



**FY2016**

# A SYSTEMATIC REVIEW OF THE UTAH DIVISION OF CHILD AND FAMILY SERVICES

Provided by the Office of Services Review



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## EXECUTIVE SUMMARY

Positive outcomes and improved services for children and families are priorities of child welfare professionals throughout Utah. Results of the Qualitative Case Review (QCR) and the Case Process Review (CPR) for FY2016 are found in the following report.

The Office of Services Review (OSR) measures performance and practice of the Division of Child and Family Services (DCFS) by evaluating outcomes and documentation.

The QCR provides a qualitative assessment of DCFS services. Overall scores improved this year on both Child Status as well as System Performance.

The CPR measures compliance to DCFS guidelines, state statute, and federal law. The CPR results in quantitative data indicating how often documentation provides evidence of tasks completed. Slight decreases in compliance occurred in five of the seven focus areas during FY2016.

Within the FY2016 report, the following strengths and weaknesses were identified.

### FY2016 STRENGTHS

#### QUALITATIVE CASE REVIEW

- Safety improved from FY2015 and is at 90%.
- Prospects for Permanence scored a five-year high at 70%.
- Assessing scores remained high in FY2016 (79%) after achieving the five-year high score (80%) in FY2015.
- Engaging, Intervention Adequacy, and Tracking & Adaptation all scored above 80%.
- Overall scores in Child Status as well as System Performance improved from FY2015 scores and were above the standard of 85%. Child Status has remained at or above standard for the last 15 consecutive years.

#### CASE PROCESS REVIEW

- For the third consecutive year, the Overall Foster Care score (87%) was above the standard.
- In Foster Care cases, involving parents in creation of the Child & Family Plan scored five-year highs (Mothers – 93% and Fathers – 83%).
- In Foster Care cases, Face-to-Face Conversations with Mothers (79%) scored a five-year high, showing continuous annual progress toward the standard.
- All foster children with an identified educational need were appropriately referred for assessments.
- In the Unable to Locate focus area, 96% of the cases reviewed contained evidence that the caseworker made a visit to the home outside of normal work hours; a five-year high.

### FY2016 AREAS FOR IMPROVEMENT

#### QUALITATIVE CASE REVIEW

- The statewide score for Teaming was at 58% and was below the standard in four of the five regions.
- The statewide score for Child and Family Plan was 66% and was below the standard in three of the five regions.
- The statewide score for Long-term View was 69% and was below the standard in two of the five regions.

#### CASE PROCESS REVIEW

- The overall score for In-Home Services dropped to 82% and below the standard for the first time in three years.
- Documentation shows caregivers were provided information about the child prior to placement in 56% of the relevant cases, which is a decline from the score of 90% in FY2015.
- In the Unable to Locate focus area, 79% of cases reviewed contained evidence that the caseworker checked with school districts for new information, which is a five-year low.

## INTRODUCTION

The Office of Services Review (OSR) was established in 1994 in response to legislation that requires the Executive Director of Human Services to report on an annual basis to the Utah State Legislature how well outcomes are achieved and policies followed in the state’s child welfare system (Utah Code Section 62A-4a-117, 118).

OSR conducts two major reviews of the Division of Child and Family Services (DCFS) each year. The quality of DCFS practice and Child and Family outcomes are reflected in the Qualitative Case Review (QCR) and compliance to state and/or federal statutes are reflected in the Case Process Review (CPR).

QCR reviewers read case records and conduct interviews with key parties for each case. Reviewer interviews include parents, stepparents, guardians, foster parents, the target child, school personnel, therapists, attorneys, service providers, placement providers, and other persons involved with helping the family.

QCR reviews focus on Child Status as well as System performance. Areas of focus for Child Status include Safety, Stability, Prospects for Permanence, Health and Behavioral Well-being, Learning or Developmental progress, Family Connections, and Satisfaction. Areas of focus for System Performance include Engagement, Teaming, Assessment, Long-term View, Child & Family Plan, Intervention Adequacy, and Tracking & Adaptation.

Following the interviews, reviewers score the case based on the eight Child Status indicators and the seven System Performance indicators. Reviewers provide written justification of their scores along with a short synopsis of why DCFS became involved with the family and how well the family is achieving identified standards.

The CPR review is completed by thoroughly reviewing records in the electronic data management system known as “SAFE.” Areas of

focus include Unaccepted Referrals, General Child Protection Investigations, Unable to Locate Investigations, Medical Neglect Investigations, Removals (when children are placed into protective custody of DCFS), Foster Care Services, and In-home Services (voluntary or court ordered).

Preliminary results of the CPR are provided to each region prior to the region’s scheduled QCR review. Caseworkers were provided a limited time to challenge preliminary CPR findings by directing the reviewer to existing evidence that may have been overlooked or located outside of the SAFE system. These cases are re-examined by the reviewer and feedback is provided directly to the region. This process exposes potential training needs in individual regions. Final results of the CPR are provided simultaneously with the outcomes of the QCR. This allows the regions to receive one comprehensive report containing both QCR and CPR information.

While the QCR is outcome-oriented, the CPR is compliance-oriented. For example, during the QCR, reviewers seek feedback from those involved with DCFS about whether the child’s health care needs are being met (outcomes). The CPR reviewers seek evidence that an initial or annual health exam occurred within a specific timeframe (compliance). The following report provides data gleaned from the QCR and CPR of FY2016.

REVIEW DIFFERENCES	QUALITATIVE CASE REVIEW	CASE PROCESS REVIEW
Method	Interviews with key parties and <u>limited review</u> of case record.	<u>Thorough review</u> of case record.
Sample	By Region	Statewide
Measurement	Measures <u>outcomes</u> .	Measures <u>compliance</u> .

## 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 indicator) is measured using the QCR. Indicators that score below 70% require the DCFS region to create an action plan outlining how they will improve practice.

### Methodology

OSR completed a Qualitative Case Review for each region of DCFS. Reviews began in September 2015 and concluded in May 2016. A total of 150 randomly selected cases were to be reviewed however, one case from Salt Lake Valley Region was dropped from the review due to emergency circumstances. Therefore, this data reflects 149 cases. Due to the large size of the Salt Lake Valley Region as well as the Northern Region, two separate reviews were conducted in those regions. 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), and 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), caseworkers, teachers, therapists, 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, were also reviewed.

An important element of a QCR is the 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. Reviews included professionals from DCFS, OSR, local agencies and providers within the community.

The following organizations participated during FY2016 as QCR reviewers:

- Adoption Exchange
- Asian Association
- Child Welfare Group
- Children's Justice Center
- Court Improvement Project
- Department of Human Services
- Division of Substance Abuse and Mental Health
- Family Support Center
- Fostering Healthy Children
- Head Start Program
- Juvenile Justice Services
- Los Angeles County Mental Health
- Mental Health Providers
- Office of Licensing
- Office of the Guardian-ad-Litem
- Prevent Child Abuse Utah
- Primary Children's Medical Center-Safe and Healthy Families
- Quality Improvement Committee
- Salt Lake County Youth Services
- United Way
- Utah Foster Care Foundation
- Utah Office of the Attorney General
- Washington School District

The QCR instrument used by reviewers (the QCR Protocol) contains two domains. The first domain appraises the child and family's status. Indicators within this domain are Safety, Stability, Prospects for Permanence, Health/Physical Well-being, Learning Progress/Development, Family Connections, and Satisfaction.

The second domain assesses the performance of the child welfare system. Reviewers evaluated the

implementation of DCFS Practice Model principles and skills. The indicators in this domain are Engagement, Teaming, Assessment, Long-term View, Child & Family Plan, Intervention Adequacy, and Tracking & Adaptation.

Each indicator was scored on a scale of one to six, with one representing a completely unacceptable outcome and six representing an optimal outcome, and then Overall Child Status scores and Overall System Performance scores were calculated. A narrative report written by the reviewers provided background information on 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 trained individuals reviewed each case to minimize personal bias, and DCFS reviewers did not review cases located in the region where they were employed. Each case was debriefed with OSR and the reviewers to ensure scoring guidelines were applied reliably. The Office of Services Review assessed each case story for completeness and consistency with the scoring protocol.

A case story narrative for each case was submitted to the caseworker and region administrators 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

Results of the QCR are considered within a broad context of local or regional interaction with community partners. As part of the QCR process, OSR included key community stakeholders, community agencies, and DCFS staff. For FY2016, reviews were supported by 57 interviews, including focus groups and individual interviews. Findings and

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

DCFS interviews included:

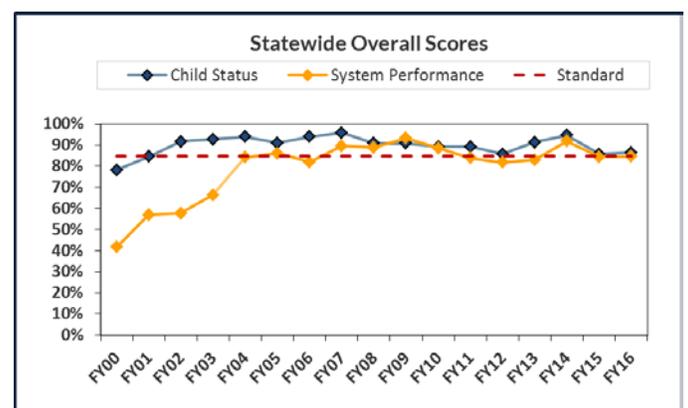
- DCFS Regional Directors
- Administrative Focus Groups
- Supervisor Focus Groups
- Caseworker Focus Groups

Stakeholder interviews included:

- Foster Parent Focus Groups
- Assistant Attorney General
- Guardian-ad-Litem
- Parental Defense Attorney
- Judges
- Health Department-Fostering Healthy Children
- Family Support Centers
- Local Child Welfare Quality Improvement Committees
- Juvenile Justice Services
- Mental Health Providers
- School Districts
- DHS System of Care Coordinators

### Statewide Overall Scores

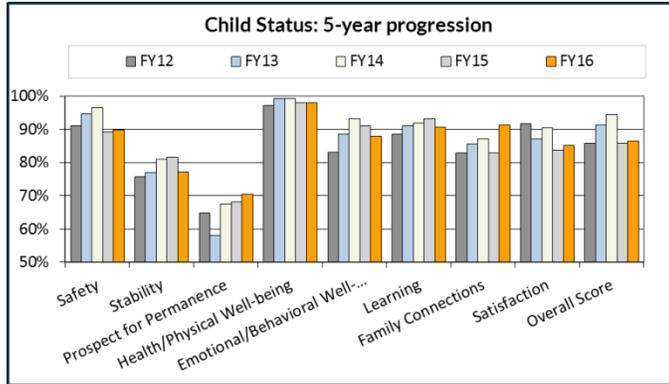
The QCR review consists of two domains: Child and Family Status and System Performance. The statewide performance of DCFS, as shown in **Figure 1** gives historical background and charts trends in Overall Child Status as well as System Performance.



**Figure 1**

## Overall Child & Family Status

The Child & Family Status has remained just above the standard for the past two years as seen in **Figure 2**, scoring 86% in FY2015 and 87% in FY2016.



**Figure 2**

Overall Child Status for FY2016 showed 87% of cases were acceptable. The Division met or exceeded the 85% standard for Overall Child Status for the 15<sup>th</sup> consecutive year. All Child Status indicators met or exceeded the score of 70% (standard): Safety (90%), Stability (77%), Prospects for Permanence (70%), Health/Physical Well-being (98%), Emotional/Behavioral Well-being (88%), Learning (91%), Family Connections (91%), and Satisfaction (85%). The overall scores for the past five years are shown in **Table 1**.

Child Status	FY12	FY13	FY14	FY15	FY16
Safety	91%	95%	97%	89%	90%
Stability	76%	77%	81%	82%	77%
Prospect for Permanence	65%	58%	68%	68%	70%
Health/Physical Well-being	97%	99%	99%	98%	98%
Emotional/Behavioral Well-being	83%	89%	93%	91%	88%
Learning	89%	91%	92%	93%	91%
Family Connections	83%	86%	87%	83%	91%
Satisfaction	92%	87%	91%	84%	85%
<b>Overall Score</b>	<b>86%</b>	<b>91%</b>	<b>95%</b>	<b>86%</b>	<b>87%</b>

**Table 1**

This is the fifth year the indicator of Family Connections was reviewed. This indicator applies to children who are in foster care and explores whether the Division maintains family relationships through appropriate visits and other connecting strategies

while the family and child are living apart, unless compelling reasons exist for not allowing contact.

