

**PIP Benchmark: Improve the quality and Frequency of worker visits with parents/caretakers and children in both OOHC and in-home services cases.**

**PIP item: 1A.4.2 Develop and implement regionally specific plans to improve the quality and frequency of caseworker visits.**

In preparation for this 5<sup>th</sup> quarter item, Dr. Ruth Huebner conducted an assessment of the frequency and quality of caseworker visits statewide during PIP quarter 3 (part 3). Dr. Ruth developed a power point summary of the information gained from the assessment and it was presented to the PIP leads and CQI specialists during a statewide PIP video conference on February 17, 2011, (part 4).

Using the evaluation results, the Coordinating Services for Children work group and the Reasonable Efforts and Documentation work groups set up 2 teleconferences with the regions to facilitate an exchange of ideas around how they are planning to approach this item. Each region was then asked to develop their individualized plans (parts 5-13).

The regions were advised that the frequency of the OOHC visits would be measured via the TWIST 280S. A new report, the TWIST 296, was developed to assist them in measuring the frequency of the visits in the home. The quality of the visits will be measured via the CQI DIG using the following questions:

75e. Has the SW seen the child in the home per SOP?
75f. Was the worker's contact sufficient to address key issues with the child pertaining to the child's needs, services and case goals?
75g. Did the worker have one on one contact with the child?
127e. Face to face contact with the child is of sufficient quality to address key issues with the child pertaining to the child's needs, services and case goals.
75a. Has the SW made home visits to the custodial parent per SOP?

75b. Does the documentation reflect that face to face contact with the mother was of sufficient quality to address key issues with the mother pertaining to the mother's needs, services, and case goals?

75c. Has the SW made home visits to the non-custodial parent per SOP?

75d. Does the documentation reflect that face to face contact with the father was of sufficient quality to address key issues with the father pertaining to the father's needs, services and case goals?

## PIP item 1A.4.2 Develop and Implement regionally specific plans to the quality of caseworker visits with parents/caretakers and children in both OOHC and in-home services cases.

Hello to everyone,

It is time to prepare or update our PIP regional action plans around the frequency and quality of caseworker visits. This includes in and out of home care visits. I have attached a copy of report that was prepared by Dr. Ruth and her group as well as a running total of the caseworker visits to children in OOHC as recorded by the 280S. I would also encourage you to look at your DIG scores to see how they compare to your TWIST scores.

Two conference calls have been scheduled and we are asking that each region participate in at least one. The calls are set for April 13<sup>th</sup> at 1:00 pm EST and April 20<sup>th</sup> at 9:00 am EST. If you are unable to participate in either of these calls we are willing to set up another time. If the PIP lead is not available, please ask another employee to participate and be ready to share the following information:

1. What strategies have been used in your region to get your visits done (this includes in and OOHC)?
2. What barriers did you identify during the development of your initial plans?
3. How did you address the barriers?
4. How do you ensure that your visits are quality visits?

Our goal is to facilitate conversations between the regions, share ideas, and assist with the development of the most comprehensive plans. Remember the goal is frequency and quality, so as you begin to think about your plans, keep both of these things in mind. We will be taking notes and sharing these with everyone. We have asked Bruce Linder and Tina Webb to join us on these calls as we attempt to improve the work that we do.

In the past, we have had some difficulty with the conference calls, so I will be forwarding that information to you on Monday.

## PIP 1A.4.1: Caseworker Visits

**Date:** December 1, 2010

**By:** Ruth A. Huebner, PhD

**PIP Item:** 1A.4.1: Assess the quality and frequency of caseworker visits across regions

### Executive Summary

The purpose of this document is to synthesize information on the current quality and frequency of visits with parents/caretakers and children in both cases served as in-home and as out-of-home care (OOHC). 'Visits' is defined as face-to-face contacts with any family member in the case for families served as 'in-home' and face-to-face contacts with the child for cases served as OOHC. Quality of visits is defined as CQI casework quality review scores for face-to-face contacts that include quality indicators for the mother, father, and child for both in-home and OOHC cases. This document is intended to help the leadership of the service regions conceptualize and develop plans for improving the quality and frequency of such visits.

#### Frequency of Visits to Cases Served In-Home

The monthly "Cases Fact Sheet" based on the TWIST M206 report was also used to compare rates of visits over the past 12 months. The in-home services dataset from TWIST (TWS Q196) with data on all children served in-home during 9/25/2009 to 9/24/2010 was used to refine the analysis and compare families with and without a monthly visit. Between September 2009 and September 2010, 16,831 families with 43,432 children were served as in-home cases.

- The statewide rate of monthly visits for in-home case in August 2009 was 68.5% and in August 2010 was 65.5%.
- Jefferson, with the most children served, also had the highest and most consistent frequency of visits for in-home cases at over 73% in 2009 and 2010.
- The statewide rate of visits with the family declined 3 percentage points over the past year. The decline was most apparent in Eastern Mountains and the Lakes, while Salt River Trail, Jefferson, and Northeastern all made progress in the frequency of visits.
- 9.6% of cases had 'no visit', but more than 86% of these were opened for 45 days or less.
- 75.4% of all families were visited within 2 months; cases opened 46 days or longer were more likely to be visited.
- There were no differences in the race, gender, or age of children in cases visited or not visited within 2 months. There were no differences in the rate of visits based on program/subprogram for abuse or neglect or years of contact with the agency.
- Families served as in-home cases that had children in OOHC, especially those recently reunified, were significantly more likely to be visited. Cases with higher cumulative risks and more referrals especially substantiated referrals were more likely to be visited in-home within 2 months.
- 61.4% of visits for in-home cases occurred in the home; 11.1% were in the DCBS office.

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### Quality of Visits for In-Home and Out-of-Home Care Cases

For this analysis, CQI Case Reviews for 1,439 children (1,398 cases) in OOHC and 2,149 cases served as in-home cases within the past 18 months were used. A key question on quality was: “Does the documentation reflect that face to face contact with the (mother, father, child) was of sufficient quality to address key issues with the (mother, father, child) pertaining to the (mother, father or child’s) needs, services, and case goals?” A few key findings were:

- 91.5% of visits to children in OOHC were rated as being of sufficient quality.
- 78.2% of visits with mothers for in-home cases were rated as sufficient.
- 59.2% of visits with fathers in cases served in OOHC were rated as sufficient.

The visits to mothers and fathers were rated with higher quality for cases served in-home and visits to children were rated with higher quality for cases served in OOHC. Both the frequency and quality of visits to fathers offers the most opportunity for improvement. Although the pattern of performance is similar across regions, differences in the quality of visits for both in-home and OOHC cases are displayed by service region for planning.

### Frequency of Visits to Children in OOHC

Using datasets for measuring the federal standard, Kentucky has made consistent and substantial progress in improving the rates of visits to children in OOHC.

- From October 2008 to October 2010, Kentucky’s rate of visits increased from 33.2% to 66.9%, an improvement of more than 33 percentage points.
- Each Service Region has access to monthly reports and quarterly displays of trends in their region. All service regions have made consistent and substantial progress in improving the rates of visits to children in OOHC.

These improving trends are reinforced by examining the data in alternative ways.

- In 2009, 21.8% of children missed full compliance with the federal standard because of one missed visit;
- in 2010 17.1% of all children missed the federal standard by one monthly visit.
- The combined rate of children with no monthly visits missed or only one monthly visit missed was 82.9% of children visited each and every month except possibly one month in the year.
- Similarly, on average all children in the state received 88.4% of their monthly visits this FFY; in the prior year this rate was 84.7%.
- The trend toward improved performance is seen in a rising rate of monthly visits, a reduced rate of children with one or more visits missed, and an increasing rate of the average percent of visits that each child received.

There were very few differences between children that were or were not visited in compliance with the federal standard. The few statistically significant differences were quite small differences; children with a monthly visits tended to:

- Have a goal of adoption
- Be placed in-state
- Be placed in a PCC foster home
- Be placed in the same county as their case manager.

Consequently, the results suggest that consistent efforts are made to visit all children, but visits may be missed for random, rather than systematic reasons.

## **Introduction**

### Background

In the Program Improvement Plan (PIP), Kentucky seeks to Enhance Family Involvement and Capacity to Provide for their Children's Needs (Primary Theme I). An action step toward that objective is to improve the quality and frequency of workers visits to parents/caretakers and children in both OOHC (out-of-home care) and in-home services cases. Face to face contacts are the venue for service delivery and case plan coordination and are thus essential to engaging the family and improving their capacity. In PIP Quarter 5, each service region will develop a regional action plan to improve the quality of these visits. Prior to developing these visitation improvement plans, the quality and frequency of casework visits was to be assessed and forwarded to the regions for their consideration.

### Purpose and Organization

In this report, 'Visits' is defined as face-to-face contacts with any family member for families served as 'in-home' cases and face to face contacts with the child for OOHC cases. Quality of visits is defined as CQI casework quality review scores for face-to-face contacts that include quality indicators for the mother, father, and child for both in-home and OOHC cases.

The purpose of this document is to synthesize information on the current quality and frequency of visits to parents/caretakers and children in both in-home and OOHC served cases. This document is intended to help the regions conceptualize and develop plans for improving the quality and frequency of such visits.

The document is divided into three major sections, first on frequency of visits for in-home cases, second on the quality of visits for both in-home and OOHC cases, and lastly on the frequency of visits to children in OOHC. Regional summaries or breakout tables are included when the data show that regions are significantly different from each other and there were adequate number of cases to produce results reliable at the regional level.

## **Section One: Frequency of Visits Cases Served In-Home**

### Methodology

The monthly "Cases Fact Sheet" based on the TWIST M206 report was used to compare rates of visits over the past 12 months. The in-home services dataset from TWIST (TWS Q196) with data on all children served in-home during 9/25/2009 to 9/24/2010 was also used to refine the analysis and compare families with and without a monthly visit. This extensive dataset includes 45 variables related to child and family demographics, most recent referral and information on this, key dates in the case, risk factors, date on OOHC for children with an episode of OOHC, date and place of contracts, and indicators on Family Team Meetings (most recent and total FTMs in the case).

### Frequency of Visits: Systematically Calculated Data Indicator

To compare frequency of worker visits to the family within the month, the rates of visits displayed on the *CASES Fact Sheets* from August 2009 were compared to the same rates in August 2010. This indicator is consistently calculated each month and used by the service regions to monitor progress and understand the entire case load.

