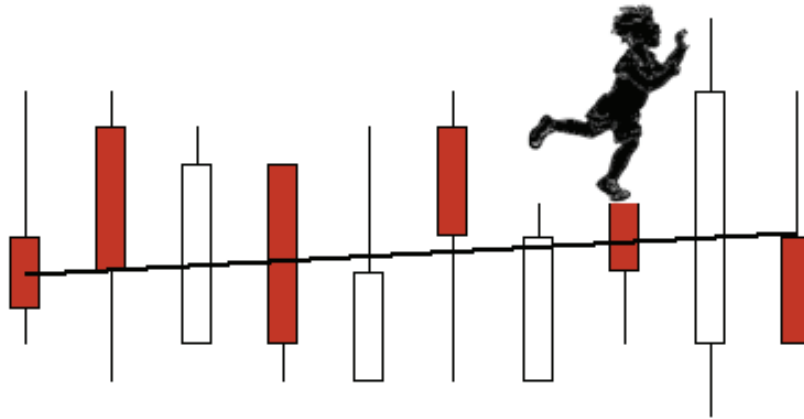


# Utah

Department of Human Services

## Child and Family Services



### **Quarterly Report ~ Performance & Outcomes**

Prepared by: The State Office Data Unit

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# Supervisor Finishing Touches

The Division of Child and Family Services, along with the Office of Services Review, conduct annual Qualitative Case Reviews (QCR) in each region of the state to measure Child and Family Outcomes and System Status on In-Home and Foster Care Cases. To assist in improving target areas, the Division has a supervisory review process called “Supervisor Finishing Touches”. Supervisors regularly review selected cases of their workers and enter the results in a form in SAFE, marking any follow-up action needed. Below are the results of the most recent Finishing Touches reviews for foster care and in-home cases served during the last quarter. The goal on these items is 70%, consistent with the QCR goal.

The Program Improvement Team has been working with the regions to change the tool used during the reviews; consequently the numbers of cases reviewed using the old tool are reducing. It is anticipated we will start reporting on the new tool January 2010.

Supervisor Finishing Touches - Foster Care																	
Foster Care		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
7/1/09 to 9/30/09	Number of cases reviewed	CFTM Frequency	Members of CFT	CFTM conducted	CFA includes assessments	CFA picture of family	CFA describes family	CFA identifies wants and needs	CFA good grammar	Plan flows from CFA	Plan has needs statements	Next transition identified	Visitation in written plan	LTV is in family voice	LTV is achievable	Steps to goal identified	LTV fits family situation
<b>Northern</b>	<b>203</b>	98%	65%	82%	93%	97%	95%	97%	100%	97%	97%	94%	92%	96%	98%	96%	99%
<b>Salt Lake Valley</b>	<b>38</b>	100%	58%	76%	95%	92%	87%	89%	92%	95%	95%	87%	87%	71%	71%	71%	76%
<b>Western</b>	<b>9</b>	67%	33%	33%	33%	33%	44%	33%	44%	33%	44%	44%	33%	44%	44%	44%	56%
<b>Eastern</b>	<b>0</b>																
<b>Southwest</b>	<b>22</b>	100%	45%	59%	100%	86%	82%	82%	100%	86%	100%	86%	82%	86%	86%	82%	82%
<b>State</b>	<b>272</b>	97%	61%	78%	92%	93%	91%	93%	97%	94%	95%	90%	63%	90%	92%	89%	93%
<b>Goal</b>		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

Below are the In-Home Supervisor Finishing Touches Data. Green highlighting indicates that the region is meeting the goal for that question.

Supervisor Finishing Touches - Home Based																	
Home Based		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18
7/1/09 to 9/30/09	Number of cases reviewed	CFTM Frequency	Members of CFT	CFTM conducted	CFA includes assessments	CFA picture of family	CFA describes family	CFA identifies wants and needs	CFA good grammar	Plan flows from CFA	Plan has needs statements	Next transition identified	Visitation in written plan	LTV is in family voice	LTV is achievable	Steps to goal identified	LTV fits family situation
Northern	130	97%	59%	78%	96%	98%	97%	96%	92%	95%	95%	95%	95%	95%	96%	95%	95%
Salt Lake Valley	34	97%	50%	88%	88%	91%	85%	82%	91%	100%	91%	79%	50%	71%	76%	74%	74%
Western	1	100%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Eastern	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%
Southwest	11	100%	55%	64%	91%	91%	91%	100%	100%	100%	100%	82%	80%	91%	100%	91%	100%
State	177	97%	57%	79%	94%	96%	94%	93%	92%	96%	94%	90%	86%	89%	92%	90%	90%
Goal		70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

# Case Process Review Data

In addition to the QCR, an annual Case Process Review (CPR) is conducted to measure whether workers are, as much as possible, following Practice Guidelines and documenting their work in SAFE. The state is currently monitoring performance in this area in-between reviews by using (1) reports extracted from the SAFE information system, and (2) having regional teams and supervisors review cases and enter information in a CPR quality assurance (QA) form in SAFE for those areas where information cannot be extracted from the system or where there needs to be extra attention. For the CPR data charts you will see that some data elements are extracted from SAFE and some are extracted from the QA forms. Goals for these items vary from 85% to 90%. The discrepancy between the QA and the SAFE data may indicate either (1) workers are not documenting their efforts correctly even though they have done them, (2) the SAFE report programming needs to be checked, or (3) the QA data represents a small sample of cases and may not reflect overall performance. Additionally the SAFE extraction may not be able to account for exceptional circumstances that a case review may note. Below are the CPS CPR data. A blank indicates there were no applicable cases for that question.

CPS															
		A1	A2	A3	B1	B2	B3	B4	C1	C2	D1	E2	E3	E4	E5
7/1/09 to 9/30/09	% Cases Reviewed/ Total Cases	Timeliness	Services	Case Closure	Victim interview	Parents interviewed	3rd party interview	Unscheduled home visit	P1 med exam	Med neglect	Findings based on facts	48hr shelter visit	Weekly shelter visits	Info to shelter	Inquire kin
Northern QA	14%		99%		99%	98%	100%	96%			100%	100%	100%	100%	100%
Northern SAFE	1195	91%		97%	95%	98%	91%	90%		100%		100%	90%	100%	100%
Salt Lake Valley QA	5%		93%	97%	96%	96%	93%	93%			98%	50%	40%	67%	67%
Salt Lake Valley SAFE	2008	89%		93%	95%	97%	95%	89%		100%		50%	0%	73%	80%
Western QA	3%		100%		93%	90%	100%	93%			100%				
Western SAFE	761	74%		84%	90%	95%	84%	79%		100%		86%	100%	70%	100%
Eastern QA	41%		95%		84%	93%	88%	85%			94%	100%	67%	38%	86%
Eastern SAFE	372	87%		89%	88%	97%	92%	92%		100%		100%		60%	100%
Southwest QA	51%		100%		98%	99%	98%	98%	100%	0%	99%	90%	100%	100%	92%
Southwest SAFE	527	90%		96%	94%	98%	91%	93%		100%		86%	100%	70%	100%
State QA	15%		97%		95%	97%	96%	94%	8%	7%	98%	83%	73%	74%	85%
State SAFE	4865	87%		93%	94%	97%	92%	88%		100%		73%	55%	78%	94%
Goal		90%	90%	90%	90%	90%	90%	90%	90%	90%	85%	85%	85%	85%	85%

Below are data on CPS Unable to Locate Cases extracted from the SAFE system. Each question below assesses workers' efforts to try to locate the child about whom a report has been made.

The state Program Improvement Team (PIT) and the regional program improvement coordinators investigate areas on these reports where performance is low and do follow-up with workers and regions to ensure documentation is accurate and do training where necessary with a goal of improving performance.

CPS Unable to Locate								
7/1/09 to 9/30/09	Cases	1.A. HV	1.b.2nd HV	2.Schools	3.Police	4.Pub Assis	5.Referent	6. Phone Dir.
Northern SAFE	15	67%	47%	73%	80%	80%	80%	73%
Salt Lake Valley SAFE	63	52%	44%	73%	75%	78%	76%	73%
Western SAFE	22	55%	41%	45%	68%	68%	50%	73%
Eastern SAFE	8	13%	13%	63%	75%	75%	88%	75%
Southwest SAFE	6	83%	67%	83%	67%	83%	100%	83%
State SAFE	114	54%	43%	68%	74%	76%	74%	74%
Goal		90%	90%	90%	90%	90%	90%	90%

Below are the in-home CPR data. The PIT team is working to investigate why involvement in planning is lower. They have discovered some issues related to absent documentation and some related to having multiple parents in a family and not including all of them. The training team is currently working to develop a purposeful visiting handbook and training that will be delivered to the regions in the future.

The QA tool will be combined with and partially replaced by a new “Finishing Touches” tool in January 2010.

Home Based Cases											
		1	2	4.A1	4.A2	4.B	4.C	6	7	7	7
7/1/09 to 9/30/09	% Cases Reviewed/ Total Cases	Current plan	Initial plan on time	Mother involved	Father involved	Stepparent involved	Child involved	Services initiated	Visit month 1	Visit month 2	Visit month 3
Northern QA	22%	93%	79%	93%	86%	88%	86%	100%			
Northern SAFE	335	98%	93%	45%		71%	41%		92%	90%	90%
Salt Lake Valley QA	15%	96%	91%	96%	52%	62%	91%	99%			
Salt Lake Valley SAFE	330	98%	90%	62%		77%	60%		87%	80%	76%
Western QA	1%	0%	100%	100%	0%		100%	100%			
Western SAFE	179	98%	84%	64%		88%	47%		89%	86%	68%
Eastern QA	7%	100%	79%	91%	73%	33%	83%	100%			
Eastern SAFE	176	97%	87%	66%		91%	52%		92%	93%	91%
Southwest QA	0%										
Southwest SAFE	101	100%	86%	47%		64%	36%		97%	96%	89%
State QA	12%	94%	85%	94%	71%	73%	88%	100%			
State SAFE	1121	98%	89%	57%		78%	49%		91%	88%	82%
Goal		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Foster Care CPR data is displayed on the next four pages. The QA tools used to measure the outcomes described here will be combined and replaced with a new “Finishing Touches” tool in January 2010.

Below is the information on placement decision making. Note that on the question regarding proximity to parents, the QA question reviews whether caseworkers considered proximity to parents when making the placement decision. The SAFE data indicates if the child is currently placed in proximity to their parents. Lack of available foster parents may impact the ability of workers to place children close to their families, especially in rural regions. The PIT team has been investigating causes for the low scores on info to provider and found out that information is usually given by the regional Resource Family Consultants (RFCs) who did not have access to document it in the case. They are working to grant access to the RFCs so that they will be able to document this in the future, and have met with them to discuss the need for this

Foster Care Cases - Placement					
		I.A.2	I.A.3	I.A.4	I.A.5
4/1/09 to 9/30/09	% Cases Reviewed/ Total Cases	Locate kin	Special needs	Proximity to parents	Info to provider
Northern QA	23%	93%	93%	91%	82%
Northern SAFE	735	94%		79%	42%
Salt Lake Valley QA	12%	97%	97%	95%	87%
Salt Lake Valley SAFE	1158	76%		85%	33%
Western QA	0%	100%	100%		100%
Western SAFE	602	79%		78%	23%
Eastern QA	8%	100%	100%	83%	83%
Eastern SAFE	301	94%		72%	32%
Southwest QA	4%	100%	100%	100%	75%
Southwest SAFE	307	95%		67%	20%
State QA	11%	95%	95%	93%	84%
State SAFE	3103	84%		79%	32%
Goal		85%	85%	85%	85%

Below are foster care data on initial, annual, and follow-up health, mental health, and dental activities. QA review indicates performance close to the goal in meeting children’s health care needs. The PIT team and FHC are looking at performance by placement providers and workers.