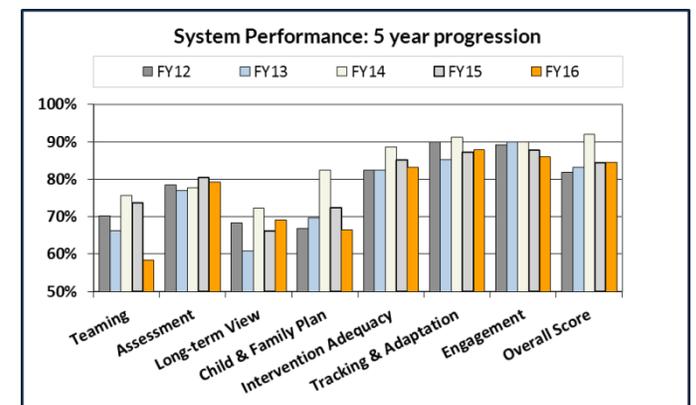
## Safety

Safety is the “trump” indicator for Child Status. Because 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 and/or activities of the child.

Of the 149 cases in the sample, 134 had acceptable scores on safety, which represented 90% of all reviewed cases. Of the 15 cases with unacceptable scores on Safety, three scored unacceptable due to the child not being safe from others, while eleven were due to the child putting self and/or others at risk of harm. The one remaining case contained both safety concerns of risk from others as well as risk toward others/self.

## Overall System Performance

The standard for Overall System Performance is 85%. The standard for each indicator within System Performance is 70%. The five-year progression for each indicator for System Performance is shown in **Figure 3**.



**Figure 3**

Scores ranged from 58% on Teaming to 88% on Tracking & Adaptation as seen in **Table 2**. The score of Teaming reflects a decline of 16 points (74% in FY2015 to 58% in FY2016). The score for Child & Family Plan experienced a decline of 6 points (72% in FY2015 to 66% in FY2016).

System Performance	FY12	FY13	FY14	FY15	FY16
Teaming	70%	66%	76%	74%	<b>58%</b>
Assessment	78%	77%	78%	80%	<b>79%</b>
Long-term View	68%	61%	72%	66%	<b>69%</b>
Child & Family Plan	67%	70%	82%	72%	<b>66%</b>
Intervention Adequacy	82%	82%	89%	85%	<b>83%</b>
Tracking & Adaptation	90%	85%	91%	87%	<b>88%</b>
Engagement	89%	90%	90%	88%	<b>86%</b>
<b>Overall Score</b>	<b>82%</b>	<b>83%</b>	<b>92%</b>	<b>84%</b>	<b>85%</b>

**Table 2**

### System Indicators

Indicators in System Performance measure the application of Practice Model skills in child welfare work. The system indicators are Engagement, Teaming, Assessment, Long-term View, Child & Family Plan, Intervention Adequacy, and Tracking & Adaptation.

#### Engagement

As indicated in **Table 3** every region scored at or above standard on Engagement in FY2016. There are good to excellent scores in every region, ranging from 75% to 93%. The Overall Score is 86%, which is down slightly from last year's score of 88%. This is the second consecutive year with a minor decline; however, this indicator has performed above the standard since FY2004.

Engagement	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	56%	85%	90%	84%	89%	<b>75%</b>
Northern Region	25%	86%	94%	86%	90%	<b>88%</b>
Salt Lake Region	64%	94%	92%	94%	93%	<b>82%</b>
Southwest Region	53%	90%	90%	95%	80%	<b>90%</b>
Western Region	59%	88%	79%	88%	83%	<b>93%</b>
<b>Overall Score</b>	<b>57%</b>	<b>89%</b>	<b>90%</b>	<b>90%</b>	<b>88%</b>	<b>86%</b>

**Table 3**

#### Teaming

As shown in **Table 4** the statewide score on Teaming was 58%. This is a 16-point decrease from the score of 74% in FY2015. Southwest Region was the only region that met the standard for Teaming despite a decrease of 15 points (90% in FY2015 to 75% in FY2016). All five regions experienced declines in scores over the past year ranging from a decrease of eight points in the Northern Region to a significant decrease of 36 points in the Western Region.

Teaming	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	22%	75%	80%	68%	74%	<b>65%</b>
Northern Region	44%	80%	69%	74%	73%	<b>65%</b>
Salt Lake Region	37%	65%	73%	73%	63%	<b>51%</b>
Southwest Region	53%	65%	75%	85%	90%	<b>75%</b>
Western Region	36%	67%	29%	80%	79%	<b>43%</b>
<b>Overall Score</b>	<b>39%</b>	<b>70%</b>	<b>66%</b>	<b>76%</b>	<b>74%</b>	<b>58%</b>

**Table 4**

#### Assessments

As shown in **Table 5** four regions achieved scores above the 70% standard on Assessment. Three regions maintained scores at or above standard (Northern Region, Southwest Region, and Western Region). Scores ranged from 65% in Eastern Region to 95% in Northern Region. The net effect was a one-point decrease in the overall scores to 79%. This indicator has performed above the standard since FY2009.

Assessment	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	11%	75%	60%	68%	79%	<b>65%</b>
Northern Region	11%	83%	83%	77%	80%	<b>95%</b>
Salt Lake Region	27%	82%	80%	78%	85%	<b>67%</b>
Southwest Region	37%	75%	85%	90%	85%	<b>80%</b>
Western Region	27%	71%	71%	76%	72%	<b>83%</b>
<b>Overall Score</b>	<b>27%</b>	<b>78%</b>	<b>77%</b>	<b>78%</b>	<b>80%</b>	<b>79%</b>

**Table 5**

### Long-term View

Long-term View has been the most challenging indicator in System Performance over the years, as illustrated in **Table 6**. Including this year, Long-term View has met the standard only once (FY2014). However, it is encouraging to see Long-term View improved this year and it fell just short of the standard.

Long-Term View	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	0%	65%	65%	79%	74%	<b>55%</b>
Northern Region	0%	74%	63%	80%	65%	<b>83%</b>
Salt Lake Region	33%	73%	61%	73%	60%	<b>59%</b>
Southwest Region	26%	65%	75%	65%	85%	<b>75%</b>
Western Region	9%	54%	42%	60%	59%	<b>70%</b>
<b>Overall Score</b>	<b>21%</b>	<b>68%</b>	<b>61%</b>	<b>72%</b>	<b>66%</b>	<b>69%</b>

**Table 6**

### Child and Family Plan

As seen in **Table 7** the overall score on this indicator is 66%. This was a six-point decline from the score in FY2015. Eastern Region, Salt Lake Valley Region, and Western Region did not meet the standard on this indicator, while Northern Region and Southwest Region did meet the standard.

Child & Family Plan	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	0%	60%	80%	74%	68%	<b>65%</b>
Northern Region	11%	71%	77%	80%	75%	<b>73%</b>
Salt Lake Region	48%	65%	65%	82%	88%	<b>67%</b>
Southwest Region	32%	80%	85%	95%	65%	<b>85%</b>
Western Region	27%	58%	46%	84%	55%	<b>47%</b>
<b>Overall Score</b>	<b>33%</b>	<b>67%</b>	<b>70%</b>	<b>82%</b>	<b>72%</b>	<b>66%</b>

**Table 7**

### Intervention Adequacy

All regions have historically scored well on Intervention Adequacy as demonstrated in **Table 8**. For 14 consecutive years, every region has scored above the 70% standard. The overall score in FY2016 is 83%. This indicator has performed above the standard since FY2003.

Intervention Adequacy	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	44%	75%	70%	89%	84%	<b>80%</b>
Northern Region	56%	89%	89%	89%	90%	<b>88%</b>
Salt Lake Region	70%	84%	88%	90%	80%	<b>79%</b>
Southwest Region	53%	80%	80%	85%	90%	<b>85%</b>
Western Region	45%	79%	75%	88%	83%	<b>83%</b>
<b>Overall Score</b>	<b>53%</b>	<b>82%</b>	<b>82%</b>	<b>89%</b>	<b>85%</b>	<b>83%</b>

**Table 8**

### Tracking and Adaptation

As seen in **Table 9** all regions met the standard for this indicator. Four of the five regions either maintained their score or increased their score during FY2016. Overall scores for this indicator have been at or above the standard since FY2004.

Tracking and Adaptation	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	56%	85%	85%	89%	79%	<b>80%</b>
Northern Region	56%	97%	83%	89%	93%	<b>93%</b>
Salt Lake Region	69%	88%	92%	96%	90%	<b>82%</b>
Southwest Region	47%	85%	85%	90%	85%	<b>85%</b>
Western Region	36%	92%	75%	88%	83%	<b>97%</b>
<b>Overall Score</b>	<b>55%</b>	<b>90%</b>	<b>85%</b>	<b>91%</b>	<b>87%</b>	<b>88%</b>

**Table 9**

### Overall Results by Region

Overall Child Status results by region are shown in **Table 10**. Three of the five regions met or exceeded the 85% standard for Overall Child Status.

Child Status	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	78%	80%	80%	95%	79%	<b>84%</b>
Northern Region	89%	86%	94%	97%	90%	<b>90%</b>
Salt Lake Region	87%	86%	94%	92%	78%	<b>85%</b>
Southwest Region	89%	85%	95%	95%	95%	<b>95%</b>
Western Region	50%	92%	88%	96%	90%	<b>83%</b>
<b>Overall Score</b>	78%	86%	91%	95%	86%	<b>87%</b>

**Table 10**

Overall System Performance scores are displayed in **Table 11**. Overall System scores in FY2016 are comparable to scores in all other years except

FY2014, which was an exceptionally good year.

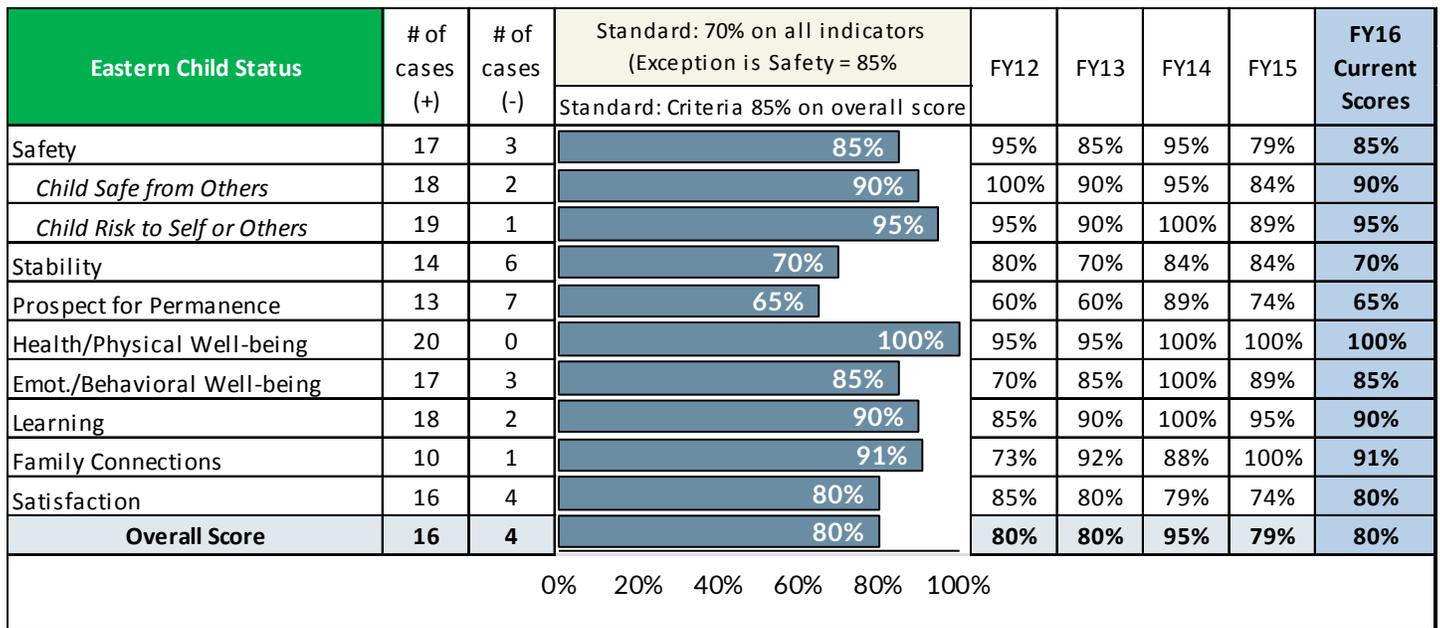
System Performance	FY00 Baseline	FY12	FY13	FY14	FY15	FY16 Scores
Eastern Region	33%	75%	85%	89%	84%	<b>85%</b>
Northern Region	22%	83%	86%	94%	90%	<b>90%</b>
Salt Lake Region	48%	86%	88%	96%	83%	<b>74%</b>
Southwest Region	53%	80%	85%	95%	85%	<b>90%</b>
Western Region	32%	79%	67%	80%	79%	<b>87%</b>
<b>Overall Score</b>	42%	82%	83%	92%	84%	<b>85%</b>

**Table 11**

Following each Qualitative Case Review, individualized reports were provided to the region regarding the outcome of their review. The FY2016 Qualitative Case Review results for each region are presented in the following pages. Charts include each region’s performance on all Child Status as well as System Performance indicators.

