

Statewide Child Welfare


Quarterly Results for Administrative Reviews

Administrative Review Division

1/1/2008 - 12/31/2008

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol: 

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September

Second Quarter = October - December

Third Quarter = January - March

Fourth Quarter = April - June

Report created on: 1/20/2009

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Administrative Review Division

1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Safety Outcome 1

Item 1: Timeliness of Investigations

Safety

1411 If a new abuse or neglect referral was received regarding this child/youth during the review period, is there documentation that the child/youth was interviewed/observed face-to-face within the assigned response time?

181	46	2205	79.7 %	⚠	203	65	2021	75.7%	⚠	191	57	2237	77.0%	⚠	199	55	2168	78.3%	⚠
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Safety Outcome 2

Item 4: Risk of Harm

Safety

1412 If a new abuse or neglect allegation was received regarding this child/youth, were safety needs of the child/youth adequately addressed during the review period?

230	15	2187	93.9 %	⚠	306	10	1974	96.8%		305	17	2163	94.7%	⚠	318	22	2082	93.5%	⚠
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1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 6: Stability of Foster Care Placements

Permanency

1440	If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal and planned" if both Yes answers are appropriate)	449	343	1640	56.7 %		371	390	1530	48.8%		438	418	1629	51.2%		396	466	1559	45.9%	
	<i>Yes, in line with case goal and planned</i>			294					251					295					300		
	<i>Yes, to meet child's specific needs and planned</i>			155					120					143					96		
1441	If the answer to the above question was "No", what was/were the reason(s) for the move(s) during the review period? (Check all that apply)																				
	<i>Child in inappropriate level of care</i>			22					8					3					4		
	<i>Child on child abuse</i>			5					9					4					7		
	<i>More than one move</i>			93					116					146					155		
	<i>Other</i>			19					47					55					36		
	<i>Provider abuse or neglect allegations</i>			63					60					48					59		
	<i>Provider quit or closed</i>			35					40					43					41		
	<i>Provider request</i>			182					179					196					227		
	<i>Runaway</i>			59					88					80					102		
	<i>Temporary setting</i>			45					84					94					128		
	<i>Youth's behavior</i>			142					154					142					173		

Item 7: Permanency Goal for Child

Permanency

1455	In the reviewer's opinion is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?	2153	257	21	89.3 %	2064	210	17	90.8%	2162	309	14	87.5%	2137	245	39	89.7%	
1456	If the answer to the question above is "No", what do you think the appropriate permanency goal should be? (Check one answer)																	
	<i>Adoption</i>			86					74					110				102
	<i>All options have not been sufficiently explored</i>			60					66					104				71
	<i>Guardianship</i>			3					1					3				1
	<i>OPPLA - Emancipation</i>			49					25					28				27
	<i>OPPLA - LTFC</i>			21					12					9				13
	<i>Relative Custody or Legal Guardianship</i>			30					26					56				27
	<i>Return Home</i>			5					10					2				4

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2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 9: Adoption

Permanency

1442 For children/youth with a goal of adoption, are reasonable efforts being made to finalize the adoption? (Check all that apply)

527	54	1850	90.7 %	⚠	501	54	1736	90.3%	⚠	545	55	1885	90.8%	⚠	540	53	1829	91.1%	⚠
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No CARR listing

6

17

17

14

No, county/agency support issues

4

1

5

4

No, court delays

9

10

18

11

No, other

23

24

15

24

No, provider support issues

2

2

0

1

No, recruitment efforts issue(s)

20

9

12

4

No, subsidy issues

4

6

3

6

1443 For a child who is legally free for adoption and whose goal is adoption, has an adoptive family been identified?

392	119	1920	76.7 %	⚠	385	114	1792	77.2%	⚠	384	133	1968	74.3%	⚠	420	98	1904	81.1%	⚠
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Item 10: Other Planned Living Arrangement

Permanency

1444 For a child/youth with a permanency goal of other planned permanent living arrangement, is it documented that all other, more permanent goals been considered and appropriately rule out?

538	148	1746	78.4 %	⚠	526	100	1665	84.0%	⚠	547	130	1808	80.8%	⚠	537	123	1762	81.4%	⚠
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2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 11: Proximity of Placement

Case Planning/Services

1426	Is the child/youth's current placement within close proximity to his/her parents or other potential permanent caregiver?	1421	99	911	93.5 %	⚠	1325	118	848	91.8%	⚠	1475	109	901	93.1%	⚠	1408	109	904	92.8%	⚠
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Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1452	Does the frequency of visitation with the mother/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)	1027	228	1177	81.8 %	⚠	1021	215	1055	82.6%	⚠	1077	270	1138	80.0%	⚠	1061	245	1115	81.2%	⚠
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<i>No, GAL</i>			1				0					2					5
<i>No, child</i>			7				21					26					17
<i>No, county</i>			5				5					15					20
<i>No, court</i>			34				24					28					28
<i>No, facility</i>			4				1					10					2
<i>No, parent</i>			216				190					249					218

1453	Does the frequency of visitation with the father/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)	532	196	1704	73.1 %	⚠	521	184	1586	73.9%	⚠	570	263	1652	68.4%	⚠	567	212	1642	72.8%	⚠
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<i>No, GAL</i>			1				1					3					4
<i>No, child</i>			7				8					14					8
<i>No, county</i>			6				7					9					13
<i>No, court</i>			29				32					33					27
<i>No, facility</i>			4				0					8					1
<i>No, parent</i>			176				164					248					189

1454	Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all that apply)	816	71	1544	92.0 %	⚠	779	76	1436	91.1%	⚠	880	72	1533	92.4%	⚠	823	73	1526	91.9%	⚠
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<i>No, GAL</i>			0				1					0					1
<i>No, child</i>			12				24					9					13
<i>No, county</i>			20				7					12					7
<i>No, court</i>			12				6					6					2
<i>No, facility</i>			4				2					2					2
<i>No, foster parent/kin</i>			7				5					14					12
<i>No, other</i>			17				20					16					6
<i>No, parent</i>			11				27					21					36

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 14: Preserving Connections

Court

1405	For a child/youth with American Indian heritage, has the identified tribe or the BIA received required notification that: 1) an American Indian child is in need of foster care, and/or 2) termination of the parent-child relationship is imminent?	156	44	2232	78.0 %	⚠	127	53	2111	70.6%	⚠	148	56	2281	72.5%	⚠	121	60	2241	66.9%	⚠
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1406	For a child/youth with American Indian heritage, has the court made a determination whether ICWA applies to this child?	134	69	2229	66.0 %	⚠	149	54	2088	73.4%	⚠	129	73	2283	63.9%	⚠	97	77	2248	55.7%	⚠
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Case Planning/Services

1417	Does the FSP contain a description of how connections are maintained during the review period?	2346	57	28	97.6 %		2233	46	12	98.0%		2399	75	11	97.0%		2346	55	20	97.7%	
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1418	Is the department making concerted efforts to maintain the child/youth(s) connections during the review period?	2375	18	38	99.2 %		2273	8	10	99.6%		2465	7	13	99.7%		2391	13	17	99.5%	
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1422	Does the FSP document that the child/youth's placement in foster care takes into account proximity to the school in which the child/youth is enrolled at the time of the initial placement? (Initial Review Only)	359	90	1983	80.0 %	⚠	341	129	1821	72.6%	⚠	355	138	1992	72.0%	⚠	341	142	1939	70.6%	⚠
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1/1/2008 - 12/31/2008

