

APPENDIX II
Monitoring Report #6—March 2009

Children's Administration Case Review Reports (2008)

- **Health and education plans**
- **Quality of DLR/ CPS investigations**



Central Case Review

Children's Administration

Braam Benchmark Compliance Report

Health and Education Plans January to December 2008

I. Background and Purpose

In September 2007, the Braam Oversight Panel accepted a proposal submitted by Children's Administration (CA) to utilize the CA quality assurance team, the Central Case Review Team, to measure compliance with two Braam Benchmarks relating to Mental Health Goal 2, Outcome 1.

Benchmark B.2.1.1

- ❖ Children in out-of-home care will have health and education plans (developed based on the findings from all physical health, developmental, educational, mental health and substance abuse health screenings and assessments) in their ISSP within 60 days of placement. (REV. 07/2008)

Benchmark B.2.1.2

- ❖ Children in out-of-home care will have health and education plans in their ISSP updated every 6 months. (REV. 07/2008)

The case review questions and decision rules for these benchmarks were developed in small group discussions that included collaboration with representatives from the Braam Panel, Braam plaintiff's attorneys, and CA. Consultation was provided by Lucy Berliner, Director of the Harborview Center for Sexual Assault and Traumatic Stress. The case review questions and decision rules were approved by the Braam Panel in November 2007.

II. Review Process

In January 2008, the newly developed case review questions were added to the existing CA case review process. An independent contractor, Lucy Berliner, provided quality assurance on 25 cases during two separate office reviews that occurred in the Tacoma and Bellevue offices. The office locations were selected within proximity of the contractor due to travel considerations.

The complete case record was reviewed to determine the Benchmark compliance. For compliance with Benchmark B.2.1.1, the initial ISSP identified the child's emergent and/or specialized needs. For compliance with Benchmark B.2.1.2, the updated ISSP identified the child's emergent and/or specialized needs as well as routine health and education needs. For both benchmarks, there was some flexibility as to the location in the case record of the plan for services to address the child's needs. The implementation of services to address the child's needs was located in the ISSP, a Shared Planning Meeting Form, case notes, or in other case file documentation.

III. Sample

The Central Case Review Team has a schedule of ongoing office reviews ensuring that each office is reviewed every 12 to 15 months. A random sample of cases from all program areas, which were open during the six months prior to the review quarter, is selected by CAMIS.

Cases reviewed were applicable for Benchmark B 2.1.1 when the child's Original Placement Date (OPD) occurred during the last 12 months.

Cases were applicable for Benchmark B 2.1.2 when the child was in care six months or longer. The most recent ISSP was reviewed for this benchmark

The sample for both benchmarks included cases from the 32 CA offices that were reviewed between January and December 2008.

IV. Benchmark Results

A. Benchmark B 2.1.1

Table 1

Benchmark B 2.1.1	Children in out-of-home care will have health and education plans (developed based on the findings from all physical health, developmental, educational, mental health and substance abuse health screenings and assessments) in their ISSP within 60 days of placement. (REV. 07/2008)						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
% Compliance	75%	77%	71%	100%	78%	41%	78%
Total Applicable Cases	128	39	7	15	18	17	32

The following question was developed to measure compliance with this benchmark:

Did the health and education plan in the initial ISSP address the emergent and specialized needs of the child identified in screenings and assessments?

B. Benchmark B 2.1.2

Table 2

Benchmark B 2.1.2	Children in out-of-home care will have health and education plans in their ISSP updated every 6 months. (REV. 07/2008)						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
% Compliance	53%	45%	41%	55%	70%	52%	47%
Total Applicable Cases	235	58	17	20	60	29	51

The following question was developed to measure compliance with this benchmark:

Did the health and education plan in the most recent ISSP address new and ongoing needs of the child identified in screenings and assessments?

V. Additional Case Review Questions

Revisions were made to Benchmark B 2.1.2 during July 2008. The original Benchmark was as follows:

Original Benchmark B.2.1.2

- ❖ CA will update health and education plans every six months. These plans will be discussed/shared with caregivers, birth parents, tribal representatives, except when this would be in conflict with existing state law. This exception will be noted in the child's ISSP. (02/2006)

The following five questions were originally developed to address whether the health and education plan in the most recent ISSP was discussed or shared with the various parties. When there was an updated health and education plan in the most recent ISSP, each of the following questions was applicable.