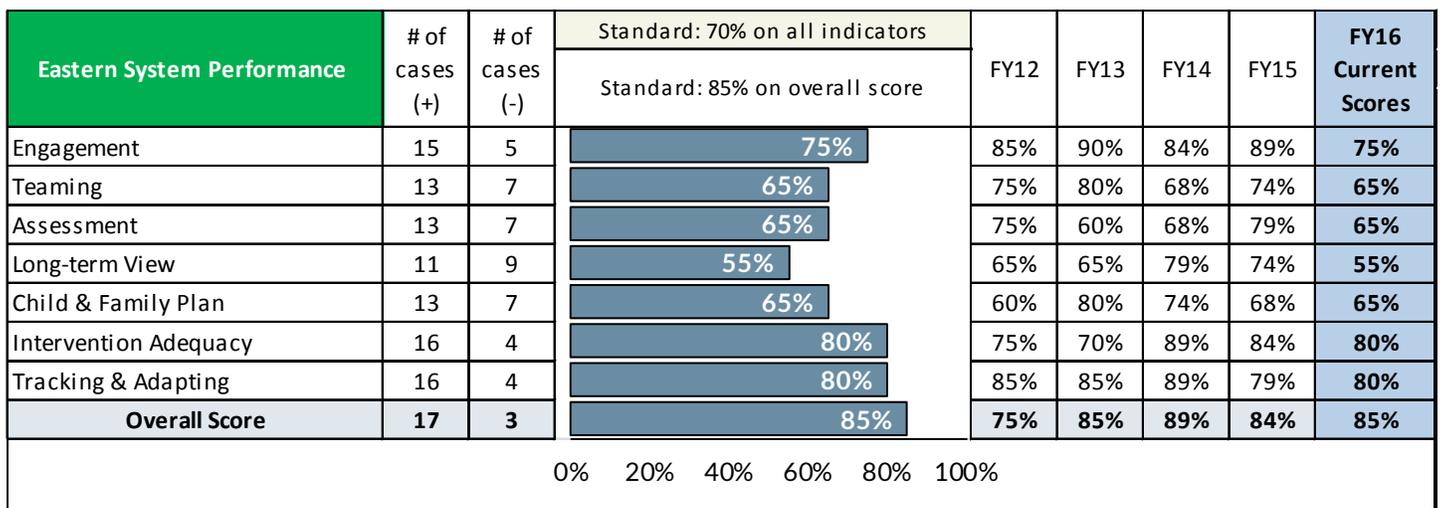
**Eastern Region**

Eastern Region’s Overall Child Status improved one point from 79% to 80% as shown in **Figure 4**. The score ranged from 65% in Prospects for Permanence to 100% in Health & Physical Well-being. Prospects for Permanence is the only indicator that scored at or below standard at 65%.



**Figure 4**

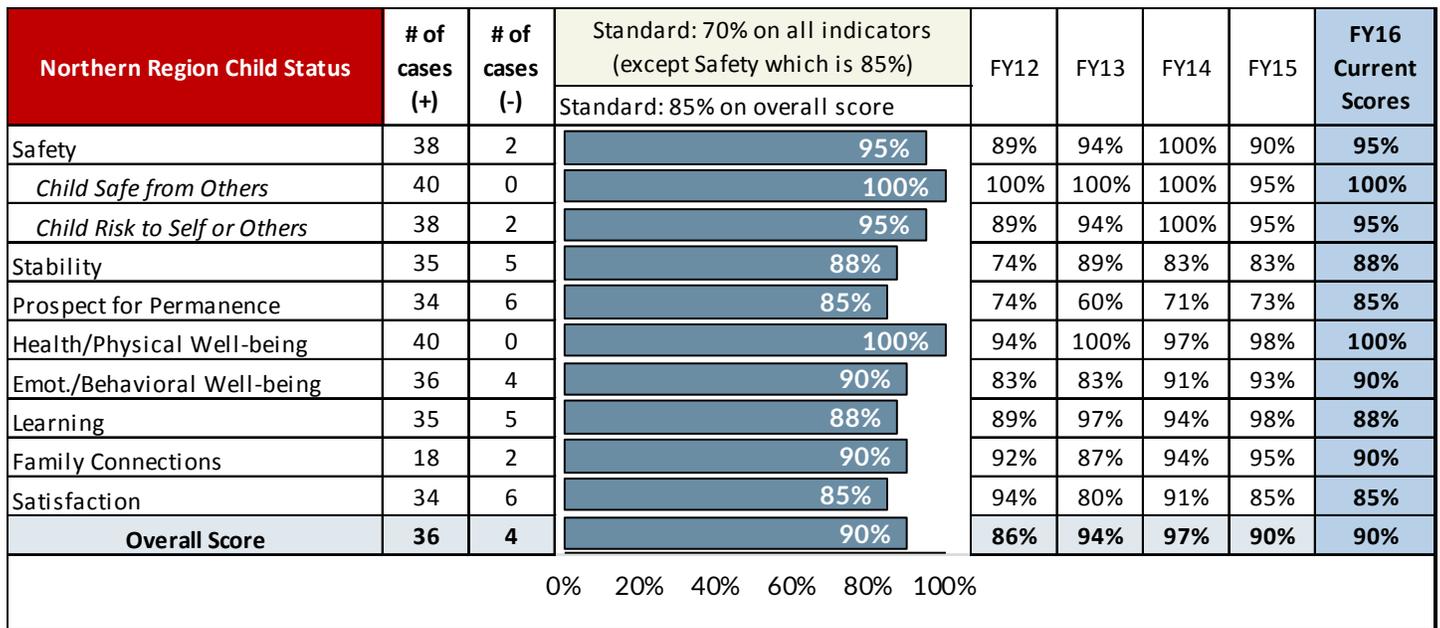
Eastern region added one percentage point to meet standard on the Overall System Performance as seen in **Figure 5**. Scores declined on Engagement, Teaming, Assessment, Long-term View, Child & Family Plan, and Intervention adequacy, but gained one point in Tracking & Adapting. Three of the seven System Performance indicators scored above the 70% standard. Scores ranged from 55% in Long-term View to 80% in Intervention Adequacy as well as Tracking & Adapting.



**Figure 5**

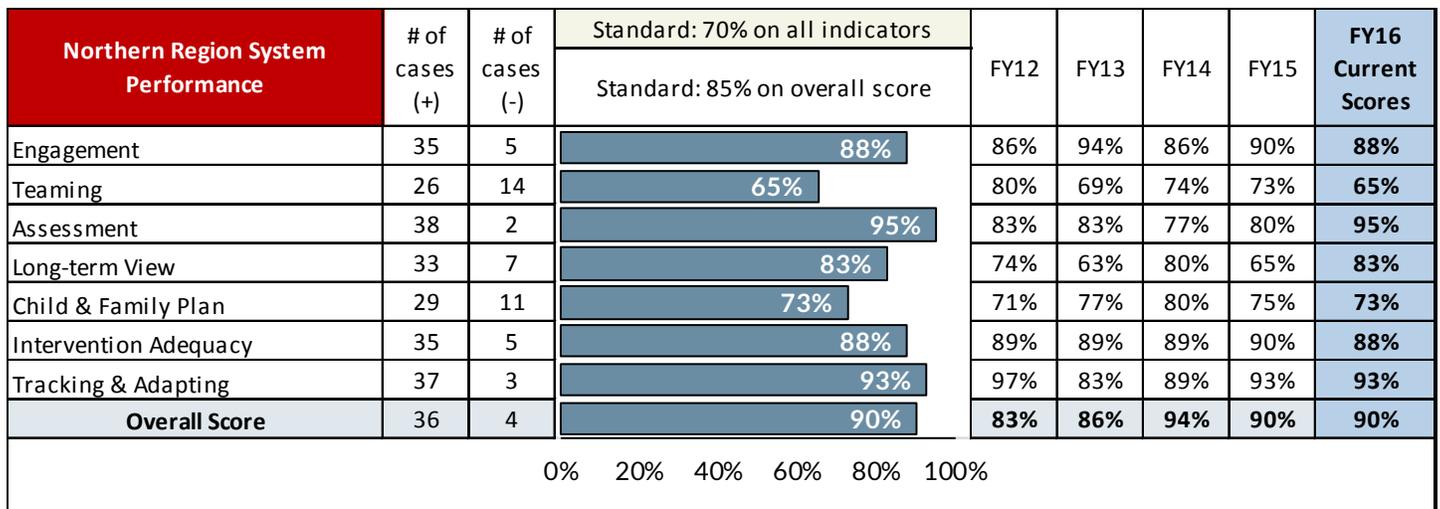
**Northern Region**

Northern Region scored 90% on Overall Child Status for the second year as shown in **Figure 6**. All eight Child Status indicators maintained or scored above 85%. Five of the eight indicators improved from the score in FY2015 and three declined (Emotional/Behavioral Well-being, Learning, and Family Connections).



**Figure 6**

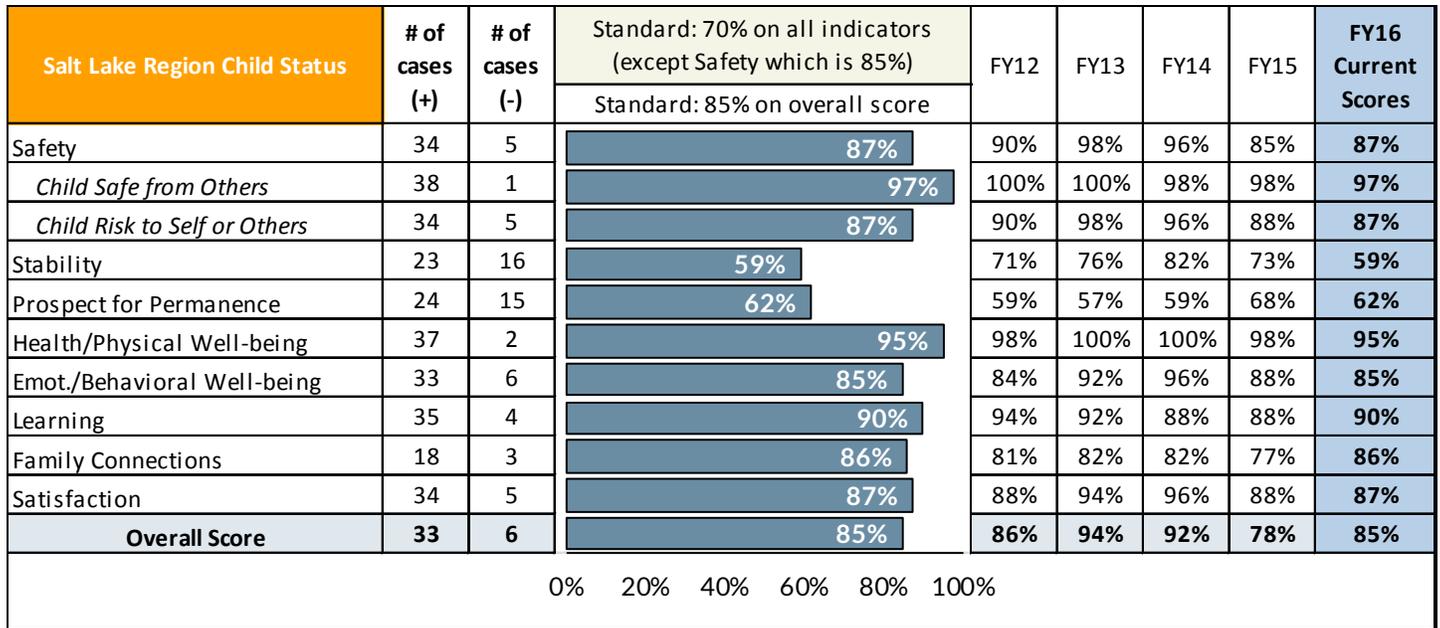
As seen in **Figure 7** the Overall System Performance score was 90% for the second year, which is above the standard of 85%. Three of the seven indicators maintained or improved scores (Assessment, Long-term View, and Tracking & Adapting). Teaming was the only system indicator which registered a significant decline (73%) in FY2015 to 65% in FY2016) and consequently was the only system indicator that was below the standard of 70%.



