



# HUMAN SERVICES – REQUIRED REPORTS BY STATUTE

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE  
STAFF: STEPHEN JARDINE

ISSUE BRIEF

## SUMMARY

The following reports are required by statute. The Legislature is not required to take any action on these reports unless it so chooses.

## LEGISLATIVE ACTION:

The Legislature is not required to take any action on these reports unless it so chooses.

## REPORTS REQUIRED BY STATUTE:

The following reports are required by statute:

- Division of Child and Family Services describing the difference between actual performance and performance goals for the prior fiscal year [UCA 62A-4a-117 (4)]:**

*(5) Before January 1 each year the director shall submit a written report to the Child Welfare Legislative Oversight Panel and the Joint Health and Human Services Appropriations Subcommittee that includes:*

  - a comparison between the performance indicators for the prior fiscal year and the performance standards;*
  - for each performance indicator that does not meet the performance standard:*
    - the reason the standard was not met;*
    - the measures that need to be taken to meet the standard; and*
    - the division's plan to comply with the standard for the current fiscal year;*
  - data on the extent to which new and experienced division employees have received training pursuant to statute and division policy; and*
  - an analysis of the use and efficacy of in-home services, both before and after removal of a child from the child's home.*

In compliance with this reporting requirement, the Division of Child and Family Services (DCFS) has submitted the following reports:

- *Department of Human Services – Office of Services Review – Fiscal Year 2011 – A System Review of the Division of Child and Family Services (included in the appendix)*
- *Human Services Division of Child and Family Services – Salt Lake Valley Corrective Action Plan – <http://www.hsdcsf.state.ut.us/documents/SLVCorrectiveActionPlan2011.pdf>*
- *Western Region Marked Decline Plan – <http://www.dcf.utah.gov/documents/Western-MarkedDeclinePlanQCR2011.pdf>*
- *The DCFS annual report - <http://www.dcf.utah.gov/documents/annualreport2011--011112cm.pdf>*

2. **Division of Substance Abuse and Mental Health for local substance abuse and mental health reports** [UCA 62A-15-103 (2)(g)-(h)]:

(g) by July 1 of each year, provide to the Health and Human Services Interim Committee and the Health and Human Services Appropriations Subcommittee a written report that includes:

- (i) the annual audit and review;*
- (ii) the financial expenditures of each local substance abuse authority and its contract provider and each local mental health authority and its contract provider;*
- (iii) the status of the compliance of each local authority and its contract provider with its plan, state statutes, and the provisions of the contract awarded; and*
- (iv) whether audit guidelines established under Section 62A-15-110 and Subsection 67-3-1(10) provide the division with sufficient criteria and assurances of appropriate expenditures of public funds; and*
- (h) if requested by the Health and Human Services Interim Committee or the Health and Human Services Appropriations Subcommittee, provide an oral report as requested.*

In compliance with this reporting requirement, the Division of Substance Abuse and Mental Health (DSAMH) submitted the following report July 1, 2011:

- *Program Audits and Reviews of Substance Abuse and Mental Health Authorities and Contract Providers (included in the appendix)*

3. **Drug Courts regarding its programs and activities** – [UCA 51-9-201(4)-(6)]:

*(4) To the extent that funds will be available for appropriation in a given fiscal year, those funds shall be appropriated from the account in the following order:*

- (a) \$10,452,900 to the Department of Health for the Children's Health Insurance Program created in Section 26-40-103 and for restoration of dental benefits in the Children's Health Insurance Program;*
- (b) \$3,847,100 to the Department of Health for alcohol, tobacco, and other drug prevention, reduction, cessation, and control programs that promote unified messages and make use of media outlets, including radio, newspaper, billboards, and television, and with a preference in funding given to tobacco-related programs;*
- (c) \$193,700 to the Administrative Office of the Courts and \$2,325,400 to the Department of Human Services for the statewide expansion of the drug court program;*
- (d) \$4,000,000 to the State Board of Regents for the University of Utah Health Sciences Center to benefit the health and well-being of Utah citizens through in-state research, treatment, and educational activities; and*
- (e) any remaining funds as directed by the Legislature through appropriation.*

*(5) (a) If tobacco funds in dispute for attorney fees are received by the state, those funds shall be divided and deposited in accordance with Subsection (3) and Section 51-9-202.*

*(b) The amount appropriated from the Tobacco Settlement Restricted Account to the Department of Health for alcohol, tobacco, and other drug programs described in Subsection (4)(b), including the funding preference for tobacco-related programs, shall be increased by up to \$2,000,000 in a given fiscal year to the extent that funds in dispute for attorney fees are available to the state for appropriation from the account.*

*(6) Each state agency identified in Subsection (4) shall provide an annual report on the program and activities funded under Subsection (4) to:*

- 
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- (a) the Health and Human Services Interim Committee no later than September 1; and*
  - (b) the Health and Human Services Appropriations Subcommittee.*

In compliance with this reporting requirement, the Division of Substance Abuse and Mental Health (DSAMH) submitted the following report October, 2010:

- *Drug Court/Drug Board Program – Annual Report to the Utah Legislature - [http://www.dsamh.utah.gov/docs/Drug\\_Court\\_Legislative\\_Report\\_2011\\_1.pdf](http://www.dsamh.utah.gov/docs/Drug_Court_Legislative_Report_2011_1.pdf)*

4. **Aging and Adult Services on the “Out and About” Homebound Transportation Assistance Fund** [UCA 62A-3-110 (2) (c)]:

*(c) . . . make an annual report on the "Out and About" Homebound Transportation Assistance Fund to the Health and Human Services Appropriations Subcommittee.*

In compliance with this reporting requirement, the Division of Aging and Adult Services (DAAS) submitted the following report:

- *Division of Aging and Adult Services – Senior Rideshare Pilot (Out and About Fund) (included in the appendix)*

FY 2011 was the second year of operation for this program. By April 2011, the entity providing the program determined ongoing operation was no longer feasible. The program ceased prior to the third and final installment of the grant being delivered.

**DEPARTMENT OF HUMAN SERVICES ANNUAL REPORTS:**

Office of Services Review - FY 2011 Annual Report:

<http://www.hsosr.utah.gov/docs/2011%20OSR%20Annual%20Report.pdf>

Substance Abuse and Mental Health - FY 2011 Annual Report: [http://www.dsamh.utah.gov/docs/Annual\\_report\\_2011.pdf](http://www.dsamh.utah.gov/docs/Annual_report_2011.pdf)

Drug Court/Drug Board Program - FY 2011 Annual Report:

[http://www.dsamh.utah.gov/docs/Drug\\_Court\\_Legislative\\_Report\\_2011\\_1.pdf](http://www.dsamh.utah.gov/docs/Drug_Court_Legislative_Report_2011_1.pdf)

Services for People with Disabilities - FY 2010 Annual Report:

[http://dspd.utah.gov/reports\\_pdf/DSPD%202011%20Annual%20Report.pdf](http://dspd.utah.gov/reports_pdf/DSPD%202011%20Annual%20Report.pdf)

Child and Family Services - FY 2011 Annual Report: <http://www.dafs.utah.gov/documents/annualreport2011--011112cm.pdf>

Aging and Adult Services - FY 2011 Annual Report: <http://daas.utah.gov/pdf/2010-annual-report.pdf>

**APPENDIX – SELECTED REQUIRED REPORTS:**

The following reports are included in the appendix: 1) Department of Human Services – Office of Services Review – Fiscal Year 2011 – A System Review of the Division of Child and Family Services, 2) Program Audits and Reviews of Substance Abuse and Mental Health Authorities and Contract Providers and 3) FY 2011 Report to the Legislature – “Out and About” Homebound Transportation Assistance Fund:

DEPARTMENT  
OF HUMAN  
SERVICES

FY2011

*A SYSTEM REVIEW OF THE DIVISION OF CHILD AND FAMILY SERVICES*

Provided by the  
Office of Services Review

# Executive Summary

Based on data for the past ten years of Qualitative Case Reviews and Case Process Reviews, it appears the Child Welfare System traveled an upward path of continual system improvement from FY2001 to FY2007. Scores from both types of review suggest the period of upward momentum reached a peak in FY2007. Since that time, scores have steadily declined on most indicators of System Performance (84%) on the Qualitative

Review, and In-Home Services on the Case Process Review fell to 82%. This is the first year In-Home services fell below the standard of 85%.

Other highlights from the Office of Services Review FY2011 annual System Review of the Division of Child and Family Services include:

<b>STRENGTHS</b>	
<b>QUALITATIVE CASE REVIEW</b>	
<ul style="list-style-type: none"> <li>• Overall Child Status scored 89%.</li> <li>• Seven of the ten Child Status indicators scored above 85%.</li> <li>• Three of the six core System Performance indicators scored above the 70% standard.</li> </ul>	
<b>CASE PROCESS REVIEW</b>	
<ul style="list-style-type: none"> <li>• As identified in FY2010, the CPS Unable to Locate program needed immediate attention due to the continually falling scores. In FY2011, a reversal took place and three of four measures met or exceeded the standard with the fourth measure improving to 83%.</li> <li>• Foster Care initial or annual medical, mental health and dental exams met or exceeded the standard for the seventh consecutive year.</li> <li>• Timely initial or ongoing Foster Care plans were completed in 86% or more of the cases.</li> <li>• Foster Care workers are doing a better job at creating visitation plans for children and their parents, moving from 74% to 85% this year.</li> </ul>	

<b>AREAS FOR IMPROVEMENT</b>	
<b>QUALITATIVE CASE REVIEW</b>	
<ul style="list-style-type: none"> <li>• Long-term View and Child and Family Planning Process were on the cusp of showing marked declines.</li> <li>• Child and Family Team/Coordination fell below standard.</li> <li>• Overall System Performance fell below standard for the first time since FY2006.</li> </ul>	
<b>CASE PROCESS REVIEW</b>	
<ul style="list-style-type: none"> <li>• Overall In-Home Services scores fell below standard for the first time in five years.</li> <li>• Attention is needed toward providing visitation between siblings in separate Foster Care placements.</li> <li>• Providing all necessary information within practice timeframes to a potential caregiver dropped from 87% to 74%.</li> <li>• The Ansell Casey Assessment, used to determine skills toward independence by teens, had a marked decline in FY2011.</li> </ul>	

Submitted to:  
Utah State Legislature  
Child Welfare Legislative Oversight Committee  
Legislative Auditor General

A System Review  
of the  
Division of Child and Family Services

Submitted by: State of Utah Department of Human Services  
*Palmer DePaulis, Executive Director*

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# I. Introduction

The Office of Services Review (OSR) was formed in 1994 because of legislation that required the Executive Director of Human Services to report to the Legislature how well outcomes are achieved and policies followed in the state’s child welfare system. (Utah Code, Section 62A-4a-117, 118) To answer this requirement, OSR conducts two major reviews each year, the Qualitative Case Review (QCR) and the Case Process Review (CPR). Effectiveness of DCFS practice and compliance with State and/or Federal statutes are measured using these reviews. (Refer to Table I-1.)

QCR reviewers read case records and conduct interviews with key parties of each case. Interviews included parents, stepparents, guardians, foster parents, the child, school personnel, therapeutic supports, attorneys, placement providers, and other persons associated with helping the family.

Following the interviews, reviewers provided written justification of the scores, together with a short synopsis of how/why DCFS became involved with the family and how well the family is achieving identified goals.

CPR reviewers searched the DCFS electronic management system known as SAFE for evidence of compliance to statutory requirements and policy. Reviewers then traveled to field offices throughout

the state. Field visits granted caseworkers an opportunity to provide additional evidence not found within SAFE. Reviewers were able to provide one-to-one training and made recommendations for improving documentation techniques.

While the QCR was outcome oriented, the CPR was compliance oriented. For example, during the QCR, reviewers sought feedback from those involved with DCFS about whether the child’s health care needs were met (outcome). The CPR reviewer sought evidence of an initial or annual health exam completed within specific timeframes (compliance). The following report provides data gleaned from the QCR and CPR of FY2011.

REVIEW DIFFERENCES	Qualitative Case Review	Case Process Review
Method	Interviews with key parties and <i>limited</i> review of case record	<i>Thorough</i> review of case record
Sample	<u>By Region</u>	<u>State-wide</u>
Measurement	<i>Measures outcomes</i>	<i>Measures compliance</i>

**Table I-1**

## II. Qualitative Case Review

### Purpose of Review

The Qualitative Case Review (QCR) is a method of evaluation used by the Office of Services Review (OSR) to assess the performance of the child welfare system and the status of children and families served by the Division of Child and Family Services (DCFS).

Each region's improvement or decline in performance (relative to standards set at 85% for Overall Child Status and Overall System Performance and 70% for each Core System Performance indicator) is measured using the QCR. Domains or indicators that showed a marked decline, which was defined as a decline of 8.34% or more below any standard, required DCFS to create an action plan outlining how they would improve practice.

### *Methodology*

OSR completed a Qualitative Case Review for each region of DCFS. Reviews began in September 2010 and concluded in May 2011. A total of 168 cases were randomly selected. Twenty-four cases were selected in most regions. Due to the large size of the Salt Lake Valley region two separate reviews, each consisting of 36 cases, were conducted. OSR selected the cases for review based on a sampling matrix that ensured representative groups of children were selected. The sample included children in Out-of-Home care and families receiving In-Home Services such as voluntary counseling services (PSC), protective supervision services (PSS), or intensive family preservation services (PFP).

Information was obtained through in-depth interviews with the child (if old enough to participate), parents or other guardians, foster parents (if the target child was placed in foster care), caseworker, teacher, therapist, service providers, and others having a significant role in the child's life. The child's file, including prior CPS investigations and other available records, was also reviewed.

An important element of a QCR is participation of professionals outside of the DCFS system who act as reviewers. These professionals may work in related

fields such as mental health, Juvenile Justice Services, education, etc. All reviews included professionals from DCFS, OSR, local agencies, and providers within the community.

