IMPACT OF CHANGE: BENEFITS OF MOVING TO A QUALITATIVE REVIEW PROCESS

University of Illinois Foster Care Utilization Review Program
Illinois Department of Children and Family Services, Quality Assurance and Administrative Case Review
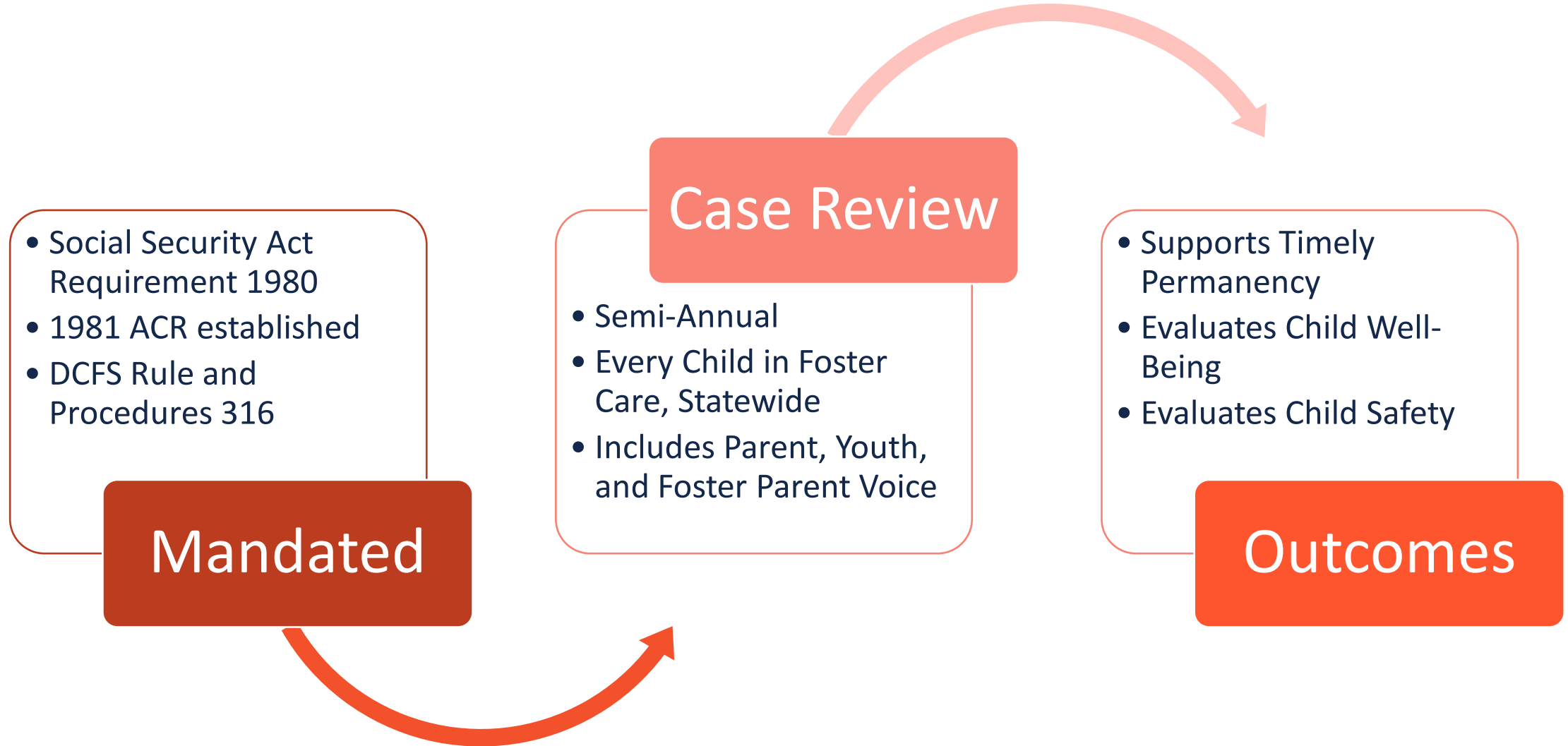
Our presentation today will provide the following:

- What ACR is and how we moved it from a compliance to qualitative process
- Share the different elements of the process
- How we use it for CQI
- How it's going now

What is ACR (Administrative Case Review)?

Mandated
- Social Security Act Requirement 1980
- 1981 ACR established
- DCFS Rule and Procedures 316

Case Review
- Semi-Annual
- Every Child in Foster Care, Statewide
- Includes Parent, Youth, and Foster Parent Voice

Outcomes
- Supports Timely Permanency
- Evaluates Child Well-Being
- Evaluates Child Safety

Volume of ACRs

How many cases are reviewed?

FY Reviews	# Families	# children
FY2020	17,692	31,996
FY2021	18,576	33,471
FY2022	19,798	36,140
FY2023	21,179	39,284
FY2024	21,397	39,484

GOALS:
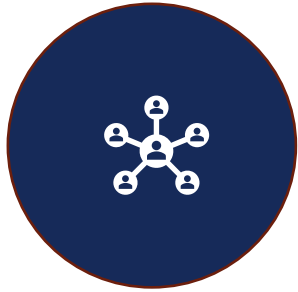
- **Align**
  - With other review and monitoring entities

- **Re-Brand**
  - Quality Service & Permanency Promoters

- **Impact**
  - Deliver greater benefit to children & families served

- **Satisfaction**
  - Feel better about the work

- **Tools**
  - Develop & test new tools; scale up; PowerBI Dashboard

Where we were

- Predominantly compliance-focused
- Collecting updates on the previous 6-months
- ACRs were in-person, tended to be attended primarily by the CW only
- Feedback to staff was mostly ignored, and identified needs/concerns were often repeatedly unaddressed

