reviewers included:

* Insufficient frequency and/or quality of case manager contacts with children and parents
* Lack of quality initial and ongoing risk and safety assessments
* Lack of assessment/screenings for and contacts with other household members/caregivers, and insufficient contacts with relevant collaterals
* Lack of implementation and monitoring of needed interventions and services
* Lack of case planning with families

Services continued to be problematic with delays in providing the necessary services, and not providing individualized services based on the families identified needs. In many instances, the lack of quality contact and engagement of the families served had a negative impact on service provision.

For the most part, initial assessments for services were completed, however results from the assessments were not received by the agency and no follow up had occurred. In addition, when assessments were received, recommended services/interventions often were not implemented or were severely delayed before implementation. In addition, the agency did not make collateral contacts with service providers to determine family participation, progress made, behavioral changes or effectiveness of services.

Documentation and case specific interviews did not consistently support that regions adequately addressed or identified all concerns and risk issues, and there appeared to be a lack of recognition of child vulnerabilities and diminished parental capacities. It should also be noted that appropriate directives or recommendations to facilitate progress were often not given during a majority of supervisory case staffings.

Too often staffing documentation was a summary of the case activity for the month and did not provide follow up from previous staffings or directives to progress the case toward reducing safety threats and/or achieving permanency.

# Lack of establishing appropriate and timely permanency plans/meeting ASFA timeframes

* ASFA timeframes continued to be an area where improvement is needed in regards to Permanency Outcome 1. There was a failure to ensure that permanency plans were approved by the court within 60 days of a child entering care, that approved permanency goals were appropriate for the child based on case circumstances, and/or that services were provided in a timely manner. Termination of Parental Rights petitions were not filed by the 15th month of child’s placement and/or compelling reasons for not filing were not documented.
* Court continuances, the lack of court orders in case files/SHINES and the delay by the county to request approval of a new permanency goal when the current goal was no longer appropriate affected the timely approval of permanency goals.
* When concurrent planning was utilized, often the second plan was used as a “back up” instead of working both plans consistently throughout the period under review.

# IV. OUTCOMES/ FINDINGS

## SAFETY OUTCOMES

### Safety Outcome 1- Children are first and foremost protected from abuse and neglect

The purpose of this assessment was to determine whether responses to all accepted reports of child maltreatment received during the period under review were initiated, and face to face contact with the child(ren) was made within the assigned response time.

Figure 5

**Item 1-Timeliness of initiating investigations/family support assessments of child maltreatment** rated **71%** substantially achieved for July 2016 through December 2016 (Figure 5). This was slightly higher than CFSR findings which rated Item 1 at **66%**.

A total of **84** applicable cases were reviewed (initial report received and assigned for Investigation or Family Support during the period under review) with a total of **120** reports taken on those cases during the Period Under Review (PUR) for Safety Outcome1.

Timeliness of initiating investigations occurred when face to face contact was made with all victim children identified in the intake report, and age appropriate children were interviewed within the assigned response time.

The item was rated as an Area Needing Improvement when diligent efforts were not made to initiate the assessment and have face to face contact and interviews (or observations of non-verbal children) with all identified maltreated children within the assigned response time. There were no cases where the failure to meet the response time were due to circumstances beyond the control of the agency.

Issues that contributed to the agency’s failure to substantially achieve this item included the following:

* Failure to initiate the investigation or assessment in a timely manner (i.e. not initiating the case until the last day of the response time, or not until after the response time had been missed)
* Failure to make concerted efforts to locate the identified victim children (i.e. making contact with the children at school when home visits were unsuccessful)

High caseloads were most often cited as the reason for the agency’s failure to meet response time.

Figure 6

Comparing regional performances, Regions 6, 7 and 10 rated at **100%** substantially achieved with Region 9 rating **0%** (two applicable cases), and Region 8 rating at **25%** (four applicable cases). All remaining Regions rated at least **50%**, with Regions 4, 11 and 14 rating over **80%** substantially achieved (Figure 6). In regions that received lower ratings, there was no documentation of concerted efforts made to meet response times, and interviews did not support efforts being made.

Of note during this review period was the number of cases with multiple reports during the period under review (PUR). Of the **84** applicable cases, **14** had two reports during the PUR, **four** cases had three reports and **five** cases had four reports.

Figure 7

When ratings were broken down to the different program areas (Figure 7), Family Support cases rated at **56%** substantially achieved, Family Preservation cases rated **78%** substantially achieved, and Permanency cases rated at **79%** substantially achieved for Safety Outcome 1.

Out of the **28** cases where response time was not met, **16** of those (**57%**) were Family Support and **12** cases (**43%**) were Investigations.

### Safety Outcome 2-Children are safely maintained in their homes whenever possible and appropriate

Overall Safety Outcome 2 encompasses two items: Item 2- Services to family to protect children and prevent removal or re-entry into foster care; and Item 3- Risk assessment and safety management.

Figure 8

Safety Outcome 2 decreased from **45%** during the previous review (January-June 2016) to **32%** substantially achieved for the current review. (Figure 8).

Figure 9

Overall, Regions 3 and 12 rated the highest at 57% and 56%, respectively. Region 6 rated at **50%** of cases as substantially achieved. All other Regions fell below 50%. Region 7 rated the lowest at **0%**. (Figure 9).

Figure 10

Permanency cases reviewed rated **39%** substantially achieved, Family Support cases rated **23%** substantially achieved, and Family Preservation cases rated **20%** substantially achieved for Safety Outcome 2. (Figure 10). All programs reflected a decrease in substantially achieved cases for Safety Outcome 2 over the previous review period.

**Item 2- Services to family to protect children and prevent removal or re-entry into foster care** was rated a strength when appropriate services were provided to mitigate safety concerns and ensure children could safely remain in their home.

There were a total of **31** applicable cases and this item rated at **58%** strength, down from **78%** strength during the January 2016 to June 2016 review. In **15** of the applicable cases rated as a strength (**48%**), children appropriately entered foster care without safety related services having been provided to ensure their safety.

This item was rated as an Area Needing Improvement when the agency failed to provide appropriate services to address identified safety issues for children and ensure their safety, such as services to address domestic violence in the presence of children, and parent/caregivers’ untreated substance abuse and/or mental health issues.

**Thirteen** of **31** applicable cases lacked evidence of appropriate safety services. Of those **13** cases, over half lacked safety services to address active substance abuse and domestic violence in the home. Other concerns were a failure to refer or initiate mental health treatment, ensure adequate supervision and provide services to address significant parenting deficiencies.

Figure 11

As noted in Figure 11, Regions 2, 3, 6, 7, 8 and 10 all rated **100%** strength for Item 2, while Regions 9 and 11 rated at **0%.** Regions 5 and 12 did not have any cases applicable for Item 2.

Permanency cases rated **77%** strength, Family Preservation cases rated **14**% strength and although there were only two applicable Family Support cases, both rated at **0%**. (Figure 12).The substantial difference in ratings between Permanency and Child Protective Services (Family Support and Family Preservation) cases for Item 2 can be attributed to Permanency cases rating higher because immediate action was usually taken to protect the child (i.e. foster care), whereas in Child Protective Services (CPS) cases the children often remained in the home with noted safety concerns.

Figure 12

**Item 3- Risk assessment and safety management** received an overall **32%** strength rating with all **150** cases reviewed being applicable. This was a decrease from the January to June 2016 review, where Item 3 rated at **45%**.

The purpose of this assessment was to determine whether, during the period under review, the agency made concerted efforts on a continual basis to assess and address the risk and safety concerns for children in their own homes or while in foster care. It should also be noted that Item 3 now includes recurrence of maltreatment, which in previous CFSR rounds was captured under Safety Outcome 1.

Figure 13

No Regions rated higher than Region 3, at **57%** substantially achieved for Item 3. Regions 6 and 12 rated at **50%** or better for Item 3, but the majority of the State rated at less than **50%** strength for Item 3. (Figure 13)

The regions who were more successful in achieving Item 3 made regular contacts in the homes, had private conversations with the family members, assessed all household members and caretakers for the children, made meaningful and relevant collateral contacts, and addressed safety concerns brought to their attention.

Figure 14

Permanency cases rated highest in Item 3, with **39%** substantially achieved. Family Support rated at **23%** and Family Preservation at **20%**. (Figure 14)

The agency conducted accurate initial assessments of risk and safety concerns in **41%** of **63** applicable cases. But in the ongoing assessment of risk and safety, it was only accurate in **37%** of the **131** applicable cases. When safety plans were needed, they were developed and monitored, including monitoring the family’s engagement with safety related services, in **30%** of the **46** applicable cases.

Also assessed were safety concerns in the children’s foster home or placement facility and if they were adequately addressed. There were no concerns in foster home placements that were not adequately addressed in **48%** of the **90** applicable cases reviewed. There were no concerns for children in foster care during visitation with parents that were not adequately addressed in **81%** of the **68** applicable cases.

Some of the more frequently identified issues negatively impacting risk and safety assessment (Item 3) were:

* Insufficient frequency and/or quality of case manager contacts with children
* Lack of quality home visits, including foster home visits. This was particularly prevalent in relative placements.
  + Family Preservation cases had a number of cases that contained only announced home visits.
  + A total of **ten** permanency cases reflected a lack of contact with the foster child in the foster home or with the foster care provider, preventing observation of the child-caretaker interaction.
* Lack of assessment/screenings for and contacts with other household members/caregivers
* Insufficient contacts with relevant collaterals to assess safety, particularly when the agency is aware that collateral sources of information are available, but still do not contact (i.e. law enforcement for domestic violence allegations; providers for substance abuse or mental health treatment and Informal collaterals from family members and neighbors who have made reports in the past or have current involvement with the family)
* Failure to engage/assess step-fathers/ paramours living in the home
* Failure to fully address present and newly identified concerns including not interviewing all alleged maltreators; failure to interview age appropriate children and lack of appropriate safety planning to address identified safety concerns
* Insufficient supervisory oversight as indicated by lack of quality staffings and supervisory approval for closure in cases where all concerns had not been fully addressed
* Failure to review and consider CPS history
  + Multiple cases had evidence of out of state CPS history, but the agency failed to make contact with identified states for any information

## 

## PERMANENCY OUTCOMES

### Permanency Outcome 1-Children have permanency and stability in their living situations focused on the establishment and achievement of permanency goals for children in foster care as well as stability of foster care placements. Permanency Outcome 1 includes 3 items: Item 4- Stability of foster care placement; Item 5- Permanency goal for child; and Item 6- Achieving reunification, guardianship, adoption or other planned permanent living arrangement.

Figure 15

### Permanency Outcome 1 was substantially achieved in 14% of the 90 cases reviewed from July 2016 to December 2016 (Figure 15). This was a decrease in performance compared to the previous six month review (January 2016-June 2016), in which this outcome was substantially achieved in 21% of cases reviewed. This outcome was also substantially achieved in 14% of cases reviewed during the CFSR review (April 2015-September 2015).

Figure 16

As indicated in Figure 16, Permanency 1 continued to be an overall challenge for the regions. Region 3 achieved the highest strength rating at **50%**. Regions 2, 5, 7, 8, 12, and 14 all received a rating of **0%** for this outcome.

**Item 4- Stability of foster care placements** was substantially achieved in **67%** of the **90** applicable cases for the current review. This was a slight decrease from the 2015 CFSR review when this item was substantially achieved in **68%** of cases reviewed.

Cases were rated a strength based on two elements:

* there were no moves during the period under review, or any moves made were planned to meet the child’s best interests;
* the child’s current or most recent placement was stable

Based on statewide review data, of the **90** applicable cases rated, **35%** (13 out of 37 applicable cases) noted placement changes were planned by the agency in an effort to achieve the child’s case goals and/or meet the needs of the child, while **89%** (80 of 90 cases) of those cases indicated the child’s most recent or current placement setting was stable.

In looking at the stability of placements, reviewers noted that relative caregivers and foster parents were not always provided with information regarding the children’s needs or services to assist caregivers in meeting the children’s needs.

Other issues noted included a lack of assessment of relative caregivers’ needs and failure to address issues that had been identified in foster and relative caregivers’ homes.

Figure 17

A breakdown by regions shows Regions 8 and 9 at **100%** substantially achieved for Item 4, while Region 2 rated the lowest at **25%**. (Figure 17).

Figure 18

Out of the **90** children in foster care reviewed, **53** (**59%)** only experienced one placement, **21** **(23%)** had two placements (13 out of those 21 were planned moves or moves made in the best interest of the child), and **16 (18%)** experienced three or more placements during the period under review. (Figure 18)

Out of those **16** cases with three or more placements, eight had three placements, four had four placements, two had five placements, one had six placements, and one had twenty-six placements (many of which were hotels and receiving homes).

Figure 19

In looking at the number of placements by age group, **62%** of the children in the age group 0-5 had only one placement during the period under review, **65%** of the children in the age group 6-12 had only one placement during the period under review, and **38%** of the children in the age group 13-18 had only one placement during the period under review. Of the three age groups, teen-aged children experienced the least stability of placement. (Figure 19)

**Item 5- Permanency goal for child** focused on the permanency goal for children in foster care: appropriateness of the identified permanency goal, timely establishment of the permanency goal, and in cases where the child has been in care 15 out of the last 22 months, there was a Termination of Parental Rights (TPR) petition filed or there was a compelling reason documented for not filing TPR.

Figure 20

Item 5 had a **43%** strength rating for the **88** applicable cases. This was a slight increase from the 2015 CFSR review when this item was substantially achieved in **42%** of cases reviewed. In the current review, **77%** of cases reviewed had permanency goals established in a timely manner, **69%** of the permanency goals were appropriate based on the child’s needs and case circumstances, and the agency either filed or joined a Termination of Parental Rights (TPR) petition in a timely manner or documented an exception to filing TPR in **24%** of the **50** applicable cases. (Figure 20)

When Item 5 was rated as an Area Needing Improvement, it was most often because the TPR was not filed timely and there was no compelling reason documented. There were 16 cases in which the permanency goals were established timely and were appropriate, but the agency had not filed for TPR timely or documented a compelling reason for not doing so.

In some cases, reunification remained the permanency plan although it was no longer appropriate. Similarly, there were cases where the identified permanency plan was not appropriate to the circumstances of the case. Other issues identified included permanency plans not established timely and concurrent goals being needed but not established or not established timely.

Figure 21

Concurrent permanency plans were the most frequently identified permanency plans in the applicable cases reviewed, followed by reunification, adoption, guardianship, and another planned permanent living arrangement (APPLA). (Figure 21).

Of the 90 foster care cases reviewed, two cases were not applicable to Item 5 because the children were not in care long enough for a permanency plan to have been established.

Figure 22

Region 10 rated the highest at **71%** substantially achieved for this item, with the next highest rated Regions being 1 and 3, both at **67%** for Item 5. Region 7 rated the lowest at **0%**. (Figure 22)

**Item 6- Achieving reunification, guardianship, adoption or other planned permanent living arrangements** determines whether concerted efforts were made, or are being made, during the period under review to achieve the established permanency goal. If concurrent goals are in place, both goals were assessed.

To meet ASFA, the following time frames must be achieved-- Reunification by 12 months, Guardianship by 18 months, and Adoption by 24 months. If the child had been in foster care for more than the identified time frame for a particular goal and the goal had not been achieved, Item 6 was most likely rated as an Area Needing Improvement.

Of the 90 applicable cases, Item 6 was substantially achieved at **30%.** This was an increase from the 2015 CFSR review when this item was substantially achieved in **27%** of cases reviewed.

Item 6 was most often an Area Needing Improvement when the ASFA timeframes were not met. Issues most frequently identified as negatively impacting achievement of permanency included delays or failure to provide needed services to achieve permanency timely, failure to file for TPR timely resulting in adoption not being achieved within 24 months, having concurrent permanency plans with only one plan being worked, and insufficient contacts with parents and/or service providers to facilitate and support progress on reunification cases.