The QCR instrument used by reviewers (the QCR Protocol) was divided into two domains. The first domain appraised the child and family's status. Indicators within this domain were:

- ❖ Safety
- ❖ Stability
- ❖ Appropriateness of Placement
- ❖ Prospects for Permanence
- ❖ Health/Physical Well-being
- ❖ Emotional/Behavioral Well-being
- ❖ Learning Progress/Development
- ❖ Caregiver Functioning
- ❖ Family Functioning and Resourcefulness
- ❖ Satisfaction

The second domain measured the performance of the child welfare system. Reviewers evaluated the implementation of DCFS Practice Model principles and skills. The indicators in this domain were:

- ❖ Child and Family Participation
- ❖ Child and Family Team and Coordination
- ❖ Child and Family Assessment
- ❖ Long-term View
- ❖ Child and Family Planning Process
- ❖ Plan Implementation
- ❖ Formal and Informal Supports/Services
- ❖ Successful Transitions
- ❖ Effective Results
- ❖ Tracking and Adaptation
- ❖ Caregiver Support

Each indicator was scored on a scale of one to six, with one representing a completely unacceptable outcome and six representing an optimal outcome. A weighted method was used to calculate Overall Child Status scores and Overall System Performance scores. A narrative report written by the review team provided background information of the child and family's circumstances, evaluated the child's status, and described the strengths and weaknesses of the

system. The reviewers made specific suggestions for improvement, if needed.

### ***Data Reliability***

Several controls were in place to ensure data accuracy. Two individuals reviewed each case to minimize personal bias, and DCFS reviewers did not review cases from the region where they were employed. The Office of Services Review assessed each case story for completeness and consistency with the scoring guidance.

Finally, a case story narrative for each case was submitted to the caseworker and region administration for their review. The supervisor and region administrators had the opportunity to provide clarification to reviewers during the debriefing of the case. The regions also had the option to appeal scores on individual cases.

### ***Stakeholder Interviews***

The results of the QCR should be considered within a broad context of local or regional interaction with community partners. As part of the QCR process, OSR staff interviewed stakeholders from four of the five DCFS regions. OSR did not conduct stakeholder interviews in the Salt Lake Valley Region because federal reviewers, in conjunction with the Federal Child and Family Services Review, had interviewed stakeholders just a few months prior to the scheduled QCR. Interviews conducted by OSR included key community stakeholders, community agencies, and DCFS staff. For FY2011, reviews were supported by a total of 39 interviews, including 20 focus groups and 19 individual interviews. Stakeholders interviewed included:

- ❖ **Foster parents**
- ❖ **Cluster Group Leaders**
- ❖ **Utah Foster Care Foundation**
- ❖ **Juvenile Court Judges**
- ❖ **Parents' Attorney**
- ❖ **Proctor Care Providers**
- ❖ **Mental Health Providers**
- ❖ **Drug Treatment Provider**
- ❖ **School Principals**
- ❖ **Youth in Custody Staff**
- ❖ **Law Enforcement**
- ❖ **Members of Quality Improvement Committees**
- ❖ **Guardians ad Litem**
- ❖ **Assistant Attorneys General**
- ❖ **DCFS Caseworkers**
- ❖ **DCFS Supervisors**
- ❖ **DCFS Region Administrators**

Findings and conclusions from the stakeholder interviews were included in each of the regional reports completed by OSR after each QCR review.

## **Statewide Overall Scores**

A broad perspective examined the Overall Scores for the two domains: Child and Family Status and System Performance. Table II-1 illustrates the statewide performance of DCFS, gives historical background, and charts trends in Overall Child Status and System Performance. As the graph illustrates, the child welfare system met or exceeded the 85% standard for the past 11 years in Child Status; however, outcomes for children have gradually declined over the past four years after peaking in FY2007. System Performance, which had been essentially flat for approximately four years, fell below standard this year to 84%. This is the lowest System Performance score since 2006.

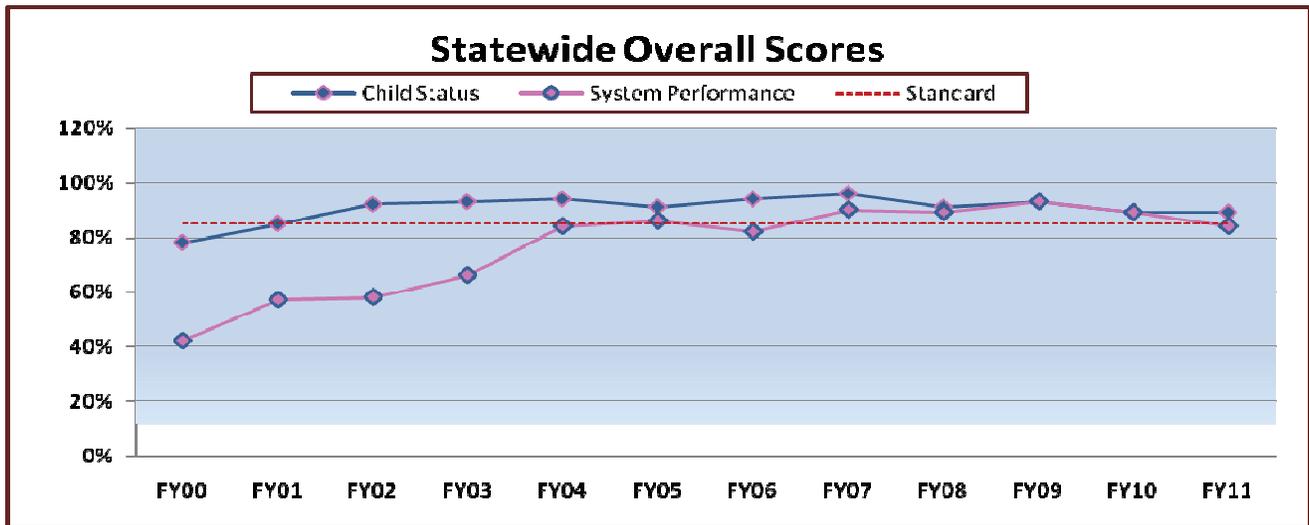


Table II-1

## Results

### Child and Family Status

Established standards require at least 85% of all cases reviewed to attain an acceptable overall score on Child Status. Scores on individual status indicators identified strengths and needs in specific areas. The overall scores for the past five years are shown in Table II-2. Overall Child Status for FY2011 showed 89% of cases were acceptable. This was identical to the score in FY2010. The Division met or exceeded the 85% standard for the eleventh

consecutive year. Child Status indicators with a statewide average of 85% or better included Safety (89%), Appropriateness of Placement (96%), Health/Physical Well-being (100%), Emotional/Behavioral Well-being (88%), Learning Progress (88%), Caregiver Functioning (97%), and Satisfaction (87%). Historically, the most challenging Child Status indicators are Stability, Prospects for Permanence, and Family Resourcefulness. Each of these indicators achieved a higher score this year than last year.

State Child Status	# of cases acceptable	# of cases needing improvement	FY07	FY08	FY09	FY10	FY11 current score
Safety	150	18	96%	93%	92%	89%	89%
Stability	130	38	74%	67%	75%	67%	77%
Appropriateness of Placement	162	6	97%	93%	96%	96%	96%
Prospect for Permanence	111	57	72%	62%	75%	63%	66%
Health/Physical Well-being	168	0	99%	100%	99%	99%	100%
Emotional/Behavioral Well-being	148	20	91%	85%	91%	87%	88%
Learning Progress	147	21	91%	86%	85%	90%	88%
Caregiver Functioning	103	3	97%	100%	99%	99%	97%
Family Resourcefulness	69	33	74%	68%	74%	66%	68%
Satisfaction	144	22	91%	92%	93%	91%	87%
<b>Overall Score</b>	150	18	<b>96%</b>	<b>91%</b>	<b>91%</b>	<b>89%</b>	<b>89%</b>

Table II-2

**Safety**

Safety is referred to as the “trump” indicator for child status. Since Safety is central to the overall well-being of a child, a case cannot receive an acceptable rating on Overall Child Status if it receives an unacceptable rating on Safety. To receive an acceptable rating, the child had to be safe from risks of harm in his/her living environment as well as his/her learning environment. Others within the child’s daily settings also had to be safe from behaviors or activities of the child. Of the 168 cases in the sample, 150 had acceptable scores on safety,

which represented 89% of all reviewed cases. This is identical to the previous year’s score of 89%.

**Child Status by Region**

Table II-3 shows the Overall Child Status results by region. All five regions exceeded the 85% standard for Overall Child Status. Four of the regions scored 88%. Western region achieved a score of 100%, which was a substantial improvement from the prior two years in which they scored below standard at 83%.

Child Status	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	78%	83%	96%	96%	100%	92%	100%	96%	96%	100%	88%	88%
Northern Region	89%	75%	96%	100%	100%	96%	96%	100%	96%	83%	87%	88%
Salt Lake Region	87%	90%	88%	89%	90%	88%	92%	96%	89%	91%	90%	88%
Southwest Region	89%	83%	88%	96%	96%	100%	96%	91%	92%	96%	96%	88%
Western Region	50%	83%	100%	92%	92%	88%	92%	96%	87%	83%	83%	100%
Overall Score	78%	85%	92%	93%	94%	91%	94%	96%	91%	91%	89%	89%

Table II-3

**System Performance**

The standard for Overall System Performance is 85%. The standard for Core Indicators within System Performance is 70%. The shading in Table II-4 highlights the Core Indicators and the Overall System Performance scores. After maintaining the Overall System Performance score above the 85%

standard for the past four years, the score fell to 84% this year. The Overall System Performance score declined from 93% to 84% over the past two years. Table II-4 illustrates System Performance results for the last five years.

State System Performance	# of cases applicable	# of cases needing improvement	FY07	FY08	FY09	FY10	FY11 current score
Child & Family Team/Coordination	116	52	83%	76%	78%	73%	69%
Child and Family Assessment	120	48	74%	67%	77%	71%	71%
Long-term View	105	63	73%	69%	78%	66%	63%
Child & Family Planning Process	104	64	88%	78%	78%	72%	62%
Plan Implementation	143	25	91%	89%	96%	90%	85%
Tracking & Adaptation	134	34	84%	87%	89%	86%	80%
Child & Family Participation	130	38	93%	89%	92%	85%	77%
Formal/Informal Supports	152	16	94%	91%	95%	95%	90%
Successful Transitions	108	34	79%	78%	81%	77%	76%
Effective Results	140	28	90%	83%	88%	84%	83%
Caregiver Support	101	8	97%	98%	96%	97%	93%
Overall Score	141	27	90%	89%	93%	89%	84%

Table II-4

***System Performance by Region***

Table II-5 shows FY2011 Overall System Performance scores by region. Four of the five regions exceeded the 85% standard last year, but Northern Region is the only region that exceeded the standard this year. All other regions dropped to 83%.

Three regions (Northern, Southwest, and Western) scored 92% or higher last year on Overall System Performance. This year the highest score achieved by any region was 88%.

System Performance	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	33%	75%	67%	71%	83%	92%	88%	83%	78%	96%	83%	<b>83%</b>
Northern Region	22%	50%	58%	58%	79%	83%	88%	96%	91%	96%	96%	<b>88%</b>
Salt Lake Region	48%	53%	49%	59%	86%	83%	76%	93%	88%	93%	86%	<b>83%</b>
Southwest Region	53%	71%	79%	88%	92%	100%	92%	83%	88%	96%	92%	<b>83%</b>
Western Region	32%	43%	54%	71%	79%	77%	79%	88%	100%	88%	92%	<b>83%</b>
Overall Score	42%	57%	58%	66%	84%	86%	82%	90%	89%	93%	89%	84%

Table II-5

**Core Indicators**

Core Indicators in System Performance measure the application of Practice Model skills in child welfare work. The core indicators are Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child and Family Planning Process, Plan Implementation, and Tracking and Adaptation. Collectively, last year the regions scored above the 70% standard on five of the six core indicators. This year the statewide score was above standard on only three of the indicators (Child and Family Assessment, Plan Implementation, and Tracking and Adaptation). In FY2010, the score on every core indicator decreased from the previous year's score. The score on every core indicator decreased again in FY2011. The largest decrease

was on Child and Family Planning Process, which decreased from 72% to 62%. Long-term View remained below standard at 63%. More information about each core indicator follows.

***Child/Family Team and Coordination***

Shown in Table II-6, the statewide score on Child and Family Team/Coordination was 69%. Two of the five regions exceeded the 70% standard on this indicator (Northern and Southwest). Two regions (Eastern and Southwest) improved their scores. The other three regions declined, with two of the three declining by ten percentage points or more. The Division's Overall Score on this indicator has decreased by 9 percentage points over the past two years (78% to 69%).

C & F Teaming/Coord.	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	22%	50%	67%	75%	75%	79%	75%	74%	65%	79%	58%	<b>63%</b>
Northern Region	44%	29%	42%	42%	67%	75%	71%	83%	83%	88%	74%	<b>71%</b>
Salt Lake Region	37%	29%	35%	54%	78%	80%	75%	87%	71%	73%	79%	<b>69%</b>
Southwest Region	53%	71%	67%	92%	96%	100%	92%	83%	79%	92%	63%	<b>75%</b>
Western Region	36%	30%	38%	54%	83%	73%	75%	79%	91%	67%	79%	<b>67%</b>
Overall Score	39%	39%	45%	61%	79%	81%	77%	83%	76%	78%	73%	69%

Table II-6

### *Child and Family Assessment*

In FY2011 four regions (Eastern, Northern, Southwest, and Western) achieved scores above the 70% standard. As shown in Table II-7, the Eastern Region experienced a remarkable twenty nine percentage point increase in the Assessment

indicator, after it dropped to 50% last year. The Division's Overall Score dropped from 77% to 71% between FY2009 and FY2010 and remained at 71% in FY2011. The Overall Score was above standard for the third year in a row.