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The New Process

A FOCUS ON QUALITY

-**5 Rated Priority Areas**:
- Quality CFTMs
- Quality Case Planning
- Quality CW In-Person Contacts
- Quality Family Visitation
- Quality Supervision

-Other Important Questions

-Encouraging full stakeholder **participation**

-**Interviews** are key to determining quality and to select the most accurate ratings

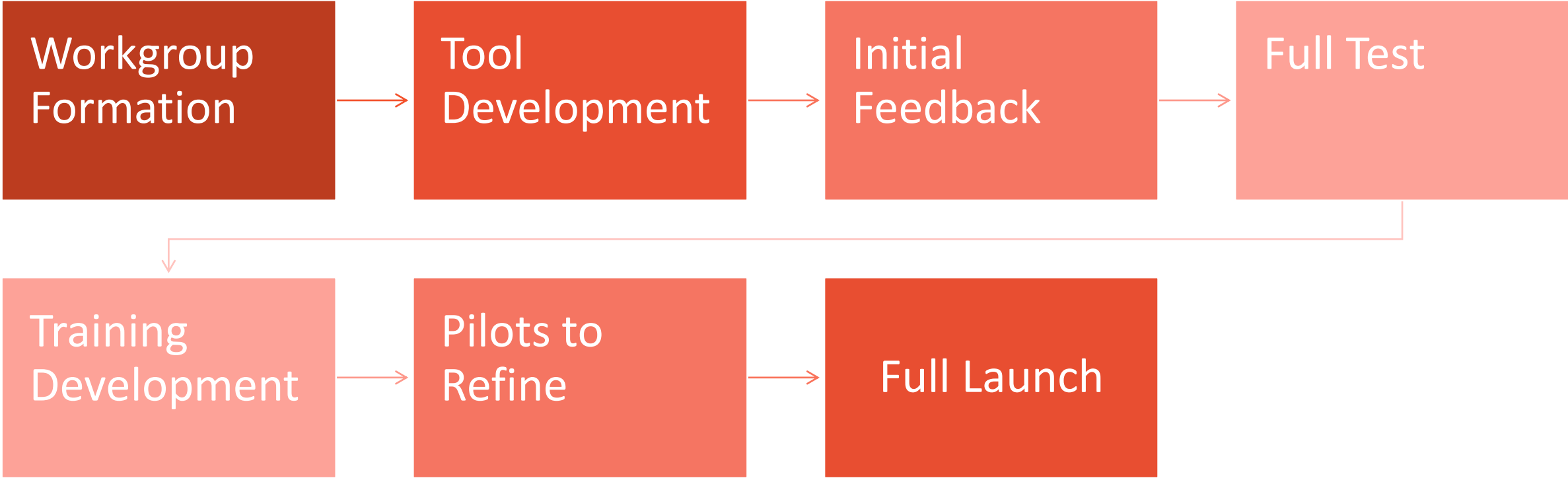-**Focus** on progress of the case and where it's going in the future

-PowerBI **Dashboard** for CQI

Timeline of development and launch

Workgroup Formation	Tool Development	Initial Feedback	Full Test

Training Development	Pilots to Refine	Full Launch

Administrative Case Review (ACR)
Logic Model

Problem: *Existing ACR process focuses on the review of compliance with the current service plan rather than a review of permanency planning*

Inputs

- All children in foster care (reviewed every 6 months)
- 58 ACR Reviewers (Statewide)
- 9 ACR Managers (Statewide)
- UIUC/FCURP (Validation)
- CWG Group (Coaching)
- ACR Database

Activities

- Refocus ACR process to assess quality of key child welfare practices around 5 Priority Areas (CFTM, CW Visits, Family Visitation, Case Planning, and Supervision) to promote achievement of permanency (Qualitative Questions/Intent & Instructions)
- Implementation of structured interviewing of key case stakeholders to obtain an accurate picture and inclusive participation
- Coaching of ACR Reviewers to support adaptive change and hone assessment and interviewing skills
- Validation of a sample of cases to determine inter-rater reliability
- Improved Feedback for caseworkers and supervisors
- Development and launch of an On-Demand virtual training for all staff on the new model

Outputs

- ACR data will be used by DCFS and private child welfare agencies it contracts with for CQI purposes
- ACR as a process is prioritized by agencies and direct service staff, is valued and respected because the data is qualitative and reliable

Outcomes

Proximal:

- Increased family attendance and participation at ACRs
- Increased participant satisfaction scores

Intermediate:

- Progressive improvement in ACR ratings
- Use of Subsidized Guardianship and Adoption permanency goals increases

Distal:

- For children in care 12-23 months, increase the percentage who are discharged within the next 12 months (BH overarching outcome measure)

Side Effects:

- No re-entry into foster care after permanence
- Less maltreatment in foster care
- Length of stay is reduced

Impact

ACR is an effective vehicle for achieving DCFS's mission: "To promote prevention, child safety, permanency and well-being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve."

