



**B10 Assessing and Improving
Outcomes: A Crosswalk of the
California Well-Being Project and
Child and Family Services
Review (CFSR) in California**

Wednesday, June 13, 2018 1:30 - 3:00 p.m.

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Salon 7

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Assessing and Improving Outcomes

A Crosswalk of the California Well-Being Project and CFSR Case Reviews

June 2018



Introductions

Meet the Presenters:

- Heather Pankiw, MSW
 - Masters in Social Work
 - 18 years of work within the Social Services field
 - Certified CFSR Case Reviewer for California and the Children's Bureau
 - Manager of the Title IV-E Waiver Unit at CDSS

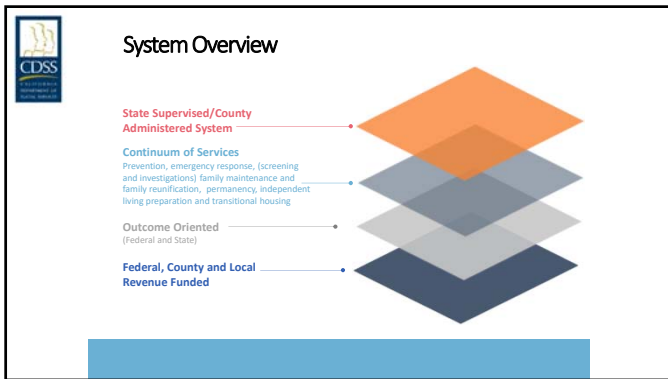


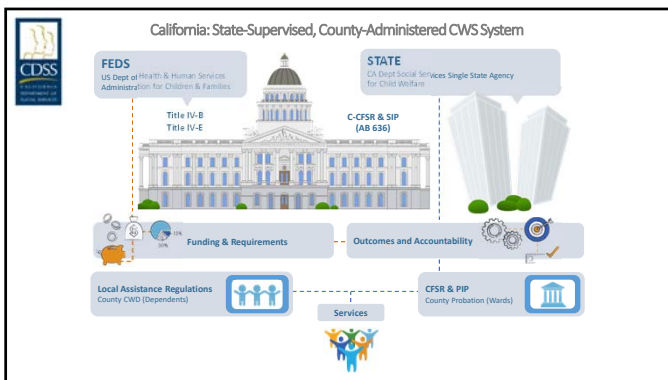
Purpose and Expectations

Purpose: To gain a basic understanding of the importance of measuring interventions and their impact on outcomes

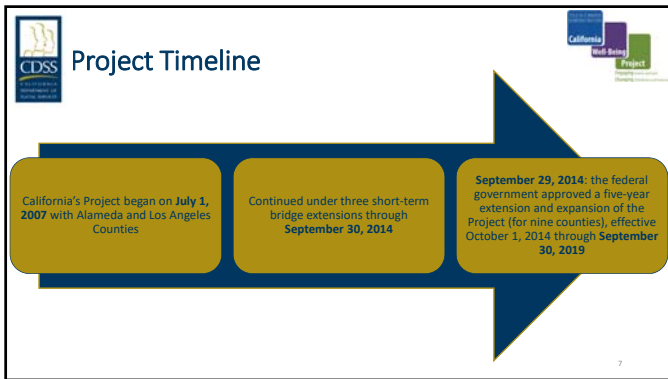
Expectations: Through this training you will gain:

- Knowledge of the California Well-Being Project
- Knowledge of the Child and Family Services Review Case Review Tool
- A Method for Connecting Interventions to Outcomes

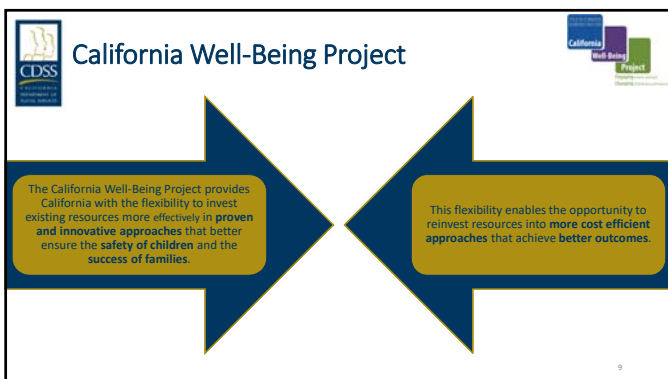














Target Population

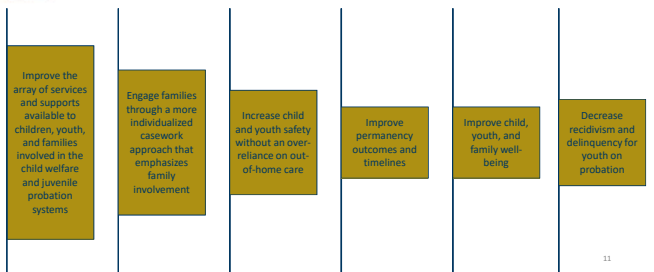


Title IV-E eligible and non-IV-E eligible children and youth aged 0-17, inclusive, who are currently in out-of-home placement or who are at risk of entering or re-entering foster care

