The Partnership for Strong Families
Case Management Base Review Report
October 13, 2008

Lead Agency: Partnership for Strong Families
Date of Review: July 1, 2008 – September 30, 2008 – Q1 FY 2008-2009
Methodology: Children, ages 10 and under, who were service recipients for at least one day during the selection period, and who were also service recipients for at least six months as of the sample date or service recipient end date of June 15, 2008.

1. List of Standards and Data Roll-Up

<table>
<thead>
<tr>
<th>Question #</th>
<th>Question</th>
<th>%Yes</th>
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</thead>
<tbody>
<tr>
<td>1.0</td>
<td>No child living in the home was re-abused or neglected. (in-home cases)</td>
<td>88%</td>
</tr>
<tr>
<td>2.0</td>
<td>The focus child was not re-abused or re-neglected. (out-of-home care cases)</td>
<td>94%</td>
</tr>
<tr>
<td>3.0</td>
<td>Immediate and ameliorative interventions were initiated on behalf of the child, if a child was re-abused or re-neglected. (all cases)</td>
<td>100%</td>
</tr>
<tr>
<td>4.0</td>
<td>Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child’s entry into out-of-home care. (in-home cases)</td>
<td>100%</td>
</tr>
<tr>
<td>5.0</td>
<td>A thorough initial family assessment was conducted following the investigative safety assessment and sufficiently addressed child safety factors and emerging risks. (all cases)</td>
<td>60%</td>
</tr>
<tr>
<td>6.0</td>
<td>Completed service referrals were consistent with the needs identified through investigative assessment(s), and other assessments related to safety. (all cases - Life of Case)</td>
<td>88%</td>
</tr>
<tr>
<td>7.0</td>
<td>The six-month family assessment was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family’s situation related to emerging danger and services needs. (all cases)</td>
<td>88%</td>
</tr>
<tr>
<td>8.0</td>
<td>All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. (all cases)</td>
<td>64%</td>
</tr>
<tr>
<td>9.0</td>
<td>A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (post-placement supervision, and children placed in an unlicensed setting)</td>
<td>50%</td>
</tr>
<tr>
<td>10.0</td>
<td>Concerted efforts were made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care. (in-home post-reunification cases)</td>
<td>100%</td>
</tr>
<tr>
<td>11.0</td>
<td>The child remained safe in his/her home following discharge from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>12.0</td>
<td>A multi-disciplinary staffing/assessment for placement planning was conducted before each placement to ensure the placement or move was unavoidable. (out-of-home care cases)</td>
<td>62%</td>
</tr>
<tr>
<td>13.0</td>
<td>The child's current placement is stable and appropriate to meet the child's needs with no apparent or significant risks or projections of disruption. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>14.0</td>
<td>If No was entered for #13, concerted efforts were made to identify, locate and evaluate other potential placements for the child. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>15.0</td>
<td>The child experienced no more than two out-of-home care placement settings during the period under review. (out-of-home care cases)</td>
<td>86%</td>
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<tr>
<th>Question #</th>
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<tr>
<td>16.0</td>
<td>If No was entered for #15, all placement changes were planned in an effort to achieve the child's case goals or to meet the needs of the child. (out-of-home care cases)</td>
<td>67%</td>
</tr>
<tr>
<td>17.0</td>
<td>In cases involving a child in more than one licensed placement setting an exit interview was conducted with the child when moved from one placement to another to discuss the previous placement experience, and appropriate action was taken if the exit interview documented a concern. (licensed out-of-home care cases)</td>
<td></td>
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<tr>
<td>17.0.1</td>
<td>An exit interview was conducted with the child when moved from one placement to another to discuss the previous placement experience.</td>
<td>50%</td>
</tr>
<tr>
<td>17.0.2</td>
<td>Appropriate action was taken if the exit interview documented a concern.</td>
<td>100%</td>
</tr>
<tr>
<td>18.0</td>
<td>The parents were notified about all of the child's placement changes. (out-of-home care cases)</td>
<td>80%</td>
</tr>
<tr>
<td>19.0</td>
<td>The court was informed of the child's placements and reasons for changes in placement. (out-of-home care cases)</td>
<td>54%</td>
</tr>
<tr>
<td>20.0</td>
<td>Qualitative supervisory reviews and follow through were conducted as needed and required. (all cases)</td>
<td>59%</td>
</tr>
<tr>
<td>21.0</td>
<td>The case record contained a current (not expired) case plan. (all cases)</td>
<td>70%</td>
</tr>
<tr>
<td>22.0</td>
<td>The current case plan goal was appropriate based on the child's, and family's circumstances. (all cases)</td>
<td>100%</td>
</tr>
<tr>
<td>23.0</td>
<td>The case plan specifically addressed visitation and other contact plans with all case participants. (out-of-home care cases)</td>
<td>73%</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td>% Yes</td>
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<tr>
<td>24.0</td>
<td>The case plan helped achieve permanency (out-of-home care cases) and safety and stability (in-home cases) through appropriate tasks for the case participants.</td>
<td>91%</td>
</tr>
<tr>
<td>25.0</td>
<td>The services worker communicated with service providers about the effectiveness of services for involved case participants. (all cases)</td>
<td>73%</td>
</tr>
<tr>
<td>26.0</td>
<td>The child's current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. (out-of-home care cases)</td>
<td>76%</td>
</tr>
<tr>
<td>27.0</td>
<td>If No was entered for #26, the location of the child's current placement was based on the child's needs and achieving the case plan goal. (out-of-home care cases)</td>
<td>71%</td>
</tr>
<tr>
<td>28.0</td>
<td>The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (out-of-home care cases)</td>
<td>77%</td>
</tr>
<tr>
<td>29.0</td>
<td>If No was entered for #28, there was clear evidence separation was necessary to meet the child's needs. (out-of-home care cases)</td>
<td>67%</td>
</tr>
<tr>
<td>30.0</td>
<td>Concerted efforts were made to ensure visitation (or other contact) between the child and parents were sufficient to maintain or promote the continuity of the relationship between them. (out-of-home care cases)</td>
<td>80%</td>
</tr>
<tr>
<td>31.0</td>
<td>Concerted efforts were made to ensure visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings and it was of sufficient frequency to maintain or promote the continuity of the relationship. (out-of-home care cases)</td>
<td>60%</td>
</tr>
<tr>
<td>32.0</td>
<td>Concerted efforts were made to maintain the child’s important connections. (out-of-home care cases)</td>
<td>92%</td>
</tr>
<tr>
<td>33.0</td>
<td>An inquiry was made to determine if the child was of Native American or Alaskan Native heritage. (out-of-home care and court ordered supervision cases)</td>