As shown in Table 1, the statewide rate of monthly visits was 68.5% and 65.5% respectively in these two months. Jefferson with the most children served also had a frequency of visits over 73% in both years. Nonetheless, the statewide rate of visits/contacts declined 3 percentage points over the past year. The decline was most apparent in Eastern Mountains and the Lakes, while Salt River Trail, Jefferson, and Northeastern had higher frequency of visits.

Table 1

*Rates of Contacts to Family within Month for In-Home Cases: August 2009 and 2010*

	CASES FACTS AUGUST 2009		CASES FACTS AUGUST 2010		Change in August Rates (2009 to 2010)
	# OF CASES	% WITH CONTACT IN MONTH	# OF CASES	% WITH CONTACT IN MONTH	
Eastern Mountains	869	<b>75.1%</b>	832	61.6%	-13.5%
Jefferson	763	<b>73.5%</b>	742	<b>76.2%</b>	2.7%
Northeastern	565	59.6%	633	61.5%	1.9%
Northern Bluegrass	835	62.3%	858	59.3%	-3.0%
Salt River Trail	714	64.0%	755	<b>74.7%</b>	10.7%
Southern Bluegrass	647	63.5%	790	57.2%	-6.3%
The Cumberland	626	<b>73.8%</b>	676	66.3%	-7.5%
The Lakes	461	68.0%	462	57.8%	-10.2%
Two Rivers	919	<b>72.7%</b>	1038	<b>71.4%</b>	-1.3%
State Total	6399	68.5%	6786	65.5%	-3.0%

Note. Rates over 70% are bolded

### Frequency of Visits: Additional Analysis

The TWS M206 and related "Cases Fact Sheets" are automatically and consistently calculated each month; data include all open cases regardless of the length of time that the case was opened. Thus, cases recently opened or opened for longer times are all considered equally. To refine the analysis of frequency and compare families with and without visits, the TWS Q196 dataset was used. Between September 2009 and September 2010, 16,831 families with 43,432 children were served as in-home cases. Only 28.3% of families had one child, the other 81.7% of families had

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two or more children. Table 2 displays the distribution of children and families served as in-home cases based on data from the TWS Q196. The three regions with the most children served in-home are Jefferson, Two Rivers and Eastern Mountains.

Table 2

*Children and Families (Cases) Served with DCBS In-Home Services*

	# OF CHILDREN	PERCENT OF STATE	# OF CASES	PERCENT OF STATE
The Lakes	2882	6.6	1145	6.8
Northeastern	3927	9	1531	9.1
The Cumberland	4450	10.2	1752	10.4
Salt River Trail	4655	10.7	1857	11.0
Southern Bluegrass	5020	11.6	1970	11.7
Northern Bluegrass	5249	12.1	2012	12.0
Eastern Mountains	5254	12.1	1966	11.7
Two Rivers	5953	13.7	2352	14.0
Jefferson	6042	13.9	2246	13.3
State Total	43432		16831	100

Using the TWS Quarterly 196 in-home dataset with analysis at the case level, the data were compared for cases opened for 45 days or more to cases opened for 46 days or longer. The 45 day cutoff was chosen to allow time for the monthly visit and time for data entry. The 45 day indicator was calculated the time between the case opened and the date of the data pull or at the date of the case closure for cases closed during the year. Data from the TWS Q196 are much more inclusive than the M206 data and intended for research and trend analysis purposes rather than case management. Tables 3 and sub-tables 3.1 to 3.9 displays these rates of visits by time since the most recent visit. Overall at the statewide level:

- 9.6% of cases had 'no visit', but more than 86% were opened for 45 days or less.
- 75.4% were visited or contacted within the past 2 months with cases opened 46 days or longer being most likely visited.
- Of concern are the cases without a visit in 12 or more months. Statewide 378 families (2.2%) had not been contacted within the previous 6-12 months or longer.

Table 3: Statewide Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Statewide	opened for => 46 days	#	718	7541	5017	1242	537	239	139	1828
		%	4.5	47.8	31.8	7.9	2.5	1.5	0.8	
	opened =< 45 days	#	905	103	35					138
		%	86.6	9.9	3.3					
	State Total	#	1623	7644	5052	1242	537	239	139	1964
		%	9.6	45.4	30.0	7.4	3.2	1.4	0.8	

Table 3.1: Eastern Mountains Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Eastern Mountains	opened for => 46 days	#	59	969	532	191	45	24	8	1828
		%	3.2	53	29.1	10.4	2.5	1.3	0.4	
	opened =< 45 days	#	119	13	6					138
		%	86.2	9.4	4.3					
	Region Total	#	178	982	538	191	45	24	8	1966
		%	9.1	49.9	27.4	9.7	2.3	1.2	0.4	

Table 3.2: Jefferson Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Jefferson	opened for => 46 days	#	106	1139	679	136	15	8	17	2100
		%	5.0	54.2	32.3	6.5	0.7	0.4	0.8	
	opened =< 45 days	#	122	21	2					145
		%	83.6	14.4	1.4					
	Region Total	#	228	1160	681	136	15	8	17	2245
		%	10.2	51.6	30.3	6.1	0.7	0.4	0.8	

Table 3.3: Northeastern Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Northeastern	opened for => 46 days	#	67	644	452	185	51	36	15	1450
		%	4.6	44.4	31.2	12.8	3.5	2.5	1.0	
	opened =< 45 days	#	69	7	5					81
		%	85.2	8.6	6.2					
	Region Total	#	136	651	457	185	51	36	15	1531
		%	8.9	42.5	29.8	12.1	3.3	2.4	1.0	

Table 3.4: Northern Bluegrass Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Northern Bluegrass	opened for => 46 days	#	86	822	589	288	68	41	20	1914
		%	4.5	42.9	30.8	15.0	3.6	2.1	1.0	
	opened =< 45 days	#	89	6	3					98
		%	90.8	6.1	3.1					
	Region Total	#	175	828	592	288	68	41	20	2012
		%	8.7	41.2	29.4	14.3	3.4	2.0	1.0	

Table 3.5: Salt River Trail Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Salt River Trail	opened for => 46 days	#	97	825	589	166	29	25	20	1751
		%	5.5	47.1	33.6	9.5	1.7	1.4	1.1	
	opened =< 45 days	#	96	8	2					106
		%	90.6	7.5	1.9					
	Region Total	#	193	833	591	166	29	25	20	1857
		%	10.4	44.9	31.8	8.9	1.6	1.3	1.1	

Table 3.6: Southern Bluegrass Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Southern Bluegrass	opened for => 46 days	#	92	647	718	301	43	30	14	1845
		%	5.0	35.1	38.9	16.3	2.3	1.6	0.8	
	opened =< 45 days	#	114	8	3					125
		%	91.2	6.4	2.4					
	Region Total	#	206	655	721	301	43	30	14	1970
		%	10.5	33.2	36.6	15.3	2.2	1.5	0.7	

Table 3.7: The Cumberland Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
The Cumberland	opened for => 46 days	#	89	833	506	134	40	15	13	1630
		%	5.5	51.1	31.0	8.2	2.5	0.9	0.8	
	opened =< 45 days	#	104	17	1					122
		%	85.2	13.9	0.8					
	Region Total	#	193	850	507	134	40	15	13	1752
		%	11.0	48.5	28.9	7.6	2.3	0.9	0.7	

Table 3.8: The Lakes Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
The Lakes	opened for => 46 days	#	39	475	311	185	34	25	7	1076
		%	3.6	44.1	28.9	17.2	3.2	2.3	0.7	
	opened =< 45 days	#	56	7	6					69
		%	81.2	10.1	8.7					
	Region Total	#	95	482	317	185	34	25	7	1145
		%	8.3	42.1	27.7	16.2	3.0	2.2	0.6	

Table 3.9: Two Rivers Rates of Visits by Time Case Opened and Time since Last Visit

			NO VISIT	0-30 DAYS	2 MON	3-4 MON	5-6 MON	6-12 MON	>1 YR	TOTAL CASES
Two Rivers	opened for => 46 days	#	83	1187	641	193	28	35	25	2192
		%	3.8	54.2	29.2	8.8	1.3	1.6	1.1	
	opened =< 45 days	#	136	16	7					169
		%	85.0	10.0	4.4					
	Region Total	#	219	1203	648	193	28	35	25	2352
		%	9.3	51.1	27.6	8.2	1.2	1.5	1.1	

#### Frequency of Visits for Cases Opened 46 Days or Longer

To simplify regional comparisons, Table 4 displays the data as dichotomized by all children who received or did not receive a contact in their case within two months. For this analysis, only cases opened 46 days or longer were included. Five service regions achieved a rate of visits within 2 months at or above 80%.

Table 4  
*Rates of visits/contacts for In-Home Cases within 2 months*

	# No visit in past 2 months	Percent No Visit in 2 mon,	# visit in past 2 months	Percent With Visit	Total Children
Jefferson	797	14.2	4810	85.8	5607
Two Rivers	878	16.0	4598	84.0	5476
Eastern Mountains	870	18.1	3946	81.9	4816
The Cumberland	781	19.0	3328	81.0	4109
Salt River Trail	835	19.3	3491	80.7	4326
Northeastern	913	24.8	2771	75.2	3684
Northern Bluegrass	1350	27.1	3633	72.9	4983
Southern Bluegrass	1271	27.1	3418	72.9	4689
The Lakes	769	28.6	1916	71.4	2685
Statewide	8464	21.0	31911	79.0	40375

Table 5 displays the site of the most recent contact in the case. As can be seen, more than 60% of visits occurred in the home. Case contacts were also made at a jail for 309 children. Contacts and visits also occurred in the court, school, and sometimes placement (for children returning home from OOHC).

Table 5  
*Location of Most Recent Visit for In-Home Cases*

LOCATION OF VISIT	# OF VISITS IN LOCATION	PERCENT IN LOCATION
Home	22869	61.4%
DCBS Office	4131	11.1%
Foster Home	2709	7.3%
Court	2397	6.4%
Relative	1536	4.1%
Private Child Care Facility	926	2.5%
School	510	1.4%
Jail	309	0.8%
Other	376	5.0%

Note. Visits in foster homes or private child care facilities relate to visits made with the family around reunification.