<b>Foster Care Cases - Health</b>							
		II.1	II.2	II.3	II.4	II.5	II.6
<b>4/1/09 to 9/30/09</b>	<b>% Cases Reviewed/ Total Cases</b>	<b>Initial or annual health</b>	<b>Health follow up</b>	<b>Initial or annual mental health</b>	<b>Mental health follow up</b>	<b>Initial or annual dental</b>	<b>Dental follow up</b>
<b>Northern QA</b>	23%	87%	97%	86%	88%	91%	85%
<b>Northern SAFE</b>	735	84%		82%		86%	
<b>Salt Lake Valley QA</b>	12%	82%	81%	81%	83%	75%	68%
<b>Salt Lake Valley SAFE</b>	1158	78%		81%		85%	
<b>Western QA</b>	0%	100%	100%	100%	100%	100%	100%
<b>Western SAFE</b>	602	78%		71%		86%	
<b>Eastern QA</b>	8%	94%	100%	93%	85%	93%	100%
<b>Eastern SAFE</b>	301	85%		78%		91%	
<b>Southwest QA</b>	4%	64%	67%	82%	100%	64%	100%
<b>Southwest SAFE</b>	307	82%		78%		90%	
<b>State QA</b>	11%	85%	89%	84%	86%	83%	77%
<b>State SAFE</b>	3103	81%		79%		86%	
<b>Goal</b>		85%	85%	85%	85%	85%	85%

SCF CPR data on case planning is below. The PIT team has been investigating the low involvement in planning and has discovered that workers frequently do not correctly document their efforts in involving parents in planning. The training team is also working on a purposeful visiting curriculum to train workers.

<b>Foster Care Cases - Planning</b>											
		III.2	IV.A.1	IV.A.2	IV.A.3mo	IV.A.3fa	IV.A.3sp	IV.A.3.ch	IV.A.5	IV.A.6	IV.A.7
4/1/09 to 9/30/09	% Cases Reviewed/Total Cases	Ed assessment	Current plan	Initial plan on time	Mother involved	Father involved	Stepparent involved	Child involved	Services initiated	Opportunity for weekly parent visits	Opportunity for sibling visits
<b>Northern QA</b>	<b>23%</b>	76%	94%	85%	94%	75%	78%	88%	99%	96%	88%
<b>Northern SAFE</b>	<b>735</b>										
<b>Salt Lake Valley QA</b>	<b>12%</b>	79%	92%	84%	80%	44%	62%	86%	98%	91%	87%
<b>Salt Lake Valley SAFE</b>	<b>1158</b>		95%	84%	67%	50%	37%	82%			
<b>Western QA</b>	<b>0%</b>	0%		100%	100%	0%			100%		
<b>Western SAFE</b>	<b>602</b>		91%	85%	63%	40%	34%	77%			
<b>Eastern QA</b>	<b>8%</b>	91%	94%	86%	56%	23%	13%	79%	92%	87%	70%
<b>Eastern SAFE</b>	<b>301</b>		95%	82%	63%	39%	38%	87%			
<b>Southwest QA</b>	<b>4%</b>	88%	100%	96%	50%	14%	0%	100%	100%	95%	100%
<b>Southwest SAFE</b>	<b>307</b>		99%	77%	72%	32%	45%	84%			
<b>State QA</b>	<b>11%</b>	79%	93%	85%	84%	55%	57%	87%	98%	93%	86%
<b>State SAFE</b>	<b>3103</b>		95%	84%	67%	43%	37%	81%			
<b>Goal</b>		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

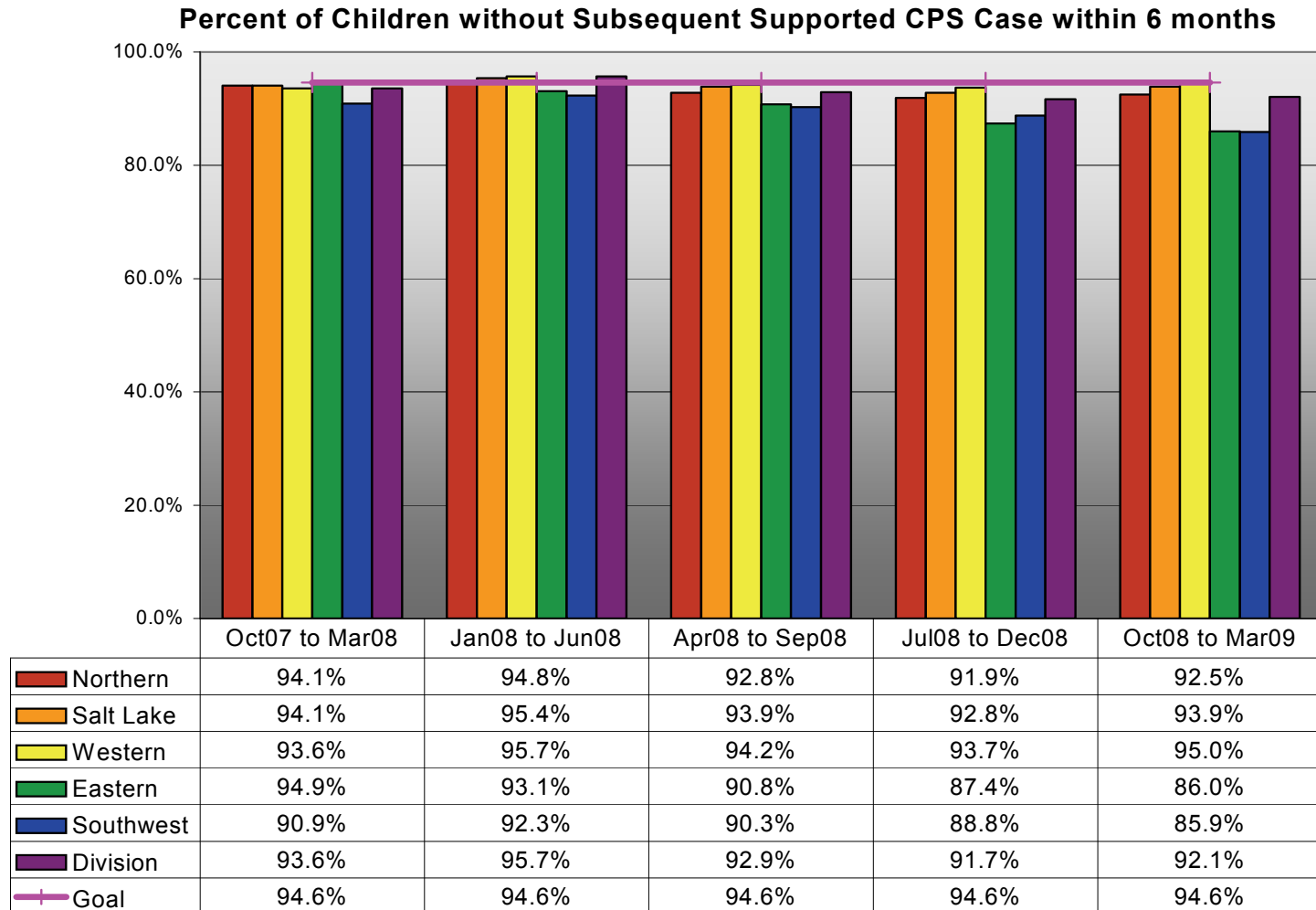
Division performance on meeting the required visits in foster care are indicated below. All visit data is extracted from the SAFE system. There has been an improvement in performance related to private visits with child. The month six percentages are slightly lower because workers have not completed their documentation for the prior month.

Foster Care Cases - Visits																			
		IB1.mo1	IB1mo2	IB1.mo3	IB1.mo4	IB1.mo5	IB1.mo6	IB2.mo1	IB2.mo2	IB2.mo3	IB2.mo4	IB2.mo5	IB2.mo6	IB4.mo1	IB4.mo2	IB4.mo3	IB4.mo4	IB4.mo5	IB4.mo6
4/1/09 to 9/30/09	Reviewed/ Total Cases	Caretaker Visits	Caretaker Visits	Caretaker Visits	Caretaker Visits	Caretaker Visits	Caretaker Visits	Child Visits	Child Visits	Child Visits	Child Visits	Child Visits	Child Visits	Child Private visits	Child Private visits	Child Private visits	Child Private visits	Child Private visits	Child Private visits
Northern SAFE	23%	97%	97%	97%	95%	96%	94%	96%	96%	96%	95%	96%	93%	90%	89%	90%	90%	87%	86%
Salt Lake Valley SAFE	12%	99%	97%	97%	98%	95%	85%	98%	97%	96%	97%	95%	85%	93%	91%	91%	92%	91%	81%
Western SAFE	0%	96%	95%	96%	97%	94%	71%	95%	95%	95%	94%	94%	69%	80%	79%	81%	81%	81%	61%
Eastern SAFE	8%	99%	98%	95%	97%	94%	96%	100%	97%	96%	95%	92%	97%	88%	92%	88%	89%	85%	84%
Southwest SAFE	4%	98%	96%	96%	96%	93%	84%	98%	93%	96%	94%	92%	84%	87%	85%	90%	91%	88%	74%
State SAFE	11%	98%	96%	96%	97%	95%	85%	97%	96%	96%	96%	94%	85%	89%	88%	88%	89%	87%	78%
Goal		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

