

APPENDIX III
Monitoring Report #8—March 2010

Children's Administration 2009 Case Review Reports

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



Central Case Review

Children's Administration

Braam Benchmark Compliance Report Health and Education Plans FY 2009

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: Mental Health, Goal 2, Outcome 1.

Benchmark B.2.1.1

- ❖ Children in out of home care will have health and education plans in their ISSPs within 60 days of placement.

Benchmark B.2.1.2

- ❖ Children in out-of-home care will have health and education plans in their ISSPs updated every six months.

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, 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 November 2007.

II. Sample

The Central Case Review Team has a schedule of ongoing office reviews ensuring that each office is reviewed approximately every 18. A random sample of cases from all program areas is selected by FAMLINK of cases that were open during the six months prior to the review quarter. There were 23 offices reviewed in FY 2009. During FY 2009, the Central Case Review Team was deployed for FAMLINK training and onsite support for six months and were unable to completed office reviews.

Cases reviewed were applicable for Benchmark B 2.2.1 when the child's original Placement Date (OPD) occurred during the last 12 months. Cases were applicable for Benchmark B 2.2.2 when the child was in care six months or longer. The most recent ISSP was reviewed for this benchmark.

III. Results

A. Benchmark B 2.1.1

- ❖ Children in out of home care will have health and education plans in their ISSPs within 60 days of placement.

Question 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?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
% Compliance	90%	94%	88%	96%	72%	78%	97%
Total Applicable Cases	125	17	8	25	18	18	39

B. Benchmark B 2.1.2

- ❖ Children in out-of-home care will have health and education plans in their ISSPs updated every six months.

Question 2	Did the health and education plan in the most recent ISSP address new and ongoing needs of the child identified in screenings and assessments.						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
% Compliance	63%	44%	55%	48%	84%	55%	61%
Total Applicable Cases	211	25	11	27	61	31	56

C. Follow up Questions for Benchmark B 2.1.2

Question 3	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	64%	82%	67%	81%	57%	59%	63%
Total Applicable Cases	139	11	6	16	51	17	38

Question 4	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	55%	67%	50%	77%	48%	22%	56%
Total Applicable Cases	106	9	6	17	31	9	34

Question 5	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	30%	0%	0%	N/A	0%	0%	75%
Total Applicable Cases	10	1	1	0	2	2	4

	Was the health and education plan discussed or shared with the child if the child						
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Question 6	was age 12 or older?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	<i>58%</i>	<i>0%</i>	<i>0%</i>	<i>75%</i>	<i>80%</i>	<i>33%</i>	<i>29%</i>
Total Applicable Cases	<i>31</i>	<i>1</i>	<i>1</i>	<i>4</i>	<i>15</i>	<i>3</i>	<i>7</i>

Question 7	Was the health and education plan 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	<i>31%</i>	<i>18%</i>	<i>0%</i>	<i>92%</i>	<i>25%</i>	<i>24%</i>	<i>30%</i>
Total Applicable Cases	<i>126</i>	<i>11</i>	<i>6</i>	<i>12</i>	<i>40</i>	<i>17</i>	<i>40</i>

IV. Appendix

**ISSP-Health and Education Case Review
Questions and Decision Rules**

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?

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.*

Until the implementation of FamLink (SACWIS), 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 or implementation of services to address the needs may be located in the Shared Planning Meeting form, service episode 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.

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.

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.

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?*

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

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.

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.

Until the implementation of FamLink (SACWIS), 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, SERs, 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. 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.

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 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.

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, 6 months, 12 months, 18 months and yearly after.*
- *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?*

3. Was the health and education plan for the child discussed or shared with the child's current caregiver(s)?

(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.

4. Was the health and education plan discussed or shared with the birth parents?

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.

5. Was the health and education plan discussed or shared with Tribal representatives?

(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.

6. Was the health and education plan discussed or shared with the child if the child was age 12 or older?

(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.

7. Was the health and education plan discussed or shared with the child’s legal representative, such as GAL/CASA or attorney?