**Figure 7**

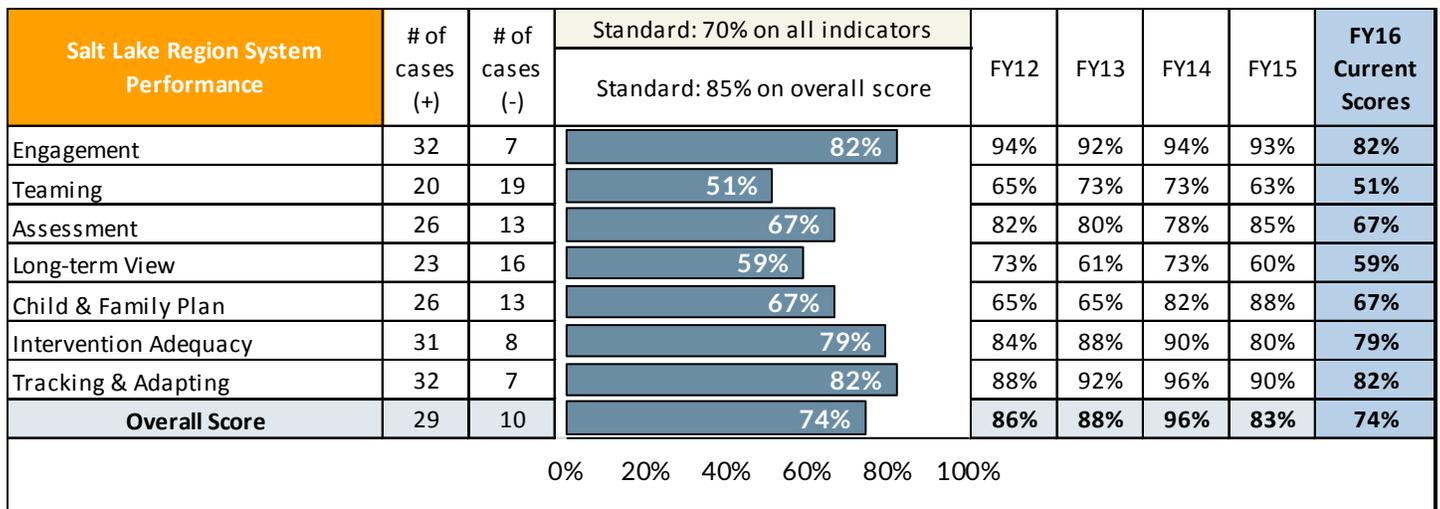
**Salt Lake Region**

As seen in **Figure 8** Salt Lake Region achieved an Overall Child Status score of 85%, an increase of seven points over FY2015. Three indicators improved: Safety, which added two points (85% in FY2015 to 87% in FY2016), and Family Connections improved nine points from 77% in FY2015 to 86% in FY2016. Stability is showing a three-year decline that fell below the standard this year.



**Figure 8**

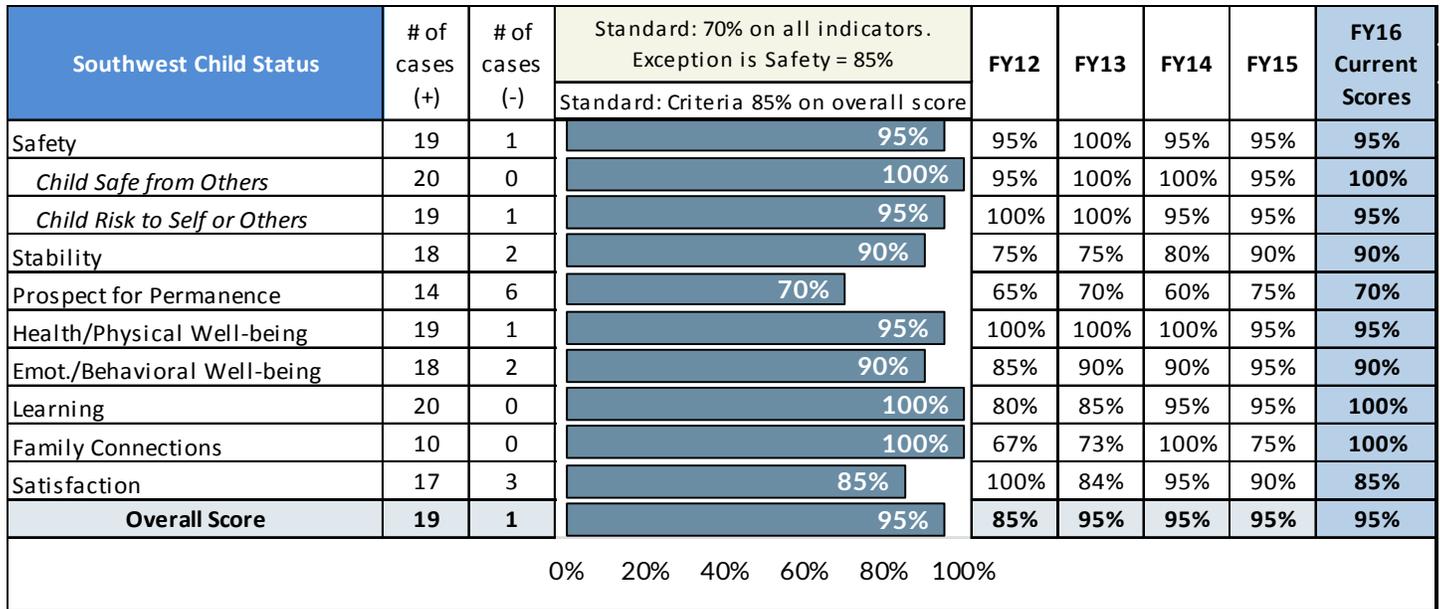
Salt Lake Region’s Overall System Performance score declined and was below the standard of 85% for the second year. As seen in **Figure 9**, all seven indicators declined with scores ranging from 51% in Teaming to 82% in Engagement as well as Intervention Adequacy.



**Figure 9**

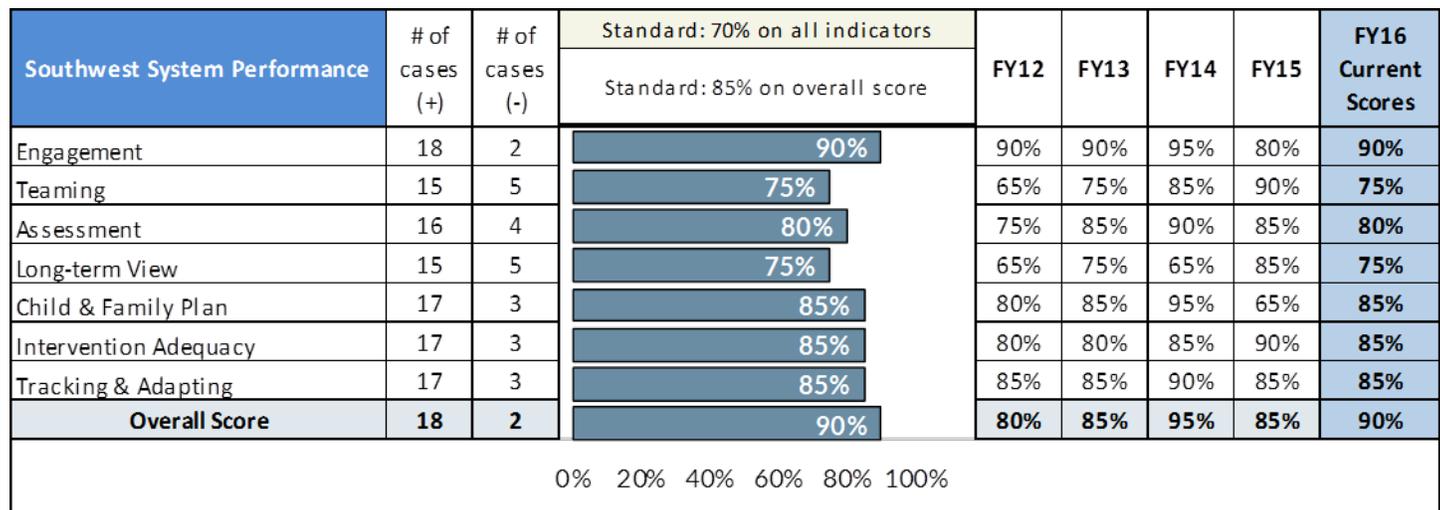
**Southwest Region**

Southwest Region maintained their Overall Child status score at 95% for the fourth consecutive year as illustrated in **Figure 10**. Prospects for Permanence scores decreased five percentage points from 75% in FY2015 to 70% in FY2016, the second year of measured decline. Every indicator was above, at, or above the 70% standard.



**Figure 10**

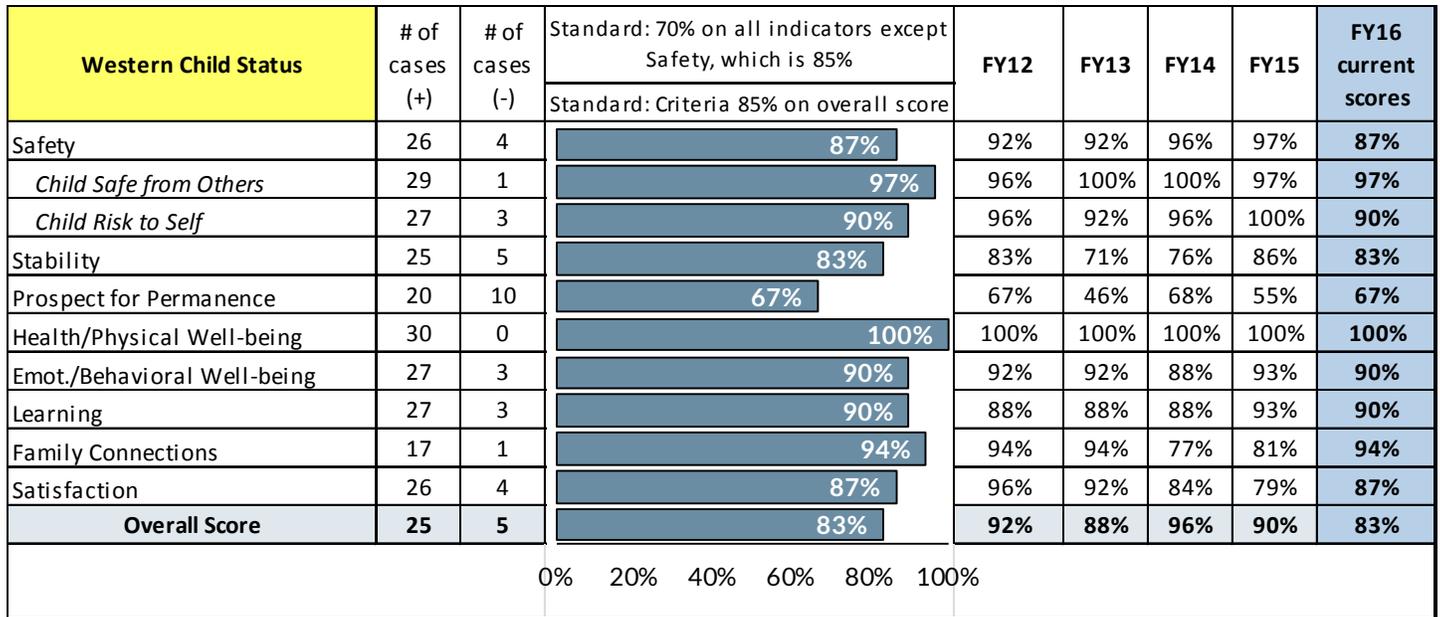
As seen in **Figure 11** the Overall System Performance gained five percentage points (85% in FY2015 to 90% in FY2016). Long-term View dropped 10 points after scoring a five-year high of 85% in FY2015, while Child & Family Plan improved the score 20 points over last year’s low of 65% (85% in FY2016). The Teaming score dropped 15 points from last year; scoring 75% in FY2016 after scoring a five-year high of 90% in FY2015. Tracking & Adapting maintained a score of 85%, Intervention Adequacy dropped five points to 85%, and Engagement increased 10 points in FY2016 scoring 90% after a five-year low score of 80% in FY2015.