C & F Assessment	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	11%	67%	54%	58%	38%	63%	50%	65%	57%	75%	50%	79%
Northern Region	11%	42%	54%	42%	54%	67%	54%	79%	70%	79%	78%	79%
Salt Lake Region	27%	37%	33%	54%	71%	52%	69%	79%	67%	78%	72%	63%
Southwest Region	37%	54%	42%	63%	83%	88%	71%	61%	75%	75%	75%	76%
Western Region	27%	30%	46%	42%	63%	68%	54%	75%	70%	75%	75%	75%
Overall Score	27%	44%	42%	52%	64%	63%	62%	74%	67%	77%	71%	71%

Table II-7

### *Long-term View*

Long-term View has been the most challenging core indicator in System Performance over the years, as illustrated in Table II-8. In FY2010, three regions achieved scores above the 70% standard. In FY2011, only one region (Northern) achieved an above standard score (83%). This was a 9 percentage point increase from last year's score. Western Region experienced a seventeen percentage point increase in FY2010, but had a thirteen percentage point

decrease this year, which resulted in a marked decline for their region (58%). Salt Lake Region and Eastern Region also experienced marked declines on this indicator; they both scored 58%. The Division's Overall Long-term View score decreased from 66% to 63%, which was extremely close to a marked decline on this indicator. (A marked decline is a score below 61.66%)

Long-Term View	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	0%	50%	25%	50%	50%	63%	54%	65%	65%	88%	46%	58%
Northern Region	0%	29%	42%	25%	58%	71%	75%	92%	83%	83%	74%	83%
Salt Lake Region	33%	37%	32%	41%	70%	54%	56%	73%	64%	78%	65%	58%
Southwest Region	26%	38%	38%	54%	88%	92%	83%	65%	75%	88%	75%	63%
Western Region	9%	26%	26%	50%	50%	68%	54%	71%	65%	54%	71%	58%
Overall Score	21%	36%	32%	43%	65%	65%	63%	73%	69%	78%	66%	63%

Table II-8

### *Child and Family Planning Process*

As seen in Table II-9, four of the five regions experienced a decrease in scores on Child and Family Planning Process; however, Eastern region increased their score from 63% to 71%. Three of the regions dropped between 8 and eleven percentage points, but Western Region's score fell thirty three percentage points. Due to the drop in scores for four

of the five regions, including the substantial drop in Western region, the Overall Score for the state dropped ten percentage points (72% to 62%). Two regions had marked declines (Salt Lake and Western) two regions achieved scores that were above standard (Eastern and Southwest).

Child & Family Planning	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	0%	63%	67%	58%	71%	71%	83%	83%	87%	83%	63%	71%
Northern Region	11%	46%	46%	46%	63%	79%	83%	88%	87%	88%	78%	67%
Salt Lake Region	48%	31%	49%	60%	75%	72%	68%	93%	71%	72%	69%	61%
Southwest Region	32%	58%	54%	79%	83%	96%	92%	83%	88%	83%	83%	75%
Western Region	27%	35%	54%	67%	63%	68%	67%	83%	74%	75%	71%	38%
Overall Score	33%	42%	52%	62%	72%	76%	75%	88%	78%	78%	72%	62%

Table II-9

**Plan Implementation**

All regions have traditionally done well on Plan Implementation as demonstrated in Table II-10. For the ninth consecutive year, every region was above standard on Plan Implementation; however, the Overall Score dropped 6 percentage points from FY2009 to FY2010 and dropped another 5

percentage points between FY2010 and FY2011 for a two-year decrease of eleven percentage points. Nevertheless, Plan Implementation has been the highest scoring Core Indicator in System Performance for the past 11 years.

Plan Implementation	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	44%	71%	75%	79%	79%	92%	92%	100%	96%	100%	92%	83%
Northern Region	56%	67%	67%	71%	71%	83%	88%	96%	87%	92%	96%	83%
Salt Lake Region	70%	68%	57%	71%	87%	86%	79%	89%	88%	97%	92%	85%
Southwest Region	53%	75%	83%	92%	96%	100%	88%	83%	79%	100%	83%	88%
Western Region	45%	61%	71%	83%	79%	91%	92%	92%	96%	92%	88%	88%
Overall Score	53%	68%	67%	77%	84%	89%	86%	91%	89%	96%	90%	85%

Table II-10

**Tracking and Adaptation**

As seen in Table II-11, all regions scored above standard for the eighth consecutive year on Tracking and Adaptation; however, scores dropped in four of the five regions. Only Southwest Region improved their score on this indicator. Northern Region and Western Region fell by seventeen percentage points while Eastern and Salt Lake regions experienced

single digit declines. The Overall Score fell 3 percentage points from FY2009 to FY2010, then fell another 6 percentage points this year for a two-year decline of 9 percentage points. Nevertheless, the Tracking and Adaptation score remained above the 70% standard.

Tracking and Adaptation	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
Eastern Region	56%	75%	79%	83%	71%	88%	88%	78%	78%	88%	79%	71%
Northern Region	56%	54%	58%	67%	71%	88%	83%	96%	78%	88%	100%	83%
Salt Lake Region	69%	54%	57%	57%	83%	76%	75%	87%	88%	91%	86%	83%
Southwest Region	47%	75%	79%	96%	96%	100%	92%	74%	88%	88%	71%	79%
Western Region	36%	43%	50%	63%	83%	77%	79%	79%	100%	88%	92%	75%
Overall Score	55%	59%	63%	69%	81%	84%	81%	84%	87%	89%	86%	80%

Table II-11

## Summary of Progress by Region

After each Qualitative Review, individualized reports were provided to each region regarding the outcome of the review. The FY2011 Qualitative Case Review results for each region are presented below. Charts include the region's performance on all Child Status and System Performance indicators.

## Eastern Region

The Eastern Region maintained an Overall Child Status score above the 85% standard at 88% as shown in Table II-12. Of the ten Child and Family Status indicators, the region maintained one indicator above 90% and another scored 100%. Four other status indicators scored above 80%. One of the more challenging status indicators, Prospects for Permanence, had a twelve percentage point increase from 63% to 75%.

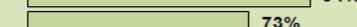
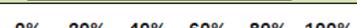
Eastern Child Status	# of cases (+)	# of cases (-)	Standard Criteria 85% on overall score	FY07	FY08	FY09	FY10	FY11
Safety	21	3	 88%	96%	100%	100%	88%	88%
Stability	18	6	 75%	87%	83%	79%	75%	75%
Approp. of Placement	21	3	 88%	96%	100%	100%	88%	88%
Prospects for Permanence	18	6	 75%	61%	65%	88%	63%	75%
Health/Physical Well-being	24	0	 100%	100%	100%	100%	96%	100%
Em./Beh. Well-being	19	5	 79%	96%	87%	100%	83%	79%
Learning Progress	20	4	 83%	91%	91%	92%	92%	83%
Caregiver Functioning	15	1	 94%	94%	100%	100%	100%	94%
Family Resourcefulness	11	4	 73%	77%	83%	69%	67%	73%
Satisfaction	21	3	 88%	78%	87%	96%	96%	88%
<b>Overall Score</b>	<b>21</b>	<b>3</b>	 88%	<b>96%</b>	<b>96%</b>	<b>100%</b>	<b>88%</b>	<b>88%</b>

Table II-12

As seen in Table II-13, in FY2010 Eastern Region scored below standard on most of the core System Performance indicators as well as Overall System Performance. In FY2011, four core indicators achieved improved scores; however, the region's Overall System Performance score was below standard at 83%, identical to last year's score. This year four of the six Core Indicators for System Performance scored above the 70% standard;

however, Long-term View showed a marked decline with a score of 58%. Although a marked decline is always a concern, having only one was a significant improvement over FY2010 when three marked declines occurred. The region improved its Child and Family Team score by 5 percentage points and the Child and Family Assessment score by twenty nine percentage points.

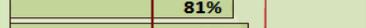
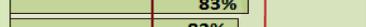
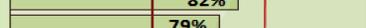
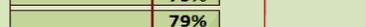
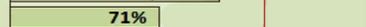
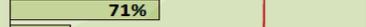
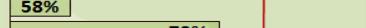
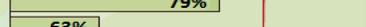
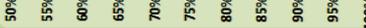
Eastern System Performance	# of cases (+)	# of cases (-)	Standard Criteria 70% on Shaded indicators	FY07	FY08	FY09	FY10	FY11
			Standard Criteria 85% on overall score					
C&F Team/Coordination	15	9	 83%	74%	65%	79%	58%	63%
C&F Assessment	19	5	 81%	65%	57%	75%	50%	79%
Long-term View	14	10	 83%	65%	65%	88%	46%	58%
C&F Planning Process	17	7	 82%	83%	87%	83%	63%	71%
Plan Implementation	20	4	 79%	100%	96%	100%	92%	83%
Tracking & Adaptation	17	7	 79%	78%	78%	88%	79%	71%
C&F Participation	19	5	 71%	83%	74%	96%	79%	79%
Formal/Informal Supports	19	5	 83%	96%	96%	100%	92%	79%
Successful Transitions	18	4	 71%	85%	65%	82%	64%	82%
Effective Results	20	4	 58%	87%	78%	100%	79%	83%
Caregiver Support	13	3	 79%	94%	93%	100%	100%	81%
<b>Overall Score</b>	<b>20</b>	<b>4</b>	 63%	<b>83%</b>	<b>78%</b>	<b>96%</b>	<b>83%</b>	<b>83%</b>

Table II-13

### Northern Region

Northern region was the highest performing region in FY2011 and the only region that achieved above standard scores on both Overall Child Status and Overall System Performance. Northern region maintained an Overall Child Status score above the 85% standard with a score of 88% as illustrated in

Table II-14. Of the ten Child and Family Status indicators, seven indicators scored at or above 85%. Stability and Prospects for Permanence had substantial double-digit increases of eighteen percentage points and twenty seven percentage points respectively.

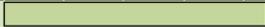
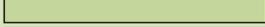
Northern Child Status	# of cases (+)	# of cases (-)	Standard: 85% on overall score	FY07	FY08	FY09	FY10	FY11
Safety	21	3		100%	96%	83%	87%	88%
Stability	20	4		83%	70%	92%	65%	83%
Approp. of Placement	24	0		100%	96%	96%	96%	100%
Prospects for Permanence	21	3		88%	74%	88%	61%	88%
Health/Physical Well-being	24	0		100%	100%	100%	100%	100%
Em./Beh. Well-being	21	3		92%	91%	96%	83%	88%
Learning Progress	23	1		92%	91%	83%	96%	96%
Caregiver Functioning	14	0		100%	100%	100%	100%	100%
Family Resourcefulness	8	6		82%	80%	73%	53%	57%
Satisfaction	20	4		92%	96%	83%	96%	83%
<b>Overall Score</b>	<b>21</b>	<b>3</b>		<b>100%</b>	<b>96%</b>	<b>83%</b>	<b>87%</b>	<b>88%</b>

Table II-14

As seen in Table II-15, Northern Region maintained an Overall System Performance score above the 85% standard. All Core Indicators for System Performance scored above the 70% standard with the exception of Child and Family Planning, which scored just below standard (67%).

A substantial increase in the Prospects for Permanence score mirrored an increase in the Long-term View score (from 74% to 83%). There were double-digit decreases in both Plan Implementation and Tracking and Adaptation.

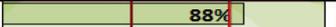
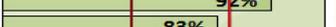
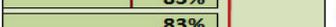
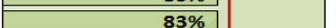
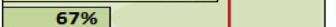
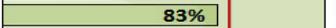
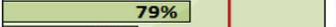
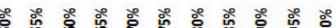
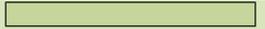
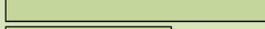
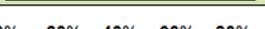
Northern System Performance	# of cases (+)	# of cases (-)	Standard: 70% on Shaded indicators Standard: 85% on overall score	FY07	FY08	FY09	FY10	FY11
C&F Team/Coordination	17	7		83%	83%	88%	74%	71%
C&F Assessment	19	5		79%	70%	79%	78%	79%
Long-term View	20	4		92%	83%	83%	74%	83%
C&F Planning Process	16	8		88%	87%	88%	78%	67%
Plan Implementation	20	4		96%	87%	92%	96%	83%
Tracking & Adaptation	20	4		96%	78%	88%	100%	83%
C&F Participation	20	4		92%	83%	96%	83%	83%
Formal/Informal Supports	22	2		100%	100%	96%	96%	92%
Successful Transitions	18	2		83%	91%	86%	87%	90%
Effective Results	21	3		100%	87%	88%	83%	88%
Caregiver Support	15	1		100%	93%	86%	100%	94%
<b>Overall Score</b>	<b>21</b>	<b>3</b>		<b>96%</b>	<b>91%</b>	<b>96%</b>	<b>96%</b>	<b>88%</b>

Table II-15

**Salt Lake Region**

As seen in Table II-16, Salt Lake Region maintained their Overall Child Status score above standard at 88%. Of the ten Child and Family Status indicators, the region had four that scored at or above 90% and

three indicators that scored above 80%. There was an eighteen percentage point improvement in the Stability score (61% to 79%) and Prospects for Permanence repeated last year's score of 58%.