# Child and Family Services Review Data

## Safety—Measure 1—Absence of Maltreatment Recurrence

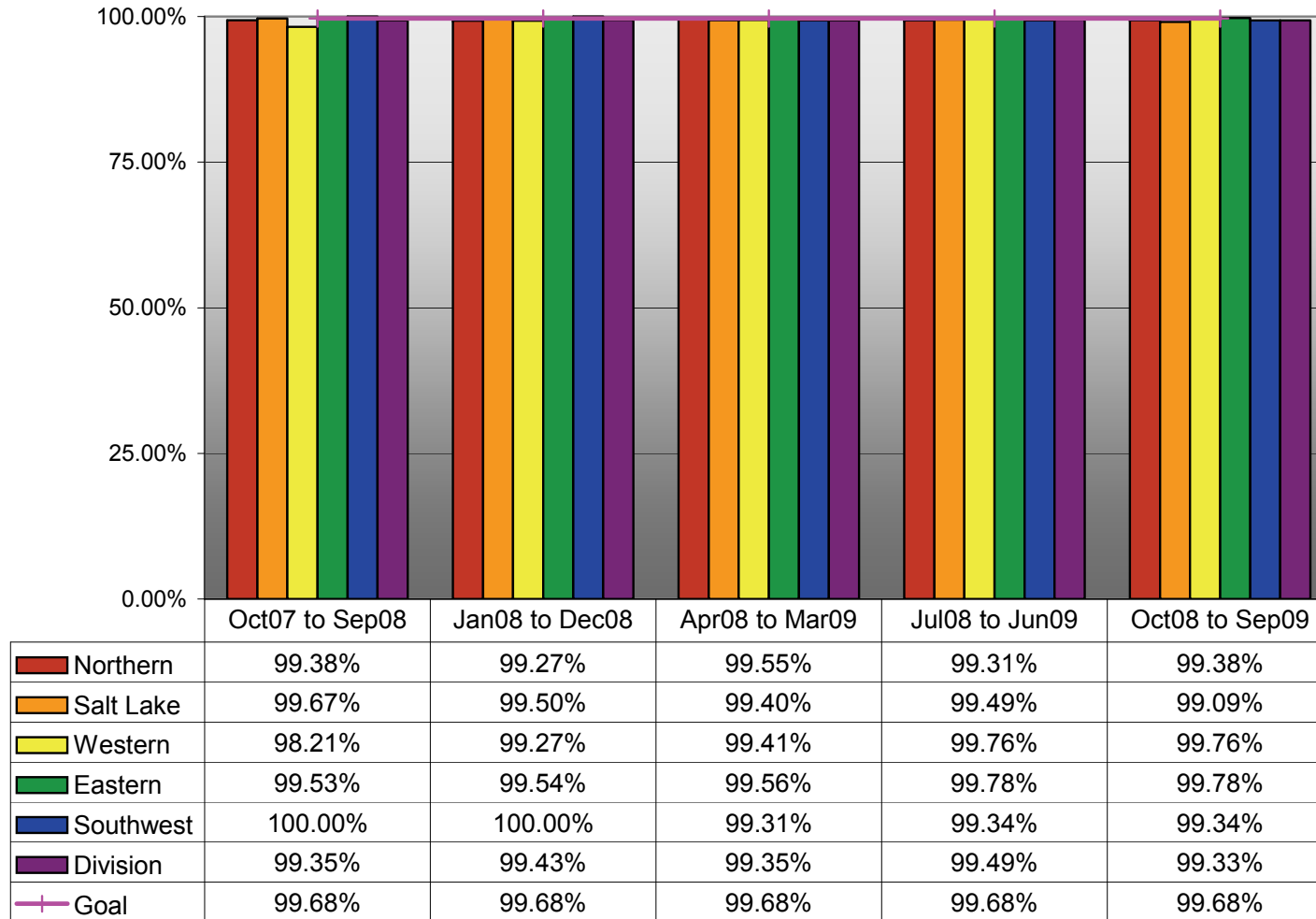
Data below show, of all children who were victims of a supported maltreatment allegation during the first six months of the time period, what percent were NOT victims of another supported allegation within the six months following that maltreatment incident. The national standard set by the federal government is 94.6% or higher based on FY04 data from 45 states. The range of performance was from 86 to 98%.



## Safety—Measure 2—Abuse by Foster Parents, Residential Staff

The second safety data measure is of all children served in foster care, what percent were NOT victims of a supported maltreatment by a foster parent or facility staff member during the year. The national standard set by the federal government is 99.68% or higher based on FY04 data from 37 states. The range of performance was from 98.59% to 100%.

**Percent of Children in Foster Care who DO NOT Experience Maltreatment by Foster Parent or Residential Staff**

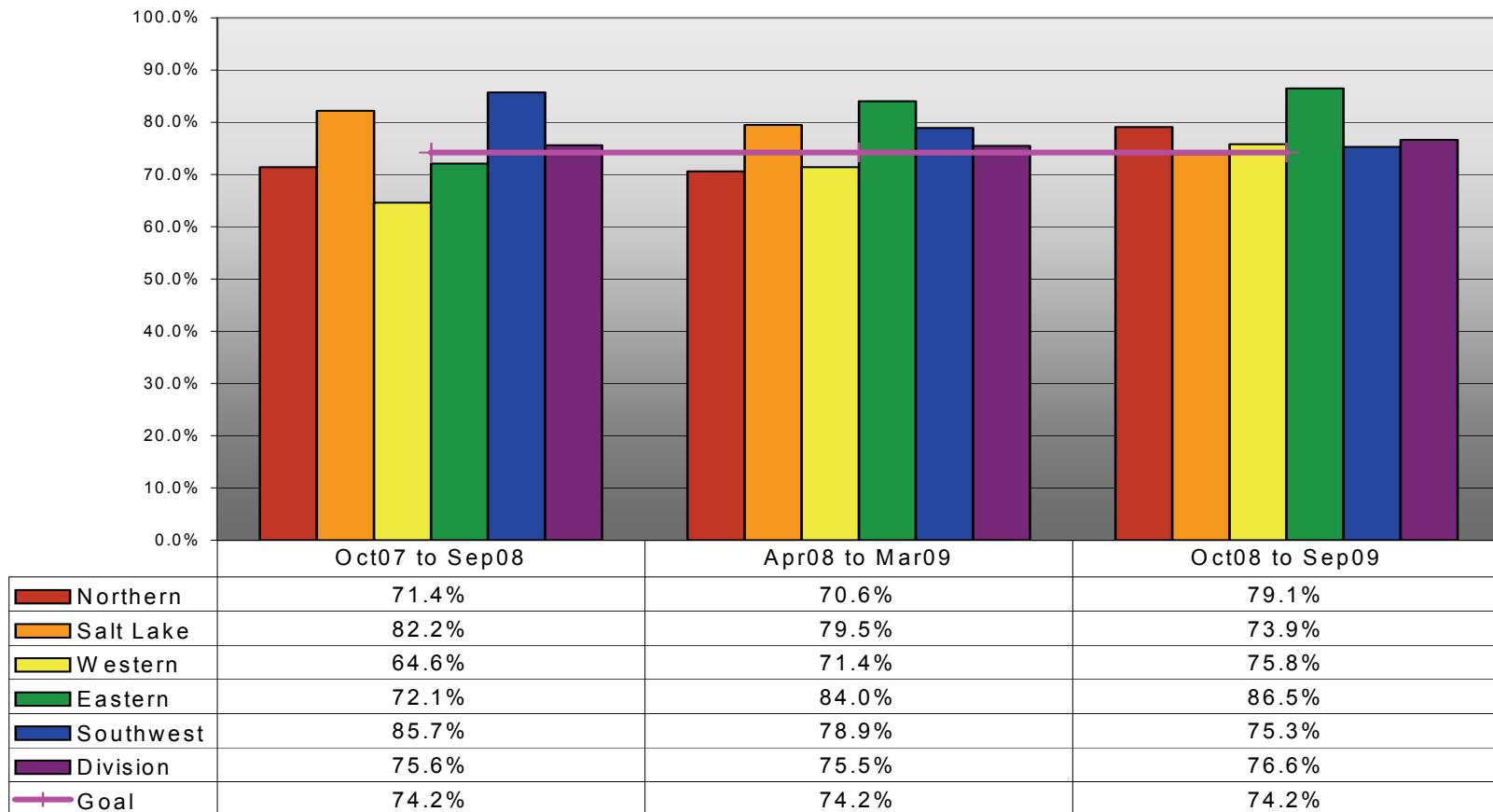


# Permanency Composite 1—Timeliness and Permanency of Reunification

## Measure 1—Timeliness of reunification

Measure 1 of this composite is of all children discharged from foster care to reunification who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home. There is no national standard set for individual measures, however the national 75th percentile on this measure is 74.2%.

**Percent of Children Who Reunify in Less than 12 Months**



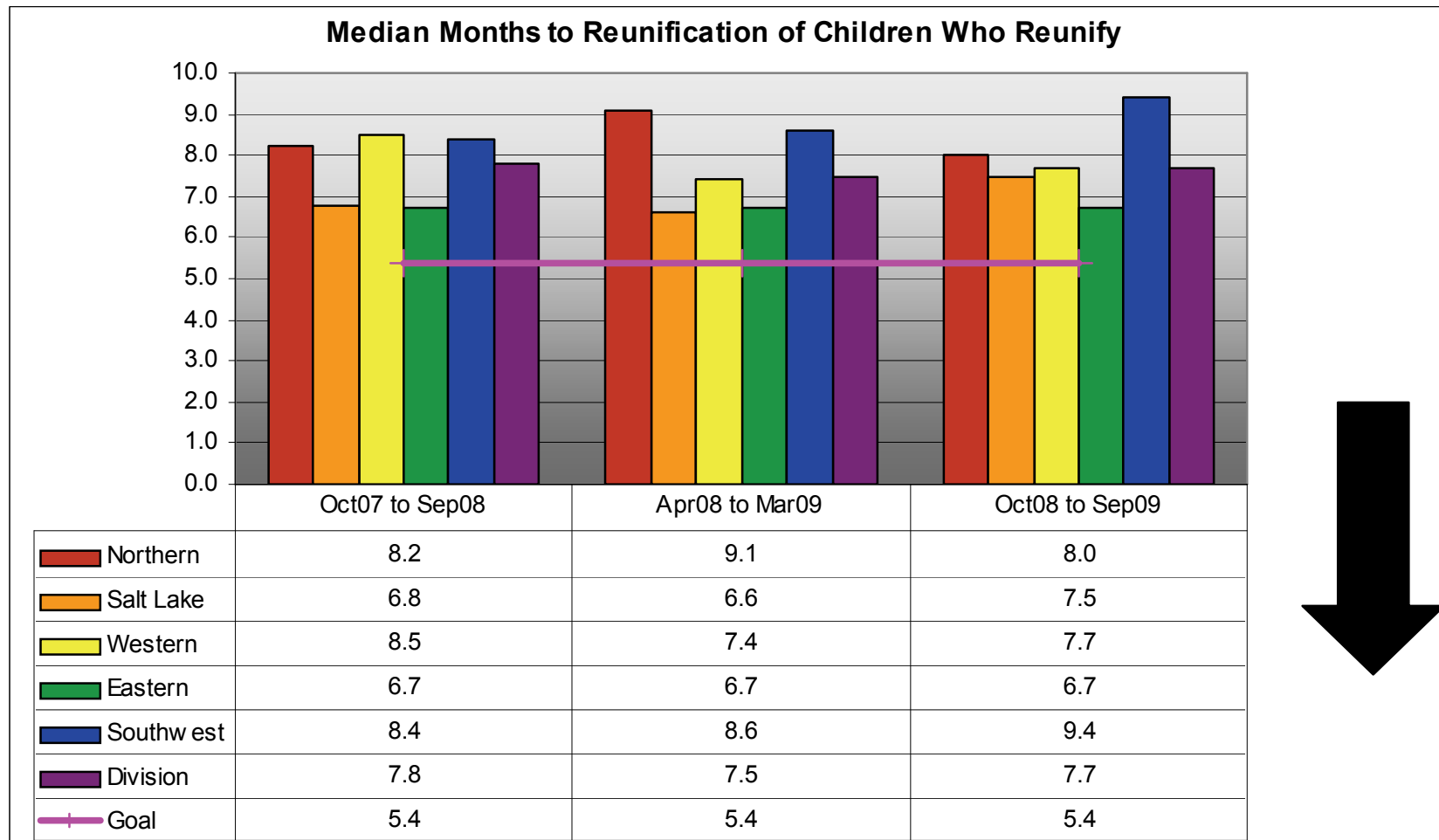
Division Total includes DJJS cases

SPSS program using AFCARS data

# Permanency Composite 1—Timeliness and Permanency of Reunification

## Measure 2—Timeliness of reunification

Measure two is of all children who were discharged from foster care to reunification, and who had been in foster care for 8 days or longer, what was the median length of stay in months from the date of discharge to reunification. The national 75th percentile on this measure is 5.4 months.

