

ChildStat – Permanency Case Format

Case Presentation

The purpose of ChildStat is to encourage a culture of learning through self-reflective and self-diagnostic processes. ChildStat uses a case conferencing model where one case is seen as an opportunity to critically analyze practice, policy, and procedures from a systems perspective. It will help identify specifically what steps can be taken to enhance practice with the case presented and within the local office. In addition, it can help identify critical decision making elements and themes statewide. Feel free to call the Office of Performance Management and Accountability for any questions or clarifications.

Case Selection:

The Office of Performance Management and Accountability (PMA) selects a permanency case of a family whose children were reunified with them between 3-6 months prior to ChildStat. (The children must have been in placement for at least one week). The individual case and data will be provided to the Area Director and Local Office Manager two weeks prior to the ChildStat presentation via email. Please note you are asked to use the **first name** of the family members and their support system when presenting the family's story

Case Presentation (90 minutes)

The focus of the case presentation is on the quality of the practice and the services offered to the family after being reunified with the children in their own home. Data is to be woven into the case presentation as a reflection and measurement of practice performance. **An emphasis should be placed on strategies used to attain good practice and highlight the learning opportunities.** When relevant, Local Office staff should co-present with internal (i.e. CSOC, OAS, Business Office, DVL, CADDC, or Clinical Consultants) or external (i.e. CMO staff, therapists or other provider agencies) partners. These partners should include how they helped with decision making and how they perceive the measured change in the family. They are to provide additional information that was not presented by the office on the family with an analysis from their own professional perspective. It is most helpful for these partners to share strategies integrated into assisting the family and lessons learned that can be tied back to the family presentation.

Staff from the Area/Local Office will have a maximum of 90 minutes to present the family with data being woven into the story. If the non-negotiable data points are not presented throughout the 90 minute case presentation, the remaining data points will still need to be reported.

The outline below reflects suggested contextual elements to guide the presentation, it is not meant to be followed in the order as listed.

Key Practice Elements

I. Engagement and Teaming

- History
 - Provide a synthesis of the family's history with DCP&P which includes a family genogram, time line, and the family's story (i.e. how they became involved with DCP&P). Include only prior **relevant** history and referrals that impact the family's current trajectory (not every referral, just an analysis of circumstances), court involvement, services, etc.
 - Include such answers to such questions as:
 - What was the turning point for this family?
 - How is the family different now from when we first met them?
 - What does success look like for this family?
 - How is the family handling any stressors now and is there a plan to support the family to address any barriers in the future?
 - Include any referrals to CP&P since the reunification.
- Engagement Strategies
 - Discuss what strategies were used to engage both custodial and non-custodial parent. For example:
 - How have we worked with the family to define what it can do for itself and where the child, family, and/or resource family needs can be met?
 - How have we worked with the child, family, and/or resource family in decision making about the choice of interventions and the reasons why a particular intervention might be effective?
 - Discuss how individualized family strengths (e.g., culture, traditions, values, spirituality, and lifestyles) are being used as building blocks and catalysts for service delivery with child, family, and/or resource caregiver.
 - Discuss the family's understanding of the needs and risks for the child and/or family. Include information on the family's current and historical risk levels and how risk was mitigated or risk level changed.

- Family Perspective/Voice
 - In the process of engaging and teaming (formal and informal) with families, each family is encouraged to share their perspective on how they became involved with DCP&P and/or their current situation. Discuss such areas as:
 - What is the family's story in their words? What does the family see as their role in the use of their strengths to address their needs? How have we worked with the family to identify their underlying needs?
 - How does the family explain how they became involved with CP&P?
How does family see their current situation with CP&P?
 - Discuss the strategic use of Family Team Meetings. For example:
 - How is the family invited to these meetings?
 - What supports (formal and informal) are present and how were they involved in assisting the family in reaching reunification?
 - What is the impact and frequency of the FTMs for the family?
 - Development of Family Agreements/Case Plans
 - Describe the planning process with this family? For example:
 - What evidence is present that reflects the family's voice in the planning process?
 - Were the case plans signed, did they occur in or out of an FTM?
 - What is the quality of the documentation?
 - Does the case plan include a contingency procedure for "what could go wrong"?