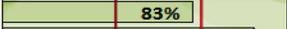
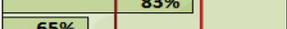
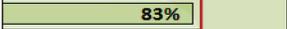
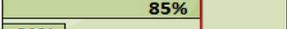
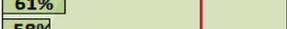
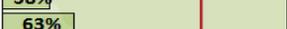
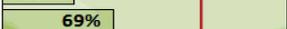
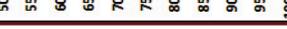
Salt Lake Region Child Status	# of cases (+)	# of cases (-)	Standard 85% on overall score	FY07	FY08	FY09	FY10	FY11
Safety	63	9	 88%	97%	91%	94%	90%	88%
Stability	57	15	 79%	67%	59%	73%	61%	79%
Appropriateness of Placement	69	3	 96%	97%	94%	96%	96%	96%
Prospect for Permanence	42	30	 58%	70%	54%	76%	58%	58%
Health/Physical Well-being	72	0	 100%	99%	100%	100%	99%	100%
Emotional/Behavioral Well-being	63	9	 88%	90%	81%	85%	86%	88%
Learning Progress	60	12	 83%	91%	80%	82%	88%	83%
Caregiver Functioning	47	2	 96%	98%	100%	100%	98%	96%
Family Resourcefulness	26	13	 67%	69%	71%	75%	64%	67%
Satisfaction	63	7	 90%	93%	94%	99%	92%	90%
<b>Overall Score</b>	<b>63</b>	<b>9</b>	 88%	<b>96%</b>	<b>89%</b>	<b>91%</b>	<b>90%</b>	<b>88%</b>

0% 20% 40% 60% 80% 100%

Table II-16

Salt Lake Region fell below the Overall System Performance standard with a score of 83% as illustrated in Table II-17. This was a slight decrease from last year's score of 86%. Four of the Core

Indicators were below standard with two of the four (Long-term View and Child and Family Planning Process) also having marked declines.

Salt Lake Region System Performance	# of cases (+)	# of cases (-)	Standard: 70% on Shaded indicators	FY07	FY08	FY09	FY10	FY11
			Standard 85% on overall score					
Child & Family Team/Coordination	50	22	 83%	87%	71%	73%	79%	69%
Child and Family Assessment	45	27	 94%	79%	67%	78%	72%	63%
Long-term View	42	30	 83%	73%	64%	78%	65%	58%
Child & Family Planning Process	44	28	 65%	93%	71%	72%	69%	61%
Plan Implementation	61	11	 93%	89%	88%	97%	92%	85%
Tracking & Adaptation	60	12	 75%	87%	88%	91%	86%	83%
Child & Family Participation	55	17	 83%	97%	94%	91%	86%	76%
Formal/Informal Supports	67	5	 85%	93%	84%	94%	93%	93%
Successful Transitions	41	22	 61%	82%	78%	81%	77%	65%
Effective Results	60	12	 58%	89%	87%	85%	82%	83%
Caregiver Support	48	3	 63%	98%	100%	98%	98%	94%
<b>Overall Score</b>	<b>60</b>	<b>12</b>	 69%	<b>93%</b>	<b>88%</b>	<b>93%</b>	<b>86%</b>	<b>83%</b>

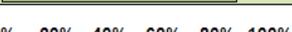
50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

Table II-17

**Southwest Region**

Southwest Region maintained their Overall Child Status score above the standard at 88% as demonstrated in Table II-18. Of the ten Child and

Family Status indicators, the region maintained five indicators above 90%, with three of the five achieving a score of 100%.

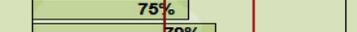
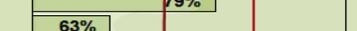
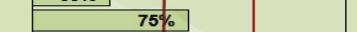
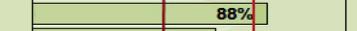
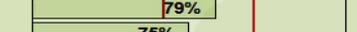
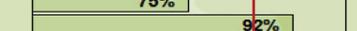
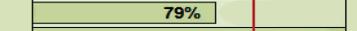
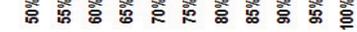
Southwest Child Status	# of cases (+)	# of cases (-)	Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	FY10	FY11
Safety	21	3	 88%	96%	91%	92%	96%	96%	88%
Stability	17	7	 71%	79%	65%	71%	71%	75%	71%
Approp. of Placement	24	0	 100%	100%	91%	88%	100%	100%	100%
Prospect for Permanence	15	9	 63%	79%	61%	71%	67%	75%	63%
Health/Physical Well-being	24	0	 100%	96%	100%	100%	100%	100%	100%
Emot./Behavioral Well-being	22	2	 92%	100%	87%	83%	96%	96%	92%
Learning Progress	22	2	 92%	100%	100%	96%	92%	92%	92%
Caregiver Functioning	13	0	 100%	100%	91%	100%	100%	100%	100%
Family Resourcefulness	13	4	 76%	57%	75%	50%	86%	86%	76%
Satisfaction	19	5	 79%	96%	100%	83%	92%	83%	79%
<b>Overall Score</b>	<b>21</b>	<b>3</b>	 88%	<b>96%</b>	<b>91%</b>	<b>92%</b>	<b>96%</b>	<b>96%</b>	<b>88%</b>

0% 20% 40% 60% 80% 100%

Table II-18

As seen in Table II-19, Southwest Region fell below standard on Overall System Performance for the first time in four years. The region experienced a decrease in Overall System Performance from 92% last year to 83% this year. Five of the six Core Indicators scored above standard; the only exception was Long-term View at 63%. There was a

significant improvement in the Child and Family Team score, which increased from 63% to 75%. The region also had single-digit improvements in Assessment, Plan Implementation, and Tracking and Adaptation. There were no marked declines on any of the Core Indicators.

Southwest System Performance	# of cases (+)	# of cases (-)	Standard: 70% on Shaded indicators	FY06	FY07	FY08	FY09	FY10	FY11
Child & Family Team/Coord.	18	6	 75%	92%	83%	79%	92%	63%	75%
Child & Family Assessment	19	5	 79%	71%	61%	75%	75%	75%	79%
Long-term View	15	9	 63%	83%	65%	75%	88%	75%	63%
Child & Family Planning	18	6	 75%	92%	83%	88%	83%	83%	75%
Plan Implementation	21	3	 88%	88%	83%	79%	100%	83%	88%
Tracking & Adaptation	19	5	 79%	92%	74%	88%	88%	71%	79%
Child & Family Participation	18	6	 75%	88%	91%	92%	88%	88%	75%
Formal/Informal Supports	22	2	 92%	100%	91%	88%	100%	100%	92%
Successful Transitions	15	2	 88%	96%	74%	83%	86%	83%	88%
Effective Results	19	5	 79%	96%	83%	75%	92%	92%	79%
Caregiver Support	12	0	 100%	100%	100%	100%	100%	94%	100%
<b>Overall Score</b>	<b>20</b>	<b>4</b>	 83%	<b>92%</b>	<b>83%</b>	<b>88%</b>	<b>96%</b>	<b>92%</b>	<b>83%</b>

50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

Table II-19

**Western Region**

Western Region substantially improved their Overall Child Status score from 83% to 100% as shown in Table II-20, meaning there were no cases that received an unacceptable score on safety. Of the ten Child and Family Status indicators, four scored

100%. Nine of the ten status indicators either remained the same or improved. The only status indicator that declined was Prospects for Permanence (from 71% to 63%).

Western Child Status	# of cases (+)	# of cases (-)	Standard: 85% on overall score	FY07	FY08	FY09	FY10	FY11
Safety	24	0	100%	96%	91%	83%	83%	100%
Stability	18	6	75%	79%	65%	63%	71%	75%
Approp. of Placement	24	0	100%	100%	87%	88%	100%	100%
Prospect for Permanence	15	9	63%	83%	61%	54%	71%	63%
Health/Physical Well-being	24	0	100%	100%	100%	96%	100%	100%
Emot./Behavioral Well-being	23	1	96%	92%	87%	91%	92%	96%
Learning Progress	22	2	92%	79%	83%	83%	92%	92%
Caregiver Functioning	14	0	100%	100%	100%	94%	100%	100%
Family Resourcefulness	11	6	65%	71%	54%	67%	60%	65%
Satisfaction	21	3	88%	88%	96%	87%	88%	88%
<b>Overall Score</b>	<b>24</b>	<b>0</b>	<b>100%</b>	<b>96%</b>	<b>87%</b>	<b>83%</b>	<b>83%</b>	<b>100%</b>

0% 20% 40% 60% 80% 100%

Table II-20

As seen in Table II-21, Western Region experienced their poorest score in several years on Overall System Performance. The Overall System Performance score fell below standard at 83%. Three of the six Core Indictors were below the 70% standard, with two of the three having marked

declines. Family Assessment and Plan Implementation remained the same as last year while the scores on the other four core indicators fell. The low score of 38% on Child and Family Planning is particularly concerning.

Western System Performance	# of cases (+)	# of cases (-)	Standard: 70% on Shaded indicators	FY07	FY08	FY09	FY10	FY11
			Standard: 85% on overall score					
Child & Family Team/Coord.	16	8	67%	79%	91%	67%	79%	67%
Child & Family Assessment	18	6	75%	75%	70%	75%	75%	75%
Long-term View	14	10	58%	71%	65%	54%	71%	58%
Child & Family Planning	9	15	38%	83%	74%	75%	71%	38%
Plan Implementation	21	3	88%	92%	96%	92%	88%	88%
Tracking & Adaptation	18	6	75%	79%	100%	88%	92%	75%
Child & Family Participation	18	6	75%	96%	91%	92%	88%	75%
Formal/Informal Supports	22	2	92%	92%	100%	88%	100%	92%
Successful Transitions	16	4	80%	67%	74%	74%	75%	80%
Effective Results	20	4	83%	92%	83%	83%	92%	83%
Caregiver Support	13	1	93%	93%	100%	94%	90%	93%
<b>Overall Score</b>	<b>20</b>	<b>4</b>	<b>83%</b>	<b>88%</b>	<b>100%</b>	<b>88%</b>	<b>92%</b>	<b>83%</b>

25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

Table II-21

## Conclusion

Based on data for the past twelve years of Qualitative Case Reviews, the Child Welfare System traveled an upward path of continual system improvement from FY2001 to FY2007. Over the next three years, scores declined in most areas but remained above standard. At the end of FY2010, OSR reported that although scores were still above standard, they were trending downward, and if the trend was not reversed, scores would fall below standard in FY2011, which proved to be correct.

Due to a drop in scores in three of the five regions in FY2010, the statewide Overall System Performance score on the QCR fell from 93% to 89% between FY2009 and FY2010. One region's scores remained the same and one region's scores improved, but the remaining three regions fell anywhere from 4 to seventeen percentage points. Nevertheless, the statewide Overall System Performance score remained above standard at 89%. This pattern was repeated with drops in scores in four of the five regions from FY2010 to FY2011. The declines ranged from 3 percentage points to 9 percentage points. This resulted in cumulative drops in scores

over the past two years of 5 to thirteen percentage points in each of the regions. The impact on the Overall System Performance score for the state over the past two years has been a decline of 9 percentage points (from 93% to 84%), and the FY2011 Overall System Performance score is below standard (84%). In FY2009, no Core Indicators scored below standard and none were in the marked decline range. In FY2010, one Core Indicator fell below standard, but there were still none in the marked decline range. In FY2011, three core indicators fell below standard, and two of the three came within a point of being in the marked decline range. OSR reiterates concern about the downward trends in System Performance.

The statewide Overall Child Status score remains above standard at 89%; however, it is trending slightly downward. The Overall Child Status score fell from 91% to 89% from FY2009 to FY2010 and remained at 89% in FY2011. This is down from 96% in FY2007. Results varied across the state; two regions improved their Overall Child Status score, two regions declined, and one remained the same.

# III. Case Process Review

## Methodology

The Case Process Review (CPR) was used to help determine if documentation existed to verify compliance of DCFS practices with state and federal law. This was accomplished by thoroughly reviewing documentation in SAFE (the electronic data management system used by DCFS.)

A random sample of cases was selected for each focus area using an established mathematical method. DCFS established performance standards of 90% for CPS cases and 85% for all other program areas. Focus areas included the following:

**Child Protection Services (CPS):** In addition to General CPS cases, this program area included cohorts of Medical Neglect referrals, Unable to Locate referrals, Unaccepted referrals, and any possible Priority One responses.

**Removals:** During this review, a Removal generally occurred during the course of a CPS Investigation. However, a Removal may have occurred due to stoppage of In-Home Services, due to a voluntary placement, or due to a Court Order. A worker may have managed some cases prior to an official Removal.

**In-Home Services (PSS, PSC, PFP):** This program area included Family Preservation Services, voluntary services, and court ordered Protective Supervision Services.

**Foster Care Services (SCF):** This program area included families with children in out-of-home care due to abuse, neglect, or dependency. This program area also included some youth with delinquent behavior. In such cases, DCFS was court ordered to take custody of the child.

OSR reviewed 100% of cases in the universes of Medical Neglect and Unable to Locate. CPS cases that closed within the review period (three months) qualified to be included in the Universe. The review period for Family Preservation cases was the entire period the case remained open, generally 60-90 days. In-Home and Foster Care cases had review

periods of six months. The total number of cases reviewed in each program area appear in Table III-1.

CPR FY2011 SAMPLES	
PROGRAM AREA	CASE FILES REVIEWED
CPR- General	133
Removals	80
Medical Neglect	18
Unable to Locate	82
Unaccepted	132
In-Home	126
Foster Care	132
<b>Total Cases Reviewed</b>	<b>703</b>

Table III-1

### *Data Reliability*

In order to assure quality and consistency in the review, 12% of the sample cases received a second evaluation by an alternate reviewer. Statistics for FY2011 show the reviewers responded the same on 97% of the measurements.

Following examination of data in SAFE, Office of Services Review (OSR) reviewers met on-site at individual offices within each region of the state. DCFS workers had the opportunity to supply evidence not found in SAFE. One-to-one training occurred with each worker as he or she reviewed case results with the OSR reviewer.