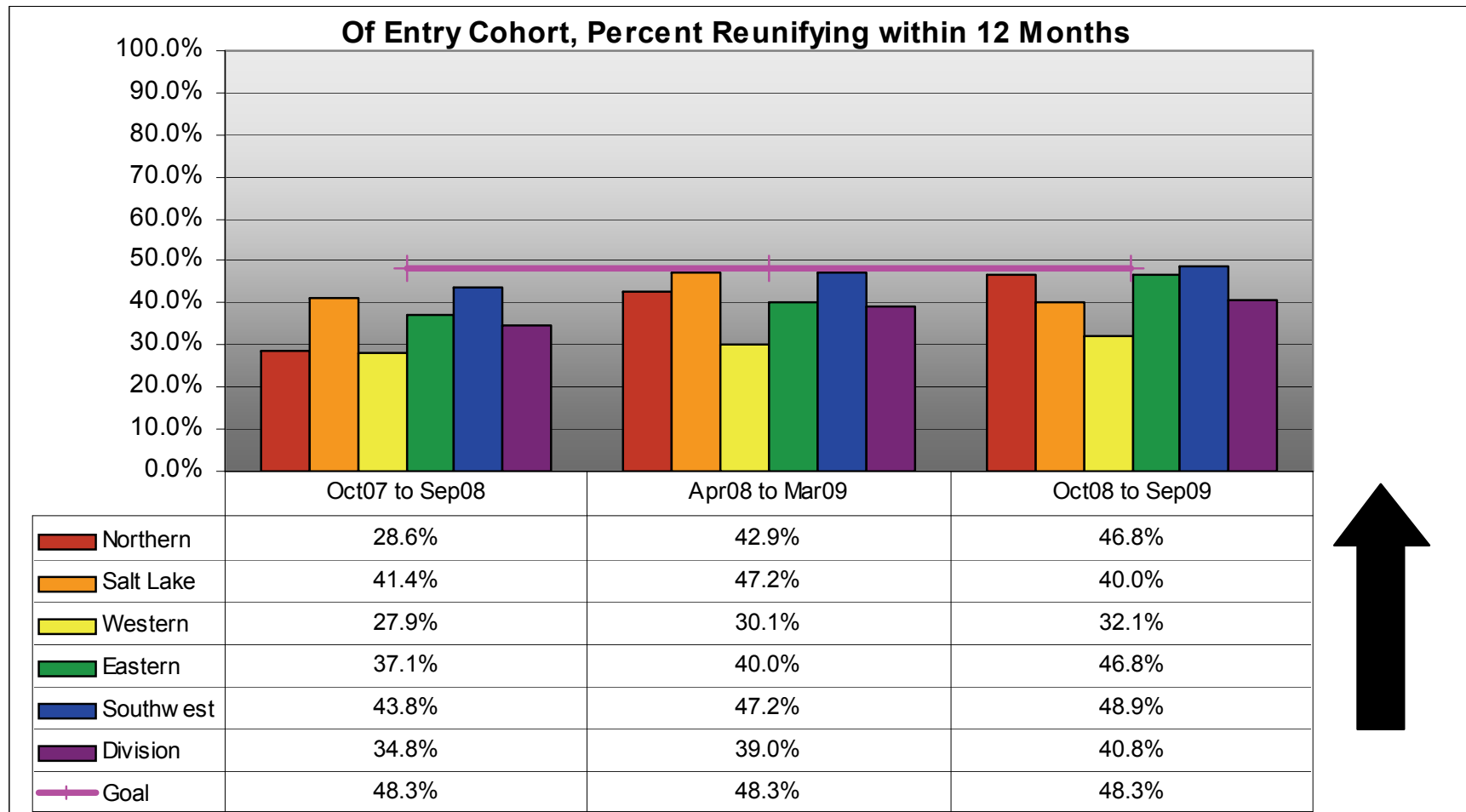


Divi-  
SPSS program using AFCARS data

# Permanency Composite 1—Timeliness and Permanency of Reunification

## Measure 3—Timeliness of reunification

Of all children who entered foster care for the first time in the 6-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home. The national 75th percentile is 48.3%.

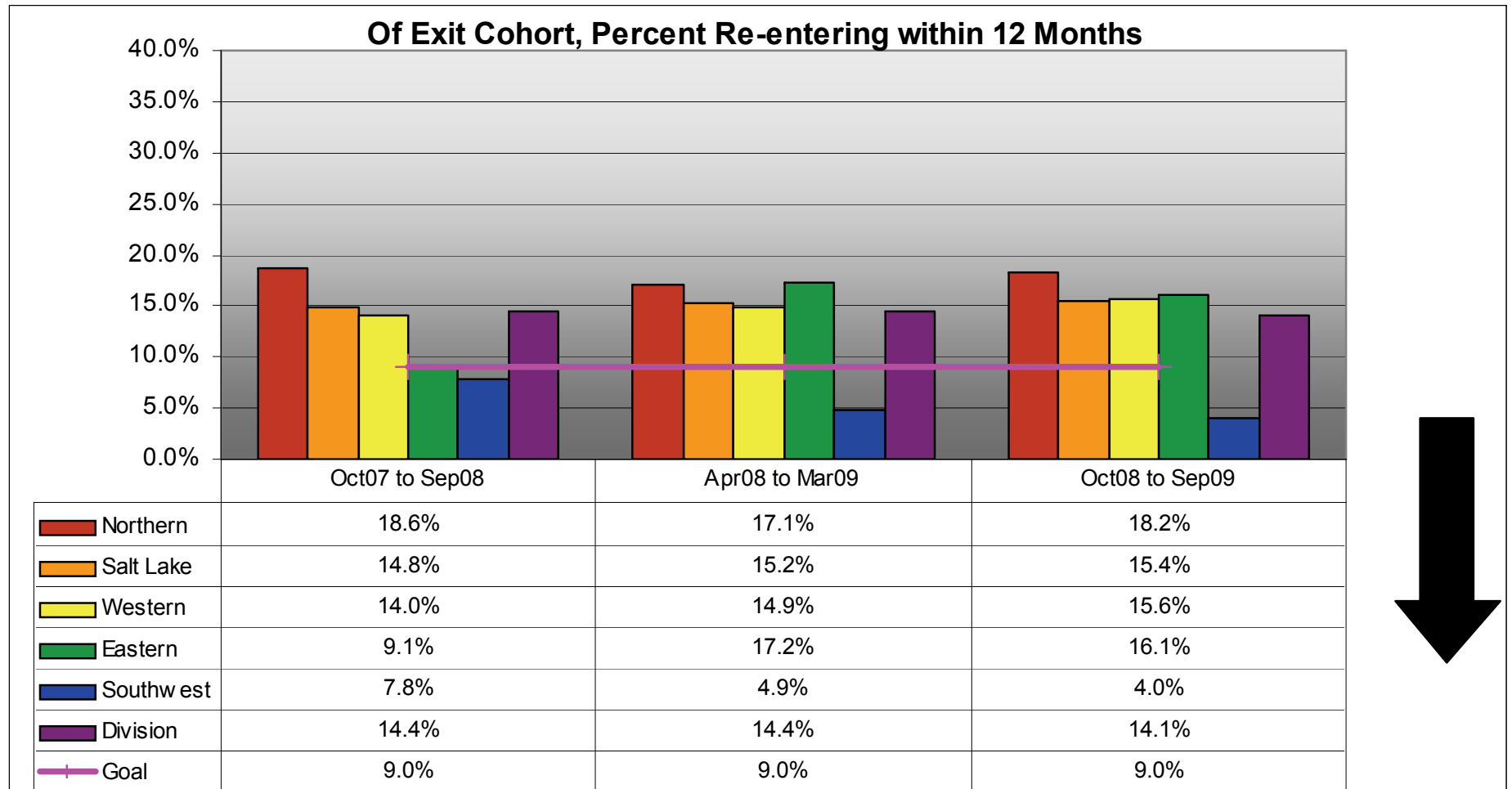


Di-  
SPSS program using AFCARS data

# Permanency Composite 1—Timeliness and Permanency of Reunification

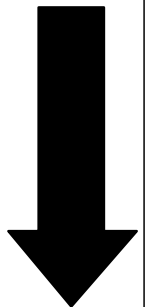
## Measure 4—Permanency of reunification

Of all children who were discharged from foster care to reunification in the 12-month time period, what percent re-entered foster care in less than 12 months from the date of discharge. The national 75th percentile is 9.0%



