
CHAPTER 5

DFS Case Management and Oversight Do Not Ensure Effective Treatment for COPs in Residential Treatment

Chapter Summary

DFS caseworkers have important ongoing responsibilities for children both before and after they are placed in RTCs. They become case managers for children who are receiving treatment services from private providers, needing to make sure that placements are initially and continue to be appropriate and effective for children. Their responsibilities are to identify needed services and then monitor, evaluate, and coordinate with providers to adjust service provision in response to each child's progress in treatment.

Our review of case files shows DFS caseworkers are not consistently following rules and procedures.

DFS rules and procedures envision an active role for agency caseworkers in informing placement decisions and monitoring children after they are placed. From our review of professional literature, these requirements are in line with best practices for this sort of case management. However, in our file review, we found caseworkers throughout the state inconsistently follow these rules and procedures. We found that DFS is neither consistently providing the basic information to guide placements, nor establishing goals and expectations for care upon which to evaluate the effectiveness of provider services and costs.

Arguably, caseworkers may have been taking the case management steps necessary to comply with rules and procedures but simply did not document their actions in the files. Indeed, there often were missing documents in the files we reviewed, and when information was present, it tended to be superficial and incomplete. However, based on the documentation that was in the files, we came to the conclusion that case management practices for children in placement in RTCs should improve.

Caseworkers Are Integral to the Placement Process

Once a petition referring a child to a Juvenile Court for adjudication has been filed, statute requires DFS to assemble a predisposition report. Preparing this report calls for the caseworker to gather information and records about the youth from a number of different sources, including schools, family members, mental health professionals, law enforcement, and others. Normally, the caseworker also serves as a member of the statutorily required multi-disciplinary team (MDT), which makes case planning and sanctions recommendations to the Juvenile Court.

Case planning, monitoring, and oversight are crucial DFS responsibilities.

DFS procedures call for the caseworker to develop a case plan guiding the course of the child's treatment while in the state's custody. This plan involves, among other things, identifying and securing services appropriate to the treatment needs of the juvenile, and determining outcomes, estimated timetables for completion, and cost estimates for treatment.

Once a child is placed, the caseworker is to maintain contact with the child and with treatment providers, to ensure that treatment is appropriate to the child's needs and effective in meeting treatment outcome objectives. Finally, DFS procedures require caseworkers to make placement continuation recommendations as a part of the quarterly court review process and the court's annual permanency hearing.

Predisposition Reports Are Not Timely

A predisposition report summarizes DFS' investigation of each case and has a number of statutory, rule, and procedurally-required elements. When met, these elements include a complete social, medical, educational, and psychological history of adjudicated children and their families, as well as placement recommendations, if any. The report is a source of information for both the court whose order may identify a specific facility, and for the MDT, which advises the court on the need for placement and may recommend a specific facility.

Few predisposition reports are available in time to inform placement decisions.

About six percent of the cases we reviewed contained documentation showing that a current predisposition report was available at the time of disposition. Only about half the cases we reviewed contained a predisposition report, and about a third of those included a DFS recommended facility placement (see Figure 5.1 below). However, this portrays a more positive view than may be warranted. In the majority of these cases, the placement order predated the predisposition report by more than a year. This indicates the report would not have been available as a resource to the court for making the placement decision.

**Figure 5.1
Case Files Containing Predisposition Report
and DFS Facility Recommendation**

Predisposition report	Total files reviewed	Number	Percent of all cases reviewed
Present	135	68	50
Recommends specific facility	135	25	19
Date indicates it was available to MDT/court to inform decision to place or specify facility	135	8	6

Source: LSO analysis of case file review data

Case Plans Do Not Specify Treatment Goals

The purpose of case plans is to provide guidelines to achieve desired outcomes.

DFS rules call for written case plans to be developed for all adjudicated youth. Case plans guide all participants toward resolving the problems of adjudicated youth and their families. These plans also guide placement facilities in developing treatment plans for the children committed to them, and enable caseworkers to evaluate individual children’s progress in facilities. Case plans must describe treatment approaches and anticipated treatment goals, estimate the length of time needed to reach treatment goals, and estimate the expected costs of treatment.

Our file review identified numerous problems with case plans.

Very few case plans contained required information.

Only 95 of the 135 files we reviewed contained case plans, and just 14 of these plans appeared to be current for the FY '03 placement (see Figure 5.2 below). Some of the case plans had been developed more than a year prior to adjudication, and some had been developed after the provider's treatment plan was already operative. Very few files (21) included a case plan that specified a treatment goal.