**Figure 11**

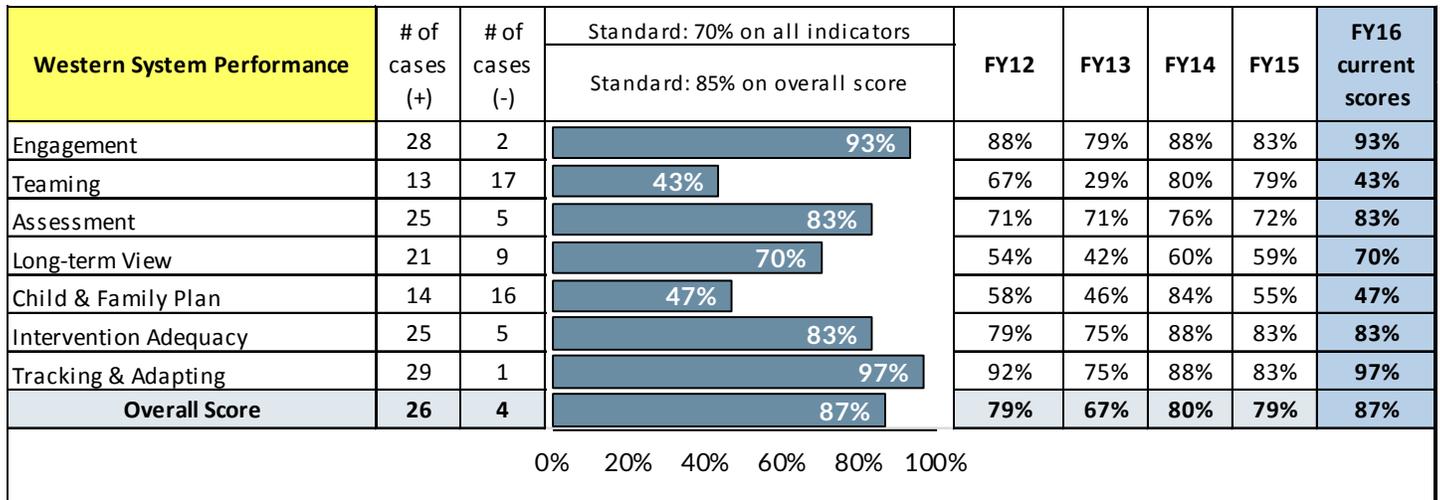
**Western Region**

The overall Child Status score for Western Region dipped below standard to 83% after scoring above standard the previous four years as shown in **Figure 12**. Of the eight Child and Family Status indicators, seven scored above standard. Prospect for Permanence has not met the standard in the past five years and was short again this year but showed improvement.



**Figure 12**

Overall System Performance was 87%, an increase of eight percentage points as seen in **Figure 13**. Two indicators declined: Teaming (79% in FY2015 to 43% in FY2016) and Child & Family Plan (55% in FY2015 to 47% in FY2016). The remaining five indicators scored at or above standard.



**Figure 13**

## Conclusion

During FY2016, the Office of Services Review conducted stakeholder interviews with DCFS administration, DCFS front-line staff, and non-DCFS community partners. Both DCFS and non-DCFS stakeholders noted that the hiring freeze implemented in FY2015 had an adverse impact on services from which the agency has not fully recovered.

Statewide Overall scores in both Child Status and System domains achieved a modest improvement in FY2016 from the previous review year. Overall scores in both Child Status and System domains were above the standard of 85%. The fact that both domain scores met the standard and improved slightly from FY2015 are noteworthy. In addition, the improvement in scores on the indicators of Safety and Prospects for Permanence are notable since these are the core mandates for the agency.

Several System indicators registered declines in FY2016. The Teaming indicator was the poorest performing indicator coupled with the most drastic decline between FY2015 and FY2016. Child and Family Plan also scored lower this year and was below the standard.

Several indicators remained above the standard including Engagement, Assessment, Intervention Adequacy, and Tracking and Adapting. While Long-term View did not meet the standard, it was encouraging to see the score rebound from last year's score.

## CASE PROCESS REVIEW

### Methodology

The Case Process Review (CPR) is completed by thoroughly reviewing documentation within the child welfare electronic data management system known as “SAFE.” Documentation verifies completion of tasks required by DCFS Practice Guidelines, as well as compliance with state and federal law.

An established mathematical method creates a random sample for each area of focus. Performance Standards are established at 90% for most CPS cases and 85% for all other program areas. The CPR protocol, which is based on DCFS practice guidelines and reviewed annually, identifies minimally required documentation within each program area. Program areas include the following:

- **Child Protection Services (CPS):** In addition to General CPS Investigations, this program area includes cohorts of Medical Neglect Investigations, Unable-to-Locate Investigations, Unaccepted Referrals, and any referrals categorized as Priority One. (FY2016 had zero referrals that met the Priority One definition.)
- **Removals:** CPS cases that result in the child being placed into protective custody of DCFS are applicable for this focus area. Agency requirements at the time of removal require seeing the child face-to-face each week during the first four weeks following the Removal. This area of focus may involve the CPS investigator as well as an on-going Foster Care worker during the four- week period.
- **In-home Services (PSS, PSC, and PFP):** This program area includes Family Preservations Services (PFP), Voluntary Services (PSC), and court ordered Protective Supervision Services (PSS).
- **Foster Care Services (SCF):** This program area includes families with children living in out-of-home care due to abuse, neglect or dependency. This program area also includes those circumstances where DCFS is court ordered to take custody of a child/youth who has exhibited delinquent behavior without an allegation of abuse or neglect.

The Office of Services Review (OSR) reviewed a random sample of all CPS cases that closed within the review period. This sample included 100% of the cases that closed as Unable to Locate or had a medical neglect allegation.

The review period for Family Preservation cases (PFP) is the entire period the case remains open, generally 60-90 days. In-Home and Foster Care cases have review periods of six months. The total number of cases reviewed in each focus area appear in *Table II-1*.

PROGRAM AREA	CASE FILES REVIEWED
CPS General	134
Unable-to-Locate	103
Medical Neglect	23
Priority I	0
Unaccepted Referrals	134
Removals	108
PSS/PSC/PFP	126
Foster Care Services	134

*Table II-1*

### Data Reliability

In order to assure quality and consistency, 10% of the cases received a second evaluation by an alternate reviewer. Statistics for FY2016 show inter-reader accuracy at 97%. A total of 974 measures were double-read with 123 differences in scores. Of those 123, 90 were resolved in agreement with the original reviewer, 18 were resolved in agreement with the alternate reviewer, and 15 were unresolved due to poor documentation, leaving the final score as perceived by the original reviewer. A final edit verified that the measures were scored in a consistent manner throughout the state.

Following an examination of data in SAFE, preliminary results were sent to the Practice Improvement Coordinator (PIC) within the region.

The data was distributed further to supervisors and caseworkers associated with the case. Workers were able to challenge any response that appeared inaccurate. Challenged responses received additional review and potential training issues identified during this exchange were provided to the PIC. Each region independently determined if potential training issues needed to be addressed regionally or directly with the caseworker.

### Statewide Results

The combined scores for the past five years of Case Process Reviews are displayed in *Table II-2*. The Child Protection Services (CPS) score reflects that 93% of the time, adequate documentation was found to verify the completion of a specific requirement.

Unable-to-Locate scores increased four points from 82% in FY2015 to 86% in FY2016. Unaccepted Referrals dipped one percentage point, while Removals dropped two percentage points; 99% and 84% respectively. The In-Home Services score has dropped five points over the last two years, from 87% in FY2014 to 82% in FY2016, which is below standard.

Foster Care Services scores decreased one percentage point from FY2015 (88%) to FY2016 (87%). Combined scores show that documentation provided evidence of tasks completed in 87% of all cases reviewed. This has improved over the past five years; however, the scores for the last three years have remained relatively flat.

### Child Protection Services

#### General CPS Investigations

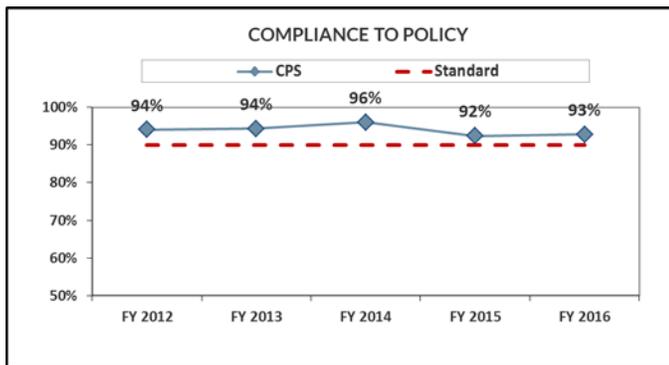
There were 862 measures scored in General CPS Investigations. Adequate documentation existed on 800 measures. Question CPSG.7 (Did the CPS worker make an unscheduled home visit?) scored seven percentage points lower this year, the second year of decline (92% in FY2014, 85% in FY2015, and 78% in FY2016). There was a policy change two years ago, limiting the requirement for unscheduled home visits to specific allegations: Domestic Violence, Child Endangerment (when there are concerns of drug use or drug activity in the home), Environmental Neglect, Non-Supervision, and Physical Neglect, which appears to have impacted the scores. This is the second year of scoring this question according to this modified guideline.

Answers	Year	CPS	Unable to Locate	Unaccepted Referrals	Removals	In Home Services	Foster Care	Overall % Yes
Yes answers		800	325	399	367	2214	3403	7508
Partial credit answers		0			0	33	12	
Partial credit (score)		0.00			0.00	24.75	9.00	33.75
Partials (no credit)		0	0		5	0	0	5
No answers		57	49	3	63	450	494	1116
EC answers		5	3		0	20	4	32
N/A answers		251	138		213	2575	3993	7170
Sample		862	377	402	435	2717	3913	8706
<b>OVERALL SCORE</b>	2016	93%	86%	99%	84%	82%	87%	87%
	2015	92%	82%	100%	86%	86%	88%	88%
	2014	96%	87%	100%	86%	87%	86%	88%
	2013	94%	86%	100%	77%	82%	81%	84%
	2012	94%	91%	99%	76%	75%	80%	80%

*Table II-2*

**Medical Neglect**

The universe of CPS cases with an allegation of Medical Neglect was reviewed with scores captured in question 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?). Although the universe of applicable cases is very small (18 cases), FY2016 scores show an increase of 13 percentage points, scoring 78% after all-time low of 65% in FY2015. The drop in FY2015 was accredited to workers accepting the Intake allegation as evidence of a medical opinion. This is directly related to the requirement that an allegation of Medical Neglect can only be made by a medical professional. The increase of 13 percentage points may indicate this misconception is actively being addressed. CPS compliance over the past five years is seen in **Figure II-1**.



**Figure II-1**

**Unaccepted Referrals**

Unaccepted Referrals scored 99% overall. This is a consistent score for the three measurements provided. During the past five years, the overall score on this measurement has scored 99% - 100% and reviewers find the scores nearly identical to statistics provided through the SAFE programming.

**Unable to Locate Investigations**

Unable to Locate scores gained four overall points from 82% in FY2015 to 86% in FY2016. Question CPSUL.1 (Did the worker visit the home at times

other than normal work hours?) shows continued improvement over the past four years, moving from 79% in FY2013 to 96% in FY2016.

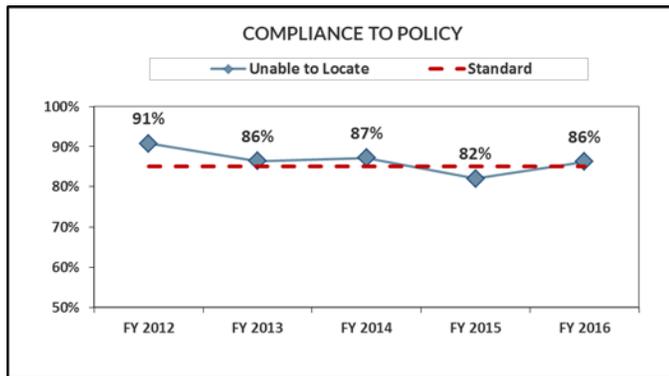
CPSUL.2 (Did the worker check with local schools or the local school district for contact/location information?) scored significantly lower than previous years. This year’s score decreased from 96% in FY2015 to 79% in FY2016. Cases that occurred during the summer months, as well as cases that included home-schooled children often received “No” answers as there was no evidence that the worker attempted to contact the school district office seeking new contact information for the family. The CPR protocol does not provide exceptions during summer months or home-school situations.

CPSUL.3 (Did the worker check with law enforcement agencies to obtain contact/location information about the family?) dropped one percentage point from FY2015 to FY2016 (79% to 78% respectively). This year saw the residual practice of requesting police records and documenting this as checking for new contact information. Additionally, workers often stated in a closure summary that they had contacted law enforcement, but there was no evidence of the task in the Activity Record to verify what agency was contacted, whom the worker spoke to, and/or whether the worker asked if there was *new information* regarding the location of the family.