Division Total includes DJJS cases

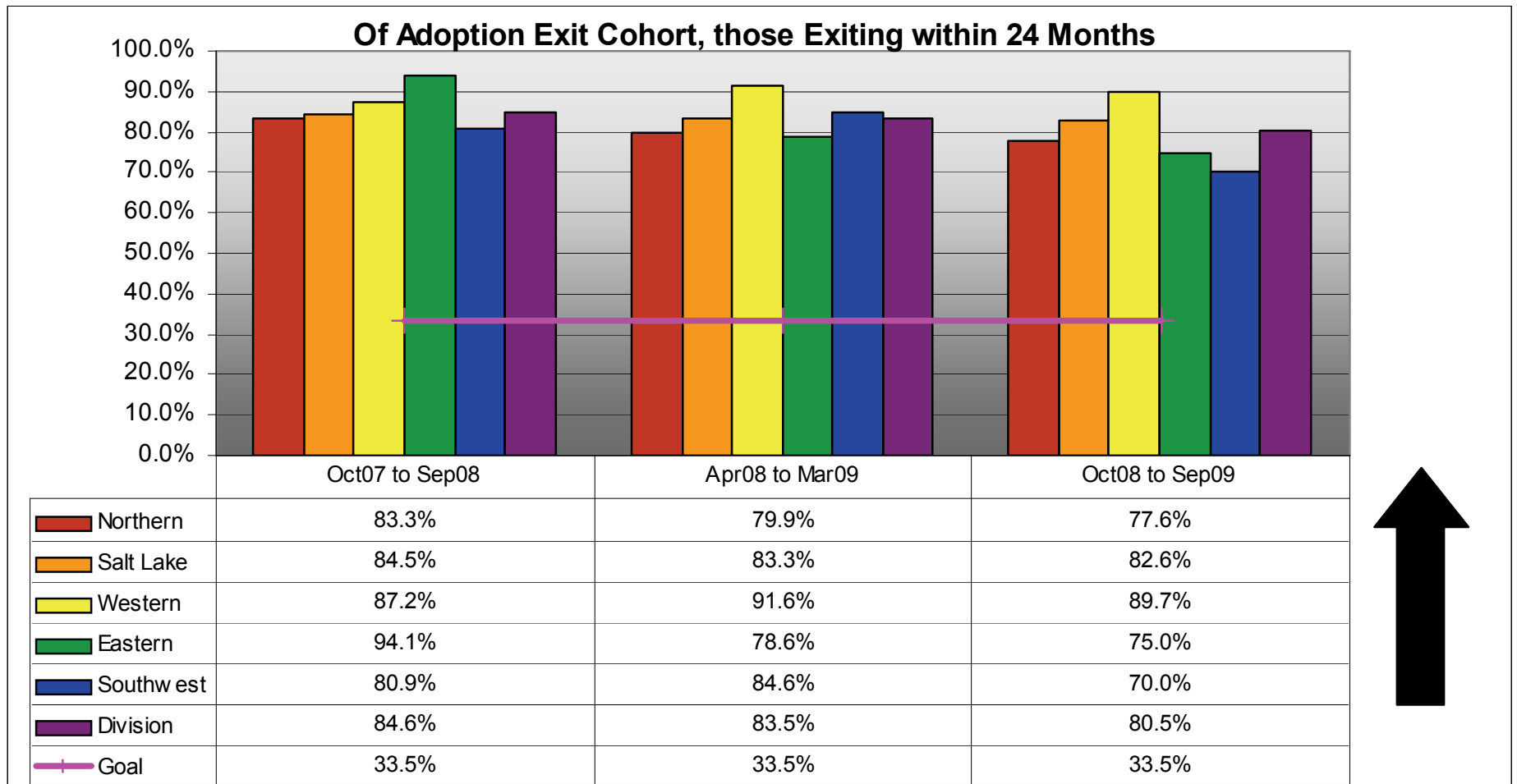
SPSS program using AFCARS data



# Permanency Composite 2—Timeliness of Adoptions

## Measure 1—Timeliness of adoptions of children discharged from foster care.

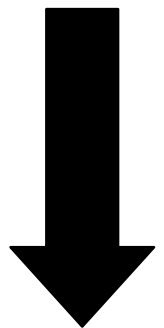
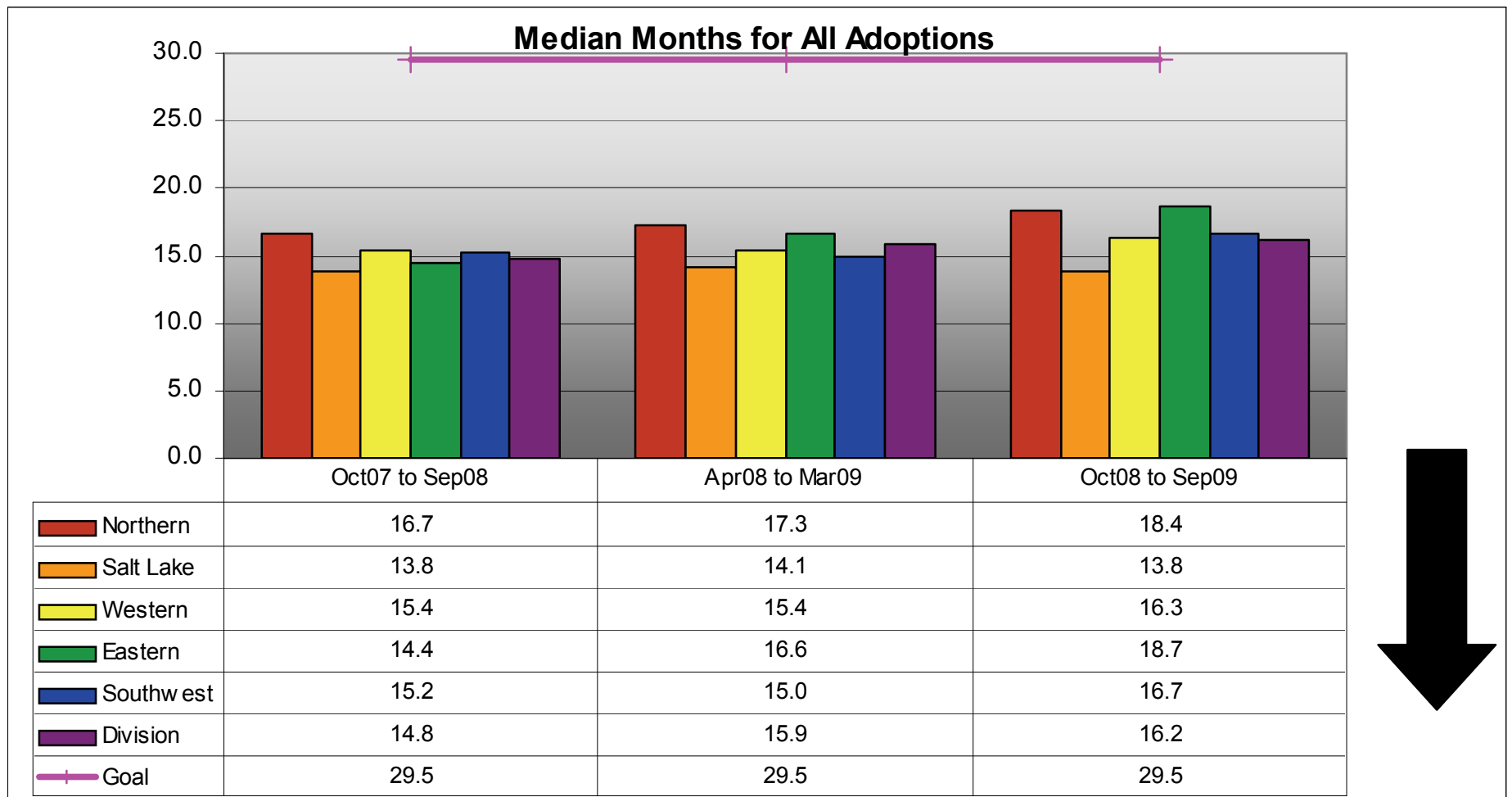
Measure 1 evaluates of all children who were discharged from foster care to a finalized adoption, what percent were discharged in less than 24 months from the date of latest removal from home. The national 75th percentile is 33.5%.



# Permanency Composite 2—Timeliness of Adoptions

## Measure 2—Timeliness of adoptions of children discharged from foster care.

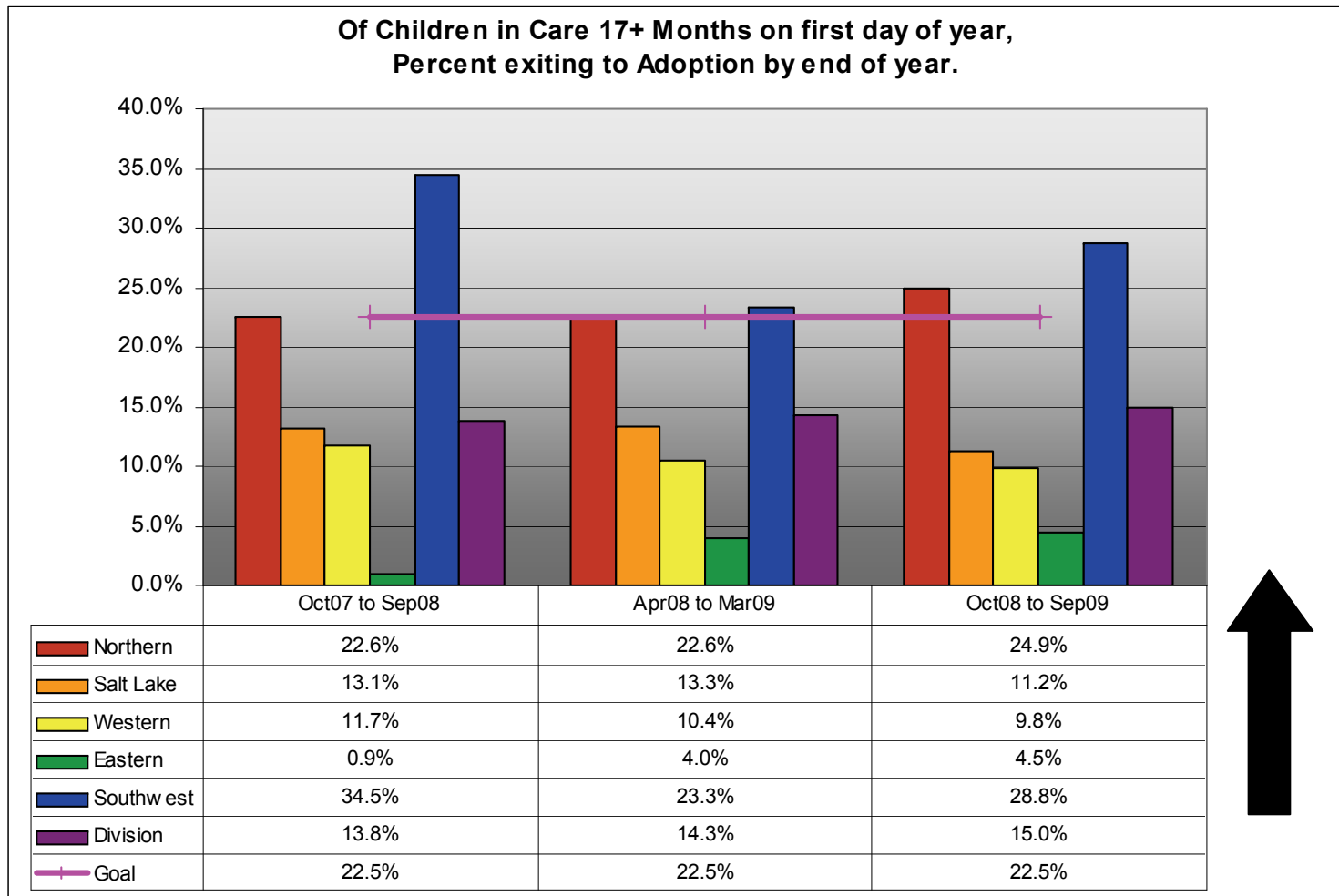
Measure 2 evaluates of all children who were discharged from foster care to a finalized adoption, what was the median length of stay in foster care in months from the date of latest removal from home to the date of discharge to adoption. The national 75th percentile is 29.5 months.