Fewer case plans (12 of 135) contained measurable goals that could be used to gauge progress. Although a slightly higher number of plans contained an estimated length of time for treatment, only seven had any mention of estimated cost. No case plans contained all four of these required elements.

Figure 5.2

Case Files Containing Plans and Required Components

Case Plan	Total files reviewed	Number	Percent of all cases reviewed
Present in file	135	95	70
Current	71	14	10
Treatment goal			
Specified	135	21	16
Measurable	135	12	9
Estimated duration	35	28	21
Estimated cost	135	7	5
All 4 required elements	135	0	0

Source: LSO analysis of case file review data

Caseworkers Have Infrequent Contact with COPS

An important part of DFS monitoring and managing COPS cases is its rule requiring caseworkers to have monthly communication with COPS youth through face-to-face contact, or if necessary, by telephone. This contact helps ensure that the caseworker develops and maintains a relationship with the placed child. Caseworkers also are to contact providers to monitor and collaborate on

modifications and review service payments.

DFS rules require regular contact between caseworkers and children in RTCs.

We reviewed case files to see whether any caseworker contact with children and providers was documented in the narrative. We did not attempt to count the number of contacts made in each case, but in files where there was documentation of both types of contact, we counted both. We found that caseworkers’ levels of contact with providers and with the children in placement were similar (see Figure 5.3).

Even counting those cases where the worker documented just one contact during the entire period of placement, the documented level of caseworker contact with children falls far short of DFS’ requirements. A little over half of the files showed the caseworker had at least one face-to-face contact with the child at some time during placement, and slightly more than a third showed at least one phone contact.

Figure 5.3

Case Files Indicating Caseworker Made At Least One Contact

Contact	Total files reviewed	Number	Percent of all cases reviewed
Face-to-face			
With child	135	75	56
With provider	135	58	43
Telephone			
With child	135	51	38
With provider	135	70	52

Source: LSO analysis of case file review data

Some youth have little contact with their caseworkers.

These results raise concerns that while placed in RTCs, some youth may not have contact with their caseworkers. Providers said active communication and contact on DFS’ part is more frequent if the placement is local. We found that in many instances where the placement was not local, providers were initiating the contact with DFS, through phone calls, incident reports, and monthly progress updates. While this type of business communication is important, it cannot substitute for

regular personal contact between a caseworker and a child in placement.

DFS Allows Providers to Make Recommendations Relating to Continuing Placements

Statute requires that every three months, the court receive a recommendation as to whether or not a child should remain in the facility in which it has been placed. Every 12 months, the court shall conduct a formal review to assess and determine the appropriateness of the current placement, the reasonable efforts made to reunify the family, the safety of the child and the permanency plan for the child. Although statute says that these quarterly reports regarding continued placement can come from the “institution or agency” holding the child, DFS rules require caseworkers to write these reviews and provide placement recommendations in updated case plans for these reviews.

DFS rules require that caseworkers make placement recommendations, but sometimes providers do this.

In reviewing cases, we saw that caseworkers sometimes allow providers to make these recommendations to the court. In 95 of 135 cases, we found evidence that a court review had taken place. Of these, the caseworkers were involved in continued placement recommendations in 73 cases, but sometimes their participation consisted of simply signing off on a check-list. In 35 cases, providers participated in making the recommendations, and they appeared to be the sole sources recommending continued placement in 22 cases.

Treatment May Be More Expensive Than Necessary and Less Effective Than Possible

In our case file review, we found that treatment outcomes for individual children could not be measured. This is due in part to the lack of definition as to what constitutes successful treatment outcomes, and in part to caseworkers inconsistently following DFS procedures. Because staff are not following DFS procedures, the agency cannot ensure that these are the proper procedures for acquiring and managing services for COPs youth.

DFS cannot evaluate the effectiveness of its procedures.

DFS has requirements in place to provide active management, oversight, and evaluation of the children in its custody, such as case plans, predisposition reports, MDT participation, and review protocols. According to best practices literature, these procedures are important factors in determining successful outcomes, and DFS rules and policies appear adequate to the task of accomplishing statutory, agency, and treatment goals. However, until DFS staff adhere to these procedures with consistency, by preparing predisposition reports and submitting required court review recommendations in all cases, and contacting children and providers regularly, the effectiveness of COPs placements cannot be determined.

