



Fiscal Year 2022 Qualitative Case Review and Case Process Reviews Annual Report

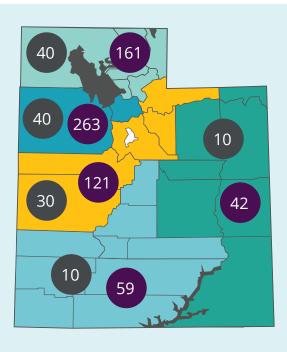
By statute (62a-4a-117(4)), the Utah Department of Health and Human Services Office of Service Review conducts qualitative and quantitative annual performance reviews of the Division of Child and Family Services (DCFS) to gather information on how agency practice impacts desired outcomes. The information gathered is used to inform child welfare practice improvements that promote safety, permanency and well-being.



The number of CPR cases reviewed is proportionately selected for review across all five DCFS geographic regions.

The number of cases reviewed in the QCR is a set number of cases (130). Cases are divided between each region with the largest proportion (40 cases) allocated to each of the two largest case-served regions: Salt Lake and Northern. The smallest portion (10 cases) is allocated to the two smallest case-served regions: Eastern and Southwest. The Western region falls in the middle and is assigned 30 cases.



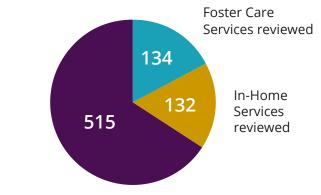




The CPR is a quantitative review of case records to determine whether key service activities were appropriately completed and recorded. Depending on the case type, activities include whether a child was seen within the required response time when an allegation of abuse or neglect was reported, or if a plan was developed within the required time frames that will allow the child(ren) to remain home or in another appropriate placement safely.

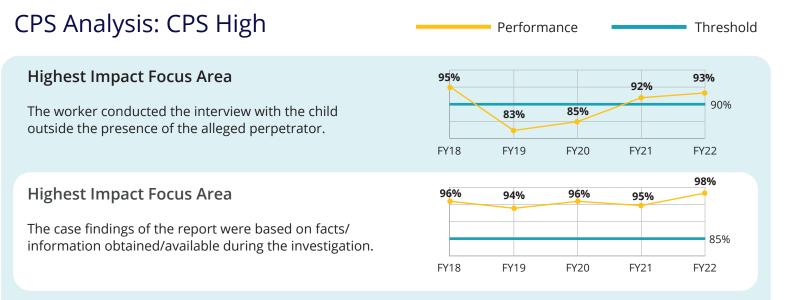
See Appendix A for all CPR scores.

781 CPS cases reviewed



Child Protective Services (CPS)

(including CPS-General, CPS-Unable to locate, CPS-Medical Neglect, Removals, CPS-Intake)



When assessing safety and risk and investigating allegations of abuse/neglect, conducting the interview outside the presence of the alleged perpetrator leads to greater confidence that information was obtained without outside influence. In FY22, interviews were conducted outside the presence of the alleged perpetrator 93% of the time.

It was determined by independent review that the case findings were based on the facts/information obtained or available during the investigation 98% of the time which is the five-year high for this measure.



Threshold

90%

77%

FY22

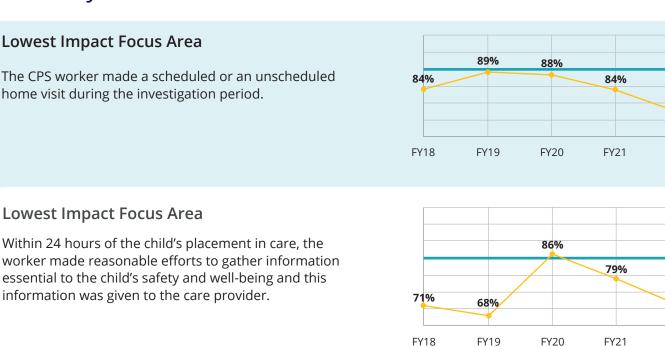
85%

71%

FY22

Performance

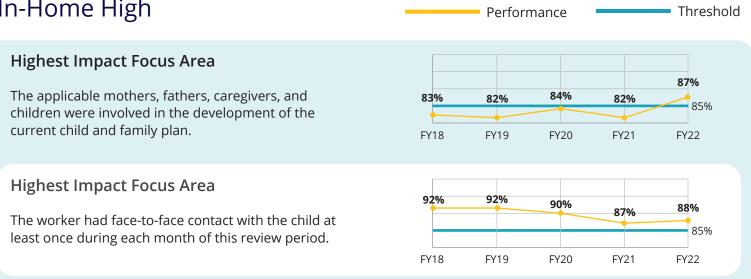
CPS Analysis: CPS Low



When conducting a CPS investigation, an unannounced home visit is one form of assessing the child's living conditions as they exist. In FY22, this measure declined to 77% which is the five-year low and below the standard of 90%.