CPSUL.4 (Did the worker check public assistance records for contact/new location information regarding the family?) improved from 82% in FY2015 to 90% in FY2016. OSR seeks evidence that eREP (Utah’s electronic eligibility system, which contains public assistance records) was checked to determine if the family is receiving services at a different address than the one provided when the investigation was initiated. Caseworkers often check SAFE or the CARE program, which is good practice; however, these programs do not contain public assistance records and therefore do not receive

credit for this question.

CPSUL.5 (Did the worker check with the referent for new information regarding the location of the family?) had a five-year low of 70% in FY2015 but increased 12 percentage points in FY2016, scoring 82%. The question generally hovers at the standard but had a high score in FY2012 (93%) and a low score in FY2015 (70%). Overall compliance in the Unable to Locate Investigation program area is shown in *Figure II-2*.

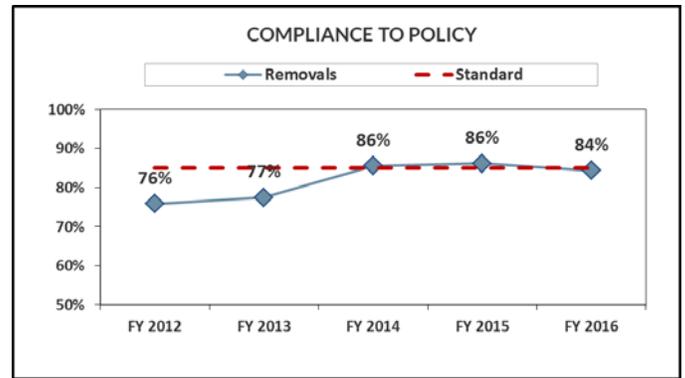


*Figure II-2*

## Removals

Combined scores show that documentation provided evidence of tasks completed 84% of the time in cases classified as a Removal. Monitoring four weekly visits when a child is placed into protective custody, in addition to whether the caseworker notified potential kinship options within 30 days, are now reviewed.

Responsibility for the completion of these measures belongs to the agency as a whole, rather than solely on the Child Protection Investigators. Overall Compliance for cases resulting in a Removal is shown in *Figure II-3*.



*Figure II-3*

## In-Home Services

Overall measurement for In-Home Services dropped below the standard for the first time since FY2013. The In-Home Services overall score of 82% in FY2016 is four points lower than FY2015 (86%) and is the third year of declining scores. Of 2,717 measures, 2,214 measures received affirmative responses with an additional 24.75 points gained for partial credits.

### Child & Family Plan

Question IH.1 (Is there a current Child and Family Plan in the file?) fell back to 87% in FY2016 after a high score of 95% last year.

Question IH.2 (Was an initial Child and Family Plan completed for the family within 45 days of the case start date?) decreased from 90% last year to 81% in FY2016, falling just below the standard.

Question IH.3 (Were the following team members involved in the development of the current Child and Family Plan?) shows that involving mothers in creating the plan continues to score high (92%) and maintains evidence of involving the mothers in the majority of In-Home case planning. Involving fathers dropped from a score of 85% in FY2014 to a score of 73% in FY2016.

Involving other caregivers experienced a significant drop from 98% last year to 72% this year; however, there may be multiple explanations for this: the

sample is very small, it could be an anomaly of this particular sample, or OSR reviewers may have misinterpreted the definition of “other caregiver.” Children over the age of five fell back below standard after meeting it for the first time in FY2015. Documentation that children provided input was found in 73% of the relevant cases. The overall score for these sub-questions dropped eleven percentage points from 91% in FY2015 to 80% in FY2016 and below standard. Of concern is including fathers, other caregivers, and youth in these discussions as all three of these participants scored in the low 70 percentile of relevant cases.

*Monthly Contacts*

Question IH.4 (Did the worker have face-to-face contact with the child at least once each month of the review period?) dropped from 90% in FY2015 to 85% in FY2016. Workers have improved documentation of identifying children by name. This allows credit for the target child identified in the sample. Question IH.5 (Did the worker have a face-to-face conversation with the child outside the presence of the parent or substitute caregiver at least once each month?) lost six percentage points for FY2016 and fell farther than 10 percentage points below standard. This question has yet to meet the standard of 85% having a low of 54% in FY2012 and reaching 75% in FY2014 and FY2015. The score for FY2016 is 69%. The score on this question reflects the difficulty in documenting evidence of a private conversation with a specific child. The CPR identifies a target child that is being reviewed. Caseworkers often refer to “the children” without identifying that the target child was present. This results in a “No” answer as the reviewer cannot determine if the target child was present. Each year caseworkers are reminded that they must identify all children by name, yet this remains a documentation issue.

Question IH.6 (Did the worker make a face-to-face contact with the substitute caregiver at least once during each month?) decreased three percentage points, scoring 82% in FY2016. This is the second

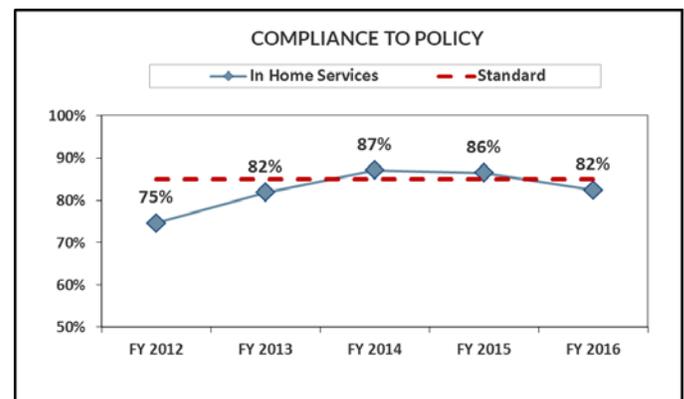
consecutive year of declining scores and did not meet the standard for the first time since FY2012.

Question IH.7 (Did the caseworker enter the residence where the child is living at least once during each month?) remained similar to FY2015 (88%) scoring 87% in FY2016. This measure has met or exceeded the standard of 85% for the past five years.

Question IH.8 (Did the worker make a face-to-face contact with the mother of the child at least once each month?) also dropped one percentage point, scoring 91% for FY2016.

Question IH.9 (Did the worker make a face-to-face contact with the father of the child at least once each month?) maintained a score of 76% in FY2016. Although caseworkers are required to involve the legal parents in creating the Child and Family plan if they maintain parental rights, In-Home Services caseworkers are not required to make a monthly face-to-face contact if the parent does not have active requirements in the Child and Family plan. This generally occurs when one parent is known, but not living in the home, or may occur if a parent is incarcerated and no longer involved with the family. This results in a smaller sample of fathers meeting the requirement for face-to-face contact and provides more “NA” responses on this question. Overall compliance for In-Home Services is seen in

*Figure II-4.*



*Figure II-4*

## Foster Care Services

### Placement Needs

Question IA.2 (Were reasonable efforts made to locate kinship placement?) dropped from 100% in FY2015 to 89% in FY2016 but remains above the standard. A small sample of 28 increases the importance of adequate documentation and three of the 28 cases had no evidence of considering kinship options when making a placement change. In two of the three cases, the child was moved to a higher level of care due to their behaviors with no evidence of considering potential kin. The third case had initiated termination of parental rights but the process was not completed in court. This child was moved twice during the review period with no evidence of considering potential kin.

Question IA.3 (Were the child's special needs or circumstances taken into consideration in the placement decision?) and Question IA.4 (Was proximity to the child's home/parents taken into consideration in the placement decision?) retained their scores of 100% for the third consecutive year.

Question 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 caregiver OR if this is an initial placement resulting from a CPS investigation removal, did the worker provide the information within 24 hours of the removal?) had a significant drop in score after scoring a high of 90% in FY2015, the score for FY2016 is 56%. Of the 19 cases that scored "No," 12 were situations where the child was moved to a high-cost level of care. These placement types include facilities that address drug addiction, sexual acting out, or delinquent behaviors. Although placing a child in this type of placement logically requires discussion of the child's needs and the ability of the provider to meet those needs, documentation is missing in the case record.

Additionally, private agencies that contract with the state to provide "proctor care" may independently

move a child from one caregiver to another and the DCFS caseworker may not be made aware of this change until after the placement occurs. Caseworkers are encouraged to document what the new caregiver knows about the child and clarify any specific concerns. Due to the fact that the caseworker is verifying information *after* the child has already been placed into a new caregiver's home, this documentation does not meet policy; however, it ensures the new caregiver has knowledge of the child's specific needs *as identified* by DCFS.

### Monthly Contacts

Question IB.1 (Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?) continues to score above the standard, scoring 95% in FY2016. Question IB.2 (Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?) is specific to seeing the child inside the caregiver's residence in order to monitor the environment the child lives in while out of the care of the parent or guardian. The score on this measure declined by five percentage points, scoring 89% in FY2016, but remained above the standard.

Question IB.3 (Did the worker have a face-to-face conversation with the child outside the presence of the caregiver at least once during each month of the review period?) dropped four points to 91% in FY2016, but remained above the standard.

Question IB.4 (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?) and Question IB.5 (Did the worker make face-to-face contact with the father of the child at least once during each month of the review period?) are required unless parental rights have been terminated, the whereabouts of the parent is unknown, or the parent refuses to be involved. Additionally, a child may request that the parent not be involved in the case if the child is age 18.

Unlike an In-Home Services case, although the parent may not have active requirements in the Child and Family Plan, monthly contact is expected. This is due to the state maintaining custody of the child and is accountable to the parents for the child’s wellbeing while in out-of-home care. These measures have yet to meet the standard, but show a steady improvement over the past five years. Overall, scores for contact with mothers has gone from a low of 59% to a high of 79% this year. Contact with fathers has gone from a low of 47% to a high of 69% this year. The scores reflect monthly face-to-face contact if the parent resides within the county where the case is assigned. If residing outside the county, the parent may be contacted by other means. Reviewers acknowledge that despite the low scores, caseworkers have steadily increased contact with parents through texting or other social media avenues regardless of where the parent resides.

*Health and Education*

Question II.1 (Was an initial or annual Well-Child CHEC conducted on time?) dropped four percentage points over the year, scoring 86% in FY2016. Question II.2 (Was an initial or annual mental health assessment conducted on time?) improved by three percentage points, scoring 83% in FY2016. Question II.3 (Was an initial or annual dental assessment conducted on time?) maintained the same score as last year (92%). Questions that received “No” answers generally were completed, but completed late.

Question III.2 (If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?) improved from the standard of 85% in FY2015 to a score of 100% in FY2016.

*Child & Family Plan*

Question IV.1 (Is there a current Child and Family Plan in the file?) and Question 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, or if the initial Child and Family Plan was

completed within the review period, was it completed no later than 45 days after the child’s removal from home?) are time-sensitive measures. Both measures received partial credit for a few cases where the plan was late but completed within a grace period. Question IV.1 scored 93% while question IV.2 scored 92%. Both measures have scored above the standard for two consecutive years.

Question IV.3 (Were the following team members involved in the development of the current Child and Family Plan?) explores the involvement of the mother, the father, the substitute caregiver, and the child prior to finalization of the plan. The overall performance scores for the four participants scored 91% this year, a drop of one percentage point.

Question IV.4 (In order to create an individualized Transition to Adult Living (TAL) Plan, was an initial or annual Casey Life Skills Assessment (CLSA) completed?) was placed on hold during FY2016 as DCFS has determined that the question does not reflect how the agency assesses a youth’s needs regarding living independently. DCFS is actively seeking an alternative measure to reflect the Division’s activities regarding preparing youth to become independent of DCFS.

*Family Visitation*

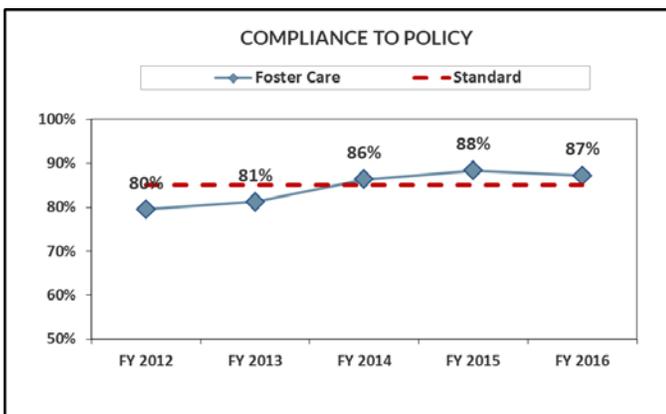
The final questions pertain to the visitation plan between the child and each parent in addition to the child’s visitation plan with any siblings who may also be in Foster Care.

Question IV.5a (Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?) scored 98% in FY2016. Question IV.5b (Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?) maintained the same score of 92% that was achieved last year.