II. Assessment and Understanding

- Discuss collateral information gathered and how it was integrated into the decision making and planning with the family
 - Are there 'weighted' collateral contacts (For example, a specialist doctor's report from a regional diagnostic center might hold more weight than the pediatrician's report in certain cases)?
 - Discuss the preventive and protective factors that were present to strengthen the family and mitigate risk (Attached document for examples).
- Role and quality of supervision
 - Discuss the quality of conferencing throughout the case and include an example of the conferencing.

- Discuss the role of Casework Supervisor and the level and quality of supervision given to this case.
- Include the role of *Focus On Supervision* (FOS) in your office and in this case, if applicable. Discuss any sustainability strategies in place and if any lessons learned through FOS were applicable to this case.
- How has FOS or case conferencing informed decision making for this family?

III. Planning and Intervening

- Discuss the Long Term View for this family including the family's community/informal support. For example: Where is our work with the family headed and why?
 - What links to services within the family's own community (i.e. Family Success Centers) have been made?
 - Is there an explicit plan which should enable the family to live safely and independently of the child welfare system?
 - Does the family envision the plan being successful? Does the worker envision the plan being successful? Are there any barriers to the plan?
 - Does the plan provide direction and support for making smooth transitions across settings, providers, and levels of service?
 - What strategies are being used to stabilize the family?
 - What are we doing to prevent another placement?
- Are there needs, resources, or services available to meet the unique needs of this family? Evaluate the effectiveness and impact of interventions and services on the family (what services are we using, what are expectations of service, changes have been noted in family/child /youth's functioning).
- Incorporate the county's latest QR Results for these QR indicators Case Planning, Teamwork Formation & Functioning, and Assessment & Understanding. Link family data to these elements and describe whether the QR scoring was in the maintain, refine or improve zone as it relates to the work with the presented family.

IV. Summary Discussion

- Strengths and challenges/barriers of our case practice with the family's outcomes including reunification.
 - There should be a discussion about not only what were the strengths and challenges/ barriers during the course of the out-of-home placement and process of reunification of this case, but also:
 - What is the overall case practice within the office?

- Special focus should be on the strengths of the practice in the office, not just the strengths of the family.
- What are we doing well, what is not working, how can we work differently towards even better outcomes?
- System barriers: What policies, procedures, or protocols negatively impact casework?

ChildStat Data Discussion

Data Elements (included in the 90 minute case presentation)

The data can reflect the family and child/youth's story. Since all offices have presented, county specific information is not required, but a fact sheet about the county can be included in the handout if office chooses. Data presented is to emphasize *practice* rather than office functioning. Data such as Kids Count information and socioeconomic data should **only be included as it relates** to current challenges or bright spots in the office and directly related to the case presented.

The focus should be on understanding the data not just presenting the data. *If the data demonstrates a need to drill down to determine what is working and what is not, the results of that analysis should be part of the presentation.* The outline below reflects suggested contextual data elements to guide the presentation, it is not meant to be followed in the order as listed. We ask that offices go beyond the raw numbers and share the story that the data tells, as well as the resulting analyses, including working strategies /interventions to address any barriers. The data elements of the presentation will have both optional and non-negotiable data points. We are asking that data be threaded throughout the case presentation portion of the presentation so the work with the family can be illustrated through the data. If the data is not covered fully in the case presentation portion, then within the same 90 minutes, the remaining data points can be presented.

Non-negotiable data points:

- Information on reopens with drill down about reasons for reopen. Investigations completed within 60 days, explain any extensions.
- Percentage of pre- and post- investigation conferences held.
- Number of out of home placements and siblings placed together, tie to family presentation if siblings placed together.
- **Parent/child Visits**, tie to family presentation if visits occurred.

- **Initial and Quarterly FTMs (in home and placement cases; reported separately).**
Tie to family presentation if FTMs occurred and how this practice is maintained in the office.
- Placement and replacement rate (length of stay) as it relates to the family presentation. Was the length of stay for the presented family within the office's normal range or was it unusual?
- Repeat maltreatment rates
- The number of resource homes are available in your area.
- Case Plans and timeliness of completions for in-home cases (This is a Safe Measures screen that is in development at this time).