### Comparative or Predictive Analysis

Multiple comparisons were used to determine if there were differences in the children/cases that had or did not have a visit within the past 2 months. The most notable finding was the very few significant differences between the two groups (visited or not visited). There were no differences in the race, gender, or age of children visited or not visited. There were no differences in the rate of visits based on program/subprogram (type of abuse or neglect) or years of contact with the agency. Cases with children that had been in OOHC, especially those recently reunified were significantly more likely to be visited. Cases with higher cumulative risks as measured by the CQA (Kentucky's assessment tool) and more referrals in the case, especially substantiated referrals were more likely to be visited.

### **Section Two: Quality of Caseworker Visits for In-Home and OOHC Cases**

#### Methodology

A random sample of cases for CQI casework quality reviews are selected each month with 4 cases per team reviewed by the supervisor (FSOS) and a subset of these reviewed by the regional specialists. The results of the CQI case reviews from January 2010 through July 2010 were used in this analysis. Regional CQI case review scores were used if available (738 regional reviews or 17%); when not available, supervisor reviews (3,532 supervisor reviews or 83%) were used. If a case was reviewed twice, the most recent review by regional staff (if available) was used. There were adequate numbers of case reviews for reliable analysis at the regional level, but an inadequate number of reviews for reliable county-level analysis. For this analysis:

- 1,439 children in OOHC
- 2,149 cases served as in-home cases within the past 18 months

Table 6

*Quality of Case Work: In-Home and OOHC Cases*

FACE TO FACE CONTACT WITH:	CQI CASE REVIEW QUESTION	IN-HOME: PERCENT RATED "YES"	OOHC: PERCENT RATED "YES"
Mother	75a. Has the SW made home visits to the mother per SOP 7E3.3?	81.8%	70.5%
	75b. Does the documentation reflect that face to face contact with the mother was of sufficient quality to address key issues with the mother pertaining to the mother's needs, services, and case goals.	78.2%	79.0%

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FACE TO FACE CONTACT WITH:	CQI CASE REVIEW QUESTION	IN-HOME: PERCENT RATED "YES"	OOHC: PERCENT RATED "YES"
Father	75c. Has the SW made home visits to the non-custodial parent per SOP 7E3.3?	53.1%	50.8%
	75d. Does the documentation reflect that face to face contact with the father was of sufficient quality to address key issues with the father pertaining to the father's needs, services, and case goals.	61.1%	59.2%
Child	75e. Has the SW seen the child in the home per SOP?	81.5%	87.50%
	75g. Did the worker have one on one contact with the child?	79.3%	89.4%
	75f. Was the worker's contact sufficient to address key case issues with the child pertaining to the child's needs, services, and case goals?	85.8%	91.5%

As shown in Table 6, the visits to mothers and fathers were rated with higher quality for cases served in-home and visits to children were rated with higher quality for cases served in OOHC. Both the frequency and quality of visits to fathers offers the most opportunity for improvement. Overall, quality of the visits varied from 91.5% using best quality practices to a low of 50.8% use of best quality practices.

Table 7 displays regional scores on the key question about the quality of contacts. There were significant differences between regions, but the overall pattern seen statewide is also seen within each service region.

Table 7

*Regional Scores on Quality of Casework for Visits/Contacts In-Home and OOHC*

Does the documentation reflect that face to face contact with the (mother, father, child) was of sufficient quality to address key issues with the (mother, father, child) pertaining to the needs, services, and case goals? Percent with a 'yes' in compliance response.							
		Mother		Father		Child	
		OOHC	In-Home	OOHC	In-Home	OOHC	In-Home

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Does the documentation reflect that face to face contact with the (mother, father, child) was of sufficient quality to address key issues with the (mother, father, child) pertaining to the needs, services, and case goals? Percent with a 'yes' in compliance response.							
		Mother		Father		Child	
		OOHC	In-Home	OOHC	In-Home	OOHC	In-Home
Cumberland	# Cases	88	167	54	123	145	206
	Percent	72.1	66.5	51.4	56.2	84.3	74.4
Eastern Mountain	# Cases	49	244	30	181	108	292
	Percent	66.2	78.5	49.2	67.3	91.5	84.4
Jefferson	# Cases	74	120	51	84	163	133
	Percent	86.0	94.5	72.9	75.7	96.4	97.1
Northeastern	# Cases	46	162	36	110	99	187
	Percent	60.5	74.7	56.3	62.5	83.2	77.0
Northern Bluegrass	# Cases	49	125	24	73	96	140
	Percent	72.1	76.7	45.3	55.3	88.1	76.1
Salt River Trail	# Cases	118	178	69	115	178	195
	Percent	85.5	84.0	61.6	65.0	90.8	83.7
Southern Bluegrass	# Cases	61	136	36	76	140	148
	Percent	75.3	77.3	57.1	57.1	88.6	80.0
The Lakes	# Cases	106	122	62	66	160	135
	Percent	89.8	83.6	72.9	61.7	97.6	84.9
Two Rivers	# Cases	136	283	72	171	227	325
	Percent	86.6	80.6	60.0	60.6	97.0	84.4

### Section Three: Frequency of Visits to Children in OOHC

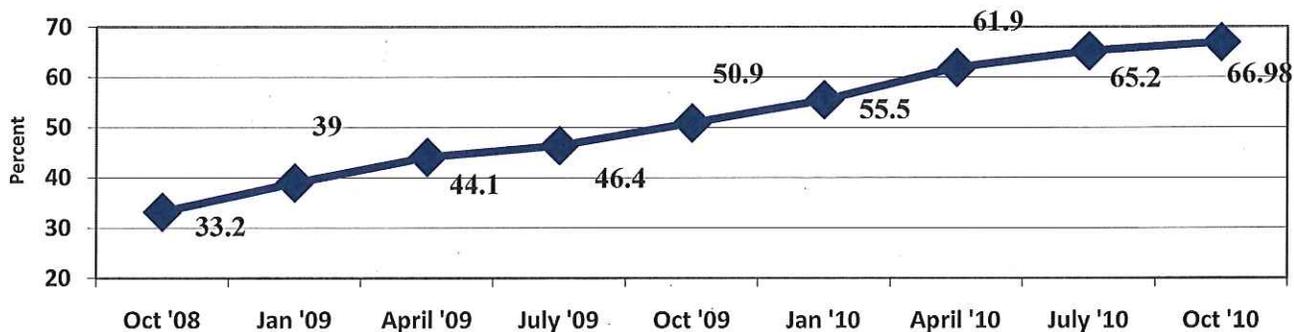
#### Methodology

Since October 2008, Kentucky has engaged in extensive analysis and action planning to improve the rate of visits to children in OOHC. Several TWIST reports are designed to help supervisors and workers understand the needs and schedule their work. These reports are the TWS W292 report that shows visits completed within the previous month as they are logged into TWIST and the anticipatory report that shows the status of children needing a visit each week during the current month. Two additional data reports are useful in examining trends or identifying child needs. The TWS M280 reports, summary and detailed reports, display a rolling year of data with

the status of visits and the status of stays in OOHC for each month for each child that meets the federal criteria for needing a visit. The TWS M280 is used to calculate and monitor compliance with visits to children in OOHC using the federal criteria. In addition, the TWS W058 report includes data on all children in OOHC, their latest visits and extensive demographic data useful for understanding needs and action planning. Both the TWS M280 (11/1/2009 to 10/30/2010) and TWS W058 (point in time report from 10/3/2010) reports were used for analysis.

Based on the TWS M280, a data display (Federal Data In a Glance) (DIG) is produced quarterly with trend data for the state and each service region. The Federal DIG is used extensively by the service regions for monitoring goal achievement and for action planning. As shown in Figure 1, Kentucky has made consistent and substantial progress in improving the rates of visits to children in OOHC. From October 2008 to October 2010, Kentucky's rate of visits increased from 33.2% to 66.9%, an improvement of more than 33 percentage points.

Figure 1  
*Rates of Monthly Visits Each and Every Calendar Month*



Each Service Region has access to monthly reports and quarterly trend displays for their region. Two examples are included in Figure 2 and Figure 3 that show current trends for Salt River Trail that has made slower progress on this indicator and Northern Kentucky that has shown higher rates and more improvement. Figures 2 and 3 were directly copied from the Federal DIG; these figures show how the data are displayed for use by the service regions. The trend line also displays the 'predicted' rate if progress continues at the present rate.