Question 1	Was the health and education plan for the child discussed or shared with the child's current caregiver(s)?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	58%	73%	57%	64%	61%	38%	50%
Total Applicable Cases	125	26	7	11	41	16	24

Question 2	Was the health and education plan discussed or shared with the birth parents?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	51%	71%	80%	60%	55%	7%	44%
Total Applicable Cases	93	21	5	10	20	14	23

Question 3	Was the health and education plan discussed or shared with Tribal representatives?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	47%	50%	50%	-	50%	0%	67%
Total Applicable Cases	15	2	2	-	6	2	3

Question 4	Was the health and education plan in the last ISSP discussed or shared with the child if the child was age 12 or older?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	54%	33%	100%	-	69%	0%	20%
Total Applicable Cases	26	3	3	-	13	2	5

Question 5	Was the health and education plan in the last ISSP discussed or shared with the child's legal representative, such as GAL/CASA or attorney?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	28%	27%	33%	46%	24%	14%	32%
Total Applicable Cases	116	26	6	11	34	14	25

VI. Case Review Questions and Decision Rules

A. Benchmark B 2.1.1

1. Did the health and education plan in the initial ISSP address the emergent and specialized needs of the child identified in screenings and assessments? (Braam)

Answer this question when the child's Original Placement Date (OPD) occurred during the last 12 months.

To locate the health and education plan review the following sections in the initial ISSP:

- 1. Recommended Services for next 6 months-Child section*
- 2. Social Summary of Child section.*

There is some flexibility as to the location of the health and education plan. The initial ISSP should identify the child's emergent and/or specialized need. However, the plan for implementation of services to address the needs may be located in the Shared Planning Meeting form, Passport, service episode records (SERs), provider records, or in other case file documentation.

Screenings and assessments include those conducted by health, education, mental health, child development professionals, and/or a formalized process or tool such as CHET. An EPSDT or well child check is a health assessment.

Specialized and/or emergent health and education needs are those beyond routine care.

Fully Achieved:

Screenings and assessments for the child occurred and the health and education plan in the initial ISSP identified and addressed all emergent and/or specialized needs resulting from assessments: The plan, included, when applicable:

- Specific medical needs and a treatment plan
- Mental health needs and a treatment plan
- Substance Abuse needs and a treatment plan
- Developmental needs and a treatment plan
- Urgent or special education needs and an education plan, **or**

The initial ISSP identified all emergent and specialized needs of the child resulting from assessments and there was documentation in the case record of a plan for services or implementation of services to address all emergent and specialized needs, **or**

The initial ISSP identified all emergent and specialized needs of the child resulting from assessments and there was documentation that a Shared Planning Meeting occurred within 60 days and a plan was developed to address all emergent and specialized needs, **or**

Screening and assessments occurred and no emergent or specialized needs were identified and the initial ISSP indicated that the child had no identified emergent or specialized needs (routine health and education needs only).

Partially Achieved:

None

Not Achieved:

Screenings and assessments for the child occurred but the health and education plan in the initial ISSP did not identify all emergent and/or specialized needs resulting from screenings and assessments, **or**

The health and education plan in the initial ISSP identified all emergent and/or specialized needs resulting from assessments, but none of the following was located:

- A plan in the ISSP to address all specialized needs,
- Documentation in the case record of a plan for services or that services had been implemented to address all specialized needs,
- A health and education plan developed at a Shared Planning Meeting that addressed all specialized needs,

The initial ISSP identified all emergent and specialized needs resulting from assessments, but the plan addressed some of those needs, but not all, *or*

The child had been in care over 60 days and there was no initial ISSP for the child, *or*

Screening and assessments occurred and the child had no emergent and specialized needs, however, the ISSP did not indicate the child had no special needs.

NA:

Screening and assessments for the child did not occur, *or*

The child's OPD did not occur during the last twelve months, *or*

The child had been in care less than 60 days and the initial ISSP was not due, *or*

The child was home at the time the initial ISSP was written.

Factors to consider when determining if the initial health and education plan addressed all emergent and specialized needs of the child:

- *Did the results from the CHET identify health or education concerns beyond routine care?*
- *Did the child's well child exam identify concerns or recommendations?*
- *Was there information gathered from medical appointments or evaluations that indicated specialized or emergent medical, developmental, mental health, substance abuse or educational concerns?*
- *Were there school records/assessments that indicated specialized educational concerns beyond school attendance at grade level?*
- *Was there a plan for services, treatment or further evaluation if the child had a specialized medical or educational need?*

B. Benchmark B 2.1.2

1. Did the health and education plan in the most recent ISSP address new and ongoing needs of the child identified in screenings and assessments? (Braam)

Answer this question when the child was in care six months or more. Review the most recent ISSP. Skip this question if there is only the initial ISSP and an updated ISSP was not due.