Of particular concern, there were **13** cases reviewed in which children were free for adoption or became free for adoption during the period under review, and there was little progress being made towards that goal (delays in completing Child Life Histories, frequent changes in case managers, etc.).

Figure 23

Concerted efforts to achieve the permanency plan rated **36%** in cases with reunification identified as either the only plan or as a concurrent goal (19 out of 53 applicable cases). Concerted efforts to achieve the permanency plan also rated **36%** in cases with guardianship as either the only plan or as a concurrent goal (4 out of 11 applicable cases).

Concerted efforts to achieve the permanency plan rated only **16%** in cases with adoption identified as either the only plan or as a concurrent goal (8 out of 50 applicable cases). Concerted efforts to place a child with a goal of APPLA in a living arrangement considered permanent until discharge from foster care were made in **67%** of the applicable cases reviewed (4 out of 6 cases with the permanency plan of APPLA as either the only identified plan or as a concurrent goal). (Figure 23)

Figure 24

Region 11 rated highest at **67%** substantially achieved. Regions 5, 7, 8, and 12 rated the lowest at **0%**. (Figure 24)

Figure 25

The length of time the children had been in foster care ranged from one month to 139 months. Twelve of the reviewed children (**13%**) had been in care 37 months or longer. The majority (**36%)** had been in care for 13-24 months. (Figure 25)

Permanency Outcome 2- The continuity of family relationships and connections is preserved for children

**Permanency Outcome 2** was measured by looking at:

* efforts to ensure siblings are placed together (Item 7);
* efforts to ensure adequate visitation between children in care and their parents and siblings in care but placed separately (Item 8);
* efforts to preserve the child’s connections to his or her neighborhood, community, extended family, Tribe, school and friends (Item 9);
* placement with relatives (Item 10); and
* efforts to promote, support or maintain a positive relationship between the child in care and his or her mother and father (Item 11).

This Outcome solely focuses on relationships and connections the child(ren) had prior to entering foster care.

Figure 26

Overall the state rated at **52%** substantially achieved for Permanency Outcome 2 for this review period (July 2016 through December 2016). (Figure 26).

The current review rating of **52%** (July 2016 through December 2016) is an improvement over the 2015 Federal CRSR Review rating of **32%** for this Outcome. The state had improved ratings for this review period in four of the five Items comprising the Outcome, and the rating for Item 7-Placement with siblings was unchanged; however substantial conformity was not achieved for the Outcome in any of the five items. The lowest item ratings for the Outcome were in item eight (visiting with parents and siblings in foster care) **54%** and item 11(relationship of child in care with parents) **58%;** these two items also had the most improved percentage ratings under Permanency Outcome 2 in comparison to the 2015 Federal CFSR Review.

Issues which continue to negatively impact this outcome included the agency’s failure to ensure parent- child visits and visits between siblings not placed together, not inquiring about the child’s important connections, failure to identify potential relative resources, and not encouraging the parents to participate in any and all of the child/children’s medical appointments, school meetings or other extracurricular activities outside of visitation.

**Permanency Outcome 2- Region Comparison**

Figure 27

Region 3 (**100%**) rated highest for this outcome, followed by Region10 (**86%),** Region 8 (**80%)** and Region1 **(71%).** Eight regions rated **50%** or below for this Outcome with the lowest rating being in Region 5 at **17%.** (Figure 27)

**Item 7- Placement with siblings** focused on whether concerted efforts were made during the period under review to ensure siblings in foster care were placed together unless a separation was necessary to meet the needs of one sibling. Sixty cases reviewed were applicable to Item 7. Of the five items comprising Outcome Permanency 2, Item 7 had the highest rating at **77%;** there was no change in the State’s rating for this item in the current reporting period (July 2016 through December 2016) compared to the rating achieved in the 2015 Federal CFSR. Region 3, Region 6, Region 8, Region 9, and Region 12 all achieved substantial conformity for Item 7 at **100%**.

Identified issues most frequently causing an Area Needing Improvement rating included:

* Lack of foster homes able to take large sibling groups
* When there was not a valid reason for separation, failure to make ongoing efforts to place siblings together
* When children were separated for a valid reason, the agency did not re-evaluate the need for continuing separation through the life of the case

In **45%** of the **60** applicable cases reviewed, the child was placed with all siblings who were also in foster care. In 19 of 33 applicable cases **(58%)** where siblings had been separated, a valid reason existed for the separation.

Figure 28

For Item 7, Regions 3, 6, 8, 9, and 12had the highest ratings (all at **100%**). Five Regions (Regions 1, 2, 5, 7 and 14) rated **60%** or below. (Figure 28)

Item 8- Visiting with parents and siblings in foster care assessed whether concerted efforts were made during the period under review to ensure visitation between a child in foster care and the mother, father and siblings were sufficient (frequency and quality) to promote continuity in the child’s relationship with family members. Based on federal guidance, the agency should consider the needs of the child to support frequency of the needed visitation between children and parents and/or siblings. For example, a younger or special needs child may require weekly or daily visits to meet their need for frequency or visitation. In addition, special attention should be paid to the quality of visitation (i.e. location, family interaction etc.).

Figure 29

Regions 3 and 7 rated at **100%** strength. Regions 2, 5, 9, 11, 12, 13, and 14 all rated **50%** or below. (Figure 29)

Based on the **74** applicable cases, Item 8 rated as a strength in **54%** of the cases reviewed. This was an improvement over the State’s rating of **45%** for Item 8 in the 2015 Federal CFSR.

Lack of frequency and/or lack of quality was an issue for visits with parents and visits with siblings. In some cases, there was insufficient effort to facilitate visits or a lengthy delay before visits between parents and children were initiated following the child’s entry into foster care. In other cases, the agency failed to make concerted efforts to contact the parents (particularly out-of-home fathers) in order to encourage or facilitate parent/child visits. When siblings were not placed together, the agency often failed to make concerted efforts to arrange visits or utilize other forms of contact. Frequently it was noted that the placement resource (especially if the child was placed with a relative) was scheduling and supervising any visits or contact with parents or siblings; however due the agency’s failure to monitor frequency and quality, the agency had no knowledge of how often visits were occurring or any indicator of the quality of the interaction.

Figure 30

Frequency of visits rated lower for fathers and siblings rated for mothers. When visits occurred, quality was rated a strength more often for visits with mothers and sibling visits than visits with fathers. In some cases when visits were rated as quality, the frequency of visits was insufficient. (Figure 30)

**Item 9**- **Preserving Connections** determined whether concerted efforts were made during the period under review to maintain the child’s connection to his or her neighborhood, community, faith, extended family, Tribe, school and friends.

During the review period, this item rated as a strength in **62%** of the **90** applicable cases, an improvement from the **39%** rating achieved in the 2015 Federal CFSR. The factor negatively impacting this item was the lack of discussion with the child(ren) and/or parents to identify important connections such as school, friends, former caretakers and/or extended family members. In some instances, important connections may have been identified but there were no efforts to maintain or support these connections for the child.

Figure 31

Regions 10 and 11 **(100%)** and Region 4 **(82%)** rated the highest for Item 9, while Region 5 (**33%)** and Region 12 **(0%)** had the lowest ratings for Item 9. (Figure 31)

**Item 10- Relative Placement** considered whether concerted efforts were made to place the child(ren) with relatives (maternal or paternal) when appropriate.

Of the **87** applicable cases, **62%** had a strength rating, an improvement from the **46%** rating achieved in the 2015 Federal CFSR. The agency often did not make concerted efforts to locate, identify or evaluate both maternal and paternal relatives.

In some case the relatives were known, but the agency never contacted them or completed a relative assessment. In other cases, the agency did not even inquire about potential relative resources and/or did not follow up on the possibility of relative placements after an initial discussion of this with families.

At the time of the review, only **30%** ofthe children in the applicable cases were placed in the home of a relative, with **85%** of these placements being stable.

Also having a negative impact on the rating were three cases where children were placed with relatives and there were indications that the placement was not stable. There were identified concerns and no approved relative home evaluation for two of those cases, and one case had identified but not addressed concerns about inadequate supervision of the child. There was a fourth case in which the stability of the relative placement was a concern, but the item rating was not negatively impacted by that case because the agency was taking appropriate steps to resolve the concern.

The agency also failed to consistently talk with children on an ongoing basis to inquire about whom they see as their relatives, and who they would like to be placed with. The search for relatives did not continue throughout the life of the case to ensure all possible maternal and/or paternal relatives had been identified and considered as a placement possibility.

Figure 32

It was noted during the review that there appeared to be more efforts to search for maternal relatives than paternal relatives. The lack of paternal relatives being contacted could also be attributed to the lack of efforts to locate absent fathers. (Figure 32)

Figure 33

The highest performing regions for Item 10 were Regions 3, 9, and 10 at **100%** strengths. The remaining Regions rated **67%** or lower with Region 7 rating the lowest at **0%** strengths. (Figure 33)

**Item 11-Relationship of child in care with parents** focused on concerted efforts during the period under review to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child was removed (through activities other than just arranging visitation).

Of the **69** applicable cases, Item 11 rated at a **58%** strength, an improvement compared to the 2015 Federal CFSR rating of **34%** for Item 11. Concerted efforts were made to promote, support and otherwise maintain a positive nurturing relationship between the child in foster care and their mother in **48%** of the 66 applicable cases, and with their father in **32%** of the 37 applicable cases.

This item was rated as an Area Needing Improvement due to the agency not making efforts to notify the parents of medical appointments, school activities, involve them in the child’s therapy, or invite them to other activities their child(ren) were involved in (such as sports, plays, church activities, etc.).

Figure 34

Region 2 rated at **0%** strengths for Item 11, while Regions 1 and 3 rated at **100%**. (Figure 34)

Interviews sometimes pointed to the agency expecting the foster parent to communicate this information to the biological parents, which could be appropriate. However, the foster parents were more likely to notify the parents after the fact that the appointments had taken place rather than invite the parent to attend with them. It was also noted that the agency was not informing or encouraging the parents at time of entry into care to continue involvement with their child(ren)’s activities and medical appointments.

## WELL-BEING OUTCOMES

**Well-Being Outcome 1-Families have enhanced capacity to provide for their children’s needs**

Well-Being Outcome 1 assessed services provided to children, parents and foster parents, engagement of children and families in the case planning process, and the frequency and quality of contacts with children and their parents.

Figure 35

The state’s overall rating for this Outcome was **23%** substantially achieved. The state partially achieved in **44%** of cases and did not achieve in **33%** of cases reviewed. (Figure 35). In comparison to the CFSR review findings from (January through June 2016), this outcome stayed at **23%** substantially achieved.

Figure 36

Individual region ratings varied across the state with Region 6 rating highest at **50%** substantially achieved, while the lowest ratings (**0%** achieved) occurred in Regions 7 and 9 for Outcome Well-Being 1. (Figure 36)

Figure 37

For Well-Being Outcome 1, Permanency cases rated highest with **26%** substantially achieved. Family Preservation cases rated at **17%** substantially achieved and Family Support cases at **20%** substantially achieved. (Figure 37)

As noted during the CFSR review, insufficient contact with case participants (parents, children, foster parents and relevant collaterals) was a primary issue identified as negatively impacting Outcome Well-Being.

In many of the cases, there were multiple case managers assigned during the period under review, and months when there was no evidence of contact with principals in the case. There was also a lack of supervisory oversight, with some cases also having multiple supervisors during the period under review.

It was evident that supervisors were reviewing case documentation and previous staffings in only **28%** of cases reviewed. Supervisors’ directives were sufficient to address case specific concerns and facilitate progress in only **22%** of cases reviewed.

In some cases, there were gaps in documentation and no one available for interviews who had knowledge of case activity during the undocumented periods. Reviewers were unable to identify what occurred or determine the quality of any case activity which may have occurred during those gaps. Consequently, applicable items were rated as needing improvement. The resulting inconsistency often led to loss of valuable case information, contacts which were not meaningful, delays in providing needed services, and stalled cases. In **50%** of cases reviewed there were no gaps identified in comparing documentation and information obtained in interviews.

**Item 12- Needs and services to children, parents and foster parents**

The purpose of assessment for Item 12 is to determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents and foster parents (both initial, if the child entered care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family, and (2) provided the appropriate services.

This item is applicable in most cases, with the exception in Family Support cases where reviewers determined that a comprehensive assessment of risk and safety was conducted and no safety or risk concerns were identified. In those cases, Item 12 and Item 13 would not be applicable. Based on this criterion, there were **four** Family Support cases which were not applicable for Item 12 and Item 13.

Figure 38

Overall, the state substantially achieved at 25**%** for Item 12, (this was an increase from 19% from the last CFSR). Region 6 was the highest performing region, substantially achieving in 5**0%** of cases reviewed. Regions 7 and 9 achieved in **0%** of cases reviewed for this item. (Figure 38)

Figure 39

Permanency cases rated higher for Item 12 at (28**%** substantially achieved) than either Family Support cases (22**%** substantially achieved) or Family Preservations cases rated the lowest at (20**%** substantially achieved). (Figure 39)

Figure 40

Item 12 is broken down into three sub-items: **12 A --** the assessment of needs and provision of services to meet identified needs for children; **12 B** – the assessment of needs and provision of services to meet identified needs for parents; and **12 C** – the assessment of needs and provision of services to meet identified needs for foster parents.

Ratings for this item reflect the agency’s level of achievement in conducting initial and ongoing comprehensive assessment of needs as well as provision of appropriate services in a timely manner to meet identified needs. The agency substantially achieved in **59%** of cases reviewed for assessment and service provision for children and foster parents. This is significantly higher than assessment and service provision for parents which rated at only **26%** overall. (Figure 40)

One issue negatively impacting Item 12 included formal assessments that were needed but not provided, including psychological evaluations, CCFAs, Domestic Violence assessments, substance abuse assessments, psychiatric evaluations, and parental fitness evaluations for parents as well as developmental evaluations and trauma assessments for children. In some instances, the quality of formal assessments (particularly CCFAs and trauma assessments) completed was inadequate as the assessments were not comprehensive, lacked critical information and/or appropriate recommendations.

In addition, informal assessments of needs were not adequate in cases that were lacking quality contacts with families, foster parents, and service providers.

In some cases, needs were clearly identified and services to meet the needs were initiated, but there was insufficient ongoing contact with the family and/or provider to assess whether the service was meeting the identified need or to monitor participation and progress. For example, the frequency of collateral contacts was sufficient in only **32%** of cases reviewed, thus supporting the lack of needed contact with service providers for ongoing assessment of families’ needs. In other cases, needs were appropriately identified but there was a significant delay in initiating services in a timely manner.

Figure 41

The agency adequately assessed the needs of children in **76%** of cases but only provided the needed services in **35%** of cases in which service needs were identified, with an overall rating of **59%** substantially achieved. (Figure 41)

Needs and services for children considered in Item 12 A included those related to social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills.

If the case was a foster care case and the child was an adolescent, the child’s needs for independent living services were also considered. If the case was Family Preservation and a child was placed with a safety resource, the needs and identified services to assist the safety resource in meeting the needs of the child were included in Item 12 A.

Services needed for children but not provided included Independent Living services, services such as mentoring or extracurricular activities to address children’s poor social skills and self-esteem issues, family therapy, and services to assist safety resources in meeting the needs of the child(ren).