<td>13%</td>
</tr>
<tr>
<td>34.0</td>
<td>If the child is of Native American or Alaskan Native heritage, the tribe was provided timely notification of its right to intervene in any state court proceedings seeking court ordered supervision, an involuntary out-of-home care placement or termination of parental rights. (out-of-home care and court ordered supervision cases)</td>
<td>0%</td>
</tr>
<tr>
<td>35.0</td>
<td>Concerted efforts were made to place the child in out-of-home care in accordance with the Indian Child Welfare Act placement preferences if the child was of Native American or Alaskan Native heritage. (out-of-home care cases)</td>
<td>0%</td>
</tr>
<tr>
<td>36.0</td>
<td>The mother was encouraged and supported to participate in making decisions about her child's needs and activities. (out-of-home care cases)</td>
<td>22%</td>
</tr>
<tr>
<td>37.0</td>
<td>The father was encouraged and supported to participate in making decisions about his child's needs and activities. (out-of-home care cases)</td>
<td>0%</td>
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<td>Question</td>
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<td>%Yes</td>
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<tr>
<td>38.0</td>
<td>For cases in which an out-of-state placement was, or is being explored for the focus child, a complete Interstate Compact for the Placement of Children (ICPC) packet requesting a non-priority home study was submitted within the required timeframe. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>39.0</td>
<td>The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>40.0</td>
<td>If the child was in out-of-home care for at least 15 of the most recent 22 months or met other ASFA criteria for TPR, a TPR petition was filed or joined. (out-of-home care cases - Life of Case)</td>
<td>100%</td>
</tr>
<tr>
<td>41.0</td>
<td>If a Termination of Parental Rights petition was not filed, there were compelling reasons and the exception for not filing the petition was documented. (out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>42.0</td>
<td>Appropriate steps were taken to identify and recruit an adoptive family that matched the child’s needs. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>43.0</td>
<td>Appropriate steps were taken to process and approve an adoptive family that matched the child’s needs. (out-of-home care cases)</td>
<td>100%</td>
</tr>
<tr>
<td>44.0</td>
<td>If the case involves a youth who reached 13 but not yet 15 years of age and he/she is living in a licensed, out-of-home care placement, a pre-independent living assessment was completed and identified service needs and services were provided. (licensed out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>45.0</td>
<td>If the case involves a youth who reached 15 but not yet 18 years of age, and he/she is living in a licensed, out-of-home care placement, a plan was completed and discussed with the child and services are/were provided. (out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>46.0</td>
<td>An ongoing assessment of the child(ren)’s needs was conducted to provide updated information for case planning purposes. (all cases)</td>
<td>76%</td>
</tr>
<tr>
<td>47.0</td>
<td>An assessment for residential group care was completed when required. (out-of-home care cases)</td>
<td>N/A</td>
</tr>
<tr>
<td>48.0</td>
<td>An ongoing assessment of the mother’s needs was conducted to provide updated information for case planning purposes. (all cases)</td>
<td>92%</td>
</tr>
<tr>
<td>49.0</td>
<td>Concerted efforts were made to support the mother’s engagement with services. (all cases)</td>
<td>79%</td>
</tr>
<tr>
<td>50.0</td>
<td>An ongoing assessment of the father’s needs was conducted to provide updated information for case planning purposes. (all cases)</td>
<td>75%</td>
</tr>
<tr>
<td>51.0</td>
<td>Concerted efforts were made to support the father’s engagement in services. (all cases)</td>
<td>67%</td>
</tr>
<tr>
<td>52.0</td>
<td>An ongoing assessment of the out-of-home care providers or pre-adoptive parent’s service needs was conducted in order to ensure appropriate care for the child. (out-of-home care cases)</td>
<td>86%</td>
</tr>
<tr>
<td>Question #</td>
<td>Question</td>
<td>%Yes</td>
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</tr>
<tr>
<td>53.0</td>
<td>Concerted efforts were made to actively involve all case participants in the case planning process. (all cases)</td>
<td>69%</td>
</tr>
<tr>
<td>54.0</td>
<td>The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child. (all cases)</td>
<td>47%</td>
</tr>
<tr>
<td>55.0</td>
<td>The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being. (all cases)</td>
<td>53%</td>
</tr>
<tr>
<td>56.0</td>
<td>Concerted efforts were made to assess the child's educational needs. (out-of-home care cases, and in-home cases if relevant)</td>
<td>86%</td>
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<tr>
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<tbody>
<tr>
<td>57.0</td>
<td>If educational needs were identified, necessary educational services were engaged. (out-of-home care cases, and in-home cases if relevant)</td>
<td>80%</td>
</tr>
<tr>
<td>58.0</td>
<td>Services effectively reduced or resolved the issues interfering with the child's education. (out-of-home care cases, and in-home cases if relevant)</td>
<td>60%</td>
</tr>
<tr>
<td>59.0</td>
<td>Concerted efforts were made to assess the child's physical health care needs. (out-of-home care cases, and in-home cases if relevant)</td>
<td>90%</td>
</tr>
<tr>
<td>60.0</td>
<td>Concerted efforts were made to provide appropriate services to address the child's identified physical health needs. (out-of-home care cases, and in-home cases if relevant)</td>
<td>100%</td>
</tr>
<tr>
<td>61.0</td>
<td>Concerted efforts were made to assess the child's dental health care needs. (out-of-home care cases, and in-home cases if relevant)</td>
<td>55%</td>
</tr>
<tr>
<td>62.0</td>
<td>Appropriate services were provided to address the child's identified dental health needs. (out-of-home care cases and in-home cases if relevant)</td>
<td>100%</td>
</tr>
<tr>
<td>63.0</td>
<td>An assessment(s) of the child's mental/behavioral health needs was conducted. (out-of-home care cases, and in-home cases if relevant)</td>
<td>83%</td>
</tr>
<tr>
<td>64.0</td>
<td>Appropriate services were provided to address the child's mental/behavioral health needs. (out-of-home care cases, and in-home cases if relevant)</td>
<td>43%</td>
</tr>
<tr>
<td>65.0</td>
<td>Informed consent was obtained for the use of psychotropic medications when necessary to address the child's mental/behavioral health needs. (applicable to out-of-home care cases)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td><strong>This item is not included in the total score</strong></td>
<td></td>
</tr>
<tr>
<td>66.0</td>
<td>Based on all the information reviewed, it is likely the child will live in a safe and nurturing environment with his/her needs being met on a permanent basis during the next 12 months.</td>
<td>100%</td>
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## 2. Analysis of Case File Review Data