To locate the health and education plan review the following sections in the most recent ISSP:

- a. Recommended Services for next 6 months-Child section
- b. Social Summary of Child section.

There is some flexibility as to the location of the health and education plan. The updated ISSP should identify the child's emergent and/or specialized needs and routine health and education needs. However, the plan or implementation of services to address the needs may be located in the Shared Planning Meeting Form, Passport, SERs, provider records, or in other case file documentation.

Screenings and assessments include those conducted by health, education, mental health, child development professionals and/or a formalized process or tool such as CHET. An EPSDT or well child check is a health assessment. Screenings/assessments include new screenings/assessment since the last ISSP and results from previous screening/assessment that identified ongoing needs.

Ongoing needs include routine health care and education and previously identified special needs. If the child had no special needs identified in screenings and assessments, a plan for routine health care and schooling must be included in the most recent ISSP or case file documentation.

A plan to address dental needs for children three and older should be located somewhere in the case record, but may not be included in the ISSP

Fully Achieved:

Screenings and assessments for the child occurred and the health and education plan in the most recent ISSP identified and addressed new and ongoing needs of the child resulting from assessments. The plan included routine health care and schooling and when applicable:

- Specialized medical needs and treatment plan
- Mental health needs and treatment plan
- Substance Abuse needs and treatment plan
- Developmental needs and treatment plan
- Special education needs and education plan, *or*

Screenings and assessments for the child have occurred and the most recent ISSP identified the new and ongoing needs of the child resulting from assessments and there was documentation in the case record of a plan for services or implementation of services to address all identified needs, *or*

Screenings and assessments for the child have occurred and the most recent ISSP identified the new and ongoing needs of the child resulting from assessments and there was documentation that a Shared Planning Meeting occurred within the last six months and a plan for services to address all new and ongoing needs was developed.

Partially Achieved:

None

Not Achieved:

The child had no special needs identified in assessments, but the most recent ISSP did not address a plan for routine health care and schooling and there was no documentation in the case file of a plan for routine health care and/or school status, *or*

The most recent ISSP did not identify all the new and ongoing needs of the child resulting from new and previous assessments and screenings, *or*

The most recent ISSP identified all the new and ongoing needs of the child resulting from assessments, but none of following was located:

- A plan in the ISSP to address all identified needs
- Documentation in the case record of a plan for services or that services were implemented to address all identified needs
- A health and education plan developed at a Shared Planning Meeting that addressed all identified needs, *or*

More than six months have elapsed since the date of the initial or last ISSP.

NA:

The child had been in care less than six months from the date of the initial ISSP, *or*

The child was home at the time the most recent ISSP was written.

Factors to consider when determining if the health and education plan in the most recent ISSP was updated:

- *Have there been any identified specific or urgent changes in the child's health based on new screenings or assessments?*
- *If the child had no special health needs, did the child receive routine health care or was there a plan to see the doctor for a well child visit? Recommended doctor visits are at the following ages: 2 months, 4 months, 6months, 12months, 18 months and yearly thereafter.*
- *If the child had no special dental needs, did the child receive routine dental care or was there a plan to see a dentist if age three or over?*
- *Did a previous assessment identify health, education, developmental, mental health or substance abuse concerns?*
- *Did the necessary follow-up to previously identified concerns occur?*
- *Is the child attending school?*
- *Was there an education assessment indicating educational needs?*
- *Did the necessary follow-up to needs identified in an educational assessment occur?*

C. Additional Case Review Questions

1. Was the most recent health and education plan for the child discussed or shared with the child's current caregiver(s)? *(Braam)*

(Current caregiver includes the caregiver with whom the child was residing at the time the most recent health and education plan was developed).

To determine if the health and education plan was shared with the caregiver, review the following:

- *The last page of the ISSP (confidentiality notice) was completed and signed by the social worker indicating that the ISSP was mailed to the caregiver.*
- *There was a certified mail return receipt (green card) in the file that indicated to whom the ISSP was mailed.*
- *There was a cover letter or other documentation in the case record that indicated to whom the child's ISSP was mailed.*
- *There was an SER from the Shared Planning Meeting and/or a Shared Planning Meeting Form indicating who was present and that the child's health and education plan was discussed.*

There was an SER indicating that the child's health and education plan was discussed with respective parties by phone or in person.

