REVIEWER FINDINGS AND RECOMMENDATIONS FORM

- **Purpose:** The purpose of this form is to provide a format for each local team assigned to a particular review site to identify key findings and recommendations based on the review activities conducted by the team members. The form should guide the review team members in integrating information that each reviewer has obtained from both the cases and stakeholder interviews into a cumulative summary of the team's findings and recommendations for the review site.

- **Organization:** The form is divided into four sections. Parts I, II and III contain the outcomes related to *safety, permanency and child and family well-being* that are examined in the review. There are three subsections to be completed for each outcome: In section A the team records the number of cases reviewed by the team according to the degree to which the outcome was judged achieved by the reviewers; Section B lists the indicators from the On-Site Review Instrument used to review each outcome and provides a description of the indicators as either an observed strength or an area that needs improvement or a combination of both, and Section C provides an opportunity for the team to offer recommendations for improving the level of outcome achievement. With the exception of section A, the same general format used in the fourth section of the instrument in addressing State agency characteristics, or systemic issues, covered in the review.

- **Instructions:** Only one completed form is required for each local review team. The local team leader is responsible for assuring that this form is completed for the team by the end of the on-site review. Individual team members may wish to use the form during the review week for recording preliminary observations and for expediting completion of the teams form at the end of the week. For each outcome, the team should tally and record the number of cases they reviewed in which that particular outcome was judged to be substantially achieved, partially achieved or not being achieved or addressed by the agency. For each outcome, the team should address the indicators listed for that outcome which correspond to the indicators on the On-Site Review Instrument. Each indicator should be described as either a strength or an area needing improvement, or a combination of strength and need, depending upon the team's findings. The designation of indicators as strengths or areas needing improvement should correspond to the level of achievement stated for the outcome, for example, if outcome S1 is rated as being substantially achieved by the team, the indicators listed below it should reflect strengths in that area; if the outcome is being "partially achieved" the indicators should include a mixture of strengths and needs. It is not necessary to describe both strengths and needs under each indicator unless the team's findings indicate that both exist and should be reported. The basis for designating an indicator as a strength or an area needing improvement should describe the data or other observations that support the team's conclusions about the indicator. For example, if the indicator, *timeliness of initiating investigations of reports of child maltreatment*, is designated as a strength, the basis might include information such as: investigations in 95 percent of the reports in the cases reviewed were initiated within the time frames stated in the State's policy, there is no current backlog of uninvestigated reports in the agency, and so forth. If an indicator has elements of both strength and need, both must be stated as the basis for checking "Both".

  If the team members have specific recommendations for improving the agency's performance in any of the outcome areas, the recommendations should be recorded in Section C following the outcome. Completion of this section is optional since the team may not be prepared to make specific recommendations.

I. SAFETY

Outcome S1: Children are protected from abuse and neglect in their homes whenever possible.

A. Number of cases reviewed by the team according to the degree of outcome achievement:

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. Indicator: Services to family to protect child(ren) in home

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Current risk of harm to child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. Review team recommendations for improving this outcome:

Outcome S2: The risk of harm to children will be minimized.

A. Number of cases reviewed by the team according to the degree of outcome achievement:

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. Indicator: Timeliness of initiating investigations of reports of child maltreatment

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Repeat maltreatment

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Current risk of harm to child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. Review team recommendations for improving this outcome:

II. PERMANENCY

Outcome P1: Children will have permanency and stability in their living situations.

A. Number of cases reviewed by the team according to the degree of outcome achievement:

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. Indicator: Foster care re-entries

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Stability of foster care placement

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Permanency goal for child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Independent living services

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Long-term foster care

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Adoption

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. Review team recommendations for improving this outcome:

Outcome P2: The continuity of family relationships and connections will be preserved for children.

A. **Number of cases reviewed by the team according to the degree of outcome achievement:**

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. **Indicator: Proximity of current placement**

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Placement with siblings

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Visiting with parents and siblings in foster care

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Preserving connections

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Relative placement

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Current relationsip of child in care with parents

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. **Review team recommendations for improving this outcome:**

III. CHILD AND FAMILY WELL-BEING

Outcome WB1: Families will have enhanced capacity to provide for their children's needs.

A. Number of cases reviewed by the team according to the degree of outcome achievement:

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. Indicator: Needs and services of child, parents and foster parents

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Child and family involvement in case planning

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Current relationship of child in care with parents

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Worker visits with child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Worker visits with parents

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. Review team recommendations for improving this outcome:

Outcome WB2: ***School-age children will have educational achievements appropriate to their abilities.***

A. Number of cases reviewed by the team according to the degree of outcome achievement:

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. Indicator: Educational needs of the child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. Review team recommendations for improving this outcome:

Outcome WB3: ***Children will receive adequate services to meet their physical and mental health needs.***

A. Number of cases reviewed by the team according to the degree of outcome achievement:

_____ Substantially _____ Partially _____ Not Achieved/Not Being Addressed _____ N/A

B. Indicator: Physical health of the child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Indicator: Mental health of the child

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. **Review team recommendations for improving this outcome:**

IV. STATE AGENCY CHARACTERISTICS/SYSTEMIC ISSUES

A. Core issue: **Agency responsiveness to community**

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: **Information system capacity**

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: Quality assurance and supervision

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: Staffing

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: **Staff and provider training**

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: Foster and adoptive homelicensing/approval/recruitment

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: **Case review system**

____ Strength ____ Area Needing Improvement ____ Both

Basis:

Core issue: Service array

____ Strength ____ Area Needing Improvement ____ Both

Basis:

State-specific issue: _____

____ Strength ____ Area Needing Improvement ____ Both

Basis:

State-specific issue: _____

____ Strength ____ Area Needing Improvement ____ Both

Basis:

State-specific issue: _____

____ Strength ____ Area Needing Improvement ____ Both

Basis:

State-specific issue: _____

____ Strength ____ Area Needing Improvement ____ Both

Basis:

C. Review team recommendations for improving this outcome:

Comment #73

DRAFT (Rev. 10/15/97)

PILOT TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW CHECKLIST

EACH QUESTION MUST BE ANSWERED. If the question is not applicable, check the N/A column. A question with no space for N/A must be answered YES or NO. Review the PILOT TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW INSTRUCTIONS for an explanation of each question and how to answer it. This form may be annotated with additional information regarding eligibility, as necessary.

Time period under Review: 10/1/97 - 3/31/98

1. State Abbreviation and Random Sample Selection Number: __ ____ __ . 2. Case ID: _____ 3.
   County or Local Office: _____ 4. State: ___

CHILD INFORMATION:

X1. Child's Name: _____

X2. Child's SSN: _____

5. Child's Date of Birth (MM/DD/YY) _____

SUMMARY: (Fill out after completing entire instrument.)

6. Provider eligibility established for entire review period: Yes ____ No ____
7. Child eligibility established for entire review period: Yes ____ No ____
8. Total Amount of Ineligible Payment(s): _____

If the case has any periods of ineligibility, these should be reflected on the INELIGIBLE CHART and attached to this checklist.

9. Date of Review: (MM/DD/YY): _____ 10. Reviewed by: _____

Removal from home: Begin Date _____ End Date _____

11. Date child last lived with specified relative prior to current foster care episode (MM/DD/YY): _____

JUDICIAL ACTIVITY:

12. Was removal as a result of a judicial determination? Yes ____ No ____
    If NO, go to Question #19.
13. Date court order removing child from home was initiated (i.e., date of petition) (MM/DD/YY): _____
14. Did the initiation of the court order removing the child precede the date the child last lived with specified relative or occur within 6 months after that date? Yes ____ No ____ N/A ____
15. Date of court order removing child from home (MM/DD/YY): _____
16. a). Does this court order contain a judicial determination regarding contrary to the welfare of the child? Yes ____ No ____
    b). If "NO", is there a court order within 6 months after the date child was removed that contains a judicial determination regarding contrary to the welfare of the child? Yes ____ No ____
    c). Date of court order (MM/DD/YY): _____

17. a). Does the initial court order removing the child from home contain a judicial determination regarding **reasonable efforts to prevent removal**? Yes ____ No ____

    b). **If 17 a). is NO and this was an emergency removal**, was there a judicial determination of **reasonable efforts to prevent removal** no later than the first full hearing pertaining to the removal of the child OR no later than 60 days after removal? Yes_____ No_____ N/A_____

    c). Date of court order (MM/DD/YY): _____

18. Was there a judicial determination regarding **reasonable efforts to reunify**? Yes_____ No_____ N/A_____

    a). Date (MM/DD/YY) _____.

VOLUNTARY PLACEMENT AGREEMENT:

19. Was removal pursuant to a voluntary placement agreement? Yes ____ No ____

    IF "NO", PROCEED TO #23.

20. Date that voluntary placement agreement was signed by all parties: (MM/DD/YY): _____

21. If removal was pursuant to a voluntary placement agreement, was there a judicial determination within 180 days after placement regarding child's best interest? Yes_____ No_____ N/A_____

22. Date of judicial determination, if applicable (MM/DD/YY): _____

STATE AGENCY RESPONSIBILITY:

23. For the time that the child was in an out of home placement during the review period, does the IV-E agency (or public agency with IV-E agreement) maintain responsibility for the placement and care of the child? Yes ____ No ____

    If YES, complete #24.

24. Name of agency _____

AFDC RELATED INFORMATION:

Initial

25. Was the child an actual AFDC recipient or potentially AFDC eligible? Actual ____ Potential ____No ____

    If child was an actual recipient, go to #29.

26. Was financial need established? Yes ____ No ____

27. Was the child removed from the home of a specified relative? Yes ____ No ____

28. Was deprivation of parental support or care established? Yes ____ No ____

Ongoing

29. Dates of redetermination, if applicable (MM/DD/YY): _____

30. Was the redetermination of eligibility timely? Yes_____ No_____ N/A_____

31. Does deprivation exist throughout the entire review period? Yes ____ No ____

Complete the following for EVERY placement provider during the review period.

PLACEMENT INFORMATION:

32. Date of placement in foster care facility (MM/DD/YY): _____

33. Child's age as of first day of period under review: ____

34. If the child was 18 during the period under review, was (s)he a full time student in secondary school or its equivalent and expecting to graduate prior to the 19th birthday? Yes ____ No ____ N/A ____

X3. Provider Name: _____

X4. Provider Street Address: _____

X5. Provider City: _____ X6. Provider State: _____ X7. Provider ZIP: _____

35. Type of foster care facility: (check one)

FFH ____ GH ____ Inst (Public) ____ Inst (PNP/FP)____ Other ____

36. Was the provider either licensed or approved? Yes ____ No ____

37. Licensed period from (MM/DD/YY): _____

38. Licensed period to (MM/DD/YY): _____

39. Is the facility licensed or approved for the duration of this placement? Yes ____ No ____

40. Date of discharge, if applicable (MM/DD/YY): _____

Case ID Number_____

Ineligible Chart

Reason	Period Ineligible		Provider	Amount of Payment	Amount of IV-E Claim	Amount of Ineligible Payment
	From	To				

DRAFT (Rev. 10/15/97)

Pilot Title IV-E Foster Care Eligibility Review Instructions

NOTE: These instructions pertain to the PILOT reviews ONLY.

This document contains two sets of instructions. The first set is to be used by the members of the pilot review team when completing the Title IV-E Foster Care Eligibility Checklist (IV-E Checklist). The second set of instructions is to be used during the pilot review to record multiple periods of ineligibility for cases and to document any other noteworthy items about a specific case.

I. INSTRUCTIONS: Title IV-E Checklist

Complete a review checklist for each removal of the child from the home during the period under review.

Period under Review- Write the beginning and ending date of the six-month period under review. (Note that the six-month time frame corresponds to the AFCARS reporting period.)

1. **State Abbreviation and Random Sample Selection Number -** Use exactly eight characters, starting with the 2-character state abbreviation, followed by the last digit of the calendar year (e.g., number 8 for 1998), then a unique full 3-digit number. The last 2 digits will be used to indicate each removal from home. For example, in a review conducted in May 1998, the first removal from home for the first sample item from Arizona would be AZ800101; the second removal AZ800102, etc.

2. **Case I.D. -** Enter the I.D. number of the case (the number which appeared on the sample listing).

3. **County or Local Office -** Enter the name of the county, district, area, etc. whose records are being reviewed.

4. **State -** Enter the name of the State for which the review is being conducted.

Child Information:

X1. Child's Name - Enter the first and last name of the child whose case is being reviewed.

X2. Child's SSN - Enter the SSN for the child. The number can be used to distinguish family members with the same case I.D. number and as back-up identifiers for the case. Effective April 1, 1985, SSN is not an eligibility factor.

5. **Child's Date of Birth** - Enter the month, day and year of the birth of the child whose case is being reviewed.

Summary:

6. **Provider eligibility established for entire review period? -** Indicate YES or NO.

7. **Child eligibility established for entire review period? -** Indicate YES or NO.

8. **Total Amount of Ineligible Payment(s): -** If there are time periods during which the child or the provider is ineligible, identify the total amount of the IV-E claim that is ineligible; otherwise enter ZERO. Detailed information about the ineligible periods should be recorded on the Ineligibility Chart.

9. **Date of Review:** Enter the date this case is being reviewed.

10. **Reviewed by:** Be sure to PRINT your name.

REMOVAL FROM HOME: Record the begin and end dates of the foster care episode that captures all or part of the period under review or the end date of the period under review, if the child is still in placement.

11. **Date the child last lived with the specified relative.** This is the last date the child actually lived with a specified relative prior to the current foster care episode.