Millions of dollars spent on treatment without independent evaluation

In the FY '03 – '04 biennium, DFS, WDE, and WDH spent over \$40.7 million on youth in RTCs for room board, treatment and education, with DFS contributing \$22.5 million of that amount. Because DFS does not seem to be applying the active and evaluative oversight that its rules and procedures envision, the state loses its primary means of measuring the impact these funds may have had in treating the problems of the COPs population. It is unknown to what extent these children may have benefited from their stay in state custody. Public safety may have been secured by placing some of these youth in RTCs, but judgments about whether their treatment, rehabilitation and reintegration were successful are matters of individual opinion.

Case plans do not set provider performance expectations

DFS does not measure treatment effectiveness.

DFS case plans usually state general goals such as “independent living” or “family reunification,” and do not specify how a particular treatment program will lead to the accomplishment of these goals. In the files we reviewed, case plans did not include provider performance expectations by which a caseworker could gauge whether the juvenile was receiving effective treatment. Additionally, DFS does not track individuals once they have completed an RTC program, nor require the providers to track and report post-release information. The lack of case plan specifics is more critical given that DFS does not use contracts to specify provider performance (see Chapter 3).

Providers indicate that DFS' primary oversight of their operations comes through the licensure and certification process of the facilities. This certification, however, deals primarily with health and safety issues and not with treatment outcomes, and certification reviews occur once every two years.

Other participants fill operational voids in the absence of assertive DFS management

With caseworkers not measuring treatment outcomes in a systematic way, DFS relies upon providers to assess whether their own treatment programs are having positive impacts. The providers' treatment plans are, in effect, substituted for the case plans. Providers' definitions for successful treatment outcomes appear to be subjective, ranging from the child completing the provider's program, going home, staying out of placement for varying periods of time, reducing negative behavior, to simply aging out of the system. In the absence of regular communication regarding each youth's progress and of objective measures of treatment progress, DFS is heavily reliant on the provider's judgment to determine a child's progress through treatment.

Providers' definitions of successful treatment outcomes vary.

Staff Turnover and Agency Culture May Be Obstacles to Effective Case Management

The interviews we conducted, along with other research, suggest at least two general circumstances that appear to inhibit DFS from operating to the potential it has outlined for itself through procedures and rules. While we do not have hard data, we believe that staff turnover and an agency culture of hesitancy have negatively affected staff performance.

Our case file review showed that 44 percent of the youth had multiple caseworkers over the course of their stay in custody. We believe in some cases turnover may have affected case-worker ability to implement agency policies: inadequate and inconsistent documentation, such as we found in many files, could impair a new caseworker's ability to assimilate and process needed information. Compounding the problem, according to a recent federal review, is that DFS does not have an effective staff development program or ongoing training requirements.

DFS personnel focus on crisis

management. LSO made similar findings in its 1999 evaluation of *Child Protective Services* and also noted that caseworkers were struggling to manage widely different kinds of cases, from abused infants to juvenile offenders, as a part of their case loads. Such dual assignments, according to DFS personnel with whom we spoke for this report, often meant that caseworkers focused on the more immediate needs of child protection cases and not on managing cases for children who were in placement. During the course of this study, the DFS Juvenile Services Division reorganized in order to allow individual caseworkers to focus on specific types of cases, including those involving youth in placement. Officials believe this will lead to a more efficient use of staff as well as less turnover.

DFS has been hesitant to assume active oversight

We also learned that DFS caseworkers have traditionally taken a back seat in decision making related to COPs. The statutory authority for COPs decision making is clearly centered at the local level under the leadership of the courts and MDTs (which include a DFS presence). In interviews, we were often told that DFS is but one party to the process, and moreover, that it is disadvantaged by not being respected in some communities, especially by legal officials. For example, we heard caseworkers were often intimidated by court proceedings, and that "...some of our folks are reluctant to speak up." A lack of either credibility or competency, which can result from turnover among caseworkers, may be contributing to this perceived lack-of-respect cycle.

DFS personnel and performance may lack credibility among other COPs participants.

Not having control over placements seems to have made DFS staff reticent about meeting the expectations of case management, as set out in agency rules and procedures. According to several DFS officials, as an agency DFS has the reputation and has adopted the attitude that "Basically, DFS pays the bill and takes the fall if the placement is wrong" for COPs youth, rather than making a determined effort to actively participate in COPs case management.

Recommendation: DFS should more actively manage COPs cases and should develop measures of treatment effectiveness.

DFS management needs to ensure that all COPs cases have documented goals; that these goals guide placement and treatment decisions; that there are meaningful outcome measures for each goal; and that workers statewide are consistently following agency rules and procedures. This foundation has to be established before DFS can determine which of its procedures promote expected goals and which may need to be adjusted. Ultimately, adherence to its rules will put the agency in a better position to demonstrate the effectiveness and appropriateness of various forms and providers of treatment.