(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

Timeliness and Quality of DLR/CPS Investigations Braam Benchmark Report for Fiscal Year 2009

This report measures compliance with one benchmark from the July 2008 Revised Implementation Plan:

Unsafe /Inappropriate Placements, Goal 2, Outcome 2

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

I. Background and Purpose

The third case review of DLR/CPS investigations was conducted by the Children's Administration Central Case Review Team in January 2010 for fiscal year 2009 (FY09). The two prior reviews included four questions related to the quality of the DLR/CPS investigation and addressing all serious and immediate safety concerns for the child. In the compliance plan submitted by CA in April 2009 in response to the Braam Oversight Panel's Monitoring Report #6, and approved by the Oversight Panel in June 2009, it was agreed that the case review for FY09 and subsequent years would look at two additional items:

- Was there an initial response (as measured by the initial face-to-face with the alleged victims) to the referral/intake within required timeframes (24 or 72 hours)?
- Was the investigation closed within 90 days? If not, did the extension of the investigation meet the exceptions allowed by statute and policy? How did the case meet the exception to the extension of the closing of the investigation (i.e., to collaborate with a law enforcement investigation).

The second of the above two questions was added to the case review due to a change in Washington State law. RCW 26.44.030(11)(a) went into effect on October 1, 2009 and requires that CPS investigations, including DLR/CPS investigations, be closed within 90 days in most circumstances:

For reports of alleged abuse or neglect that are accepted for investigation by the department, the investigation shall be conducted within time frames established by the department in rule. In no case shall the investigation extend longer than ninety days from the date the report is received, unless the investigation is being conducted under a written protocol pursuant to RCW 26.44.180 and a law enforcement agency or prosecuting attorney has determined that a longer investigation period is necessary.

Cases were not considered for purposes of question 6 if the case was open more than 90 days prior to October 1, 2009 or if the case was closed prior to October 1, 2009, the effective date of the new statute. The original four case review questions that were approved by the Braam Panel in October 2007 and the two new questions approved in December 2009 are located in the Appendix of this report.

II. Review Process

A random sample of cases from each region was reviewed. The DLR/CPS case review involved a review of the following records: DLR/CPS intakes, case notes, provider notes, and Investigative Assessments.

III. Sample Methodology

Agreement was reached between CA and the Braam Oversight 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 were excluded from the sample.

A random sample of cases was obtained from FamLink of investigations completed during FY09. The total number of completed investigations in FY09 was 836. A stratified sampling methodology at the 95% statewide confidence level was approved by the Braam Oversight Panel. The stratified sampling methodology ensured that the number of intakes/referrals reviewed from each of the six CA regions closely approximated their representation in the population of completed investigations for FY09. The number of intakes and corresponding investigations reviewed for this report was 263.

It should be noted that prior to this review the Panel agreed to allow CA to adjust the case review methodology to allow the case review team to make adjustments if the DLR/CPS case had been incorrectly screened in for investigation, or if subjects and/or victims had been incorrectly identified. These changes were reviewed by the deputy DLR administrator.

Table 1

DLR/CPS Case Sample							
	State Total	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Total # of Investigations FY 2009	836	142	125	118	132	162	157
Stratified Sample Percent	100%	16.99%	14.95%	14.11%	15.79%	19.38%	18.78%
# of Intakes Reviewed	263	45	39	37	42	51	49

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	240	41	35	32	34	50	48
Group Homes	22	4	4	5	7	1	1
State Operated/ Certified Facilities	-	-	-	-	-	-	-
Unlicensed Homes & Closed Foster Homes	1	-	-	-	1	-	-
Total Number of Intakes Reviewed	263	45	39	37	42	51	49

The types of facilities subject to this review 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

- 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 Region¹

Benchmark	D 2.2.1 Percentage of intakes alleging child abuse and neglect of children in out-of-home care receiving thorough investigation by the Division of Licensed Resources (DLR), pursuant to CA policy and timeline 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	82.9% <i>(218 out of 263)</i>	77.8% <i>(35 out of 45)</i>	74.4% <i>(29 out of 39)</i>	83.8% <i>(31 out of 37)</i>	83.3% <i>(35 out of 42)</i>	88.2% <i>(45 out of 51)</i>	87.8% <i>(43 out of 49)</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	84.2% <i>(202 out of 240)</i>	72.7% <i>(16 out of 22)</i>	-	0%
Total Applicable Cases	240	22	-	1

¹ The statewide compliance rate for FY09 is 8 percentage points lower than the rate for FY08 (90.9%). However, this is due primarily to the addition of the two new questions, both of which must be achieved in each case for that case to be fully compliant. If the FY09 case review was limited to the initial four questions used in the FY07 and FY08 case reviews, the result for FY09 would have been somewhat higher than that in the previous two years.