    See 45 CFR 233.90(c)(v)(A) (1-4). A child may be considered to meet the requirement of living with one of the relatives specified in the Social Security Act if his/her home is with a parent or a person in one of the following groups: (1) any blood relative, including those of half-blood, and including first cousins, nephews, or nieces; persons of preceding generations as denoted by prefixes of grand, great, or great-great; (2) stepfather, stepmother, stepbrother, and stepsister; (3) persons who legally adopt a child or the child's parent as well as the biological and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with State law; and (4) spouses of any persons named in the above groups even after the marriage is terminated by death or divorce.

    (Also see IM-92-04, dated 02-24-92).

Judicial Activity:

12. **Was removal the result of a judicial determination? -** Removal of the child from home must be either by a judicial determination or by a voluntary placement agreement (**#19**). The judicial determination must be made in a court order signed by a judge or a court official.

13. Date court order removing child from home was initiated: - The court order removing the child must have been initiated, that is, the petition filed, no longer than six (6) months after the child last lived with a specified relative.

14. Did the initiation of the court order removing the child precede the date the child last lived with a specified relative or occur within 6 months after that date? - If the date of the petition to the court is more than 6 months after the child last lived with a specified relative, the child is not eligible for FFP.

15. Date of court order removing child from home. - The date of the court order is required, since FFP cannot begin until the first day of the month in which there has been a judicial determination that remaining at home would be contrary to the welfare of the child, and, for children who entered care on or after 10/1/83, that reasonable efforts have been made to prevent the removal.

16. a). Does this court order contain a judicial determination regarding contrary to welfare of the child? - The court order must contain a statement to the effect that continued residence in the home is contrary to the welfare of the child or that placement is in the best interest of the child.

b). If NO, is there a court order within 6 months after the date the child was removed that contains a judicial determination regarding contrary to the welfare of the child? - DAB #1586 indicates that the contrary to the welfare determination may be made in a court order initiated within 6 months after the child's removal.

c). Record the date of the court order.

17. a). Does the initial court order removing the child from home contain a judicial determination regarding reasonable efforts to prevent removal? - If the child entered care prior to 10/1/83, this space should be marked **NA**. If the child entered care on or after 10/1/83 continue as follows:

The court order must contain a statement to the effect that either:

- reasonable efforts were made to prevent removal of the child from the home, or
- it was not reasonable or in the best interest of the child to prevent removal from the home.

In lieu of a court order, the only other acceptable documentation is a court transcript which can verify that the reasonable efforts determination was made.

b). If 17 a). is NO and this was an emergency removal, was there a judicial determination of reasonable efforts to prevent removal no later

than the first full hearing pertaining to the removal of the child OR no later than 60 days after removal? Note that in an emergency situation, the judicial determination regarding reasonable efforts to prevent removal must be made no later than the first full hearing pertaining to the removal of the child, and in no event later than 60 days after the child's removal. If this is an emergency and there is a court order within 60 days of removal in which the judicial determination of reasonable efforts to prevent removal was made, answer this question YES. If not, answer this question NO.

c). Record the date of the subsequent court order.

18. **Was there a judicial determination regarding reasonable efforts to reunify?** Section 472(a)(1) of the SSA requires that reasonable efforts must be made both to prevent removal of the child and to return the child to the home. The determination regarding reasonable efforts **to reunite** the child and family should be made at each permanency hearing. Permanency hearings, which are to be conducted no later than 12 months after a child's initial placement in foster care, and no less frequently than every 12 months thereafter, are required for all children in foster care under State supervision, on whose behalf title IV-E foster care reimbursement is claimed. If the case plan goal for the child is reunification, a judicial determination of reasonable efforts to reunify the child and family should have been made at the permanency hearing. If the child entered care less than 12 months prior to the end of the review period OR if the child did not have a case plan goal of reunification at the time of the last permanency hearing prior to the review period, check N/A in **#18** and proceed to **#19.**

a). Enter the date that the judicial determination was made.

Voluntary Placement Agreement:

19. **Was removal pursuant to a voluntary placement agreement?** - This may NOT be answered NA. If the response to **#12** is YES, the response to **#19** must be NO. If **#12** is NO, there must be a voluntary placement agreement signed by the parent/legal guardian and a representative of the State Agency for the child to be eligible. If the State does not have a provision in its State plan for voluntary placements and the child was placed in foster care through a voluntary placement agreement, the case is ineligible.

20. **Date of voluntary placement agreement:** Enter the date the agreement was signed by all parties.

21. **If removal was pursuant to a voluntary placement agreement, was there a judicial determination within 180 days after date child last lived with a specified relative regarding child's best interest? -** If **#19** is YES, there must be a judicial determination within 180 days of date child last lived with a specified relative (**#11**) to the effect that such placement is in the best interest of the child. If there has been no such determination within 180 days, check NO; the child's eligibility for FFP ceases at the end of the

180 days. If the child has been in voluntary placement less than 180 days at the time under review, check NA.

IF there has been **NO JUDICIAL DETERMINATION** as required within 180 days, a subsequent judicial determination CANNOT make the child eligible for FFP during the period under review.

22. Date of judicial determination: - Enter the date of the judicial determination.

State Agency Responsibility:

23. For the time that the child was in an out of home placement during the review period, does the title IV-E agency (or public agency with IV-E agreement) maintain responsibility for the placement and care of the child? - The court order or voluntary placement agreement must indicate which agency has responsibility for placement and care of the child. In conformance with Sec. 472(a)(2), title IV-E payments can only be made for a child's placement and care that is under the responsibility of the State agency or another public agency, including an Indian Tribe, with which the title IV-E agency has a written agreement in effect. If the child is placed with another public agency with which the IV-E agency has a written agreement, reviewers should ensure that the agreement is in effect for the period under review. If the agreement has lapsed during the period under review or the child is placed with another public agency (including Indian Tribe) which does not have a written agreement with the title IV-E agency, record the name of the agency and the time period during which the other agency had responsibility for placement and care of the child on the Ineligible Chart.

24. Name of the Agency. If the agency identified in **#23** is the IV-E agency, write SAME. If it is an agency with which the title IV-E agency has a written agreement, indicate that agency's name.

AFDC Related Information (As of July 16, 1996 State plan):

Initial:

25. Was the child an actual AFDC recipient or potentially AFDC eligible? - Did the child receive AFDC in the month of the initiation of court proceedings (filing of petition) leading to removal or the month the voluntary placement agreement was entered into; or would the child have been eligible for AFDC in the month of the initiation of court proceedings or month of the agreement, if application had been made? The case records must document that the specified relative from whose home the child was removed either received AFDC or was eligible for AFDC for that child in the month of initiation of court proceedings. See 472(a)(4). Check the space provided to indicate if the child actually received AFDC or would have been eligible for AFDC if application had been made.

NOTE: AFDC eligibility is a continuing requirement under title IV-E. Once initial eligibility has been established based upon the circumstances of the

home from which the child was removed, the child becomes a separate financial unit and continuing AFDC eligibility with regard to financial need is based upon income and resources available to the child. To continue to meet the deprivation factor of eligibility, the State must look at the home from which the child was removed to determine if deprivation continues to exist.

If the child was an actual AFDC recipient, go to **#29.**

26. Was financial need established? - In the initial determination, was there documentation that the financial eligibility was reviewed and a finding of financial need was made by the State Agency?

27. Was the child removed from the home of a specified relative? - See definition of specified relative in **#11** of this guide. (45 CFR 233.90(c)(v)(A)(1-4) and IM-92-04, dated 2-24-92).

28. Was deprivation of parental support or care established? - There must be a specification of how the child is deprived of parental support or care. This can be by reason of death, absence, or the physical or mental incapacity of one parent, or by the unemployment of the principal wage earner.

Ongoing:

29. Date(s) of redetermination, if applicable: For the purposes of title IV-E reviews, there must be a redetermination of AFDC eligibility every 12 months. Indicate the dates of the most recent redetermination preceding or within the period under review.

30. Was the redetermination of eligibility timely? - If the child was in care less than 12 months prior to the end of the review period, check N/A. If the child was in care 12 months or longer and a redetermination was done timely, the response should be YES. If the child has been in care for 12 months or longer and a timely redetermination has not been made, the response should be NO and the case is ineligible.

While timeliness of the redetermination of eligibility is not an eligibility issue, the State must be able to show that the child continues to meet the eligibility requirements cited in the statute. If the State is unable to do so, FFP for payments made on behalf of that child will not be allowable. (See PI-89-05, dated 06-01-89).

31. Does deprivation exist throughout the entire period under review? - Is there documentation that the child continues to be deprived of parental support by death, absence, physical or mental incapacity of one of the parents or by the termination of parental rights or by the unemployment of the principal wage earner? The fact that the child is in foster care does not constitute deprivation of parental support. If deprivation does not exist, the case is ineligible. (See PI-89-05)

Placement Information:

Complete items #32 through #40 for every placement provider during the review period.

32. **Date of Placement in each foster care facility during the review period.** Enter the month, day and year of the placement in each foster care facility during the period under review.

33. **Child's age as of first day of period under review:** - Determine age of child as of the first day of the period under review.

34. **If the child was 18 during the period under review, was (s)he a full-time student in secondary school or its equivalent and expecting to graduate prior to 19th birthday? -** If the State does not have this option, check NA. When a child reaches the age of 18, AFDC eligibility ceases unless, at State option, the child is a full time student in a secondary school or its equivalent and is expected to complete the program before age 19. In this instance, eligibility ceases upon the child's leaving school. Check N/A if the child is less than 18 years of age.

X3. Provider Name - Enter the Provider's Name.
X4-7. Provider Address - Enter the Provider's address.

35. **Type of foster care facility: Is the child placed in a title IV-E eligible facility?**

FFH	-	Foster family home
GH	-	Group Home
Inst (Public)	-	Public Institution of 25 children or less
Inst (PNP/FP)	-	Private Non-Profit or For-Profit Institution

Any placement other than those indicated above is not eligible for Federal matching funds. Facilities such as detention centers, hospitals, and public institutions of more than 25 children are ineligible for title IV-E reimbursement.

36. **Licensed or Approved Provider: -** Section 472(c) requires that a child be placed in a foster family home or child care institution which is licensed by the State in which it is situated or has been approved, by the agency(ies) of such State having responsibility for licensing homes of these types, as meeting the standards established for such licensing. Check the appropriate response.

37. **Licensed/approval period from: -** Licensing period/approval date - For the time period under review, each provider must be licensed or approved consistent with State/county regulations. Indicate the effective date of the license or the approval date. This date should

correspond to, or precede, the date of placement in **#35**. If it does not, the answer to **#39** should be **NO**.

38. Licensed/approval period to: - Indicate the expiration date of the license. If the child is in a home where the license has expired prior to, or during, the period under review, the answer to **#39** should be NO.

39. Is the facility licensed or approved for the duration of this placement? Indicate YES or NO. If the approval or licensed period indicated in #37 and #38 does not include the period under review, the case is ineligible for the period during which the provider is not licensed or approved.

40. Date of discharge, if applicable: - This should be completed if the child left this foster care provider at any time during the period under review.

II. INSTRUCTIONS - Ineligible Chart:

For all instances where this case is ineligible, the following information should be recorded.

Reason: Identify the reason for the ineligibility.

Period Ineligible: Indicate when the case was ineligible for the reason identified.

Provider: Identify any payments made during the period of ineligibility. Identify the provider to whom the payment was made.

Amount of Payment: Identify the amount of the payment (or payments) made to this provider, if known.

Amount of IV-E Claim:- Identify the amount claimed by the State for FFP, if known.

Amount of Ineligible Payment:- Identify the amount of the IV-E claim that is ineligible, if known.

Comment #2

UTAH
CHILD AND FAMILY SERVICES
PILOT REVIEW

On-site review - August 25-29, 1997
Report issued - January 2 , 1998

The Department of Health and Human Services
Administration for Children and Families
Region VIII - Denver, Colorado

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EXECUTIVE SUMMARY

The Department of Health and Human Services, through the Administration for Children and Families (ACF), is responsible for reviewing State child and family services programs on a periodic basis. The purpose of these reviews are to assess the level of performance in Federally funded programs child welfare programs, including child protective services, foster care, adoption, independent living, and family preservation and family support. Recently, this review process has undergone many changes, and a new monitoring strategy has emerged. This new strategy encourages Federal and State partnerships in identifying and working towards improved outcomes for children and families.

The new review process is designed to identify the strengths and needs within State programs and identify those areas where technical assistance could lead to program improvements. The review measures outcomes for children and families in the following three areas:

♦SAFETY

- ●children are protected from abuse and neglect in their homes whenever possible
- ●the risk of harm to children will be minimized

♦PERMANENCY

- ●Children will have permanency and stability in their living situations
- ●The continuity of family relationships, culture and connections will be preserved for children

♦FAMILY AND CHILD WELL-BEING

- ●Families will have enhanced capacity to provide for their children's needs
- ●Children will have educational achievements appropriate to their abilities
- ●Children will receive adequate services to meet their physical and mental needs

The Utah Division of Child and Family Services (DCFS) agreed to participate with ACF in piloting this new review process. As the first step, the State conducted an extensive self-assessment of its current child welfare programs. The self-assessment is designed to give the State an opportunity to examine data

relating to their own programs and evaluate the effectiveness of these programs as it relates to the outcomes being measured in the review.

The on-site portion of the review took place during the week of August 25, 1997. Through a series of individual case reviews, case specific interviews, and stakeholder interviews, information was gathered and examined to determine the extent to which outcomes in the areas of safety, permanency, and well-being are actually being achieved.

The on-site review team consisted of Federal staff, DCFS staff, and community representatives (See Appendix A for complete list). Three local sites within the State were selected for these on-site review activities (Salt Lake City, Brigham City, and Vernal/Roosevelt) with a total of 26 case record reviews. In each of these local sites, stakeholders from within DCFS and collaborating organizations were interviewed in an effort to evaluate the current capacity of the State to deliver child welfare services in accordance with the Agency's goals.