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4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

1420	Are the identified needs of all required parties, as they relate to the child's needs for permanency being addressed through appropriate services?	2385	31	15	98.7 %	2252	32	7	98.6%	2423	49	13	98.0%	2375	31	15	98.7%
	<i>No OOH Provider</i>			6				7				10				10	
	<i>No, Child/Youth</i>			24				18				34				17	
	<i>No, Father/Guardian</i>			5				5				5				7	
	<i>No, Mother/Guardian</i>			3				6				9				11	
1421	Does the FSP/Court Report document the services needed by the foster parents/kin, to maintain the stability of the placement, during the review period?	1788	60	583	96.8 %	1662	46	583	97.3%	1825	83	577	95.6%	1756	71	594	96.1%
1425	At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No answers that apply)	2361	26	44	98.9 %	2230	23	38	99.0%	2407	50	28	98.0%	2340	33	48	98.6%
	<i>No appropriate level of care (sanction may result)</i>			3				5				13				5	
	<i>No, ICWA preference</i>			0				3				2				3	
	<i>No, child/youth's needs not addressed/met</i>			9				5				13				12	
	<i>No, relatives not considered</i>			2				4				0				0	
	<i>No, safety issues</i>			0				5				5				6	
	<i>No, sibling placement issues</i>			13				7				21				8	

Statewide Child Welfare
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Administrative Review Division

1/1/2008 - 12/31/2008

Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Health

	<u>3rd Quarter SFY 2008</u>				<u>4th Quarter SFY 2008</u>				<u>1st Quarter SFY 2009</u>				<u>2nd Quarter SFY 2009</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1438 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)																
<i>Alcohol</i>			332			251				391					317	
<i>CNS Depressants</i>			8			9				16					7	
<i>CNS Stimulants/Amphetamines</i>			13			18				17					11	
<i>Cocaine/Crack</i>			213			184				247					197	
<i>Heroin</i>			15			10				14					17	
<i>Marijuana</i>			183			186				242					228	
<i>Methamphetamine</i>			253			229				268					217	
<i>Other</i>			21			14				33					11	
<i>Other Opiates</i>			13			12				17					20	
1439 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all that apply)	392	256	1784	60.5 %	353	212	1726	62.5%	453	302	1730	60.0%	400	223	1798	64.2%
<i>No available services</i>			1			0				0					4	
<i>No received provider report</i>			14			3				16					9	
<i>No referral by county</i>			3			9				6					8	
<i>No requested provider report</i>			1			12				7					0	
<i>No sufficient services</i>			1			2				6					2	
<i>No, delays of 2 + weeks</i>			4			0				2					3	
<i>No, parent/guardian refused services</i>			194			120				200					132	
<i>Unable to determine - outside services</i>			41			68				75					68	

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

1427 Based on documentation in the case file, is there evidence that the county department made efforts to involve the biological/legal mother/legal guardian in the case planning?	1529	10	893	99.4 %	1398	15	878	98.9%	1591	14	880	99.1%	1492	10	919	99.3%
1428 Based on documentation in the case file, is there evidence that the county department made efforts to involve the biological/legal father/legal guardian in the case planning?	1089	9	1334	99.2 %	969	23	1299	97.7%	1135	23	1327	98.0%	1065	32	1324	97.1%
1429 Based on documentation in the case file, is there evidence that the county department made efforts to involve the child/youth, age 12 and over, in the case planning?	1201	10	1221	99.2 %	1160	2	1129	99.8%	1207	4	1274	99.7%	1159	2	1261	99.8%

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

1445 How many months should face-to-face contact have been made with the child/youth during this review period?

1		7		3		12		5
2		27		24		17		26
3		32		26		28		29
4		43		35		51		43
5		228		245		328		302
6		1,716		1636		1755		1728
7		272		248		194		202

1446 How many months was face-to-face contact made with the child/youth during the review period?

0		4		3		0		0
1		15		12		15		10
2		31		27		22		25
3		60		35		34		32
4		65		72		119		99
5		339		361		458		406
6		1,587		1497		1598		1599
7		224		213		139		165

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

97.3%	97.6%	97.3%	98.0%
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In what percent of cases did agency personnel have contact with the child every month?

2088	240	89.9%	1977	240	89.2%	2096	289	87.9%	2093	238	89.8%
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1447 Were the minimum Volume 7 requirements for contact with the child/youth in the facility met? (Exclude certain ICPC cases)

2087	221	123	90.4 %	⚠	2016	186	89	91.6%	⚠	2165	222	98	90.7%	⚠	2135	192	94	91.7%	⚠
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1448 Is there documentation that contact with the child/youth focused on issues pertinent to case planning, service delivery, or goal attainment? (Exclude certain ICPC cases)

2264	54	113	97.7 %		2161	42	88	98.1%		2324	68	93	97.2%		2278	52	91	97.8%
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1449 For a child/youth placed outside the State, is there documentation that the child/youth is visited at least quarterly by a caseworker of either the sending or receiving state?

115	34	2283	77.2 %	⚠	88	17	2186	83.8%	⚠	103	26	2356	79.8%	⚠	84	22	2316	79.2%	⚠
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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

1450 Were the minimum Volume VII contact requirements met with the mother/father/guardian?

930	241	1261	79.4 %	⚠	954	208	1129	82.1%	⚠	991	246	1248	80.1%	⚠	928	235	1258	79.8%	⚠
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1451 Is there documentation that agency personnel contact with the parent focused on issues pertinent to case planning, service delivery, or goal attainment?

1138	43	1251	96.4 %	1119	52	1120	95.6%	1191	76	1218	94.0%	⚠	1150	65	1206	94.7%	⚠
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Well Being Outcome 2

Item 21: Educational Needs of Child

Education

1430 Is the child/youth's education/school record, including name and address of current educational provider(s), report cards and/or other pertinent educational information in the case file?

1488	311	633	82.7 %	⚠	1360	299	632	82.0%	⚠	1398	380	707	78.6%	⚠	1360	334	728	80.3%	⚠
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No address of current school

64	58	72	86
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No credit count

18	11	17	21
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No current IEP

107	86	99	99
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No current grade reports

226	225	296	237
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No name of current school

26	12	35	45
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1431 Were the child/youth's educational needs adequately addressed during the review period?