When children are removed, it is important to gather essential information to maintaining the child's health and well-being, such as pediatric care providers, prescribed medications, allergies, and so forth. Therefore gathering information and conveying information to caregivers and providers is an important action to support the child's health and wellbeing when being placed in a substitute caregiver setting. In FY22, this activity declined to 71% which is below the standard of 85%.

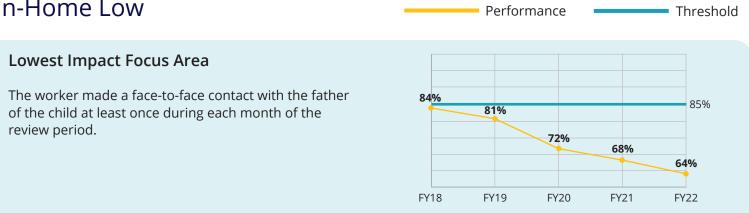
In-Home Analysis: In-Home High



It is a best practice to involve the parents and children in developing the plan, and in FY22 the agency involved family members 87% of the time, which is the 5-year high and is above the standard of 85%.

Monthly contact by the agency with the child is one activity for conducting ongoing assessment of safety/risk of children. In FY22 the agency completed this activity 88% of the time.

In-Home Analysis: In-Home Low



Monthly contact with fathers is one way the agency engages fathers in case activities, and in FY22 the agency made contact with fathers 64% of the time. This measure has been steadily declining for 5 straight years.

Threshold

Foster Care Analysis: Foster Care High

Highest Impact Focus Area

The worker had a face-to-face contact with the child/ youth inside the out-of-home placement at least once during each month of the this review period.



Performance

Monthly contact by the agency with the child is one activity for conducing ongoing assessment of safety/risk of children. In FY22 the agency completed this activity 92% of the time. Although the performance declined to 87%, it is still above the standard of 85%.

In-Home Analysis: SCF Low

Lowest Impact Focus Area

Lowest Impact Focus Area

placements.

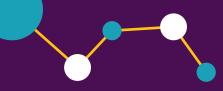
Reasonable efforts were made to locate kinship

Prior to the child's placement change, the worker provided information (essential to the child's safety and well-being) to the substitute caregiver.



Providing the child's essential physical and dental health and medical information to substitute caregivers is an important activity to promote continuity of the child's physical, dental, and emotional well-being. When viewing the case file, there was evidence that this occurred in 49% of the occasions when this activity was expected. This is the 5-year low for this measure.

Locating possible kinship caregivers for the child occurred 63% of the time, which was the same as last year and is low compared to prior years.



FY2022 Qualitative Case Review (QCR)

The QCR is a review of case records combined with qualitative interviews with key case participants, who may include the child, siblings, parents, substitute caregivers, therapists, legal parties, healthcare professionals, teachers, and other members of the child's extended family or Child and Family Team.

See Appendix B for total score.

Qualitative Case Performance Summary

In FY22, 130 cases were reviewed. In FY22, overall child status improved slightly from FY21, going from 93.2% to 95.4%. This measure includes a composite of all child status measures reflecting child safety, stability, and several indicators of well-being, including physical, emotional, and educational status. The overall child status score of 95.4% is above the standard of 85%.

Overall Status and System Performance: Utah DCFS Performance



Standard



QCR High

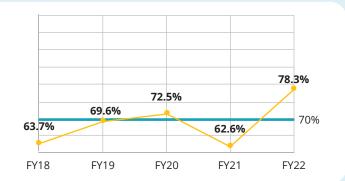
Child Status Indicators

Safety: Measures whether the child is safe from incidents of harm from others and/or self-harm and the degree to which the agency has adequately managed the safety threat.