NEW TOOLS

? Questions

- 5 Priority Areas + Other Important Questions
- Questions & Ratings only
- Y/N/X or a coded response (Questions)
- Rating for Priority Area sections (1, 2, 3 or 4 rating)

Intent & Instructions

- Guidance for what to consider and how to answer each question
- Reduces subjectivity
- Helps determine the QUALITY

PRIORITY AREA: QUALITY CHILD AND FAMILY TEAM MEETINGS (CFTMs)

	Where to Find	Rule/ Procedure
Purpose of Assessment: To determine through case file review and interviews whether CFTMs are of good quality and are moving the case toward achievement of case goals. ***A CFTM is a **formal, planned, and structured meeting** versus an accidental/spontaneous occurrence (such as a routine visit to the parent home that is also coded as a CFTM in SACWIS).***		
Definitions: For the purposes of assessment in this Priority Area, a Child and Family Team (CFTM) that is good quality and moving the case toward achievement of case plan goals **includes all of the elements below (#1-5).** If you (ACR Reviewer) observe that a "CFTM" occurred during the **previous 6 months (the PUR)**, assess which of the following elements occurred for each CFTM:	• SACWIS • Contact CFTM Notes • Interviews	315.105 302.388 (i)

1. **Includes preparation with the parents/youth/team in advance of the meeting** (to empower the parents/youth to be involved in setting the agenda for their meeting, clarify who must be a part of the team at the meeting, and clarify the focus of the meeting [current and ongoing])

   -Information learned during preparations for the *initial* CFTM is documented in a Contact Note. Notes should include, but are not limited to:

   a. Family story (description of childhood, losses or other traumatic events, family successes)
   b. Desired outcomes
   c. Identified team members (formal and informal supports; "Formal" would include service providers; "informal" would include friends, family, religious leaders, coaches, etc.) for the initial meeting and ongoing meetings
   d. Clarified the focus of the meeting and resulted in an agenda for the meeting
   e. Established the initial CFTM date, time and location

   -Determine whether the agency has made concerted efforts to ensure that the preparation discussions for *ongoing* CFTMs included:

   f. Reviewing the proposed CFTM agenda, for each CFTM
   g. Supporting the parents/youth to include/invite members of the CFTM (formal & informal supports), and identify new ones as needed
   h. Empowering the parents/youth to lead the CFTM process
   i. Establish the meeting date, time and location, for each meeting

   -It is evident through the case review and ACR interviews that the *parents/youth felt engaged* in understanding the purpose of preparations, scheduling of the preparation meeting, and making good faith attempts to make sure the meeting happens.

PRIORITY AREA 1

2. Must include **an identified team** of participants (minimally the parent(s)/youth, the caseworker and supervisor*, formal and informal supports as identified by the parent/youth) *Supervisor participation as required by P.315; twice a year, before each ACR.
3. Encourages, supports and is responsive to the "**voice and choice**" of the parent(s)/youth
4. **Include** discussions about the **Case Plan development, progress and effectiveness, as well as who will help with what tasks**
5. Ensures **coordination of care** across providers for the benefit of the family and implementation of case plan goals, as well as **removal of barriers**
6. Meetings/Plans developed under the High-Fidelity Wrap-Around model or the Pathways to Success model *should be counted as a CFTM*

Other Definitions:

- "Parents" includes custodial and/or non-custodial biological parents, legal parents/guardians, **primary caregivers who are not biological or legal parents (e.g. aunt or grandmother who was caring for the child prior to foster care), OR foster/pre-adoptive parents if they are considered the primary caregiver.** This arrangement of people can be different for each case; the reviewer must determine who is appropriate for consideration. The absence of a parent whose whereabouts are unknown despite frequent and documented efforts to locate that parent does not result in the cessation of CFTMs. In situations like that, the reviewer should determine who would constitute the primary caregiver for that child.
- "Youth" means a child who is age (age 12 and older) and developmentally able to participate in CFTMs; in particular, reviewers should consider youth with permanency goals of Independence (27) or Continuing Foster Care (29) who are approaching adulthood. These youth should be engaged and supported as leaders of their CFTMs.

PRIORITY AREA 1

Q#	Question	Intent and Instructions
A.01	During the PUR, have there been any CFTMs on this case?	• Select the most appropriate response for this question: (A) All elements listed above (#1-5) were evident through documentation and/or ACR interviews, for CFTMs that occurred during the PUR (B) There was a CFTM, but there was no evidence of a prep meeting with the parents/youth before the CFTM (however, elements #2-5 WERE evident) **(Reviewer: Document all of the elements that were not evident on the Feedback Form)** (C) There was a CFTM, but there was no evidence of a prep meeting, <u>and</u> during the meeting one or more _(but not all)_ of the elements noted above (#2-5) were not evident in documentation nor interviews **(Reviewer: Document all of the elements that were not evident on the Feedback Form)** (D) There were no documented CFTMs at all, and interviews confirmed this fact (i.e., no elements #1-5 noted above were evident), **OR** notes labeled CFTM in SACWIS do not include any of the elements #1-5 as noted above
A.02	During the PUR, have the CFTMs occurred with the frequency as required per policy, or more frequently as requested by the family?	• REVIEWERS: Only answer this question if A.01 is answered A or B • **To answer this question, consider all CFTMs that occurred during the PUR.** • DCFS Procedure 315.105 identifies the following minimum frequency requirements for CFTMs: -Monthly: Child and Family Team Meetings shall be held as often as is needed, but not less than monthly for a child in a Therapeutic Residential Services Program. (see Procedures 315.112). -40 Days: The 40-Day Child and Family Team Meeting shall be conducted approximately 40 days from protective custody, in order to review the results of the Integrated Assessment and CANS and develop an Initial Service Plan (see Procedures 315.115). -Quarterly: Child and Family Team Meetings shall be held at regular intervals throughout life of the case (approximately every 90 days) (see Procedures 315.120). - 30 Days Before Reunification/Case Closure: A Child and Family Team Meeting must be held approximately 30 days prior to reunification and/or case closure to develop the After Care Service Plan (see Procedures 315.125). • CFTMs can occur as frequently as the family/youth directs, however they must happen at least quarterly (if the family/youth suggests a frequency less than quarterly, the caseworker will step in and advise that the team needs to meet at least quarterly). ⇨ _Answer Y if documentation and interviews suggest that the CFTMs coded A or B in question A.01 are occurring with the frequency that was appropriate given the involvement of the parents/youth and the case dynamics_ ⇨ _Answer N if documentation and interviews suggest that CFTMs coded A or B in question A.01 occurred less than quarterly_ ⇨ _Answer X if the answer to question A.01* is C or D_

PRIORITY AREA 1

| Q#	Question	Intent and Instructions
A.03 -05	During the PUR, have the following stakeholders felt that they were **engaged** in the CFTM process?	