1819	24	589	98.7 %	1651	36	604	97.9%	1796	39	650	97.9%	1711	34	677	98.1%
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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 3

Item 22: Physical Health of Child Health

1432	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all that apply)	2298	113	20	95.3 %	2184	93	14	95.9%	2353	114	18	95.4%	2298	107	16	95.6%
	<i>No provider address</i>			108				87				99				94	
	<i>No provider name</i>			86				65				66				64	
	<i>No, medical problems not documented</i>			15				6				13				5	
	<i>No, medications not documented</i>			12				6				13				14	
1433	Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)	560	149	1723	79.0 %	552	125	1614	81.5%	599	183	1703	76.6%	695	132	1594	84.0%
	<i>No</i>			143				119				179				130	
	<i>No, medicaid card</i>			5				6				14				3	
	<i>No, medicaid provider</i>			1				2				1				0	
	<i>Yes, appointment</i>			112				104				104				117	
	<i>Yes, exam</i>			448				448				495				579	
1434	Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)	444	93	1895	82.7 %	407	111	1773	78.6%	470	118	1897	79.9%	488	106	1828	82.2%
	<i>No</i>			89				104				115				103	
	<i>No, medicaid card</i>			3				3				4				3	
	<i>No, medicaid provider</i>			1				5				3				0	
	<i>Yes, appointment</i>			38				33				56				41	
	<i>Yes, exam</i>			406				374				414				447	
1435	Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all that apply)	2219	167	45	93.0 %	2096	160	35	92.9%	2299	131	55	94.6%	2197	162	62	93.1%
	<i>No treatment for identified health needs</i>			3				2				10				1	
	<i>No, Medicaid</i>			2				4				4				1	
	<i>No, delay in services - systemic</i>			8				8				6				2	
	<i>No, immunizations</i>			57				51				43				55	
	<i>No, lack of timely referral or follow through</i>			91				94				71				93	
	<i>No, other</i>			17				12				17				22	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 3

Item 22: Physical Health of Child

Health

1436	Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all that apply)	1707	291	433	85.4 %		1616	288	387	84.9%		1733	296	456	85.4%		1653	296	473	84.8%	
	<i>No, Medicaid</i>			6					9					8					7		
	<i>No, delay in services - systemic</i>			16					18					19					11		
	<i>No, lack of timely referral or follow through</i>			238					236					233					247		
	<i>No, other</i>			35					31					41					35		
	<i>No, treatment for identified dental needs</i>			6					3					6					9		

Item 23: Mental Health of Child

Health

1437	Were mental health services provided to meet the child/youth's needs during the review period? (Check all that apply)	1494	151	787	90.8 %		1346	185	765	87.9%		1455	198	832	88.0%		1369	213	840	86.5%	
	<i>No available services</i>			5					2					3					2		
	<i>No referral by county</i>			10					17					25					20		
	<i>No sufficient services</i>			26					26					21					18		
	<i>No, MH systems issue</i>			27					33					45					49		
	<i>No, Medicaid</i>			0					0					1					13		
	<i>No, OOH provider issue</i>			25					35					23					36		
	<i>No, changed MH provider</i>			60					69					73					69		
	<i>No, child refused services</i>			13					22					14					16		
	<i>No, delays of 2 + weeks</i>			74					105					110					120		
	<i>No, other</i>			0					0					9					14		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1413	Was the FSP (3A) developed within 60 days of the date the referral was received? (Initial Review Only)	606	67	1759	90.0 %	561	54	1676	91.2%	655	68	1762	90.6%	701	61	1659	92.0%
1414	Does the FSP address the appropriate tasks/services for all required parties to achieve the permanency goal during the review period? (Check all that apply)	1966	465	0	80.9 %	1762	529	0	76.9%	1890	595	0	76.1%	1783	638	0	73.6%
	<i>No, Child/Youth tasks</i>			127				130				179				188	
	<i>No, Child/Youth's tasks expired</i>			98				106				107				133	
	<i>No, Department tasks</i>			201				195				269				275	
	<i>No, Department tasks expired</i>			99				102				90				121	
	<i>No, Father/Guardian tasks</i>			48				56				72				92	
	<i>No, Father/Guardian's tasks expired</i>			42				45				49				41	
	<i>No, Mother/Guardian tasks</i>			45				41				63				55	
	<i>No, Mother/Guardian's tasks expired</i>			57				78				72				57	
	<i>No, OOH Provider's tasks expired</i>			90				68				88				92	
	<i>No, OOH provider tasks</i>			218				288				269				349	
1415	Does the FSP 3D signature page contain all required signatures? (Check all that apply)	1680	751	0	69.1 %	1560	731	0	68.1%	1669	816	0	67.2%	1615	806	0	66.7%
	<i>No Caseworker</i>			191				176				183				254	
	<i>No Child/Youth if over 12</i>			154				157				166				131	
	<i>No Father/Guardian</i>			237				215				269				282	
	<i>No Mother/Guardian</i>			214				238				273				258	
	<i>No OOH Provider</i>			470				489				539				548	
	<i>No Supervisor</i>			199				234				269				300	
1416	Does the FSP 4B/C contain a description of the type and appropriateness of the homes or institutions in which the child/youth was placed during the review period?	2185	221	25	90.8 %	1993	283	15	87.6%	2130	337	18	86.3%	2005	395	21	83.5%
1419	Does the FSP/Court Report/Review discuss the extent of compliance with the case plan during the review period?	2358	63	10	97.4 %	2261	27	3	98.8%	2412	69	4	97.2%	2359	57	5	97.6%

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1423	For a youth age 16 or over, is there a written description of the programs and services that will help the youth prepare for the transition to independent living during the review period?	528	114	1790	82.2 %		512	107	1672	82.7%		521	117	1847	81.7%		474	122	1826	79.5%	
	<i>No hard copy</i>			51					55					57					51		
	<i>No signature</i>			57					47					57					46		
	<i>No, not sufficient</i>			31					37					46					54		

1424	Were the independent living services provided sufficient to address the youth's independent living needs during the review period?	596	40	1796	93.7 %		565	47	1679	92.3%		592	36	1857	94.3%		555	40	1827	93.3%	
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Item 27: Permanency Hearing Every Twelve Months

Court

1403	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months, that contains reasonable efforts to achieve permanency language and does not contain nunc pro tunc language? (Re-Review Only) (Check all that apply)	1618	53	760	96.8 %		1518	47	726	97.0%		1597	71	817	95.7%		1507	50	865	96.8%	
	<i>No reasonable efforts</i>			17					15					12					24		
	<i>No signed court order</i>			44					45					63					39		
	<i>No, contains nunc pro tunc language</i>			2					0					0					2		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

Systemic Factors

15 of 22 Issues

	<u>3rd Quarter SFY 2008</u>				<u>4th Quarter SFY 2008</u>				<u>1st Quarter SFY 2009</u>				<u>2nd Quarter SFY 2009</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1457	Has the child/youth been in OOH care 15 of the last 22 months? (Answer only if child reached 15/22 this review period)															
	325	0	2107	100.0 %	277	0	2014	00.0%	312	0	2173	100.0%	327	0	2095	00.0%
1458	If the child/youth has been in OOH care for 15 of 22 months has a motion/petition for termination been filed? (Answer only if child reached 15/22 this review period)															
	168	158	2106	51.5 %	144	134	2013	51.8%	172	134	2179	56.2%	181	137	2104	56.9%
1459	If a motion for TPR was filed, does the reviewer agree that TPR was appropriate? (Answer only if child reached 15/22 this review period)															
	168	0	2264	100.0 %	144	0	2147	00.0%	166	1	2318	99.4%	179	1	2242	99.4%
1460	If the child/youth has been in care 15 of the last 22 months, is there a documented, compelling reason in Trails for not filing for termination of parental rights? (Answer only if child reached 15/22 this review period)															
	122	49	2261	71.3 %	105	40	2146	72.4%	90	51	2344	63.8%	101	50	2271	66.9%
1461	If a compelling reason is identified on the 15/22 Form in Trails, in which category does it fall? (Check one answer) (Answer only if child reached 15/22 this review period)															
	0	97	2314		0	76	2191		0	70	2394		0	81	2318	
			7				9				6				6	
			90				67				64				75	
			9				12				8				12	
			12				13				13				11	
1462	If a motion/petition has not been filed, and a compelling reason has been identified, in the reviewers opinion is the compelling reason appropriate?															
	100	11	2321	90.1 %	93	7	2191	93.0%	69	13	2403	84.1%	89	9	2324	90.8%
1463	If a petition/motion was not filed or it was delayed, and there was no compelling reason documented, in which category does the barrier fall? (Check all that apply) (Answer one time only)															
	0	0	2391		0	0	2249		0	0	2437		0	0	2376	
			31				27				31				27	
			4				5				9				4	
			3				1				0				0	
			1				4				4				1	
			16				11				17				17	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process