Question IV.6 (Was the child provided the opportunity for visitation with his/her siblings weekly OR is there an alternative visitation plan?)

decreased 17 percentage points (from 89% in FY2015 to 72% in FY2016) and scored below the standard for the first time in five years. This measure may be influenced by a sibling’s placement in a facility where visitation is based on the facility’s policy, the possible distance between placements, or lack of documentation indicating a therapist advises against visitation.

Reviewers found that when a weekly visit could not be made, there was not an alternative visitation plan. Letters, phone calls, text messages, and other social media options are identified as alternative methods that may be used to maintain relationships between siblings. Overall compliance in the Foster Care focus area is seen in *Figure II-5*.



*Figure II-5*

## Conclusion

Overall documentation in all Focus Areas adequately provided evidence that tasks were completed.

Overall scores in CPS scored above the standard. The Office of Services Review reviewed the available Universes for CPSG.1, GPSG.3, Priority One cases (0), Medical Neglect cases, and Unable to Locate cases. (See *Appendix: Table I: General Child Protection Investigations, Unable-to-Locate Cases, and Unaccepted Referrals*.)

Although the overall score on Medical Neglect is below the standard (78%), the score reflects an

increase of 13 percentage points over the score in FY2015. Four of the 18 cases reviewed did not have adequate documentation that the caseworker contacted a medical provider to verify that the allegation of Medical Neglect rose to the level of abuse.

Unaccepted Referrals continue to score well above the standard, scoring 100% three times in the last five years.

Scores for Removals have continuously improved since FY2011 (60%) with a slight decline this year to 84%. Cases in which a child was removed from the custody of their caregiver continue to score in the range of the standard. The area preventing these cases from scoring higher is the required weekly visitations during the weeks following the removal.

Communication between the removing worker and the on-going worker needs to identify clearly who will complete the visits and when they are due. On-going workers tend to treat the case as a Foster Care case, which requires a monthly visit with the child. This miscommunication often causes the final week of visitation to occur late. The final weekly visit has not met the standard in the past five years. In addition, the overall score for all three weeks, excluding the initial visit, remains below standard. (See *Appendix: Table II: Removals*.)

Overall scores for In-Home Services decreased four percentage points in FY2016 and dropped below standard for the first time since FY2013.

Caseworkers struggled to document inclusion of fathers, other caregivers, as well as the target child when creating the Child and Family Plan in an In-Home case. Scores were above standard for the previous two years, but FY2016 experienced a decrease of 11 percentage points. Involving the mother in the creation of the plan, however, continues to score above the standard.

Documentation of visiting with the child away from the presence or influence of the caregiver continues

to be difficult to locate in In-Home cases. This measurement has not met the standard in the past five years; however, the measurement was on an upward trend toward the standard before this year's decline.

Documenting monthly contact with the legal parent in an In-Home case remains stagnant with mothers being seen face-to-face at a relatively high rate of 91% while fathers are seen face-to-face in 76% of the cases reviewed. These scores have been consistent for the past three years. (See [Appendix Table III: In-Home Services](#).)

The overall score for Foster Care Services exceeded the standard by two percentage points. The scores over the past five years range from 80% in FY2012 to 88% in FY2015 indicating that documentation adequately provides evidence of task completion. The scores have been above standard for the past three years.

Private agencies that contract with the state to provide "proctor care" may independently move a child from one caregiver to another and the DCFS caseworker may not be made aware of this change until after the placement occurs. This may impact documentation regarding information provided to Foster Parents about the needs of a child prior to placement. Adequate documentation provided evidence in 56% of the Foster Care cases reviewed. This is a significant decline from the scores of 90% and 86% in the previous two years (FY2015 and FY2014 respectively).

Documentation of monthly contact with the legal parent or guardian of a child residing in an out-of-home placement remains below standard; although visits with mother recorded a five-year high at 79%. Caseworkers may need further encouragement to focus on maintaining ongoing contact in those cases where the goal is not reunification. The current OSR protocol allows exceptions when parental rights are terminated, the parent is deceased, or the parents' whereabouts is unknown. (See [Appendix Table IV: Foster Care Placement and Contacts](#).)

Documentation regarding visitation between siblings who are in separate foster homes also experienced a decline that is notable (from 94% in FY2014, 89% in FY2015, to 72% in FY2016). DCFS and OSR have frequently discussed the visitation plan form. This tool will now be associated with the finalization of the Child and Family Plan, and scores are expected to improve accordingly. (See [Appendix Table V: Foster Care Health, Education, and Planning](#)).

## DCFS RESPONSE TO FY2016 OFFICE OF SERVICES REVIEW REPORT

The Division of Child and Family Services (DCFS) staff appreciate the hard work that goes into the preparation and the conducting of these labor intensive reviews, and are grateful to be included in the process. It provides valuable information to help improve our practice and outcomes for our clients.

While OSR points out several declines (as well as many maintained and improved achievements), the FY2016 results are better than anticipated, and come a bit as a surprise. In 2014, DCFS made the difficult decision to freeze hiring when budget predictions showed a substantial deficit. The effects of the shrinking workforce took several months before impacting the quality of casework and lasted well after the freeze was lifted in July 2015.

Over the next several months, approximately 150 new employees, mostly caseworkers, were hired and trained. To the credit of our social workers, children's safety and family strengthening continues. Child victims are seen within the priority time frames (92% of the time, one of the highest results ever), and families are engaged (86%) and satisfied (85%).

While proper documentation remains a challenge in some areas such as locating a family referred for investigation, it is important to keep in mind that of the 20,933 CPS investigations conducted during the fiscal year 2016, only 413 (less than 2%) were closed Unable to Locate. This means that in 98% of the cases, the worker was able to find the family, check on the children's safety, and take appropriate actions. DCFS will continue to train staff to better document their efforts in locating families.

We recognize the decline in the CPR results for home-based cases this year (combined results of 82% compared to 86% last year). In evaluating this measure, we conclude two possible explanations: 1)

the hiring freeze and resulting higher caseloads often push workers to prioritize their time, and foster care cases tend to receive the higher priority, to the detriment of the home-based cases. 2) Implementation of the HomeWorks program in our Southwest and Salt Lake Valley Regions impacted reassignments and staff training during the CPR review period. Northern Region continues to learn from implementing this transformative practice, while Western and Eastern regions were preparing.

The HomeWorks practice should actually improve CPR and QCR results, with increased visits to families and better engagement. Regions reported that the transition has been in progress, which results in challenges to proper documentation. Now that all regions have completed the trainings, we are confident that this will receive more attention. Western Region just completed their HomeWorks implementation phase, therefore, additional impacts may be seen in the next round as well.

QCR indicator of Teaming had a significant decline this year and dropped from 74% to 58%. WE noticed that this decline was across four of the five regions. As mentioned above, the hiring freeze had a serious impact on caseloads and most likely on the ability of the remaining workforce to conduct quality teaming activities. It takes a while for new staff to learn and master the skill of developing strong teams and facilitate effective team meetings. Another reason this decline may be OSR's attempt in bringing reviewers' assessment of this indicator more in line with the original intent of the protocol. While we appreciate their efforts to maintain integrity in the reviewing process, these efforts do affect scores.

An additional barrier that may have impacted teaming is the inability for many therapists to attend Child and Family Team meetings. Therapists, both for the children and for the parents, are important partners in helping families improve. Therapists

reported not being able to attend team meetings because they could not get reimbursed for the time spent at the meetings. DCFS is currently trying to engage local mental health authorities in contracts to provide compensation for attendance at team meetings. Since contracting is a slow process, it may take a while to see the results in the QCR.

Regions have engaged in Program Improvement Plans (PIP) to address their declines. These plans include training for staff by OSR on what constitutes acceptable teaming practice in two of the regions. Changing culture requires more effort to assure caseworkers invest in doing quality work instead of checking off boxes.

## **APPENDIX: CASE PROCESS REVIEW TABLES**

TABLE I: General CPS, Unable-to-Locate, and Unaccepted Referrals \*

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2016	2015	2014	2013	2012	Precision range
<b>General CPS</b>																
CPSG.1	Did the investigating worker see the child within the priority time frame?	4864	4446	0	0	418		0	0	90%	92%	90%	91%	92%	90%	Universe
CPSG.2	If the child remained at home, did the worker initiate services within 30 days of the referral?	45	40	0	0	5		0	89	90%	89%	98%	90%	94%	96%	7.7%
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?	4864	4556	0	0	308		0	0	90%	94%	96%	96%	93%	96%	Universe
CPSG.4	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	96	91	0	0	4		1	38	90%	95%	97%	97%	98%	97%	3.7%
CPSG.5	Did the worker interview the child's natural parents or other guardian when their whereabouts are known?	132	122	0	0	10		0	2	90%	93%	89%	100%	96%	91%	3.8%
CPSG.6	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	116	115	0	0	1		0	18	90%	100%	98%	100%	99%	100%	1.4%
CPSG.7	Did the CPS worker make an unscheduled home visit?	53	41	0	0	8		4	81	90%	78%	85%	92%	95%	86%	9.5%
CPSG.8	Were the case findings of the report based on facts/information obtained/available during the investigation?	134	130	0	0	4		0	0	85%	98%	96%	100%	98%	100%	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	21	90%	NA	NA	NA	NA	NA	NA
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?	18	14	0	0	4		0	2	90%	78%	65%	95%	86%	94%	Universe
<b>Unable to Locate Cases</b>																
CPSUL.1	Did the worker visit the home at times other than normal work hours?	99	95			0		4	4	85%	96%	92%	81%	79%	93%	Universe
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?	42	33			9		0	61	85%	79%	96%	86%	97%	93%	Universe
CPSUL.3	Did the worker check with law enforcement agencies to obtain contact/location information about the family?	80	62			18		0	23	85%	78%	79%	91%	81%	86%	Universe
CPSUL.4	Did the worker check public assistance records for contact/location information regarding the family?	82	74			8		0	21	85%	90%	82%	89%	93%	90%	Universe
CPSUL.5	Did the worker check with the referent for new information regarding the location of the family?	74	61			10		3	29	85%	82%	70%	85%	84%	93%	Universe
<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%	100%	99%	99%	0.0%
CPSUA.3	Does the documentation adequately support the decision not to accept the referral?	134	131			3				85%	98%	100%	100%	99%	98%	2.1%

\* The Office of Services Review has a confidence rate of 90%. For example, the score for question CPSUL.2 is 79%. Using the Precision Range for that question (10.4%), OSR is 90% positive the exact percentage is somewhere between 68.6% and 89.4%.

TABLE II: Removals\*

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2016	2015	2014	2013	2012	Precision range
<b>Removals</b>																
R.1	Did the child experience a removal as a result of a CPS investigation this review period?		85			23										
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?	79	70	0	0	9	0	29		85%	89%	91%	93%	89%	90%	5.9%
R.3	Did the worker (CPS or ongoing worker) visit the child in the placement for the first three weeks after the initial visit?															
	Week one	69	56	0	0	13	0	39		85%	81%	86%	83%	71%	63%	7.7%
	Week two	68	56	0	0	12	0	40		85%	82%	80%	81%	68%	38%	7.6%
	Week three	66	46	0	0	20	0	42		85%	70%	60%	62%	57%	n/a	9.3%
	<b>Performance rate for all three weeks</b>										<b>78%</b>	76%	75%	65%	58%	
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?	78	67	0	5	6	0	30		85%	86%	96%	91%	79%	85%	6.5%
R.5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	75	72	0	0	3	0	33		85%	96%	99%	99%	97%	99%	3.7%
KIN.1 Test	Were the child's identified relatives notified within 30 days of the child coming into care?	76	72	0	0	4	0	32		85%	95%	N/A	N/A	N/A	N/A	4.2%

\* The Office of Services Review has a confidence rate of 90%. For example, the score for question R.4 is 86%. Using the Precision Range for that question (6.5%), OSR is 90% positive the exact percentage is somewhere between 79.5% and 92.5%.