### A. Overall Performance in Achieving Safety

The Partnership for Strong Families' (PSF) overall compliance in achieving safety was 84%, 72% for Permanency and 73% for Well-being. Additionally, PSF’s overall compliance with the elements related to the Federal Child and Family Services Review was 67%.

### B. Windows into Practice – Trends

#### 1. Repeat Maltreatment:

   i. Of the 17 cases there were 2 cases with repeat maltreatment issues. One in-home case and one out-of-home case.

   ii. The in-home case was maltreatment related to sexual abuse with an adult as the perpetrator.

   iii. The out-of-home case was maltreatment involving a child on child sexual incident.
2. Re-entry:

i. There were 8 applicable cases for ensuring a thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. Of those 8 cases 4 were compliant with the requirements and 4 were not. Of the 4 that were not compliant:

1. 1 case – there was not a home study located in the file for when the child was placed in a relative placement.

2. 1 case – the protective investigator requested an OTI home study on a relative but the home study and criminal records checks were not located in the file.

3. 1 case – the home study was located, but the background checks were not located in the file.

4. 1 case - the parent home study was completed, however it was not signed by the case manager or supervisor. There was also no documentation the home study was filed with the court.

ii. There were 4 applicable cases for concerted efforts to be made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care. All 4 cases documented concerted efforts to manage risks and prevent reunification.

iii. There were 3 applicable cases for ensuring the child remained safe in his/her home after being discharged from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. In all 3 cases the child remained safely at home and did not experience another out-of-home event.

3. Placement Stability:

i. There were 8 applicable cases related to the requirement for a multi-disciplinary staffing or assessment for placement planning to occur before a child’s initial and any subsequent placement to ensure all removals and placement changes are unavoidable.

1. 5 of the 8 cases were deemed in compliance with this requirement as either staffing or assessments took place prior to placement changes.
2. 3 of the 8 applicable cases did not show evidence of the required staffings or assessments taking place prior to each placement change.

   ii. There were 14 applicable cases and all 14 cases contained documentation indicating the child's current placement is stable and appropriate to meet the child's needs with no apparent or significant risks or projections of disruption.

   iii. There were 14 applicable cases related to the requirement of the child to experience no more than 2 out-of-home care placement settings during the period under review. Of those 14 cases 12 had 2 or fewer placements during their episode of care and 2 had more than 2 placements. Of the 2 with more than 2 placements:

   1. One child had 3 placements. First placement was with paternal grandparents who could not care for her, went to a subsequent placement then was placed in the third and current placement with the maternal grandmother. (The reviewer considered this as compliant with ensuring all placement changes were planned in an effort to achieve the child's case goals or to meet the needs of the child.)