1409	Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	3rd Quarter SFY 2008				4th Quarter SFY 2008				1st Quarter SFY 2009				2nd Quarter SFY 2009			
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
		2216	215	0	91.2 %	2078	213	0	90.7%	2265	220	0	91.1%	2153	268	0	88.9%
	<i>No, Attorneys of Record (Court Ordered)</i>			9				6				5					19
	<i>No, Child Over 12</i>			13				21				34					24
	<i>No, Father/Guardian</i>			56				57				51					82
	<i>No, GAL</i>			15				46				24					27
	<i>No, Mother/Guardian</i>			34				35				28					46
	<i>No, Not Timely</i>			70				26				26					23
	<i>No, OOH Provider</i>			45				53				56					58
	<i>No, Tribe (if ICWA applies)</i>			20				25				25					28

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

3rd Quarter SFY 2008

4th Quarter SFY 2008

1st Quarter SFY 2009

2nd Quarter SFY 2009

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Miscellaneous

Miscellaneous

Court

1401	Is this a court ordered administrative review?	175	2256	0	7.2 %	209	2,080	2	9.1%	175	2306	4	7.1%	196	2222	3	8.1%
1402	Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain nunc pro tunc language? (Initial Review Only) (Check all that apply).	681	45	1706	93.8 %	652	37	1599	94.6%	749	35	1699	95.5%	771	53	1591	93.6%
	<i>No best interest</i>			21				17				12				14	
	<i>No reasonable efforts/emergency</i>			26				25				12				22	
	<i>No signed removal order</i>			27				16				14				32	
	<i>No, contains nunc pro tunc language</i>			1				1				0				0	
	<i>No, dual reasonable efforts</i>			1				5				11				10	
	<i>No, incorrect reasonable efforts</i>			1				4				3				6	
1404	Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No")	2412	19	0	99.2 %	2271	20	0	99.1%	2469	16	0	99.4%	2404	17	0	99.3%
	IV-E																
1407	Has IV-E eligibility been determined? (Initial Review Only) (A Fiscal Sanction may result if the answer is "No")	721	12	1699	98.4 %	683	11	1597	98.4%	779	14	1692	98.2%	837	12	1572	98.6%
1408	Have timely IV-E redeterminations been completed during the review period? (Re-Review Only)	685	72	1674	90.5 %	527	65	1699	89.0%	591	83	1811	87.7%	517	96	1809	84.3%
	Due Process																
1410	Did the parent(s)/guardian(s) receive timely notification of placement changes and/or any changes that negatively affected their visitation rights during the review period?	882	15	1535	98.3 %	800	25	1466	97.0%	875	33	1577	96.4%	810	45	1566	94.7%
	<i>No notification after emergency placement change</i>			3				7				13				17	
	<i>No notification before placement change</i>			8				19				23				31	
	<i>No notification of negative visitation change</i>			4				0				0				1	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2008 - 12/31/2008

Miscellaneous

Miscellaneous

15 of 22 Issues

	<u>3rd Quarter SFY 2008</u>				<u>4th Quarter SFY 2008</u>				<u>1st Quarter SFY 2009</u>				<u>2nd Quarter SFY 2009</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1464 If the child/youth has been in OOH care for the past 15 months, what are the system barriers to achieving permanency? (Check all that apply)	0	0	1735		0	0	1656		0	0	1847		0	0	1926	
<i>Appeal of TPR</i>			23				26				36				21	
<i>Caseload/Turnover</i>			29				3				16				13	
<i>County Attorney</i>			9				13				11				7	
<i>County reluctance to terminate</i>			73				56				79				67	
<i>Court/Legal delays</i>			91				78				76				58	
<i>ICPC delays</i>			67				36				39				28	
<i>Inadequate treatment resources</i>			21				18				18				19	
<i>Lack of community supports</i>			15				25				17				17	
<i>Lack of effort or inadequate supervision</i>			38				12				25				33	
<i>No adoptive home</i>			135				112				122				109	
<i>OPPLA/LTFC without permanent agreement</i>			183				152				172				137	
<i>Other</i>			219				222				155				93	
<i>Relatives not explored timely and/or adequately</i>			17				6				13				4	
<i>Subsidy issues</i>			18				17				25				22	
<i>Termination denied</i>			1				4				4				7	

Statewide Child Welfare


Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2009 - 3/31/2010

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol: 




After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September
Second Quarter = October - December
Third Quarter = January - March
Fourth Quarter = April - June

Report created on: 9/30/2011

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 3/31/2010

	reviewDate	quarter3	<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>						
			<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>			
Safety Outcome 1																					
Item 1: Timeliness of Investigations																					
Safety																					
1411	If a new abuse or neglect referral was received regarding this child/youth during the review period, is there documentation that the child/youth was interviewed/observed face-to-face within the assigned response time?		0	0	0		190	70	2203	73.1%		165	67	1942	71.1%		73	15	669	83.0%	
Safety Outcome 2																					
Item 4: Risk of Harm																					
Safety																					
1412	If a new abuse or neglect allegation was received regarding this child/youth, were safety needs of the child/youth adequately addressed during the review period?		0	0	0		350	15	2098	95.9%		299	10	1865	96.8%		116	2	639	98.3%	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 3/31/2010

	reviewDate	quarter3	4th Quarter SFY 2009				1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency Outcome 1																		
Item 6: Stability of Foster Care Placements																		
Permanency																		
1440	If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal and planned" if both Yes answers are appropriate)		0	0	0	466	386	1611	54.7%	400	356	1418	52.9%	133	124	500	51.8%	
	<i>Yes, in line with case goal and planned</i>				0				344			288					100	
	<i>Yes, to meet child's specific needs and planned</i>				0				123			112					33	
1441	If the answer to the above question was "No", what was/were the reason(s) for the move(s) during the review period? (Check all that apply)																	
	<i>Child in inappropriate level of care</i>				0				4			0					1	
	<i>Child on child abuse</i>				0				7			4					3	
	<i>More than one move</i>				0				113			91					24	
	<i>Other</i>				0				33			27					9	
	<i>Provider abuse or neglect allegations</i>				0				54			44					17	
	<i>Provider quit or closed</i>				0				26			28					9	
	<i>Provider request</i>				0				199			172					59	
	<i>Runaway</i>				0				75			72					12	
	<i>Temporary setting</i>				0				69			63					19	
	<i>Youth's behavior</i>				0				160			134					46	
Item 7: Permanency Goal for Child																		
Permanency																		
1455	In the reviewer's opinion is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?		0	0	0	2124	327	11	86.7%	1850	314	10	85.5%	661	92	4	87.8%	
1456	If the answer to the question above is "No", what do you think the appropriate permanency goal should be? (Check one answer)																	
	<i>Adoption</i>				0				146			123					39	
	<i>All options have not been sufficiently explored</i>				0				78			97					19	
	<i>Guardianship</i>				0				0			10					0	
	<i>OPPLA - Emancipation</i>				0				41			35					16	
	<i>OPPLA - LTFC</i>				0				16			14					5	
	<i>Relative Custody or Legal Guardianship</i>				0				43			31					10	
	<i>Return Home</i>				0				8			11					2	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 3/31/2010