Fully Achieved:

The health and education plan for the child was discussed or shared with the caregiver in one the following ways:

- Most recent health and education plan (or ISSP containing the health and education plan) was mailed to the caregiver
- Health and education plan was discussed/shared at Shared Planning Meeting within the last six months
- Health and education plan was discussed/shared on the phone, by e-mail, or in person at with the caregiver in the last six months.

Partially Achieved:

None

Not Achieved:

The health and education plan was not discussed or shared with the caregiver.

NA:

The child was not in care for more than six months *or*
There was no current health and education plan.

2. Was the health and education plan discussed or shared with the birth parents? *(Braam)*

To determine if the health and education plan was shared with the birth parents review the following:

- *The last page of the ISSP (confidentiality notice) was completed and signed by the social worker indicating that the ISSP was mailed to the caregiver.*
- *There was a certified mail return receipt (green card) in the file that indicated to whom the ISSP was mailed.*
- *There was a cover letter or other documentation in the case record that indicated to whom the child's ISSP was mailed.*
- *There was an SER from the Shared Planning Meeting and/or a Shared Planning Meeting Form indicating who was present and that the child's health and education plan was discussed.*

There was an SER indicating that the child's health and education plan was discussed with respective parties by phone or in person.

Fully Achieved:

The health and education plan for the child was discussed or shared with the birth parents in one the following ways:

- Most recent ISSP health and education plan (or most recent ISSP containing the health and education plan) was mailed to the birth parents
- Health and education plan was discussed/shared at Shared Planning Meeting within the last six months
- Health and education plan was discussed/shared on the phone, by email, or in person with the birth parents within the last six months.

Partially Achieved:

None

Not Achieved:

The health and education plan was not discussed or shared with the birth parents, *or*
There was no current health and education plan.

NA:

The birth parents' whereabouts are unknown, *or*
At the time, the updated health and Ed. plan was developed, parental rights were terminated, *or*
The child is in a legal guardianship, *or*
The child was not in care for more than six months, *or*
There was no current health and education plan.

3. Was the health and education plan discussed or shared with Tribal representatives? (Braam)

(Answer this question if the child is a member or eligible for membership of a Tribe, or the Tribe determined the child is a descendent and indicated their plan for involvement in case planning).

To determine if the health and education plan was shared with the Tribe, review the following:

- *The last page of the ISSP (confidentiality notice) was completed and signed by the social worker indicating that the ISSP was mailed to the caregiver.*
- *There was a certified mail return receipt (green card) in the file that indicated to whom the ISSP was mailed.*
- *There was a cover letter or other documentation in the case record that indicated to whom the child's ISSP was mailed.*
- *There was an SER from the Shared Planning Meeting and/or a Shared Planning Meeting Form indicating who was present and that the child's health and education plan was discussed.*

There was an SER indicating that the child's health and education plan was discussed with respective parties by phone or in person.

Fully Achieved:

The health and education plan for the child with Tribal representatives in one the following ways:

- The health and education plan (or most recent ISSP containing the health and education plan) was mailed the Tribe
- Tribal representative attended a Shared Planning Meeting within the last six months and the health and education plan was discussed/shared.
- Health and education plan was discussed/shared on the phone, by email, or in person with the Tribal representative.

Partially Achieved:

None

Not Achieved:

The health and education plan was not discussed or shared with the Tribal representative.

NA: The child is not a member or eligible for membership with a Tribe, *or*
The Tribe has not determined the child is a descendent or indicated their plan for involvement in case planning, *or*
The child was not in care for more than six months, *or*
There was no current health and education plan.

4. Was the health and education plan in the last ISSP discussed or shared with the child if the child was age 12 or older? (Braam)

(Answer this question if the child was 12 years of age or older at the time of the development of the health and education plan).

To determine if the health and education plan was shared with the child age 12 or over, review the following:

- *The last page of the ISSP (confidentiality notice) was completed and signed by the social worker indicating that the ISSP was mailed to the caregiver.*
- *There was a certified mail return receipt (green card) in the file that indicated to whom the ISSP was mailed.*
- *There was a cover letter or other documentation in the case record that indicated to whom the child's ISSP was mailed.*
- *There was an SER from the Shared Planning Meeting and/or a Shared Planning Meeting Form indicating who was present and that the child's health and education plan was discussed.*

There was an SER indicating that the child's health and education plan was discussed with respective parties by phone or in person.

Fully Achieved: The health and education plan for the child was discussed or shared with the child who was 12 years of age or older at the time of the review, in one the following ways:

- ISSP(containing the health and education plan) was mailed to the child
- The child attended a Shared Planning Meeting and the health and education plan was discussed or shared.
- Health and education plan was discussed or shared on the phone or in person with the child.