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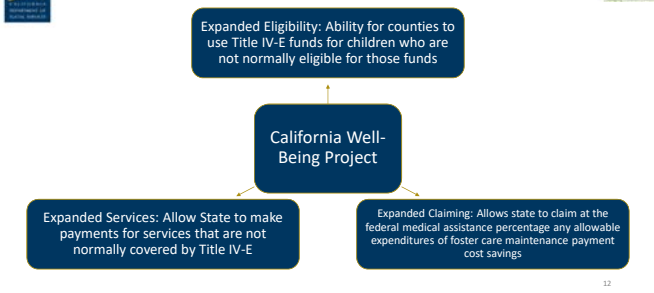
Project Goals



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Main Provisions



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Main Provisions

The Project focuses on two components across all participating counties:

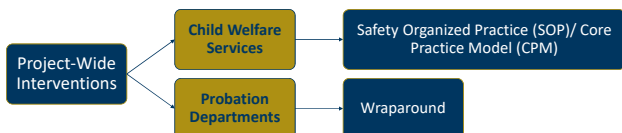
- **Prevention:** Wraparound for probation youth exhibiting delinquency risk factors that put them at risk of entering foster care.
- **Family Centered Practice:** Safety Organized Practice to further implement and enhance the Core Practice Model for child welfare.

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Project-Wide Interventions

CDSS intends to reach this Project's goals through collaboration with participating child welfare and probation departments in implementing **two family-centered practices** that, in theory, will **improve safety, permanency, and well-being outcomes** for children, youth, and families.



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SOP/CPM

Specific elements of SOP/CPM include family engagement and assessment, behaviorally based case planning, transition planning, ongoing monitoring, and case plan adaptation as appropriate.

Specific services to be implemented as part of SOP/CPM include:

- Safety Mapping/Networks
- Effective safety planning at foster care entry and exit
- Capturing the Children's Voice
- Solution-focused interviewing
- Motivational interviewing
- Case teaming

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Wraparound

The State's Wraparound model will involve a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for the youth and family.

Specific elements of the Wraparound model will include:

- Case teaming
- Family and youth engagement
- Individualized strength-based case planning
- Transition planning

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Fiscal Funding

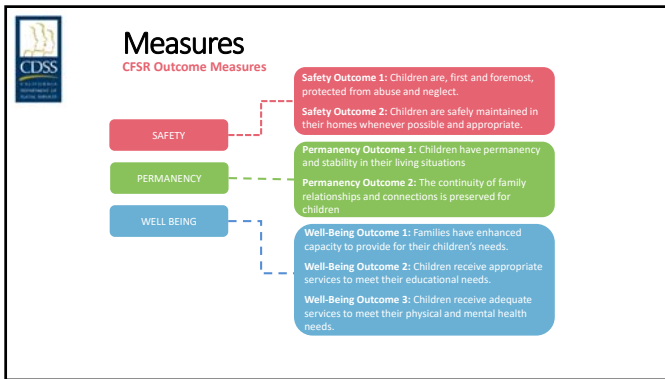
- The counties must work within a capped federal dollar amount to pay for existing activities plus any newly agreed upon interventions.
- Not all Title IV-E costs are inside of the waiver, there are some costs outside of the waiver.
- The Project is to be cost-neutral to the federal government for maintenance and administrative costs for Title IV-B and Title IV-E of the Social Security Act.

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Child and Family Services Review (CFSR) Case Reviews

Overview



SAFETY OUTCOME 1:
CHILDREN ARE FIRST & FOREMOST PROTECTED FROM
ABUSE AND NEGLECT

#1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

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SAFETY OUTCOME 2: CHILDREN ARE SAFELY
MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE &
APPROPRIATE

#2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care

#3: Assess and address risk and safety concerns

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PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENTS

- #4: Foster care placement is stable
- #5: Permanency goal is established
- #6: Permanency goal is achieved

Permanency Outcomes are ONLY for Foster Care Cases

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OUTCOME 2: CONTINUITY OF FAMILY RELATIONSHIPS IS PRESERVED

- #7: Placement with siblings
- #8: Visits with parents and siblings in foster care
- #9: Preserving connections
- #10: Relative placement
- #11: Relationship of child in care with parent(s)

Permanency Outcomes are ONLY for Foster Care Cases

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WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

- #12: Needs assessment and services to children, parents, foster parents
- #13: Involving children/youth and parents in case planning
- #14 & 15: Caseworker visits with child/youth and parents

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WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

16: Educational Needs

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WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

#17: Physical health
#18: Mental health

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CQI Process





Connecting Interventions to Outcomes

- Capturing qualitative data regarding interventions on a case by case basis
- Ensuring fidelity of interventions
- Measuring intervention impact on item specific outcomes