	reviewDate	quarter3	<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>					
			<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>		
<u>Permanency Outcome 1</u>																				
<u>Item 9: Adoption</u>																				
Permanency																				
1442			0	0	0	593	62	1807	90.5%	⚠	452	60	1662	88.3%	⚠	189	30	538	86.3%	⚠
					0			23					25					15		
					0			7					3					2		
					0			8					16					6		
					0			25					26					11		
					0			2					0					0		
					0			4					7					6		
					0			4					7					0		
1443			0	0	0	455	145	1862	75.8%	⚠	362	101	1711	78.2%	⚠	143	48	566	74.9%	⚠
<u>Item 10: Other Planned Living Arrangement</u>																				
Permanency																				
1444			0	0	0	523	164	1775	76.1%	⚠	506	110	1558	82.1%	⚠	156	40	561	79.6%	⚠

Statewide Child Welfare
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Permanency Outcome 2

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 11: Proximity of Placement

Case Planning/Services

1426 Is the child/youth's current placement within close proximity to his/her parents or other potential permanent caregiver?

0	0	0
---	---	---

1453	132	877	91.7%	⚠
------	-----	-----	-------	---

1288	132	754	90.7%	⚠
------	-----	-----	-------	---

452	30	275	93.8%	⚠
-----	----	-----	-------	---

Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1452 Does the frequency of visitation with the mother/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)

0	0	0
---	---	---

1033	252	1178	80.4%	⚠
------	-----	------	-------	---

972	215	987	81.9%	⚠
-----	-----	-----	-------	---

309	50	398	86.1%	⚠
-----	----	-----	-------	---

No, GAL 0
No, child 0
No, county 0
No, court 0
No, facility 0
No, parent 0

0 4 0
 17 20 6
 8 6 4
 32 18 7
 3 11 0
 225 188 42

1453 Does the frequency of visitation with the father/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)

0	0	0
---	---	---

548	192	1723	74.1%	⚠
-----	-----	------	-------	---

498	212	1464	70.1%	⚠
-----	-----	------	-------	---

166	56	535	74.8%	⚠
-----	----	-----	-------	---

No, GAL 0
No, child 0
No, county 0
No, court 0
No, facility 0
No, parent 0

2 4 0
 13 9 4
 4 3 1
 21 31 4
 1 6 0
 175 191 51

1454 Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all that apply)

0	0	0
---	---	---

877	66	1519	93.0%	⚠
-----	----	------	-------	---

811	54	1309	93.8%	⚠
-----	----	------	-------	---

257	27	473	90.5%	⚠
-----	----	-----	-------	---

No, GAL 0
No, child 0
No, county 0
No, court 0
No, facility 0
No, foster parent/kin 0
No, other 0
No, parent 0

0 5 0
 11 7 2
 16 13 9
 4 5 1
 5 3 0
 13 10 3
 12 11 9
 20 13 7

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Permanency Outcome 2

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 14: Preserving Connections

Court

1405	For a child/youth with American Indian heritage, has the identified tribe or the BIA received required notification that: 1) an American Indian child is in need of foster care, and/or 2) termination of the parent-child relationship is imminent?	0	0	0	186	58	2220	76.2%	153	49	1972	75.7%	60	19	678	75.9%
1406	For a child/youth with American Indian heritage, has the court made a determination whether ICWA applies to this child?	0	0	0	134	94	2235	58.8%	112	82	1980	57.7%	46	32	679	59.0%

Case Planning/Services

1417	Does the FSP contain a description of how connections are maintained during the review period?	0	0	0	2389	57	16	97.7%	2112	40	22	98.1%	745	7	5	99.1%
1418	Is the department making concerted efforts to maintain the child/youth(s) connections during the review period?	0	0	0	2432	10	20	99.6%	2145	6	23	99.7%	743	6	8	99.2%
1422	Does the FSP document that the child/youth's placement in foster care takes into account proximity to the school in which the child/youth is enrolled at the time of the initial placement? (Initial Review Only)	0	0	0	297	109	2056	73.2%	270	99	1805	73.2%	100	42	615	70.4%

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents
Case Planning/Services

	reviewDate	quarter3	<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>						
			<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>			
1420			0	0	0					2401	42	19	98.3%	2107	48	19	97.8%	743	8	6	98.9%
Are the identified needs of all required parties, as they relate to the child's needs for permanency being addressed through appropriate services?																					
<i>No OOH Provider</i>					0						7				11					0	
<i>No, Child/Youth</i>					0						39				31					8	
<i>No, Father/Guardian</i>					0						2				8					1	
<i>No, Mother/Guardian</i>					0						3				12					0	
1421			0	0	0					1883	54	525	97.2%	1599	63	512	96.2%	567	13	177	97.8%
Does the FSP/Court Report document the services needed by the foster parents/kin, to maintain the stability of the placement, during the review period?																					
1425			0	0	0					2399	17	46	99.3%	2101	15	58	99.3%	739	6	12	99.2%
At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No answers that apply)																					
<i>No appropriate level of care (sanction may result)</i>					0						1				1					0	
<i>No, ICWA preference</i>					0						1				0					0	
<i>No, child/youth's needs not addressed/met</i>					0						6				1					1	
<i>No, relatives not considered</i>					0						3				3					0	
<i>No, safety issues</i>					0						7				4					0	
<i>No, sibling placement issues</i>					0						0				6					5	

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Well Being Outcome 1

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 17: Needs/Services of Child, Parents, and Foster Parents

Health

1438	If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)																				
	Alcohol			0				370					303					85			
	CNS Depressants			0				8					8					0			
	CNS Stimulants/Amphetamines			0				5					11					1			
	Cocaine/Crack			0				198					169					51			
	Heroin			0				15					18					3			
	Marijuana			0				193					183					56			
	Methamphetamine			0				206					179					47			
	Other			0				18					29					13			
	Other Opiates			0				37					24					7			
1439	If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all that apply)	0	0	0				398	224	1841	64.0%		315	218	1641	59.1%		110	57	590	65.9%
	No available services			0				0					2					0			
	No received provider report			0				5					6					1			
	No referral by county			0				2					0					0			
	No sufficient services			0				1					4					0			
	No, delays of 2 + weeks			0				0					1					0			
	No, parent/guardian refused services			0				152					147					38			
	Unable to determine - outside services			0				65					59					18			