Through the combination of information reported on the State self-assessment, interviews with stakeholders, and case-specific information gathered on-site, the review team assessed the level of outcome achievement and identified areas where technical assistance is needed to make program improvements. The following summarizes our findings for each outcome area:

SAFETY

Child safety is a priority in the State of Utah and the agency is substantially achieving the protection of children from abuse and neglect and specific interventions are provided to reduce or remove the risk of harm. DCFS strives to keep a child in the home if the Division determines that the child will be safe and the agency provides or arranges services to prevent a child's removal from the home. Placement is only considered when parents are unable or unwilling to protect their children. A wide array of services are provided to families, and the agency clearly strives to meet the needs in all cases. The State responds timely and appropriately to reports of child abuse and neglect, and multi-disciplinary teams are used effectively to strengthen the assessment process. The agency monitors effectiveness in the service provision and recently developed a system to track recidivism rates for children in the child welfare system. However, debates around the State regarding the balance of family preservation versus child safety exist. There is concern, however, with the consistency of services provided to individuals throughout the State, in particular with the off-reservation Native Americans. In addition, the State would benefit from strengthening linkages with other community service providers to assist in preventing maltreatment of children.

Permanency

The agency supports permanency and stability for children in foster care through it's case planning and case review process, independent living services and timely adoptions. Case reviews show that services provided are consistent with permanency goals. DCFS uses a family-centered approach in working with children in foster care, and the division's goal-directed case planning process is dependent upon the collaboration between families, DCFS, multi-disciplinary teams, and Foster Care Citizen Review Boards. The division makes it a priority to maintain relationships between the child and his/her biological family. The review found that children in DCFS custody experience a relatively low "change in placement" rate which contributes to the stability of children in foster care. Interviews conducted during the on-site review indicated that there has been improvement in permanent outcomes for children in foster care. Utah's 1995 Permanency Project, which resulted in permanency for 456 children, reaffirmed that the agency is successful in supporting adoption. However, the shortage of placement options, lack of resources, and delays in the court process continue to hinder the agency's ability to place children according to their individual needs. Independent living services are provided consistent with the child's needs, and the agency plans to expand services to include youth not in the State's custody.

Child and Family Well-Being

Through it's family-based practice, the agency is helping families increase their capacity to provide for their children's needs. Priority is given to maintaining relationships between children in care and their families, and full support is given toward parental skill-building efforts. The agency is unfailing in caseworker visits with children, and often makes extraordinary efforts to meet children's needs. Educational needs are being addressed and the agency has implemented an educational plan requirement which is fully advocated by caseworkers and other relevant community agencies. Medical needs of children are consistently addressed and the agency provides training to staff regarding children's health care. However, the availability of mental health services in the State, especially in rural areas, needs to be enhanced.

While the agency encourages families to be involved in the development of case plans, it was noted in the review that the agency did not consistently involve parents in the case planning process which leads to misunderstanding expectations and consequences.

State Agency Issues

In addition to the three outcome areas, the review examined the capacity of the agency to carry out its role in the delivery of child welfare services. DCFS has made strong and commendable strides in it's responsiveness to the community and toward meeting the needs of its clients during the past 3 years. The Child Welfare Reform Act of 1994 and the David C Settlement Agreement of 1994 both were identified as having major influence on the agency's progress in developing community partnerships to improve the outcomes for children and families. The Division has been innovative in their development of service delivery, however, the need exists to improve services to minority communities within the State.

DCFS staff are dedicated and committed to the mission of their agency, and efforts to recruit staff from minority and ethnic communities could strengthen their staff's ability to provide services. Training is a priority of the Division, and while the focus is on new staff, the division recognizes the need for ongoing training for experienced staff. In the area of case planning and case review activities, recent automation in the Division should enable DCFS to achieve a greater degree of uniformity in data reporting requirements. The existing partnership between DCFS and the University of Utah, Graduate School of Social Work, is a supportive effort to strengthen child welfare practice. The Division should continue to explore coordination with the School to develop training for enhancement of practice in specific areas such as first-line supervision.

Recruitment of foster and adoptive homes is a high priority. Despite the State's involvement in two major State-wide initiatives related to foster home recruitment, the need is great for more placement resources.

SUMMARY OF RECOMMENDATIONS

Based on the findings of the review, a series of recommendations to address the areas in need of improvement were compiled, and they are summarized as follows:

- Current training programs for new staff should be expanded to include experienced staff to ensure consistency in services provision within the Division. Core training should be adapted to meet the unique needs of the State, including training on cultural diversity, MEPA, IEPA and ICWA.

- Increase efforts to facilitate parental involvement and participation in case planning and decision making regarding their children.

- Resolve procedural issues regarding periodic reviews, such as eliminating duplicative processes in overlapping periodic review of case plans, and duplication of effort between courts and Foster Care Citizen Review Boards.

- Explore collaboration with community-based agencies in developing training plans for practice enhancement, to strengthen supervision techniques, and explore innovative placement resources.

- Increase post-adoption support to families who have adopted children with special needs. Extend support beyond financial assistance.

- Address the debate which exists within the State regarding a perceived conflict over issues of family preservation versus child safety.

- Consider ways to recognize accomplishments of caseworkers in helping children and families achieve good outcomes in an environment of high accountability, limited services and resources.

- Expand recruitment efforts for foster and adoptive homes, with an emphasis on homes that reflect the cultural diversity of children in the Division's custody.

- The DCFS should increase representation of Utah's cultural and minority groups on existing advisory groups and counsels to provide consultation on cultural competency issues.

- Individualize case plans to reflect the specific needs of the child and the family and increase the use of case staffings and multi-disciplinary teams to help workers with troublesome cases.

- Continue to develop and implement State/Tribal agreements.

- Streamline the foster care and adoption licensing processes, and review licensing standards and training so that the skills of foster parents are better matched with the special needs of a child.

- The Division should convene a state-level task force to strengthen the array of services, with special attention directed toward the lack of mental health services, especially in rural areas.

INTRODUCTION

The Administration for Children and Families (ACF), through the Administration on Children, Youth and Families (ACYF), has responsibility for reviewing State child and family services to assess the level of performance of these programs. The Children's Bureau and the ACF Regional Offices, in partnership with the States, have undertaken a series of "pilot" reviews. These reviews cover the full range of Federally-funded child and family services programs, including child protective services, foster care, adoption, independent living, family preservation and family support. The reviews are designed to assess the outcomes experienced by children and families served and to identify the strengths and needs within state programs and those areas where technical assistance could lead to program improvements.

The new review process is designed to measure outcomes for children and families in three outcome domains: **safety, permanency and child and family well-being.** Within each broad outcome domain, more specific outcomes have been developed for evaluation through self-assessment by the state and by on-site review. The specific outcomes being examined by the new review process are as follows:

SAFETY

- Children are protected from abuse and neglect in their homes whenever possible.
- The risk of harm to children is minimized.

PERMANENCY

- Children will have permanency and stability in their living situations.
- The continuity of family relationships, culture and connections will be preserved for children.

CHILD AND FAMILY WELL-BEING

- Families will have enhanced capacity to provide for their children's needs.
- School-age children will have educational achievements appropriate to their abilities.
- Children will receive adequate services to meet their physical and mental health needs.

The Utah Division of Child and Family Services agreed to participate in piloting the new review, which allowed the Children's Bureau and ACF Region VIII the opportunity to join the State in a further field test of the review process. The review was also structured to provide an assessment of Utah's child welfare programs, identify areas where the programs were or were not achieving the desired outcomes and provide recommendations that would be useful to the State.

The key activities in the Utah review included:

- From May - July, 1997, State staff completed a self-assessment of its child welfare programs with consultation from the ACF Central and Regional Offices.

- Members of the State review team selected three local sites in Utah for on-site review activities. Sites selected were representative of diversity of the State. One urban site, Salt Lake City, and two rural sites, Brigham City and Vernal/Roosevelt, were selected. The on-site portion of the review took place during the week of August 25, 1997.

- A 20-person review team was divided into three local teams and a fourth team for interviewing stakeholders at the State office in Salt Lake City. The three local review teams examined 26 case records (15 foster care and 11 child protective services cases), and interviewed children, parents, foster parents, workers and other service providers at the local offices.

- The results of the State's self-assessment, on-site case record reviews and the stakeholder interviews were used by the review team for preparation of this report.

The following section of this report contains a summary of the review findings which describe the strengths, areas needing improvement and recommendations for each of the specific outcome areas.

SUMMARY OF KEY FINDINGS

This summary was prepared by integrating the results of the State Self-Assessment, the Division's Outcome Measures Performance Monitoring System Reports of January 1997, FY 1996 Baseline Data Report, Bureau of Service Review Report, and information obtained during the on-site review. Only the major findings are included.

The review examined a number of indicators related to each outcome in the areas of safety, permanency and child and family well-being. The following discussion of each outcome includes information pertaining to each indicator used to determine the extent to which the agency is achieving the outcome. In addition, for each outcome there is a statement regarding its level of achievement. The review findings for each indicator were used in determining the extent to which the agency is meeting each outcome. The Division of Child and Family Services (DCFS) was found to be achieving or partially achieving each outcome reviewed.

SECTION I: SAFETY

The State is to be commended for making child safety a priority. While this prioritizing has escalated debates around the State dealing with family preservation versus child safety, many attempts are being made to involve community partners in the debate and educational process.

Safety Outcome #1: Children are protected from abuse and neglect in their own homes

The review examined the following indicators related to this outcome: 1) services to protect children in their own homes, and 2) the current risk of harm to children being served in their own home. Based on the extensive review of the materials and the process noted above, the agency is substantially achieving the protection of children in their own home and specific interventions are provided to reduce or remove the risk of harm.

Of the 26 cases reviewed statewide, 13 cases demonstrated substantial achievement of protecting children from abuse and neglect in their own homes, in 6 cases the goal was partially achieved and 7 cases were not applicable (children were not in their own homes). A wide array of services were provided to these families, oftentimes, in thoughtful and out of the ordinary ways.

There was concern raised by clients, stakeholders, caseworkers that services are not provided consistently

among local offices and caseworkers nor across the State. Child safety may not be consistently defined or interpreted across the State also. The monitoring teams noted this to be true when the Current Risk of Harm indicator was reviewed. In all but two cases reviewed, the risk of harm to children was being managed appropriately or there was no apparent risk of harm. Issues were identified regarding who (DCFS or a tribe) has responsibility to investigate and provide services in reported cases of child abuse and neglect in off-reservation Native American families.

Strengths:

- **The agency provides services to families to protect children in their own home**

  A primary goal of DCFS is to keep a child in the home if the Division determines that the child will be safe. With the support provided in the way of increased staff, computers, and agency attention generated by the David C Settlement Agreement, the Division appears better prepared and more committed than ever to protect children. The agency provides or arranges services to prevent a child's removal from the home and placement is considered only in situations where parents are unable or unwilling to protect their children. In the very difficult area of measuring effectiveness of service provision, the agency has developed outcome measures that attempt to capture this information. A home-based services outcome, which measures services provided to enable families to ameliorate problems, stabilize the situation, and maintain the children safely in their home, has been developed. A protection outcome measure has also been developed to track the incidence of abuse, neglect, and dependency of children already known to DCFS. As the SAFE system comes on-line in 1998, data captured to support the outcome measures noted above will more clearly document achievements.

- **The agency provides in-home services to families to reduce the risk of harm to children**

  The Division has implemented procedures that support the comprehensive assessments of risk in Priority 1 and Priority 2 cases. These assessments are completed with input from multi-disciplinary teams (MDT) and/or case staffings to reduce the risk of poor decision making with difficult cases.

Areas Needing Improvement:

- **Roles and responsibilities for service provision to Native American families off reservation needs clarification**

  Workers need clarity regarding their roles and responsibilities to respond to all reports of child abuse and neglect including Native American families living off reservation.

- **Services to reduce risk of harm**

  Current risk of harm was being managed appropriately. However, repeated incidents of families returning to the attention of the Division were noted. Often the complaints/problems were similar and complaints were against the same perpetrator.

Recommendations:

- Develop specific training curricula and/or problem solving skill exercises for caseworkers and families. The training and the skill building exercises should focus on the enhancement of parental capacity to access and utilize community resources before their problems result in allegations of abuse and neglect.

- Continue to develop and implement State/Tribal Agreements to clarify jurisdictional issues with the tribes and reinforce DCFS roles and responsibilities to conform with the Indian Child Welfare Act.

Safety Outcome #2: The risk of harm to children will be minimized

Of the cases reviewed by the teams, 18 substantially achieved a reduction in the risk of harm and 6 partially achieved a reduction in risk. In evaluating the reduction in the risk of harm, the teams looked at the timeliness of initiating investigations of reports, repeat maltreatment, and current risk of harm. Appropriate assessments of risk with the provision of needed services were completed. However, additional linkages with other community service providers need to be developed to assist in preventing repeat maltreatment of children.

Strengths:

- **The agency's response to reports of child abuse and neglect is timely and appropriate**

The DCFS workers met policy timelines for responding in a timely way, based on the guidelines of their Risk Assessment Priority Scale. In one rural area, it was noted that face-to-face contact was made with children in a matter of minutes. This is consistent with the findings in the Bureau of Service Review report, for the period 9/1/95 to 8/31/96, which noted 86.8% of referrals were responded to within the appropriate time frames.

The agency self-assessment indicates that there is a need to strengthen the risk assessment tool. Currently, child protection policy calls for prioritization of all referrals. Priority 1 indicates that the child is in immediate danger. These referrals require a worker to respond by making a face-to-face contact with the child victim within 60 minutes in urban areas and within three hours in rural areas. Priority 2 referrals indicate that the allegations of abuse or neglect are clearly defined and there is a high potential for further harm to the child, or there may be a loss of critical evidence of abuse or neglect. For Priority 2, a worker is required to make a face-to-face contact with the child within 24 hours of receiving the referral. Priority 3 referrals indicate that the allegations of abuse or neglect are clearly defined in the referral, but the potential for further harm to the child or the loss of critical evidence is low. The worker has three working days in which to make the face-to-face contact with the child.