### *Additional Measures*

In preparation for the Federal Child and Family Services Review (CFSR), the Office of Services Review completed a special study during FY2009. The study assessed caseworker contact with fathers and with mothers. Reviewers selected random cases from various offices within each of the five regions. A total of 101 In-Home Services cases and 130 Foster Care cases were included. The review found that face-to-face contact with mothers occurred only

34% of the time, while face-to-face contact with fathers occurred only 28% of the time.

To address these concerns, DCFS modified Practice Guidelines in spring 2010. Of note are the visitation requirements for In-Home Services. Previously, an In-Home worker was required to enter the residence at least once a month. Policy did not include a requirement for the worker to have contact with the parent or with the child(ren). Practice Guidelines now require the worker, on a monthly basis, to enter the residence, have face-to-face contact with the child(ren), have a conversation with the child(ren) away from the presence of the caregiver, have face-to-face contact with the mother, and have face-to-face contact with the father.

As a result, OSR expanded measurements for In-Home Services to reflect the practice expectations of DCFS. In addition, some measurements that referred to “parents,” now refer separately to “father” and “mother.” DCFS also requested OSR change the age of children’s involvement in planning to age five, which reflects the expectations of the CFSR.

In June of 2010, the CFSR was conducted in Utah. The final report for Utah (Children’s Bureau, Child and Family Services Reviews CFSR Final Report 2010: Utah, pages 4, 9, and 11) noted the following:

1. “...frequency and quality of caseworker visits with parents, particularly fathers, were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.”

2. “...lack of sufficient engagement or involvement of noncustodial parents...in both the in-home services and foster care cases.”
3. “...Although most children have a case plan and case plans are updated in a timely manner, parents are not consistently involved in the development of the case plan.”

## Statewide Results

Historical measures are reported in each area of focus, with additional measures reported separately. When possible, OSR used historical information to show trends. For example, historical measurements provide data regarding the involvement of parents, stepparents, and the child in the planning process. Although the parents are now separate measurements, the overall scores for involving parents, other caregivers, and the child are used to identify possible trends.

Table III-2 shows statewide results that indicate completion of tasks in 86% of all cases reviewed. The Child Protection Services score increased to 95% and the Unable-to-Locate cases bounced back from a score of 79% in FY2010 to 90% in FY2011. This was an excellent improvement following two years of falling scores. In-Home Services saw a decrease of 3 percentage points, which caused it to fall below the standard and continued the trend of falling scores for this focus area. Services were adequately documented in 88% of Foster Care cases reviewed, which also showed a continued trend of declining scores.

Statewide Results		CPS	Unable to Locate	Unaccepted Referrals	Removals	In Home Services	Foster Care Services	Total
FY 2011	Sample	651	258	402	460	1006	3035	5812
	Yes answers	617	232	400	276	813	2650	4988
	Partial Score	0.00			0.00	12.75	12.00	24.75
	<b>Performance Rate</b>	<b>95%</b>	<b>90%</b>	<b>100%</b>	<b>60%</b>	<b>82%</b>	<b>88%</b>	<b>86%</b>
FY 2010	Sample	743	185	438	246	655	3640	5907
	Yes answers	697	147	436	215	540	3307	5342
	Partial Score	0.00			0	14.25	22.50	36.75
	<b>Performance Rate</b>	<b>94%</b>	<b>79%</b>	<b>100%</b>	<b>87%</b>	<b>85%</b>	<b>91%</b>	<b>91%</b>
FY 2009	Sample	932	255	396	344	618	3707	6259
	Yes answers	856	211	393	275	518	3365	5622
	Partial Score	9.00			0	21.00	33.00	63.00
	<b>Performance Rate</b>	<b>93%</b>	<b>83%</b>	<b>99%</b>	<b>80%</b>	<b>87%</b>	<b>92%</b>	<b>91%</b>
FY 2008	Sample	864	224	396	388	670	3670	6212
	Yes answers	806	201	394	354	534	3354	5643
	Partial Score	8.25			0	33.75	12.75	54.75
	<b>Performance Rate</b>	<b>94%</b>	<b>90%</b>	<b>99%</b>	<b>91%</b>	<b>85%</b>	<b>92%</b>	<b>92%</b>
FY 2007	Sample	922	216	393	264	716	4014	6525
	Yes answers	862	206	392	251	607	3629	5947
	Partial Score	3.75				30.09	53.17	87.01
	<b>Performance Rate</b>	<b>94%</b>	<b>95%</b>	<b>100%</b>	<b>95%</b>	<b>89%</b>	<b>92%</b>	<b>92%</b>

Table III-2

### ***Child Protection Services***

Of 651 measures scored in CPS, 617 measures had documentation that verified required tasks occurred in Child Protection Services. CPS measurements scored at or above the standard of 90% with the exception of CPSG.2 (regarding services offered for children who remained in the home following an investigation), which was only 2 percentage points below the standard.

### ***Unable to Locate***

Unable to Locate questions scored eleven percentage points higher than the FY2010 score. The overall score had been below standard for two consecutive years, so this is a noteworthy accomplishment. For question Unable to Locate 1 (regarding visiting the home at times other than regular work hours), the score impressively increased from a low of 67% in FY2010 to 85% in FY2011.

### ***Unaccepted Referrals***

One hundred percent of the Unaccepted Referrals had required tasks adequately documented to support compliance to both state and federal policies.

### ***Removals***

Question CPS.E2 (visiting the child inside the shelter facility by midnight of the second day following a removal from the home) was the only measurement for CPS cases falling below the expected standard. Historically, this score has gone up one year and down the next year. After an increase of ten percentage points in FY2010, the measure fell 7 percentage points in FY2011. This question has been reviewed historically as a CPS question but is now reflected in Removal scores.

DCFS Practice Guidelines Sections 205.2 F and G outline the required procedures for when a child is removed from the custody of their parent(s) as follows:

*“Visit the child in their placement by midnight of the second day after the date of removal from the child’s parents/guardians. The caseworker will assess the child’s adjustment to the placement and their wellbeing. If the case has been assigned to an ongoing caseworker, the ongoing caseworker or RN assigned to the case can complete the visit for the CPS caseworker. The CPS caseworker is*

*responsible to ensure this visit is completed, and the CPS caseworker and ongoing worker, or RN health worker need to consult on the visit within 24 hours of the visit. After the first visit in placement is completed, the CPS caseworker will visit the child in their placement once a week until the case is transferred to an ongoing caseworker. Once the case has been transferred, the ongoing caseworker will be responsible for any further visits.”*

In addition, Practice Guideline 704-H states:

*“Once the ongoing caseworker has been assigned, that caseworker will be responsible to complete the weekly visits for the first four weeks that the child is in care. After the first four weeks, the caseworker shall follow Practice Guidelines Section 302.2 regarding “Purposeful Visiting With a Child, Out-Of-Home Caregiver, And Parents” while the child is still in care.”*

At the request of DCFS, the question pertaining to weekly visits following the removal of a child was expanded. In previous reviews, the measurement regarding weekly visitation with a child while in shelter care was applicable only for those weeks in which the CPS worker was managing the case. The weekly visit was not monitored after the case transferred to an ongoing worker. This regularly resulted in sample sizes that were very small. For example, FY2009 resulted in only 19 cases being relevant to the weekly visitation requirement. FY2010 also had a small sample size of 17.

Reviewers searched CPS records as well as SCF records for evidence of a weekly visit following the removal of a child. By reviewing in this manner, the relevant sample increased into the 60’s. Results for this question in FY2011 now provide a base line for the Removal question and scores are expected to improve greatly in the coming years.

It is important to note that DCFS Practice Guidelines have not changed regarding the weekly visitation requirement. The only difference between this year and previous years is the request by DCFS to have the entire four-week period monitored for compliance without regard to which worker (CPS or ongoing) completed the visit. Scores for visits following a child’s removal appear in Table III-3.

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial no credit	No	EC	NA	GOAL	2011	2010	2009	2008	2007	Prestion range
CPSR.3	After the first required visit, did the worker (CPS or ongoing worker) visit the child in the placement at least weekly for the first four weeks after the initial visit?														
	Week one	66	38	0	0	28	0	14	85%	58%	n/a	n/a	n/a	n/a	10.00%
	Week two	65	23	0	0	42	0	15	85%	35%	n/a	n/a	n/a	n/a	9.80%
	Week three	62	15	0	0	47	0	18	85%	24%	n/a	n/a	n/a	n/a	8.90%
	Week four	61	18	0	0	43	0	19	85%	30%	n/a	n/a	n/a	n/a	9.60%
	Performance rate for all four weeks									37%	n/a	n/a	n/a	n/a	

**Table III-3**

### ***In-Home Services***

Historical measures for In-Home Services included determining whether the natural parents were involved in creating the Child and Family Plan, whether the child(ren) were involved in creating the Child and Family Plan, whether an initial plan was completed within practice timeframes, and determining whether the worker entered the residence at least monthly.

Between FY2009 and FY2010, the Overall Scores for involvement of parents, children, and any alternate caregiver had a large drop of twelve percentage points. When considering the natural parents, children, and any alternative caregivers as a whole, the score for FY2011 (77%) is an improvement of 8 percentage points, yet remains below standard. Completing the initial family plan within 45 days remained at the same score as that reported in FY2010 (81%). Although it dropped 5 percentage points from FY2010, scores for entering the residence remained above standard for FY2011. (See Appendix Table IV)

The Overall Score for In-Home Services was 82%, which does not include the new measures. This is the first time the focus area of In-Home Services has scored below the standard in six years. (Refer to Table III-2.) The initial scores of the additional measures now provide a base line for DCFS to move forward from. (See Appendix Tables V and VI)

Additional measures for In-Home Services included separating the natural parents into “mother” and “father,” dropping the appropriate age for child involvement in planning from 12 years of age to 5 years of age, and expanding the client contacts to include face-to-face with parents, face-to-face with children, and conversations with children that are

away from their caregivers. These additional measures were a direct result of the Federal Child and Family Services Review and will help DCFS meet compliance to federal requirements. In addition, In-Home Services were reviewed for a period of six months instead of three months.

### ***Foster Care***

Foster Care service cases had an Overall Score of 88%, a drop of 3 percentage points, continuing the trend of lower scores for the third year in a row. Additional measures were not considered in this scoring.

Children receiving foster care services were required to have an initial medical exam within 30 days of removal from their home. An annual health assessment was required thereafter. Initial health exams for children in Foster Care remained at or above the standard for the seventh consecutive year. Referrals for follow-up medical care were not reviewed in FY2011 as DCFS and OSR determined the question was qualitative in nature and could be addressed in the Qualitative Case Review.

Within 60 days of entering custody or removal from the child’s home, an initial mental health assessment was to be completed. An annual assessment was required thereafter. Mental health assessments remained above the 85% standard, scoring above 90% for the past four years. Referrals from the mental health assessment were monitored in the Qualitative Case Review. (See Appendix Table VIII)

Dental services were required for children over the age of three years. Although most children followed a six-month appointment schedule, the CPR only looked for evidence of an annual dental exam. Evidence of timely dental assessments was found in

88% of the cases reviewed. This is a decrease of 6 percentage points from FY2010. Referrals resulting from the dental assessment, as with the mental health and medical health referrals, were monitored in the Qualitative Case Review.

Foster Care cases received a score of 86% on completing initial service plans within 45 days. Out of 42 applicable Foster Care cases, 31 cases received full credit. The score included three cases that received partial credit, which did not exceed 25% of the total score. Historically, when partial credit exceeds 25% of the total score, the question is considered below the standard, regardless of the final score.

Educational services appeared to be provided and documented in FY2011; however, there were only four cases for which this measurement was applicable. The sample size on this question varies from year to year due to the ages of children in the sample. DCFS recently upgraded the education portion of SAFE for FY2012, which is expected to better reflect methods of monitoring education services.

DCFS policy, in addition to federal statute, requires an individualized Transition to Adult Living (TAL) plan to be in place for all adolescents age 14 and over. The use of the Ansel Casey Life Skills Assessment resulted in specific planning for youth preparing for life outside of DCFS custody. In FY2011, an Ansel Casey Assessment was completed in a timely manner in 69% of the applicable cases (48 applicable cases). The scores for accomplishing this task have not met the standard of 85% since the measurement was added in 2008. (See Appendix IX)

Following the first year of testing this question, DCFS established a prompt within SAFE programming. The SAFE system consistently notified workers of the need for initial assessments at entry into care and re-notified them annually based on the teen's date of birth. However, even with the prompts, caseworkers have a difficult time documenting any type of assessment done to determine a teen's independent living skills.

## **Analysis of Results Not Meeting Standard**

### ***Child Protection Services***

For FY2011, measurement CPSR.3 (regarding weekly visits following a removal) was expanded, at the request of DCFS, to seek evidence of the initial 48-hour visit as well as visits in each of the four weeks following a removal. Historically, as soon as an ongoing worker was assigned to the case, this measurement was no longer monitored. For FY2011, reviewers searched both CPS records and SCF records to determine whether the required visits occurred during the entire four-week period.

Although DCFS provided regional training and sent out quarterly updates informing workers and supervisors of new or altered practice guidelines, Foster-Care workers throughout the state indicated they did not know they were expected to complete any initial visits not accomplished by the CPS investigator. Foster-Care workers understood that once the case was assigned to them, the case was viewed as SCF and required only a monthly visit. This caused CPSR.3 to score far below the standard of 85% (overall score totaled 37%).