Figure 42

Assessment of a mother’s and father’s needs refers to a determination of what the mother and/or father needed to provide appropriate care and supervision and to ensure the well-being of his/her children. Appropriate assessments for mothers were completed in **44%** of the applicable cases and for fathers in **29%** of the applicable cases. Appropriate services were those that enhanced the mother’s or father’s ability to provide care and supervision and meet the well-being of his or her child(ren). Appropriate services were provided to mothers in **32%** of the applicable cases and to fathers in **19%** of the applicable cases. (Figure 42)

With regard to parents, infrequent contacts negatively impacted adequate assessment of needs and engagement with parents. This was noted for both mothers and fathers, and often there was no evidence of diligent efforts to locate or contact out of home or absent parents, mainly fathers. Services needed for parents but not provided included family therapy, mental health treatment, substance abuse treatment, Domestic Violence counseling, etc. In addition, if there was inadequate assessment of needs, then service needs would be considered unknown, thus negatively impacting ratings regarding service provision to parents.

Figure 43

Assessment of foster parents’ needs and provision of services to meet their needs rated **57%** achieved overall. Needs were adequately assessed in 70**%** of cases reviewed, and needed services were provided in **55%** of cases. (Figure 43)

Services needed but not provided to foster parents/relative caregivers to children in care most often included childcare assistance and Enhanced Relative Rate (ERR)/reimbursements for financial expenses related to care of the child. In some cases, there had been no discussion of available resources; and in others, there had been discussion but no follow-through to initiate services. Another identified concern was failure to provide adequate assessment or services to support foster parents/relative caregivers and enhance their ability to meet the needs of children with identified behavioral issues. It was also noted, that the agency didn’t provide the needed services to foster parents to prevent placement disruptions.

**Item 13- Child and Family Involvement in Case Planning**

Ratings for this item are based on whether there were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. The state achieved a rating of **42%** of the cases reviewed.

In cases which rated as a strength for this Item, reviewers identified positive family engagement in the case planning process including Family Team Meetings (FTM) conducted with the participation of children and parents, ongoing discussion with parents and children related to identification of family strengths and needs, and monitoring the participation and progress towards completing case plan goals.

Figure 44

The state substantially achieved in **42%** of cases reviewed for this item, (this was a decrease from last CFSR we were at **47%**). Region 10 rated the highest at **70%** substantially achieved for Item 13, while Region 7 rated lowest at **0%** substantially achieved for this item. (Figure 44).

Figure 45

For Item 13, Family Preservation cases had the highest strength ratings at **47%,** while Family Support cases rated at **31%** and Family Preservation cases rated at **45%.** (Figure 45)

Figure 46

The agency made concerted efforts to actively involve the child(ren) in the case planning process in **42%** (decrease from **66%** during CFSR) of the applicable cases, mothers in **45%** (decrease from **59%** during CFSR) of the applicable cases and fathers in **31%** (decrease from **35%** during CFSR) of the applicable cases. (Figure 46)

Insufficient contact with parents and children (in both frequency and quality) was most often cited as an underlying issue resulting in the failure to include parents and children in the case planning process. In some cases parents reported that they did not know what their case plan goals were (some cases did not have a case plan developed despite being open for many months), particularly when staff turnover or changes resulted in multiple case managers and supervisors being assigned to a case during the period under review. Case plans were not always current and/or approved, and some case plans were not individualized for the family’s needs. It was also noted, that parents didn’t always have copies of their case plans.

**Item 14- Caseworker Visits with Child**

This item focuses on whether the frequency and quality of visits between case workers and children were sufficient to ensure safety, permanency and well-being.

Figure 47

The state’s overall rating for this Item was **57%, (**this was a decrease from the last CFSR which we rated at **68%**)**.** All 150 cases were applicable to Item 14. Region 6 achieved substantial conformity for this item at **100%**, and ratings across the regions were generally higher for this item than other items for children within Well-Being Outcome 1. (Figure 47)

Figure 48

Permanency cases rated at **70%** strength for this item. While Family Support rated at **23%** and Family Preservation cases rated at **53%.** (Figure 48)

For cases rated as a strength, contacts with children included private conversations and interactions with children; discussions relevant to ongoing assessment, monitoring and case planning; and observations of the home environment, household members interactions with each other, and developmental levels/needs (particularly for younger children or children with developmental delays).

Issues negatively impacting this item included multiple months of missed contacts, failure to observe children in their living environments, and contacts that included little or no meaningful engagement or discussion relevant to reasons for agency involvement, assessment, and case planning with children during visits.

Figure 49

The typical pattern of visits between the case manager and child(ren) was sufficient in **77%** of the cases, with the quality of these visits being sufficient in **61%** of the cases reviewed. (Figure 49)

**Item 15- Caseworker visits with parents**

This item is focused on whether the frequency and quality of visits between caseworkers and the parents of the children were sufficient to ensure the safety, permanency and well-being of the children and promote achievement of case plan goals.

Figure 50

The state achieved a **28%** strength rating for this item, (this was a decrease from the Round 3 CFSR, which rated at **40%**). Regions 6 and 11 were the highest performing region at **50%**. Regions 2, 7 and 8 were the lowest performing regions at **0%**. (Figure 50)

Figure 51

Family Support cases rated the lowest with a **20%** strength rating, while Permanency cases rated **28%.** Family Preservation cases rated the highest at **37%**. (Figure 51)

Figure 52

The typical pattern of visits between the case manager and mother was sufficient in **54%** of the cases, with the quality of these visits being sufficient in **41%** of the cases reviewed. The typical pattern of visits between the case manager and father was sufficient in **36%** of the cases, with the quality of these visits being sufficient in **23%** of the cases reviewed. (Figure 52)

Issues impacting this item included multiple months during the period under review when there were missed contacts, lack of contact with parents in their home to assess living environment when reunification was the permanency goal, and no evidence of concerted efforts to maintain contact with parents. Often there were no efforts made to contact and/or engage out of home/absent parents, mainly fathers. Quality was often lacking, with a lack of relevant discussion to address new or previously identified issues, to ensure services were in place, or to monitor progress and case planning. In some instances, approved contact standards were not appropriate for case circumstances (i.e. letters to locally incarcerated parents, phone calls to parents with permanency goal of reunification, etc.), and though contact standards were met they were insufficient to assess and address concerns.

### Well-Being Outcome 2- Children receive appropriate services to meet their educational needs

Well-Being Outcome 2 evaluates whether, during the period under review, the agency made concerted efforts to assess children’s educational needs initially and ongoing, and whether the identified needs were appropriately addressed in case planning and case management activities. There is only one item associated with this outcome, Item 16- Educational needs of the child.

Figure 53

For the period under review, the state overall substantially achieved this Outcome in **58%** of the 90 applicable cases. (Figure 53). This was slightly higher than the CFSR review which rated at **54%**.

Figure 54

In comparing ratings for Item 16 across programs, Permanency cases rated higher at **71%** than the state overall at **54%** of applicable cases rating as a strength. Of the Family Preservation cases reviewed, the agency rated at **25%** of applicable cases rating as a strength. Family Support cases also rated at only **25%**. (Figure 54)

**Item 16- Region Comparison**

Figure 55

Regions varied widely in achievement of Item 16. Six out of 14 Regions rated at **50%** or less for item 16. Region 10 rated highest at **86%**, with Region 13 rating at **80%** of applicable cases as a strength during the period under review. (Figure 55). Of special note, Region 13’s team focused on this item, ensuring all of the children had received education assessments, the educational detail tab was completed in SHINES and appropriate services and monitoring of educational needs had been completed. Region 13 increased from **54%** during the CFSR review to **80%** during their most recent review in November 2016.

Regions that performed better in this area demonstrated a more thorough ongoing assessment of children’s educational needs as well as timely provision of services to meet the identified needs.

The most common factor negatively affecting ratings for this outcome was the continued lack of contact with the school/educational providers. This was also the most common factor in the last six month trend report. This factor impacted cases across all program areas. Interviews and documentation indicate that when educational needs were identified during the period under review, the agency failed to follow through with issues concerning Individualized Education Plan (IEP)/special education, poor or failing grades, behavioral problems, to include detentions and suspensions, and excessive tardies and absences. Often children would be interviewed at school, with the agency failing to have contact with school personnel for the purpose of a relevant collateral contact.

Overall, the agency did well in discussing educational issues with the child, parents and foster parents/placement providers. Documentation and case interviews during the CFSR indicated the majority of information regarding the child’s school performance and educational needs were gathered from the caretaker, without any independent assessment or confirmation. In most Permanency cases, the agency relied solely on the foster parent or Child Care Institution (CCI) to assess the child’s academic needs, to provide services and to oversee progress.

Another issue impacting item 16 was the agency’s failure to complete follow through with an Educational Programming, Assessment and Consultation (EPAC) referral or to ensure the EPAC action plan was being addressed. If an EPAC referral and action plan had been completed prior to the current case manager, the case manager would often not know if it had been completed or was unfamiliar with the action plan or its location in the case file. EPAC action plans were sometimes lacking due to a child’s repeated placement moves, with the referral not following the child. There was often a lack of follow up by the case manager to ensure the EPAC referral was still in progress. There continue to be issues with the agency’s failure to obtain school records, to include current grades, IEP’s, and attendance and behaviors during the period under review.

### Well-Being Outcome 3-Children receive adequate services to meet their physical and mental health needs

This outcome focused on whether, during the period under review, the agency assessed and addressed the physical, dental and mental health needs of children.

Figure 56

The state overall achieved substantial conformity in only **25%** of the applicable cases. (Figure 56). This is a decrease from the prior six month review at **31%**.

Figure 57

In keeping with the overall state rating of **25%** for Well-Being Outcome 3, all regions rated at or below **50%**. Regions 6 and 8 rated the highest at **50%**, with Regions 7 and 9 rating at 0%. (Figure 57)

Figure 58

In comparing ratings across program areas in Well-Being Outcome 3, Family Support cases rated highest at **35%** substantially achieved. Permanency cases rated at **24%,** and Family Preservation cases rated at only **19%**. In cases where Well-Being Outcome 3 was not applicable, it was due to the outcome not being relevant to the reasons for agency involvement, and/or there were no issues affecting physical or mental health of the children reported. (Figure 58)

**Item 17-Physical health of the child** evaluated the agency’s assessment of and provision of services to meet a child’s physical and dental health needs.

Figure 59

Assessment and service provision of physical/dental health was achieved overall in **47%** of the **118** applicable cases reviewed. Both Permanency and Family Support continued to rate higher than Family Preservation, which rated at only **19%** as a strength for item 17. (Figure 59)

Figure 60

Regions individually fared somewhat better in achieving item 17, with four of the regions receiving a strength rating of higher than **50%** of applicable cases. Higher performing regions reflected adequate assessment of children’s medical needs as well as follow up to ensure that services were provided to meet identified needs. (Figure 60)

One particular issue which led to lower ratings was lack of contact with medical and dental providers, either to assess the child’s physical/dental needs or to ensure appropriate treatment for identified needs. These included both medical and dental issues, to include asthma and tooth decay. In one case the agency was unaware of the child’s need for surgery to treat scoliosis.

All Permanency cases were applicable to be rated for Item 17 because the agency had a responsibility to ensure that children in the Division’s care receive adequate treatment to meet their medical and dental needs. Of the applicable cases, documentation and case interviews did not support even cursory contact with a foster child’s medical or dental provider, or contact with specialists treating children with special needs (ENT Specialist, Orthodontists, Allergists, Pulmonologists, etc.).

Documentation and case interviews during the CFSR indicated the majority of information regarding the child’s physical and dental needs were gathered from the caretaker, without any independent assessment or confirmation. In many Permanency cases, the agency relied solely on the foster parent or Child Care Institution (CCI) to assess the child’s needs, provide services and oversee progress.

Another significant issue with applicable cases, was insufficient agency oversight of medication prescribed for physical health issues. Appropriate oversight would include observation of the child’s medication and contact with the prescribing physician to ensure appropriate administration and that the medication was addressing the child’s identified health need.

In many cases, documentation and case interviews indicated the agency was unaware of the child’s medication received during the period under review or that they were aware that a type of medication was prescribed but did not know the prescription name or dosage, etc. Many case files were lacking even basic medical records, with the health/medication log in SHINES underutilized and not kept up to date.

It was noted that the majority of applicable cases had Children’s 1st referrals made during the period under review (PUR). However, there was not always follow up with regard to the Babies Can’t Wait (BCW) assessment, which was sometimes lacking due to a child’s repeated placement moves with the referral not following the child. When a child met criteria for BCW services, the agency did not follow through with contacting the assigned therapist for the identified services of physical, speech, and occupational therapy, again relying on the caregivers to keep the agency informed.

Overall, the state continued to do a better job in assessing the health needs of children rather than ensuring that adequate services were provided in response to the identified needs. When services were provided they included the following- follow up on specific allergy sensitivities (epi-pen needed for shellfish allergy), ensuring prescription glasses were provided, and ensuring diabetes and obesity issues were being addressed.

**Item 18-Mental/Behavioral Health of the child** evaluated the agency’s assessment of and provision of services to meet a child’s mental and behavioral health needs.

Figure 61

Assessment and provision of services to meet children’s mental and behavioral needs was achieved overall in only **20%** of applicable cases reviewed. During this review period, Family Preservation rated higher at **25%**, than Permanency and Family Support cases. (Figure 61)

There were no regions that rated above **50%** as a strength for applicable cases reviewed for item 18. Regions 6 and 8 rated the highest at **50%** as a strength and Regions 1, 2, 3, 7 and 9 rated lowest at **0%**. (Figure 62)

Figure 62

A lack of consistent contact with mental health providers negatively impacted cases in all program areas. Documentation and case interviews during the CFSR indicated the majority of information regarding the child’s mental health was gathered from the caretaker, without any independent assessment or confirmation. In many Permanency cases, the agency relied solely on the foster parent or Child Care Institution (CCI) to assess the child’s mental health needs, provide services and oversee progress.

As previously noted, Family Preservation cases rated higher during this review period overall for Item 18. Overall issues identified in all program areas included the following, - failure to follow up with recommendations to include medication management, assessment for ADHD, assessment for self-harm (cutting), lack of recommended trauma assessment, lack of individual therapy and several incidents of failing to assess children for chronic exposure to Intimate Partner Violence. In one case a child received no therapy to address her diabetes, morbid obesity and lack of compliance that was negatively impacting her physical health. In another case, a 3 year old child did not receive any play therapy/assessment to address his severe behavioral issues and sexual acting out with his younger sibling. In a third case, a foster child entered care with behavioral issues which disrupted his placement, and disclosed sexual abuse by his caregiver (from whom he was removed from prior to entering custody), and he received no therapy for eight months. At the time of the review, the child had been in care for 10 months and he had thus far received only three therapy sessions.

Documentation and case interviews continue to reflect the agency not consistently complying with the psychotropic medication protocol that has been required since May 1, 2013. The agency has failed to maintain contact with prescribing physicians, document County Director approval for medication, maintain medication logs, and discuss the medication (compliance, side effects, effectiveness in treating symptoms) with foster children and caregivers. In several cases, the case manager was unaware that the child was on psychotropic medications. In stakeholder interviews with Child Caring Institutions (CCI) and Child Placing Agency’s (CPA), it was not always known that the agency needed to have access to the medication log during monthly visits, and should be requesting it. When asked, it was stated that while these monthly medication logs were maintained, they were not routinely forwarded to the case manager.

Another significant issue was the lack of timely provision of services. This was often due to the agency failing to make referrals timely when needs were identified, incorrect completion of service authorizations, and placement moves impacting a child’s ongoing therapy.

# V. Areas of Concern/Critical Issues

During the six month review period, **28** cases were brought to the attention of the regions for additional follow up related to identified risk and safety concerns. **Eighteen** cases were identified as an Area of Concern and **ten** cases were identified as a Critical Issue related to a child’s immediate safety. There were also **four** cases identified as Administrative Concerns. Of the **32** total cases requiring attention, nine were from the Family Preservation program, nine from the Family Support Services program, and fourteen from the Permanency program. These numbers represent a slight increase from the prior six month review period in which **30** total cases were brought to the attention of the regions for follow-up.