   2. One child had 4 placements. First placement move was to an adoptive home. The goal was to place the child with his siblings but there is no documentation as to the reason for the three other placement moves. (The reviewer did not consider this as compliant with ensuring all placement changes were planned in an effort to achieve the child's case goals or to meet the needs of the child.)

   iv. There were 4 applicable cases related to the requirement for an exit interview to be conducted when a child is moved from one licensed placement to another to discuss the previous placement experience. Of the 4 cases 2 contained completed exit interviews and 2 did not. Of the exit interviews that were completed there was 1 that required further action to address a documented concern. The case file appropriately documented the actions taken to address the documented concerns.

   v. There were 14 applicable cases related to the requirement for an ongoing assessment of the out-of-home care providers or pre-adoptive parent's service needs being conducted in order to
ensure appropriate care for the child. Of those 14 cases 12 contained documentation of ongoing assessments of the out-of-home care or pre-adoptive parent’s service needs. There were 2 cases where this documentation was not located.

Note: Reviewers must ensure they are rating this element on ongoing assessments both informal and formal. It appears several cases were given a yes if a CBHA or child developmental assessment was completed. This element is designed to ensure Family Care Counselors are engaging caregivers, are aware of their needs and stressors and are aware of the services needed to enhance the stability of the placement for the child.

vi. There were 7 cases applicable to the requirement for the Family Care Counselor to ensure appropriate services were provided to address the child’s mental/behavioral health needs. Of the 7 cases, 3 contained documentation the Family Care Counselor ensured appropriate services were obtained. There were 4 cases where this documentation was not located:

1. 1 case – one child was sexually abused by a family friend, the child was never assessed or offered services to address the abuse.
2. 1 case - Child received weekly therapy, but no documentation sexual abuse was discussed in the services as evident by the treatment plans.
3. 1 case - No documentation services were provided after identified needs from evaluation.
4. 1 case - The CBHA assessed the children’s mental health needs and made recommendation for individual and family counseling. There is no evidence in the file to document these recommended services were received.

4. Separation from Siblings:

i. There were 13 applicable cases related to the requirement for the child to be placed with siblings who were also in licensed and/or non-licensed out-of-home care. Of those 13 cases 10 documented the child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. There were 3 cases where the siblings in out-of-home care were not placed together.

1. One child was not placed with his siblings due to sexually acting out and the child needing to be in a therapeutic
foster care setting. Reason for separated siblings was justified.

2. One child was placed with a paternal grandfather where he had resided prior to the sheltering of the children. Reason for separated siblings was justified.

3. One child was placed with two of his siblings while another sibling was placed with a maternal relative. Documentation of the reason for the separation of the siblings was not located in the file.

5. **Engagement of Parents and Children in Case Planning Process:**

   i. **Engagement of all participants in the Case Planning Process:**

   1. **Mother:** There were 13 applicable cases. Of those 13 cases 9 contained documentation of the mother's engagement in the case planning process. There were 4 cases where documentation of the mother's engagement in case planning was not located.

   2. **Father:** There were 8 applicable cases. Of those 8 cases 6 contained documentation of the father's engagement in the case planning process. There were 2 cases where documentation of the father's engagement in case planning was not located.

   3. **Children:** There were 2 applicable cases. Neither of the 2 applicable cases contained documentation of the child's (when age and developmentally appropriate) engagement in the case planning process.

   Note: Reviewers need to ensure they are accounting for all case planning opportunities as several cases received a Yes response when the only documentation discussed are the initial case planning activities. Case Practice must be to engage all parties of the case in case planning activities throughout the life of the case unless excused/dismissed by the court. Being in jail, out of the area, or there being a “no contact order” is not sufficient for not engaging all participants.

   ii. There were 17 applicable cases related to the requirement for there to be a current non-expired Case Plan. Of the 17 cases 12 were deemed in compliance and contained a current non-
expired Case Plan. There were 5 cases not in compliance as a current Case Plan was not located in the file.

Note: There were no Requests for Action submitted by the reviewers requesting corrections for expired Case Plans. Expired Case Plans would require a Request for Action be completed by the reviewer so the issue can be brought to the attention of the case management agency management personnel responsible for the case.

iii. 14 of 14 case files contained Case Plans with current Case Plan goals that were appropriate based on the child's and family's circumstances.

Note: There were 2 reviewers who, after indicating there was not a current Case Plan in the file, documented the current Case Plan goal was appropriate when this should have been answered N/A. Therefore this element should have been scored as 12 Yes and 5 N/A. Although it did not affect the overall score this is a training issue for reviewers.

iv. There were 11 applicable cases related to the element of - the Case Plan helped achieve permanency (out-of-home care cases) and safety and stability (in-home cases) through appropriate tasks for the case participants. Of the 11 cases 10 contained documentation of how the Case Plan helped to achieve permanency or safety and stability via appropriate tasks for participants: (mother 100% 9 of 9 compliant, father 88% 7 of 8 compliant , child 50% 2 of 4 compliant and caregiver 100% 5 of 5 complaint). In the 1 case not in compliance with this element, the Case Plan lacked critical tasks, services and supports. The father allowed the children to be cared for by a family friend he knew was previously inappropriate with his children before the case opened. As a result the family friend, by report of the children, inappropriately touched them. There are no tasks in the Case Plan to address this nor was the children assessed for services or offered counseling.

Note: for the Child 50% compliance – there was a reviewer error in one case. The reviewer marked no for a child when the comments indicated the child was under 13 and therefore the response was to have been N/A. Recalculating the score for this element would change the percentage to 67% and 2 of 3 compliant. It would not affect the overall scoring for question 24.
v. There were 15 applicable cases related to the Family Care Counselor having communication with the service providers about the effectiveness of services for involved case participants. Of the 15 cases 11 were found to be in compliance with this requirement (mother 83% 10 of 12 compliant, father 87% 6 of 7 compliant, child 78% 7 of 9 compliant and caregiver 100% 3 of 3 compliant). Of the 4 not in compliance:

1. One case - there was no communication with service providers about the effectiveness of services for the mother who had the substance abuse issue and was in residential treatment and thus the reason for the case. Only one letter is located in the file regarding communication with the provider.