# Permanency Composite 2—Timeliness of Adoptions

## Measure 3—Progress toward adoption for children in foster care.

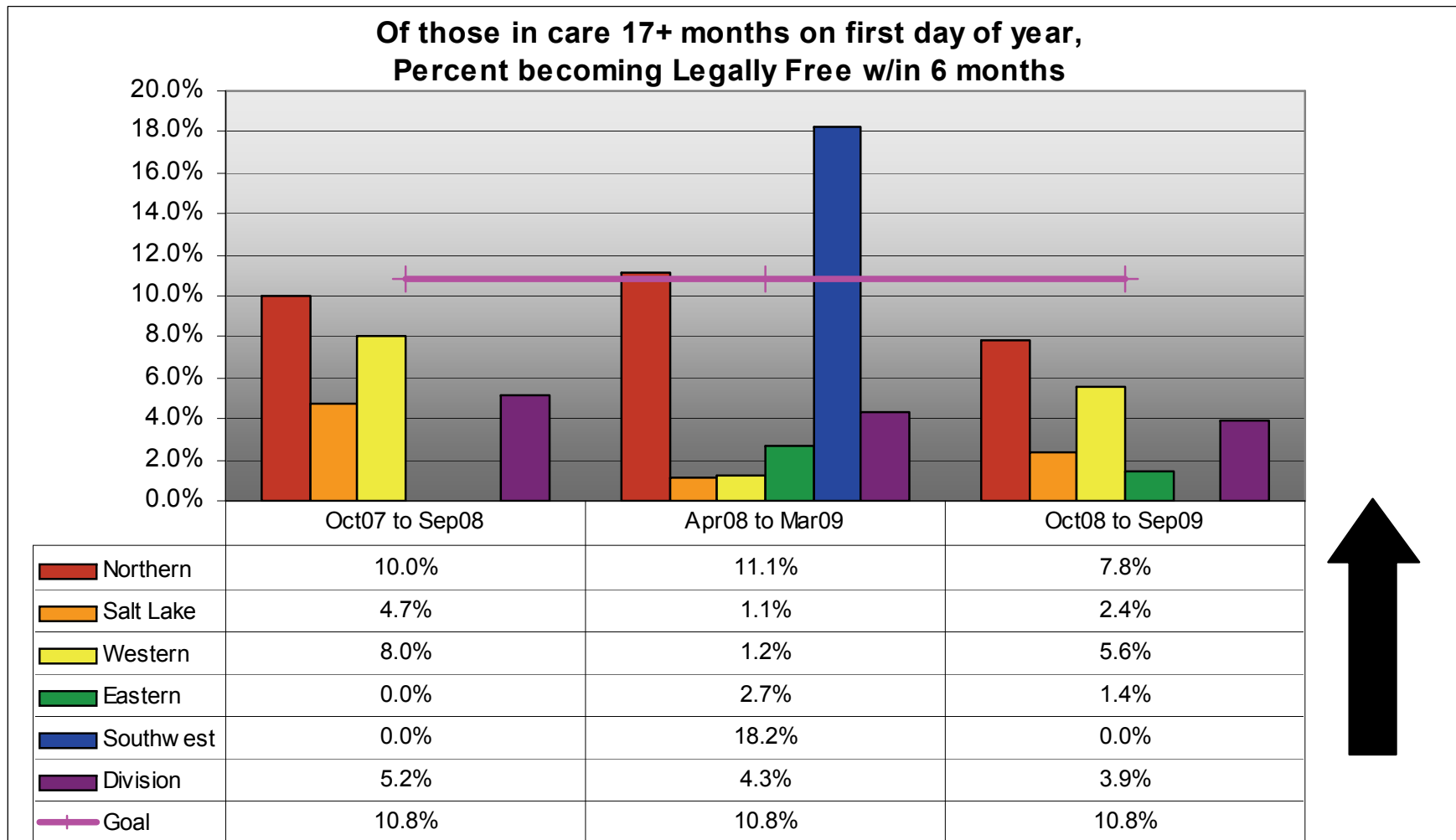
Measure 3 is of all children who were in foster care on the first day of the year, and who were in foster care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption by the last day of the year. The national 75th percentile is 22.5%.



# Permanency Composite 2—Timeliness of Adoptions

## Measure 4—Progress toward adoption for children in foster care.

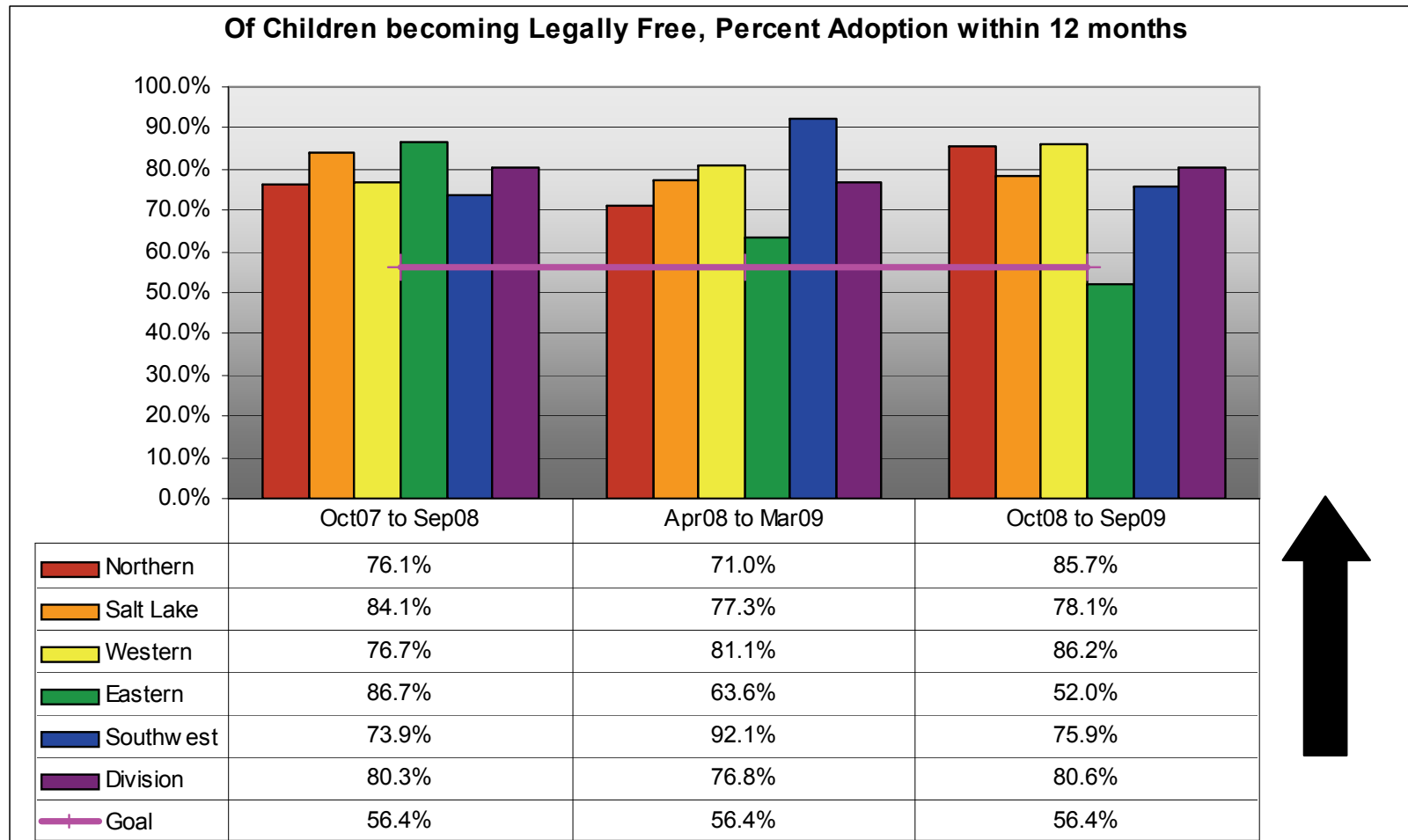
Measure 4 is of all children who were in foster care on the first day of the year for 17 continuous months or longer, and who were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year. The national 75th percentile is 10.8%.



# Permanency Composite 2—Timeliness of Adoptions

## Measure 5—Progress toward adoption of children who are legally free.

Measure 5 is of all children who became legally free for adoption during the year, what percent were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free. The national 75th percentile is 56.4%.

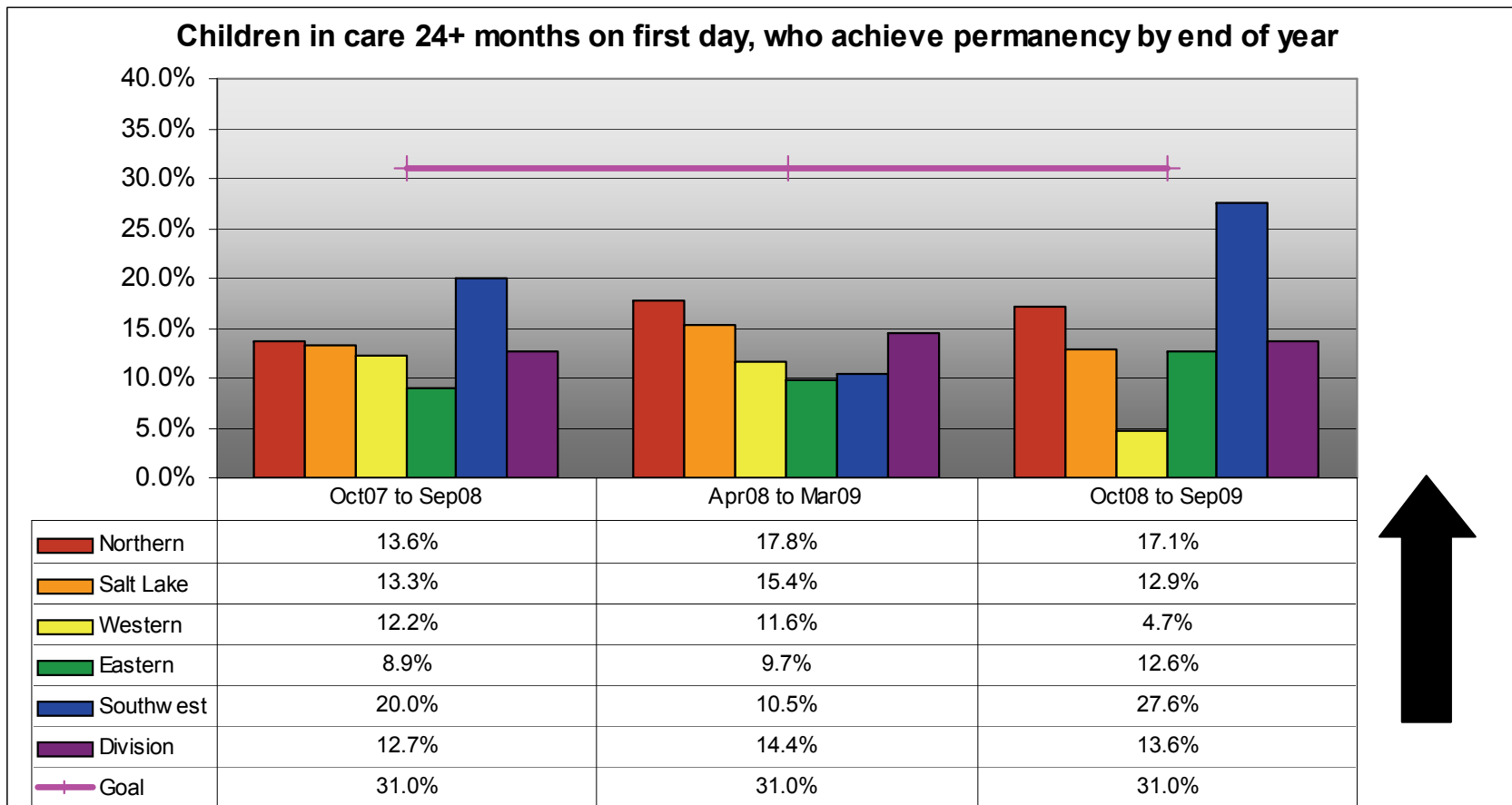


SPSS program using AFCARS data

# Permanency Composite 3—Achieving Permanency for Children in Foster Care for Long Periods of Time

## Measure 1—Permanency for children in foster care for long periods of time.

This measure evaluates of all children who were in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year. A child is considered discharged to a permanent home if the discharge reason is adoption, guardianship, reunification, or live with relative. The national 75th percentile is 31.0%.