	A.03 Mother?
	
	A.04 Father?
	
	A.05 Child/youth?
		• **NOTE FOR REVIEWERS: Answering this question "Y" or "N" for any stakeholder will depend on whether they were present for the ACR interview** (See U and X options below if any of them were NOT present for the ACR)
		• For this question, examples of feeling "engaged" can include:
		  – The stakeholder feels they are treated respectfully
		  – The caseworker is responsive to stakeholder's cultural/racial identity
		  – The stakeholder feels they are an equal part of the team
		  – The stakeholder feels that their voice and opinions are heard and considered (i.e., their story is important)
		  – The stakeholder feels that they are a part of decision-making
		  – The stakeholder feels that they are encouraged to identify individuals who are supportive of them and important to them
		  – The stakeholder feels that they are able to explain why their case is open and what needs to happen in order to close the case
		  – The stakeholder feels that accommodations are made to support their participation at the meetings, etc.
		
		⇨ *Answer "U" if the parent(s)/youth were not present during the ACR*
		
		⇨ *Answer "X" if the answer to A.01* is C or D*
		
		⇨ *Answer "X" for Mother or Father if any of the following apply:* **1)** *The parent was deceased or their identity is unknown;* **2)** *The parent's parental rights were terminated/surrendered, and parent-child visitation is not occurring;* **3)** *The parent's whereabouts are unknown DESPITE ongoing agency efforts to locate her;* **4)** *There is an updated assessment by the caseworker and supervisor that visits are not clinically appropriate and would not support the child's best interests;* **OR 5)** *The parent has indicated that they does not want to be involved in the child's life, despite ongoing efforts of the agency to re-evaluate their position*
		
		⇨ *Answer "X" for the Child/youth if they are under the age of 12, or are 12+ years of age but developmentally unable to participate in the ACR interview*

PRIORITY AREA 1

OVERALL RATING A. Priority Area #1: Quality Child & Family Team Meetings			
A. OVERALL RATING INSTRUCTIONS			
1 = Full Implementation / Outstanding Performance. **A.01 is answered A and A.02 is answered Yes** (If A.1 is "D" the overall rating is 4)	**2** = Substantial Implementation / Good Performance. **A.01 is answered A or B, but A.02 is answered No, or** **A-01 is answered B, and A-02 is answered YES** (If A.1 is "D" the overall rating is 4)	**3** = Partial Implementation / Concerning Performance. **A.01 is answered C, and A.02 is answered X.** (If A.1 is "D" the overall rating is 4)	**4** = Unsatisfactory Implementation / Unsatisfactory Performance. **A.01 is answered D and A.02 is X**
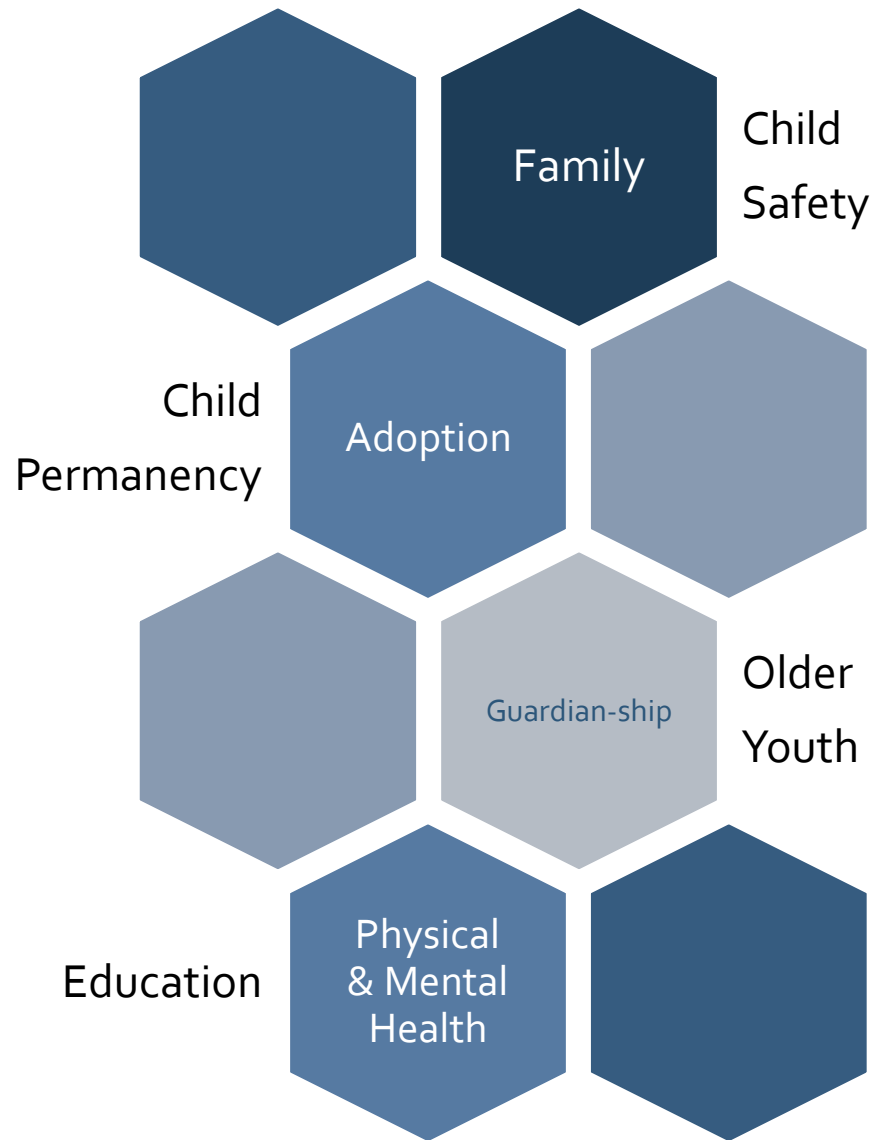
Other Critical Questions