System Performance Indicators

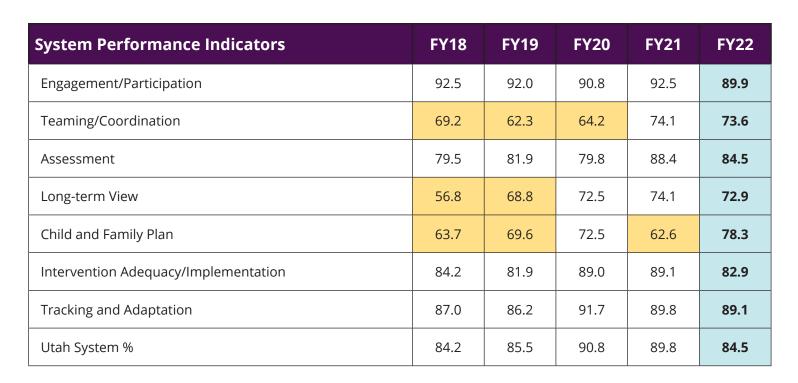
Child and Family Plan: Measures the degree to which the service plan matches the assessed needs and changing circumstances of the child/family and whether the services will help the child/family achieve enduring safety and permanency.





In FY22 QCR, children were rated to be safe, or that the agency managed safety, 96% of the time. Although the goal is for children to always be safe, one of the biggest factors contributing to the child being unsafe in 3.8% of the cases reviewed was the child's own behavior, such as harming themselves or threatening the safety of others. It can be difficult for the agency to manage this when a child can be impulsive. It is also noteworthy that 96.2% is the 5-year high for this measure.

In the FY22 measure of Child and Family Planning Process, the agency achieved 78%, which is the 5-year high for this measure. This particular measure looks at how closely the service plan matches the assessed needs of the family and the current conditions and progress, ensuring that the service plan document is relevant to the family.



QCR Low

In FY22, Engaging, Teaming, Assessment, Long-term View, Intervention Adequacy/Implementation, and Tracking and Adaption all declined compared to FY21. However, all system indicators are above the standard of 70%, which is the first time this has occurred in the past 5 years. Therefore, this is a mixture of declining performance in many of the system indicators but each individual measure is above the standard and therefore commendable.



Division of Child and Family Services Response



State of Utah SPENCER J. COX Governor

DEIDRE M. HENDERSON Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER Executive Director

NATE CHECKETTS Deputy Director

DR. MICHELLE HOFMANN Executive Medical Director

DAVID LITVACK

Deputy Director

Deputy Director

DCFS Response to the FY 2022 OSR Annual Report

As always, DCFS appreciates the hard work that goes into conducting these labor intensive reviews of our services, and is grateful to be included in the process. The reviews provide valuable information to help improve our practice and outcomes for the children and families the Division serves.

Regarding the Qualitative Case Review (QCR) results, we are encouraged to see that all System Performance indicators met the mark. While the QCR has been one of the main drivers in establishing our Practice Model and strengthening our practice, this will be the final time QCR will be included in this report as DCFS integrates its elements into the Child and Family Services Review (CFSR) - now called the CFSR+. This review is required to comply with federal expectations. Next year's annual report will represent a new baseline with the CFSR+ results of our services, and we welcome this new lens on our practice.

In reviewing the results of the Case Process Review (CPR), we recognize the ups and downs captured, with the main concern showing a decline related to home visits and caseworker contacts with family members. While virtual contacts due to the ongoing pandemic may contribute to these declines (reasons for conducting visits virtually may not always be documented correctly), the main culprit is likely the ongoing turnover experienced in our agency at all levels, and the ensuing stress related to unfilled positions. We will continue to hire, train, coach, and mentor new and existing employees to understand the CPR expectations as we focus on stabilizing and supporting our workforce.

Thank you for the opportunity to respond to your report and your continued partnership throughout the quality improvement process. We strive for continuous quality improvement in this important work.

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Appendix A: CPR

		CPS Gener	al					
ltem	Question	Threshold	FY18	FY19	FY20	FY21	FY22	5-year Trend
CPSG.1	Did the investigating worker see the child within the priority time frame?	90%	87%	91%	89%	89%	89%	
CPSG.2	Was a youth suicide screener completed and entered into SAFE?	90%				75%	91%	/
CPSG.3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension period granted?	90%	89%	96%	91%	90%	92%	\bigwedge
CPSG.4	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	90%	95%	83%	85%	92%	93%	
CPSG.5	Did the worker interview the child's natural parents or another guardian when their whereabouts are known?	90%	89%	87%	83%	93%	86%	\swarrow
CPSG.6	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	90%	98%	98%	100%	96%	94%	
CPSG.7	Did the CPS worker make a scheduled or an unscheduled home visit during the investigation period?	90%	84%	89%	88%	84%	77%	
CPSG.8	Were the case findings of the report based on facts/information obtained/available during the investigation?	85%	96%	94%	96%	95%	98%	\bigvee
CPSH.2	If this case involves an allegation of medical neglect, did the worker obtain a medical neglect opinion from a health care provider prior to case closure?	90%	73%	42%	73%	71%	62%	