2. One case - the FCC did not talk to the child’s school teachers in regard to his eye sight and possible hearing problem.

3. One case - there is a lack of documentation located in the file regarding correspondence received, emails sent or conversations that occurred with service providers regarding the mother or father’s progress.

4. One case - no documentation of follow up regarding the services the child is receiving.

vi. All 17 cases were applicable as it relates to the requirement for ensuring an ongoing assessment of the child(ren)’s needs was conducted to provide updated information for case planning purposes. Of the 17 cases, 13 contained documentation of ongoing assessments of the children’s needs and 4 cases did not.

1. One case - there is no evidence of an ongoing assessment or the assessment was not adequate. The child and his sibling reported to be sexually molested by a family friend. No services were offered nor were the children assessed.

2. One case - assessment was not done timely as the grandfather requested services for child in February but the assessment was not done until June and no follow up was documented.
3. One case - the children had a CBHA that stated the children needed counseling (individual & family) no referrals and no ongoing assessments documented in file.

4. One case - a completed CBHA is not documented for the child at the onset of the case. The first assessment completed was a developmental assessment with recommendations that could have been assessed early on.

Note: Reviewers must be careful to only consider this element as in compliance when the assessments are ongoing. There were two cases where the reviewer marked yes for this element and the justification provided was that a CBHA was completed. This is one factor to consider and is normally at the beginning of a case. Ongoing formal or informal assessments must be occurring and must be documented in order for this element to be compliant.

vii. There were 12 applicable cases related to the requirement to ensure an ongoing assessment of the mother’s needs was conducted to provide updated information for case planning purposes. Of the 12 cases, 11 were determined by reviewers to be in compliance with this requirement. 1 case was deemed not in compliance as there was no evidence of an ongoing assessment or the assessment was inadequate.

Note: Reviewers must be careful to only consider this element as in compliance when the assessments are ongoing. There were two cases where the reviewer marked yes for this element and the justification provided was that a single assessment CBHA or Reunification Staffing had been completed. These are one time occurrences and are not on-going assessments. Ongoing formal or informal assessments must be occurring and must be documented in order for this element to be compliant.

viii. There were 14 applicable cases regarding the requirement to ensure concerted efforts were made to support the mother’s engagement with services. Of the 14 cases 11 were determined to be in compliance and 3 were deemed non-compliant with the requirement.

1. One case - there were limited or no concerted efforts to support the mother’s engagement in services documented.
2. One case - at one point in the case the mother was not engaged in services for months and the JR says the mother failed to keep in contact.

3. One case - efforts were not documented regarding the engagement of the mother in services. She was in and out of jail but no documentation were found of letters to the mother or attempts to converse with the mother to engage her or any referrals sent to her for needed services.

ix. There were 8 applicable cases related to the requirement to ensure an ongoing assessment of the father’s needs was conducted to provide updated information for case planning purposes. Of the 8 cases 6 were determined by reviewers to be in compliance with this requirement. 2 cases were deemed not in compliance.

1. One case - the father did not participate in his case plan tasks.

2. One case - there was no ICPC, or documented attempts to put services into the home in NY. The goal of TPR was already in place at the beginning of the review period.

Note: Reviewers must be careful to only consider this element as in compliance when the assessments are on-going. There were two cases where the reviewer marked yes for this element and the justification provided was that a single assessment CBHA or Reunification Staffing had been completed. These are one time occurrences and are not on-going assessments. On-going formal or informal assessments must be occurring and must be documented in order for this element to be compliant. Additionally one case was determined to be non-applicable as the father was in jail and there was a no contact order between the child and the father. A no contact order does not eliminate the need to assess the ongoing service needs of the father to ensure services are provided.

x. There were 9 applicable cases regarding the requirement to ensure concerted efforts were made to support the father’s engagement with services. Of the 9 cases, 6 were determined to be in compliance and 3 were deemed non-compliant with the requirement.

1. One case – there was no evidence the FCC tried to contact the father.
2. One case – no documentation of attempt to obtain the father’s address when he came to the case manager’s office in September 2007. Case manager did request the father submit to a drug test, he refused. No documentation of any other discussions regarding the case at that time.

3. One case - there was no ICPC, or documented attempts to put services into the home in NY. The goal of TPR was already in place at the beginning of the review period.

Note: Reviewers must ensure the FCC is attempting multiple avenues for engaging parents. One case was determined to be N/A as the as the father was in jail and there was a no contact order between the child and the father. A no contact order does not eliminate the need for the FCC to engage the father in obtaining and maintaining services related to the case plan.

6. Engagement of Parents in Meaningful Participation in Decision-Making:

i. Mother: There were 9 applicable cases. Of those 9 cases 2 documented the mother participated in meaningful decision making about the welfare and wellbeing of her children and family. There were 7 cases where there was no documentation located regarding the encouragement and/or engagement of the mother in making decisions about her children beyond that of visitation.

ii. Father: There were 4 applicable cases. Of those 4 cases there were none found that contained documentation of the encouragement and/or engagement of the father in making decisions about his children beyond that of visitation. All four files lacked proper documentation and/or engagement of the father.