*"Must Keep"
Questions/Trends from
Existing CRIP*

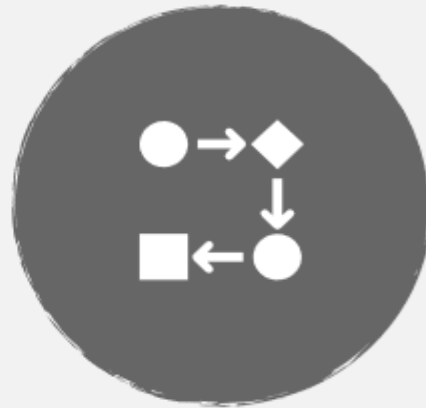- *8 Sub-sections*
- *41 Questions to answer*
- *No ratings*

Family

Child Safety

Child Permanency

Adoption

Guardian-ship

Older Youth

Education

Physical & Mental Health
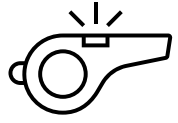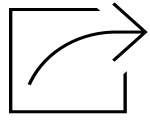
COACHING SUPPORT: CWG

Coaching and TA support from a contracted support, the Child Welfare Policy and Procedures Group (aka "CWG").
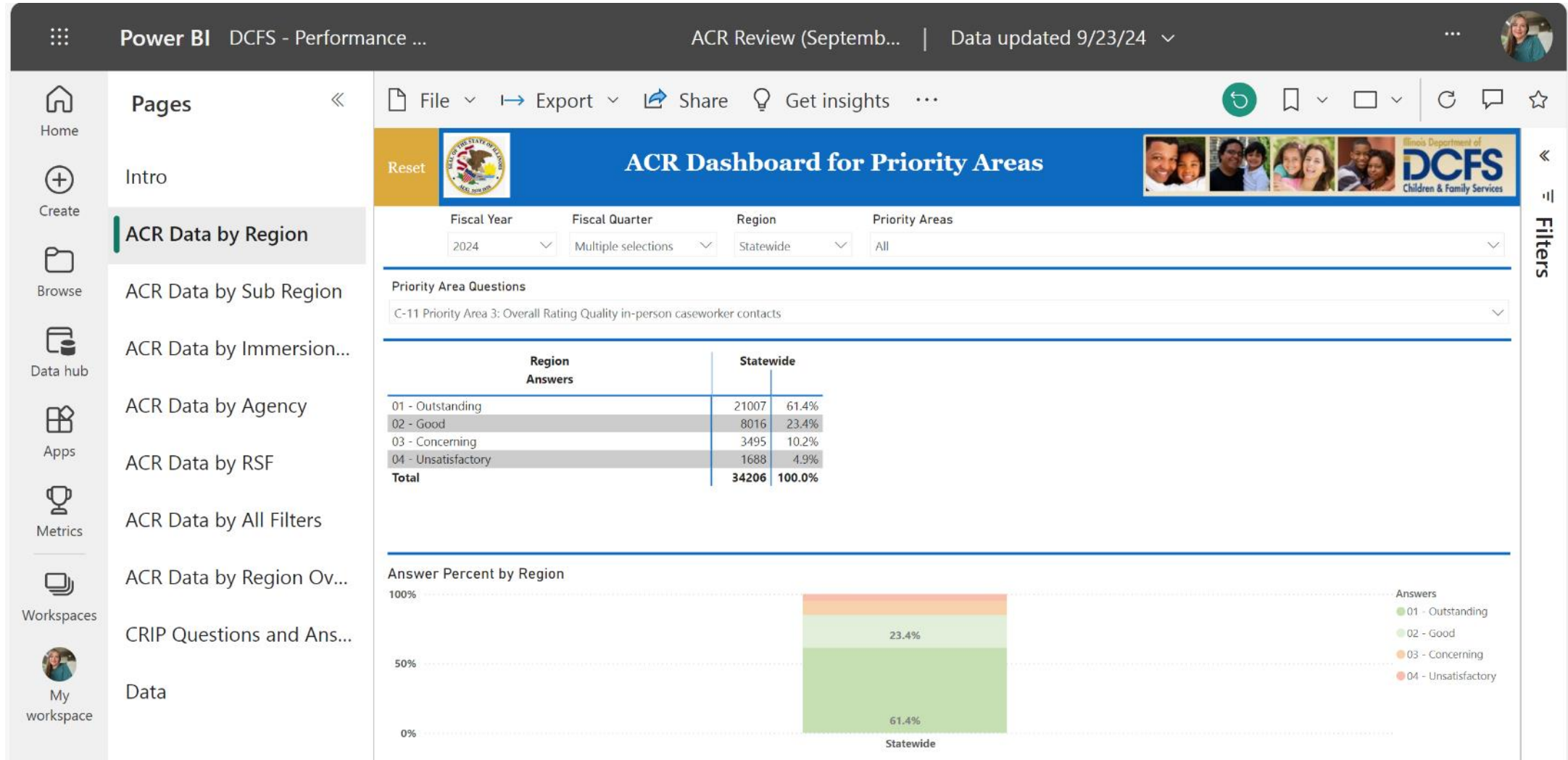
Help with the transfer of learning for reviewers from the training received to completing an ACR and applying the case to the I + I accurately.