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

1427	Based on documentation in the case file, is there evidence that the county department made efforts to involve the biological/legal mother/legal guardian in the case planning?	0	0	0				1462	4	997	99.7%		1355	4	815	99.7%		428	1	328	99.8%
1428	Based on documentation in the case file, is there evidence that the county department made efforts to involve the biological/legal father/legal guardian in the case planning?	0	0	0				1085	20	1358	98.2%		951	23	1200	97.6%		311	7	439	97.8%
1429	Based on documentation in the case file, is there evidence that the county department made efforts to involve the child/youth, age 12 and over, in the case planning?	0	0	0				1221	1	1241	99.9%		1080	5	1089	99.5%		383	1	373	99.7%

Statewide Child Welfare
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7/1/2009 - 3/31/2010

Well Being Outcome 1

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 19: Worker Visits with Child

Permanency

1445 How many months should face-to-face contact have been made with the child/youth during this review period?

1	0	15	14	1
2	0	22	28	13
3	0	34	37	7
4	0	57	39	9
5	0	380	367	123
6	0	1741	1479	545
7	0	117	120	24

1446 How many months was face-to-face contact made with the child/youth during the review period?

0	0	1	5	0
1	0	20	17	2
2	0	27	27	13
3	0	42	46	10
4	0	102	81	23
5	0	478	472	168
6	0	1597	1338	485
7	0	99	95	21

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

0.0%	97.9%	97.5%	97.8%
------	-------	-------	-------

In what percent of cases did agency personnel have contact with the child every month?

0	208	.0%	2156	208	91.2%	1849	233	88.8%	646	76	89.5%
---	-----	-----	------	-----	-------	------	-----	-------	-----	----	-------

1447 Were the minimum Volume 7 requirements for contact with the child/youth in the facility met? (Exclude certain ICPC cases)

0	0	0	2163	191	108	91.9%	1919	154	101	92.6%	658	61	38	91.5%
---	---	---	------	-----	-----	-------	------	-----	-----	-------	-----	----	----	-------

1448 Is there documentation that contact with the child/youth focused on issues pertinent to case planning, service delivery, or goal attainment? (Exclude certain ICPC cases)

0	0	0	2294	64	104	97.3%	2014	61	99	97.1%	709	9	39	98.7%
---	---	---	------	----	-----	-------	------	----	----	-------	-----	---	----	-------

1449 For a child/youth placed outside the State, is there documentation that the child/youth is visited at least quarterly by a caseworker of either the sending or receiving state?

0	0	0	122	17	2324	87.8%	83	31	2060	72.8%	32	17	708	65.3%
---	---	---	-----	----	------	-------	----	----	------	-------	----	----	-----	-------

Statewide Child Welfare
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Administrative Review Division

7/1/2009 - 3/31/2010

	reviewDate	quarter3	<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>						
			<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>			
Well Being Outcome 1																					
Item 20: Worker Visits with Parents																					
Permanency																					
1450	Were the minimum Volume VII contact requirements met with the mother/father/guardian?		0	0	0		942	229	1292	80.4%	⚠	856	201	1117	81.0%	⚠	254	76	427	77.0%	⚠
1451	Is there documentation that agency personnel contact with the parent focused on issues pertinent to case planning, service delivery, or goal attainment?		0	0	0		1134	90	1239	92.6%	⚠	1025	87	1062	92.2%	⚠	315	23	419	93.2%	⚠
Well Being Outcome 2																					
Item 21: Educational Needs of Child																					
Education																					
1430	Is the child/youth's education/school record, including name and address of current educational provider(s), report cards and/or other pertinent educational information in the case file?		0	0	0		1295	470	697	73.4%	⚠	1276	306	592	80.7%	⚠	413	129	215	76.2%	⚠
	<i>No address of current school</i>				0			78					73							26	
	<i>No credit count</i>				0			16					12							4	
	<i>No current IEP</i>				0			130					85							56	
	<i>No current grade reports</i>				0			385					208							89	
	<i>No name of current school</i>				0			21					25							12	
1431	Were the child/youth's educational needs adequately addressed during the review period?		0	0	0		1797	24	641	98.7%		1575	27	572	98.3%		551	4	202	99.3%	

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7/1/2009 - 3/31/2010

Well Being Outcome 3

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 22: Physical Health of Child Health

1432	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all that apply)	0	0	0	2356	86	20	96.5%	2057	90	27	95.8%	721	29	7	96.1%
	<i>No provider address</i>			0		80				83				28		
	<i>No provider name</i>			0		60				73				25		
	<i>No, medical problems not documented</i>			0		8				6				3		
	<i>No, medications not documented</i>			0		9				2				1		
1433	Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)	0	0	0	554	124	1785	81.7%	495	148	1531	77.0%	172	69	516	71.4%
	<i>No</i>			0		117				147				66		
	<i>No, Medicaid card</i>			0		7				0				0		
	<i>No, Medicaid provider</i>			0		0				1				3		
	<i>Yes, appointment</i>			0		112				95				13		
	<i>Yes, exam</i>			0		442				400				159		
1434	Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)	0	0	0	398	90	1975	81.6%	356	96	1722	78.8%	148	28	581	84.1%
	<i>No</i>			0		90				96				25		
	<i>No, Medicaid card</i>			0		0				1				0		
	<i>No, Medicaid provider</i>			0		0				0				3		
	<i>Yes, appointment</i>			0		33				23				6		
	<i>Yes, exam</i>			0		365				333				142		
1435	Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all that apply)	0	0	0	2219	209	34	91.4%	1973	162	39	92.4%	692	53	12	92.9%
	<i>No treatment for identified health needs</i>			0		7				2				0		
	<i>No, Medicaid</i>			0		4				1				1		
	<i>No, delay in services - systemic</i>			0		8				5				1		
	<i>No, immunizations</i>			0		58				37				14		
	<i>No, lack of timely referral or follow through</i>			0		129				104				30		
	<i>No, other</i>			0		20				26				15		

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Well Being Outcome 3

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 22: Physical Health of Child

Health

1436	Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all that apply)	0	0	0	1665	392	405	80.9%		1495	305	374	83.1%		519	113	125	82.1%	
	<i>No, Medicaid</i>			0															
	<i>No, delay in services - systemic</i>			0															
	<i>No, lack of timely referral or follow through</i>			0															
	<i>No, other</i>			0															
	<i>No, treatment for identified dental needs</i>			0															

Item 23: Mental Health of Child

Health

1437	Were mental health services provided to meet the child/youth's needs during the review period? (Check all that apply)	0	0	0	1426	267	772	84.2%		1315	180	681	88.0%		437	81	240	84.4%	
	<i>No available services</i>			0															
	<i>No referral by county</i>			0															
	<i>No sufficient services</i>			0															
	<i>No, MH systems issue</i>			0															
	<i>No, Medicaid</i>			0															
	<i>No, OOH provider issue</i>			0															
	<i>No, changed MH provider</i>			0															
	<i>No, child refused services</i>			0															
	<i>No, delays of 2 + weeks</i>			0															
	<i>No, other</i>			0															