In an effort to minimize worker subjectivity, assure statewide consistency of practice and enhance decision making, a case staffing on Priority 1 and 2 referrals is required. An Immediate Protection Checklist has been developed to assist in determination of risk and to assure assignment of the appropriate response priority.

- **Repeat maltreatment**

The State has developed an outcome measure to document a reduction in the recidivism rate of children who have had an additional substantiated CPS referral within six months of case closure by 10%. Of the 8,306 children who were victims in FY '95, 905 (10.9%) had a substantiated referral in FY'96.

Area Needing Improvement:

- **In more than one case reviewed, multiple complaints against the same family, for similar problems against the same perpetrator were noted**

In several cases there had been multiple substantiated reports of maltreatment involving similar circumstances and perpetrators. Children were also reported to be victims of additional abuse in foster homes.

Recommendations:

- Strengthen the effective and appropriate use of case staffings and multi-disciplinary teams to help workers with troublesome cases. Workers appear to benefit from suggestions regarding when to file court action and how to develop case plans with families. The plans should identify expectations for change, tasks to be accomplished, and the consequences for lack of compliance.

- Review licensing standards and training for foster homes. The skills of foster parents need to be more clearly identified and matched with the needs of the child particularly when the child has special needs, such as developmental disabilities and sexual victimization, making them particularly vulnerable to additional abuse.

- Address the debate which exists within the State regarding a perceived conflict over issues of family preservation versus child safety. The review team encourages an effort that includes representatives of the faith community, client groups, advocacy organizations, and community providers to further clarify and define state policy on family preservation and child safety.

SECTION II: PERMANENCY

Permanency Outcome #1: Children will have permanency and stability in their living situations

The review examined the following indicators related to this outcome: stability of foster care placement; permanency goals for children, which include the length of time a child had an unachieved permanency goal and whether or not services being provided were consistent with the stated goal; foster care re-entries; the appropriate use of long-term foster care; and the effectiveness of independent living services and adoption services for children for whom those services were appropriate. The review revealed that the agency is partially achieving this outcome. The agency supports permanency and stability for children through its case planning and case review process, independent living services and timely adoptions. However, the shortage of placement options, lack of needed resources to provide

essential support to foster and adoptive families, and delays in the court process for termination of parental rights, in some areas of the State, limit the agency's ability to place children according to their individual needs. A wider range of placement options that can handle challenging children is needed.

Strengths:

- **The agency's case review and goal-directed case planning process supports permanency and stability for children in foster care**

  Since 1993, in some areas of the State, the Foster Care Citizen Review Boards (FCCRB) have utilized citizen volunteers to provide independent reviews of foster care cases. These reviews ensure the best interests of the child are being met. Involving citizens in the review process is beneficial to the Division of Child and Family Services and the children in care. It has increased community awareness of the Foster Care Program and provided support for recruitment of foster homes. The FCCRBs operate independently from the Division, however, they have access to the data on the children in care.

  The Division of Child and Family Services staff use a child-centered approach in working with children in foster care and their families. Families are encouraged to be involved in the development of case plans. Multi-disciplinary teams provide needed services to strengthen family functioning and ensure permanency and stability for the child.

  The on-site review revealed that services provided were consistent with the stated permanency goal in all 15 foster care cases. The permanency goals for eleven of the children were substantially achieved, two partially achieved and 2 not achieved. Two of the cases had a permanency goal of adoption. Termination of parental rights had been recommended by the State in both of these cases.

  The State self-assessment showed that in FY 1996, a child experienced an average number of 1.1 changes in foster care placements. The on-site review revealed that 12 of the 15 cases involved children who had not changed placement setting during the current foster care episode. The children in three cases had a change in placement to assist in achieving their permanency goals. The current placement setting was stable in 13 of the 15 cases with no observable threat of placement disruption.

  According to stakeholder interviews, there has been

improvement in permanent outcomes for children in foster care. Youth who are status offenders stay in foster care longer because of their behavior. In compliance with State statute, some courts are making progress toward early permanency decisions. Twenty-nine (29) attorneys serve as guardians ad litem (GAL's) Statewide. Six of the 8 Judicial Districts have full time GAL's. Five hundred Statewide Court Appointed Special Advocates (CASA) volunteers work with the GAL's to ensure early permanency for children in the foster care system.

- **A small percentage of children reviewed had multiple entries into foster care**

The review showed that of the 15 children in foster care, 2 had experienced multiple entries for the same general reason. These were status offenders who entered foster care because of their behavior. Case-specific and stakeholder interviews indicated that most of the children who had multiple entries were juveniles with behavior problems.

- **Independent living services are provided consistent with the child's needs**

Independent living services are a part of the out-of-home care services provided by the Division. Each case plan for children over the age of 16 is required to have a transitional living plan and to address basic life skills training. There are plans to expand independent living services to include youth who are not in the State's custody. Options to fund additional transitional living apartments are being explored with the Office of Community Development. The on-site review included only one independent living case. Services were provided to meet the needs of the youth. Stakeholder and case-specific interviews indicated that youth receive appropriate services to meet their needs, however, identified Independent Living Programs are not available Statewide.

- **Efforts are made to increase the timeliness of adoptions, and the agency provides adoption subsidies, based on the needs of the families**

The State self-assessment noted that The Child Welfare Reform Act of 1994 has increased the number of children legally free for adoption. The law requires parents to comply with case plans within one year of the child's removal from home. The 1995 Permanency Project was a cooperative effort by the Division of Child and Family Services, Juvenile Court Judges, the Attorney General's Office and Guardians ad Litem Office to achieve permanency for children. The goal was to move cases more rapidly

through the system and increase the timeliness of adoption, when appropriate. The project ran from July 1995 to June 1996 and resulted in permanency for 456 children which included 115 finalized adoptions.

The agency provides subsidies to adoptive parent(s) based on the family's needs. The number of adopted children needing financial assistance continues to rise. Plans are being made by the Division to develop and implement a unified foster care/adoption licensing/approval process. This will speed permanency because many foster parents become adoptive parents of children in their care. Barriers to achieving timely permanency include delays in permanency court orders, postponements of hearings, parent's appeals of decisions, relatives appearing late in the process asking for consideration for placements, and lengthy delays in achieving Interstate Compact on the Placement of Children (ICPC) approvals from other States.

The on-site review included no cases in which children were legally free for adoption, however, the permanency goal was adoption in two cases. Case-specific and stakeholder interviews revealed that the agency is successful in supporting adoption, including foster parents and relatives.

Area Needing Improvement:

- **Adequate placement resources, including foster homes, adoptive homes and other appropriate placements**

  The number of children needing permanency continues to increase. There is also a need for a greater variety of placement options between foster homes and residential facilities.

Recommendations:

- Unify and streamline the foster care and adoption licensing/approval processes. Use one home study to license/approve a family to be a foster or adoptive home.

- Implement ongoing recruitment efforts for foster and adoptive homes. Recruitment efforts should involve current foster and adoptive parents, public/private agencies and communities.

- Explore the feasibility of contracting with community-based agencies to develop and provide appropriate placement options.

- Increase post adoption support to families who have adopted children with special needs. Extend support beyond

financial assistance (adoption subsidy) to connection with appropriate services to help avoid adoption disruptions and dissolutions.

Permanency Outcome #2: The continuity of family relationships, culture and connections will be preserved for children

The review examined the following indicators for this outcome: proximity of placements to parents, placement of children in care with siblings, visiting between children in care and their parents, preservation of cultural connections, use of relative resources and the current relationship of children in care with their parents. The analysis of findings for these indicators showed that the agency is partially achieving this outcome. The continuity of family relationships is preserved for most Caucasian children. The use of relatives as alternatives to foster care placement strengthen this achievement. However, the agency is not meeting the unique cultural/ethnic needs of minority children and families, especially Hispanic and Native American.

Strengths:

- **Children are placed with siblings**

The review indicated that in two sites siblings were placed together unless there was clear evidence that separation was necessary to meet the needs of the children. At one site, 2 of the 6 cases reviewed included siblings, who were placed together. Case specific and stakeholder interviews substantiated that the agency makes efforts to place siblings together, when appropriate. However, situations involving children with special needs present barriers to placing siblings together, especially in some areas of the State.

- **Relationships of children in care with their families are supported by the agency**

The Division of Child and Family Services staff make every effort to help children in foster care maintain relationships with their families. Staff assist in arranging visits between family members and provide transportation as needed for visits. In one case the parents visited their child in the foster home. Staff also encourage regular telephone contacts between children in care and their families. When necessary, the agency pays for telephone calls from incarcerated parents to their children. The review included 13 families with children in foster care in which the goal was reunification. In all 13 families, children in foster care had at least monthly

visits with their families.

Case-specific interviews and entries in case records indicated that 13 of the 15 families showed evidence of a strong, supportive relationship between the child in foster care and the child's parent(s). Agency efforts to maintain relationships between children in care and their families were confirmed in stakeholder and case-specific interviews with parents and professionals.

- **Efforts are made to place children with relatives**

The Division of Child and Family Services determines whether relatives are available to care for children who are removed from their homes. An evaluation is made of the relatives' willingness and capability to provide adequate care for the child. However, placement availability continues to be a problem. There are delays in identifying relatives for placements and approval of home studies. The review revealed that children were placed with relatives in 2 of the 15 foster care cases. However, relatives were considered for placement in all 15 cases. Stakeholder and case-specific interviews indicated that the agency makes placements with relatives when possible and appropriate.

Areas Needing Improvement:

- **Cultural, ethnic needs and family connections**

The agency is making an effort to serve the various populations in the State. One of the cases reviewed was a Native American child who was placed with a Caucasian family. Efforts were made to maintain culture and family connections for that child. Stakeholder interviews indicated that it is more common for minority children to be placed outside their cultural/ethnic background, without family connections because resources are not available.

Interviews also indicated that many workers do not comply with the Indian Child Welfare Act because they are not familiar with the requirements of the Act or Native American culture. The agency recognized the need for training on the Act and arranged training for all staff at 9 sites Statewide.

Plans are being made for implementation of ongoing training and clarification of required actions during the intake process regarding identification of Native American children.

In the past two years there has been notable changes reflected in the data for children in the Division's

custody. In the ethnicity category, the number of children of Hispanic origin grew from 119 to 255. The Division of Child and Family Services has developed a case management contract with a private agency that serves primarily the Hispanic community. This contract has provided for culturally competent services and bilingual staff to serve Hispanic children in the Central Region who are in the custody of the Division. Similar resources are needed in other parts of the State.

Recommendations:

- Implement a process for ongoing training on cultural diversity, Multiethnic Placement Act (MEPA), Interethnic Placement Act (IEPA), Indian Child Welfare Act (ICWA) and unique cultural needs for all Division and provider staff, including foster and adoptive parents.

- Implement ongoing outreach efforts to recruit and maintain foster and adoptive parents that reflect the diversity of children in the Division's custody. Current minority foster and adoptive parents should be involved in the recruitment efforts.

SECTION III: CHILD AND FAMILY WELL-BEING

Child and Family Well-Being Outcome #1: Families will have enhanced capacity to provide for their children's needs

The review examined the following indicators related to this outcome: needs and services of children, parents and foster parents; child and family involvement in case planning; current relationship of child in care with parents and worker visits with children and parents. The review indicated that the agency is partially achieving this outcome. Through its family-based practice, the agency is helping families increase their capacity to provide for their children's needs. In most cases, appropriate services were provided to meet the needs of children, parents and foster parents. However, an increased array of services is needed to ensure adquate services for all families involved with DCFS.

Of the 26 cases reviewed for this outcome 13 families had substantially achieved enhanced capacity to provide for the needs of their children and 10 had partially achieved this outcome. The 3 remaining cases were reported as not achieving the desired outcome or that services to achieve this outcome were not applicable.

Strengths:

- **The agency's family-based services provide much needed services for children, parents and foster parents**

  The review team reported some variance among the local sites based on case record reviews and discussions with the case-specific interviewees. However, the overall impressions were that DCFS staff are pro-family and provide full support for parental skill-building efforts. Practice is family-centered, with excellent attention given to the needs of the children. Some cases showed good individualization of need and creative services to meet those needs.

- **Child and family involvement in case planning supports the well-being of children and families**

  Case plans were in place for all 26 cases reviewed. Each contained assessments of the service needs of children and parents along with parental sign-off/approval of the case plans. However, parents were not consistently involved in the case plan development process, thus did not fully understand what was expected of them or the consequences for failure to comply with the provisions contained in the plan.

- **The Division facilitates relationships between children in care and their parents**

  DCFS staff give priority to maintaining relationships between children in care and their parents/families. Staff assist in arranging visits between family members and provide transportation as needed. Entries in case records and interviews with stakeholders, parents and caseworkers confirmed agency efforts to maintain relationships between foster children and their families.

- **Caseworker visits with children often exceed the requirements of the Division**

  The agency is diligently meeting the needs for visitation with children by caseworkers. An analysis of records by the review team demonstrated that monthly visits were consistently made. Case reviews revealed caseworkers often visited a child more frequently than required and make extraordinary efforts to meet a child's need.

Areas Needing Improvement:

- **Parental involvement in the case planning process should be strengthened**

  Parents were not consistently involved in the development of

their case plan, and as a result did not understand expectations or the consequences of failure to comply. Occasionally, caseworkers provided a case plan to parents for their review/approval rather than offering the parents full opportunity for participation throughout the process. Some of the stakeholders commented that case plans were developed in a "cookie-cutter" manner.