C. Case Review Questions

Six questions were developed to evaluate the timeliness of investigations, 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 six 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	Was an initial face to face (IFF) contact made with all alleged child victims within required timeframes?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	89.3%	91.1%	84.6%	94.4%	85.7%	92.2%	87.8%
Total Applicable Intakes	262	45	39	36	42	51	49

234 out of 262 cases were rated Fully Compliant

In the 28 cases rated not achieved, there were some prevailing themes:

- In some cases, there had been a supervisory extension entered for the initial face to face contact that was not supported by either CA policy, or by the case file documentation. The majority of these had extensions citing coordination with law enforcement as the reason for not meeting the time frames. However, there was no documentation found that law enforcement coordination occurred. There was one extension entered because safety was not an issue and the child was not at risk. There was one extension citing that the child was unable to be located but the documentation reflected that the child's whereabouts were known.
- In some cases, an initial extension was warranted and supported by CA policy. However, there weren't continued efforts to locate and initiate face to face contact with all of the alleged victims as soon as was possible. In a few cases, law enforcement was initially involved but then closed their case or gave permission for CA to continue with interviews and alleged victims were not interviewed timely.
- In some cases some alleged victims but not all were seen face to face within the investigation timelines.
- In should be noted that one case was misplaced for approximately one month within FamLink just after the conversion.
- It should also be noted that two cases involved foster homes that had been closed within the last five years.

Question 2	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	99.2%	97.8%	100%	97.3%	100%	100%	100%
Total Applicable Intakes	262	45	38	37	42	51	48

260 out of 262 referrals were rated Fully Compliant

- In one case rated not achieved, there was a suspected child victim who was not interviewed. One victim identified in the intake was reportedly on the run initially but was later available.
- In the other case rated not achieved, the identified alleged victim had moved to another region of the state and it had appeared that law enforcement was going to interview the youth. However, there were long delays and it did not appear that law enforcement interviewed the child prior to CA closing the case.

Question 3	Were all subjects interviewed?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	98.9%	97.7%	94.7%	100%	100%	100%	100%
Total Applicable Intakes	261	44	38	37	42	51	49

258 out of 261 cases were rated Fully Compliant

- In the three cases rated non compliant, both the foster mother and foster father were identified as alleged subjects of CA/N and only the foster mother was interviewed about the allegations. In all of these cases, the foster fathers were identified as either witnessing or having knowledge of the circumstances described in the allegations.

Question 4	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	97.3%	93.3%	94.9%	97.3%	100%	98%	100%
Total Applicable Intakes	263	45	39	37	42	51	49

256 out of 263 cases were rated Fully Compliant

- In all of the cases rated non compliant there were other children (biological or foster) who resided in the home at the time of the alleged incident. These children, who were not identified as victims, may have been possible witnesses to the alleged incident and/or could have provided additional information in assessing child safety and risk. There was no documentation of attempts to interview these children as collaterals.
- In other cases rated non compliant there were other collateral contacts that could have been made and were not. These included contact with a foster father who was identified as a witness to an incident but was not named as a subject, and contact with law enforcement, who had reportedly responded to a foster home the night of an alleged incidence of CA/N. In these cases, it was determined that additional information from the collateral sources could have provided additional information in assessing child safety and risk.

Question 5	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	97.9%	88.9%	100%	100%	100%	100%	100%
Total Applicable Intakes	48	9	9	7	4	9	10

47 out of 48 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 48 of the 263 cases reviewed.

There was one case in which documentation could not be located that serious and immediate concerns were addressed timely. The children were eventually moved out of that home.

Question 6	Was the investigation closed within 90 days?						
	Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Full Compliance	95.5%	95.8%	94.1%	90%	96.4%	97.4%	97.4%
Total Applicable Intakes	176	24	17	30	28	38	39

168 out of 176 cases were rated Fully Compliant

There were 14 cases with extensions that met the exceptions allowed by statute and policy. These cases were open longer than 90 days because the prosecuting attorney and/or law enforcement were involved.