### ***In-Home Services***

Question IH.3 (involvement of family members in the development of the current child and family plan) was modified to include children age 5 and over. In previous years, workers described the difficulty of involving both biological parents when only one parent resided in the home. Often the custodial parent does not want the other parent to know of the state's involvement with the family. Another explanation provided by workers was the whereabouts of the second parent was unknown, or the worker had no information on how to contact the second parent. The overall score of involving the parents, the child, and any other caregiver in creating the Child and Family Plan was 77%, which is below the standard. However, the Overall Score is 8 percentage points higher than the Overall Score for FY2010; despite the expansion of this question. (See Appendix Table IV)

Further difficulties were seen on Questions IH.4 and IH.5 (regarding face-to-face contact with the child and face-to-face contact with the child away from the parent or caregiver). Historically, reviewers only

looked for evidence of the caseworker entering the residence. As of 2009, DCFS Practice Guidelines, 106.1 Components Of Basic In-Home Services Intervention, E. Caseworker contact with the child: 1, 2 read:

*“The caseworker shall visit with each child client involved in the case. Visit is defined as a face-to-face meeting between the child and caseworker... The interview between the caseworker and child must be conducted away from the parent or substitute caregiver unless the child refuses or exhibits anxiety. Siblings may be interviewed together or separately depending on the comfort level of the children or if there are safety considerations.”*

FY2011 is the first year the CPR measured face-to-face contact with the child and contact with the child away from the caregiver in an In-Home Services case. Although this has been in DCFS Practice Guidelines since 2009, the score for this measurement (73%) was well below the standard of 85%. (See Appendix Table V)

Other measurements scoring below the identified standard were IH.8a (regarding monthly efforts to locate the mother if her whereabouts are unknown), IH.9 (regarding face-to-face contact with the father), and IH.9a (regarding efforts to locate the father if his whereabouts are unknown.) These questions were created as a result of the CFSR conducted in June 2010.

### ***Foster Care Services***

Question FC.IA.5 (regarding providing basic available information to the caregiver) dropped thirteen percentage points from FY2010. This historical measure required information to be given to a foster care provider *prior* to the placement. If the placement was the result of a CPS investigation,

information should be given to the provider within 24-hours. It is unclear why the resulting score dramatically dropped.

New measurements, IB.4, IB.4a, IB.5, and IB.5a (regarding face-to-face contact with the mother, face-to-face with the father, if mother’s whereabouts are unknown did the worker document attempts to locate, and if father’s whereabouts are unknown did the worker document attempts to locate) all scored below the standard of 85%; however, IB.4a and IB.5a had small sample sizes and are considered statistically invalid. Making face-to-face contact with each of the parents of a child(ren) involved in foster care was an expanded measurement based on the results of the Federal Child and Family Services Review of June 2010. (See Appendix Table X)

Question FCIV.3b (regarding involvement of the father in creating the Child and Family Plan) scored 45% and question FCIV.3a (regarding involvement of the mother in creating the Child and Family Plan) scored 76%. Historically, these measures were not scored separately but as a whole. It is apparent that active involvement of both parents for children in child welfare cases remains difficult for workers to document. (See Appendix Table IX)

Question FCIV.4 (regarding the Ansell Casey Life Skills Assessment) scored 69%, which equates to a marked decline. A marked decline within the CPR was defined as “performance that drops 10% or more below the standard for each question.” (David C. et al V John Huntsman Jr. et al, Agreement to Terminate the Lawsuit, May 11, 2007, Civil No: 2:93-CV-00206, Attachment A.)

Table III-6 shows the rate of compliance to state policy and statute for the past five years.

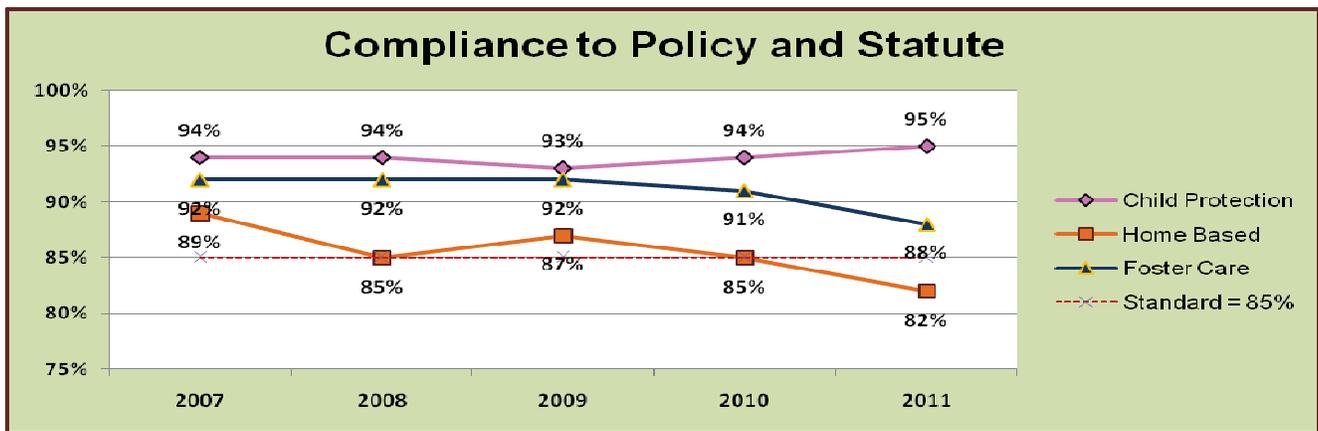


Table III-6

## Conclusion

### *DCFS Response to FY2010*

During the FY2010 review, DCFS had marked declines in FCIVA3 and in HB4 (both questions regard the involvement of the parents, child or other caregiver in the development of the service plan).

Also scoring low were the health care referrals. In response to these marked declines, DCFS identified that problems occur when there are unusual circumstances in a case, for example if the father is unknown or the whereabouts of the parent is unknown. DCFS also recognized that conversations with parents regarding the creation of the service plan might be undocumented when the conversation occurs outside of a structured Child and Family Team Meeting.

The identified goal for FY2011 was to help workers understand how to document the involvement of each parent in planning when this occurs outside of the Child and Family Team Meeting. Methods identified to accomplish this goal were:

- review the established practice guidelines and determine if special circumstances are adequately addressed,
- find an interesting way to provide short bursts of training for workers,
- create a way to train workers on documenting efforts made to locate parents whose whereabouts are unknown,
- implement a training on the use of kinship information within SAFE,

- explore an alternative way of documenting family involvement in SAFE that will capture each family member's involvement.

DCFS created new Practice Guidelines that required workers to have face-to-face meetings with each parent and to document efforts made to locate missing parents. These guidelines are active and were in effect during the FY2011 CPR.

### *OSR response to FY2010*

Following the recommendations of the Utah Office of Legislative Auditor General (ULAG), in addition to the expectations of the Federal Child and Family Services Review, OSR and DCFS were able to determine areas where the Case Process Review could provide helpful information on areas that required more focus.

The Practice Guidelines DCFS created were in place on a trial basis during the FY2010 review and became official on the FY2011 review. It was expected that these guidelines would lead to improved scores for involving families in the planning process. The *overall* score for involving the parents, the child, or other caregiver was 77% (compared to previous *overall* scores of 69%, 81%, and 79%.)

The age of involvement for the child was changed from 12-years or older to 5-years and over. This question scored 71% in FY2011 (compared to previous scores of 78%, 79%, and 88%).

Through a cooperative effort, DCFS and OSR agreed to configure the health care referral questions into the protocol of the Qualitative Case Review.

## Recommendations

### Child Protective Services

Reviewers found that workers throughout the state were confused by the requirement of making weekly visits to children who have been removed from their home. While this is a new scoring measure on the CPR, it is not a new DCFS practice expectation.

The specific date of when to begin counting the four weeks was viewed differently by reviewers than by DCFS administration. DCFS interpreted the guideline to mean from the time of removal, whereas reviewers began counting the four weeks based on the initial visit within shelter care. This created a five-week expectation rather than the four weeks identified in guidelines. In preparation for FY2012, DCFS has verified the expectation as starting from removal. OSR also reviewed the wording of the question in the CPR Protocol.

### In-Home Services

In-Home Services historically does better in the review than Foster Care; however, the new Practice Guidelines appeared to be very difficult for workers to incorporate into their routine. For example, one worker stated she had things more important to do than make face-to-face contact with an uninvolved parent each month. Historically, standards continue to fall and need to be addressed by DCFS.

### Foster Care Services

Reviewers found caseworkers continued to complete a visitation form with inadequate information to respond to Questions FCIV.5 and FCIV.6 (regarding child visitation with parents, and child visitation with siblings in separate foster care settings.) The visitation form is not updated every six months as the service plan is, nor is it modified when visitation arrangements are altered. Despite having an official Visitation Plan on paper, reviewers were unable to determine whether DCFS continues to encourage weekly visitation. Often, the Visitation Plan is more than a year old. Table III-4 depicts a child's visitation frequency with their parent as opposed to visitation frequency with a sibling in a separate placement.

Reviewers also found that providing information to a caregiver prior to a foster care placement is declining, moving from 87% to 74% in one year. (See Appendix Table VII)

Based on data for the past ten years of Qualitative Case Reviews and Case Process Reviews, the Child Welfare System traveled an upward path of continual system improvement from FY2001 to FY2007. Scores from both types of review suggest the period of upward momentum reached a peak in FY2007. Since that time, scores have continued to decline including In-Home Services falling below standard for the first time in six years.

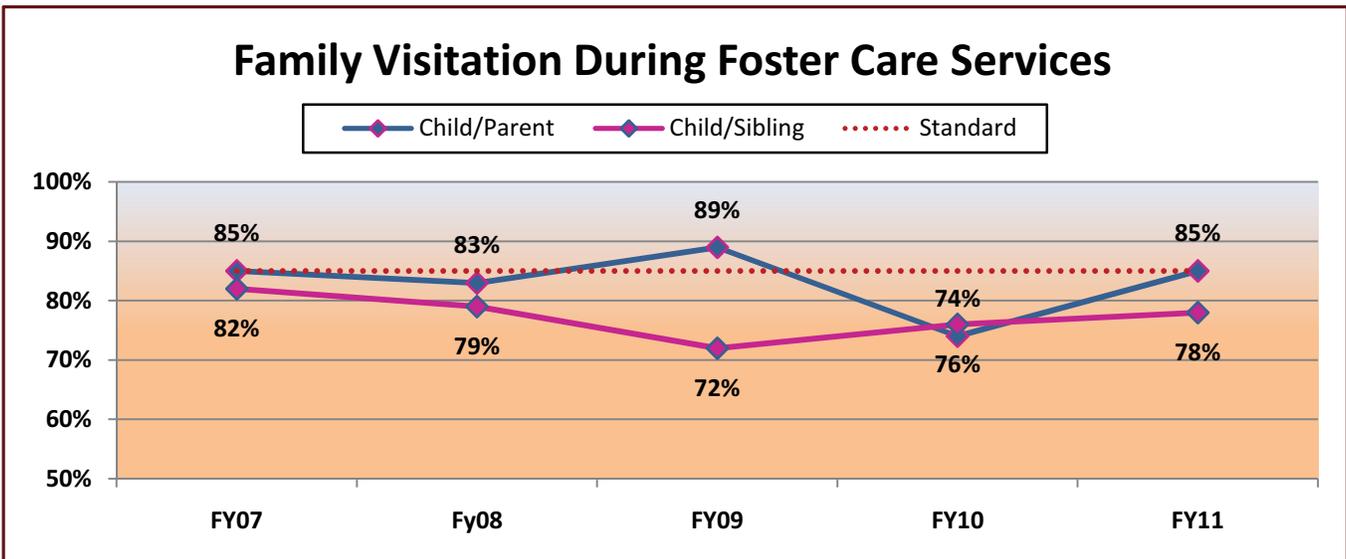


Table III-4

# Appendix

## Case Process Review Data Tables

**TABLE I. GENERAL CPS AND HEALTH REFERRALS**

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	2011	2010	2009	2008	2007	Precision range
<b>General CPS</b>															
CPSG.1	Did the investigating worker see the child within the priority time frame?	4669	4271	0	0	398	0	0	90%	91%*	92%	87%	93%	90%	0.7%
CPSG.2	If the child remained at home, did the worker initiate services within 30 days of the referral?	48	42	0	0	6	0	85	90%	88%!	95%	95%	97%	98%	7.9%
CPSG.3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	4669	4415	0	0	254	0	0	90%	95%	96%	95%	94%	96%	0.5%
CPSG.4	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	99	97	0	0	1	1	34	90%	98%	93%	96%	97%	92%	2.3%
CPSG.5	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	133	125	0	6	1	1	0	90%	94%	90%	91%	95%	91%	3.4%
CPSG.6	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	131	124	0	0	7	0	2	90%	95%	94%	91%	95%	95%	3.2%
CPSG.7	Did the CPS worker make an unscheduled home visit?	90	83	0	0	4	3	43	90%	92%	94%	92%	90%	91%	4.6%
CPSG.8	Were the case findings of the report based on the facts/information obtained/available during the investigation?	133	129	0	1	3	0	0	85%	97%	97%	98%	94%	98%	2.4%
CPSH.1	If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours after the report was received?	0	0	0	0	0	0	18	90%	N/A	N/A	N/A	N/A	N/A	N/A
CPSH.2	If this case involves an allegation of medical neglect, did the worker obtain a medical neglect assessment from a health care provider prior to case closure?	17	17	0	0	0	0	1	90%	100%	90%	93%	88%	96%	0.0%

\*CPS G1 and CPS-G3 consistently score closely to 'SAFE'. This score represents data as reported in 'SAFE' and not by on-site reviews.