Recommendation:

- In reunification cases, DCFS should increase efforts to facilitate parental involvement in development of the case plan, and participation in decisions while their children are in foster care, i.e., medical care, school activities and achievement meetings, discipline decisions, etc. This involvement would enable caseworkers to coach and mentor parents in good skills development.

- **Caseworker visits with parents should have priority**

  Caseworker visits with parents had been made frequently at two offices, however, were less frequent at the third office visited in the review. Interviews with parents revealed comments that they would have liked to have had more visits with their caseworker. Indications were that other concerned parties, i.e., agency transporters and school teachers, were visiting parents instead of a DCFS caseworker.

Recommendation:

- Case plans should be individualized to reflect the specific needs of the child and the family. Services should be targeted to those needs as they relate to the family's risk assessment. Where reunification is the permanency goal for children, DCFS should give priority to reinforcement of policy and caseworker training on involvement of parents and families in case planning.

Child and Family Well-being Outcome #2: School-aged children will have educational acievements appropriate to their abilities

The review examined whether the educational needs of children were being addressed, including normal grade placement, special education services, services for identified educational needs, early intervention for pre-school children and changes in school enrollment resulting from foster care placement. Of the 26 cases reviewed, the agency substantially met the educational needs of 20 children and partially met the educational needs of 4 children. In the remaining 2 cases, the outcome was not

achieved or was not applicable.

Strength:

- **Educational needs of children are being met**

  DCFS has implemented an educational plan requirement which is being fully advocated by caseworkers and other community agencies associated with the educational needs of children. Of the 26 cases reviewed for school-age children who need educational support, 20 children had demonstrated educational achievements appropriate to their abilities, 4 children had partially achieved their educational goals and for the remaining 2 cases, the educational goal was not achieved or was not applicable.

  FACT Youth-team meetings of community-level practitioners, i.e., mental health professionals, police officers, school counselors, DCFS caseworkers and others, are held to ensure children's educational needs and community resources to meet those needs are identified. This collaboration promotes the development of individualized plans to assure children receive appropriate services in their community's education and learning environment, i.e., that children are placed with teachers sensitive to the child's needs, receive individualized school counseling and mentoring services from community advocates and volunteer resources.

Child and Family Well-being Outcome #3: Children will receive adequate services to meet their physical and mental health needs

The review examined physical and mental health prevention and treatment needs of children, including dental care, immunizations, and mental health assessments. The review indicated that the agency is partially achieving this outcome.

Strengths:

- **Children are receiving required medical examinations and treatment**

  The State Department of Health has been given increased authority/responsibility for health care administration within the foster care system. Each region within the State has clinical consultants who assist families and staff in the planning for and followup in the maintenance of the children's health needs.

Required medical needs of children are being addressed on a consistent basis. Of cases reviewed, 25 of the 26 cases showed substantial medical/physical assistance to children's health needs. This determination was made based on interviews with caseworkers, parents, stakeholders and a review of case files. Children are receiving medical/dental examinations and appropriate immunizations are being performed. Documentation of foster care cases also revealed that appropriate and consistent medical services were provided.

Regular training sessions for staff are held regarding the overall health care needs of children.

Areas Needing Improvement:

- **Additional mental health resources are needed**

  A strong variance exists in the availability of mental health services in the State. Additional mental health resources are needed, especially in rural areas. DCFS staff provide counseling services where they can, but there are few psychiatrists or psychologists for testing, prescribing medications, or to provide case consultation, etc.

  In interviews with parents, caseworkers and stakeholders, a serious need for increased mental health services statewide was identified.

Recommendations:

- The State should convene a state-level task force to address the lack of mental health services, particularly in the rural areas.

SECTION IV: STATE AGENCY CHARACTERISTICS/SYSTEMIC ISSUES

The following core issues were examined through interview with 13 state-level stakeholders selected by the DCFS to provide information regarding the capacity of the State to achieve successful outcomes for children and families. The stakeholders also provided information regarding the administrative, training and other systemic support for workers providing direct services in the field offices. In addition, information was gained from case-specific interviews and from review of case records. All together those sources provided the basis for the following comments and recommendations.

A. Agency Responsiveness to Community

The review team determined, largely through stakeholder

interviews, that the Division of Child and Family Services (DCFS) has made strong and commendable strides in its responsiveness to the community and toward meeting the needs of its clients during the past 3 years. Two events were identified as having had major influence on this change; the Child Welfare Reform Act of 1994 and the David C Settlement Agreement of 1994. Many state and local DCFS staff and case-specific interviewees also seemed to regard these two events as major contributors to positive change in the way DCFS staff at all levels regard community partnerships and the positive relationship of these partnerships to successful outcomes for children and families. This is commendable and conveys the spirit of collaboration in child welfare planning that was envisioned by the passage in 1993 of the Federal Family Preservation and Support Services Act.

Strengths:

- **Partnerships strengthen program planning**

  Most stakeholders identified FACT (Families, Agencies, Communities, Together), LIC (Local Interagency Councils), and the K-3 School Based Program as examples of the "culture change" that has taken place in the Department and in DCFS.

- **Innovations in services delivery**

  The neighborhood-based programs and the case management contracts with community-based providers in the Central Region are indications of change in the way DCFS staff approaches the planning and delivery of child welfare services.

  The co-location of staff was cited as a positive outgrowth of the inclusive planning approach used by DCFS and its agency partners. This practice of housing multi-disciplinary teams of staff has improved customer service and outcomes for children and families. This approach has particular merit in rural areas where transportation is a problem and travel distances are great. It should also result in cost savings to the State especially where multiple family problems necessitate the involvement of several agencies.

Area Needing Improvement:

- **Improve the cultural competence in DCFS**

  The DCFS should undertake increased efforts to improve services to and networking with the minority communities

within the State. The DCFS acknowledged that improvements are needed in recruitment of bilingual staff, written material in other languages and greater depth of cultural awareness and responsiveness. According to stakeholders interviewed at the State-level and in the local offices, DCFS should undertake outreach efforts with all of the major minority communities to improve communications and enlist minority group support in recruitment of bilingual staff, training in areas related to improved cultural competence and to interpret the role and mission of DCFS. Outreach efforts should be made to the African American, Native American, Hispanic and Asian/Pacific Islands populations in Utah.

Recommendation:

- The DCFS should recruit diverse membership for all existing councils, advisory groups and oversight bodies that more equitably represents Utah's cultural and minority groups.

B. Information System Capacity

Strength:

- **SAFE should automate case planning and case review and reduce the paperwork burden on the caseworkers**

  When fully implemented in early 1998, the SAFE system will provide increased capacity for case management by DCFS line staff and managers. The system has been implemented incrementally by module, which when completed will automate intake, case planning, case review and services delivery. When fully operational the system will be available to all line staff, supervisors, court personnel as well as State and regional management staff. Automation of client services needs, case plans, service deliver and periodic review timelines, with applicable edits, should help DCFS to reduce the paper work burden on line staff. It should also help DCFS achieve a greater degree of uniformity of compliance with internal and external data reporting and quality assurance requirements.

C. Quality Assurance and Supervision

Strength:

- **The State agency is committed to development of a Quality Assurance Program**

  The Department and DCFS have placed major emphasis on measuring and evaluating compliance with the David C Settlement Agreement, with a focus on procedural and process

requirements. Additionally, the DCFS has developed Programmatic Outcome Measures and Performance Goals (January, 1997), which contain both process and performance indicators for the stated outcomes. Qualitative outcome evaluation checklists and procedures have been made available to caseworkers and supervisors for their use in maintaining compliance with performance standards.

Area Needing Improvement:

- **There is a need to assure quality supervision is available to all child welfare caseworkers**

  The need of quality supervision of casework staff was emphasized by many of the stakeholders interviewed. Comments such as lack of supervisory consistency in providing support for workers, the need for additional supervisor training on how to help workers learn to integrate core training and perform day-to-day tasks, were some of the more common suggestions offered. A juvenile court judge commented that frequently judicial reviews become casework reviews, with the clear implication that caseworkers were looking to the court for supervisory direction and guidance.

Recommendation:

- DCFS should undertake efforts to strengthen first line supervision throughout the State. The persistency of comments regarding the uneven quality of supervision suggests this as an area for further evaluation and developmental action by the agency. A collaborative effort involving the University of Utah, School of Social Work and community-based agencies should help to develop training and administrative support necessary to strengthen this area of practice.

D. Staffing

Strength:

- **DCFS staff are dedicated and committed to their work**

  Department and DCFS leadership appear committed to recruitment and retention of quality staff that are dedicated to the mission of the agency. The current caseload standards appear to be reasonable and efforts have been made to reduce caseload size for new workers who require training and coaching during their initial year of employment. Despite these efforts, DCFS has experienced difficulty in recruitment and retention of staff,

particularly in rural areas of the state, where worker specialization is not possible due to caseload and staff allocations. Despite these staffing limitations, DCFS staff are innovative in developing collaborative partnership approaches with allied agencies to maximize their impact on families. As reflected in the case sample reviewed, good outcomes are happening for children and families which is a credit to the dedication and commitment of staff.

Area Needing Improvement:

- **DCFS should expand efforts to recruit staff from minority and ethnic communities.**

  The case management contracts in the Central Region have provided DCFS with staff which represent the cultural and ethnic minority groups served by the agency. However, the review team noted a lack of cultural and ethnic diversity in agency staff.

Recommendation:

Please reference comments and recommendations made under Section IV A of this report.

E. Staff and Provider Training

Strengths:

- **The DCFS training program focuses on developing job-related competencies**

  The agency requires all new child welfare workers and supervisors to attend CORE competency-based training to promote delivery of family-centered, inter-disciplinary, and culturally competent child welfare services. The priority has been on new employees so there is some disparity of skills among the more experienced staff, including supervisors. There is recognition by DCFS management that this training should be provided to all staff, with priority to supervisors to enhance their skills in helping staff transfer class-room learning to job tasks.

- **The DCFS partnership with the University of Utah, Graduate School of Social Work**

  The existing partnership effort between DCFS and the School of Social Work is supportive of on-going efforts to strengthen child welfare practice. This review identified training needs for caseworkers and supervisors that could be met through collaborative effort by DCFS and the School.

During FY 1997, the Graduate School of Social Work was awarded two child welfare training grants, under §426 of the Social Security Act, that are specifically targeted to social work education and inservice training for child welfare practice. The DCFS should explore opportunities for coordination with the School on these training grants.

Area Needing Improvement:

- **The CORE training program should be adapted to the needs of DCFS**

  The consensus among stakeholders and case-specific interviewees was that the CORE training should be adapted to the unique needs of the State. The ACF Regional Office is available to assist in coordinating this need with the resources available from the National Child Welfare Resource Centers that are funded by the Children's Bureau.

Recommendations:

- Increase worker training in interpersonal helping skills, case planning and cultural awareness.
- Provide additional training on the practice implications of the Indian Child Welfare Act.
- Provide supervisor training in coaching and mentoring of workers to transfer learning to job tasks.
- Provide rural foster parents more consistent access to training opportunities.

F. Foster and Adoptive Home Licensing/Approval/Recruitment

Strength:

- **Recruitment of foster and adoptive homes is a high priority.**

  Recruitment efforts have benefitted from the high level of interest and involvement of the Governor in two major state-wide initiatives, "The Governor's Initiative on Families Today" and the "Community Leaders Conference." Both of these initiatives had components related to foster home recruitment and involved outreach to the business, government and faith community leaders. A planned "Foster Care Foundation", devoted to recruitment and training of foster parents and other volunteers was to have started in September, 1997. The case management and service contracts in the Central Region have also contributed additional resources to the pool of foster care homes.

Area Needing Improvement:

- **There is a need for additional foster and adoptive homes.**

  There was consensus among stakeholders that despite the wide support and advocacy that recruitment has gained, the need for additional placement resources is great. In particular, more foster homes are needed for youth, sibling groups, and foster families that reflect the diversity of the population entering care.

Recommendation:

- With the active support of the Governor, DCFS has implemented outstanding efforts to recruit additional foster and adoptive families. The DCFS should actively pursue inclusion of the needs of its special populations in these recruitment initiatives, specifically focusing on the need for a balance in resources to reflect the diversity of the population of children in custody of the agency.

G. Case Review System

Strength:

- **The Courts and Foster Care Citizen Review Boards enable timely periodic review of foster care cases**

  With the implementation of the Foster Care Citizen Review Boards, Utah has a dual system to assure that timely periodic reviews are held in all cases. Case planning and timely periodic reviews are critical, especially since the passage of the Child Welfare Reform Act of 1994, which requires a permanency plan within one year of placement. Although not state-wide, the FCCRB reviews provide relief to crowded court dockets. However, as noted below, there are procedural, training and policy issues that appear to require negotiation and decision.

Area Needing Improvement:

- **The State foster care review systems**

  Some cases are being reviewed by both courts and the FCCRBs, creating the potential for conflicting direction and guidance to caseworkers, families and foster care providers. While both entities have jurisdiction and authority for case review, such duplication creates unnecessary workload burdens for courts, FCCRBs and DCFS staff.

  The consensus of stakeholders was that FCCRBs need additional training to more adequately perform their

reviews, make recommendations and approve case plans.

Recommendation:

- The State should resolve and clarify procedural issues regarding who has responsibility for performing periodic reviews of foster care cases and the periodicity of such reviews.

H. Service Array

Strength:

- **DCFS caseworkers use innovative practices to supplement the array of services.**

  Review of case records and the discussions with stakeholders and case-specific interviewees documented that there is wide variation in the availability of services across the State. Interagency cooperation and case-specific collaboration allows for effective, efficient use of limited resources. For example, youth advocates and teachers assist with client needs and thus help to fill gaps in available servcies. Lower caseload standards and the availability of contracted service providers has also helped to free time for caseworkers to perform direct service. The overall impression is that most caseworkers are dedicated, committed individuals who try very hard to make a difference for children and families.