Help build and refine reviewers' interviewing skills and confidence.

Better data!

DATA: PowerBI Dashboards
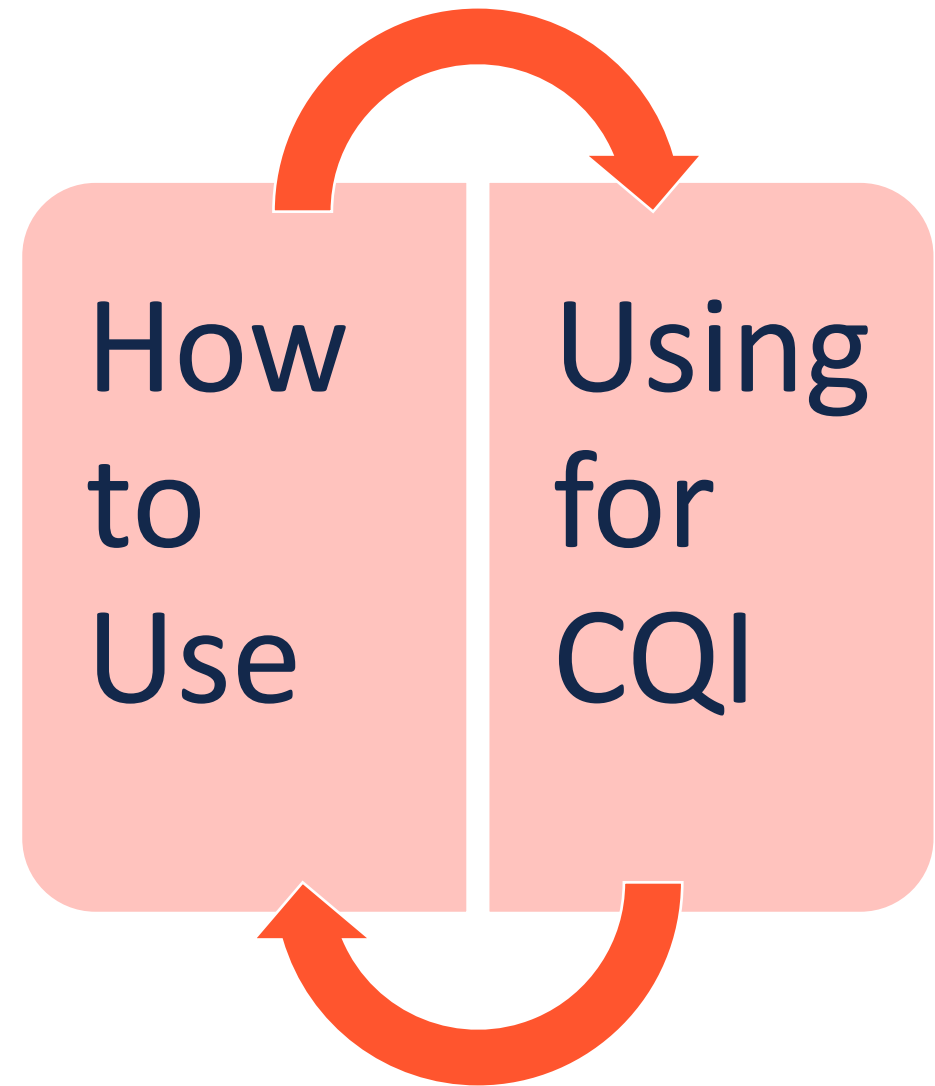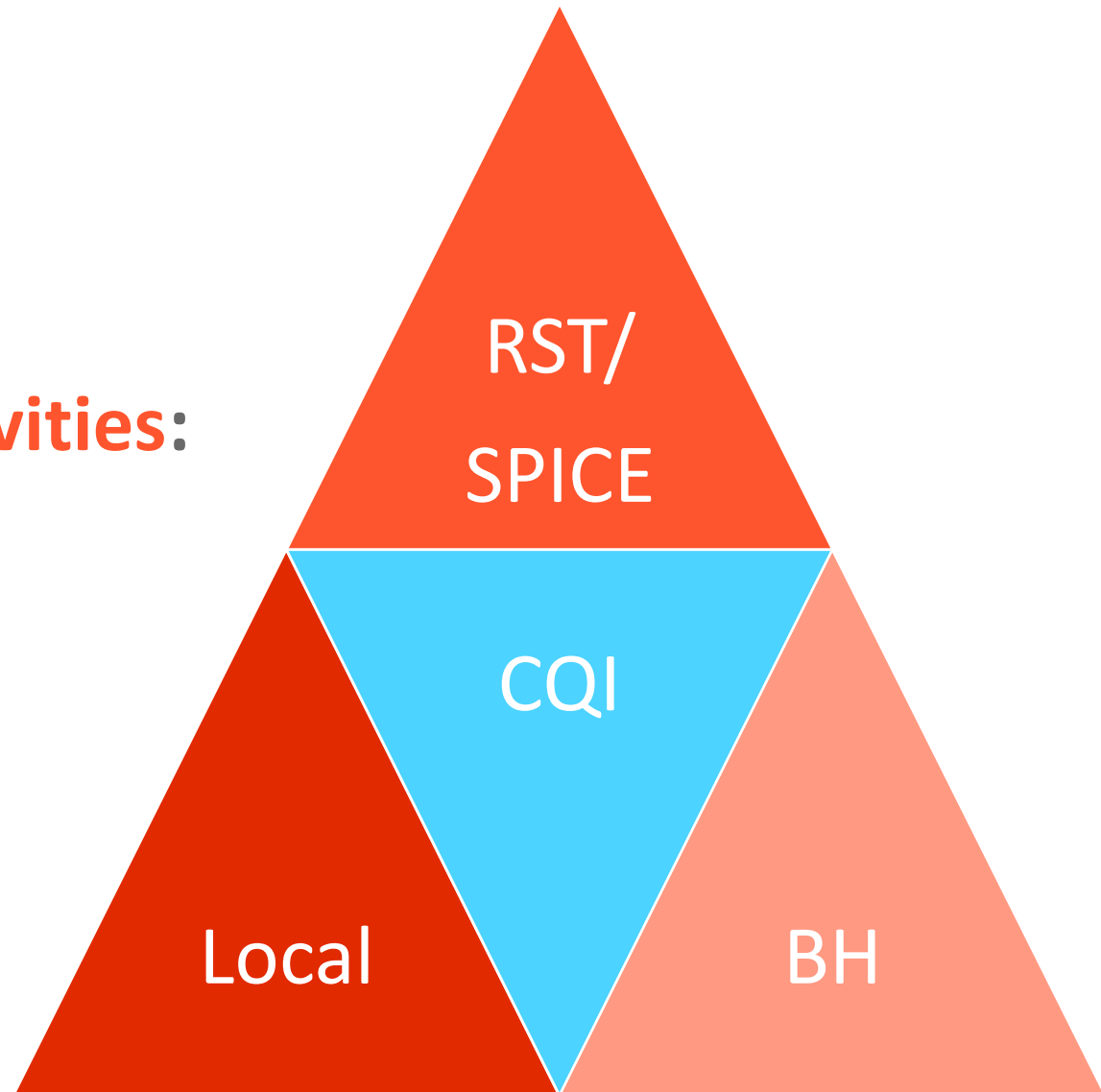
University Partnership: Chapin Hall