Note: Reviewers need to ensure they are accounting for all engagement opportunities. Case practice must be to engage both parents (unless one or both parents is excused/dismissed by the court) in making decisions regarding their children. Parents must be told about school, medical, dental, mental health, extracurricular activities of their children and encouraged to participate in these activities/appointments. Additionally, parents must be encouraged to make recommendations regarding the lives of their children. Being in
jail, out of the area or a "no contact order" is not sufficient for not engaging all participants.

7. Maintaining Connections:

i. There were 11 applicable cases related to the Case Plan specifically addressing visitation and other contact plans with all case participants. Of the 11 cases, 8 were found to be in compliance with this requirement (mother 83% 10 of 12 compliant, father 78% 7 of 9 compliant, child 67% 4 of 6 compliant and caregiver 75% 3 of 4 compliant). Of the 3 not in compliance:

1. One case - new Case Plan doesn't address mother's visitation rights or obligations.

2. Two cases - only the mother's visitation was addressed.

Note: There was one case where the reviewer marked no for the answer and the justification was the mother's parental rights were terminated. This should have been marked as non-applicable. This would have changed the rating related to 23.01 mother to 90% and 10 of 11 compliant. This would not have affected the overall rating for question number 23 as this case was scored yes for the overall question.

ii. There were 9 applicable cases related to the requirement for the child’s current placement to be in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. Of the 9 cases, 7 were deemed to be in compliance (mother 78% 7 of 9 compliant and father 83% 5 of 6 compliant). Of the 2 cases deemed non-compliant:

1. One case - mother's transportation barriers were identified but not resolved so mom didn't have regular visitation. (however element 27 was considered in compliance as the child placed in supportive relative home and the mom did have some contact with child - therefore it was determined the child’s current placement was based on the child’s needs and achieving the case plan goal even though the child was not placed in close proximity to their parents.)
2. One case - the child's placement was not close enough to the parents to facilitate face-to-face contact with the mother (however element 27 was considered in compliance as the case record supports the child's current placement is based on the child's needs and achieve the case plan goal)

Note: Question 27 was improperly scored - two of the no's should be N/A as question 26 was answered as yes. Additionally, 2 of the yes responses should be N/A as question 26 was answered N/A. The true calculations for this question should be: Yes: 3 No: 0 N/A: 14 compliance rating: 100%

iii. There were 13 applicable cases related to the requirement for the FCC to ensure concerted efforts were made to maintain the child's important connections. Of those 13 cases, 12 contained documentation indicating concerted efforts were made to maintain the child's important connections. There was 1 case where the child was moved, was able to remain in his same school, but visitation with siblings was not maintained thereby losing a vital important connection for the child.

iv. There were 10 applicable cases related to the FCC ensuring concerted efforts were made to ensure visitation (or other contact) between the child and parents were sufficient to maintain or promote the continuity of the relationship between them. Of the 10 cases, 8 were determined to be in compliance (mother 100% 9 of 9 compliant and father 86% 6 of 7 compliant). Of the 2 deemed non-compliant:

1. One case - chronological notes do not document visitation between the child and his parents.

2. One case - a diligent search was initiated for the father at the onset of the case. An affidavit was filed with the court 8/29/07 that the father was not located. The father went to the CM office on 9/19/07 to discuss his daughter. No discussions were documented at that time as to an address or phone number for the father or in regard to visitation. On 11/15/07, the agency was excused from searching for the father any further, although this information of the father coming to the office does not appear to have been presented as this was also not documented in the November JR. the father did not
appear in court until Feb. 14, 2008. At this time, the father was to visit at the Family Visitation Center

v. There were 5 applicable cases related to the FCC ensuring concerted efforts were made to ensure visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings and it was of sufficient frequency to maintain or promote the continuity of the relationship. Of the 5 cases, 3 were determined to be in compliance and 2 in non-compliance. Upon review of the justification provided for the 2 non-compliant cases it was determined there actually was only non-compliant case. The non-compliance was based on the justification there was no documentation located in the file of any visitation between the siblings. The other case deemed non-compliant should have been scored as non-applicable as the justification provided indicated the children were all placed with a relative caregiver in the same home. The correct scoring for this element should be: Yes: 3 No: 1 N/A 13 Total Compliance: 75%

vi. Questions related to ICWA #33, #34, and #35 had compliance ratings of 13%, 0%, and 0% respectively. There were 16 applicable cases (1 case was a VPS case). Of the 16 cases, 2 were deemed to be in compliance. Of the 13 deemed non-compliant:

1. 11 cases – the ICWA form was not located in the file.

2. 2 cases – the ICWA form was not signed by both parents.

Note: During review of the justification for case specific scores for question #33 there was one case scored as a yes that should have been no. The justification stated the form was located in the file but it was not signed. There was also a case scored as N/A indicating ICWA would have been prior to the review period but this is a life of case question and N/A is not appropriate. The correct scoring for this question should therefore be: Yes: 1 No: 15 N/A: 1 total compliance 7%.