Half (**14** cases) of the cases identified as Critical Issues and Areas of Concern were concentrated in two regions during the six month review period, Regions 5 and 14. The Region 5 review yielded **six** cases in need of follow-up related to risk and safety concerns and Region 14 had **eight** cases requiring follow-up to address identified concerns.

There were four regions that did not have any identified concerns resulting in requests for action during the six month review period-Regions 2, 6, 7, and 12.

The following definitions are utilized to identify cases that are Areas of Concerns or Critical Issues:

**Critical Issues**- are defined by situations where a child is in present or impending danger and immediate action should be taken by the agency to ensure the safety of the child, and/or a situation where there has been no contact or risk and safety assessment completed on the child in recent months.

**Agency Liability Critical Issues** -are defined by situations in which the agency has allowed a court order to expire and no longer has legal custody of the child, but the child is still in the physical custody of the agency and the agency is still acting in a legal role for the child. It can also be defined by a child having been placed in an unapproved placement setting (i.e. safety resource, etc.) that has not been appropriately approved or assessed, whether the child is in the legal custody of the agency or not.

**Areas of Concern**- are defined by situations where a child or family is in need of a specific intervention, the case management practice is inadequate, and/or the family situation is deteriorating to the point that if the agency does not intervene appropriately in a timely manner the children could be placed at significant risk or danger.

**Administrative Concerns** are defined by situations where a child is not at risk, but state protocol or procedures have not been followed to the extent that it creates a potential liability for the agency, such as repeated/excessive incorrect coding of contacts that indicates contact with family or child when none was made.

Critical Issues and Areas of Concern identified during the current six month review period were primarily related to the following issues of concern:

* Lack of agency assessment of all household members, caretakers and other significant case participants such as boyfriends and non-custodial parents
* Lack of assessment of all reported maltreatment allegations; lack of comprehensive initial assessments of risk and safety
* Lack of monitoring of Court orders and Safety Plans specifically related to parental contact with children placed outside of the home
* Lack of assessment of how factors such as substance abuse, domestic violence, parenting deficiencies, parental instability, and mental health issues of concern impacted parental protective capacities
* Lack of assessment of relative placement providers in both CPS (Safety Resources) and Foster Care cases
* Lack of assessment of reported concerns regarding maltreatment of children in foster homes
* Lack of assessment of marks/injuries to children on open CPS and Placement cases
* Lapses in contacts with children and families on open CPS and Placement cases for significant periods of time

Overall, there was a noted lack of comprehensive assessment of all safety concerns, parental/caretaker capacities, as well as a lack of agency effort to provide services to families to meet identified needs which resulted in the Areas of Concern and Critical Issues.

The lack of assessment of household members, caretakers, and other significant case participants negatively impacted at least eight cases during the six month review period. One example was related to a Family Preservation case in which the parent and children moved in with a maternal grandmother and the maternal grandmother’s husband. There had been no agency contact with the family in this home to assess household members. A review of the family’s prior history revealed that the step-maternal grandfather was a registered sex offender for changes related to Aggravated Child Molestation and that the biological mother had been in Foster Care as a minor and had been molested by numerous boyfriends of the maternal grandmother. There had been no agency assessment related to these concerns prior to the QA review.

Lack of comprehensive assessments to include addressing all reported maltreatment allegations resulted in Critical Issues and Areas of Concern on eight cases.

Two of these cases involved special needs children. One case involved an autistic child with limited verbal skills. There had been a report received alleging that the child had presented at school following a significant period of absence with marks and bruising on his body. The family attributed the injuries to the child’s self-injurious behavior and the absence from school to the parents caring for a sick relative and the case was closed. A new report was received on the family thirteen days following case closure. This report also expressed concern regarding bruising on the child. These subsequent report allegations were not adequately assessed. The report was assigned to an un-certified Case Manager who was instructed to just make “”follow-up” contacts. There was no contact with the family until three months later and the specific concerns were not addressed with the father, a home visit was not made, and there was no contact with the father’s live-in girlfriend. This case was closed without providing support services identified as being needed and requested by the family.

Another case involved a child who is autistic, non-verbal, and severely globally impaired. This family has extensive agency history dating back to 2001 with multiple reported concerns related to general neglect, medical neglect, educational neglect, unstable living conditions, and issues related to parental mental health. There were *four* reports received on this family during the one year period under review as well as one report that was closed just prior to the review period. Current allegations included reports that the special needs child had wandered from the home on at least two occasions (once being found near a pool and once during the middle of the night several miles from home), concerns related to a sex offender residing in the home, concerns regarding truancy, and concerns related to the physical care of the special needs victim child (allegations of head lice, flea bites, loss of weight, dental decay, unidentifiable marks on his body). There was inadequate assessment noted for all reports received during the review period. One case remained open at the time of the QA review. During the mother’s QA interview the mother was tearful, extremely distraught and relayed feelings of depression. The mother expressed the desire to enter residential treatment to address her mental health. The mother was diagnosed with ADD, PTSD, and Bi-Polar Disorder and admitted to the QA reviewer that she had discontinued mental health treatment several months prior. The family’s CPS history revealed that the mother had had at least two prior suicide attempts which heightened the level of concern regarding the mother’s mental health. The concerns were immediately brought to the County’s attention to be addressed in the open Family Support Services case and during QA interviews with agency staff it was reported that services would be provided to the family to address the identified risk and safety concerns; however, when the case was subsequently reviewed to ensure follow-up it was discovered that it had been closed without addressing all of the concerns or providing services to address safety.

In **two** cases, there was inadequate assessment of safe sleep for infants on CPS cases.

**Five** cases were identified as having safety concerns related the agency’s lack of assessment related to parental contact with children who were placed outside of their home in both CPS and Foster Care cases. Most of these cases had Safety Plans or Court Orders specifying the provisions for parental contact (such as supervised contact only) that were not adhered to.

One critical issue case involved a mother who had two children enter Foster Care due to the mother making suicidal threats as well as homicidal threats towards the children (stating that she would rather kill them herself than allow a relative to have them). The mother had made minimal progress on her case plan and on addressing her mental health issues of concern on the case involving the two children in care, yet she was having unsupervised contact with her other two children who were not in Foster Care (these children were in the custody of relatives). The mother’s contact with these children was not assessed.

In one placement case in which the parents were prohibited from unsupervised contact with the foster child through order of the court, it was discovered that the mother was taking and picking up the child from daycare routinely as well as spending the night and sleeping in the same bed as the child in the relative placement.

In one Family Preservation case a mother who was prohibited from contact with her children due to her level of hostility and drug use, was arrested for driving on a suspended license with one of the children in the vehicle with her. Methamphetamines were found in the vehicle at the time of the incident as well.

The agency’s lack of assessment related to how factors such as substance abuse, domestic violence, parenting deficiencies, parental instability, and mental health issues of concern impacted parental protective capacities negatively impacted **five** cases leading to Areas of Concern. One Family Support Services case involved a grandmother who was caring for her young grandson. The grandmother tested positive for marijuana during the assessment; however, there was no assessment related to how her drug use may have impacted her ability to supervise and care for the child who required constant supervision due to his young age and was completely reliant on the grandparent as his caregiver.

Lack of assessing relative caregivers for children placed outside of their homes due to safety concerns in both CPS cases (Safety Resources) and Placement cases resulted in Critical Issues and Areas of Concern in **eight** cases. One placement case involved concerns related to children placed with a maternal grandmother, and later having unsupervised visits with this grandmother when removed from the home. One of the children in this case was found to be using drugs and experienced suicide attempts while residing in the relative placement. A home evaluation was never completed on the grandmother and the grandmother reported to the agency that her medical provider would not give her clearance to serve as a caregiver due to her numerous medications. Of additional concern, a review of case history revealed that this grandmother has a history of drug use (methamphetamines, IV drug use) and distribution of drugs. Also of concern, the mother and her boyfriend (who has a history of incarceration for manslaughter) were living in the home with the grandmother and their presence in the home had not been assessed.

One Placement case involved two children who had been in a relative placement for ten months without a home evaluation being completed and another Placement case involved a child who had been placed in an unapproved relative placement for fourteen months at the time of the QA review. A Family Preservation case involved a child being placed outside of the state (no border agreement) with relatives due to safety concerns. There was never any follow-up with the child or relatives following the child’s placement, nor were there efforts to assess the relative’s home prior to case closure.

The lack of agency assessment related to reported concerns of maltreatment of children in their foster homes resulted in requests for action on two cases. One case involved concerns regarding a foster child reporting allegations of physical discipline to include being hit, being hit with a belt, and being choked by foster parents and the other case involved allegations that the foster parents refer to the foster children in their care as “demons”. In both of these incidences, the agency failed to thoroughly assess the reported concerns. In the later care mentioned, the agency did not make a formal CPS report regarding the alleged concerns.

Of significant concern, there were **three** cases identified in which children were observed with or sustained marks/injuries on open cases. There was inadequate assessment of these marks/injuries.

One Family Preservation case involved an infant in the care of minor parents. The case was open due to concerns related to parenting deficiencies, parental instability, domestic violence and substance abuse. On a routine visit with the family, the infant was observed to have multiple marks on her face. The child was sleeping in her car seat at the time that the marks were observed. The marks were reported to be flea bites and the mother relayed that the child had received medical treatment in reference to the marks. There was no attempt to remove the infant from her car seat to assess her entire body for other marks and there was no follow-up to verify medical treatment for the marks. Photographs taken of the infant on this date depict approximately 20 marks on one side of the infant’s face as well as what appears to be old bruising on her forehead.

Two cases with concerns in this area originated from Region 9. One case involved a toddler who received burns to his feet while in the care of a relative in a Safety Resource placement. The burns were significant enough to require hospitalization, skin grafts, and several months of treatment at a burn center. However, there was no agency assessment related to the circumstances surrounding how the child received the burns. The QA reviewer made a CPS report regarding these concerns at the time of the QA review. The other case involved a foster child. The agency was made aware that the child had sustained a head injury as a result of an altercation with a relative and was transported to the hospital as a result of the incident. The relative had been arrested as a result of the altercation. However, there was no formal assessment of the circumstances surrounding the incident. The child was thirteen years old and pregnant at the time of the altercation and injury. The agency did not make a CPS report regarding this incident until the date of the QA interviews (incident had occurred two-three months prior).

**Three** cases involved significant lapses in contact with children and/or parents/significant case participants. One case involved a lapse of contact with a family in a Family Preservation case for a period of two months. There were serious safety concerns identified in this case which would have warranted frequent contact with the family. One case involved children placed in a new foster home in March of 2016. As of the review in August of 2016, there had not been any contact with the foster parents and additionally had not been any contact with the children in the foster home setting since the initial placement date. The third case involved an ICPC case in which children were placed out of state and the agency failed to submit the 100B in order to initiate monitoring of the children resulting in a lapse in contact with the children.

Many of the cases requiring a request for action included a combination of the issues of concern detailed above.

Administrative concerns identified for this review period included:

* A Permanency case in which there was a significant delay in the achievement of permanency for the child through adoption. The child had been legally free for adoption since March of 2015 and placed with their identified adoptive resource; however the adoption was stalled due to county errors and ICPC delays.
* The agency’s failure to assess an adoptive father adequately when he returned to the family’s home with his adoptive children after being charged with felony child molestation for sexually abusing a foster child who had been placed in the home.
* Concerns regarding a number of discrepancies between information documented and information gathered through QA interviews as well as documented contacts appearing to be copied and pasted from previous months.
* A case in which custody of children was granted to their father through the Juvenile Court with a Protective Order specifying for the father to complete services to address substance abuse. The father resides in Florida. A CPS report was made to Florida, but was not accepted. However, a Protective Order remained in place through the Juvenile Court.

Upon receipt of a Critical Issue, and Area of Concern, or an Administrative Concern, all regions provided follow-up documentation to support that concerns had been addressed or that a plan of action was in place to address identified concerns. Region’s responses included completing additional safety screenings on identified household members and caretakers, initiating home evaluations on relative caregivers, making additional contacts with children and families to assess safety, new Safety Plans and discussions with case participants about the provisions of existing plans and Court Orders, and the implementation of services to address identified risk and safety concerns. New CPS reports were made to CICC on seven cases in order for the agency to assess or reassess reported concerns. One child entered Foster Care due to the safety concerns identified in his relative placement through a Family Preservation case.

**VI. Stakeholder Feedback**

The input of **306** stakeholders was incorporated from July 2016 through December 2016. Case specific interviews and/or surveys were conducted in counties and at the region level with case managers, supervisors, community partners, including foster parents, service providers, court personnel, attorneys, and school personnel.

**General Information**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Rate DFCS staff accessibility to your organization (easy to locate, return telephone calls timely, etc.) | **23%** | **52%** | **18%** | **7%** |
| Rate DFCS effectiveness of partnership with my agency/organization | **41%** | **41%** | **15%** | **3%** |
| Rate DFCS staff effectiveness in identifying children at risk and providing emergency services or removal when placement is warranted | **34%** | **59%** | **7%** | **0%** |
| Rate the agency’s effectiveness in providing appropriate services to meet the needs of families and children which they serve both through CPS and Permanency | **26%** | **58%** | **10%** | **6%** |
| Rate the agency’s effectiveness in individualizing the needed services to meet specific needs for the families and children which they serve through CPS and Permanency | **22%** | **51%** | **24%** | **3%** |
| Rate the services provided by DFCS to ensure children are safe and protected from abuse and neglect | **35%** | **54%** | **10%** | **1%** |

**Foster Parents:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Rate the agency’s effectiveness in notifying you in a timely manner of upcoming court hearings, panel reviews, etc. | **34%** | **38%** | **22%** | **6%** |
| How would you rate the effectiveness of the agency in allowing your input and opinions during court hearings and case panels to be heard | **38%** | **34%** | **7%** | **21%** |
| Rate the agency’s effectiveness in providing services you have requested | **34%** | **38%** | **25%** | **3%** |
| Rate the initial foster parent training provided by DFCS | **48%** | **48%** | **4%** | **0%** |
| Rate ongoing training provided for foster parents by DFCS | **35%** | **60%** | **5%** | **0%** |
| How would you rate your overall working relationship with DFCS | **44%** | **47%** | **6%** | **3%** |

**Legal Providers/Court Personnel:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Rate the agency’s achievement of permanency and stability for children in foster care in a timely manner | **12%** | **45%** | **31%** | **12%** |
| Rate DFCS staff dress and professionalism in court proceedings | **33%** | **49%** | **8%** | **10%** |
| Rate the preparedness of DFCS staff for staffings and providing the information needed to make sound legal decisions | **19%** | **52%** | **17%** | **12%** |
| Rate DFCS staff knowledge about their cases and their effectiveness as witnesses in court | **20%** | **55%** | **14%** | **12%** |
| Rate the appropriateness of Court documents prepared by DFCS staff. ( they are well written and provide necessary information) | **28%** | **45%** | **15%** | **12%** |
| Rate the communication and collaboration between DFCS and CASA/GAL staff on mutually assigned cases | **27%** | **39%** | **17%** | **17%** |

**Service Providers:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Rate the DFCS referral information provided to your agency. Are you provided with the information needed to understand the case situation? | **23%** | **42%** | **21%** | **14%** |
| DFCS referrals to our program are timely (based on family’s situation and the types of services needed) | **25%** | **60%** | **14%** | **1%** |
| Rate the ongoing follow up by DFCS with your agency to determine whether the services were initiated timely and are effective in meeting the needs of the families and children | **27%** | **49%** | **21%** | **3%** |
| Rate DFCS effectiveness in involving your agency in decision making on cases when appropriate | **31%** | **48%** | **18%** | **3%** |
| Rate DFCS effectiveness in keeping your agency informed about mutual cases and notifying your agency before case closure or transfer | **22%** | **37%** | **27%** | **14%** |

# Case Managers:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| How effective is your county in meeting the needs of the children you serve both in foster care cases and CPS cases? | **30%** | **56%** | **13%** | **1%** |
| Rate the availability of services to meet the needs of children and families in your county/region | **10%** | **50%** | **33%** | **7%** |
| Rate the effectiveness of initial training received and preparedness for your job responsibilities | **12%** | **47%** | **24%** | **17%** |
| Rate the effectiveness of ongoing training for your continued job responsibilities | **19%** | **57%** | **21%** | **3%** |
| Rate your overall experience and/or support you have received regarding critical case management decisions | **47%** | **32%** | **18%** | **3%** |

# Supervisors:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| How effective is your county in meeting the needs of the children you serve both in foster care cases and CPS cases? | **10%** | **76%** | **12%** | **2%** |
| Rate the availability of services to meet the needs of children and families in your county/region | **15%** | **49%** | **29%** | **7%** |
| Rate the effectiveness of initial training provided to new case managers | **5%** | **61%** | **27%** | **7%** |
| Rate the effectiveness of ongoing training for case managers | **10%** | **59%** | **29%** | **2%** |
| Rate your overall experience and/or support you have received regarding critical case management decisions | **42%** | **41%** | **15%** | **2%** |

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# VII. Continuous Quality Improvement

The overall vision for Continuous Quality Improvement (CQI) continues to be the catalyst which enables the Division to become the best child welfare agency in the world.