!The Office of Services Review has a confidence rate of 90%. For example, the score for question CPS-G2 is 88%. Using the precision range for that question (7.9), OSR is 90% positive the exact percentage is somewhere between 80.1% and 95.9%.

green = at or above standard    yellow = within 10 points of meeting standard    red = more than 10 points below standard

**TABLE II. UNABLE TO LOCATE AND UNACCEPTED REFERRALS**

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	2011	2010	2009	2008	2007	Precision range
<b>Unable to Locate Cases</b>															
CPSUL.1	Did the worker visit the home at times other than normal working hours?	34	29		3	2	0	48	85%	85%	67%	88%	89%	96%	10.0%
CPSUL.2	If any child in the family was school age, did the worker check with local schools or the local school district for contact/location information about the family?	38	35			3	0	44	85%	92%	78%	88%	90%	93%	7.2%
CPSUL.3	Did the worker check with law enforcement agencies to obtain contact/location information about the family?	63	57			6	0	19	85%	90%	78%	81%	91%	96%	6.1%
CPSUL.4	Did the worker check public assistance records for contact/location information regarding the family?	60	59			1	0	22	85%	98%	92%	83%	87%	98%	2.7%
CPSUL.5	Did the worker check with the referent for new information regarding the family?	63	52			7	4	19	85%	83%	74%	80%	91%	93%	7.9%
<b>Unaccepted Referrals</b>															
CPSUA.1	Was the nature of the referral documented?	134	134			0			85%	100%	100%	100%	100%	100%	0.0%
CPSUA.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	134	134			0			85%	100%	100%	99%	99%	100%	0.0%
CPSUA.3	Does the documentation adequately support the decision not to accept the referral?	134	132			2			85%	99%	99%	98%	99%	99%	1.7%

!The Office of Services Review has a confidence rate of 90%. For example, the score for question CPS-G2 is 88%. Using the precision range for that question (7.9), OSR is 90% positive the exact percentage is somewhere between 80.1% and 95.9%.

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**TABLE III. REMOVALS**

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	2011	2010	2009	2008	2007	Precision range
<b>Removals</b>															
R.1	Did the child experience a removal during this review period?		71			9									
R.2	Did the worker visit the child in the placement by midnight of the second day after the date of removal from the child's home?	70	57	0	2	10	1	10	85%	81%	86%	76%	87%	94%	7.6%
R.3	After the first required visit, did the worker (CPS or ongoing worker) visit the child in the placement at least weekly for the first four weeks after the initial visit?														
	Week one	66	38	0	0	28	0	14	85%	58%	n/a	n/a	n/a	n/a	10.0%
	Week two	65	23	0	0	42	0	15	85%	35%	n/a	n/a	n/a	n/a	9.8%
	Week three	62	15	0	0	47	0	18	85%	24%	n/a	n/a	n/a	n/a	8.9%
	Week four	61	18	0	0	43	0	19	85%	30%	n/a	n/a	n/a	n/a	9.6%
	<b>Performance rate for all four weeks</b>									37%	n/a	n/a	n/a	n/a	
R.4	Within 24 hours of the child's placement in care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the care provider?	67	57	0	4	6	0	13	85%	85%	85%	66%	87%	93%	7.2%
R.5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	69	68	0	0	1	0	11	85%	99%	96%	97%	98%	100%	2.4%

!The Office of Services Review has a confidence rate of 90%. For example, the score for question CPS-G2 is 88%. Using the precision range for that question (7.9), OSR is 90% positive the exact percentage is somewhere between 80.1% and 95.9%.

green = at or above standard    yellow = within 10 points of meeting standard    red = more than 10 points below standard

**TABLE IV. IN-HOME SERVICES**

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	2011	2010	2009	2008	2007	Precision range
<b>In Home Services</b>																
IH.1	Is there a current child and family plan in the file?	126	99	6.75	5	13		0	0	85%	84%	89%	88%	86%	89%	5.4%
IH.2	Was an initial child and family plan completed for the family within practice guideline time frames?	63	45	6	2	8		0	63	85%	81%	81%	85%	78%	79%	8.1%
IH.3	Were the following members involved in the development of the current child and family plan?															
3.a	the mother	102	93	0	0	9	0	24		85%	91%					4.6%
3.b	the father	88	53	0	0	34	1	38		85%	60%	63%	81%	75%	92%	8.6%
3.c	other caregiver (guardian, step-parent, kinship)?	39	34	0	0	5	0	87		85%	87%	88%	86%	81%	93%	8.8%
3.d	the child/youth if developmentally appropriate? (generally age 5 and over)	76	56	0	0	20	0	50		85%	74%	78%	79%	88%	100%	8.3%
	<b>Performance rate for all four sub-questions</b>										77%	69%	81%	79%		
IH.7	Did the caseworker enter the residence where the child is living and observe and document the general conditions pertaining to threats of harm, child vulnerabilities, and protective capacities of the caregivers at least once during each month of the review period?															
	Month one	85	70	0	0	13		2	41	85%	82%	n/a	n/a	n/a	n/a	6.8%
	Month two	92	75	0	0	13		4	34	85%	82%	n/a	n/a	n/a	n/a	6.7%
	Month three	90	78	0	0	11		1	36	85%	87%	n/a	n/a	n/a	n/a	5.9%
	Month four	89	76	0	0	11		2	37	85%	85%	91%	91%	90%	86%	6.2%
	Month five	84	72	0	0	11		1	42	85%	86%	88%	88%	87%	90%	6.3%
	Month six	72	62	0	0	10		0	54	85%	86%	92%	85%	90%	88%	6.7%
	<b>Performance rate for six months</b>										85%	90%	88%			

!The Office of Services Review has a confidence rate of 90%. For example, the score for question CPS-G2 is 88%. Using the precision range for that question (7.9), OSR is 90% positive the exact percentage is somewhere between 80.1% and 95.9%.

green = at or above standard    yellow = within 10 points of meeting standard    red = more than 10 points below standard

**TABLE V. ADDITIONAL MEASURES FOR IN-HOME SERVICES**

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	FY 2011	2010	2009	2008	2007	Precision range
<b>In Home Services</b>																
IH.4	Did the caseworker have a face-to-face contact with the child at least once during each month of this review period?															
	Month one	86	60	0	0	25		1	40	85%	70%	n/a	n/a	n/a	n/a	8.1%
	Month two	93	69	0	0	22		2	33	85%	74%	n/a	n/a	n/a	n/a	7.5%
	Month three	90	69	0	0	19		2	36	85%	77%	n/a	n/a	n/a	n/a	7.3%
	Month four	89	64	0	0	23		2	37	85%	72%	n/a	n/a	n/a	n/a	7.8%
	Month five	85	63	0	0	21		1	41	85%	74%	n/a	n/a	n/a	n/a	7.8%
	Month six	73	52	0	0	20		1	53	85%	71%	n/a	n/a	n/a	n/a	8.7%
	Performance rate for six months											73%				
IH.5	Did the caseworker have a face-to-face conversation with the child outside the presence of the parent or substitute caregiver at least once during each month of the review period to discuss issues pertinent to case planning, service delivery and goal achievement?															
	Month one	69	29	0	0	39		1	57	85%	42%	n/a	n/a	n/a	n/a	9.8%
	Month two	73	37	0	0	34		2	53	85%	51%	n/a	n/a	n/a	n/a	9.6%
	Month three	70	35	0	0	33		2	56	85%	50%	n/a	n/a	n/a	n/a	9.8%
	Month four	69	32	0	0	34		3	57	85%	46%	n/a	n/a	n/a	n/a	9.9%
	Month five	64	31	0	0	32		1	62	85%	48%	n/a	n/a	n/a	n/a	10.3%
	Month six	58	27	0	0	30		1	68	85%	47%	n/a	n/a	n/a	n/a	10.8%
	Performance rate for six months											47%				
IH.6	Did the caseworker make a face-to-face contact with the substitute caregiver at least once during each month of the review period to assess with the caregiver the safety, permanency, and well-being of the child and the caregiver's needs as they pertain to the child?															
	Month one	14	10	0	0	4		0	112	85%	71%	n/a	n/a	n/a	n/a	19.9%
	Month two	17	16	0	0	1		0	109	85%	94%	n/a	n/a	n/a	n/a	9.4%
	Month three	15	14	0	0	1		0	111	85%	93%	n/a	n/a	n/a	n/a	10.6%
	Month four	17	15	0	0	2		0	109	85%	88%	n/a	n/a	n/a	n/a	12.9%
	Month five	18	13	0	0	5		0	108	85%	72%	n/a	n/a	n/a	n/a	17.4%
	Month six	13	10	0	0	3		0	113	85%	77%	n/a	n/a	n/a	n/a	19.2%
	Performance rate for six months											83%				

green = at or above standard

yellow = within 10 points of meeting standard

red = more than 10 points below standard

**TABLE VI. ADDITIONAL MEASURES FOR IN-HOME SERVICES  
CONTINUED...**

Type & Tool #	Question	Sample	Yes	No	N/A	GOAL	2011	2010	2009	2008	2007	Precision Rate
<b>In Home Services</b>												
IH.8	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period to discuss issues pertinent to case planning, service delivery, and goal achievement?											
	Month one	79	68	11	0	85%	86%	n/a	n/a	n/a	n/a	6.4%
	Month two	86	66	18	2	85%	77%	n/a	n/a	n/a	n/a	7.5%
	Month three	86	73	13	0	85%	85%	n/a	n/a	n/a	n/a	6.4%
	Month four	84	71	13	0	85%	85%	n/a	n/a	n/a	n/a	6.5%
	Month five	83	66	16	1	85%	80%	n/a	n/a	n/a	n/a	7.3%
	Month six	72	59	13	0	85%	82%	n/a	n/a	n/a	n/a	7.5%
	<b>Performance rate for six months</b>						82%					
IH.8a	If the whereabouts of the mother are unknown, did the worker make monthly efforts to locate the mother?											
	Month one	3	0	3	0	85%	0%	n/a	n/a	n/a	n/a	0.00%
	Month two	3	0	3	0	85%	0%	n/a	n/a	n/a	n/a	0.0%
	Month three	1	0	1	0	85%	0%	n/a	n/a	n/a	n/a	0.0%
	Month four	2	1	1	0	85%	50%	n/a	n/a	n/a	n/a	58.2%
	Month five	1	0	1	0	85%	0%	n/a	n/a	n/a	n/a	0.0%
	Month six	2	0	2	0	85%	0%	n/a	n/a	n/a	n/a	0.0%
	<b>Performance rate for six months</b>						8%					
IH.9	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period to discuss issues pertinent to case planning, service delivery, and goal achievement?											
	Month one	67	26	40	59	85%	39%	n/a	n/a	n/a	n/a	9.8%
	Month two	72	33	39	54	85%	46%	n/a	n/a	n/a	n/a	9.7%
	Month three	70	40	30	56	85%	57%	n/a	n/a	n/a	n/a	9.7%
	Month four	68	32	36	58	85%	47%	n/a	n/a	n/a	n/a	10.0%
	Month five	68	36	31	58	85%	53%	n/a	n/a	n/a	n/a	10.0%
	Month six	60	33	27	66	85%	55%	n/a	n/a	n/a	n/a	10.6%
	<b>Performance rate for six months</b>						49%					
IH.9a	If the whereabouts of the father are unknown, did the worker make monthly efforts to locate the father?											
	Month one	11	2	0	115	85%	18%	n/a	n/a	n/a	n/a	19.1%
	Month two	11	1	0	115	85%	9%	n/a	n/a	n/a	n/a	14.3%
	Month three	13	4	0	113	85%	31%	n/a	n/a	n/a	n/a	21.1%
	Month four	15	4	0	111	85%	27%	n/a	n/a	n/a	n/a	18.8%
	Month five	14	4	0	112	85%	29%	n/a	n/a	n/a	n/a	19.9%
	Month six	14	3	0	112	85%	21%	n/a	n/a	n/a	n/a	18.0%
	<b>Performance rate for six months</b>						23%					

green = at or above standard

yellow = within 10 points of meeting standard

red = more than 10 points below standard

**TABLE VII. FOSTER CARE PLACEMENT DECISIONS**

Foster Care Placement Decisions													
Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	2011	2010	2009	2008	2007	Precision range
IA.1	Did the child experience an initial placement or placement change during this review period?		58		74								
IA.2	Were reasonable efforts made to locate kinship placements?	44	39	0	5	88	85%	89%	100%	100%	100%	100%	7.9%
IA.3	Were the child's special needs or circumstances taken into consideration in the placement decision?	56	56	0	0	76	85%	100%	100%	100%	100%	100%	0.0%
IA.4	Was proximity to the child's home/parents taken into consideration in the placement decision?	48	48	0	0	84	85%	100%	100%	100%	100%	100%	0.0%
IA.5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider prior to placement? OR if this is an initial placement resulting from a CPS investigation, was pertinent information provided to the caregiver within 24 hours?	57	42	3	12	75	85%	74%	87%	88%	84%	85%	9.6%

green = at or above standard    yellow = within 10 points of meeting standard    red = more than 10 points below standard

**TABLE VIII. FOSTER CARE HEALTH AND EDUCATION**

Type & Tool #	Question	Sample	Yes	Partial No Credit	No	NA	GOAL	2011	2010	2009	2008	2007	Precision range
Foster Care Health and Education													
II.1	Was an initial or annual Well Child CHEC conducted on time?	131	113	17	1	1	85%	86%	89%	88%	89%	94%	4.9%
II.2	Was an initial or annual mental health assessment conducted on time?	127	108	8	11	5	85%	85%	92%	93%	95%	91%	5.2%
II.3	Was an initial or annual dental assessment conducted on time?	103	91	11	1	29	85%	88%	94%	89%	92%	93%	5.2%
III.1	Is the child school aged?		76		56								
III.2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	4	4	0	0	128	85%	100%	86%	82%	73%	94%	0.0%

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**TABLE IX. FOSTER CARE CASE PLANNING**