Area Needing Improvement:

- **Gaps in services are particularly critical in rural areas of the State.**

  Gaps in the availability of specialized services exist in the rural, sparcely populated areas of the state. The situation appears to be more critical in areas such as mental health, drug and alcohol treatment, services for "ungovernable" youth, foster care homes and structured-care facilities.

Recommendation:

These resource gaps are known to DCFS management and were addressed in the State Self-Assessment Instrument, completed in July, 1997. Corrective actions are difficult, particularly for rural areas where staff resources and specialized services may not be available. However, the agency should continue efforts to strengthen the array of services, particularly in rural areas.

I. State-specific Issue: Culture of the Workplace

Area Needing Improvement:

- **Morale is an issue for further review and exploration by Department and DCFS manangement**

  During interviews with staff and stakeholders the issue of employee morale arose. The context of these comments was the impact that morale has on work performance, employee turnover and service outcomes for children and families. These comments were not uniformly made by state-level stakeholders or in the three local areas included in the on-site review. However, the issue of morale has been included for possible indepth evaluation by management of the Division and the Department.

Recommendations:

- DCFS should explore the impact that monitoring and compliance evaluation of processes related to the David C Consent Decree, and the dual system for case review has had on casework staff. Eliminate duplicative processes such as overlapping periodic reviews of case plans, where possible.

- DCFS should consider ways to recognize accomplishments of caseworkers in helping children and families achieve good outcomes in an environment of high accountability, limited services and resources.

WASHINGTON CHILD AND FAMILY SERVICE PILOT REVIEW

FINAL REPORT

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WASHINGTON CHILD AND FAMILY SERVICE PILOT REVIEW

EXECUTIVE SUMMARY

New Monitoring Strategy

The Administration for Children, and Families (ACF) is currently developing a new strategy for reviewing Federally assisted child and family services in the States. The new monitoring strategy will cover the range of Federally funded child welfare programs, including child protective services, foster care, adoption, independent living, and family preservation and support services. The reviews are being designed to encourage Federal/State partnerships in identifying and working toward improved outcomes for children and families, promote family-focused practice principles that are likely to lead to improved outcomes, provide opportunities for States to receive technical assistance where needed, and assist States to become self-evaluating over time.

Child and Family Outcomes

The outcome areas identified for review are *safety*, *permanency* and *child and family well-being*. Within each of these broad domains, more specific outcomes have been developed as follows.

In the area of safety, two outcomes were identified: (1) *children are protected from abuse and neglect in their own homes whenever possible*, and (2) *the risk of harm to children is minimized*. These outcomes reflect the mission of child protective services programs to protect children from abuse and neglect and promote the value of helping children to live safely with their own families when possible.

Two additional outcomes were identified in the area of permanency: (1) *children will have permanency and stability in their living situations*, and (2) *the continuity of family relationships, culture and connections will be preserved for children*. These outcomes reflect the primary goal of the foster care system to provide opportunities for children to grow up safely with permanent families, protecting the relationships and connections that are most important to their healthy development.

In the area of child and family well-being, three outcomes were identified that focus on using child welfare services to strengthen the ability of parents to care for their children and to ensure that the education and physical and mental health needs of children in foster care are met. They are: (1) *families will have enhanced capacity to provide for their children*, (2) *school-age children will have educational achievements appropriate to their abilities*, and (3) *children will receive adequate services to meet their physical and mental health needs.*

Piloting the New Strategy

An important component in developing a new monitoring strategy was a series of pilot tests of the self-assessment and on-site review processes. The Washington State Division of Children and Family Services (DCFS) agreed to participate in piloting the proposed review process, allowing the Federal government the opportunity to join with the State in examining its programs using the new review strategy. The review was structured to provide an assessment of Washington's child welfare program, identifying areas where the programs were or were not achieving the desired outcomes and providing technical assistance in the areas that would be most useful to the State.

As the first step in the review process, the Washington DCFS completed an extensive self-assessment instrument using information from participants in 19 focus groups and data on key performance indicators related to the outcome areas.

As the second step, an on-site review took place during the week of August 7, 1995. Information was gathered from a variety of sources to assess the State's performance. During the on-site review, a statewide sample consisting of 75 case records of children and families served by DCFS was reviewed by a team of 18 persons that included headquarters and regional staff from Washington DCFS, Federal ACF Region X staff, one representative from ACF Region VIII, and ACF Central Office staff.

In addition, eleven foster care cases from eight local offices in four regions were selected for an intensive review. The review team members interviewed family members, social workers and service providers for these cases. The review team also interviewed five key individuals respected for their statewide knowledge and understanding of the State child welfare system. The findings of the State self-assessment, the case record reviews, and interviews were then assembled in this report which addresses each of the three outcome areas. A brief summary of the findings in each outcome area follows.

Summary of Findings

Safety

- DCFS encourages the use of in-home services to prevent removal of children from their homes and does not place children in foster care unless they cannot be protected in their own homes.

- DCFS lacks a sufficiently broad array of in-home services; more services of longer duration and services to link families to on-going community supports are needed.

- The State has a well-defined risk assessment tool that encourages consistency in practice, particularly in identifying high risk cases. The risk assessment is less effective in assessing risk for children identified as

low risk who have prior reports of abuse and neglect.

- DCFS response to child protective services (CPS) reports is limited by weaknesses in communication both between CPS, Child Welfare Services (CWS), licensing, and after hours units, and between DCFS and mandatory reporters.

Permanency.

- The State of Washington has strong statutory protections to promote permanency for children and is continually working to improve permanency outcomes for children. DCFS staff have a good understanding of the basic concepts of permanency planning but have difficulty selecting and implementing appropriate and realistic permanency plans in complex cases when return home is no longer a realistic option. Guardianship and long-term foster care are sometimes inappropriately selected as permanency plans and adoption and independent living plans are under-utilized.

- Independent living services are not provided consistently to children in the foster care system.

- The timely achievement of permanency for children is limited by the lack of substance abuse treatment and a lack of understanding of substance abuse issues.

- The serious lack of foster homes adversely affects the permanency, safety and well-being of children. Foster family homes do not receive needed support services to care for children with significant needs.

Child and Family Well-Being.

- Family-centered practice principles are being promoted, although they are not consistently applied.

- DCFS lacks formal mechanisms for tracking foster children's health and educational needs and for ensuring that appropriate services are provided to meet these needs.

State Agency Issues.

- DCFS has a strong commitment to maintaining a skilled, competent and culturally diverse work force. DCFS staff demonstrate commitment and dedication to serving children and families. However, current high

workloads at the local level are adversely impacting on the agency's capacity to fulfill its mission.

- The status of data collection and reporting at the time of this review fails to support top management, supervisors and caseworkers with critical data needed to perform their jobs, and fails to provide reliable data on some key child welfare outcomes.

- The lack of available substance abuse treatment and the lack of DCFS staff training and expertise concerning substance abuse limits the ability of DCFS to effectively serve the many families in the child welfare system for whom substance abuse is an issue.

- DCFS has a commitment to research and evaluation. The Office of Children's Administration Research (OCAR) is recognized for its excellent work; information obtained in OCAR studies is used to continually improve DCFS operations and services.

Based on the findings of the review, ACF and DCFS jointly compiled a series of recommendations to address the areas in need of improvement. The ACF Regional Office is now working with Washington DCFS to identify those areas where immediate technical assistance can be provided and those that will require a longer term commitment of effort and resources.

INTRODUCTION

The Administration on Children, Youth and Families (ACYF) is currently developing a new strategy for reviewing Federally assisted child and family services in the States. The review takes a comprehensive view of Federally funded public child and family service programs. The new monitoring strategy will cover the range of federally funded child welfare programs, including child protective services, foster care, adoption, independent living and family preservation and support services.

In contrast to previous reviews of State child welfare programs which focused largely on procedural requirements, the new review process examines the outcomes, or results of services delivered to children and families in the States. The areas identified for review are *safety*, *permanency* and *child and family well-being*. Within each of these broad domains, more specific outcomes have been developed that reflect the mission of child welfare programs to provide protection for abused and neglected children, permanency for children who must enter foster care and support for families whose children are at risk of abuse or neglect. The specific outcomes being examined in the new review process are as follows:

Safety

(1) *Children are protected from abuse and neglect in their own homes whenever possible.*
(2) *The risk of harm to children is minimized.*

Permanency

(1) *Children will have permanency and stability in their living situations.*
(2) *The continuity of family relationships, culture and connections will be preserved for children*

Child and Family Well-being

(1) *Families will have enhanced capacity to provide for their children.*
(2) *School-age children will have educational achievements appropriate to their abilities.*
(3) *Children will receive adequate services to meet their physical and mental health needs.*

The Washington State Division of Children and Family Services (DCFS) agreed to participate in piloting the new child welfare review process, which allowed the ACF the opportunity to join with the State in examining its programs using the proposed review strategy. The review was structured to provide an assessment of Washington's child welfare program, identify areas where the programs were or were not achieving the desired outcomes and identify technical assistance needs in the areas that would be most useful to the State.

Key activities in the review process included the following:

- From April - July 1995, Washington DCFS staff completed a self-assessment of its child welfare programs. Nineteen focus groups were held in the six DCFS regions and at DCFS headquarters. Through the focus groups, input was obtained from DCFS staff and community members regarding the effectiveness of DCFS services. This information, combined with a review of State data on key performance indicators, was used to complete a State self-assessment.

- During the week of August 7, an on-site review was completed. An 18 person on-site review team (see Appendix) examined 75 case records (57 foster care and 18 child protective service\in-home service cases) selected from a statewide sample. In addition, eleven foster care cases from eight local offices in four regions were selected for an intensive review. For these cases, the team interviewed family members, social workers and service providers to obtain a broad perspective on State practice. These eleven cases were selected to include both urban and rural communities, large and small offices, ethnic diversity, and variations in length of stay in foster care. Cases were not intended to provide an individual profile of DCFS regions or offices. The team also interviewed local and State stakeholders to get additional information on State child welfare practice.

- Information from the State self-assessment, on-site record reviews, and on-site interviews was compiled by the review team in order to identify strengths and needs related to each of the outcome indicators. Recommendations for addressing the needs identified in the review were developed jointly between the ACF Regional office and DCFS and are contained in this final report.

SUMMARY OF KEY FINDINGS

These findings were compiled by integrating information from the State self-assessment, 75 case record reviews, interviews with key parties of selected cases, focus groups, and interviews with State and local stakeholders.

I. *Safety Outcome #1: Children are protected from abuse and neglect in their own homes whenever possible.*

A. Strengths

- In-home family preservation and support services are provided to protect children in their own homes when possible.

  The agency's mission statement reflects the belief that the family is the best place for a child to grow. The agency is committed to intervene to protect children when families are unable to do so themselves, at the same time, supporting families to care for their children. According to focus groups, this mission is effectively transmitted to the practice level in various ways, including mandatory worker training.

  This mission is further carried out at the practice level by the agency's effort to provide services to children to protect them in their own homes, when possible and appropriate. Stakeholders, focus groups, DCFS staff and parents all indicated that, when available, DCFS home support specialists provide effective in-home family-centered services. In addition, the case record review revealed that in well over half (46 of 75 records) of the case records reviewed, families were either provided family preservation and family support services or were referred to such services. Preserving and supporting families, while part of the agency mission, is part of the overall philosophical approach to work with families at the casework level.

B. Areas Needing Improvement

- **A broader array of in-home services that link families to community supports is needed.**

  Some form of family preservation and family support services were provided in over half of the cases reviewed. However, a broad array of in-home family preservation services is not available to vulnerable families in Washington State. Stakeholders and focus group participants noted that there was a shortage of services designed to fit individual family needs, in particular, services that connect families to long-term, ongoing community resources.

  While the State contracts for in-home family preservation services through the Homebuilders program, many stakeholders

To: Kathleen McHugh@ACYF.CB
From: Jan Shafer@ACYF.CB
Cc:
Bcc:
Subject: re: Welcome
Attachment:
Date: 8/18/98 12:07 PM

We're lucky to get him.

Try buckners@calib.com

I think that works.

Original text

8Xand focusgroupparticipaexpressed

concern that this program does not meet the needs of many of the families who could benefit from in-home services. The Homebuilders program is an intensive, short-term program that provides services to selected families in crisis. The focus group participants and stakeholders asserted that the program's length of service is insufficient to result in improved functioning beyond a crisis. While this intensive, time-limited model may be successful with some families, the families served by the DCFS require longer periods of intervention such as families facing substance abuse, mental health, or chronic neglect issues.

II. *Safety Outcome #2: The risk of harm to children is minimized.*

A. Strengths

- **Washington's use of a structured decision making process for assessment of risk of harm to children is effective.**

  Washington utilizes a structured decision making process for risk assessment with clearly defined policies and steps spelled out in the DCFS Policy Manual. This standardized approach to risk assessment allows for (1) objective analysis of a report of abuse or neglect, and (2) service delivery based on the level of risk, as opposed to whether there is a substantiation of abuse or neglect. According to research conducted by the Office of Children's Administration (OCAR), as well as interviews with stakeholders and staff, this process promotes generally consistent CPS practice. Washington State is a leader in the area of risk assessment and is committed to continuing to review, evaluate and improve this process.

- **DCFS has instituted several practices and procedures to reduce the risk of harm to children in foster care.**

  In response to identified concerns about child maltreatment in out-of-home care, DCFS has completed a health and safety review of foster homes and is reviewing licensing practices and procedures to make improvements where needed. The facilities complaint module for the State's automated information system, the Case Assignment & Management Information System (CAMIS), was brought on line in 1995 to (1) assist in tracking licensing violations and reports of maltreatment for children in out-of-home care, and (2) to provide this information to both licensing and child welfare services staff.

