

Best Practice Indicators

SAFETY

1. Evidence information gathered at intake is sufficient to make required decisions and to assign appropriate response times.
2. Face-to-face contacts with children in CAN and Prevention Assessments are initiated promptly within time frames appropriate to the priority level of the report.
3. CAN and Prevention Assessments are thoroughly assessed, completed within designated time frames with appropriate dispositions and required notifications, and any pending assessments are in appropriate pending status.
4. Evidence children are determined to be safe, safety is continuously assessed, appropriate intervention decisions are being made, and child safety is generally perceived in a positive manner.
5. Evidence effective safety plans are in place for children when safety threats are present and, current policy is followed in the development, implementation and documentation of safety plans.
6. Evidence that children are safely maintained in their own homes whenever possible and appropriate through the provision of supports and services.
7. There is no evidence of children being subject to repeat maltreatment.

PERMANENCY

8. Evidence children in foster care are in placements that are in the best interest of the child and consistent with achieving the child's permanency goal(s).
9. Evidence that foster care placements are supported with services to minimize the likelihood of placement disruptions.
10. Evidence children in foster care are in stable placements and any planned changes in the placement are in the best interest of the child.
11. There is no notable pattern of children re-entering care within twelve months of a prior foster care placement.
12. There is no notable pattern of children remaining in foster care beyond the length of time needed to achieve permanency.
13. Permanency goals are established timely, are the most appropriate permanency goals for the child, and there is consistency between the permanency goal identified in the ISP and case activity.
14. Evidence visits between children in foster care and their families are occurring in accordance with *Visiting Policy* and that connections are being appropriately maintained.
15. Sibling group placements conform to *Sibling Placement Policy*.

16. Locations of children's placements conform to *Close Proximity Policy*.
17. Evidence the department maintained the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.
18. Evidence foster and adoptive placements are being made in compliance with the requirements of the federal Multi-Ethnic Placement Act, including stipulations concerning placements of children and the recruitment, training and approval of foster and adoptive parents.
19. There is a functioning case review system in the county that meets the requirements of *P.L. 96-272* and ASFA for periodic case reviews and permanency hearings.

CHILD WELL BEING

EDUCATIONAL SUCCESS

20. Evidence the educational needs of children are being met appropriately.
21. Evidence school personnel are routinely involved in ISP meetings/planning.
22. Evidence Dept. personnel are routinely involved in IEP meetings/planning.
23. Evidence educational advocacy is implemented when needed on behalf of children in the Department's care or responsibility.

EMOTIONAL WELL BEING

24. Evidence the emotional/behavioral needs of children are being met appropriately.
25. Evidence the frequency and quality of visits between caseworkers and the child/family are sufficient to ensure safety, permanency, well-being and promote achievement of case goals.

PHYSICAL WELL BEING

26. Evidence the emotional/behavioral needs of children are being met appropriately.

COMMUNITY COLLABORATION

27. The Department is actively involved in the mandatory interagency forums, e.g., multi-disciplinary teams, county multi-needs facilitation teams, Children's Policy Council.
28. Evidence the Department collaborates with community stakeholders and services are coordinated appropriately to meet the needs of the children and families it serves.
29. Evidence the Department's staff are responsive and available when needed or called upon.

SERVICE ARRAY AND RESOURCE AVAILABILITY

30. The Department demonstrates the capacity to individualize services to children and families.
31. There is a sufficient service array available to meet the needs of children and families.
32. There is evidence all youth ages fourteen and older are receiving services in accordance with *Independent Living Services Policy*.

33. There is an adequate number of approved in-county foster family homes which meet policy requirements in order to place children according to their needs and that serves all major population groups in the county's foster care population, e.g., racial/ethnic, age, gender, emotional/behavioral/physical issues.

34. Workers have access to flex funds, which are used appropriately to meet the needs of children and families.

INDIVIDUALIZED SERVICE PLANS

35. Evidence of thorough initial and ongoing assessments of strengths, needs, current status, protective capacity, safety threats, preferences and progress of families (children, parents, foster parents, absent parents, etc.).

36. Evidence the ISP process is serving as a guide to practice and service delivery, e.g., engagement of families, involvement of all relevant stakeholders, major decisions made in context of ISP, document reflects practice, correct identification of needs, appropriate goals, steps/services match needs, lead to goal attainment, held within policy time frames and are monitored regularly.

QUALITY ASSURANCE

37. There is evidence of a functioning county QA committee that includes members who routinely review the required number of cases, conduct yearly stakeholder interviews, complete special studies when needed, and make recommendations to the County Department.

38. There is evidence that the recommendations of the county QA committee are considered by the County Department and that there is a written feedback loop back to the committee to indicate how the recommendations were addressed.

39. There is a designated QA coordinator who performs the functions of a coordinator as described in the QA Guide and whose duties and responsibilities do not exceed Caseload standards.

40. The QA committee has established leadership from within the committee (not Department staff) as described in the QA Guide.

41. The county QA system participates fully in the QA reporting process.

42. There is a process in place to evaluate child, family and stakeholder satisfaction and to address concerns identified.

SUPERVISION

43. There is evidence that supervisors are managing the work in their units satisfactorily, by routinely reviewing all cases carried by staff members, monitoring for quality of work, and by providing appropriate feedback, modeling and coaching to staff.

44. Supervisors conduct regular, individual supervisory conferences with staff members in their units.

STAFFING AND CASELOADS

45. There is no evidence of a pattern of caseloads falling outside of established standards for a period longer than six months.

46. The supervisor-to-worker ratio is within the Department's established standards.

STAFF AND PROVIDER TRAINING

47. There is evidence that staff have completed the department's required child welfare training curricula and are receiving on-going training opportunities to enhance and build their abilities to work with children and families.

48. The Department has the capacity to provide on-going foster and adoptive parent training with an adequate number of trained co-leaders and evidence of on-going training.

INFORMATION SYSTEM CAPACITY

49. There is evidence that tracking systems are initiated, updated, and maintained, and that management utilizes the information to assess, plan and monitor.