Partially Achieved: None

Not Achieved: The health and education plan was not discussed or shared with the child.

NA: The child was not 12 years or older at the time of the review or at the time the health and education plan was developed, *or*,
The child was not in care for more than six months, *or*
There was no current health and education plan.

5. Was the health and education plan in the last ISSP discussed or shared with the child’s legal representative, such as GAL/CASA or attorney? (Braam)

(Answer this question if the child has a Guardian ad Litem (GAL), Court Appointed Special Advocate (CASA) or appointed attorney).

To determine if the health and education plan was shared with the child’s legal representative, review the following:

- *The last page of the ISSP (confidentiality notice) was completed and signed by the social worker indicating that the ISSP was mailed to the caregiver.*
- *There was a certified mail return receipt (green card) in the file that indicated to whom the ISSP was mailed.*
- *There was a cover letter or other documentation in the case record that indicated to whom the child’s ISSP was mailed.*
- *There was an SER from the Shared Planning Meeting and/or a Shared Planning Meeting Form indicating who was present and that the child’s health and education plan was discussed.*

There was an SER indicating that the child’s health and education plan was discussed with respective parties by phone or in person.

Fully Achieved:

The health and education plan for the child was discussed or shared with the child’s legal representative at the time of the review, in one the following ways:

- ISSP (containing the health and education plan) was mailed to the legal representative
- The legal representative attended a Shared Planning Meeting and the health and education plan was discussed or shared.
- Health and education plan was discussed or shared on the phone, by email, or in person with the child’s legal representative.

Partially Achieved:

None

Not Achieved:

The health and education plan was not discussed or shared with the child’s legal representative.

NA:

The child did not have a legal representative at the time of the review, *or*
The child was not in care for more than six months, *or*
There was no current health and education plan.



Children's Administration

Central Case Review

Quality of DLR/CPS Investigations Braam Benchmark Report for Fiscal Year 2008

I. Background and Purpose

The focus of the DLR/CPS case review is on the thoroughness of investigation and safety assessment and safety planning. The DLR/CPS case review questions and decision rules were developed in small group discussions that included collaboration with representatives from the Braam Panel, Braam plaintiff's attorneys, Children's Administration, and with consultation from Lucy Berliner, Director of the Harborview Center for Sexual Assault and Traumatic Stress. The case review questions and decision rules were approved by the Braam Panel in October 2007 and are located in the Appendix of this report.

In January 2008, the Children's Administration (CA) quality assurance team (Central Case Review Team) completed the first review of DLR/CPS investigations to provide data **on the thoroughness of investigations and safety planning**. Oversight to the review process was conducted by an independent contractor, Lucy Berliner, Harborview Center for Sexual Assault and Traumatic Stress, and her staff.

The original February 2006 Braam benchmark was as follows:

Unsafe /Inappropriate Placements, Goal 2, Outcome 2

A one-year baseline for FY 2005 will establish the percentage of referrals alleging child abuse and neglect of children in out-of-home care that receive thorough investigations within the CA policy timelines and with the required documentation by the Division of Licensed Resources, including safety assessment and safety planning by region and for the state as a whole. Summary annual reports to the Panel will include: 1) characteristics of the alleged victimization (e.g. age, gender, perpetrator, type of out-of-home setting), 2) outcomes of the investigation (e.g. time from referral to completion of investigation, including any removal action or licensing decision) by region and by state as a whole.

Revisions were made to Goal 2, Outcome 2 during July 2008. The revised Outcome is as follows:

All referrals alleging child abuse and neglect of children in out of home care will receive thorough investigation by the Division of Licensed Resources pursuant to CA policy and timeline with required documentation.

II. Review Process

In January 2009, the Central Case Review Team completed the second review to assess CA’s performance in FY 2008. A random sample of cases from each region was reviewed. The DLR/CPS case review involved a review of the following records: DLR/CPS referrals, service episode records, and Investigative Assessments.

III. Sample Methodology

Agreement was reached between CA and the Braam Panel that the case review sample would include investigations involving homes and facilities with a child placed in the home/facility who was a member of the Braam Class. Investigations of day care facilities and homes or facilities that did not have a child in the Braam Class in the facility would be excluded from the sample.

A random sample of cases was obtained from CAMIS of investigations completed during FY 2008. The total number of completed investigations in FY 2008 was 579. A stratified sampling methodology at the 95% statewide confidence level was approved by the Braam panel. The stratified sampling methodology ensured that the number of referrals reviewed from each of the six CA regions closely approximated their representation in the population of completed investigations for FY 2008. The number of referrals and corresponding investigations reviewed was 231.