Figure 2  
*Trends in Visits to Children in OOHC: Salt River Trail*

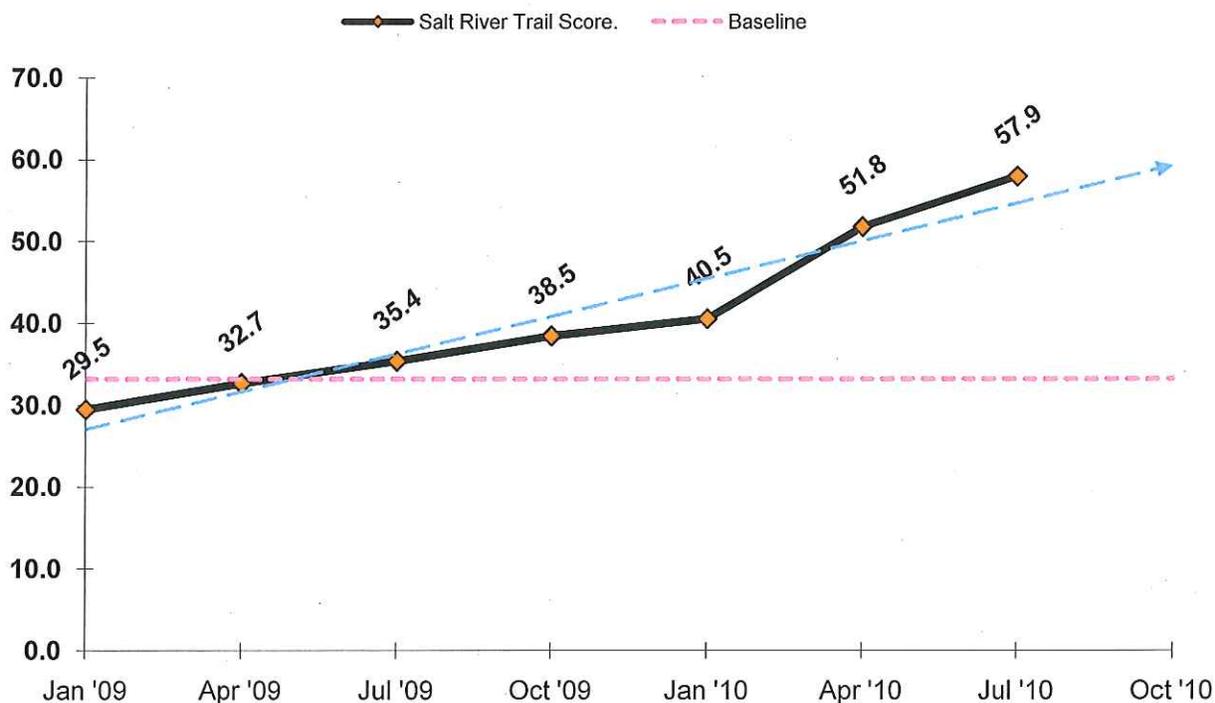
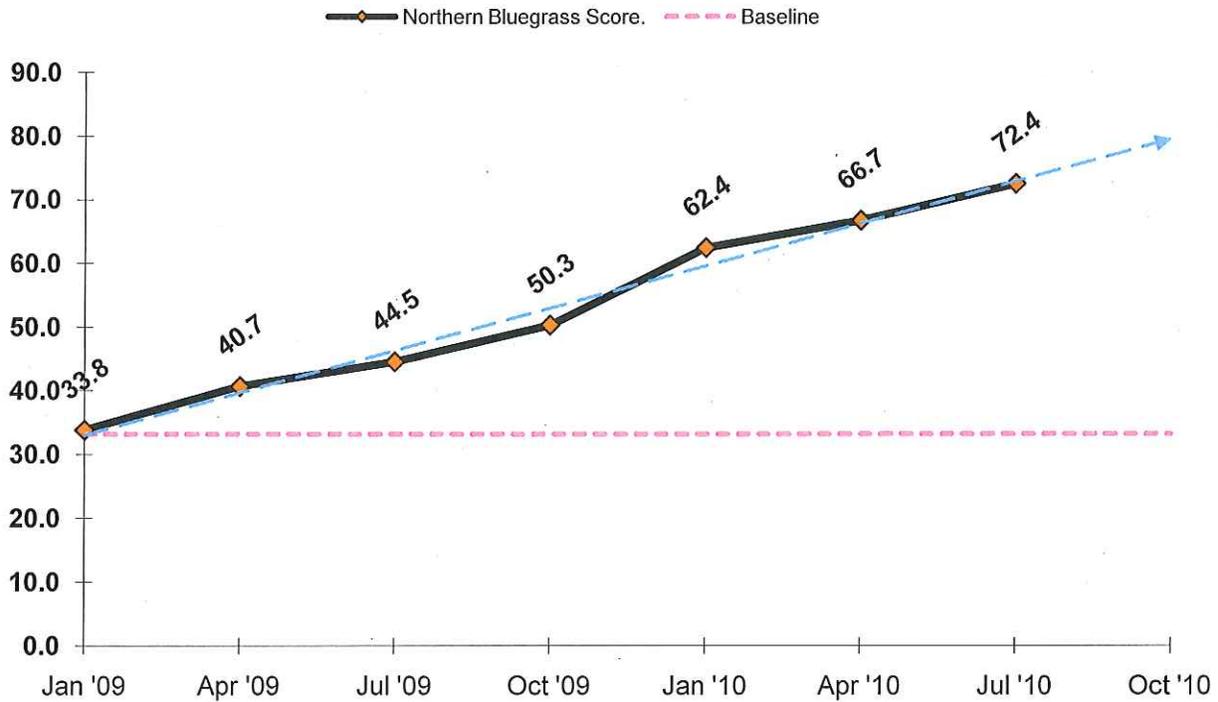


Figure 3  
Trends in Visits to Children in OOHC: Northern Bluegrass



In addition to trend analysis by region, each service region can compare their rate of visits to every other service region. Figure 4 displays the rate of visits by service region in January 2009 and Figure 5 displays the rates in July 2010. These figures are also displayed in the Federal DIG and used by the CQI specialists and regional management to guide program improvement. The TWS 280 report can be drilled down to the worker and team level to enable the CQI process at the local team level.

Figure 4  
*Visits to Children in OOHC: January 2009*

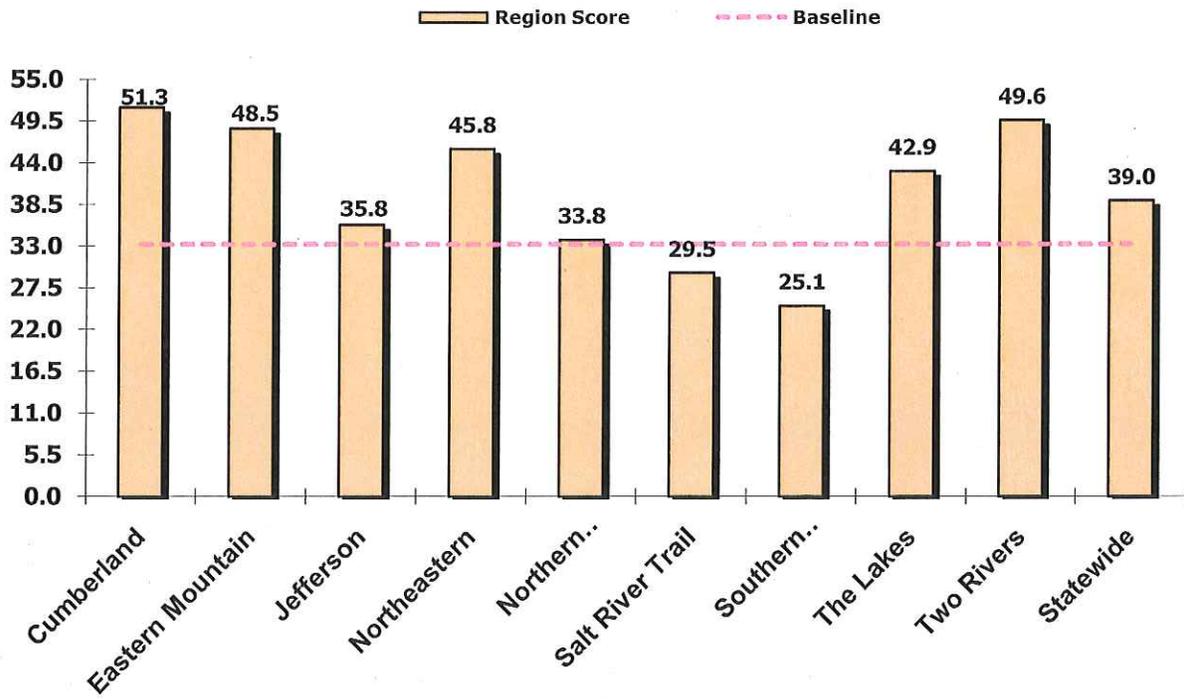
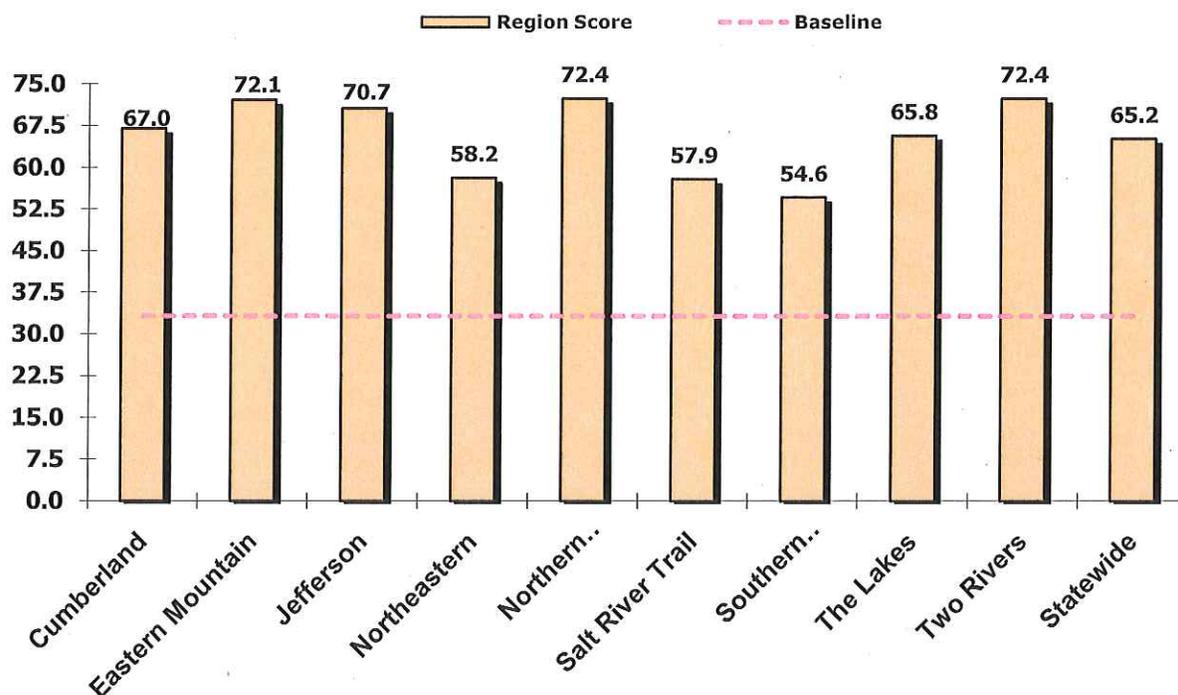


Figure 5  
*Visits to Children in OOHC: July 2010*



### Refined Analysis of Visits

The federal standard is appropriate as a standard of ‘compliance’ or ‘non-compliance’, but additional analysis is needed to fully understand progress and opportunities to improve. Using the TWS M280 report, the rates of visits to children in OOHC were compared between two time periods: November 1, 2008 to October 31, 2009 compared to November 1, 2009 to October 31, 2010. In this analysis, the number of months with a missed visit was calculated. In addition, an indicator of the percentage of months where the child was in care for the month and had a visit within the month were calculated. These analyses are more nuanced than the federal standard of compliance/noncompliance and deepen the understanding of visitation rates.