Over the next three years, implementation of the CFSR PIP will flow through the State and local CQI teams. The CQI Unit has been educating region teams of CFSR findings and preparing teams for meeting the PIP requirements and aligning Quality Improvement Plan (QIP) goals and interventions for improving performance outcomes.

The CQI Unit continues the work of improving the stability and functional capacity of region CQI teams through monthly CQI meetings, quarterly Statewide CQI Facilitators’ and C3 Coordinators’ (CQI, CFSR, Child and Family Services Plan-CFSP) meetings and ongoing CQI training.

A detailed description of each of the region’s CQI teams is located in the Appendix of this report.

# VIII. Appendix

|  |  |
| --- | --- |
| Region | PIC/CQI Update |
| 1 | **Progress on QIP since the June 2016 PIC**  After the last PIC, the CQI team met to discuss the information compiled from the workgroup activities during the PIC and to drill down to the root cause. In doing so, using data, etc. the team discovered that since January 2016, over 60% of the region’s workforce was new. In addition, a work environment survey was developed and completed within the region with results being shared at CQI and the region’s leadership team. Discussions and brainstorming ensued on bridging the experience gap. Additionally, the region implemented and focused on doing pre-removal staffings to include history reviews. At the same time, the region director had cast a vision for a plan to target wellness of staff and teach them how to take care of themselves. In the planning and development stages with staff and a community stakeholder and after the PIC/as a takeaway from the PIC, the subject of trauma for staff became part of their plan and as a result, the “Be a Superhero” series was born. This will be lunch and learn seminars occurring in each county focused on time management, physical health, financial health, stress management and secondary trauma. The series will begin in January 2017.  **January 2017 PIC**  From the initial PIC to January’s PIC, Region 1 remained centered on the performance gap of thorough and quality assessments. In the summer of 2016, the state was introduced to a new way of determining when to assign intakes for Investigations or Family Support Services and this process is known as Initial Safety Assessments (ISA). Like other regions, Region 1 has diligently worked to incorporate this into their practice. Additionally they have received training on Georgia’s Practice model/Solution Based Casework (SBC).  The lack of thorough and quality assessments greatly impacted the region in the following areas on the most recent CFSR:   * + Permanency-Item 12 b /Needs and services of parents.   + Well-Being-Item 15/Caseworker visits with parents.   + Well-Being-Item 18/Mental/Behavioral health of the child.   There were other trends that were also brought to the region’s attention but aside from the performance gap, Item 12 and 18 were the only items that were a trend between the two reviews.  At the January 2017 PIC, the region began the next phase of the Performance Improvement Process, Intervention Selection. During the most recent PIC, each workgroup (Region Leadership and the CQI team) took the performance gap of assessments (ongoing, interventions and follow-up) and were charged with answering the following questions from either a case manager’s perspective or a supervisor’s perspective:   1. What can you identify as the underlying/root cause(s) of why the region is not doing well with assessments, interventions and follow-up? 2. What are our barriers? 3. Begin to list strategies/interventions that could possibly close or minimize the identified performance gaps and how these impact our work with children and families. 4. What are you committed to enhance in your role to help close these gaps for case managers/supervisors? 5. How can we evaluate the strategy/intervention selected?   The staff present were in agreement on several things they could implement or begin to implement fairly quickly:   1. Each county has committed to designating a screener to complete Record Checks for case managers. 2. Committed to moving in the direction of allowing supervisors to solely focus on supervision, administrators work on administrative duties, etc. 3. Committed to completing staffings that are intentional; 5 staffings per case manager each month will be thorough, quality staffings. 4. Committed to having as many case managers as possible on the CFSR items focused cadence calls each week.     **Next Steps**:  The CQI Team will meet in February to review the QIP, the results of the PIC and begin to stream line the selected intervention in order to help the region move towards the next phase of the Performance Improvement Process: Implementation. The CQI Team will monitor the progress of the region based on the intervention every 90 days to assess for improvements, stagnation and/or deficits. |
| Region | PIC/CQI Update |
| 2 | **Quality Improvement Plan:**   * Region 2 has a current Quality Improvement Plan (QIP). The goal is to increase the frequency and improve the quality of contacts with parents. Region 2 achieved at 0% in Item 15 for November 2016’s review and the plan is to increase this by 50% for the May 2017 review. * The current intervention: * Training, targeted reviews and supervisory oversight will be used to determine whether parents and caretakers are being identified in SHINES. Contact Standard/Person Detail training will be provided on an ongoing basis by the DIS; also as part of the CPS CM Summit in March 2016. Supervisory oversight (via case staffings) will be utilized to ensure parents are added to cases and are on contact standards, confirming number, method and person are accurate as part of their monthly staffings and documenting contact standards discussions as part of staffing notes. Cases with no Contact Standards will be discussed on weekly cadences. County Director Reviews will verify intentional and direct case plan discussions which will be tracked along with the frequency and quality questions as well as the additional added questions. This information will also be included in weekly cadence discussions.     **Team Dynamics:**   * Up until recently, the team consisted of two CQI Facilitators. One of the facilitators (an FPS) had been designated as the C3 Coordinator, however, this has changed and she will remain an FPS; the region has advertised for a designated C3 Coordinator and will conduct interviews after the first of the year. * There are approximately 9 to 12 active members, including the Region Director, state and region support staff and a few case managers and supervisors. * Ten of the 13 counties are regularly represented at CQI meetings. * The CQI team has set monthly meetings for 2 1/2 hours each session. * Out of the last six months, the CQI team has met four times and one conference call & mini CQI team meeting for Performance Improvement Collaboration (PIC) planning purposes.   **Initial PIC (June 2016):**  The initial PIC focused on the performance gap of lack of thorough quality staffings, particularly as to how staffings impacted Items 5, 6,10, 12 13 and 15.    At the PIC, Region 2 began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process. Participants were grouped and required to work through Performance Analysis & Cause Analysis. Focus Areas were:   * Permanency goal for child * Achieving reunification, guardianship, adoption or other planned permanent living arrangement * Relative Placement * Needs and services of child, parent, foster parents * Child and family involvement in case planning * Caseworker visits with parent(s)   **Progress on QIP since the June 2016 PIC**  After the June PIC, the CQI team met to discuss the information compiled from the workgroup activities during the PIC. Due to the small sample of cases reviewed, it was determined a targeted review was needed in order to determine if staffings were truly problematic and if so determined, to set a base line so that as strategies were developed and implemented, the improvements could be measured.  Every Parent Every Month contacts continued to be a focus through the monitoring of reports associated with this and follow-up with the counties was not able to be completed as frequently as it had been when the goal was initially developed.   * A targeted review of staffings was completed and determined to be an issue. * From this review, staffing samples were added to several region cadences and discussed in a “live learning” format in order to help staff learn what information was included to help determine what consisted of a good staffing.   **December 2016 PIC**  From the initial PIC to December’s PIC, Region 2 remained centered on the performance gap of thorough and quality staffings.  Lack of thorough and quality staffings greatly impacted the region in the following areas on the most recent CFSR review:   * Safety- Item 3/Risk & Safety Management. * Well-Being-Item 12 b&c /Needs and services of parents and foster parents. * Well-Being-Item 15/Caseworker visits with parents. * Well-Being-Item 18/Mental/Behavioral health of the child.   There were other trends that were also brought to the region’s attention,but aside from the performance gaps, Item 15 was the only item that was a trend between the two reviews.Items 3 and 15 were deemed to be of more importance due to being PIP items and with the recognition that good work around these two items will also impact other items needing attention. Items 12 b & c was determined to be of significance due to the weight of needs and services and having also been a concern in the last review while Item 18 was an identified trend from the review the team believed needed focus.  At the December 2016 PIC, the region began the next phase of the Performance Improvement Process, Intervention Selection where each workgroup (Region Leadership and the CQI team) took one of the items and were charged with answering the following questions:  1) What is the desired outcome for Region 2 as it relates to Items 3, 12 b & c, 15 and 18?  2) What can you identify as the root cause(s) of why the region achieved the current % in these outcomes?  3) What are underlying causes?  4) Begin to list strategies/interventions that could possibly close or minimize the identified performance gaps.  5) What are you committed to enhance in your role to help close the performance gap/practice problem?  6) How can we evaluate the strategy/intervention selected?  The staff present were in agreement that one thing they could implement fairly quickly was to share the medication log with their county staff and have them upload the logs into SHINES. The C3 Coordinator, Keisha will send out an electronic version and January 1 was the deadline set to have them distributed to all staff.    **Next Steps:**  The CQI Team will meet in January to revamp their CQI structure and then begin to stream line the selected intervention in order to help the region move towards the next phase of the Performance Improvement Process: Implementation. The CQI Team will monitor the progress of the interventions, every 90 days, to assess for improvements, stagnation and/or deficits. |
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| 3 | **Quality Improvement Plan:**   * Region 3 has a current Quality Improvement Plan (QIP). The goals are to: 1) Increase family centered engagement of staff to improve overall outcomes in Safety, Well Being and Permanency and 2) Foster Children will have stability in foster homes or other placements within close proximity to their community to promote enhanced wellbeing, timely reunification and permanency. * The current interventions are: * Education and training of staff on family centered engagement and on how to conduct effective family team meetings (training provided in the region). Assessment of staff values around family engagement. Education and training of staff on how to write a case plan and how to document case plans and FTMs in Shines. * The regional 3-3-3 Rule will be a main practice focus in all CPS units. * The Region 3 H20 Project (Home, Hope and Opportunity)-to bring the region’s foster children back to Region 3 for placement; increasing the beds in private provider placements being made to R3 children first and foremost, etc.     **Team Dynamics:**   * Region 3’s CQI team consists of three facilitators. The primary facilitator is the C3 Coordinator for the region and the region’s Program Director and Lead FPS/Interim Co. Director rotate co-facilitator duties with all three providing input and feedback for the team’s agendas. * There are approximately 10 to 15 active members, including state and region support staff and a few case managers and supervisors. * The six counties are regularly represented at CQI meetings. * The CQI team has set monthly meetings for a minimum of three hours each session but often times extends to four hours depending on the needs of the SBC Readiness Team whose primary members are also a part of the CQI team. * In the months of July-December 2016, the CQI team has met five times (July was the PIC) with a break in the month of December due to Georgia Practice Model/SBC training in the region.   **Initial PIC (July 2016):**  The initial PIC focused on the performance gap of lack of thorough quality assessments and follow-up, particularly as to how assessments impacted Items 5, 6,8, 12 (b) and 18.  At the PIC, Region 3 began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process.  Participants were grouped and required to work through Performance Analysis & Cause Analysis.   * 1. Permanency goal for child   2. Achieving reunification, guardianship, adoption or other planned permanent living arrangement   3. Visitation with Parents   4. Needs and services of parent   5. Mental/Behavioral health of the child   **Progress on QIP since the July 2016 PIC**  After the last PIC, the CQI team met to discuss the information compiled from the workgroup activities during the PIC. Region 3 decided to focus on working Item 12 b through the Performance Improvement Process in order to gain the most impact for their efforts and to determine what needed to be updated on their QIP. Efforts were made to include birth parents and providers at different meetings and from this, a survey for birth parents was developed in order to get additional feedback/information to use in developing strategies for this item. The surveys were to be completed in December in lieu of the CQI team meeting however, due to other competing priorities, this was unable to be completed. The new goal is to have them completed in time for January’s PIC.  **Region 3’s PIC will be held January 23, 2017 with the focus of the PIC activity being: “Through ongoing quality assessments and partnerships, we will improve outcomes for our families!”**  From the initial PIC to December’s PIC, Region 3 remained centered on the performance gap of thorough and quality assessments.  Lack of thorough and quality assessments greatly impacted the region in the following areas on the most recent CFSR review:   * Well-Being-Item 12 b & c /Needs and services of parents and foster parents. * Well-Being-Item 15/Caseworker visits with parents. * Well-Being-Item 18/Mental/Behavioral health of the child.   Item 12 B and Item 18 were the common trends needing improvement in both reviews with assessments remaining the practice gap.Item 3 was brought to the region’s attention as well, though it remained at 57% substantially achieved, due to the importance in being a PIP item and with the recognition that good work around this item will also impact other items needing attention. |
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| 4 | **July 2016 PIC**  The focus was performance gaps surrounding Assessments & Engagement. We discovered as Opportunities for Improvement:   * Risk and Safety management * Needs and assessment and service provision for child, parents and foster parents * Case worker visits with child * Case worker visits with parents * Frequent quality contacts and engagement with children, parents and other caregivers * Consistent oversight of case management and quality supervisory staffings to promote case progress.   At the July 2016 PIC, the region began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process.  Each participant were grouped and required to work through the Performance Analysis & Cause Analysis.  **Brief Summary of CQI activities and progress on QIP since the July 2016 PIC**  The primary focus of the CQI Team since the last PIC has been collateral contacts, records check & planning around Case Manager Summits. Prior to the most recent PIC, CQI Specialist met with the Team to discuss connecting the dots between what was gained during the last PIC, QIP goals, Regional GAPS and Case Manager Summit. The CQI Team spends a great amount of their time planning the Case Manager Summits; however, the information provided to the staff does not correlate to improving practice around the Regional Performance GAPS. There has not been a regional collective stance on closing performance GAPS. CQI members explained that due to high turnover & their supervisors carrying caseloads that it was hard to really focus on closing the GAPS from the last CFSR review. The CQI Specialist worked through ways of helping the team see how they could help close performance GAPS by working through the “Six Boxes” exercise. They CQI Team was charged with assessing whether they felt issues were Individual or Environmental which is a major component of the Performance Improvement Process which helps identify roots causes prior to moving towards interventions and strategies. The Team made a commitment that following the most recent PIC to focus more on the Performance Improvement Process to help close or reduce regional performance GAPS.  **January 2017 PIC**  Region 4 continuous quality improvement focus remains Assessments & Engagement: Lack of thorough assessments & proper engagement with parents/children greatly impacted the region in the following areas on the most recent CFSR review:   * Item 3: Risk Assessment and Safety Management * Outcome Permanency 1: Children have permanency * Item 12B: Needs and services to parents * Item 14: Caseworker contacts with children * Item 15: Caseworker contacts with parents   At the January 2017 PIC, the region began the next phase of the Performance Improvement Process, intervention selection. During the most recent PIC, each workgroup (staff on all levels) were charged with assessing whether the root causes to the identified performance GAPS were Environmental or Individual by utilizing the Behavior Engineering Model (Six Boxes):  For each CFSR item (Opportunity Needing Improvement), each group evaluated whether the Root Cause(s) are Environmental or Individual. They used flip chart paper categorize the root causes:  The Purpose of this exercise was to identify the root causes, then create strategies and interventions around the groups’ discovery. If there are barriers identified, determine what is needed to remove barriers. This removes assumptions and gets to the core of what the Region truly believes are the issues. Additionally, the goal was to provide Region 4 with substantive information to begin moving in the right direction surrounding CQI Work/The Performance Improvement Process.  **Summary of Current PIC Focus and Next Steps (CQI Specialist and QA Review Team Lead):**  The current Regional Director charged the regional Leadership and the CQI Team to take what was gained through the PIC to assess where they are as a Region. He plans to begin a “Quality Visits” Champaign around the Region. The CQI Facilitator and CQI Specialist will meet with him to discuss how the CQI Team can assist. Also, we will meet to discuss the Regional Director’s vision & Expectations for the Regional CQI Team. We plan to have honest conversation about what has been going well as it relates to the CQI Team and the direction the Team needs to go following the most recent PIC. The next CQI meeting the Team will examine all the information that was shared in the workgroup during the PIC to help formulate interventions and strategies. Additionally, we will assess the dynamics of the Team to better determine if all team members are beneficial to the overall process and to work on having representation from all counties. |