Table 1

DLR/CPS Case Sample							
	State Total	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Total # of Investigations FY 2008	579	86	45	83	83	149	133
Stratified Sample Percent	100%	14.85%	7.77%	14.34%	14.34%	25.73%	22.97%
# of Referrals Reviewed	231	34	18	33	33	60	53

Table 2

Types of Facilities Included in the Review							
	State Total	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Foster Homes	210	27	17	32	26	56	52
Group Homes	15	7	-	1	5	2	-
State Operated/ Certified Facilities ¹	4	-	-	-	1	2	1
Unlicensed Homes & Closed Foster Homes	2	-	1	-	1	-	-
Total Number of Referrals Reviewed	231	34	18	33	33	60	53

The types of facilities included the following groups:

1. Foster home and adoptive home: This included the following types of homes if there was child placed by Children's Administration in the home:

- Foster homes licensed by CA
- Foster homes licensed by Child Placing Agencies
- Homes currently certified by CA as a potential adoptive placement

2. Group home: This included any of the following types of facilities if there was a child placed by Children's Administration in the facility or supervised by agency staff.

- Group homes
- Staffed residential homes
- Group receiving home
- Emergency respite center
- Overnight youth shelters
- Crisis residential centers
- Child placing agency staff

¹ Children in the Braam Class may be in facilities operated, licensed or certified by other DSHS administrations or state agencies. Youth in these facilities may not be placed there by Children's Administration pursuant to its placement authority, but may be placed there for other reasons such as adjudication of criminal charges or involuntary mental health commitment proceedings.

3. State operated/certified facilities providing 24 hour care: This included facilities operated by one of the following DSHS agencies if there was a child placed by CA or a child in the Braam Class living in the facility:

- Division of Alcohol and Substance Abuse (DASA)
- Division of Developmental Disabilities (DDD)
- Juvenile Rehabilitation Administration (JRA)
- Mental Health Division (MHD)
- Washington State School for the Deaf
- Washington State School for the Blind

4. Unlicensed homes and closed foster homes: This included the following types of homes if there was a child placed by Children's Administration in the home:

- Homes with a pending initial foster home license
- Homes with a closed foster care license if when the allegations of CA/N occurred, the foster home license was active within 5 years of the referral
- Unlicensed homes

IV. Results

A. Benchmark Compliance by State and Region

Benchmark	D 2.2.1 Percentage of referrals alleging child abuse and neglect of children in out-of-home care receiving thorough investigation and by the Division of Licensed Resources, pursuant to CA policy and with required documentation will be 100% by region and the state as a whole.						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
% Compliance	90.9% <i>(210 out of 231)</i>	88.2% <i>(30 out of 34)</i>	77.8% <i>(14 out of 18)</i>	97.0% <i>(32 out of 33)</i>	97.0% <i>(32 out of 33)</i>	93.3% <i>(56 out of 60)</i>	86.8% <i>(46 out of 53)</i>

B. Results by Facility Type

Statewide Results By Facility Type				
	Foster Homes	Group Homes	State Operated/Certified Facilities	Unlicensed Homes & Closed Foster Homes
% Compliance	91% <i>(191 out of 210)</i>	93% <i>(14 out of 15)</i>	75%² <i>(3 out of 4)</i>	100%
Total Applicable Cases	210	15	4	2

² The investigation that did not meet the compliance requirements for this group of facilities was in a JRA facility. CA did not place the youth in this facility, as the youth was in the custody of JRA and placed in the JRA facility following adjudication and sentencing as a juvenile offender.

C. Case Review Questions

Four questions were developed to evaluate the thoroughness of the investigations, safety assessments, and safety planning. Each question was given equal weight. Compliance with the benchmark was achieved when each of the four questions were rated Fully Achieved or Not Applicable. The decision rules for rating each of the questions are located in the Appendix of this report.

Question 1	Were all suspected victims of alleged child abuse or neglect (CA/N) interviewed?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	99.1%	97.1%	100%	100%	100%	98.3%	100%
Total Applicable Referrals	231	34	18	33	33	60	53

229 out of 231 cases were rated Fully Compliant

- In one case rated not achieved, there was a suspected child victim who was not interviewed. The victim identified in the referral had disclosed alleged abuse of another youth in the facility and this youth was not interviewed.
- In the other case rated not achieved, the identified alleged victim was three years old and the documentation regarding the interview of the child was limited. Additionally, there was no documentation of a physical description of the child including injuries. The case involved allegations of physical abuse and bruising on the child.