Table 8 displays the number of months missed in a dataset from 2009 and a dataset from one year later in 2010. In 2009, 21.8% of children missed full compliance with the federal standard because of one missed visit; in 2010 17.1% of all children missed the federal standard by one monthly visit. The trends are consistent across regions with an increase in the rate of visits with no months missed and a reduction in the rates of missing one or more months. It is encouraging to note that currently the rate of children with a combined rate of “no monthly visits missed” plus “one monthly visit missed” was 82.9%.

Table 8

*Number of Months with Missed Visit: 2009 (11/08 to 11/09) and 2010 (11/09 to 11/2010)*

		EMT	JEFF	NESR	NBG	SRT	SBG	CUMB	LAKES	2 RIVER	STATE
No Mon. Missed	2009	62.0	57.1	55.9	53.9	40.5	35.8	60.5	60.2	63.4	53.0
	2010	77.5	72.7	67.8	74.8	58.3	53.7	63.1	61.8	71.1	65.8
1 Mon. Missed	2009	21.8	21.3	20.3	23.9	22.9	24.6	20.4	22.8	17.2	21.8
	2010	10.2	16.7	19.0	12.5	18.7	20.8	19.0	17.8	16.0	17.1
2 Mons. Missed	2009	6.8	8.7	8.3	11.2	11.9	12.8	9.5	7.7	10.8	10.1
	2010	6.4	5.4	7.0	4.5	8.7	8.5	8.2	10.0	6.3	7.2
3 Mons. Missed	2009	5.5	4.6	5.2	4.3	9.0	9.9	4.9	4.2	4.1	6.0
	2010	2.8	1.8	2.0	3.1	5.7	6.9	4.4	3.6	2.9	3.9
4 Mons. Missed	2009	2.1	3.0	4.1	3.0	6.2	7.5	1.8	2.6	1.9	3.8
	2010	1.0	1.0	1.7	2.1	4.1	4.2	2.4	2.5	1.4	2.4
5 Mons. Missed	2009	0.7	2.0	1.7	1.7	2.8	4.1	0.8	1.0	1.3	2.0
	2010	1.2	0.8	0.9	0.9	1.8	2.0	0.9	2.1	1.2	1.3
6-12 Mons. Missed	2009	1.1	3.4	4.5	2.0	6.8	5.2	2.0	1.5	1.3	3.3
	2010	0.7	1.6	1.6	2.0	2.7	3.9	2.0	2.2	1.2	2.1

Table 9 displays the results of an calculated indicator showing the percent of months with a visit within the month. This indicator is calculated by dividing the number of montly visits by the total number of months the child was in OOHC. The results displayed in Table 9 data also suggest progress in vistration rates by both the state and each service region. Calculated as the percent of monthly visits for each child, 88.4% of monthly visits were made during a one year time period. The overall state rate improved 3.7 percentage points in the past year.

Table 9  
Average Rate or Percent of Monthly Visits Made

	AVERAGE RATES 11/01/2008 TO 10/31/2009	AVERAGE RATES 11/1/2009 TO 10/31/2010
Eastern Mountains	88.8%	92.9%
Jefferson	86.6%	92.0%
Northeastern	84.1%	90.5%
Northern Bluegrass	87.3%	90.4%
Salt River Trail	76.3%	83.4%
Southern Bluegrass	79.5%	84.8%
The Cumberland	85.0%	86.1%
The Lakes	89.0%	87.6%
Two Rivers	90.5%	91.3%
Statewide	84.7%	88.4%

### Comparative Analysis

Two analysis were conducted to compare children with and without a visit to determine any predictors or bias in the visits. Based on the analysis of the TWS M280, there were no differences in the rates of compliance for visits based on child gender, race, or age at report date. Children with a current placement in a Private Child Caring Agency (PCC foster home or residential) placements were more likely to be in full compliance with the federal standard (73.6%) compared to DCBS placements (59.4%).

The second analysis was based on the TWS W058 report of 10/03/2010, a point-in-time analysis, and compared children with and without a visit in the past 30 days. There were no differences in children visited or not visited based on race, gender, current age, age at first placement, months in current placement, number of placements, and whether or not the child was part of a sibling group. The few significant differences were that children with a monthly visits tended to:

- Have a goal of adoption, be placed in-state, be placed in a PCC foster home, be placed in the same county as their case manager.

These difference, although statistically significant were very small actual differences. Overall, these data suggest that efforts are made to visit all children, but visits may be missed for random, rather than systematic reasons.

## Caseworker Visits

Brief Overview of Caseworker Visits Report  
by Dr. Ruth Huebner, PIP Item 1A.4.1

Presented by Audrey Brock, IQI  
CQI/PIP Videoconference  
February 17<sup>th</sup>, 2011

## Context of the Report

- Primary Theme I: Enhance family involvement and capacity to provide for their children's needs.
- Action step: Improve the quality and frequency of worker visits to parents/caretakers and children (both in-home and out-of-home).
- PIP Quarter 5: Regional action plans due around improving the quality of visits.

## Scope of Caseworker Visits Report

- Quality and frequency of visits with parents/caretakers and children
- Cases served in-home, and
- Out of home care (OOHC) cases, and

## What Counts as a "Visit"?

- For in-home cases:
  - Face to face contact with any family member in the case
- For OOHC cases:
  - Face to face contact with the child

## Frequency of Visits for Cases Served In-Home

## Rate of Visits for In-Home Cases

- Statewide rate of monthly visits for in-home cases:
  - 68.5% in August 2009
  - 65.5% in August 2010 (small decrease)
- Jefferson, with the most children served, also had the highest and most consistent frequency of visits for in-home cases at over 73% in 2009 and 2010.

 **Decreased Likelihood of a Visit for In-Home Cases**

- Cases open for a short amount of time.
- 9.6% of cases had 'no visit', but the majority (more than 86%) of these were opened for 45 days or less.

 **No Effect on Likelihood of a Visit for In-Home Cases**

- Race of children
- Gender of children
- Age of children
- Program/subprogram for abuse or neglect
- Years of contact with the agency

 **Increased Likelihood of a Visit for In-Home Cases**

- **Children in OOHC**
  - Families served as in-home cases that had children in OOHC, especially those recently reunified, were significantly more likely to be visited.
- **Higher risks and more referrals**
  - Cases with higher cumulative risks and more referrals, especially substantiated referrals, were more likely to be visited in-home within 2 months.

**Frequency of Visits for Children in OOHC**

**Progress in Rates of OOHC Visits**

- Dramatic increase over the past two years in statewide rate of visits
  - 33.2% in October 2008
  - 66.9% in October 2010
- Each Service Region has access to monthly reports and quarterly displays of trends in their region.
- All service regions have made consistent and substantial progress in improving the rates of visits to children in OOHC.

**Only One Missed Visit for Children in OOHC**

- Children missing full compliance with the federal standard because of one missed visit:
  - 21.8% in 2009
  - 17.1% in 2010
- The combined rate of children with no monthly visits missed or only one monthly visit missed was 82.9% of children visited each and every month except possibly one month in the year.

### Why Are Visits Missed for Children in OOHC?

- There were very few differences between children who were or were not visited in compliance with the federal standard.
- The few statistically significant differences were quite small differences; children with monthly visits tended to:
  - Have a goal of adoption
  - Be placed in-state
  - Be placed in a PCC foster home
  - Be placed in the same county as their case manager.
- Visits may be missed for random, rather than systematic reasons.

### Quality of Visits for In-Home and OOHC Cases

### Visit Quality Question from the CQI Case Reviews

“Does the documentation reflect that face to face contact with the (mother, father, child) was of sufficient quality to address key issues with the (mother, father, child) pertaining to the (mother, father or child’s) needs, services, and case goals?”

### Quality of Visits as Rated in CQI Case Reviews

Face to Face Contact with:	In-Home Percent of Visits with Sufficient Quality	OOHC Percent of Visits with Sufficient Quality
Mother	78.2%	79.0%
Father	61.1%	59.2%
Child	85.8%	91.5%

### Visit Quality

- The visits to children were rated with higher quality for cases served in OOHC.
- Both the frequency and quality of visits to fathers offers the most opportunity for improvement.

### As You Think About your Regional Action Plan

• Dr. Ruth's report includes regional breakouts.

• Think about what makes a quality visit.

• How do you know the visit was of high quality?

Southern Bluegrass Action Planning

**GOAL: Enhance Family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.**

**OBJECTIVE: To improve the quality and frequency of worker visits with parents/caretakers and children in both OOHHC and in-home services cases.**

**STRATEGY: Identified Barriers: staffing issues, overtime, furloughs, out of county placements**

Action Needed	Responsible Person	Date Due	Status update (including any barriers identified)
In order to improve the Quality and Frequency of caseworker visits to kids and their families in OOHHC a full review of follow SOP 3.10 and 4.24	SRAA's CA's in supervisor meeting	June meeting	
Supervisors to meet with teams to review visits to be entered.	All FSOS	6/30/11	
Supervisors and their staff are to look at the cases were staff have actually conducted face to face visits with the children and their families but have not entered or documented the information into the system. (PCC, DCBS, R&C, INV)	FSOS	7/30/11	
Each team to develop and submit a plan to associate detailing action steps to ensure completion of caseworker visits (in-home and oohc). Each team plan will indicate how they will insure that during the visits staff will be assessing and addressing the issues that brought the family to the attention of the agency.	FSOS and Associates	6/27/11	
Associates to review 932/280s OOHHC and 296 in-home. before the 15 <sup>th</sup> with FSOS to ensure data is entered before final report	Associates	9/1/11	
Measure the frequency and quality of this item using CQI questions 75 A-F and 127 E. OOHHC frequency 280S, in-home frequency TWIST 296	CQI specialist and PIP lead		