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC	NA	GOAL	2011	2010	2009	2008	2007	Precision range
<b>Foster Care Case Planning</b>															
IV.1	Is there a current child and family plan (including the ILP, if applicable) in the file?	132	112	9	10	1	0	0	85%	90%	90%	91%	87%	88%	4.0%
IV.2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	42	31	7	3	1	0	90	85%	86%	82%	91%	83%	84%	7.5%
IV.3	Were the following team members involved in creating the current child and family plan?														
3.a	the mother	92	70	0	0	22	0	40	85%	76%	63%	81%	79%	91%	7.3%
3.b	the father	73	33	0	0	37	3	59	85%	45%					9.6%
3.c	other caregiver, (guardian, foster parent, stepparent, kin)?	119	113	0	0	6	0	13	85%	95%	57%	57%	70%	76%	3.3%
3.d	the child/youth if developmentally appropriate? (generally age 5 and over)	81	70	0	0	11	0	51	85%	86%	90%	89%	92%	97%	6.3%
<b>Performance rate for all four sub-questions</b>									<b>78%</b>	<b>71%</b>	<b>83%</b>	<b>82%</b>			
IV.4	In order to create an individualized TAL plan, was an initial or annual Ansell Casey Life Skills Assessment (ACLSA) completed?	48	33	0	11	4	0	84	85%	69%	73%	69%	46%	n/a	11.0%
IV.5	Is there a current plan that provides the child with the opportunity to visit with his/her parents?	86	73	0	5	8	0	46	85%	85%	74%	89%	83%	85%	6.4%
IV.6	Is there a current plan that provides the child with the opportunity to visit with his/her siblings?	45	35	0	3	7	0	87	85%	78%	76%	72%	79%	82%	10.2%

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**TABLE X. ADDITIONAL MEASURES FOR FOSTER CARE**

Type & Tool #	Question	Sample	Yes	Partial Credit	No	EC	NA	GOAL	FY 2011	2010	2009	2008	2007	Precision range	
IB.4	<b>Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period to discuss issues pertinent to case planning, service delivery, and goal achievement?</b>														
	Month one	76	43	0	32	1	56	85%	57%	n/a	n/a	n/a	n/a	9.4%	
	Month two	78	41	0	36	1	54	85%	53%	n/a	n/a	n/a	n/a	9.3%	
	Month three	78	47	0	29	2	54	85%	60%	n/a	n/a	n/a	n/a	9.1%	
	Month four	81	48	0	31	2	51	85%	59%	n/a	n/a	n/a	n/a	9.0%	
	Month five	85	45	0	39	1	47	85%	53%	n/a	n/a	n/a	n/a	8.9%	
	Month six	80	42	0	37	1	52	85%	53%	n/a	n/a	n/a	n/a	9.2%	
	<b>Performance rate for six months</b>									<b>56%</b>					
IB.4a	<b>If the whereabouts of the mother are unknown, did the worker make monthly efforts to locate the mother?</b>														
	Month one	3	1	0	2	0	129	85%	33%	n/a	n/a	n/a	n/a	44.8%	
	Month two	3	0	0	3	0	129	85%	0%	n/a	n/a	n/a	n/a	0.0%	
	Month three	3	1	0	2	0	129	85%	33%	n/a	n/a	n/a	n/a	44.8%	
	Month four	5	2	0	3	0	127	85%	40%	n/a	n/a	n/a	n/a	36.0%	
	Month five	4	1	0	3	0	128	85%	25%	n/a	n/a	n/a	n/a	35.6%	
	Month six	4	1	0	3	0	128	85%	25%	n/a	n/a	n/a	n/a	35.6%	
	<b>Performance rate for six months</b>									<b>27%</b>					
IB.5	<b>Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period to discuss issues pertinent to case planning, service delivery, and goal achievement?</b>														
	Month one	57	23	0	33	1	75	85%	40%	n/a	n/a	n/a	n/a	10.7%	
	Month two	58	18	0	39	1	74	85%	31%	n/a	n/a	n/a	n/a	10.0%	
	Month three	59	25	0	34	0	73	85%	42%	n/a	n/a	n/a	n/a	10.6%	
	Month four	62	23	0	38	1	70	85%	37%	n/a	n/a	n/a	n/a	10.1%	
	Month five	64	22	0	41	1	68	85%	34%	n/a	n/a	n/a	n/a	9.8%	
	Month six	61	17	0	43	1	71	85%	28%	n/a	n/a	n/a	n/a	9.4%	
	<b>Performance rate for six months</b>									<b>35%</b>					
IB.5a	<b>If the whereabouts of the father are unknown, did the worker make monthly efforts to locate the father?</b>														
	Month one	10	1	0	9	0	122	85%	10%	n/a	n/a	n/a	n/a	15.6%	
	Month two	9	0	0	9	0	123	85%	0%	n/a	n/a	n/a	n/a	0.0%	
	Month three	10	3	0	7	0	122	85%	30%	n/a	n/a	n/a	n/a	23.8%	
	Month four	12	5	0	7	0	120	85%	42%	n/a	n/a	n/a	n/a	23.4%	
	Month five	11	3	0	8	0	121	85%	27%	n/a	n/a	n/a	n/a	22.1%	
	Month six	11	2	0	9	0	121	85%	18%	n/a	n/a	n/a	n/a	19.1%	
	<b>Performance rate for six months</b>									<b>22%</b>					

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REPORT TO THE HEALTH AND HUMAN SERVICES INTERIM COMMITTEE

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Utah Division of Substance Abuse and Mental Health

PROGRAM AUDITS AND REVIEWS OF  
SUBSTANCE ABUSE AND MENTAL HEALTH AUTHORITIES AND CONTRACT PROVIDERS

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July 1, 2011

**I. INTRODUCTION:**

The following is a report to meet the statutory responsibility of the Division of Substance Abuse and Mental Health (DSAMH) in compliance with:

***U.C.A. 62A-15-103.(2)***

- (g)** *Responsibilities of the Division of Substance Abuse and Mental Health, provide a written report to the Health and Human Services Interim Committee and Health and Human Services Appropriations Subcommittee on July 1, of each year, and provide an oral report if requested. That report shall provide information regarding:*
- (i) the annual audit and review;*
  - (ii) the financial expenditures of each local substance abuse authority and its contract provider and each local mental health authority and its contract provider;*
  - (iii) the status of the compliance of each local authority and its contract provider with its plan, state statutes, and the provisions of the contract awarded; and*
  - (iv) whether audit guidelines established under Section 62A-15-110 and Subsection 67-3-1(10) provide the division with sufficient criteria and assurances of appropriate expenditures of public funds; and*
- (h)** *If requested by the Health and Human Services Interim Committee or the Health and Human Services Appropriations Subcommittee, provide an oral report as requested.*

There are thirteen (13) Local Authorities organized in the State to provide mental health and substance abuse services. Site monitoring visits are required by State statute and focus on the Local Authority's adherence to its approved annual plan, state statutes and its compliance with the requirements set forth in their contract with the Division of Substance Abuse and Mental Health. During FY2011, all Substance Abuse and/or Mental Health Local Authorities and/or their comprehensive service providers were monitored.

Annually by May 1, each Local Authority submits an area plan to the Division of Substance Abuse and Mental Health. In this document, the Local Authority identifies in detail the manner in which it will achieve compliance with the requirements imposed by statute. This plan is developed following an annual summit where State and Local substance abuse and mental health experts study, discuss and share best practices. This area plan document is developed locally taking into account the special needs of the citizens in its catchment area. The area plans are used by Division staff to develop the tools that will be used to monitor contracts in the new fiscal year.

The annual site visits include the following program and fiscal reviews:

1. Child Youth and Family Mental Health,
2. Adult Mental Health,
3. Substance Abuse Treatment,
4. Substance Abuse Prevention, and
5. Governance and Oversight components.

Following each site review, a comprehensive report discussing the strengths and weaknesses of each program is presented to the Local Authority. Whenever a weakness is identified, DSAMH makes recommendations for improvement. Recommendations issued contain a requirement that the Local Authority respond with an action plan for correction by a specified date. DSAMH maintains a follow up record to track corrective actions to be implemented by the Local Authorities.

The Division of Substance Abuse and Mental Health has chosen to categorize findings into three levels of severity. A minor finding results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. A significant finding is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. A major finding results when the imminent health, safety, or well being of individuals is jeopardized. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

In rare instances, a finding from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance finding will be prominently displayed in the monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

In all instances whenever a finding was identified, the Local Authority submitted a corrective action plan outlining the steps to be taken to resolve the issue. In order to facilitate the local authority's corrective actions, the Division provides technical assistance and conducts follow up visits to measure progress.

In the 2011 legislative session, the following intent language was passed:

"It is the intent of the Legislature that the Division of Substance Abuse and Mental Health and the Division of Aging and Adult Services forego site visits of county mental health, substance abuse, and aging programs during FY2011 and conduct statutorily required monitoring through reports submitted by electronic or other means and report back to the Office of the Legislative Fiscal Analyst on or before January 1, 2011 concerning the outcome of this monitoring technique."

DSAMH submitted its report as requested and now provides a full summary of the results of the FY2011 monitoring in this report. As the Division performed its contract monitoring this past year, it experienced the following limitations:

- DSAMH did not conduct a usual 2-day-visit of the facility.
- It was difficult to verify and/or validate local authority data under the intent language above. DSAMH used electronic communication technology such as video conferencing and electronic meetings whenever possible. This enabled DSAMH contract monitors and local authority personnel to have discussions but direct interaction was limited.

- DSAMH contract monitors were unable to perform consumer and family interviews or view clubhouse activities first hand. DSAMH considers these interviews critical to an evaluation of the local authorities' performance.
- DSAMH did not have the opportunity to interact directly with allied agencies and were unable to observe provider activities however DSAMH contract monitors communicated by telephone whenever possible to assess their activities.
- Due to the involved nature of the comprehensive chart reviews and in order to lighten the burden on the local authorities, DSAMH limited these reviews to several specific areas rather than examine the entire chart. Chart reviews are a very important component of contract monitoring activities. The data entered into charts help assess clinical practices.
- Face-to-face staff interviews were not conducted. This is an area where, in prior site reviews, DSAMH contract monitors have provided immediate and informal 'on-the-spot' technical assistance.
- Because the majority of the local authorities do not have electronic fiscal data, DSAMH contract monitors were unable to do a physical review of fiscal documents; however interviews were conducted with local authority fiscal officers and monitoring staff reviewed each local authority's audited financial statements. DSAMH discussed local authorities' policies and procedures, paying particular attention to any new or changed policies. DSAMH contract monitors reviewed the minutes of any board of directors to ensure that proper attention was given to their responsibility for fiscal oversight

During FY2011, the Division completed an electronic offsite review of many local authority programs. Based on the examinations conducted during the fiscal year, DSAMH believes to the best of its knowledge that the information presented in this report represents an accurate evaluation of the services provided by the Local Authorities.

## II. **SUMMARY OF DSAMH FY2011 MONITORING (by program):**

The functional areas reviewed and results of the FY2011 oversight reviews are provided in the following summary and are presented by programs monitored.

### A. Adult Mental Health:

#### **Results**

DSAMH monitoring of the thirteen local authorities resulted in three significant and sixteen minor findings identified for which the Division of Substance Abuse and Mental Health issued recommendations.

### B. Child, Youth, and Family Mental Health:

#### **Results**

DSAMH monitoring of the thirteen local authorities resulted in two significant and ten minor findings identified for which the Division of Substance Abuse and Mental Health issued recommendations.

### C. Substance Abuse Treatment:

The State is required, under the terms of the federal Substance Abuse and Prevention (SAPT) Block Grant, to provide a "continuum of services" and the local authorities are

evaluated as to how well they fulfill the terms of their contracts with the state and the requirements of the SAPT Grant. Local authority outcomes are measured against national trends and standards.

**Results**

DSAMH monitoring of the thirteen local authorities resulted in thirty significant and ten minor findings identified for which the Division of Substance Abuse and Mental Health issued recommendations.

D. Substance Abuse Prevention:

Under the terms of the federal Substance Abuse and Prevention (SAPT) Block Grant, the State is required to provide a “continuum of services.” Local authorities are evaluated as to how well the terms of each contract with the state and the requirements of the SAPT Grant are met. Outcomes are measured against national trends and standards.

**Results**

DSAMH monitoring of the thirteen local authorities resulted in nine minor findings identified for which the Division of Substance Abuse and Mental Health issued recommendations.

E. Governance and Oversight:

Governance and oversight monitoring follows the statutory requirement that the Division obtain an assurance that the local authorities are acting as outlined in the statute quoted in the introductory section of this report.

**Results**

DSAMH monitoring of the thirteen local authorities did not generate any findings this year.

F. Independent Audit:

Utah Code 51-2a-201 requires each Local Authority contracts with an independent auditing firm for an annual audit. Included in the audit report is the auditors’ statement that the audit was conducted in accordance with generally accepted auditing standards; financial auditing standards contained in *Government Auditing Standards*; and, in some cases, in accordance with OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

Audit guidelines are documented in the State of Utah Legal Compliance Audit Guide. The Division of Substance Abuse and Mental Health (DSAMH), in conjunction with the Utah State Auditor’s Office, update these guidelines annually. Each year, the Local Authorities, and/or any comprehensive service providers, invite the DSAMH and Department of Human Services (DHS) to the audit opening and closing conferences. During the opening conference, Division contract monitors have the opportunity to request an examination of any specific issues that may require attention beyond the role of monitoring.

**Results**

Each of the local authorities submitted an independent auditor's report as required. All auditors issued reports stating the local authorities' financial reports were free from material misstatement and were fairly presented.

Division of Aging and Adult Services  
FY 2011 Report to the Legislature  
“Out and About” Homebound Transportation Assistance Fund

Fiscal Year 2011 was the second year of operation for the Out and About senior rideshare program. Wasatch Transportation, the administrator of the program, expanded partnerships and exposure for the program, and ridership expanded significantly over the year. However, by April 2011, Wasatch Transportation determined that the program costs and program revenue were incompatible for ongoing operation of the program, despite the growing popularity of the service. As a result, the program ceased operation prior to the end of the fiscal year, and before the third and final installment of the grant was delivered. The Division appreciates Wasatch Transportation’s efforts and commitment to the program, and hopes the program can be revived in the future when other funding mechanisms are available.