Question 2	Were all subjects interviewed?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	95.7%	94.1%	83.3%	97%	100%	100%	92.5%
Total Applicable Referrals	231	34	18	33	33	60	53

221 out of 231 referrals were rated Fully Compliant

- In the six cases rated non compliant, both the foster mother and foster father were identified as alleged subjects of CA/N and only one of the foster parents was interviewed about the allegations.
- In the other four cases rated noncompliant, there were subjects who were not identified as subjects but, based on a review of the case, should have been identified as subjects and were not interviewed. These predominantly involved cases with allegations of neglect related to supervision by foster parents.

Question 3	Was adequate information gathered during the investigation to assess child safety?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	94.8%	91.2%	88.9%	100%	97%	95%	94.3%
Total Applicable Referrals	231	34	18	33	33	60	53

219 out of 231 cases were rated Fully Compliant

- In some cases rated non compliant there were other children (biological, adopted or foster) who resided in the home at the time of the alleged incident. These children, who were not identified as possible victims, may have been possible witnesses to the alleged incident and/or could have provided additional information in assessing child safety and risk.
- In other cases rated non compliant there were other collateral contacts that could have been made and were not. These included contacts with a medical provider, a therapist, an FPS provider, adult relatives or friends of foster parents who either lived in the foster home, and/or were reportedly present at the time of the alleged incidents. In these cases, it was determined that additional information from the collateral sources could have provided additional information in assessing child safety and risk.
- In at least three cases, subject or victim interviews were not comprehensive and did not provide enough information to assess child safety.

Question 4	If child safety concerns existed, were appropriate actions taken to ensure the safety of the child(ren)?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	95.8%	91.7%	100%	100%	100%	100%	87.5%
Total Applicable Referrals	72	12	8	11	7	18	16

69 out of 72 cases were rated Fully Compliant.

Safety concerns were defined as conditions in which a child was at risk of serious and immediate harm. Consequently, if no safety concerns existed in the investigation, this question was rated as Not Applicable. Safety concerns existed in 72 of the 231 cases reviewed.

There were three cases in which documentation could not be located that fully addressed serious safety concerns.

V. APPENDIX

DLR/CPS Case Review Questions and Decision Rules

1. Were all suspected victims of alleged child abuse or neglect (CA/N) interviewed?

Full Compliance:

All children were interviewed who were suspected victims of CA/N including the following:

- Suspected child victims that were identified at the time of the referral (they were coded as victims in the referral)
- Additional suspected child victims who were identified during the course of the investigation and were subsequently coded as victims
- Children who were not identified as suspected child victims but based on a review of the case should have been identified as victims,

and/or

The suspected child victim(s) was non-verbal, and a physical and behavioral description of the child(ren) including injuries (if applicable) was documented,

and/or

The child interview was unsuccessful because the suspected victims(s) refused to cooperate, and a physical and behavioral description of the child including a description of injuries was documented,

and/or

The whereabouts of the suspected child victim were not known, and efforts were made to locate the child.

Non-Compliance

There were suspected child victims who were not interviewed,

and/or

The suspected child victim(s) was non-verbal, and a physical and behavioral description of the child(ren) including injuries (if applicable) was not documented,

and/or

The child interview was unsuccessful because the suspected victims(s) refused to cooperate, and a physical and behavioral description of the child including a description of injuries was not documented,

and/or

The whereabouts of the suspected child victim were not known, and efforts were not made to locate the child.

NA:

None

Factors to consider when determining if a child should be considered a suspected victim:

- *Was information gathered through interviews with suspected child victims, subjects, collateral contacts or witnesses that indicated other children in the subject's care may also have been victims of CA/N?*
- *Were there other children living in the facility at the time of the alleged CA/N who may also have been victimized?*
- *Were other suspected child victims identified by a review of records relevant to the investigation?*

2. Were all subjects interviewed?

Full Compliance:

All subjects were interviewed including:

- Subjects identified at the time of the referral (they were coded as subjects in the referral)
- Additional subjects who were identified during the course of the investigation and were subsequently coded as subjects
- Subjects who were not identified as subjects but based on a review of the case should have been identified as subjects

and/or

All subjects were interviewed by LE according to local LE protocols and the DLR investigator offered all alleged subjects the opportunity for an interview,

or

All subjects were interviewed by LE according to LE protocols and the DLR investigator did not offer an interview to the subject(s) due to the request by LE,

and/or

Reasonable attempts were made to interview all alleged subjects, but the alleged subjects refused to cooperate.