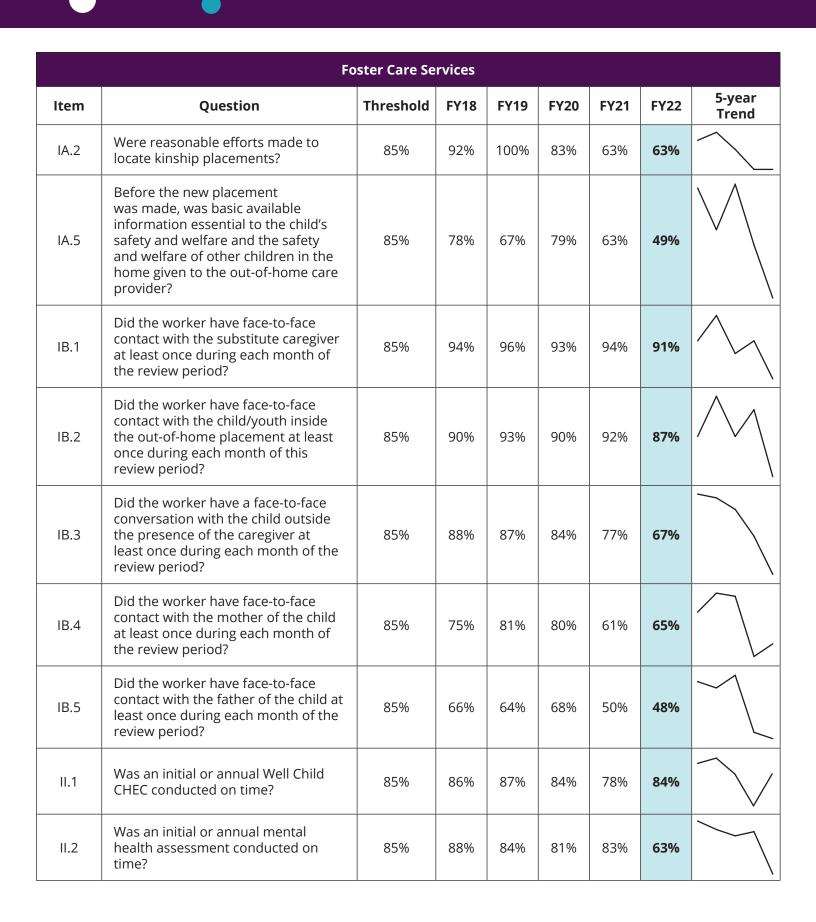
	CPS - Unable to locate									
ltem	Question	Threshold	FY18	FY19	FY20	FY21	FY22	5-year Trend		
CPSUL.1	Did the worker visit the home at times other than normal work hours?	85%	86%	96%	93%	92%	64%	\frown		
CPSUL.2	If any child in the family was school age, did the worker check with local schools for contact/location information about the family?	85%	83%	71%	90%	82%	65%			
CPSUL.3	Did the worker send the name and any other information regarding the family to the CLEAR (kin locator) license holder in the region for an internet search for additional address information?	85%	85%	86%	79%	93%	84%			
CPSUL.4	Did the worker check eRep (Utah's electronic eligibility system) for additional address or contact information?	85%	88%	91%	90%	87%	78%			
CPSUL.5	Did the worker check with the referent for additional address information?	85%	76%	79%	80%	81%	54%			

	CPS - Protective Custody Removals									
ltem	Question	Threshold	FY18	FY19	FY20	FY21	FY22	5-year Trend		
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?	85%	83%	84%	83%	88%	87%	$\left \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$		
R.3	After the first required visit, did the worker (CPS or ongoing worker) visit the child in the placement at least weekly for a total of three weeks?	85%	76%	71%	71%	68%	78%			
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?	85%	71%	68%	86%	79%	71%			
R.5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	85%	99%	96%	98%	98%	97%			

	CPS - Intake									
ltem	Question	Threshold	FY18	FY19	FY20	FY21	FY22	5-year Trend		
CPSUA.1	Was the nature of the referral documented?	85%	99%	100%	100%	100%	100%			
CPSUA.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine the non-acceptance of the report?	85%	98%	89%	80%	97%	97%			
CPSUA.3	Does the documentation adequately support the decision not to accept the referral?	85%	98%	97%	98%	100%	100%			