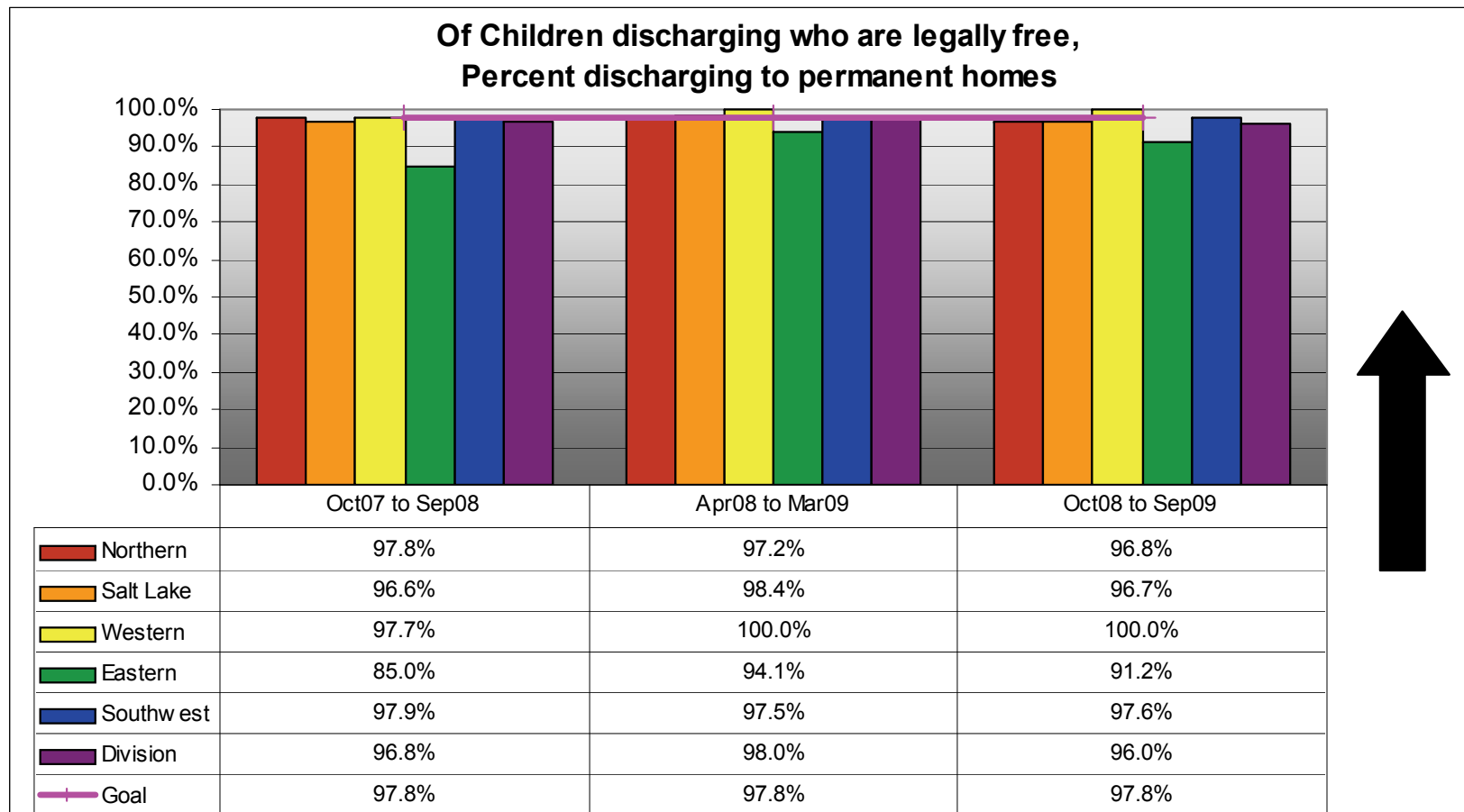
Division Total includes DJJS cases

SPSS program using AFCARS data

# Permanency Composite 3—Achieving Permanency for Children in Foster Care for Long Periods of Time

## Measure 2—Permanency for children in foster care for long periods of time.

This measure evaluates of all children who were discharged from foster care in the year who were legally free for adoption at the time of discharge, what percent were discharged to a permanent home prior to their 18th birthday. A child is considered discharged to a permanent home if the discharge reason is adoption, guardianship, reunification, or live with relative. The national 75th percentile is 97.8%.



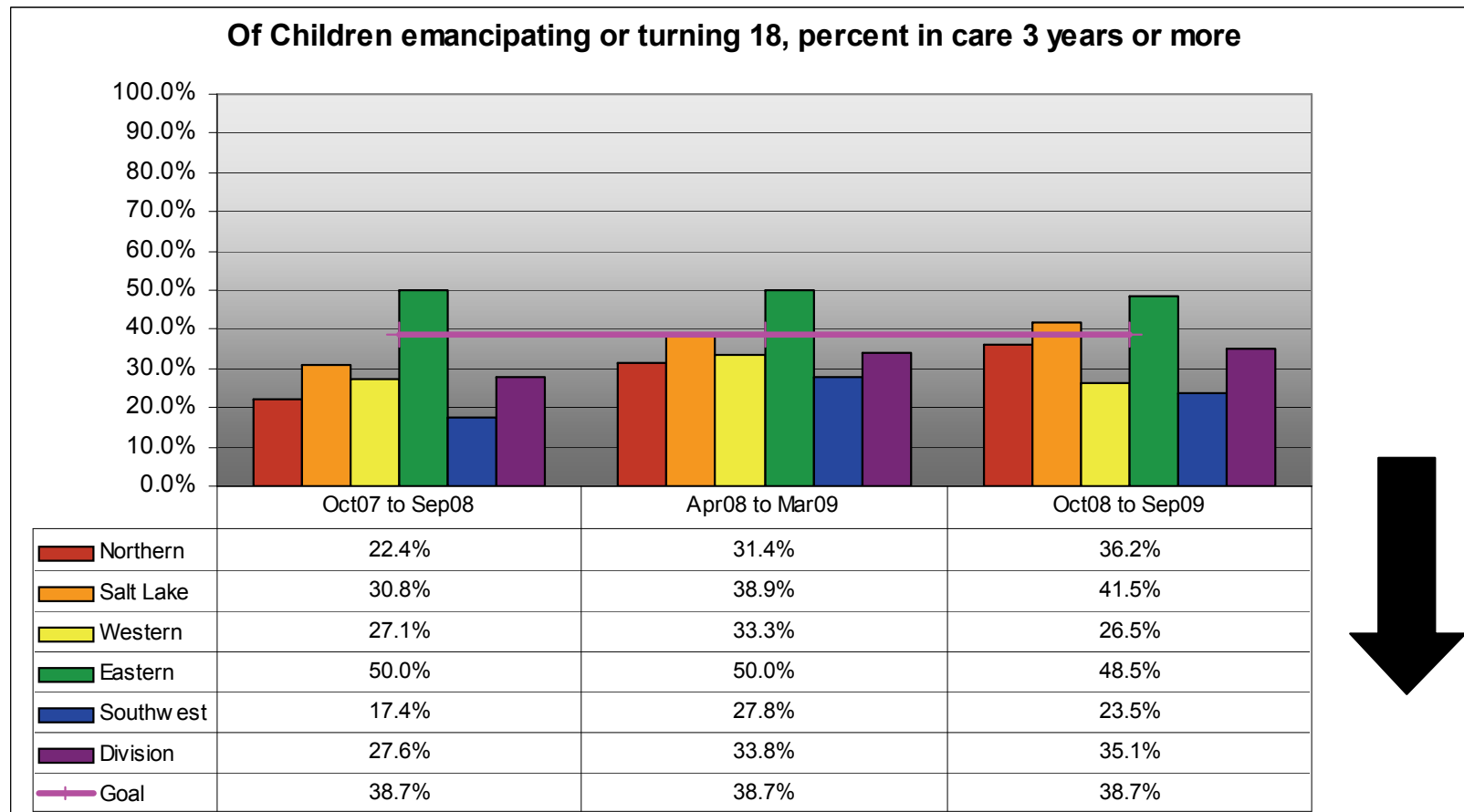
Division Total includes DJJS cases

SPSS program using AFCARS data

# Permanency Composite 3—Achieving Permanency for Children in Foster Care for Long Periods of Time

## Measure 3—Children growing up in foster care.

Of all children who either (1) were discharged from foster care during the year with a discharge reason of emancipation, or (2) reached their 18th birthday during the year while in foster care, what percent were in foster care for 3 years or longer. The national 75th percentile is 38.7%.