Statewide Child Welfare
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Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

	reviewDate	quarter3	4th Quarter SFY 2009				1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1413	Was the FSP (3A) developed within 60 days of the date the referral was received? (Initial Review Only)		0	0	0	567	61	1834	90.3%	510	67	1597	88.4%	202	12	543	94.4%	
1414	Does the FSP address the appropriate tasks/services for all required parties to achieve the permanency goal during the review period? (Check all that apply)		0	0	0	1892	570	0	76.8%	1603	571	0	73.7%	586	171	0	77.4%	
	<i>No, Child/Youth tasks</i>				0				179			180					50	
	<i>No, Child/Youth's tasks expired</i>				0				146			128					41	
	<i>No, Department tasks</i>				0				183			181					63	
	<i>No, Department tasks expired</i>				0				122			136					49	
	<i>No, Father/Guardian tasks</i>				0				66			76					26	
	<i>No, Father/Guardian's tasks expired</i>				0				55			66					15	
	<i>No, Mother/Guardian tasks</i>				0				67			74					22	
	<i>No, Mother/Guardian's tasks expired</i>				0				83			76					21	
	<i>No, OOH Provider's tasks expired</i>				0				71			87					28	
	<i>No, OOH provider tasks</i>				0				297			306					91	
1415	Does the FSP 3D signature page contain all required signatures? (Check all that apply)		0	0	0	1675	787	0	68.0%	1454	720	0	66.9%	498	259	0	65.8%	
	<i>No Caseworker</i>				0				194			210					65	
	<i>No Child/Youth if over 12</i>				0				167			128					59	
	<i>No Father/Guardian</i>				0				250			245					77	
	<i>No Mother/Guardian</i>				0				268			253					79	
	<i>No OOH Provider</i>				0				510			499					165	
	<i>No Supervisor</i>				0				246			270					91	
1416	Does the FSP 4B/C contain a description of the type and appropriateness of the homes or institutions in which the child/youth was placed during the review period?		0	0	0	2089	353	20	85.5%	1797	346	31	83.9%	614	136	7	81.9%	
1419	Does the FSP/Court Report/Review discuss the extent of compliance with the case plan during the review period?		0	0	0	2421	38	3	98.5%	2119	49	6	97.7%	728	27	2	96.4%	

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7/1/2009 - 3/31/2010

Systemic Factors

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1423	For a youth age 16 or over, is there a written description of the programs and services that will help the youth prepare for the transition to independent living during the review period?	0	0	0	555	115	1793	82.8%		489	87	1598	84.9%		159	39	559	80.3%	
	<i>No hard copy</i>			0			57					34					19		
	<i>No signature</i>			0			48					34					19		
	<i>No, not sufficient</i>			0			33					35					12		

1424	Were the independent living services provided sufficient to address the youth's independent living needs during the review period?	0	0	0	611	52	1800	92.2%		542	31	1601	94.6%		177	13	567	93.2%	
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Item 27: Permanency Hearing Every Twelve Months

Court

1403	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months, that contains reasonable efforts to achieve permanency language and does not contain nunc pro tunc language? (Re-Review Only) (Check all that apply)	0	0	0	1675	58	729	96.7%		1449	40	685	97.3%		492	17	248	96.7%	
	<i>No reasonable efforts</i>			0			9					10					0		
	<i>No signed court order</i>			0			52					32					16		
	<i>No, contains "nunc pro tunc" language</i>			0			0					3					1		

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7/1/2009 - 3/31/2010

Systemic Factors

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 28: Process for TPR in Accordance with ASFA

15 of 22 Issues

1457	Has the child/youth been in OOH care 15 of the last 22 months? (Answer only if child reached 15/22 this review period)	0	0	0	326	0	2137	00.0%	291	0	1883	100.0%	85	0	672	00.0%
1458	If the child/youth has been in OOH care for 15 of 22 months has a motion/petition for termination been filed? (Answer only if child reached 15/22 this review period)	0	0	0	176	140	2147	55.7%	148	134	1892	52.5%	50	32	675	61.0%
1459	If a motion for TPR was filed, does the reviewer agree that TPR was appropriate? (Answer only if child reached 15/22 this review period)	0	0	0	176	1	2286	99.4%	147	0	2027	100.0%	50	0	707	00.0%
1460	If the child/youth has been in care 15 of the last 22 months, is there a documented, compelling reason in Trails for not filing for termination of parental rights? (Answer only if child reached 15/22 this review period)	0	0	0	107	55	2301	66.0%	91	56	2027	61.9%	16	17	724	48.5%
1461	If a compelling reason is identified on the 15/22 Form in Trails, in which category does it fall? (Check one answer) (Answer only if child reached 15/22 this review period)	0	0	0	0	63	2362	0.0%	0	59	2082	0.0%	0	10	741	0.0%
	<i>Insufficient reasonable efforts</i>			0			1				5				0	
	<i>Not in the child's best interest(s)</i>			0			62				54				10	
	<i>Other</i>			0			16				21				2	
	<i>Relative placement</i>			0			22				12				4	
1462	If a motion/petition has not been filed, and a compelling reason has been identified, in the reviewers opinion is the compelling reason appropriate?	0	0	0	87	6	2370	93.5%	73	14	2087	83.9%	12	3	742	80.0%
1463	If a petition/motion was not filed or it was delayed, and there was no compelling reason documented, in which category does the barrier fall? (Check all that apply) (Answer one time only)															
	<i>Child Welfare Agency</i>			0			34				34				16	
	<i>Court</i>			0			3				2				1	
	<i>ICWA Issues</i>			0			2				0				0	
	<i>Legal Representation</i>			0			1				2				2	
	<i>Other - Describe</i>			0			22				9				3	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 3/31/2010

Systemic Factors

reviewDate quarter3

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process

1409	Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	4th Quarter SFY 2009				1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010						
		Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%			
		0	0	0		2182	280	0	88.6%		1968	206	0	90.5%		682	75	0	90.1%	
	<i>No, Attorneys of Record (Court Ordered)</i>			0			10					4							3	
	<i>No, Child Over 12</i>			0			20					18							13	
	<i>No, Father/Guardian</i>			0			85					69							19	
	<i>No, GAL</i>			0			40					25							14	
	<i>No, Mother/Guardian</i>			0			37					26							14	
	<i>No, Not Timely</i>			0			21					29							7	
	<i>No, OOH Provider</i>			0			106					68							18	
	<i>No, Tribe (if ICWA applies)</i>			0			24					26							5	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 3/31/2010

Miscellaneous

Miscellaneous Court

	reviewDate	quarter3	4th Quarter SFY 2009				1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010						
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%			
1401	Is this a court ordered administrative review?		0	0	0		181	2,272	9	7.4%		166	2002	6	7.7%		75	681	1	9.9%	
1402	Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain nunc pro tunc language? (Initial Review Only) (Check all that apply).		0	0	0		630	54	1779	92.1%	⚠	606	32	1537	95.0%	⚠	233	6	518	97.5%	
	<i>No best interest</i>				0				9					13					1		
	<i>No reasonable efforts/emergency</i>				0				24					16					3		
	<i>No signed removal order</i>				0				26					16					4		
	<i>No, contains "nunc pro tunc" language</i>				0				3					3					0		
	<i>No, dual reasonable efforts</i>				0				7					2					1		
1404	Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No")		0	0	0		2439	23	0	99.1%		2159	15	0	99.3%		754	3	0	99.6%	
	IV-E																				
1407	Has IV-E eligibility been determined? (Initial Review Only) (A Fiscal Sanction may result if the answer is "No")		0	0	0		665	11	1787	98.4%		634	12	1528	98.1%		230	6	521	97.5%	
1408	Have timely IV-E redeterminations been completed during the review period? (Re-Review Only)		0	0	0		506	95	1862	84.2%	⚠	408	77	1689	84.1%	⚠	117	17	623	87.3%	⚠
	Due Process																				
1410	Did the parent(s)/guardian(s) receive timely notification of placement changes and/or any changes that negatively affected their visitation rights during the review period?		0	0	0		812	35	1616	95.9%		777	19	1378	97.6%		222	8	527	96.5%	
	<i>No notification after emergency placement change</i>				0				11					3					2		
	<i>No notification before placement change</i>				0				23					15					8		
	<i>No notification of negative visitation change</i>				0				2					1					0		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 3/31/2010