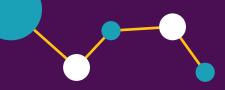


	I	n-Home Serv	vices					
ltem	Question	Threshold	FY18	FY19	FY20	FY21	FY22	5-year Trend
IH.1	ls there a current child and family plan in the file?	85%	88%	85%	80%	88%	81%	\mathbf{h}
IH.2	Was the initial child and family plan completed for the family within 45 days of the case start date?	85%	78%	81%	76%	80%	76%	$\bigcirc \bigcirc$
IH.3	Was the mother, father, child, and other caregivers, involved in the development of the current child and family plan?	85%	83%	82%	84%	82%	87%	
IH.4	Did the worker have face-to-face contact with the child at least once during each month of this review period?	85%	92%	92%	90%	87%	88%	
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?	85%	74%	72%	52%	65%	61%	
IH.6	Did the worker have face-to-face contact with the substitute caregiver at least once during each month of the review period?	85%	82%	71%	82%	91%	85%	
IH.7	Did the caseworker enter the residence where the child is living at least once during each month of the review period?	85%	88%	92%	94%	84%	87%	\bigwedge
IH.8	Did the worker have face-to-face contact with the mother of the child at least once during each month of the review period?	85%	97%	93%	96%	86%	85%	
IH.9	Did the worker have face-to-face contact with the father of the child at least once during each month of the review period?	85%	84%	81%	72%	68%	64%	





ltem	Question	Threshold	FY18	FY19	FY20	FY21	FY22	5-year Trend
II.3	Was an initial or annual dental assessment conducted on time?	85%	87%	91%	84%	85%	84%	\bigwedge
111.2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	85%	96%	86%	86%	80%	66%	$\overline{}$
IV.1	ls there a current child and family plan in the file?	85%	91%	91%	89%	89%	88%	
IV.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	85%	83%	75%	85%	65%	66%	
IV.3	Was the mother, father, child, and other caregivers, involved in the development of the current child and family plan?	85%	90%	86%	74%	83%	78%	
IV.5.a	Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?	85%	84%	95%	88%	90%	85%	$\bigwedge $
IV.5.b	Was the child provided the opportunity to visit with his/ her father weekly, OR is there an alternative visitation plan?	85%	80%	83%	81%	76%	72%	\frown
IV.6	Was the child provided the opportunity for visitation with his/ her siblings weekly OR is there an alternative visitation plan?	85%	87%	91%	100%	87%	66%	



Appendix B: FY21 Qualitative Case Review

Child Status Indicators	FY18	FY19	FY20	FY21	FY22	5-year Trend
Safety Overall	93.2%	89.9%	91.7%	94.6%	96.2%	
Child Safe from Others	96.6%	95.7%	96.3%	97.3%	99.2%	
Child Risk to Self	94.6%	94.2%	94.5%	95.9%	96.9%	
Stability	82.2%	81.9%	82.6%	87.1%	89.1%	
Prospect for Permanence	63.7%	71.7%	78%	82.3%	81.4%	
Health/Physical Well-being	97.9%	96.4%	95.4%	96.6%	99.2%	
Emotional/Behavioral Well-being	93.2%	88.4%	94.5%	93.2%	93.8%	\langle
Learning	93.2%	94.2%	87.2%	93.9%	92.2%	\checkmark
Family Connections	82.2%	92.3%	87.1%	88.1%	97.4%	
Satisfaction	87.7%	87.7%	85.2%	89.8%	86.8%	$\neg \checkmark$
Utah Child %	92.5%	89.9%	90.8%	93.2%	95.4%	
Standard	85%	85%	85%	85%	85%	

System Performance Indicators	FY18	FY19	FY20	FY21	FY22	5-year Trend
Engagement/Participation	92.5	92.0	90.8	92.5	89.9	$\overline{}$
Teaming/Coordination	69.2	62.3	64.2	74.1	73.6	
Assessment	79.5	81.9	79.8	88.4	84.5	\swarrow
Long-term View	56.8	68.8	72.5	74.1	72.9	
Child and Family Plan	63.7	69.6	72.5	62.6	78.3	\frown
Intervention Adequacy/Implementation	84.2	81.9	89.0	89.1	82.9	\checkmark
Tracking and Adaptation	87.0	86.2	91.7	89.8	89.1	
Utah System %	84.2	85.5	90.8	89.8	84.5	
Standard	85%	85%	85%	85%	85%	



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