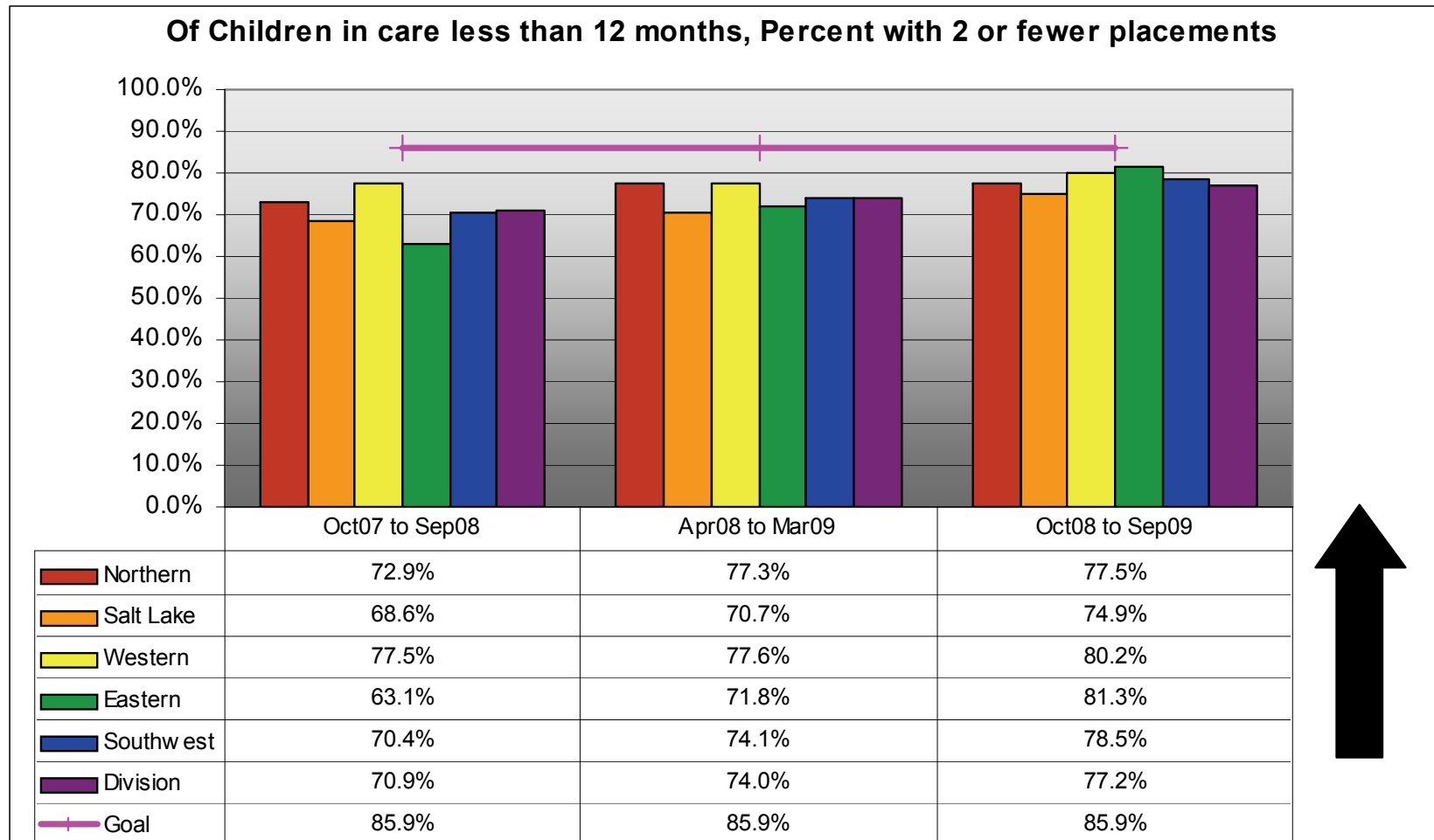
Division Total includes DJJS cases

SPSS program using AFCARS data

# Permanency Composite 4—Placement Stability

## Measure 1—Placement Stability.

This measure evaluates of all children who were served in foster care during the year, and who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings. The national 75th percentile is 85.9%.

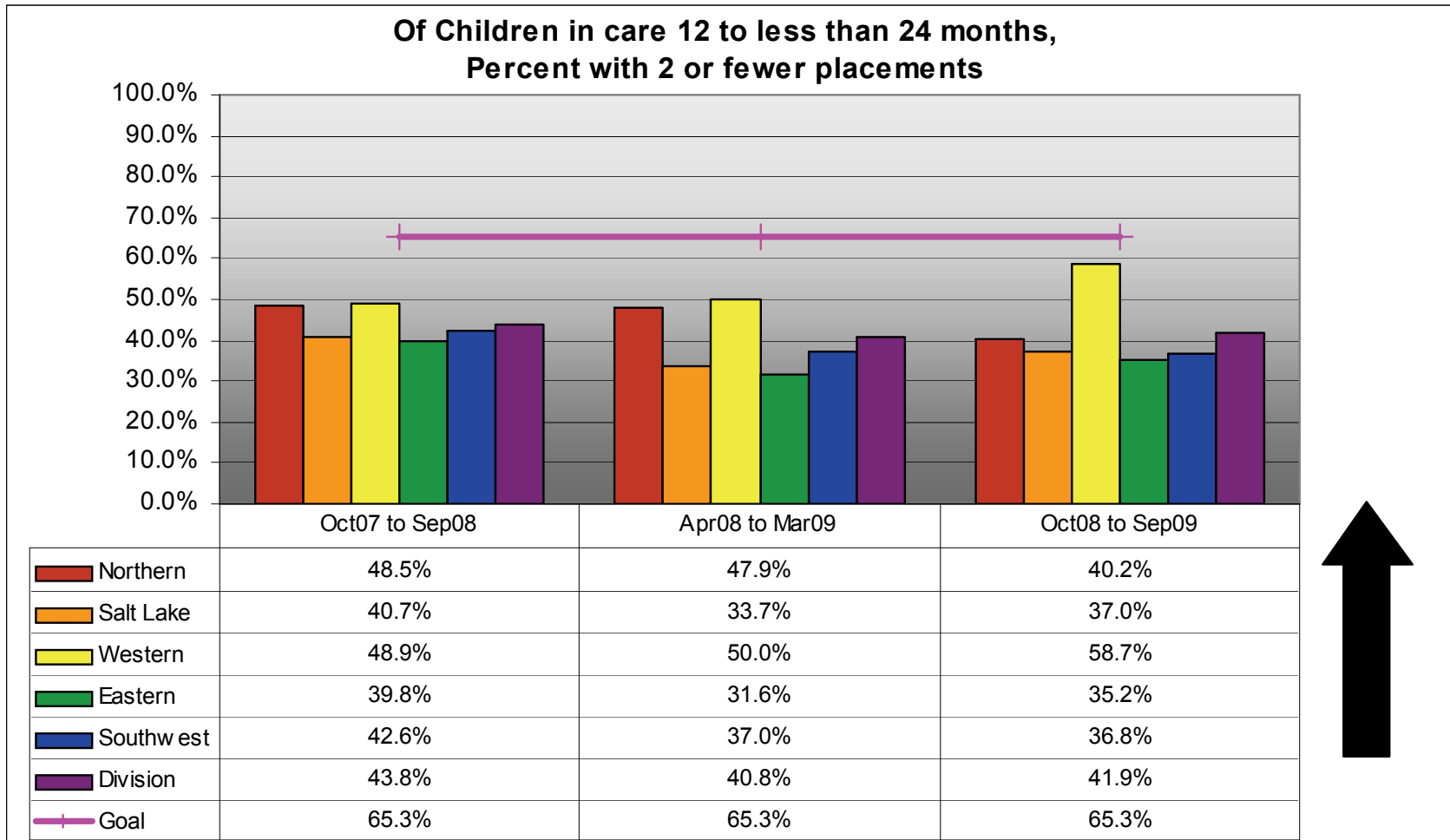


Divi-  
SPSS program using AFCARS data

# Permanency Composite 4—Placement Stability

## Measure 2—Placement Stability.

This measure evaluates of all children who were served in foster care during the year, and who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings. The national 75th percentile is 65.3%.



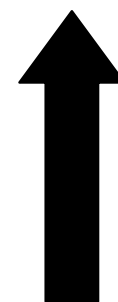
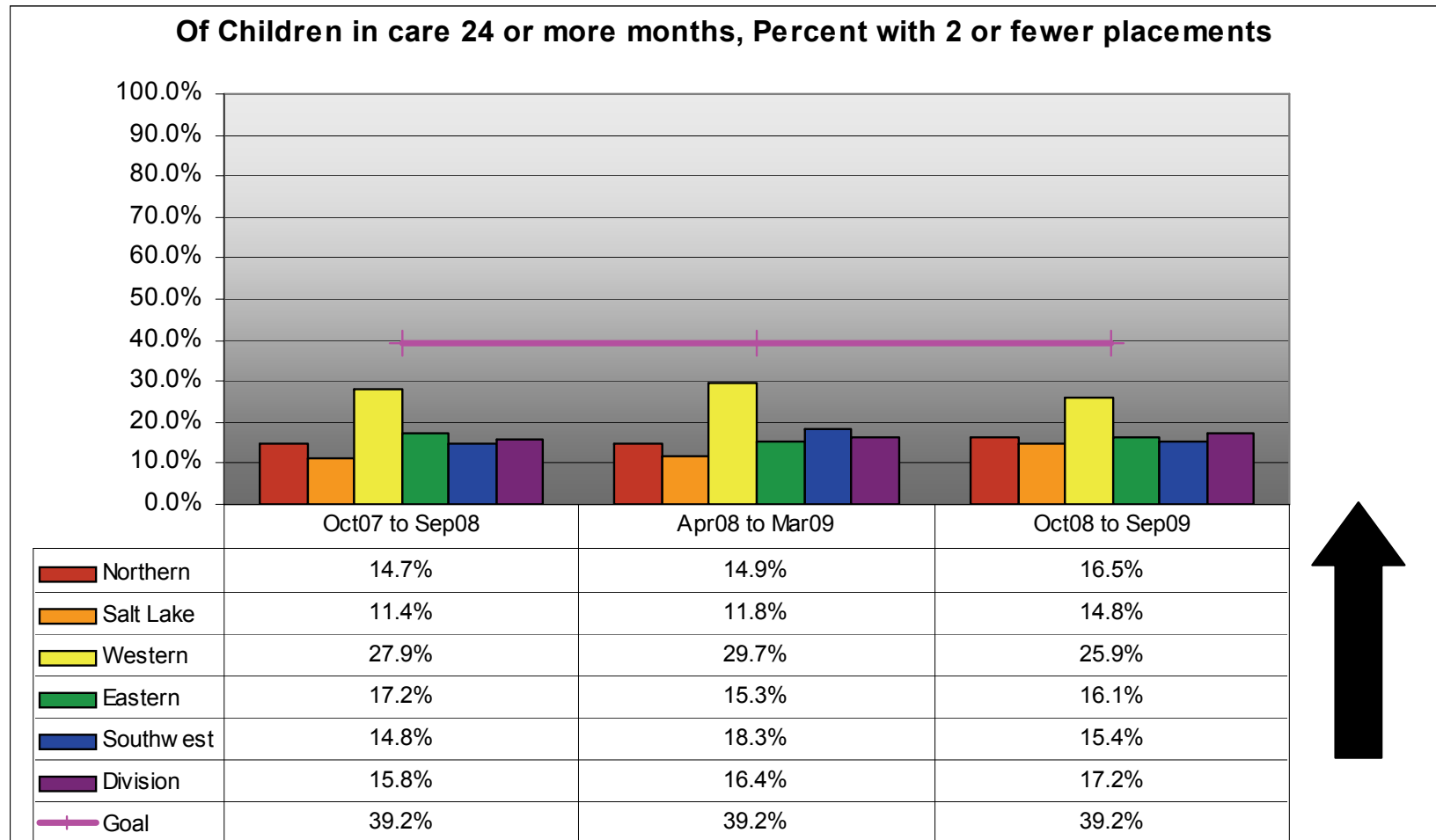
Division Total includes DJJS cases

SPSS program using AFCARS data

# Permanency Composite 4—Placement Stability

## Measure 3—Placement Stability.

This measure evaluates of all children who were served in foster care during the year, and who were in foster care for at least 24 months, what percent had two or fewer placement settings. The national 75th percentile is 39.2%.



Division Total includes DJJS cases

SPSS program using AFCARS data