## ACTION PLANNING

Salt River Trail Service Region

<p><b>GOAL:</b> Enhance Family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.</p>				
<p><b>OBJECTIVE:</b> To improve the quality and frequency of worker visits with parents/caretakers and children in both OOHC and in-home services cases (1A.4.2).</p>				
<p><b>STRATEGY:</b> Identified barriers: Cooperation of clients, flex/furlough restraints, transient clients, multiple visits per case, incarcerated parents, parents located out of state or moving in and out of jail frequently, counties that provide courtesy visits with prisons in their county and restrictions associated with prisons and visits there, staffing patterns (low staff at times), understanding how to document attempts for locating and visiting with parents, understanding times when staff can ask for an exception for visits with parents, and understanding when to ask for a waiver of reasonable efforts.</p>				
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Review and follow SOP 3.10 and 4.24	Melissa Farmer and FSOS's	Meeting minutes show completion	June 30 <sup>th</sup> , 2011	
Review and utilize Visitation between Caseworker and Parents Tipsheet in SOP 3.10 and 4.24	Melissa Farmer and FSOS's	Meeting minutes show completion	June 30 <sup>th</sup> , 2011	
Review and utilize Documenting Monthly Caseworker Visits with Children in OOHC tipsheet in SOP 4.24	Melissa Farmer and FSOS's	Meeting minutes show completion	June 30 <sup>th</sup> , 2011	
Review and utilize Visitation between Caseworker, Child, and	Melissa Farmer and FSOS's	Meeting minutes show completion	June 30 <sup>th</sup> , 2011	

Action Step 1A.4.2 part 6  
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Care Provider tipsheet in SOP 4.24				
Utilize the in-home and OOH templates for all visits with families, caregivers, and children	<b>FSOS's and Workers</b>	Through monthly consults with FSOS's will review templates with staff	<b>Monthly-Ongoing</b>	
Review monthly percentages for in-home and out-of-home contacts and disseminate to associates and FSOS's	<b>Rita Young</b>	Reports disseminated monthly	<b>Monthly-ongoing</b>	
Review templates in counties that have low percentages for contacts with families and children	<b>Associates</b>	Templates reviewed resulting in percentage increases	<b>Quarterly-ongoing</b>	
Develop an "At a glance" report for associates and FSOS's to determine where attention is needed	<b>Rita Young</b>	Report developed and disseminated	<b>September 1<sup>st</sup>, 2011</b>	
Ongoing tracking log disseminated to staff and FSOS's	<b>Melissa Farmer and Jayne Bartley</b>	Report disseminated to staff	<b>Monthly-ongoing</b>	
Develop SRT Tip of the week to disseminate regarding waiver of reasonable efforts and when to ask for exceptions	<b>Rita Young and Melissa Farmer</b>	PIP tip disseminated to staff during FSOS meeting and emailed to staff within the region	<b>June 30<sup>th</sup>, 2011</b>	
Review investigative CQA requirements and where to document information regarding	<b>SRAA/SRCA's</b>	Information reviewed during FSOS meeting and reflected in staff meeting minutes	<b>June 30<sup>th</sup>, 2011</b>	

removal, relative exploration, and absent parent searches					
Development of regional SRT tip of the week to focus on low percentages from CQI reviews	<b>Specialists and SRCA</b>	Sent by email to staff weekly and review with staff during FSOS and staff meetings and reflected in meeting minutes	<b>Weekly-ongoing</b>		
Review low percentages from CQI reviews to increase understanding	<b>Specialists</b>	Completion of specialist meeting and then review during FSOS and staff meetings	<b>June 30<sup>th</sup>, 2011</b>		
Create consistency for CQI 2 <sup>nd</sup> level reviews	<b>Specialists and SRCA</b>	Specialist meeting held	<b>June 30<sup>th</sup>, 2011</b>		
Measure progress on this item.	<b>CQI specialist and PIP lead</b>	Quality measure: CQI items 3-6, 8, 10-13, 15-23 and Q's 74d, 127b, 129e, 129g, 136, & 141a-h  Frequency measure: TWIST 280s- OOH TWIST 296- in-home TWIST 932	Monthly-ongoing		

## Two Rivers ACTION PLAN

**GOAL:** Enhance caregiver involvement (OOHC and birth family) in order to improve capacity to provide for the child(ren)'s needs.

**OBJECTIVE:** To improve quantity and quality of caseworker visits on in-home and OOHC cases.

**STRATEGY:** To build upon and improve the engagement skills of staff as well as implement a mechanism to track home visits.

TASK(S)	LEAD ASSIGNED	EVIDENCE OF COMPLETION	DATE DUE	DATE COMPLETED
Continue to Identify barriers to ensuring that home visits occur per policy and are of a sufficient quality to promote best practice. For both in and OOHC visits	Regional management team	Barriers discussed on a continuous basis---the barriers appear to be: multiple initiatives requiring the attention of FSOS' / staff; utilizing engagement skills on a consistent basis; consistent monitoring of data as it pertains to quantity and quality of visits; and the availability of Resource homes.		2009; 2010; 2011

<p>Analyze and utilize data collected from the TWIST system and distribute to the FSOS' in a format that will be "user friendly" and manageable to assist them with how to coach and mentor their staff on how to improve the frequency and the quality of caseworker visits.</p>	<p>CQI Specialists Regional management team FSOS'</p>	<ol style="list-style-type: none"> <li>1. 058 Anticipatory report is filtered and shared with Warren / Daviess FSOS' two weeks prior to the end of the month.</li> <li>2. 932 report is filtered by county and shared with each FSOS weekly to show which DCBS foster homes are lacking a visit.</li> <li>3. Utilization of the new 296 report that will monitor the frequency of visits to children in In-Home cases. It will be shared monthly.</li> <li>4. Identified trends will be discussed during P&amp;P staff meetings.</li> </ol>	<p>On-going</p>	<p>On-going</p>
<p>Emphasize the importance of assessing and building upon the "engagement" skills of staff---i.e. the skills that will help staff guide their discussions, behaviors, around Policy 3.10 and 4.24 during home visits.</p>	<p>SRCA, SRAAs, Specialists FSOS'</p>	<p>Provide four presentations to FSOS' during the February, March, April, and May P&amp;P staff meetings on the following topics: Engaging the family during the assessment process; Engaging the family during case planning; Engaging community partners; and Engaging the caregivers. The above discussions included information regarding "quality home visits".</p>	<p>6//2011</p>	<p>2/15/11; 3/15/11; 4/19/11; and 5/24/11</p>

<p>Try to keep kids who have to be placed in OOHC as close to home as possible by reviewing and revising strategies for foster home recruitment and emphasizing the importance of retention of foster parents.</p>	<p>Regional management team R&amp;C staff FSOS' / frontline staff</p>	<p>1..SRCA to review "homes with no placements" listing monthly with R&amp;C FSOS'. 2. SRCA to review recruitment strategies on a monthly basis with R&amp;C FSOS' to monitor effectiveness, etc. 3.SRAAs / SRCA / Specialists to emphasize, during P&amp;P staff meetings and consultations, the importance of agency support in regards to Resource home retention. 4. Regional management team to review progress during Core meetings.</p>	<p>On-going</p>	<p>On-going</p>
<p>Use the CQI process to improve the quality and frequency of visits to families. Suggest topics for FSOS to discuss with staff as it relates to frequency of visits and quality of visits.</p>	<p>Regional management team FSOS'</p>	<p>Regional management team will provide suggested topics for discussion. FSOS' will document in CQI meeting minutes a summary regarding the content of their discussion.</p>	<p>On-going</p>	<p>On-going</p>
<p>Measure the quality of visits from DIG data by monitoring Item 19 (questions: 75f and 127e) and Item 20 (questions: 75b and 75d).</p>	<p>CQI Specialists Regional management team</p>	<p>CQI Specialists to report to Core team on a quarterly basis. Identified trends will be discussed during P&amp;P staff meetings.</p>	<p>Quarterly</p>	<p>On-going</p>

## LAKES REGION ACTION PLANNING #19

May 2011

**GOAL: (theme)**  
 Enhance family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.

**OBJECTIVE:**  
**Improve the quality and frequency of caseworker visits with parents/caretakers and children in both OOH and in-home cases within the Lakes Region**  
 (Reference: PIP item 1A.4—Improve the quality and frequency of worker visits with parents/caretakers and children in both OOH and in-home cases)

**STRATEGY:** Identified barriers:  
 Consistency in completing monthly visits and documenting visits

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Review & follow SOP 3.10 and 4.24	Janet Doyel, PIP Lead	Review SOP with FSOS in mtg; send out email to workers		
Review previous action plan & assess areas of continued focus: #13—Visitation agreements in place and quality visits documented by staff	Janet Doyel, PIP Lead	Facilitate and document discussion at 6/13/11 PIP Meeting		
Review previous action plan & assess areas of continued focus: #1—Implement the Lakes Region Courtesy Supervision Protocol for OOH placements (NOTE: Assess 50 mile radius standard)	Janet Doyel, PIP Lead	Facilitate and document discussion at 6/13/11 PIP Meeting		
Review previous action plan & assess areas of continued focus: #2—Coordinate & utilize available resources to insure monthly visits are made (courtesy supv, 1294s, scheduling/tracking, OOH visit checklist template) VISITS by 15 <sup>th</sup> of month????	Janet Doyel, PIP Lead	Facilitate and document discussion at 6/13/11 PIP Meeting		
Review previous action plan & assess areas of continued focus: #3—Increase supervision & accountability of accurate & timely documentation of caseworker visits	Janet Doyel, PIP Lead	Facilitate and document discussion at 6/13/11 PIP Meeting		
Review previous action plan & assess areas of continued focus: #16—Review & enhance regional protocol, practice, consultation processes, communication & casework related to placement stability (OOHC placement protocol, quality monthly CW visits w/i foster home)	Janet Doyel, PIP Lead	Facilitate and document discussion at 6/13/11 PIP Meeting		
Review data re DIG items 19 & 20 re visits as well as Case Review items 133 & 134 to identify improvement opportunities.	Janet Doyel, PIP Lead	Opportunities for greatest improvement include consistency in making & documenting visits per SOP to child/ren and parents (quality is evident for those visits made)		
Implementation of quality visit template	Janet Doyel, PIP Lead	Review is 5/18/11 FSOS meetings; implement 6/1/11		
R&C workers document quarterly visits on home visit form and provide to case manager	Janet Doyel, PIP Lead	Review is 5/18/11 FSOS meetings; implement 6/1/11		
Kinship Care workers to document monthly visits in TWIST	Janet Doyel, PIP Lead	Review at 5/16/18 Kinship Care mtg		

PCC facilities to implement 1294 entry	Central office	
Measure progress	Gary Brooks, CQI Specialist & Janet Doyel, PIP Lead	Quality measure: CQI questions 75 A-G and 127.E. Frequency measure: TWIST 280s—OOHC; TWIST 296—In-home