Two research questions:

1. Do ACR priority area ratings (lower is better) improve over time?

2. Do better ACR priority area ratings improve child welfare outcomes? *(i.e., length of stay, number of maltreatment, discharge to permanency, discharge within 12 months, and re-entry to DCFS legal custody)*

VALIDATION

- An ongoing process to review, enhance and collaborate
- 2 rounds of intensive validations with the ACR model
- Over a 6 month period
- Sample of 145 cases
- Validator assigned
- Analysis of agreement between the reviewer and validator

VALIDATION Rounds 1 and 2: COMPARISON DATA (CHAPIN)

	% FCURP and DCFS Same Rating							
	Round 1 Validation	Dec 2022	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	**Round 2 Validation**
All Overall Ratings	**40%**	40%	47%	41%	47%	50%	57%	**47%**
Case Overall Rating Score (F.01)	**Not Assessed**	39%	46%	40%	41%	46%	58%	**46%**
Overall Rating A. Priority Area #1: Quality Child & Family Team Meetings	**57%**	52%	71%	56%	64%	73%	79%	**66%**
Overall Rating B. Priority Area #2: Quality Case Planning	**Not Assessed**	26%	38%	40%	36%	38%	42%	**37%**
Overall Rating C. Priority Area #3: QUALITY IN-PERSON CASEWORKER CONTACTS	**36%**	39%	58%	32%	41%	38%	63%	**46%**
Overall Rating D. Priority Area #4: QUALITY FAMILY VISITATION/CONTACT	**37%**	39%	29%	28%	36%	46%	42%	**37%**
Overall Rating E. Priority Area #5: Quality Supervision	**29%**	43%	42%	48%	64%	58%	58%	**42%**

Source: Chapin Hall

VALIDATION Rounds 1 and 2: COMPARISON DATA (CHAPIN)

Passing: Score of 1-Full or 2-Substantial Implementation *Not Passing: Score of 3-Partial or 4-Unsatisfactory Implementation*	**% Agreement by Passing/Not Passing Status**							
	Round 1 Validation	Dec 2022	Jan 2023	Feb 2023	March 2023	April 2023	May 2023	**Round 2 Validation**
All Overall Ratings	**64%**	65%	69%	59%	73%	63%	72%	**67%**
Case Overall Rating Score (F.01)	**Not Assessed**	61%	75%	60%	73%	46%	88%	**67%**
Overall Rating A. Priority Area #1: Quality Child & Family Team Meetings	**72%**	65%	83%	76%	82%	85%	88%	**79%**
Overall Rating B. Priority Area #2: Quality Case Planning	**Not Assessed**	65%	50%	56%	68%	58%	50%	**58%**
Overall Rating C. Priority Area #3: QUALITY IN-PERSON CASEWORKER CONTACTS	**59%**	65%	83%	44%	64%	62%	63%	**63%**
Overall Rating D. Priority Area #4: QUALITY FAMILY VISITATION/CONTACT	**60%**	65%	54%	48%	68%	65%	71%	**62%**
Overall Rating E. Priority Area #5: Quality Supervision	**67%**	70%	67%	72%	82%	65%	75%	**72%**

Source: Chapin Hall

ONGOING VALIDATION

SAMPLING PROCESS:
- Sampling and assignment
- Time frame
- How cases are selected
- Assignment of review staff
- Logistics (case sampling, stratification, managing of database, etc.)