Optional data points:

- Staffing (include leaves and trainees) only if there is **significant** impact on the office's practice as all office have leaves and vacancies
- Total number of children and families served by the LO

Data should be presented for the last two completed quarters and should be compared with statewide data except for the bolded items which should be compared with the highest and lowest performing offices for each month. ***The comparison data will be provided by PMA two weeks prior to ChildStat.*** The discussion during the PowerPoint presentation should explain and **analyze** areas that appear to be different from the trends and/or were a surprise during the analysis. Also, share strategies for bright spots or barriers to reaching the Division's key performance indicators.

ChildStat General Information

Debriefing Session:

Following the morning presentations, the Area Director, Local Office Manager, and select staff from the Local Office will have an opportunity to debrief and discuss the morning session. These sessions will be co-facilitated by PMA and CP&P leadership to discuss themes, next steps, and their overall sense of the process. This is an opportunity to review the questions and comments from the morning participants, extend the learning, and discuss issues in a smaller, less formal setting. Follow-up considerations and solutions can also be explored at this time. *The PMA staff will capture the discussion and provide a grid of next steps to the Area Director the following week along with a summary of the evaluation sheets.* When the Local Office provides a case update it will present how the next steps were addressed. PMA will use the debriefing session to gather feedback on the ChildStat process.

Next steps:

After the Local Office has presented at ChildStat, the office leadership will share the presentation in their office(s) so that staff has an opportunity to join in the learning. This feedback should be included in the case update presentation.

Case Updates: (15 minutes)

Case Updates should contain the following information:

- A **brief synopsis** or summary of the family story.
- Handouts: updated Genogram and Ecomap plus Timeline or Flow Chart.
- Status of the case since the presentation.
 - Additional casework completed as a result of ChildStat.
 - New referrals have been received, and the outcome/finding
 - Case status (i.e. open, closed).
 - A summary of the comments or next steps identified in the debrief session or through comments from the audience.
- Lessons learned and/or changes made as a result of the ChildStat process in the office, county or area.
- Feedback from staff within the office as a result sharing the ChildStat presentation.
- Link micro to macro: LO practice to overall system.
- Assessment of the effectiveness of services, as well as barriers and impact on family functioning.
- Long Term View of this family Update on Case Practice elements
 - Teaming efforts since presentation
 - Case planning
 - Assessments

Co-presenters can also include DVL, CDC, or other partners if relevant and time permits.

Case Updates can be made by the AD, LOM, Supervisor, or CWS. When Casework Supervisor delivers the original case presentation, the office may have the supervisor provide the case update. PowerPoint presentations are not required.

Evaluations:

In order to support learning and create a safe and supportive environment, audience members will be given an opportunity to identify strengths and areas of need in the presentation through the evaluation process. Audience members will complete the evaluation after each case presentation and case update. Presenters can encourage their colleagues to complete the evaluations as their feedback is valued. The results of the evaluation will be used by the facilitators to guide the debriefing session.

Questions:

In an effort to provide open discussion, audience members are encouraged to ask questions. Audience members have the ability to ask a question out loud or write their question down on index cards for the group facilitator to ask. Questions that are written on index cards may also be used to facilitate the debriefing session.

Attendance:

It is expected that the AD, AAD, and AQC attend ChildStat. Four to six additional staff should be identified to attend. It is suggested that you rotate attending. For example, *for offices not presenting, an AD can invite other Local Office Managers, two supervisors, one worker to experience the process.* Workers associated with the case presented in the case presentation or the case update may not ever attend. When appropriate, please invite relevant providers associated to the case such as CMOs, service providers, or DAGs. Co-presenters can attend with one agency colleague. It is the responsibility of the Area or Local Office to ensure their partners in presentations or general attendance have the most updated information on location, time, cancellations, etc. Please ensure that service providers sign confidentiality agreements in addition to sign-in sheets.