Measuring Outcomes

California Well-Being Project Process and Outcome Measures	CFSR Case Review Item	Federal or State Data Outcome Measures
Reduced entry/re-entry into care	2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	Entry rates 3- P4: Re-entry to foster care
Reduced recurrence of maltreatment	3: Risk and safety assessment and management	3-S2: Recurrence of maltreatment
Increased placement stability	4: Stability of foster care placement 12C: Needs assessment and services to foster parents	3-P5: Placement stability
Increased speed and likelihood of permanency	5: Permanency goal for child 6: Achieving reunification, guardianship, adoption or OPPLA	3-P2: Permanency in 12 months for children in foster care 12-23 months 3-P3: Permanency in 12 months for children in foster care 24+ months
Increased relative placement	10: Relative placement	4B: Least restrictive placement 4E: ICWA placement preferences
Improved parent/child engagement	12A: Needs assessment and services to child(ren) 12B: Needs assessment and services to parents 13: Child and family involvement in case planning	2F and 2S: Timely monthly caseworker visits No fed/state measure exists



Measuring Outcomes

Item	CFSR Case Review Item		Federal or State Data Outcome Measures		
	2015 (n=47)	2016 (n=49)	Measure	2015	2016
2	95%* (n=36)	100% (n=43)	3- P4	Data not yet available	Data not yet available
3	74.63% (n=35)	77.55% (n=38)	3-S2	91% No recurrence	95% No recurrence
4	75.56% (n=34)	75.6% (n=38)	3-P5	3.13 Per 1,000 days	3.32 Per 1,000 days
12C	78.05% (n=32)	84.85% (n=38)			
5	55.56% (n=25)	59.46% (n=23)	3-P2	31% Exited to permanency	36.3% Exited to permanency
6	55.56% (n=25)	59.46% (n=23)	3-P3	19.6% Exited to permanency	18.6% Exited to permanency
10	79.55% (n=35)	91.18% (n=31)	4B	52 1 st entry into care; with a relative	48 1 st entry into care; with a relative
12A	83.58% (n=46)	83.67% (n=41)	2F (by year)	97% children with visits	95.6% children with visits
12B	47.54% (n=29)	43.59% (n=17)	2S (by year)	94.5% children with visits	93.5% children with visits
13	46.15% (n=35)	51.16% (n=22)	No federal or state measures exist		



Capturing Qualitative Data and Ensuring Fidelity

Per interviews and case documentation, both children were involved in case planning. The parents reported that the caseworkers would speak to the children individually for 20-30 minutes. The children reported that the case worker often asked how they were doing and how therapy was going. They understood that therapy is part of the ongoing case plan and was a tool used to benefit their wellbeing. The caseworker reported that the mother, father and both children were involved in the case planning. The Emergency Response worker completed Safety Organized Practice Three Houses with the focus child's sibling to understand what she wanted and was able to appropriately develop the case plan. The case worker completed the Structure Decision Making Family Strengths and Needs assessment on 05/03/2016 and 11/15/2016 to identify the families 'needs and strengths' and help develop an appropriate case plan.



Capturing Qualitative Data and Ensuring Fidelity

The assessment correctly identified the needs of the children on 05/03/2016 as emotional behavioral health and recommended the children to start therapy. On 11/15/2016, the children had been attending weekly therapy and no new needs for the children were identified. The assessment correctly identified the strengths and needs of the parents. The parents reported that the agency always communicated with them on a monthly basis regarding the case plan. They reported that the family service unit case worker sat down with them and went through the case plan point by point and even left the case plan with them overnight so they can discuss it privately and ask questions the next day after they've had time to process the information before they sign. The parents said they understood the case plan and always tried their best to complete their responsibilities.



Capturing Qualitative Data and Ensuring Fidelity

The caseworkers and the mother reported in their interviews and it was confirmed by case and court records, that the mother and the case worker had regular case planning discussions during the ongoing monthly visits with the caseworker. The Agency worked with the mother on drafting and monitoring her case plan. The caseworker talked to the mother about progress in treatments and groups; her needs; what could be done for the mother to be more successful; further steps to undertake; how the caseworkers could help her in achieving case goals. The mother was engaging and responsive. The mother indicated in her interview that she was always able to ask questions and to provide input in case planning discussions. She was looking into outpatient programs that would fit her needs and schedule. She located outpatient substance abuse support group and joined them. The mother reported that she was always aware of case plan content and knew what needed to be done to meet it's requirements. She said that the Agency was supportive and provided her with the help she needed.



Where do we go from here?

- Consider a project or intervention your agency is implementing or wanting to measure.
- What are the data sources you currently use to determine the efficacy of the project?
- Do your current methods include both quantitative and qualitative measures?
- In what ways could you improve your current CQI process?



Resources

- ACIN I-84-16
http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2016/I-84_16.pdf
- Title IV-E California Well Being Project
<http://www.cdss.ca.gov/inforesources/Foster-Care/Title-IV-E-Waiver-California-Well-Being-Project>
- Case Reviews
<http://www.cdss.ca.gov/inforesources/Child-Welfare-Program-Improvement/CFSR-Case-Reviews/Instructions-and-Resources>



Final Thoughts and Questions

Audience Q & A



Thank You

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<http://www.cdss.ca.gov/Inforesources/Foster-Care/Title-IV-E-Waiver-California-Well-Being-Project>

Case Review Unit

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<http://www.cdss.ca.gov/Inforesources/Child-Welfare-Program-Improvement/CPSR-Case-Reviews/Instructions-and-Resources>