ONGOING VALIDATION

Validation Process

- Review SACWIS and other documents
- Observe review
- Complete tool
- Enter tool to SurveyMonkey
- ACR will enter their tool
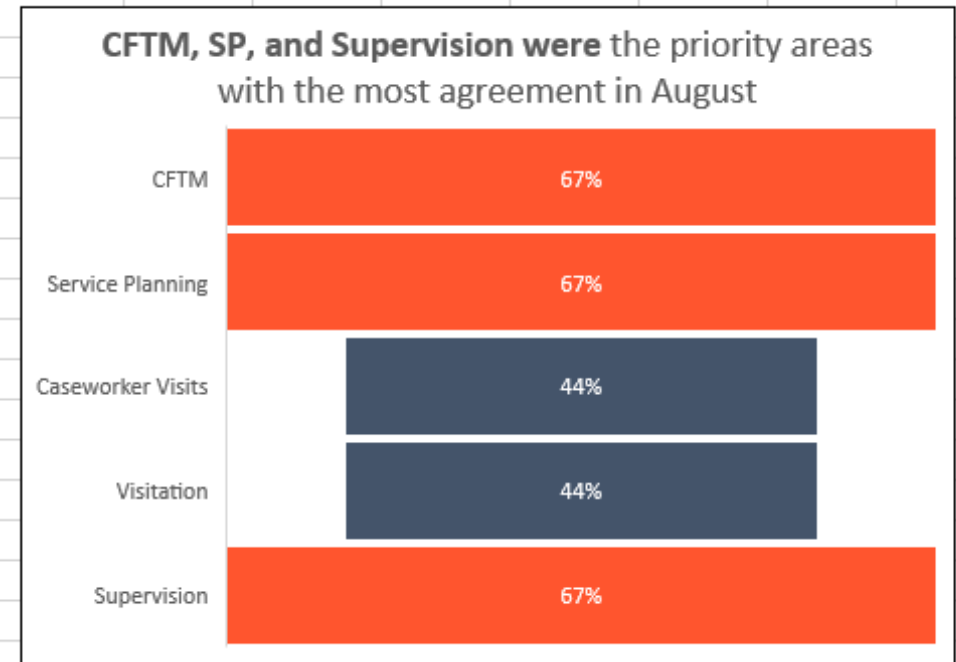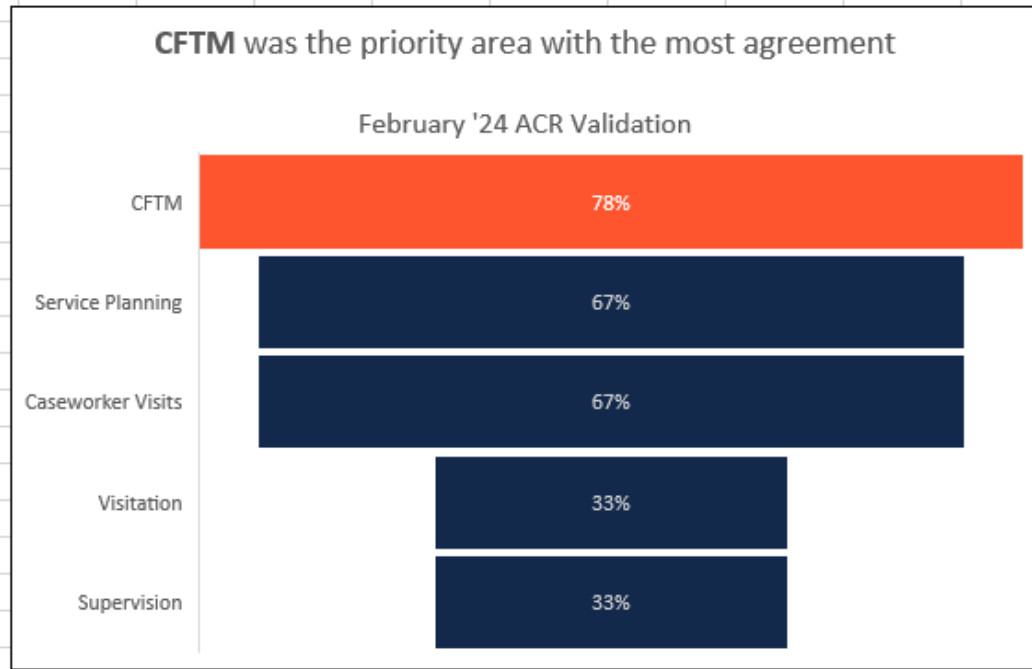
Data Analysis and Feedback

- FCURP compares data
- Comparison data reviewed with team
- Discussion regarding differences in monthly meetings

Manager Feedback with Reviewer

- Feedback discussed with reviewers
- Information utilized with mentoring/coaching

Priority Area	Percent of Scores in Agreement										Trend
	Sep '23	Oct '23	Jan '24	Feb '24	Mar '24	Apr '24	May '24	Jun '24	Jul '24	Aug '24	
CFTM	56%	78%	67%	78%	67%	67%	78%	67%	67%	67%	
Service Planning	44%	33%	44%	67%	33%	44%	44%	56%	33%	67%	
Caseworker Visits	89%	56%	56%	67%	67%	56%	56%	44%	56%	44%	
Visitation	67%	67%	67%	33%	44%	44%	56%	44%	89%	44%	
Supervision	78%	44%	56%	33%	89%	33%	44%	67%	44%	67%	
Overall	56%	67%	67%	56%	56%	56%	33%	56%	44%	56%	

CFTM was the priority area with the most agreement

February '24 ACR Validation

Priority Area	Percent
CFTM	78%
Service Planning	67%
Caseworker Visits	67%
Visitation	33%
Supervision	33%

CFTM, SP, and Supervision were the priority areas with the most agreement in August

Priority Area	Percent
CFTM	67%
Service Planning	67%
Caseworker Visits	44%
Visitation	44%
Supervision	67%

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DOMINOES?

**What has been happening for ACR staff…
Effects of this process in the field…**

QUESTIONS?

FOR MORE INFORMATION, CONTACT:

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