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| 5 | **Initial PIC, March 2016**:  The region began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process: Performance Analysis & Cause Analysis with **Assessments (Initial, Ongoing and Comprehensive)** being the focus area.  **Progress on QIP since the March 2016 PIC**  After the last PIC, the CQI team met to discuss the information compiled from the workgroup activities during the PIC. Due to high turnover rate within the region, changes in CQI Team member and the team going from two CQI facilitators to one, it was very difficult to move into the next phase of the Performance Improvement process which is Intervention Selection. Although systemic factors impacted rapid movement of the work of the CQI team following the last PIC, there have been efforts made within the region that should be noted.   * The Regional Director re-evaluated her messaging around Assessments and established a new focal point for her leadership team. * Case Manager and Supervisor Summits addressed some of the gaps identified from the last PIC * CQI Team members working on evaluating Assessments through Monthly staffings * CQI Facilitator helps to keep the PIC work relevant through providing updates and feedback during regional leadership meetings.   **October 2016 PIC**  Region 5 continuous quality improvement focus remains Assessments: Initial, Ongoing & Comprehensive. Lack of thorough assessments greatly impacted the region in the following areas on the most recent CFSR review:   * Safety- Item 3/Risk & Safety Management * Permanency- Item 6/Achieving the Permanency Plan * Well-being- Item 12b/Needs and Services to parents   At the October 2016 PIC, the region began the next phase of the Performance Improvement Process, intervention selection. During the most recent PIC, each workgroup (staff on all levels) were charged with answering the following questions:   1. How do you identify gaps in Assessments? 2. What are the easiest areas to influence assessments? What are the most difficult? 3. How do you overcome /address gaps in Assessment? 4. Identify actions that you can implement and share how you will implement successfully. 5. What will your success look like in 90 days? 6. What impact (positive or negative) do you anticipate the selected intervention/strategy will have on other roles?   The CQI Team will meet to streamline the selected interventions; in order to help the region move towards the next phase of the Performance Improvement Process: Implementation. The CQI Team will monitor the progress of the region based on the intervention every 90 days to assess for improvements, stagnation and declines. |
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| 6 | Region 6’s initial Performance Improvement Collaboration (PIC) was held in **April 2016.** As a result of the QA Review and Partnership Analysis, the initial PIC focused on performance gaps surrounding Lack of Engagement, Lack of Assessments, Lack of Providing Timely Services and Lack of Follow-Up**.**  At the April 2016 PIC, the region began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process. Participants were grouped and required to work through Performance Analysis & Cause Analysis.  **Performance Analysis**:  Define the problem: Lack of Engagement, Lack of thorough Assessments, Lack of Services implemented in a timely manner, and Lack of Follow-Up.  Define the SHOULD performance of the region: What is the desired performance?  Specify the IS performance of the region: The region’s current performance  What employee groups are critical to achievement of the outcome?  **Cause Analysis**:  What are the underlying causes of the identified performance gap?  How would you gather information to support your identified root causes?  Ask yourself: What can I change in my work performance that would support closing the overall performance gap for the region?  **Brief Summary of CQI activities and progress on QIP since the April 2016 PIC**  Due to a lack of behavior specifics and the tendency to focus only on case managers and supervisors as the Critical Employee Groups, the initial PIC did not give sufficient useful information for the CQI team to delve into. A decision was made by the team, at May’s CQI meeting, for PIC 2.0 to be held. (Though a CQI Team Meeting was not held in June, communication did ensue which ensured all were prepared for PIC 2.0.) This PIC was held in July 2016 with only the performance gap ofEngagement. Staff from the region were also grouped differently-County Directors were together, Supervisors together, case managers, etc. and the PIC was nicknamed #Fluff Free Zone.  The CQI Team met for its regular July meeting the week following PIC 2.0 and debriefed the report outs from each of the groups. Item 10 was assigned as homework for members to discuss as potentially being the new focus of the team-whether it would be added to the existing QIP or be the sole focus of a new QIP. In August’s meeting it was determined to focus on Item 7 instead. September’s meeting focused on discussing the root causes of why the region was not doing a better job with bringing siblings back together once in separate placements, bringing them back to the region, sibling waivers, sibling visitations, etc. Gilbert’s model of the Six Boxes was used and it was determined more data was needed to verify the group’s thoughts. A survey is in development with the assistance of Dr. Janice Saturday with plans to have it completed by November’s CQI Team Meeting. A monthly Permanency Cadence is also being implemented for the region, by the CQI Team, with the first one slated for November 1, 2016 to establish a baseline for how many siblings are placed separately, in need of waivers, visitations with siblings etc. Commitments will be obtained from the counties with follow-up to be completed by members of the CQI team.  The first Permanency Cadence was held in November and a second one was held in Dec. The survey development is completed and will be distributed in January at summits.  There was a change in co-facilitators in July/August as one left the agency while another transitioned into this role. There was an unsuccessful attempt to hire a C3 Coordinator to take this duty off of the Lead FPS and have this person be the primary CQI Facilitator. Not all of the counties have a designated CQI representative and not all representatives are consistent in attending meetings.  County Directors began attending quarterly meetings with CPAs and CCIs, starting with a Meet and Greet Kick-off in September, and making a point to attend quarterly foster parent association meetings. Additional trend items such as mental/behavioral health needs of the children, including medication logs, and sibling waivers were made topics of case manager and supervisor summits. |
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| 7 | **April 2016 PIC**  The focus of this particular PIC was performance gaps surrounding Assessments & Engagement.  **Performance Gaps Identified:**   * Assessments are not thorough- Initial & Ongoing * Engagement minimal in some cases * Collateral contacts are not relevant or not contacted consistently * Unable to consistently assess the needs of parents & children; due to lack, of engagement   **Region 7 must strengthen practice around Supervisory Oversight & Accountability**.   * Staffings are an issue on All levels * Staffings Lack Substance (More Compliant) * Staffing Lack appropriate Follow-up * County Director reviews should require a staffing if gaps in performance are identified. * Coaching and Mentoring on All levels are not a priority * More training is not always the answer   **April 2016 PIC**  At the April 2016 PIC, Region 7 began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process.  Each participant were grouped and required to work through the Performance Analysis & Cause Analysis.  **Performance Analysis:**  Define the problem: Assessments: Initial, Ongoing and Comprehensive  Define the SHOULD performance of the Region: What is the desired performance?  Specify the IS performance of the Region: The Region’s current performance  What Employee group is critical to achievement of the outcome?  **Cause Analysis:**  What are the underlying causes of the identified performance gap?  How would you gather information to support your identified root causes?  Ask yourself: What can I change in my work performance that would support closing the overall performance gap for the Region?  **Brief Summary of CQI activities and progress on QIP since the April 2016 PIC:**  After the last PIC, there were several changes and systemic issues that hindered progress surrounding much movement to close the identified performance GAPS since the last PIC.   * Region 7 currently dealing with a high turnover rate * Supervisors are carrying caseloads * CQI Team assigned a new CQI facilitator since the last PIC * CQI Team participation has been low * SSS often are working in “crisis mode”   Region 7 CQI Team is basically starting over; however, the new facilitator has done a great job of trying to pull all the work together from the last PIC to start working on moving in a positive direction. A major bonus to Region 7’s CQI Team is that the Regional Director believes in the work of CQI as well as the process. The Regional Director has been very clearly in her messaging regarding the importance of CQI and how CQI will help strengthen practice within the region. Since the last PIC, SBC team members have merged with the CQI team. The focus has been getting the team up to speed on the progress or lack thereof the Regional CQI Team, barriers, team’s focus and PIC movement. The team focused on preparation for the next PIC.  **October 2016 PIC**  Region 7 continuous quality improvement focus remains to be Assessment & Engagement. Gaps in Initial, Ongoing and Comprehensive Assessments & lack of consistent Engagement with families greatly impacted the region in the following areas on the most recent CFSR review:   * Safety- Item 3/Risk & Safety Management * Well-being- Item 12b/Needs and Services to parents * Engagement in Case Planning   At the October 2016 PIC, the region began the next phase of the Performance Improvement Process, Intervention Selection. During the most recent PIC, each workgroup (staff on all levels) were charged with answering the following questions:  1) What is the desired outcome for Region 7 as it relates to:  a.) Safety 2  b.) Permanency 1  c.) Well-being 1  d.) Well-being 2  e.) Well-being 3  2) What can you identify as the Root Cause(s) of why the Region achieved 0% in these outcomes?  3) Underlying Causes  4) Begin to List Strategies/Interventions that could possibly close or minimize the identified  GAPS in performance.  5) What are you committed to enhance in your role to help close the Performance GAP?  6) How can we evaluate the Strategy/Intervention selected?  The CQI Team will meet to streamline the selected interventions; in order to help the region move towards the Performance Improvement Process: Implementation. The CQI Team will monitor the progress of the region based on the intervention every 90 days to assess for improvements, stagnation and declines. |
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| 8 | **Summary of Previous PIC: April 26, 2016**  Findings from the previous review include trends around Safety Assessments; Child/Family Assessments; Engagement; Maintaining Connections; and Data Integrity (Supervisory Staffings & Case Stage Progression in SHINES).  The Regional CQI chose to focus on Assessment as the practice trend that affected all CFSR outcomes.  During the April 2016 PIC, participants were assigned to seven groups to discuss the findings and begin to discuss possible underlying causes for the identified practice trend/performance gap.  Each group was assigned a Critical Employee Group (Case Managers, Supervisors, Administrators/County Directors, or Regional Support Staff); along with a type of Assessment, as defined by SBC and/or CWQA practice trends (Assessment of: Safety; Progress/Lack of Progress; Appropriateness of Placement; Well-Being; Initial Case Activity; Continuous/Ongoing Case Activity; Comprehensive Case Activity).  Over the next few meetings, Workgroup Activity results were further drilled down by the CQI Team using the Performance Improvement Process. Most of Root Cause(s) proposed by the workgroups were found to be Environmental in nature; most frequently Expectations & Feedback.  Individual factors were predominantly Knowledge & Skills, markedly for SSS, Administrators and County Directors, in addition to Case Managers. Region 8’s current QIP Interventions were already targeted at these identified underlying Root Causes; but determined there was a significant “fidelity” problem.  The Region staff as a whole, were not using the Intervention tools consistently or at all.  The CQI Team immediately began to focus on re-launch efforts, beginning with revisiting the issue with leadership (Regional Director and County Directors at Regional Management Team Meeting). The Interventions were resent/discussed/revisited through emails and Regional Cadence Calls (4th Thursday of every month); and at Regional Supervisors Meetings, Case Manager Summits, and County/Cluster Unit Meetings by CQI Representatives.  The Regional CQI team has just begun to choose/ further develop the additional Interventions proposed by the workgroups during the April 2016 PIC. Most of those proposed interventions seem to be targeted at capacity building around quality Assessment for Supervisors, Administrators, and County Directors.  **October 28, 2016 PIC and Next Steps**  Current practice trends affecting CFSR Outcomes as identified by CWQA included Risk/Safety Assessment and Inadequate Staffings.  These were practice trends previously identified and currently targeted by Region 8’s current QIP Interventions.  The PIC focused on how leadership could support current intervention implementation to ensure fidelity of use throughout the Region.  Each County/Cluster developed a plan outline for further development by the CQI team using the Performance Improvement Process.  Once the county plans are complete, they will be incorporated into the Region 8 QIP for monitoring by the Regional CQI team.  Next Steps:  •             Further drill down of County/Cluster Intervention Re-Launch Plans by November 8, 2016  •             Feedback from the Regional CQI Team provided to the counties/clusters by November 10, 2016  •             County Plan adjustments/updates submitted back to the team by November 30, 2016  •             Review of County/Cluster Intervention Re-Launch Plans by December 2, 2016  •             Resume Targeted Reviews for Regional Interventions and Intervention Selection/Design for capacity building on Assessment beginning January 2017 |
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| 9 | **Initial PIC: May 16, 2016:**  The focus was on:  **Practice Gap**   * Inadequate initial and ongoing coaching and mentoring of new and veteran staff specifically in the following areas: * Roles and expectations * Relevant and adequate feedback about performance to staff in a timely manner to staff   **Performance Gaps**   * Assessment and Safety * Needs and Services of Child, Parents, and Foster Parents * Mental/Behavioral Health   **May 2016 PIC**   * The region began the process of closing performance gaps by working through two of the beginning phases of the Performance Improvement Process, performance analysis and cause analysis related to the practice gaps impacting the performance gaps. The focus areas were Assessment and Safety, Needs and Services of Child, Parents, and Foster Parents and Mental/Behavioral Health.   It was found that the performance gaps were a reflection of inadequate coaching and mentoring of new and veteran staff, specifically in roles and expectations, and lack of relevant and adequate feedback about performance in a timely manner to staff.  **Progress on QIP since the May 2016 PIC**  After the May PIC, the CQI team did not meet until August 9, 2016, to discuss the information compiled from the PIC and to begin the work of making adjustments to regional interventions. Between May – October there were 2 out of 5 CQI meetings held. There was no progress toward improving practice gap and closing the performance gaps. Regional interventions: (1). Regional Restructuring (clustering), (2). Regional Response Time/Safety Assessment Protocol and (3). Regional County Director Reviews (specifically addressing RT/SA Protocol)  **November 2016 PIC**  Focus remains on coaching and mentoring of new and veteran staff, specifically in roles and expectations; relevant and adequate feedback about performance.Due to the lack of improvement in this practice area, performance continues to be greatly impacted in the following areas:   * Timeliness of initiating report of maltreatment, services to protect children and prevent removal, risk assessment and safety management * Needs and Services of Parent * Mental/Behavioral Health   The magnitude of the performance gaps has greatly increased between May through October. The region must now address performance gaps as it relates to a CFSR outcome (S1, WB1, and W3). However, the region increased 7% in the number of Strength rating of applicable items.  Regional intervention(s) continue to be appropriate but must be adjusted and aligned to effectively improve practice gap and successfully close performance gaps. On November 9, 2019, the CQI team met to adjust and align interventions, identify intervention(s) key activities and action steps to ensure accountability at the County Director, Supervisor, and Case Manage levels.  **November 14, 2016, the PIC**  The PIC focus was moving the region forward into the Implementation and Change Management phase of the Performance Improvement Process with clearly defined intervention(s) key activities and action steps that will support the practice gap and performance gaps of coaching and mentoring of new and veteran staff specifically in roles and expectations; relevant and adequate feedback about performance in a timely manner to staff to improve regional performance in timeliness of initiating report of maltreatment, services to protect children and prevent removal, risk assessment and safety management, needs and services of parent, and mental/behavioral health.  **Key Activities**   * Implement CQI Performance Gap focus at County Directors Cluster Meeting * Implement Quarterly Live Learnings and/or Summits to present and address trends identified in County Director reviews and DIS reviews * Develop a Sub CQI team that consist of State Office Regional Specialist from Safety, Permanency and Well-Being program areas to work in conjunction with CQI Team to provide support related to performance gap needs.   **Next Steps:**  The CQI Team will meet to streamline and align action steps for key activities as well as update QIP to reflect key activities, actions steps, and anticipated timeframes by December 15, 2016. Also, the CQI Team will monitor the processes and progress for fidelity and sustainability of intervention(s), quarterly, beginning January 2, 2017. |
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| 10 | **Most recent PIC October 13, 2016**: Current trends and PIC focus continues to be risk and safety management and ensuring children’s behavioral and mental health needs are met. The Region had a substantial decrease in case worker visits with children and continued to struggle with maintaining case worker visits with parents. During our current PIC, participants supported the value and benefit of the Resource Folder for directing the staff’s ability to conduct adequate assessments, engage in quality interviews and visits with children and parents and gather sufficient information. The team will continue to promote the use of the Resource Folder, continue to address capacity for meeting children’s behavioral and mental health needs and address children’s permanency needs.  **Next Steps:** Research and implement the following:   1. Additional updates to the Resource Folder to include tools/guidelines around Initial Safety Assessment and father engagement 2. Development of a resource folder for Social Services Supervisors 3. Renewed commitment for engaging County Directors and SSS in making case management staff aware of the Resource Folder and its use 4. Conducting Permanency Roundtables to address permanency outcomes. The Region reinstated this process as of October 2016. 5. Engaging Well Being Specialist, Amerigroup representative, pertinent stakeholders (NECCO, Mentor, CASA, etc.) to address mental health service needs for children as well as make an effort to assist staff in understanding and ensuring proper documentation of medication logs and authorizations 6. Continued development and assignment to new case managers of the Field Practice Coach component. |