Doyel 5/23/11

## ACTION PLANNING Northern Bluegrass Region

<p><b>GOAL:</b> Enhance Family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.</p>	<p><b>OBJECTIVE:</b> To improve the quality and frequency of worker visits with parents/caretakers and children in both OOHC and in-home services cases.</p>
<p><b>STRATEGY:</b> Identified barriers: Barriers to Completing Home visits: Caseloads are not weighted and some cases require multiple visits each month.; In some counties there is a distance issue in making home visits, requiring a lot of time.; Overtime . Budgetary issues; emergency issues arise forcing staff to cancel visits which are difficult to then put back in a worker's schedule; When you make a visit, if everyone is not home, you may have to go back multiple times to see everyone.; TWIST does not capture cases where reasonable efforts have been waived; Some staff have organizational and time management issues; Staff do not always look for absent parents or engage fathers well.</p> <p><b>Barriers to Quality:</b> Staff lack of experience, lack of ability to provide good training to staff in the field with mentors, Some Staff are not using the case plan to drive the conversations with families; tracking quality on paper is difficult; staff are spending more time with families and less time on paperwork / documentation; lack of data entry support; difficulty of FSOSs to view a few contacts at a time, either have to look individually which is time consuming, or have to pull the entire service recording, which is too much, makes it difficult for FSOSs to monitor.</p>	<p><b>Strategy:</b> Review and Follow Existing Policy</p>

TASK(S)		Lead Assigned	Evidence of Completion	Date Due	Date Completed
<p>Staff in the region will Review and follow SOP 3.10 and 4.24. FSOS will review this policy with their staff in a team meeting and will document this discussion in their team meeting minutes which will be shared with their</p>	<p>PIP lead, SRAAs FSOS, Staff</p>	<p>Staff are making visits as required by policy and are documenting them in TWIST</p>	<p>Ongoing</p>	<p>Ongoing</p>	

SRAA.			
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**ACTION PLANNING**  
**Northern Bluegrass**

<b>STRATEGY:</b> Improve Quality and Frequency of Worker visits			
<b>TASK(S)</b>			
TASK(S)	Lead Assigned	Evidence of Completion	Date Due / Date Completed
Staff will continue to use Monthly Home Visit Worksheets on all In Home and OOH visits and will continue to have participants in the meeting sign off on the sheet.	FSOS / SSW's	Every month, worker has completed worksheets with families' signatures to improve tracking of compliance and quality	March 2011 Ongoing
The FSOS will review these worksheets monthly during case consultations to assure that staff are completing all of the required visits and will review the notes from the worker to assure that the content of the visit covers essential case information. FSOS will use this as an opportunity to coach staff around quality home visits.	FSOS / SSW	FSOSs are coaching staff and improved Quality of case documentation will be seen in contacts	March 2011 Ongoing
Staff will be encouraged to use the Monthly Home Visit sheet in preparation for the visit by writing notes on the form to remind them of issues, concerns, positives, questions etc, that they need to cover during the visit.	FSOS SSW	FSOS are teaching workers how to use the forms to their advantage to assure quality home visits.	June 2011 Ongoing
Staff will be encouraged to bring a copy of their case plan with them to the visit or to write down the case planning tasks to take with them to assure that they are discussing progress and	FSOS SSW	FSOS are coaching staff to use the case plan to drive the work with the families	June 2011 Ongoing

barriers.			to build protective capacities and reduce risks.		
Staff are encouraged to make home visits with providers when possible so that collaboration can occur. (FPP, OOH, Diversion, 1st Steps, etc.)	SSW	Workers are obtaining updates from service providers routinely.	June 2011	Ongoing	Ongoing
Staff will be reminded to contact services providers before they make home visits so they can discuss progress and barriers on the visit. They will document this contact in TWIST.	SSW	Workers are obtaining updates from service providers no less than quarterly.	Ongoing	Ongoing	Ongoing
Staff will be reminded to not schedule every home visit as unannounced visits are good tools in identifying risk factors and protective capacities in families. During monthly case consultations, FSOS will assist staff in identifying which cases would benefit from unannounced visits.	FSOS, SSW	Workers are seeing families unannounced to assist in ongoing assessments	June 2011		ongoing
Staff will be provided TIP SHEETS on caseworker visits and examples of Quality visits documentation and will be reminded on TIP SHEETS in TWIST. These will be shared at an FSOS meeting. FSOS will discuss the tip sheets at their team meeting and all staff will sign that they have received and reviewed these tips sheets and will send to PIP Lead. (RIPO) FSOS will document the discussion in their team meeting minutes and submit to SRAA.	PIP Lead, FSOS and SSW	All staff are provided copies of TIP sheets on visits and quality documentation. FSOS have discussed these tip sheets and provided coaching with their staff	July 2011		Ongoing
FSOSs will use the CQI case reviews as an opportunity to coach staff on quality casework and visits. FSOS will complete a STRENGTHS / NEEDS form following completing the review and will review the completed form with the worker on the case. Both the worker and FSOS will sign this form and will provide copies of this form to their SRAA by the 30 <sup>th</sup> of the month.	FSOS, SSW SRAA	FSOS are identify strengths and needs in cases and are having meaningful conversations with staff to recognize good work and coach around needed improvements.	July 2011		Ongoing

## ACTION PLANNING Northern Bluegrass

**STRATEGY:** Improve Frequency of visits

<b>TASK(S)</b>				
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
<p>During FTMs, 5 days, Case Planning meetings, SSW and FSOS will review with the family the expectations to meet monthly and that court and County Attorney assistance may be sought if the family fails to make themselves available for home visits. A sample letter to send to families who have not been cooperative with home visits will be shared.</p> <p>SSW will include case planning tasks:</p> <ul style="list-style-type: none"> <li>• Contact frequency will be clearly documented for the family</li> <li>• Family will update their contact information within 72 hours of changes.</li> <li>•</li> </ul> <p>FSOSs will be expected to support staff in utilizing</p>	SSW FSOS	<p>A discussion with the family is being held from the beginning of the case regarding home visits and staff will seek court assistance as necessary to gain cooperation from families.</p> <p>Case planning tasks further highlight the expectations of caseworker visits with families.</p>	July 2011	Ongoing
FSOSs will be expected to support staff in utilizing	FSOS, PIP	FSOS will be working with	July	Ongoing

management reports and personal tracking spreadsheets to track their visits on cases. (Examples of tracking sheets will be provided) FSOS will discuss management reports available and example tracking sheets with staff at their team meeting, will document their discussion in team meeting minutes and will have staff sign off that they have received examples and will provide it to the PIP lead. (RIPO)	Lead	staff to develop personal use of tracking sheets, and / or management reports to assist them in meeting policy requirements on visits.	2011	
FSOS will encourage staff to complete their visits during the first 15 days of the month, allowing time to make additional visits as necessary and time to complete documentation. Staff will be reminded that every failed attempt at a visit will be documented in TWIST.	FSOS SSW	FSOSs are assisting staff with time management and organization Worker is documenting multiple attempts to see families during the month	July 2011	Ongoing
If there is a waiver of reasonable efforts, this will be documented monthly so that it is clear that Face to Face contact with that parent(s) is not required.	SSW FSOS	Worker is documenting why a visit is not occurring on cases where reasonable efforts are waived.	July 2011	Ongoing
Workers are encouraged to see all of their children in PCCs placements monthly (especially those placed in region) so that they have more time with the children, getting to know them and their strengths and needs.	SSW FSOS	Workers are attempting to see all of their children monthly in PCCs which will improve the frequency and quality of their work with youth in OOHC.	July 2011	Ongoing
FSOS will work with staff to assure that they are scheduling time to complete documentation of visits monthly, and will remind staff to document the contact as quickly as possible after the visit to assure that the documentation is thorough.	FSOS SSW	Workers are scheduling time to document all of their contacts in TWIST timely.	Ongoing	
Staff will again be provided the TIP SHEET on how to enter contacts in TWIST. FSOS will review in team meetings and	FSOS SSW	Staff are again reminded of how to enter contacts in	Ongoing	

Staff will sign that they received a copy of this Tip Sheet.		TWIST so that they receive appropriate credit for their face to face contacts.	
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## ACTION PLANNING Northern Bluegrass

**STRATEGY:** Improving Absent Parent Searches and Father engagement

TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Staff are reminded to send letters to absent parents / non-participative parents monthly. They are encouraged to set aside one day month for appointments with these parents and for additional attempts to engage them in the case. All attempts will be documented in TWIST	SSW FSOS	Workers are making absent parent / non-participative parents engagement a priority every month.	July 2011	Ongoing
The Father Engagement Tip Sheet will be sent to all staff the week before Father's Day in June. FSOs will discuss Father	PIP Lead FSOS	Staff are provided the tip sheet and team discussions	June 2011	

Engagement during their June Team meeting.		are held around the importance of engaging fathers in cases		
Values and Belief Task results around Father engagement will be discussed at the June FSOS meeting.	PIP Lead FSOS	Father engagement practices and beliefs from the teams in the region will be discussed	June 2011	
Workers will be reminded of and will adhere to policy regarding working with incarcerated parents. <ul style="list-style-type: none"> <li>Policy 3.12 will be reviewed in FSOS meeting</li> <li>FSOS will review policy at a team meeting and will document the discussion in their</li> <li>An email regarding the policy will be sent to all staff.</li> <li>FSOS will assure compliance in monthly consultations</li> <li>OOHC Specialists will assure compliance in consultations.</li> </ul>	PIP Lead FSOS SSW OOHC Specialists	Staff are following policy regarding working with incarcerated parents.	June 2011	Ongoing

## ACTION PLANNING

### Northern Bluegrass

**STRATEGY:** Data and Documentation for Caseworker visits

TASK(S)		Lead Assigned	Evidence of Completion	Date Due	Date Completed
Measure progress on this item.		CQI specialist and PIP lead	Frequency measure: TWIST 280s- OOHC TWIST 296- in-home	July 2011	Ongoing
The TWS 280, TWS 296 will be reviewed at every FSOS meeting. Progress and Barriers will be addressed during these meetings.					