B. Areas Needing Improvement

- **The risk assessment process needs to strengthen its capacity to recognize cumulative harm and patterns of escalating risk for abuse and neglect.**

  An inherent weakness with utilizing most risk assessment tools is the problem of protecting children from moderate or lower level risk when there are multiple reports,

often escalating in degree of seriousness, but no one incident is serious enough to trigger an investigation or substantiate a finding of abuse or neglect. This is especially true when addressing the presence of chronic neglect. Of the records reviewed, over two thirds of the cases indicated previous reports of child abuse and neglect. For those children with previous reports of abuse or neglect, 27% had one previous report, 21% had two to seven previous reports, and 9% had ten to fifteen previous reports. Washington continues to struggle with this issue. Although the State manual addresses cumulative harm and OCAR is continuing research in an effort to strengthen risk assessment, this continues to be recognized as an area of need in the process of minimizing risk of harm to children.

- **Some systemic improvements in the process of handling reports of child abuse and neglect are needed.**

Although Washington's process for receiving, recording and responding to reports of child abuse and neglect are generally effective, areas in need of improvement were identified.

* Reports made to DCFS staff other than through the formal CPS intake channel often do not receive attention. For example, an individual reporting a concern about a particular child or family to a CWS worker may be asked to go through formal channels by contacting CPS intake. Many of these reports are being lost because the reporter doesn't then follow up and take this extra step. DCFS staff lack clarity about State policy concerning staff responsibility for handling CPS reports they receive; practice around the State is inconsistent in this area. Focus group participants indicated that reports are also lost when CPS, CWS, licensing and after-hours units do not follow clear policies for communication concerning reports. DCFS staff are not ensuring that all reports are received, recorded, and assessed for risk. Communication between CPS, CWS, licensing and after-hours units needs to be strengthened. DCFS staff must ensure that all reports are received, recorded and assessed for risk. Responsibility for communicating a concern to CPS intake should rest with all DCFS staff, rather than expecting the reporter to take responsibility for a follow up call.

* Individuals reporting an incident of child abuse or neglect want to know what happened to their report. The perception that the report does not result in action discourages individuals from reporting. DCFS offices lack clarity on whether they are required to provide feedback to mandatory reporters, and in practice feedback often does not occur. Offices that do regularly provide information to mandatory reporters indicate that this has resulted in significantly improved relationships with their communities. Improving communication between DCFS units and reporting back to the community require staff time. Limited support staff and high caseloads which far exceed national standards exacerbate these issues and increase the risk of harm to children.

- **Foster family home assessments need revision.**

  Recent fatalities of children in out of home placements have raised questions about role clarity both for licensing foster homes and supervising the care of children in foster homes to uphold the quality of care for children in these homes. Licensing requirements are focused on health and safety issues as well as a potential foster parent's ability to provide general quality care. While caseworkers who supervise children's care also concern themselves with qualities needed for individual children, compromises are made in licensing and selection of homes, and foster parents often are asked to care for more children than they can adequately care for. Some stakeholders believe that other factors which affect the decline in the quality of care provided by some foster parents are the insufficiency of support and training, inadequate supply of foster homes, and limited DCFS staff visits to foster homes.

  Compromises made at the front end, i.e., licensing and selection of homes for individual children may seen expedient initially, but eventually they reduce both the quality and quantity of foster homes. Concurrent attention to foster home retention and recruitment practices may be needed.

III. *Permanency Outcome #1: Children will have permanency and stability in their living situations.*

A. Strengths

- **Statutory protections and State initiatives support the achievement of permanency for children in out-of-home care.**

  Agency procedures to meet Federal statutory protections for children in foster care including the timely development of case plans, periodic reviews and dispositional court hearings as required by Public Law 96-272 are well established in policy and practice. Recognizing the need to establish permanency for children, the State is continually examining and improving its systems in order to improve permanency outcomes for children. Consistent with the Multiethnic Placement Act (MEPA), we believe that cultural continuity can be achieved with parents of similar and different backgrounds.

  In the 1993-94 Legislative session, the requirements for permanency planning hearings for children age ten and under were changed to every 12 months. Also DCFS, in conjunction with the King County Juvenile Court, has improved the quality and purpose of permanency planning hearings for children in King County resulting in improved permanency outcomes for these children. The Families for Kids initiative, funded by the Kellogg and Stuart Foundations, has some child-specific efforts, such as recruitment of permanent homes for legally free children. The Families for Kids workplan for 1995-96 also includes system reform efforts such as facilitating legal reform, modifying public policy to strengthen practice, and promoting successful models for family support

including parent-child visitation and adoption support improvements. Families for Kids staff have trained 50 percent of DCFS staff in concurrent permanency planning and these planning principles have been incorporated into the formal academy and advanced DCFS training curricula.

B. Areas Needing Improvement

- **Stated permanency case plan goals do not always reflect the most appropriate realistic permanency plans for children in foster care.**

At times, DCFS social workers have difficulty selecting and implementing appropriate and realistic permanent plans in complex situations in which return home is no longer a realistic option. Case plans which do not reflect the current planning for the child can lead to prolonged stays in foster care for children, placement disruptions, and increased difficulty in achieving permanency. For some children, reunification is the stated goal but this plan is no longer being pursued for the child and no steps toward permanency are being taken. For other children, guardianship is inappropriately selected when other permanency options would provide more stability and support for the child. Stakeholders and focus groups members particularly questioned the appropriateness of guardianship as a plan for younger children.

For some older children, guardianship or long-term foster care is selected as a permanent plan when independent living might have been the appropriate permanent planning goal. The State law which did not permit independent living as a permanency goal for children in foster care may have influenced agency service delivery in this area. However, legislation passed in 1995 established criteria for planning with older youth in out-of-home care and allowed the use of independent living as a permanency goal. Setting forth the conditions under which independent living should be considered as a permanent plan may provide the impetus for expanding and improving services in this area.

- **Adoption is not being achieved for some children for whom adoption is an appropriate choice.**

Worker attitudes and practices combined with the lack of adoptive homes and the lack of availability/reliability of adoption subsidies and post-adoption services result in permanency through adoption not being achieved for some children for whom adoption is appropriate. Some social workers will not initiate termination of parental rights (TPR) proceedings unless there is an adoptive home awaiting the child. This further contributes to children remaining in foster care with unrealistic permanency plans. Reliable data are not available on children in foster care for whom parental rights have been terminated, according to the State self-assessment; it may be available later in the year through the new legal/placement module in CAMIS. Families for Kids (Kellogg grant) strategies are emphasizing this population of waiting children.

- **Independent living services are not consistently provided to youth in the foster care system.**

  Preparing youth in foster care for living independently once they exit the foster care system has not been an agency priority. The independent living services and alternatives available for youth preparing for independence are too limited and under funded according to focus group participants. In addition, concerns were expressed that additional children should be identified who could benefit from independent living services and that sufficient funding was not provided for independent living alternatives. The State self assessment reports that a total of 341 children received independent living training and counseling during the past year, which is a rather small number, considering the population of youth in foster care.

  The State self assessment identified the Independent Living program as one of the areas where the agency's most important accomplishments occurred during the previous year. Changes have already been made to allow social workers to authorize individualized services through the use of an independent living payment code. In addition, the State is revamping its way of providing independent living services using performance-based contracts.

- **Foster family homes are unable to meet all the needs of children placed in their homes.**

  Children served by the agency often have multiple physical, mental health, and behavioral needs that increase the difficulty of serving them in foster family homes. The case record review showed that 47 of 57 children (82%) were placed in a family foster home, and 9 (18%) were placed in residential care. Focus group participants in some regions expressed the view that children in foster care need residential care, professional treatment foster homes, or wrap around services instead of traditional family foster care. Other difficult children require respite care and support groups, training and consultation for their foster parents if they are to remain in family foster care.

  Children's needs are not always appropriately matched to the capabilities of the foster parent, according to the vast majority of the stakeholder interviews. According to the State self-assessment, the insufficient number of foster homes is a significant reason for inappropriately placing children in homes unable to adequately meet their needs and a cause for subsequent multiple moves for children.

- **The stability of living arrangements for children needs further exploration.**

  Statewide data on the number of times children move while in out-of-home placement, indicates that nearly 75% of the children in foster care have one or two placement settings, although the agency acknowledges data integrity issues with this information. This would indicate that the placement setting for the vast number of children in foster

care is rather stable. However, information in the case records indicated that children move from one placement setting to another more often. In 59% of the cases reviewed, the children had 1 or 2 placement settings (33 of 57 cases), and in 23 out of 57 cases (40 percent), the children were in three or more placement settings. One case record did not contain any information.

The review also addressed children re-entering foster care which is an issue related to the stability of a child's living situation. There are no statewide data available to address the frequency at which children are re-entering foster care; however, this indicator was one reviewed in the foster care case records. In 28 of 57 of the cases (50%), the child reviewed had not been in foster care previously; whereas in 17 of the 57 cases reviewed (30%), the child had been in care twice. In the remaining cases (20%), the child had been in foster care 3 times or more.

- **Inadequate availability of substance abuse treatment impacts the agency's ability to provide permanency for children**

As the agency is aware, the widespread prevalence of substance abuse presents particular difficulties in providing services to maintain children in their homes and in reunifying families. This situation is made particularly acute due to the limited supply of substance abuse treatment and the long waiting lists for services.

Among stakeholders, the lack of available and easily accessible substance abuse treatment and follow-up services for parents and adolescents is widely regarded as one of the most prominent gaps in Washington State's child and family services system. The State self-assessment also highlighted the lack of accessible drug and alcohol services, both for adolescents and parents, as one of the most critical issues facing the child welfare system.

IV. ***Permanency Outcome #2: The continuity of family relationships, culture and connections will be preserved for children.***

A. <u>Strengths</u>

- **Efforts are made to encourage family relationships between children in foster care and their families.**

Contact between children and their parents and other relatives is encouraged by the agency and supported by line social workers in a number of ways. Stakeholders identified the agency's emphasis on and support for visitation as a strength, especially when visits occur in settings other than the DCFS office. Some local offices are focusing on increasing opportunities for parental visits, in ways that will encourage family relationships between children and their families, such as establishing special visitation centers. In addition the agency's 1995 budget provides funding for contracted visitation

services, which will increase the ability of DCFS to allow for more frequent contact between children in foster care and their parents. Information on frequency of visiting between children and their families was not available in nearly 40 percent of the case records.

The self-assessment, stakeholder interviews, and case record review pointed to efforts by the agency staff to place children in their own communities when possible. This is further evidence of the agency's commitment to maintaining relationships between children and their families. The State self-assessment and the case record review both indicated that agency efforts are made to place children close to their families and communities. According to the self assessment, in 1994, 2,417 of the 3,215 children in foster care (75%) were placed in the same county as their family of origin. The case record review showed that for children with the plan of reunification, nearly 77% of the children (20 of 26) were placed in the same county or community as their parents.

V. *Child and Family Well-Being Outcome #1: Families will have enhanced capacity to provide for their children.*

A. Strengths

- **DCFS promotes family-focused practice principles.**

Stakeholder and case-specific interviews confirmed that the agency is moving toward a family-centered approach. This philosophy is promoted through policy, guidance, and training offered to the front line staff. The State self-assessment also reflected strong support at the agency level for family centered practice, including the development of a Family-Centered Practice Model and the integration of family-centered principles in the new DCFS manual. The DCFS manual encourages staff to work with families to identify their strengths, develop plans, and provide individualized services to meet the family's needs.

B. Areas Needing Improvement

- Family involvement in case assessments and case planning needs further attention.

The case record review indicated that both foster care and CPS case records contained little information to indicate parental involvement in case planning activities, making it difficult to assess State performance in this area. Information from focus group participants indicates that family-centered practice is supported by State policy but is not consistently well understood at the caseworker level. While family-focused values and principles are emerging, they are not consistently practiced across the State. Some stakeholders and focus group participants were concerned that family- centered practice is challenging with high caseloads.

The specific areas that may need further exploration include: individualizing services to the identified needs of the child, parents, and foster parents; family and child involvement in case planning and decision making; participation in identifying needs and services, and participation in developing the permanency plan and other goal setting activities.

VI. *Child and Family Well-Being Outcome #2: School-age children will have educational achievements appropriate to their abilities.*

A. Areas Needing Improvement

- **Formal procedures for tracking the educational needs and achievements of children in foster care are minimal.**

The agency's capacity to identify and track the level of school performance for children in its custody and to identify individual educational needs for children is less than adequate. Based upon the foster care case record analysis, some educational information was available in 70 percent of the cases of school-aged foster children.

Social workers may gather information about the child's educational needs and status in accordance with the health and education case planning requirements, and are required to distribute it to the child's foster parent. However, social workers are not consistently taking responsibility for ensuring that children's educational needs are met. In addition, social workers have not been provided the necessary training and support to enable them to effectively carry out their roles.

Preliminary plans are already underway for developing Statewide policies and procedures for implementing a mechanism to track the educational information of children in foster care. As noted in the self-assessment, this is an area of focus for the current year.

- **Access to special educational services for children in foster care needs strengthening.**

The foster care case record review indicated that at least seventy percent of children in the agency's custody (20 out of 28 cases) were not at the normal grade level for their age. There was no further information provided from the State's information system on the educational status of children for whom the agency has responsibility.

With regard to special education services for children in foster care, the frequency with which children change schools makes it difficult to obtain needed services, particularly if the child requires a special education assessment. When children change schools, special educational assessments and service applications are re-evaluated at the new school, thus delaying the service even further. Social workers in the focus groups indicated that they do not understand the legally mandated responsibilities for school districts related to special education services. Some workers feel ill-prepared to advocate

effectively for the children in their caseloads and do not take responsibility to ensure that decisions at educational planning conferences meet the child's needs.