TABLE III: In-Home Services \*

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2016	2015	2014	2013	2012	Precision range
<b>In Home Services</b>																
IH.1	Is there a current child and family plan in the file?	126	98	12	0	12	0	0	0	85%	87%	95%	94%	87%	88%	4.9%
IH.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	71	45	12.75	0	9	0	0	55	85%	81%	90%	89%	79%	84%	7.6%
IH.3	Were the following team members involved in the development of the current child and family plan?															
	the mother	100	92	0	0	8	0	0	26	85%	92%	97%	93%	95%	89%	4.5%
	the father	86	63	0	0	23	0	0	40	85%	73%	84%	85%	69%	63%	7.9%
	other caregiver (guardian, step-parent, kinship)?	29	21	0	0	8	0	0	97	85%	72%	98%	87%	92%	86%	13.7%
	the child/youth if developmentally appropriate?	67	49	0	0	18	0	0	59	85%	73%	85%	76%	70%	63%	8.9%
	<b>Performance rate for all four sub-questions</b>										80%	91%	86%	81%	75%	
IH.4	Did the worker have a face-to-face contact with the child at least once during each month of this review period?															
	Month one	71	66	0	0	5	0	0	55	85%	93%	92%	90%	88%	81%	5.0%
	Month two	84	75	0	0	8	1	1	42	85%	89%	91%	89%	79%	76%	5.6%
	Month three	89	69	0	0	18	2	2	37	85%	78%	86%	86%	83%	75%	7.3%
	Month four	84	71	0	0	13	0	0	42	85%	85%	88%	88%	86%	79%	6.5%
	Month five	82	69	0	0	12	1	1	44	85%	84%	95%	90%	86%	78%	6.6%
	Month six	73	60	0	0	12	1	1	53	85%	82%	88%	91%	85%	78%	7.4%
	<b>Performance rate for six months</b>										85%	90%	89%	85%	78%	
IH.5	Did the worker 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?															
	Month one	56	42	0	0	14	0	0	70	85%	75%	81%	73%	69%	55%	9.5%
	Month two	67	49	0	0	16	2	2	59	85%	73%	81%	76%	62%	51%	8.9%
	Month three	72	41	0	0	30	1	1	54	85%	57%	72%	74%	66%	46%	9.6%
	Month four	69	48	0	0	21	0	0	57	85%	70%	75%	75%	59%	59%	9.1%
	Month five	60	45	0	0	14	1	1	66	85%	75%	73%	77%	67%	59%	9.2%
	Month six	56	37	0	0	18	1	1	70	85%	66%	63%	79%	66%	54%	10.4%
	<b>Performance rate for six months</b>										69%	75%	75%	65%	54%	
IH.6	Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?															
	Month one	18	17	0	0	1	0	0	108	85%	94%	81%	95%	90%	78%	8.9%
	Month two	20	17	0	0	3	0	0	106	85%	85%	92%	90%	86%	75%	13.1%
	Month three	24	20	0	0	4	0	0	102	85%	83%	89%	83%	96%	80%	12.5%
	Month four	22	19	0	0	3	0	0	104	85%	86%	78%	88%	96%	85%	12.0%
	Month five	22	16	0	0	6	0	0	104	85%	73%	87%	88%	85%	85%	15.6%
	Month six	19	14	0	0	5	0	0	107	85%	74%	78%	96%	84%	83%	16.6%
	<b>Performance rate for six months</b>										82%	85%	90%	90%	81%	
IH.7	Did the caseworker enter the residence where the child is living at least once during each month of the review period?															
	Month one	71	67	0	0	4	0	0	55	85%	94%	92%	95%	91%	82%	4.5%
	Month two	83	75	0	0	6	2	2	43	85%	90%	88%	96%	87%	86%	5.3%
	Month three	88	73	0	0	13	2	2	38	85%	83%	85%	91%	95%	82%	6.6%
	Month four	83	72	0	0	10	1	1	43	85%	87%	87%	97%	94%	88%	6.1%
	Month five	81	70	0	0	10	1	1	45	85%	86%	92%	96%	89%	85%	6.3%
	Month six	73	62	0	0	10	1	1	53	85%	85%	87%	96%	92%	86%	6.9%
	<b>Performance rate for six months</b>										87%	88%	95%	91%	85%	
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?															
	Month one	67	64	0	0	3	0	0	59	85%	96%	89%	90%	86%	76%	4.2%
	Month two	78	72	0	0	6	0	0	48	85%	92%	93%	95%	89%	80%	5.0%
	Month three	83	70	0	0	12	1	1	43	85%	84%	92%	91%	89%	87%	6.6%
	Month four	80	74	0	0	6	0	0	46	85%	93%	91%	92%	89%	90%	4.8%
	Month five	80	73	0	0	7	0	0	46	85%	91%	93%	90%	89%	86%	5.2%
	Month six	70	62	0	0	7	1	1	56	85%	89%	93%	89%	86%	89%	6.3%
	<b>Performance rate for six months</b>										91%	92%	91%	88%	85%	
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?															
	Month one	48	35	0	0	13	0	0	78	85%	73%	80%	77%	70%	53%	10.6%
	Month two	55	45	0	0	10	0	0	71	85%	82%	75%	78%	61%	56%	8.6%
	Month three	57	42	0	0	15	0	0	69	85%	74%	87%	74%	62%	46%	9.6%
	Month four	53	41	0	0	12	0	0	73	85%	77%	76%	77%	75%	58%	9.5%
	Month five	55	38	0	0	17	0	0	71	85%	69%	78%	81%	75%	63%	10.3%
	Month six	45	36	0	0	8	1	1	81	85%	80%	61%	79%	82%	57%	9.8%
	<b>Performance rate for six months</b>										76%	76%	78%	71%	56%	

\* The Office of Services Review has a confidence rate of 90%. For example, the score for question IH.7 month three is 83%. Using the Precision Range for that question (6.6%), OSR is 90% positive the exact percentage is somewhere between 76.4% and 89.6%.

**TABLE IV: Foster Care Placement Needs and Contacts** \*

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2016	2015	2014	2013	2012	Precision range
<b>Foster Care Cases</b>																
IA.1	Did the child experience an initial placement or placement change during this review period?		45			89										
IA.2	Were reasonable efforts made to locate kinship placements?	28	25	0	0	3	0	106		85%	89%	100%	92%	100%	87%	9.6%
IA.3	Were the child's special needs or circumstances taken into consideration in the placement decision?	42	42	0	0	0	0	92		85%	100%	100%	100%	100%	98%	0.0%
IA.4	Was proximity to the child's home/parents taken into consideration in the placement decision?	24	24	0	0	0	0	110		85%	100%	100%	100%	98%	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, OR if this is an initial placement resulting from a CPS investigation removal, did the worker provide the essential information with-in 24 hours of the removal?	43	24	0	0	19	0	91		85%	56%	90%	86%	79%	70%	12.5%
IB.1	Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?															
	Month one	117	111	0	0	5	1	17		85%	95%	96%	97%	88%	90%	3.4%
	Month two	118	114	0	0	4	0	16		85%	97%	97%	93%	97%	88%	2.7%
	Month three	113	107	0	0	6	0	21		85%	95%	96%	97%	91%	92%	3.5%
	Month four	108	105	0	0	3	0	26		85%	97%	95%	96%	95%	95%	2.6%
	Month five	106	99	0	0	7	0	28		85%	93%	95%	93%	91%	91%	4.0%
	Month six	96	90	0	0	6	0	38		85%	94%	95%	99%	93%	90%	4.1%
	Performance rate for six months										95%	96%	96%	93%	91%	
IB.2	Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?															
	Month one	117	107	0	0	9	1	17		85%	91%	98%	94%	89%	90%	4.3%
	Month two	118	108	0	0	10	0	16		85%	92%	93%	97%	94%	86%	4.2%
	Month three	113	98	0	0	15	0	21		85%	87%	95%	96%	92%	90%	5.3%
	Month four	107	95	0	0	12	0	27		85%	89%	91%	94%	88%	89%	5.0%
	Month five	105	91	0	0	14	0	29		85%	87%	96%	89%	91%	92%	5.5%
	Month six	98	88	0	0	10	0	36		85%	90%	92%	94%	90%	87%	5.0%
	Performance rate for six months										89%	94%	94%	91%	89%	
IB.3	Did the worker have a face-to-face conversation with the child outside the presence of the caregiver at least once during each month of the review period?															
	Month one	84	79	0	0	4	1	50		85%	94%	100%	89%	85%	87%	4.2%
	Month two	84	79	0	0	5	0	50		85%	94%	94%	95%	86%	89%	4.2%
	Month three	83	75	0	0	8	0	51		85%	90%	96%	95%	86%	86%	5.3%
	Month four	85	76	0	0	9	0	49		85%	89%	89%	91%	87%	84%	5.5%
	Month five	78	72	0	0	6	0	56		85%	92%	100%	88%	86%	92%	5.0%
	Month six	75	66	0	0	9	0	59		85%	88%	95%	94%	87%	83%	6.2%
	Performance rate for six months										91%	95%	92%	86%	87%	
IB.4	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?															
	Month one	85	73	0	0	12	0	49		85%	86%	71%	74%	65%	57%	6.2%
	Month two	84	65	0	0	19	0	50		85%	77%	80%	72%	74%	58%	7.5%
	Month three	81	66	0	0	15	0	53		85%	81%	75%	69%	64%	61%	7.1%
	Month four	81	65	0	0	16	0	53		85%	80%	72%	71%	74%	60%	7.3%
	Month five	83	61	0	0	22	0	51		85%	73%	74%	74%	74%	60%	8.0%
	Month six	76	55	0	0	21	0	58		85%	72%	75%	72%	60%	57%	8.4%
	Performance rate for six months										79%	75%	72%	69%	59%	
IB.5	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?															
	Month one	61	43	0	0	18	0	73		85%	70%	72%	58%	44%	46%	9.6%
	Month two	61	41	0	0	20	0	73		85%	67%	73%	54%	42%	44%	9.9%
	Month three	59	42	0	0	17	0	75		85%	71%	63%	51%	38%	49%	9.7%
	Month four	59	38	0	0	21	0	75		85%	64%	71%	49%	53%	39%	10.3%
	Month five	62	37	0	0	25	0	72		85%	60%	63%	55%	55%	49%	10.2%
	Month six	61	41	0	0	20	0	73		85%	67%	72%	49%	49%	51%	9.9%
	Performance rate for six months										67%	69%	53%	47%	47%	

\* The Office of Services Review has a confidence rate of 90%. For example, the score for question IB.4 Month one is 86%. Using the Precision Range for that question (6.2%), OSR is 90% positive the exact percentage is somewhere between 79.8% and 92.2%.

**TABLE V: Foster Care Health, Education, and Planning\***

Type & Tool #	Question	Sample	Yes	Partial Credit	Partial No Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2016	2015	2014	2013	2012	Precision range
<b>Foster Care Cases</b>																
II.1	Was an initial or annual Well Child CHEC conducted on time?	133	115	0	0	18	0	0	1	85%	86%	90%	87%	83%	85%	4.9%
II.2	Was an initial or annual mental health assessment conducted on time?	131	109	0	0	22	0	0	3	85%	83%	80%	91%	87%	80%	5.4%
II.3	Was an initial or annual dental assessment conducted on time?	100	92	0	0	7	1	34		85%	92%	92%	89%	87%	90%	4.5%
III.1	Is the child school aged?		84			50										
III.2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	32	32	0	0	0	0	102		85%	100%	85%	92%	83%	89%	0.0%
IV.1	Is there a current child and family plan (including the ILP, if applicable) in the file?	134	120	7	0	7	0	0		85%	93%	96%	95%	88%	90%	3.2%
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, or if the initial child and family plan was completed within the review period, was it completed no later than 45 days after a child's removal from home?	28	22	5	0	1	0	106		85%	92%	90%	82%	77%	78%	5.8%
IV.3	Were the following team members involved in the development of the current Child and Family Plan?															
	the mother	91	85	0	0	6	0	43		85%	93%	89%	86%	85%	77%	4.3%
	the father	66	55	0	0	11	0	68		85%	83%	78%	69%	61%	67%	7.5%
	other caregiver, (guardian, foster parent, stepparent, kin)?	124	114	0	0	10	0	10		85%	92%	98%	98%	93%	92%	4.0%
	the child/youth if developmentally appropriate? (generally age 5 and over)	86	79	0	0	7	0	48		85%	92%	97%	95%	86%	78%	4.9%
	<b>Performance rate for all four sub-questions</b>										91%	92%	89%	83%	80%	
IV.4	In order to create an individualized TAL plan, was an initial or annual Casey Life Skills Assessment (CLSA) completed?	0	0	0	0	0	0	0		85%	NA	33%	42%	58%	36%	NA
IV.5.a	Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?	99	97	0	0	2	0	35		85%	98%	94%	96%	92%	93%	2.3%
IV.5.b	Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?	65	60	0	0	5	0	69		85%	92%	92%	85%	75%	87%	5.4%
IV.6	Was the child provided the opportunity for visitation with his/her siblings weekly OR is there an alternative visitation plan?	29	21	0	0	8	0	105		85%	72%	89%	94%	89%	90%	13.7%

\* The Office of Services Review has a confidence rate of 90%. For example, the score for question IV.6 is 72%. Using the Precision Range for that question (13.7%), OSR is 90% positive the exact percentage is somewhere between 58.3% and 85.7%.