Upon review of the cases deemed non-compliant for questions #34 and #35 it was determined these were all in error as the answer to question #33 was no therefore these two elements would be scored N/A. The correct scoring for these questions should be:
#34: Yes: 0 No: 0 N/A: 17 total compliance N/A
#35: Yes: 0 No: 0 N/A: 17 total compliance N/A
8. Quality of Contacts between Service Counselor and Parents, Children and Caregiver:

i. **Mother** - there were 12 applicable cases. Of the 12 cases 4 contained documentation indicating quality contacts between the Service Counselor and the mother. There were 8 cases where the Service Counselor did not document quality contacts with the mother.
   1. 1 case – the mother was not seen monthly until after the reunification with the children occurred.
   2. 1 case – the mother was not seen every month
   3. 1 case – the visits with the mother were not consistent with respect to the needs of the mother.
   4. 1 case – the mother was only seen 2 times.
   5. 1 case – the mother was only seen 1 time at the home of the relative.
   6. 3 cases – the mother was not seen.

ii. **Father** - there were 10 applicable cases. Of the 10 cases 4 contained documentation indicating quality contacts between the Service Counselor and the father. There were 6 cases where the Service Counselor did not document quality contacts with the father.
   1. 1 case – the father was only seen 2 times when he resided with the caregiver.
   2. 1 case - the father was not seen every month.
   3. 3 cases – the father was not seen.
   4. 1 case – the father was only seen 1 time.

iii. **Child** - there were 17 applicable cases. Of the 17 cases 10 contained documentation indicating quality contacts between the Service Counselor and the child. There were 7 cases where the Service Counselor did not document quality contacts with the child.

   1. 7 cases – the child was not seen every 30 days.
iv. **Caregiver** - there were 14 applicable cases. Of the 14 cases 7 contained documentation indicating quality contacts between the Service Counselor and the caregiver. There were 7 cases where the Service Counselor did not document quality contacts with the caregiver.

1. 7 cases – the caregiver was not seen every 30 days.

9. **Quality of Supervisory Reviews, Direction and Follow-up:**

i. This requirement was applicable to all 17 cases. Of the 17 cases 10 included documentation of that quality supervisory reviews and follow through were conducted as needed and required. There were 7 cases where the supervisory reviews did not meet the requirements.

1. 2 cases the reviews were not timely and did not address all aspects of safety, permanency and well-being.

2. 2 cases the reviews did not address all aspects of safety, permanency and well-being.

3. 2 cases the reviews did not address all aspects of safety, permanency and well being and also did not contain.

4. adequate documentation of follow-up of identified issues.

5. 1 case where the reviews were not held timely.

C. **Areas of Excellence** –

1. Concerted efforts were made during post-placement supervision to manage the risks following re-unification to prevent re-entry into out-of-home care. – 100%

2. The child remained safe in his/her home following discharge from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. – 100%

3. The child’s current placement is stable and appropriate to meet the child’s needs with no apparent or significant risks or projections of disruption. – 100%

4. For cases in which an out-of-state placement was, or is being, explored for the focus child, a complete Interstate Compact for the Placement of
Children (ICPC) packet requesting a non-priority home study was submitted within the required timeframe. – 100%

5. The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. – 100%

6. If the child was in out-of-home care for at least 15 of the most recent 22 months or met other ASFA criteria for TPR, a TPR petition was filed or joined. – 100%

7. Appropriate steps were taken to identify and recruit an adoptive family that matched the child’s needs. 100%

8. Appropriate steps were taken to process and approve an adoptive family that matched the child’s needs. – 100%

9. Appropriate services were provided to address the child’s identified dental health needs. – 100%

D. Opportunities for Improvement –

1. Reviewer understanding and consistency in answers and comments.

2. Engagement of all participants in the case planning process.

3. Engagement of parents (both the mother and father) in services and in providing encouragement and support of the parents to maintain connections to and progress in services.

4. Family Care Counselor’s on-going assessment of the needs of the child, parent(s) and caregivers.

5. Family Care Counselor’s on-going contact with each of the service providers involved in the case to maintain open communication, obtain regular verbal and written progress reports and so FCC can follow-up on recommendations expeditiously.

6. Home visits with the child and caregiver once every 30 days (unless determined to require more frequent visits — i.e. overcapacity situations, high risk, etc) and home visit notes provide detailed documentation of quality contacts and observations.

7. For reunification cases — face to face visits monthly with the mother and the father unless excused by the court.
8. Thorough initial Family Assessment conducted following the investigative safety assessment that sufficiently addresses child safety factors and emerging risks.

9. Family Care Counselors properly identifying and addressing all immediate and emerging safety concerns to protect the child.

10. The file to contain completed home studies for all reunification and unlicensed out-of-home care settings. This includes the need for background checks and concur/non-concur letters from DCF to be in the file.

11. A multi-disciplinary staffing/assessment for placement planning was conducted before each placement to ensure the placement or move was unavoidable.


13. Case Plans are current, are not expired and contain appropriate goals.

14. Supervisory reviews are held quarterly basis and address all safety, permanency and well-being issues.

15. The mother and father are encouraged and supported to participate in making decisions about their child’s needs and activities.