<p>CQI cares data will be reviewed and drilled down to the team level to evaluate visits. This information will be shared as FSOS meetings. Discussion on barriers and progress will occur.</p>	<p>CQI specialist and PIP lead</p>	<p>Quality measure: CQI questions 75 A-F</p>	<p>July 2011</p>	<p>Ongoing</p>
<p>Dr. Ruth's report will be discussed at the FSOS meeting again, and FSOS will take this information back to their teams and will discuss the power point. Staff will sign off that they have been given this information. (RIPO)</p>	<p>PIP lead FSOS</p>	<p>Dr. Ruth's data is shared with all staff</p>	<p>July 2011</p>	<p>Ongoing</p>

## ACTION PLANNING

Northeastern Service Region

<p><b>GOAL:</b> Enhance Family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.</p> <p><b>OBJECTIVE:</b> To improve the quality and frequency of worker visits with parents/caretakers and children in both OOHC and in-home services cases.</p> <p><b>STRATEGY:</b> Identified barriers: staffing patterns (staff shortages at times), lack of quality service recordings regarding home visits, lack of addressing case plan goals during home visits, lack of visitation agreements being done timely/adequately, multiple negative visits-unable to conduct FTF visit.</p>				
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Review and follow SOP 3.10 and 4.24-review at FSOS meeting and have FSOS' s review with staff	<b>SRAA's and SRCA</b>	Review at FSOS meeting-agenda and meeting minutes from local FSOS's	7/31/11	
Utilize other resources (staff) to assist with visits when offices experiencing staff shortages/barriers to ensure all monthly visits are completed	<b>SRAA's and SRCA</b>	R&C and other CPS staff will assist counties experiencing barriers to completing visits.	<b>6/1/11 and ongoing</b>	
Workers will complete visits by the 15 <sup>th</sup> of each month-after the 15 <sup>th</sup> of each month FSOS will report to regional	<b>FSOS/SRAA's/SRCA</b>	W058WI Anticipatory Report will be utilized to monitor visits not completed	<b>6/1/11 and ongoing</b>	

Action Step 1A.4.2 part 10  
KY 5<sup>th</sup> QR PIP report  
June 30, 2011

management why each child has not been seen and have plan to ensure all visits completed				
Will send all P&P staff COA Tip of the Week information regarding quality visits (will include example of quality service recordings and SOP)	<b>Melinda Vise</b>	Email to all P&P staff "COA Tip of the Week" regarding quality visits	6/30/11	
Once draft SOP regarding case planning is finalized- Specialist's will meet with staff to review policy, identify barriers and formulate action plans to resolve issues to assist in quality case work	<b>P&amp;P Specialists</b>	Specialists will attend all local P&P offices to review SOP, identify barriers and ways to resolve issues. Feedback will be reviewed with regional management.	7/1/11	
Will implement new "home visit template" to utilize to assist staff with quality visits (questions included will prompt staff on areas to address)	<b>SRAA &amp; SRCA</b>	"Visit Template" will be implemented and utilized by all staff to improve quality visits	6/30/11	
Measure progress on quality casework utilizing CQI Cares and management reports.	<b>CQI specialist and PIP lead-Melinda Vise CQI Specialist-Michelle Herron</b>	Quality measure:CQI questions 75 A-F Frequency measure: TWIST 280s- OOH TWIST 296- in-home. Information will be sent to staff and reviewed at staff meetings and CQI meetings to monitor	ongoing	

	quality casework.	
<p>CQI Cares-regional protocol implemented-FSOS will complete action plans for each case review completed each month listing areas needing improvement, strengths and action steps. Action plan will be signed by FSOS and case manager and forwarded to CQI Specialist. This will assist with monitoring quality and frequency of visits.</p>	<p><b>FSOS &amp; CQI Specialist-Melinda Vise</b></p> <p>CQI Specialist will retain action plans and forward to 2<sup>nd</sup> level reviewer for follow-up. CQI Specialist will maintain ongoing assessment of action plans to assist with monitoring quality case work, area's needing improvement, strengths, and patterns/trends. The findings will be presented to regional management and reviewed at FSOS staff meetings.</p>	<p>5/1/11 and ongoing</p>
<p>CQI Specialists will provide trend information to FSOS and regional management to assist each team with visual progress in meeting outcomes.</p>	<p><b>CQI Specialist's-Melinda Vise Michelle Herron</b></p> <p>Trend charts will be completed from management reports regarding state and regional outcomes for each team to assist with monitoring progress.</p>	<p>6/1/11 and ongoing</p>
<p>Case Weighting Pilot Project-pilot counties will be monitored to see how outcomes improve</p>	<p><b>CQI Specialist and co-leader of Case Weighting Pilot Project-Melinda Vise</b></p> <p>Case Weighting excel spreadsheets are completed showing each worker's case weight,</p>	<p>Ongoing</p>

<p>regarding visits. The Case Weighting project assists with more equitable caseloads to assist staff in providing quality services to families.</p>		<p>management reports will be utilized to assist with monitoring progress.</p>		
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## Eastern Mountain ACTION PLANNING

<b>GOAL:</b> Enhance family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.				
<b>OBJECTIVE:</b> To improve the quality and frequency of worker visits with parents/caretakers and children in both OOH and in-home service cases.				
<b>STRATEGY:</b> Identify Barriers: Time management of workers, staffing issues, lack of consistent mentoring, lack of consistent SOP application, lack of accountability, inconsistency of the availability of TWIST, via the CITRIX system, personnel management				
TASK(S)				
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Review and follow SOP 3.10 and 4.24 in regional FSOS meeting to re-iterated policy related to the frequency and quality to both in home and OOH care cases	Patricia Engle	Minutes from the FSOS meeting	June 2 <sup>nd</sup> , 2011	
Review and follow SOP 3.10 and 4.24 in local office meetings	FSOS's	Signed signature sheets and copied to the SRAA's	June 30 <sup>th</sup> , 2011	
If workers fail to meet this performance expectation, it will be addressed in an individual meeting with worker, FSOS and SRAA	SRAA	Documentation in a work plan	Quarterly	
Quarterly coaching and mentoring sessions between individual FSOS's and SRAA's to	SRAA	Quarterly session meetings	Quarterly	

review performance data and develop action plans as needed					
During monthly supervisory consults FSOS will review status of visits and if this hasn't occurred, FSOS will assign a completion date	FSOS	Documented on monthly consultation form	Monthly		
Encourage the use of the case worker visit template in order to insure that the worker and family are focused on the issues that brought the family to the attentions of the agency.	FSOS and frontline workers	Improvement of quality in content of the contacts	June 30 <sup>th</sup> , 2011		
Measure progress on frequency of quality of visits	CQI specialist and PIP lead	Quality measure: CQI questions 75 A-F Frequency measure: TWIST 280S – OOH TWIST 296 – in home	monthly		
Provide frontline staff with a guide to improve quality of documentation in contacts	Patricia Engle	Improvement of quality in contacts based on the CQI questions 75 A-F	June 2 <sup>nd</sup> , 2011		

# ACTION PLANNING

## Jefferson Service Region

<b>GOAL: Enhance Family involvement and capacity to provide for their children's needs. Ensure implementation of family centered practice.</b>				
<b>OBJECTIVE: To improve the quality and frequency of worker visits with parents/caretakers and children in both OOHC and in-home services cases.</b>				
<b>STRATEGY: Identified barriers: Clarifying Expectations regarding Worker Visits per SOP</b>				
<b>TASK(S)</b>				
Send out memo to staff regarding emphasis on visitation-policy and introduce new 296 report	Angie, Leslie and Patty	Written Memo distributed	June 15, 2011	
Review and follow SOP 3.10 and 4.24 & appropriate documentation through training and team CQI meeting with all staff. Continue using tip sheets in order to improve quality.	Angie, Leslie and Patty	Reflected on TRIS forms and CQI minutes	Aug 31, 2011	
M296 will be posted and monitored monthly along with the M932 & 280. A new trend chart will be developed to track monthly compliance by unit for the 296 as currently done for the 932 and the 280	Patty Stocker	Posted reports on the public folders	June 8, 2011 and ongoing	

Continue working with the PCC and PCP's around improving the frequency, quality and entry of the 1294's	Stocker, Webb	Using the 932		
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# ACTION PLANNING

## Quarter 5

Cumberland Region

<b>GOAL: Primary Theme 1: Enhance Family Involvement and Capacity to Provide for their children's needs.</b>				
<b>OBJECTIVE # 1A.4.2 Develop and implement regionally specific plans to improve the quality and frequency of caseworker visits.</b>				
<b>Strategy: 1A.4- Improve the quality and frequency of worker visits with parents/caretakers and children in both OOHC and in-home services cases.</b>				
<b>Barriers:</b>				
<b>Volume of visits that are required to parents in prison takes time away from quality visits with children. Documentation indicates a lack of focus on the case plan and ongoing assessment during the home visit.</b>				
TASK(S)	Lead Assigned	Evidence of Completion	Date Due	Date Completed
Using the CQI process, request a change be made to decrease the required frequency of face-to-face visits to parents in prison.	FSOS CQI team	The importation of the issue into the CQI minutes tracking system (MITS) for consideration by Central Office CQI team.	2/28/11	Ongoing
In order to insure quality visits, workers are required to use a copy of the case plan to assist in reviewing the family's progress toward accomplishment of tasks at monthly face-to-face home visits and document in TWIST.	Regional Management staff Supervisors Workers	Improvement in CQI case review items 75a, 75b, 75c, 75d, 75e, 75f, 75g, and 127e.	Ongoing	Ongoing

<p>Improve the frequency and quality PCP and PCC visits by working with staff and supervisors to insure they know when to expect pcc's to enter contacts accurately.</p>	<p>Each FSOS</p>	<p>Staff receive information from the PCC's and PCP's timely. Track progress via the 280s</p>	<p>ongoing</p>	<p>ongoing</p>
<p>Insure that visit with in-home cases conducted and documented timely in TWIST.</p>	<p>FSOS</p>	<p>Using the TWIST 296 yo track monthly</p>	<p>ongoing</p>	<p>ongoing</p>
<p>Progress will be measured by monitoring CQI case review items P2 on DIG and Item 13.</p>	<p>CQI Specialist</p>	<p>Improvement on the CQI case review items 133A, 133B, 133C, 134A, 134B, 134C, 134D, 134E, 134F, 134G, 134H and 134I.</p>	<p>Ongoing</p>	<p>ongoing</p>