| Region | PIC/CQI Update |
| 11 | **Initial PIC: May 25, 2016**  Practice Areas that negatively impacted CFSR Outcomes, as identified by the CWQA Review, were Assessment and Proximity of Placement. Proximity of Placement was chosen by the Region as the Practice Area of Focus.  The PIC included local community, CPA, and CCI partners. The discussion focused on factors that influenced Proximity of Placement issues, and the root causes for those factors. Participants were asked to discuss possible root causes and to brainstorm around ideas to address them.  The Regional CQI Team spent the bulk of the June 2016 meeting drilling down further into those group work products that had not been able to reach a discussion around clear root causes. A representative from a strong community partner, Called to Care, which is focused on supporting foster homes and involving the faith based community, attended the meeting; and presented their research around how to build local placement capacity in all counties throughout the Region. There was in depth discussion around how Called to Care could help establish the Interventions/Steps they suggested. The July meeting included CPA stakeholders who also attended the PIC, with an opportunity to provide the same kind of continued input from their perspective. This information is being used, with continued input/assistance from community partners as appropriate, in developing/selecting Interventions.  Root Cause(s) proposed by the workgroups from the PIC were found to be Environmental in nature; most frequently Expectations & Feedback and Tools & Resources. The CQI Team has been mainly focused on developing QIP Interventions to address the Internal Communication/Infrastructure between the counties and the Regional RD Team; as well as PR/External Community Outreach, based in part on the Care Community Model. Preliminary Intervention Design has been focused on regional processes and procedures, protocols for communication with partners, and tools/forms to better facilitate, document, and standardize regional communication.  **Current PIC Focus and Next Steps**  Again, identified Practice Areas that negatively impacted the Region’s ability to better meet CFSR Outcomes were Assessment and Proximity of Placement. Proximity of Placement remained the continued focus of the November 2016 PIC. The PIC activity designed to further engage CPA stakeholders was not completed because no CPA providers attended the PIC. All were invited, however there may have been some miscommunication about the purpose of the PIC, and expectations that they would also attend the next CQI meeting.  The CQI Team Facilitators will contact the CPA stakeholders and determine the best way to gather information, feedback and input that would have been included in the PIC activity.  **Next Steps:**   * CQI Team Facilitators will determine how best to re-engage CPA stakeholders (emailed Survey, in-person at CQI meeting, etc.) and do so, by 12/12/16   CQI Team will continue current work of building Interventions, specifically around Internal Communication and PR/RD/External Communication and Evaluation Methods by 1/9/2017. |
| Region | PIC/CQI Update |
| 12 | Region 12 CQI team consists of a CQI Facilitator and a Co-Facilitator. As of October 2016, the Region hired a C3 Coordinator and this person also serves as the CQI Co-Facilitator. There are approximately 10 to 15 members, however representation is not always consistent. Chatham County struggles with having representation present for each CQI meeting. The CQI team conducts meetings on a monthly basis.  Region 12 conducted their first Performance Improvement Collaboration as of May 2016. Quality Assurance findings supported performance gaps in the Region’s ability to complete a thorough assessment of safety, permanency and well- being as well as engage all caregivers and family members in the case planning and case activity. Feedback and input from the PIC supported the continued need to improve staff retention and morale.  Region 12 CQI team continued efforts with conducting a job satisfaction survey across the Region in an effort to understand what is needed to close the gap in this area. The job satisfaction survey was initiated and completed as of February 2016, however the data findings were not compiled and disseminated to Regional leadership until approximately July 2016. At this time, the Region began to identify people who could possibly serve as Field Practice Coaches in order to coach and mentor new staff. Due to ongoing staff turnover and challenges in securing eligible staff to serve, structuring the Field Practice Component is currently still in process. The region has identified two of the Field Practice Specialists to oversee the Field Practice Coach component and to track initial and ongoing training needs of new staff. In an effort to measure and receive ongoing data in this area, the team has initiated its second job satisfaction survey via Survey Monkey.  **Summary of Current PIC Focus and Next Steps**  Although the focus has been on staff retention and morale, per the most recent Quality Assurance Review, Region 12 slightly increased in six of the seven CFSR outcomes. The current trends and PIC focus was in the area of permanency and quality contacts with parents, foster parents and other caregivers. The region struggled in achieving timely permanency outcomes for children, meeting Adoption and Safe families Act (ASFA) requirements and helping children preserve connections. The Region’s lack of quality contact with parents, foster parents and other caregivers impacted completion of a thorough assessment of safety, permanency and well-being with children and families.  Based upon input and feedback during the most recent PIC, next steps for the team are to research and consider the following for Implementation:   * Develop strategies and plans for conducting permanency staffing/Solution Based Case –Work consultations. The team would engage the SBC practice model coach and the Safety Panel Facilitator to assist in this area. * To conduct “live learning’’ for teaching and re-enforcing quality contact standards with parents, foster parents, caregivers for ensuring thorough assessment of safety, permanency and well-being * Continued focus on staff retention, increased morale and development of the Field Practice Coach component for mentoring new staff |
| Region | PIC/CQI Update |
| 13 | After the initial PIC in June 2016, the CQI team met to discuss the information compiled from the workgroup activities during the PIC. The CQI was prepared to help each region begin working on closing some of the GAPS that were identified at the last PIC by targeting specific Critical Employee Groups (Supervisor & Administrators) in each county by creating a Performance Improvement Workshop to help each Critical Employee Group identified understand how they may have contributed to the CFSR performance GAPS identified by Lack of Supervisory Oversight. The Goal was to have them further work through the Performance & Cause analysis as a means to help them identify strengths & weaknesses in current performance as it relates to closing the identified performance gaps. By doing so, the CQI team (during the workshop) helped them create interventions and strategies to close the performance GAPS in their roles in order to become more effective in providing Supervisory Oversight to the employees under their supervision.  Unfortunately, the Performance Improvement Workshops have not been completed; due to, the high demands in the Region to prepare for Solution-Based Casework. However, the Regional CQI Team continued to find ways to infuse the importance of CQI and following up on the identified PIC items by having discussions during Leadership meeting and Unit Meetings.  The Regional CQI Team remains consistent in focusing on Educational Detail, Placement Stability and has added Psychotropic medications to the QIP. The Regional CQI Team continues to utilize the Performance Improvement Process and the CQI Cycle of Learning as a Guide for the work. We have seen mark improvement in performance in the areas that are the Regional CQI Team’s focus. We have seen some improvements in Unit moving away from working in Silos and are more supportive of one another; however, there is still work that has to be done in this area. The Regional CQI Team has strengthen relationship with additional relevant stakeholders. The Regional CQI Team has met consistently every month following the PIC to focus on QIP items, PIP items and PIC work.  Region 13 continuous quality improvement focus remains **Assessments & Engagement.**  **December 2016 PIC**  The region began the next phase of the Performance Improvement Process, intervention selection. During the most recent PIC, each workgroup (staff on all levels) were charged with assessing whether the root causes to the identified performance GAPS were Environmental or Individual by utilizing the Behavior Engineering Model (Six Boxes):  For each CFSR item (Opportunity Needing Improvement), each group evaluated whether the Root Cause(s) are Environmental or Individual.  The Purpose of this exercise was to identify the root causes, then create strategies and interventions around the groups’ discovery. If there are barriers identified, determine what is needed to remove barriers. This removes assumptions and gets to the core of what the Region truly believes are the issues.  **Summary of Current PIC Focus and Next Steps (CQI Specialist and QA Review Team Lead):**  The CQI Team has met since the most recent PIC in December. The Team is very excited about the progress made during the most recent PIC and the work product that came from each work group. Each CQI member was given a packet with All the work completed from each workgroup. Each facilitator assigned to a workgroup during the PIC has now been identified as the person to follow up with their group for progress status. The CQI team has been given the greenlight to plan for the Supervisor and Administrator Performance Improvement workgroups. After this PIC, the leadership sees the value in creating the support groups for Supervisors and Administrator. The CQI Leads & CQI Specialist will follow up with the County Directors on their commitments made during the PIC. Status checks are required each month during the CQI meeting. CQI Specialist will assist in planning for the Supervisors and Administrator’s workshop; as well as, Presenting on the Performance Improvement Process. |
| Region | PIC/CQI Update |
| 14 | August 2016 the region begun reexamining the CQI functional components particularly as it relates to the Foundational Administrative Structure component. This component is important because it addresses the administrative oversight to ensure that the CQI structure is functioning effectively and consistently, and is adhering to the process established by leadership.  By reexamining this component the regional leadership has the opportunity to establish and/or adjust processes to build an environment where CQI is the work and not separate from the work. To support this effort a series of meeting with Region 14 Leadership, Kenny A Unit, Director, Kenny A, Monitoring and Technical Assistance Team, Kenny A, Project Manager, Quality Management, Kenney A, Program Director, and CQI Specialist to develop an ongoing teaming approach to support the region and yield improvements in practice and performance that are sustained. As a result of the meeting MEASURE, Metro-district Effectively Aligning Strategic-plans Utilizing Resources Efficiently was shaped. MEASURE is a three dimensional functional structure that builds staff capacity at all levels, promotes interagency teaming, and uniquely operationalize CQI for the region.  **MEASURE Team Members, MEASURE Team Facilitators, Pillar/Workgroup Owners, and Pillar/ Workgroup Members**  **MEASURE Team Members**  Roles and Responsibilities: Directs the work of the region by aligning the Division, Kenny A Consent Decree and/or District/Region strategic-plans, establishing the theory of change, and providing oversight of the implementation of activities strategies, and streamlining regional activities and strategies to decrease work duplication to increase work consistence effectiveness.  MEASURE Team Members: District Director ▪ Kenny A Unit, Director ▪ Regional Director ▪ DeKalb County Director ▪ Fulton County Director ▪ C3 Coordinator  **MEASURE Team Facilitators**  Roles and Responsibilities: Provides instruction, guidance, and assistance to the MEASURE Team’s functioning structure and producers guided by Performance Improvement Curriculum for CQI, PII Guide to Developing, Implementing, and Assessing an Innovation Toolkit, and Principles, Language, and Shared Meaning: Toward a Common Understanding of CQI in Child Welfare CQI Brief.  MEASURE Team Facilitators: Kenny A, Monitoring and Technical Assistance Team ▪ Kenny A, Project Manager ▪ QM/Kenny A, Program Director ▪ CQI Specialist ▪ Data Unit Specialist  **Pillars of Change/Workgroup Owner and Pillars of Change/ Workgroup Members**  Roles and Responsibilities: Drives the change efforts by developing and/or adapting interventions and implementing interventions as designed.  Pillars of Change: Regional identified performance gaps and theory of change focus areas.  Pillars of Change/Workgroup Owner: Each member of the MEASURE Team owns a Pillar and facilitates with work of the Pillar of Change workgroup.  Pillars of Change/ Workgroup Members: Encompass the inclusion of District and/or Regional and State Office staff at all levels of the agency ▪ Subject Matter Experts ▪ External Stakeholders  Pillars of Change: Regional identified performance gaps and theory of change focus.  Work Forces ▪ Kinship ▪ Placement Stability ▪ Permanency ▪ GA Practice Model  **MEASURE Workflow Process**    On September 1, 2016 the MEASURE sponsored a retreat for District, Regional, and State Leadership to present MEASURE. MEASURE is still in the initial development.  **Next steps for MEASURE Team**   1. Instruction for MEASURE team members for a shared understanding and meaning of language, processes, and principles of CQI 2. Develop a charter and timeline 3. Convene Pillars of Change/Workgroups to develop objective and goals for Pillars 4. Sponsor December 1, 2016 MEASURE retreat with District, Regional, and State Leadership for a purpose of providing a MEASURE progress report |
| Region | PIC/CQI Update |
| State CQI | State Office CQI July 2016 –December 2016  The role of the State Office CQI Team:   1. Increase the Division of Family and Children Services staff knowledge and understanding of state strategic plans, goals and objectives and the processes used to achieve them; 2. Identify barriers in the work and practice to achieve the State’s desired outcomes, and research solutions to address such barriers. These should be challenges that can only be resolved at the State Office level; 3. Identify strategies and develop theories of change to produce solutions to reduce or eliminate barriers; 4. Assist staff with adapting to and implementing identified solutions; 5. Incorporate input from the field, as applicable, in the work performed by the State Office CQI Team; 6. Model and assist others in using the CQI Cycle of Learning and Performance Improvement process so that the staff is able to use it for problem-solving and decision-making.   Team Accomplishments and Barriers:  The work of the State Office CQI team during this reporting period focused on working with the Performance Improvement Plan Team Lead in providing input, feedback and recommendation on the key activities and action items on the CFSR-PIP development prior to it being submitted to PIP Advisory Board. This was an accomplishment for the team and CQI practice within the Division for the following factors:   * Provided input, feedback, and recommendations on CFSR-PIP key activities and action steps; from multiple perspectives at both State and Regional levels. * Established team’s role and connection to the CFSR-PIP. * Strengthened Communication within the Division.   However, there were also barriers that impacted the team’s ability to provide input, feedback and recommendation on the key activities and action items for the following factors:   * All program areas were not in attendance nor participate in monthly team meetings or activities. * Of the six CFSR-PIP Workgroup Lead or Designee only three Leads or Designee attended monthly team meetings and participate in activities (Permanency, Education and Training, and SHINES).   **Next Steps:**  Beginning February 2017, the PIP Core Team and State CQI Team will merge their meetings. The benefits of this will be:   1. Team Leads will be a part of the group to provide feedback and support to the regions. 2. C3 Coordinators and other regional representatives will have opportunity to request and receive feedback regarding their regional roles for PIP implementation. 3. Increased learning opportunity where statewide regional reps will be provided additional opportunities for engagement regarding successes with the CFSR items and the necessary steps they made for these successes. 4. Additional opportunity provided for the State CQI Team to identify state trends and use the Performance Improvement Process to better streamline statewide interventions. 5. Information shared from the state level will be provided to the regions at the same time, ensuring everyone hears the same message.   The State CQI team (Unit Manager and CQI Specialists) are charged with preparing the agenda for each meeting with input from Janice Saturday and Merita Roberts-Croll.  Training for the Performance Improvement Process will be provided monthly from March-June with the expectation that the State CQI Team will attend to ensure understanding of this process and prevent barriers in working through the state’s identified needs. |
| Region | PIC/CQI Update |
| CICC | **Team Dynamic:**  The team consist of a CQI facilitator and a newly appointed co-facilitator. There are approximately 15 team members that consist of Intake tech-call center, ICM, SSS, FPS and QA. The Unit Director attends some meetings and is very involved with the team and the work.  **Quality Improvement Plan**   * The current QIP goal is: to increase timeliness of notification of screened in intake reports to the assigned county. The overall standard of achievement is 99% notification of all Intakes within a 2 hour time frame. The overall outcome is to increase by 3% of notification of CPS intakes to the counties within 2 hours per quarter until the overall standard of achievement (99%) is reached and by December 2016. * The team has made changes in the notification protocol that now requires only the case manager’s justification statement in writing with verbal supervisory approval prior to notifying the county. This intervention changes previous protocol which required a written Justification Statement from the case manager and the Supervisor prior to county notification. The revised notification changes also reduced the intake case manager wait times between unanswered call attempts and the total number of unanswered attempts prior to reaching out to the County/Regional Director for notifying the county about intake reports. * The team continues to monitor weekly notification logs to evaluate time frames for notification. The team has conducted focus groups, completed surveys, and developed tracking logs, etc. for monitoring and/or understanding barriers and challenges for timely notification. The CICC unit has developed data entry systems for streamlining intake procedures in an effort to ensure timeliness. * Notification logs and time frames are now in accordance to ISA requirements   The team is currently reviewing information gathering around the six areas of the Family Function Assessment at the point of intake. The team is reviewing the different information gathering tools within the unit in an effort to streamline the intake process. CICC is also being evaluated by the Casey group on their intake process and will make recommendations. The team is waiting to learn the findings of this review and determine how to incorporate their recommendations along with the team’s for more efficient information gathering at intake. |