In seven cases rated non compliant, the investigations were closed between 91 and 120 days of the intake.

In one case rated non compliant, the investigation was closed after it had been open for 161 days.

It should also be noted that the department can make decisions regarding the need to move a child from an unsafe placement, take remedial or legal action against a facility license, or require the implementation of a safety plan before a case is formally closed and that delays in closing a case should not be construed to indicate that child safety was overlooked or compromised.

V. APPENDIX

DLR/CPS Case Review Questions and Decision Rules

1. Was an initial face to face (IFF) contact made with all alleged child victims within required timeframes?

Full Compliance:

The IFF contact was made with all alleged child victims within the required 24 or 72 hour response time, *or*

There was a child safety concern or inability to locate the child victim(s) that required a time limited extension or exception to the 24 or 72 hour face to face requirement that is supported in policy. These include:

Extensions:

1. When protocols with law enforcement or other community resources (e.g. sexual assault clinics) exist that require CA to delay seeing the child or contacting parents in order to assign specialists, or to coordinate the investigation.
2. When a child is unable to be located within the 24 or 72 hour timeframe after diligent efforts to locate the child. The DLR/CPS investigator shall continue to make efforts to locate and initiate face-to face contact with the alleged victim as soon as possible.
3. When a child is placed in protective custody and transported to another licensed facility (foster home, group care, CRC, crisis nursery, etc.) by law enforcement, and the immediate safety issues for that child are addressed. A DLR/CPS investigator shall have face to face contact with the child by the end of the next business day.
4. When a child is placed on a hospital hold, or in protective custody that does not allow the child to leave the hospital, and the immediate safety issues for that child are addressed. A DLR/CPS investigator shall have face to face contact with the child by the end of the next business day.
5. In situations where a child's safety may be compromised by conducting the initial face to face contact within 24 hours, the Area Administrator may approve a time-limited extension.

6. In cases where an intake relates to the alleged abuse or neglect of a child in an out-of-home placement and the victim(s) of emergent DLR/CPS referrals are no longer in the facility. The DLR/CPS investigator shall have face to face contact with the alleged child victim(s) within the 72 hour timeframe. The DLR/CPS investigator shall have face to face contact with children who have not been identified as victims who are in the facility and may be at risk of imminent harm within 24 hours from the date and time the referral is received by CA.

7. In cases where an intake relates to the alleged abuse or neglect of a child in a facility that is not providing care for children during the weekend or holiday, the face to face contact shall occur by the end of the next business day.

8. In custody cases where an intake relates to the alleged abuse or neglect of a child by one parent (subject) and the child is residing with the other parent, face to face contact with the child shall occur by the end of the next business day. Children who have not been identified as victims, who are in the care of the alleged abuser and who may be at risk of imminent harm, shall have face to face contact with a CA social worker within 24 hours from the date and time of the referral is received by CA.

9. In cases where an intake initially screens in to licensing and it is changed to DLR/CPS based on new information, the response time begins when the intake screens in for DLR/CPS.

Exceptions:

1. When a child cannot be located and diligent efforts have been made, or face to face contact cannot occur because the child is deceased or has moved out of state.

Non-Compliance:

The IFF contact was not made with all alleged child victims within the required 24 or 72 hour response time, and there was not a time limited extension or exception to the required timeframe that is supported by policy.

NA:

None

2. 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:

Face to face contact with the suspected victim(s) could not occur because the victim was deceased or had moved out of state.

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?*

3. 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?*

4. 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?*

5. 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?*

6. Was the Investigation closed within 90 days?

Full Compliance: The Investigative Assessment was completed and approved by the supervisor within 90 days of the date of the intake, *or* The case was open beyond 90 days due to continued involvement with law enforcement or the prosecuting attorney.

Non-Compliance: The Investigative Assessment was not completed and approved by the supervisor within 90 days of the date of the intake and there was not continued involvement with law enforcement or the prosecuting attorney.

NA: The investigation was closed prior to October 1, 2008 when the statute became effective.

Rules Used to Assess Compliance

If questions #1 through #6 are “Fully Compliant” or “Not Applicable” the case is compliant.