Non-Compliance:

There were subject(s) who were not interviewed and reasonable attempts were not made to locate or interview the subject(s).

NA:

No subject was identified on the referral,

or

The subject(s) location was not known.

Factors to consider when determining if reasonable attempts were made to interview the subject:

- *If the subject's location was unknown, were attempts made to locate the subject through an inquiry with people likely to know the subjects current whereabouts?*
- *Were multiple attempts made to contact the subject at all known phone numbers and/or locations the subject was likely to be?*
- *Was a letter sent to the subject offering an interview?*

- *Was the subject contacted for an interview and refused to cooperate?*

3. Was adequate information gathered during the investigation to assess child safety?

Definitions from Practice Guide to Risk Assessment :

- *Child safety is a condition in which a child is protected from serious and immediate harm.*
- *Serious and immediate harm involves child abuse and neglect that could result in death, life endangering illness, injury requiring medical attention, traumatic emotional harm or severe developmental harm that has severe lasting effects on the child's well being.*

Fully Achieved: Adequate information was gathered during the investigation to adequately assess child safety through the following investigative activities when applicable:

- Child interviews
- Subject interviews
- Collateral contacts
- Witness contacts
- Review of records

Not Achieved: Adequate information was not gathered during the investigation to assess child safety.

NA: None

Factors to consider when determining if adequate information was gathered:

- *Were all suspected child victims interviewed?*
- *Did child interviews address all allegations and safety concerns?*
- *Were all subjects interviewed?*
- *Did subject interviews address all allegations and safety concerns?*
- *If information in the referral was unclear, was the referent contacted to clarify the intake information?*
- *If the allegation of CA/N indicated a possible crime was committed, was law enforcement contacted for coordination?*
- *Were there professionals in the subject's or child's life who may shed light on the matter under investigation and/or may provide pertinent history? Were they contacted or an attempt made? (collateral sources may be medical providers, therapists, school personnel, and/or the child's social worker)*
- *Were there witnesses to the incident under investigation? Were they contacted or an attempt made? (witnesses may include other children in the home, other staff, or others with knowledge of the incident)*

- *Were records reviewed that may have shed light on the matter under investigation?(facility investigations records may include: logs, child records, personnel records, training records, attendance records and/or licensing records)*
- *Was an on-site visit made to the facility during the course of the investigation to evaluate the current condition and environment of the suspected child victims to determine health and safety risks?*
- *Was consultation from other professionals including physicians or psychologists sought? This would include medical consultation to assist in determining the origin of a child's injuries.*
- *Was the pattern of prior complaints considered when assessing safety?*

4. If child safety concerns existed, were appropriate actions taken to ensure the safety of the child(ren)?

Definitions from Practice Guide to Risk Assessment:

- *Safety concerns involve conditions in which a child is at risk of serious and immediate harm*
- *Serious and immediate harm involves child abuse and neglect that could result in death, life endangering illness, injury requiring medical attention, traumatic emotional harm or severe developmental harm that has severe lasting effects on the child's well being.*
- *Safety planning protects the child from serious and immediate harm by concrete steps and immediate action that addresses the danger or threat.*

Fully Achieved:

Safety concerns for the child(ren) existed and appropriate action was taken to ensure the protection of the child(ren) which may include the following:

- Safety planning occurred that addressed the safety concerns (e.g. the alleged subject/perpetrator was asked to leave the facility pending the investigation)
- Removal of the child from the facility

Not Achieved:

Safety concerns existed for the child(ren) and appropriate actions were not taken to ensure the protection of the child.

NA:

Child safety concerns did not exist,

or

The home addressed all child safety concerns before the department was involved.

Factors to consider when determining if appropriate actions were made:

- *If there was safety planning, was it developed within a time frame that ensured the immediate safety of the child?*
- *Was the safety planning effective by:*
 1. *Focusing on the child's safety needs*
 2. *Increasing the child's visibility*
 3. *Including a number of parties who share the role of assuring child safety*
 4. *Being realistic and achievable*
 5. *Being developed in consultation with the caregiver*
 6. *Being specific, detailed and containing timelines for completion*
 7. *Identifying the roles and responsibilities of various adults in helping keep the child safe*
- *Did the safety plan require monitoring beyond the closure of the investigation? If needed, was there a plan for monitoring?*

Rules Used to Assess Compliance

If questions #1 through #4 are “Fully Compliant” or “Not Applicable” the case is compliant.