**Outcome Comparisons of 2015 CFSR Review (April 2015-September 2015)**

**Vs QA Reviews July 2016 to December 2016**

**Regional Safety Outcomes Achievement (January 2016-June 2016)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **REGION**  **01** | **REGION 02** | **REGION**  **03** | **REGION 04** | **REGION**  **05** | **REGION**  **06** | **REGION**  **07** | **REGION 08** | **REGION**  **09** | **REGION 10** | **REGION 11** | **REGION 12** | **REGION 13** | **REGION 14** |
| **Outcome S1:** | **63%** | **67%** | **60%** | **82%** | **60%** | **100%** | **100%** | **25%** | **0%** | **100%** | **86%** | **50%** | **50%** | **85%** |
| Item 1: | **63%** | **67%** | **60%** | **82%** | **60%** | **100%** | **100%** | **25%** | **0%** | **100%** | **86%** | **50%** | **50%** | **85%** |
| **Outcome S2:** | **9%** | **25%** | **57%** | **33%** | **13%** | **50%** | **0%** | **25%** | **40%** | **36%** | **45%** | **56%** | **43%** | **26%** |
| Item 2: | **25%** | **100%** | **100%** | **57%** | **NA** | **100%** | **100%** | **100%** | **0%** | **100%** | **0%** | **NA** | **67%** | **57%** |
| Item 3: | **8%** | **25%** | **57%** | **33%** | **13%** | **50%** | **0%** | **25%** | **40%** | **36%** | **45%** | **56%** | **43%** | **26%** |

Substantial Conformity for Outcomes: 95% or above; 94%- 80%; Below 80%

Substantial Conformity for Items: 90% or above; 89%- 80%; Below 80%

**Regional Permanency Outcomes Achievement (January-June 2016)**

Substantial Conformity for Outcomes: 95% or above; 94%- 80%; Below 80%

Substantial Conformity for Items: 90% or above; 89%- 80%; Below 80%

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **REGION**  **01** | **REGION 02** | **REGION**  **03** | **REGION 04** | **REGION**  **05** | **REGION**  **06** | **REGION**  **07** | **REGION 08** | **REGION**  **09** | **REGION 10** | **REGION 11** | **REGION 12** | **REGION 13** | **REGION 14** |
| **Outcome P1:** | **29%** | **0%** | **50%** | **9%** | **0%** | **33%** | **0%** | **0%** | **25%** | **43%** | **17%** | **0%** | **16%** | **0%** |
| Item 4: | **57%** | **25%** | **50%** | **64%** | **67%** | **67%** | **50%** | **100%** | **100%** | **86%** | **33%** | **80%** | **85%** | **54%** |
| Item 5: | **67%** | **25%** | **67%** | **45%** | **50%** | **33%** | **0%** | **40%** | **50%** | **71%** | **50%** | **60%** | **31%** | **23%** |
| Item 6: | **57%** | **50%** | **50%** | **18%** | **0%** | **33%** | **0%** | **0%** | **25%** | **57%** | **67%** | **0%** | **23%** | **31%** |
| **Outcome P2:** | **71%** | **50%** | **100%** | **64%** | **17%** | **67%** | **50%** | **80%** | **50%** | **86%** | **33%** | **20%** | **38%** | **38%** |
| Item 7: | **33%** | **50%** | **100%** | **88%** | **60%** | **100%** | **0%** | **100%** | **100%** | **86%** | **83%** | **100%** | **83%** | **56%** |
| Item 8: | **60%** | **50%** | **100%** | **60%** | **50%** | **67%** | **100%** | **67%** | **25%** | **71%** | **40%** | **33%** | **45%** | **40%** |
| Item 9: | **71%** | **50%** | **50%** | **82%** | **33%** | **67%** | **50%** | **60%** | **75%** | **100%** | **100%** | **0%** | **54%** | **54%** |
| Item 10: | **57%** | **50%** | **100%** | **55%** | **50%** | **67%** | **0%** | **60%** | **100%** | **100%** | **67%** | **40%** | **54%** | **64%** |
| Item 11: | **100%** | **0%** | **100%** | **70%** | **33%** | **67%** | **50%** | **67%** | **50%** | **57%** | **40%** | **50%** | **60%** | **50%** |

**Regional Wellbeing Outcomes Achievement (January 2016-June 2016)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **REGION**  **01** | **REGION 02** | **REGION**  **03** | **REGION 04** | **REGION**  **05** | **REGION 06** | **REGION**  **07** | **REGION 08** | **REGION**  **09** | **REGION 10** | **REGION 11** | **REGION 12** | **REGION 13** | **REGION 14** |
| **Outcome WB1:** | **8%** | **25%** | **14%** | **39%** | **14%** | **50%** | **0%** | **13%** | **0%** | **18%** | **26%** | **33%** | **7%** | **26%** |
| Item 12: | **17%** | **38%** | **14%** | **31%** | **13%** | **50%** | **0%** | **25%** | **0%** | **45%** | **40%** | **33%** | **7%** | **26%** |
| Item 13: | **33%** | **38%** | **57%** | **47%** | **47%** | **67%** | **0%** | **67%** | **20%** | **70%** | **50%** | **50%** | **31%** | **24%** |
| Item 14: | **25%** | **50%** | **86%** | **67%** | **33%** | **100%** | **0%** | **50%** | **60%** | **45%** | **73%** | **67%** | **71%** | **61%** |
| Item 15: | **9%** | **0%** | **20%** | **47%** | **33%** | **50%** | **0%** | **33%** | **0%** | **36%** | **50%** | **33%** | **18%** | **20%** |
| **Outcome WB2:** | **40%** | **57%** | **67%** | **70%** | **44%** | **40%** | **0%** | **67%** | **33%** | **86%** | **63%** | **33%** | **80%** | **61%** |
| Item 16: | **40%** | **57%** | **67%** | **70%** | **44%** | **40%** | **0%** | **67%** | **33%** | **86%** | **63%** | **33%** | **80%** | **61%** |
| **Outcome WB3:** | **9%** | **14%** | **33%** | **47%** | **20%** | **50%** | **0%** | **50%** | **0%** | **30%** | **11%** | **14%** | **31%** | **22%** |
| Item 17: | **20%** | **67%** | **83%** | **50%** | **30%** | **50%** | **33%** | **50%** | **40%** | **56%** | **43%** | **33%** | **46%** | **53%** |
| Item 18: | **0%** | **0%** | **0%** | **40%** | **21%** | **50%** | **0%** | **50%** | **0%** | **38%** | **38%** | **20%** | **14%** | **12%** |

Substantial Conformity for Outcomes: 95% or above; 94%- 80%; Below 80%

Substantial Conformity for Items: 90% or above; 89%- 80%; Below 80%

**District Comparisons July 2016- December 2016**

**North District (Regions 1-5) -60 applicable cases**

**Metro District (Regions 13 and 14) - 37 applicable cases**

**South District (Regions 6-12) – 53 applicable cases**

**Safety 1 and 2**

**Permanency 1**

**Permanency 2**

**Well Being 1**

**Well Being 2 and 3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comparison Chart**  **Statewide**  **90 Foster Care/ 30 Family Preservation/ 30 Family Support** | | | |
| **Safety** | | **Statewide**  **Federal**  **CFSR Review**  **2015**  **(150 cases)** | **As of December 2016**  **(150 cases)** |
| **Outcome S1: Children are, first and foremost, protected from abuse and neglect.** | | **66%** | **71%** |
| **Item 1:** | **Timeliness of initiating investigations of reports of child maltreatment (60 of 84 cases)** | **66%** | **71%** |
| **Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.** | | **43%** | **32%** |
| **Item 2:** | **Services to family to protect children in home and prevent removal or re-entry into foster care (18 of 31 cases)** | **59%** | **58%** |
| **Item 3:** | **Risk assessment and safety management (48 of 150 cases)** | **43%** | **32%** |
| **Permanency** | | **Statewide**  **Federal**  **CFSR Review**  **2015**  **(150 cases)** | **As of December 2016**  **(150 cases)** |
| **Outcome P1: Children have permanency and stability in their living situations.** | | **14%** | **14%** |
| **Item 4:** | **Stability of foster care placement (60 of 90 cases)** | **68%** | **67%** |
| **Item 5:** | **Permanency goal for child (38 of 88 cases)** | **42%** | **43%** |
| **Item 6:** | **Achieving reunification, guardianship, adoption, or other planned permanent living arrangement (27 of 90 cases)** | **27%** | **30%** |
| **Outcome P2: The continuity of family relationships and connections is preserved for children** | | **32%** | **52%** |
| **Item 7:** | **Placement with siblings (46 of 60 cases)** | **77%** | **77%** |
| **Item 8:** | **Visiting with parents and siblings in foster care (40 of 74 cases)** | **45%** | **54%** |
| **Item 9:** | **Preserving connections (56 of 90 cases)** | **39%** | **62%** |
| **Item 10:** | **Relative placement (54 of 87 cases)** | **46%** | **62%** |
| **Item 11:** | **Relationship of child in care with parents (40 of 69 cases)** | **34%** | **58%** |
| **Well Being** | | **Statewide**  **Federal**  **CFSR Review**  **2015**  **(150 cases)** | **As of December 2016**  **(150 cases)** |
| **Outcome WB1: Families have enhanced capacity to provide for their children’s needs. (Item 12 must be a strength for the Overall Rating to be Substantially Achieved)** | | **26%** | **23%** |
| **Item 12:** | **Needs and services of child, parents, foster parents (37 of 147 cases)** | **26%** | **25%** |
| **Item 13:** | **Child and family involvement in case planning (59 of 139 cases)** | **42%** | **42%** |
| **Item 14:** | **Caseworker visits with child (86 of 150 cases)** | **59%** | **57%** |
| **Item 15:** | **Caseworker visits with parent(s) (37 of 131 cases)** | **31%** | **28%** |
| **Outcome WB2: Children receive appropriate services to meet their educational needs** | | **54%** | **58%** |
| **Item 16:** | **Educational needs of the child (60 of 103 cases)** | **54%** | **58%** |
| **Outcome WB3: Children receive adequate services to meet their physical and mental health needs** | | **25%** | **25%** |
| **Item 17:** | **Physical health of the child (55 of 118 cases)** | **49%** | **47%** |
| **Item 18:** | **Mental/Behavioral health of the child (18 of 90 cases)** | **29%** | **20%** |

**Regional Overall Rating of Strengths**

**July 2016- December 2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region** | **Number of Cases Reviewed (All Programs)** | **Total Applicable Items Rated as Strength** | **Total Applicable Items** | **% Achieved Items** |
| **1** | **12** | **50** | **137** | **36%** |
| **2** | **8** | **34** | **87** | **39%** |
| **3** | **7** | **47** | **80** | **59%** |
| **4** | **18** | **115** | **212** | **54%** |
| **5** | **15** | **57** | **165** | **35%** |
| **6** | **6** | **45** | **72** | **63%** |
| **7** | **3** | **9** | **42** | **21%** |
| **8** | **8** | **45** | **91** | **49%** |
| **9** | **5** | **29** | **70** | **41%** |
| **10** | **11** | **91** | **142** | **64%** |
| **11** | **11** | **72** | **129** | **56%** |
| **12** | **9** | **40** | **94** | **43%** |
| **13** | **14** | **90** | **195** | **46%** |
| **14** | **23** | **126** | **271** | **46%** |
| **State Total** | **150** | **850** | **1787** | **48%** |

The above chart presents the number of cases reviewed per region, the total number of items which were applicable per region and the total number of the applicable items which received a strength rating. It was then calculated by dividing the total number of cases which received the rating of strength by the applicable items which could receive a strength rating to determine the percentage of achieved items.

Overall, the State was at **48%** of applicable items rating as a strength for the **July 2016 to December 2016 review.**

**Rolling Regional Overall Rating of Strengths**

**January 2016- December 2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Region** | **Number of Cases Reviewed (All Programs)** | **Total Applicable Items Rated as Strength** | **Total Applicable Items** | **% Achieved Items** |
| **1** | **28** | **156** | **331** | **47%** |
| **2** | **11** | **57** | **119** | **48%** |
| **3** | **21** | **148** | **244** | **61%** |
| **4** | **29** | **172** | **345** | **50%** |
| **5** | **26** | **126** | **304** | **41%** |
| **6** | **13** | **103** | **156** | **66%** |
| **7** | **6** | **22** | **72** | **31%** |
| **8** | **16** | **67** | **183** | **37%** |
| **9** | **8** | **43** | **109** | **39%** |
| **10** | **21** | **170** | **267** | **64%** |
| **11** | **21** | **127** | **245** | **52%** |
| **12** | **21** | **89** | **235** | **38%** |
| **13** | **35** | **195** | **426** | **46%** |
| **14** | **44** | **233** | **521** | **45%** |
| **State Total** | **300** | **1708** | **3557** | **48%** |

The above chart presents a rolling view of the number of cases reviewed per region from **January 2016 to December 2016**, the total number of items which were applicable per region and the total number of the applicable items which received a strength rating. It was then calculated by dividing the total number of cases which received the rating of strength by the applicable items which could receive a strength rating to determine the percentage of achieved items.

Overall, the State was at **48%** of applicable items rating as a strength for the **January 2016 to December 2016 review.**