VII. *Child and Family Well-Being Outcome #3: Children will receive adequate services to meet their physical and mental health needs.*

A. Areas Needing Improvement

- **The ability of DCFS to track the physical and mental health needs of children in foster care is limited.**

Several concerns related to the medical needs of children for whom the agency has custody were identified in the State self assessment, in focus groups, and in stakeholder interviews. Specifically highlighted were concerns with the agency's ability to track the individual health needs of children, and the agency's ability to ensure that children receive required initial health screenings and ongoing health services. Participants in the focus groups expressed serious concern about unmet medical needs of children in care. Roles and responsibilities for workers, foster parents, and parents are not clearly defined with regard to the collection of health information, obtaining care, and follow-up on a child's medical needs.

There is no evidence to show that Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) screenings or other health screenings are routinely completed. Seventy-eight percent of children in DCFS custody saw a medical provider in 1993 (the last year for which data are available). However, only 30.4 percent of foster children received a formal EPSDT screening in 1993, according to the State self-assessment. While children may receive medical care for urgent health needs, less attention is given to ensuring that preventive and ongoing health problems are addressed. The foster care case record review was inconclusive on the issue of health information and health screenings. The child's medical history was available in 75 percent of the records reviewed (43 of 57); however specific immunization information was not available in 40 percent of the cases (19 of 57), and in nearly 75% percent of the cases (34 of 45) EPSDT or other timely health screenings were also not recorded in the record.

As noted earlier, DCFS has targeted this as a top priority area for program improvement. At the time of the review, the DCFS had established a work group to address the agency's concerns in this area. The State is planning to implement a "health passport" program to track medical information of children in out-of-home care. Recent reports are that the plan is to have the "passport" system operational in 1996, and that 360 hours of computer time has been dedicated to tracking health and education information. DCFS is also tracking EPSDT utilization and working with regional staff to promote the importance of preventive EPSDT services.

- **Access to mental health services for children and parents is a significant issue, particularly when families are also affected by substance abuse.**

  Difficulties for both parents and children to access mental health services were raised in stakeholder interviews and in the State self-assessment. The State self-assessment identified concern about the low medicaid reimbursement rates for mental health services, which may be a contributing factor to the availability and accessibility of these services. Moreover, particular concern was expressed about the ability to address the multiple needs of families faced with both mental health and substance abuse issues.

VIII. State Agency Characteristics

A. Strengths

- **DCFS has a strong commitment to maintaining a skilled, competent and ethnically diverse work force.**

  The agency maintains high standards for staff qualifications which allows DCFS to recruit and retain quality staff. Stakeholder and case specific interviews confirmed that the efforts of competent staff often produce positive outcomes for children and families. Staff demonstrate their commitment to the DCFS mission, at times, by using their own resources to pay for advanced job-related training and by holding fund-raisers to obtain additional flexible funds for the families they serve.

- **DCFS encourages culturally competent practice.**

  According to the participants of focus groups, DCFS has made major strides in the past 2 years in assuring cultural responsiveness. Cultural diversity has been a major theme in staff training and regional offices have developed a number of mechanisms to increase communication between the agency and communities of diverse cultures. DCFS has also increased the number of culturally competent contracted service providers. As the population served by the agency includes families of more diverse cultures and families with more complex issues, staff continue to face challenges in providing culturally appropriate services.

  DCFS Indian Child Welfare Act (ICWA) procedures are clearly delineated in the State ICWA manual. According to focus group participants, training has increased staff awareness and improved implementation of these provisions. Ongoing efforts are needed to ensure continued attention to ICWA requirements.

- **DCFS is developing quality assurance efforts to encourage the consistent application of written policies and procedures at the local practice level.**

  The State self-assessment highlights improving the monitoring of the health and safety

of children as a priority quality assurance initiative of the next year. Moreover, the 1995 State budget provides funding for development of an out-of-home system of quality assurance to ensure the health and safety of children. The quality assurance initiative and the issuance of a new DCFS Policy Manual are to be commended and should go a long way in promoting consistent practice and result in positive child and family outcomes across the State.

- **The Office of Children's Administrative Research provides ongoing research and evaluation for DCFS administrators, managers and line staff.**

The Washington State agency is one of the few child and family services agencies that has the internal capability of evaluating its child and family services programs. The Office of Children's Administrative Research conducts studies that are specifically designed to address the unique needs or concerns of the children and families served by DCFS. Additionally, this office is often asked to share lessons learned at National conferences and forums.

While this research unit is not responsible for ongoing "monitoring" of child and family services, clearly it is a valuable asset to administrators and managers with policy making responsibilities. Line workers and supervisors also benefit from these studies in making day to day practice decisions in their work with families and children. According to the State Self Assessment, this Office conducted several important studies affecting the safety, permanency, and well being of the children and families served by the agency. Studies have been completed on the State's group care population, utilization of risk assessment, and the Family Reconciliation Service Program. Current efforts have focused on CPS workload studies, characteristics of CPS cases, CPS consumer satisfaction surveys, and reunification issues.

B. Areas Needing Improvement

- **Excessive caseloads adversely affect outcomes for children and families.**

According to the State Self assessment, current staffing levels (with the exception of CPS intake) fall well below what the State has determined are needed to meet basic legal requirements. In many regions, current worker caseloads are above State standards.

The inadequate staffing levels and resulting high caseloads make it difficult to provide outcome based, family focused services and affects the safety, permanency, and well-being of children. Child Protective Services staff must respond to the most urgent situations, leaving some families with unmet needs that could later require more extensive and expensive agency services. Workers with excessively high caseloads also are required to spend an inordinate amount of time responding to media issues, transporting children for visits and other appointments, locating foster homes for children, communicating with parents, attorneys, and in court. These demands further limit their

ability to adequately serve families.

- **A lack of understanding of substance abuse issues limits the effectiveness of DCFS, DASA, and the courts when they serve families with both substance abuse and child protection issues.**

  Stakeholders and focus groups, including DCFS social workers indicated that a lack of understanding of substance abuse/child welfare issues negatively impacts decision-making concerning families faced with these concerns. Additional training on substance abuse issues, support and consultation from substance abuse experts, and decision-making protocols concerning in-home services, removal, return home and permanency in substance abusing families are needed. DCFS has recognized this area of concern and has developed a budget proposal requesting that substance abuse experts be hired to provide consultation to social workers in local offices.

- **The inadequate supply of out of home placement resources adversely impacts the safety and well being of children.**

  The State self-assessment highlighted the shortage of out of home placement resources, the severity of which was emphasized in all of the stakeholder interviews. The scarcity of placement resources for children in substitute care adversely impacts other factors affecting the safety and well being of children. For example, stakeholders expressed the view that the shortage of foster homes leads to out of home placement decisions which reflect a triage system with only those children in cases judged most severe being placed. In addition, the lack of appropriate placements designed to meet the needs of the children in foster care contributes to multiple moves, instability for children, foster parent burn-out, and acceptance of lower standards for quality in foster homes. Focus group participants emphasized that it was difficult to find appropriate family based placements for infants, older children, and children with special needs. Focus group members also suggested that a wider range of options in the foster care continuum was needed, particularly intensive foster care settings, if children were to be placed in settings which appropriately matched their needs.

- **The lack of available child welfare data for administrators, managers, and caseworkers inhibits efforts to improve outcomes for children and families.**

  While there are high expectations for CAMIS once it is fully implemented, the current information system falls short in several major respects. The State self-assessment noted major shortcomings of the existing data system to provide information that would enable the State to answer key questions about the status and effectiveness of the child welfare system; and the data were frequently described as unreliable, lacking integrity, or having problems. Case reviews revealed gaps in critical data and showed that routine automated reports are often not included in the case record. The agency had not submitted its first data set for the Adoption and Foster Care Analysis and Reporting System (AFCARS)

because of many of these shortcomings.

There were a significant number of key performance indicators that were not addressed in the State self assessment which the State may want to further explore when the data is considered reliable. In the safety area, important child abuse and neglect data that was either not available or not reliable include: the ability to determine the number of children with previous substantiated or indicated child abuse and neglect reports; the number of children by disposition of CAN investigations; repeat maltreatment of children; and the number of children in foster care with substantiated CAN. In the outcome area of permanency, data were either unavailable or unreliable for the following indicators: foster care re-entry rates; placement stability for children in foster care; relative placements; dispositional and periodic hearings; and many adoption data were not available, such as the number of children who are legally free for adoption.

- **Current training falls short of meeting the needs of the caseworkers.**

A common theme raised in the focus groups as noted in the State self-assessment, and one that was raised in interviews with case workers, concerns worker training. Social workers view training as one way of obtaining agency support as their jobs become increasingly complex. Workers indicated that they desire advanced job-related training, individualized training rather than mandatory training, and they desire the ability to influence decisions on the training to be provided.

Program managers also desire increased opportunities for training. Decentralization has resulted in changes in headquarters staff roles, particularly in relation to the field. Expectations for the roles of headquarters staff are not clearly defined and State program managers have not received training on how to perform their functions effectively.

RECOMMENDATIONS FOR PROGRAM IMPROVEMENT

Based on existing strengths and the findings of the review, the following recommendations were jointly developed.

Administration/Management

Permanency

- Increase staff ability to select and achieve appropriate permanency planning goals.

  Some possible approaches include:

  - Providing advanced training on permanency planning in complex cases;
  - Developing a system of consultation for caseworkers to access when trying to select and implement permanency planning decisions;
  - Encouraging a broad perspective; obtaining non-agency, community, and professional input when considering permanent plans in complex cases.

Adoption

- Examine funding/budgeting mechanisms and make adjustments to increase flexibility of funding between foster care, guardianship, and adoption and to use resources to best meet the needs of children. Services and payments available to families for children in foster care should also be available for children in the adoption support program.

- Remove institutional barriers to adoption support, applying family practice principles, increasing 1) access, 2) flexibility, and 3) level of service.

Health and Educational Needs

- Implement a system to ensure that the health and educational needs of children in placement are met.

- **Family-Centered Practice**

  Expand family-centered practice within the DCFS organization, modeling family-centered practice in the treatment of staff, identifying staff strengths, giving staff flexibility, delegating decision-making and supporting risk-taking. Encourage staffings, both formal and informal, including multi-disciplinary community participation.

- Expand and integrate family-centered practice into all DCFS practice.

  Some strategies to consider include:

  - Identifying family-centered practice that is occurring and building on it.
  - Providing support and consultation to staff on how to apply family-centered practice to challenging cases.
  - Providing training/discussions to determine how family-centered practice can be applied in local communities and social worker assessments, and in daily work with families.
  - Emphasizing increased family involvement in service planning and decision-making.

Child Protection

- Ensure that all reports of child abuse and neglect are received, recorded and assessed for risk, regardless of whether or not contact with DCFS is made through formal intake channels. Existing policies should be (1) clarified with all staff and (2) followed consistently throughout the state. Local offices should develop procedures to address this issue.

- Improve communication with mandatory reporters through formal feedback on the outcome of their reports.

Out-of-Home Care

- Increase out-of-home care resources by increasing foster parent satisfaction and improving foster parent/agency relationships.

  Some possible approaches to address this issue include:

  - Augmenting the OCAR study on foster parent satisfaction with similar information on the foster parent/caseworker working relationships from the caseworker perspective. Identify from the workers, barriers to effective working relationships with foster parents and address the complex issue of dissonant roles for workers as they relate to foster parents.

  - Based on the information in these studies and information from current regional efforts to support foster parents, develop and implement a plan to address improved caseworker/foster parent relationships, foster parent support, and retention.

Caseloads and Data Requirements

- Decrease caseloads to meet workload standards.
- Continued efforts are needed to meet AFCARS requirements and to improve data integrity.

Program Development

Preventive Services

- Expand the array, quantity, and geographic availability of in-home services of longer duration including services that link families with on-going community supports.

Independent Living

- Strengthen independent living services, making independent living an integral part of agency practice.

  Some strategies to address this recommendation include:

  - Giving organizational emphasis and higher visibility to the independent living program.
  - Developing a broader service array.
  - Improving linkages with other partners such as education.
  - Continuing to improve access and address utilization issues.
  - Developing field staff expertise in independent living and providing consultation for workers to assist in identification of appropriate resources on specific cases.

Adoption

- Expand the service array to include more post-adoption services including caseworker supports.

Substance Abuse Treatment

- Improve DCFS ability to service families with substance abuse issues.

  Some possible approaches include:

  - Collaborating with DASA and other agencies to improve access and increase availability of substance abuse treatment for child welfare clients.
  - Providing chemical dependency specialists to serve as resources for social work staff.
  - Providing advanced training to social workers to enable them to better take into

account substance abuse issues in their planning and decision-making for families.

- Providing training to courts to enable them to better take into account substance abuse issues in their decision-making for families.

Out of home care

Program Development: Expand array of out-of-home care to better care for children with serious and complex needs.

Intervention Models for Cumulative Harm

- Expand effective tools, techniques, and strategies to address patterns of cumulative harm.

Some concerns that could be addressed in this area include:

- The perception that imminent harm is required for agency intervention.
- The belief (and perhaps, in some cases, reality) that the court will not support the agency's intervention in cumulative harm cases.
- The prevalence of parental substance abuse in cumulative harm cases, and the difficulty of determining the impact of parental substance abuse on children.
- The need for agency/community role clarification, i.e., which of these cases are the responsibility of the state agency, whether child well-being is a state agency responsibility, and in which situations these cases should be served by the agency.
- The need to develop effective models for intervention in cumulative harm cases.
- The potential for a team approach with community partners.

Training

- Improve training for field staff, providing more advanced training and more training applicable to daily work. Provide training to program managers. Review pilot review report to identify areas needing additional training.

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