16. Appropriate services were provided to address the child’s mental/behavioral health needs.

3. Requests for Action (Discussion on number, nature and resolution of safety and administrative concerns) –

There was one Request for Action during this period for the base reviews. This request for action was related to the case where the children were sexually abused by a family friend and there was no indication services were in place for the children to address this abuse nor was there a safety plan related to this event located in the file. The Case Management Agency Supervisor indicated the services were discussed in court. The father was offered mental health services for the children and he was not interested. During court they also addressed the safety plan and the father agreed not to allow the friend to have any unsupervised contact with the children.
4. Overall Performance Measures Analysis Based on FSFN Data (How does that compare with QA review findings?) –

PSF has noted the findings of this review are in line with findings related to compliance with Performance Measures. PSF continues to struggle most with performance measures related to:

- a. Children in out of home care 12 months or more
- b. Children reunified within 12 months of removal
- c. Children removed within 12 months of a prior reunification
- d. Children with 2 or more placements within 12 months of removal

When case participants are not engaged properly valuable information is missing, communication is not effective, needed services are not identified properly or receipt of services is delayed. Also without proper engagement and communication it is extremely difficult for the Family Care Counselor to adequately assess the safety, well-being and permanency needs of the children and critical information can be missed.

PSF believes if parents, caregivers, children, and service providers were engaged properly during home visits, assessments, and on-going case planning activities many of these performance measures would improve.

5. Comparison of Current Findings and Prior Performance Review Findings (Provide narrative discussion comparing findings, identifying on-going problem areas and/or noted improvements. Why on-going problems exist and what efforts are being made toward improvement. Discuss any root cause analyses that have occurred or are planned that will be addressed in the next report) –

A comparison of review findings will be addressed in the second, third and fourth quarter reports.

6. Summary and Recommendations (to include corrective action plans being developed or currently in place)

1. Ensure each reviewer reviews this document and understands how to answer questions properly. Need to improve on inter rater reliability.

Action Plan

a. PSF Manager of Program Quality and Accreditation will review each reviewer’s answers and comments for each question prior to the review being finalized.
   i. Ensure comments justify answer

   ii. If comments do not justify answer or if answer is determined to be potentially incorrect an email will be sent to the reviewer requesting
they re-evaluate the answer and comment. The reviewer will be asked to change the answer to the correct answer if indeed an incorrect answer was entered or they will be asked to correct the comment to ensure the comment justifies the answer rating.

b. Create and send to reviewers a document noting answers and/or comments reviewers most frequently entered incorrectly. The document will outline reasons the answer/comment was incorrect and how the element/question should be properly scored.

c. Provide training for reviewers as needed. Training to be provided in conjunction with DCF regional QA staff.

2. Engagement of Parents

Action Plan

a. PSF to work with the Case Management Agencies to review processes/protocols and develop training related to:

i. Case Practice must be to engage all parties of the case in case planning activities throughout the life of the case unless excused/dismissed by the court. Being in jail, out of the area, or there being a "no contact order" is not sufficient for not engaging all participants.

ii. Case Practice must be to engage both parents (unless one or both parents is excused/dismissed by the court) in making decisions regarding their children. Parents must be told about school, medical, dental, mental health, extracurricular activities of their children and encouraged to participate in these activities/appointment. Additionally, parents must be encouraged to make recommendations regarding the lives of their children. Being in jail, out of the area or there being a "no contact order" is not sufficient for not engaging all participants.

iii. Case Practice must be to engage both parents (unless one or both parents is excused/dismissed by the court) in services and to provide encouragement and support in obtaining services, maintain connections and in making continued progress in services.

iv. For children in out-of-home placement with a goal of reunification face-to-face contacts with the child’s parent(s) who is/are a party to the case shall be made every 30 days. These contacts are to be documented in the chronological notes.
3. Timely and Quality Contacts

**Action Plan**

a. PSF to work with the Case Management Agencies to review processes/protocols and develop training related to:

i. Home visits with children and caregivers must occur at a minimum every 30 days unless determined to need increased frequency, i.e., over-capacity, reunification, high-risk/red flag.

1. Home visits are interactive events by which the Family Care Counselor provides and obtains information related to the care of the child and progress of the case.

2. The Family Care Counselor must speak with both the caregiver and all children who are verbal.

3. The Family Care Counselor must assess the quality of the child living environment and identify and address any safety issues noted.

4. Documentation must be entered into FSFN with 48 hours of contact and should be specific for each child and address the following criteria:
   a. Names of children and caregivers present.
   b. Physical appearance of each child.
   c. The child’s interactions with caregivers and others present.
   d. Safety of each child.
   e. Case plan progress for child and caregiver.
   f. Effectiveness of services and identification of any additional services needed.
   g. Child’s progress, development, health, and education.
   h. Follow-up on the child’s medical and dental issues/appointments.
   i. Comments from the child and caregiver concerning progress in learning identified life skills (for children in out-of-home care age 13 and over).
   j. Frequency of visitation between the child, siblings, and parents, any reason visitation is not occurring, and efforts to facilitate visits. (for children in out-of-home care)
4. Family Care Counselor Contact with Service Providers

Action Plan

a. PSF and Case Management Agencies to work in conjunction with one another to ensure staff are trained on the expectation that they will contact all service providers in a case on a regular basis to gather progress reports and on-going recommendations. It is not enough for the FCC to obtain written reports from service providers. The FCC must engage in on-going, routine conversations with the provider. On-going is not one time right before a judicial review, but is of sufficient frequency to ensure the FCC is aware of the current status and progress of the participant in the service.

5. Initial and On-going Family Assessments

Action Plan

a. Utilization of the new Assessment in the FSFN system which must be completed initially upon case acceptance and every 6 months thereafter should be an excellent mechanism by which to ensure assessments occur initially and are ongoing and that they include all required elements.

Signed by:

[Signature]
Lead CBC QA Manager

[Signature]
Lead CBC - Director of Operations

[Signature]
Lead CBC CEO

Date
10/29/08

Date
10-29-08

Date
10/29/08