	reviewDate	quarter3	<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>			
			<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Miscellaneous																		
<u>Miscellaneous</u>																		
15 of 22 Issues																		
1464	If the child/youth has been in OOH care for the past 15 months, what are the system barriers to achieving permanency? (Check all that apply)																	
				0		35				46								11
				0		7				15								3
				0		1				8								2
				0		40				34								21
				0		62				53								31
				0		30				29								12
				0		18				15								12
				0		22				30								15
				0		40				30								25
				0		136				69								48
				0		106				109								45
				0		168				106								42
				0		3				4								5
				0		17				5								8
				0		9				2								1

Statewide Child Welfare

Quarterly Results for Administrative Reviews

Administrative Review Division

1/1/2011 - 12/31/2011

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol:



After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September
Second Quarter = October - December
Third Quarter = January - March
Fourth Quarter = April - June

Report created on: 3/19/2012

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2011 - 12/31/2011

Safety Outcome 2

Item 4: Risk of Harm

Safety

1709 If there were new allegations of abuse or neglect identified during the review period, were they entered as a referral into Trails?

1712 If a new safety concern was identified regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period? (Check all No responses that apply)

No Safety Plan

No assessment/investigation

No change in treatment plan

No placement change

No referral to law enforcement

No, not addressed

No, other

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

421	10	1819	97.7%
-----	----	------	-------

441	17	1600	96.3%
-----	----	------	-------

482	13	1427	97.4%
-----	----	------	-------

463	14	1326	97.1%
-----	----	------	-------

501	34	1715	93.6%
-----	----	------	-------

471	30	1557	94.0%
-----	----	------	-------

494	35	1394	93.4%
-----	----	------	-------

463	24	1317	95.1%
-----	----	------	-------

3

1

3

2

19

17

16

17

0

1

0

0

0

1

0

2

1

0

0

2

3

5

7

5

11

8

13

2

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2011 - 12/31/2011

Permanency Outcome 1

Item 6: Stability of Foster Care Placements

Case Planning/Services

	3rd Quarter SFY 2011				4th Quarter SFY 2011				1st Quarter SFY 2012				2nd Quarter SFY 2012			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1729 At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	2186	35	27	98.4%	2009	16	33	99.2%	1888	10	24	99.5%	1737	40	27	97.7%
<i>No appropriate level of care (sanction may result)</i>			3			0				1				2		
<i>No, child/youth's needs not addressed</i>			8			2				1				3		
<i>No, cultural</i>			3			2				2				1		
<i>No, other</i>			8			10				6				7		
<i>No, relatives not considered</i>			3			1				0				0		
<i>No, sibling placement issues</i>			9			3				0				21		
<i>No, unable to determine where child is placed</i>			3			2				1				5		

Permanency

1753 If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal + planned" if both Yes answers are appropriate)	371	316	1561	54.0%	297	312	1449	48.8%	311	340	1271	47.8%	302	400	1102	43.0%
<i>Yes, in line with case goal and planned</i>			263			228				230				222		
<i>Yes, to meet youth's specific needs and planned</i>			109			69				81				79		

1754 If the child/youth experienced one or more moves during the review period that were not planned, what was/were the reason(s) for the move(s)? (Check all that apply)																
<i>Child in inappropriate level of care</i>			4			0				1				0		
<i>Child on child abuse</i>			4			7				6				0		
<i>More than one move</i>			60			83				85				77		
<i>Other</i>			23			29				39				38		
<i>Provider abuse or neglect allegations</i>			30			45				51				51		
<i>Provider quit or closed</i>			9			15				37				31		
<i>Provider request</i>			191			150				170				213		
<i>Runaway</i>			45			56				61				62		
<i>Temporary setting</i>			60			72				54				61		
<i>Youth's behavior</i>			147			131				136				169		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2011 - 12/31/2011

Permanency Outcome 1

Item 7: Permanency Goal for Child

		<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
Permanency																	
1760	In the reviewer's opinion, is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?	1970	264	14	88.2%	1835	219	4	89.3%	1702	214	6	88.8%	1586	208	10	88.4%
1762	If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate? <i>No, not completed</i>	93	35	2122	72.7%	121	40	1897	75.2%	84	48	1790	63.6%	91	36	1677	71.7%
		29				32				36				32			
Permanency																	
1755	At the time of the review, are reasonable efforts being made to achieve permanency? (Check all No responses that apply)	2212	27	9	98.8%	2019	26	14	98.7%	1901	12	9	99.4%	1773	18	13	99.0%
<i>No reas. efforts to perm. place with relative</i>		2				2				4				1			
<i>No reasonable efforts for OPPA LTFC w/perm. agrmt.</i>		1				2				0				0			
<i>No reasonable efforts to finalize adoption</i>		9				11				0				1			
<i>No reasonable efforts to return home</i>		8				12				4				14			
<i>No reasonable efforts to success. emancipate</i>		1				0				0				0			
<i>No, other</i>		7				3				3				9			
1756	For a child/youth with a goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	367	615	1267	37.4%	280	539	1239	34.2%	267	534	1121	33.3%	256	528	1021	32.7%
<i>No housing</i>		17				21				20				29			
<i>No, ICPC</i>		14				6				13				4			
<i>No, caseload/turnover</i>		12				4				12				2			
<i>No, child lack of progress</i>		117				100				108				102			
<i>No, child/youth services appropriateness</i>		5				7				3				9			
<i>No, county attorney</i>		2				2				3				0			
<i>No, court delays</i>		11				16				10				21			
<i>No, lack of community supports</i>		0				4				7				1			
<i>No, lack of effort/inadequate supervision</i>		11				13				2				3			
<i>No, other</i>		50				42				33				38			
<i>No, other potential caregiver lack of progress</i>		2				3				6				2			
<i>No, parent incarceration or long term treatment program</i>		54				55				52				48			
<i>No, parent lack of progress</i>		490				422				415				430			
<i>No, parent(s)/guardian(s) services appropriateness</i>		9				10				5				3			
<i>No, parents whereabouts are unknown</i>		52				38				26				37			
<i>No, placement provider does not support perm. goal</i>		1				2				0				2			

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Permanency Outcome 1

Permanency

1758 For a child/youth with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward the goal? (Check all No responses that apply)

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

79	23	2148	77.5%
----	----	------	-------

52	40	1966	56.5%
----	----	------	-------

44	32	1846	57.9%
----	----	------	-------

44	24	1736	64.7%
----	----	------	-------

No, ICPC

1

7

6

4

No, caseload/turnover

0

1

0

0

No, certification delays

1

3

3

0

No, child lack of progress

7

11

9

6

No, child/youth services appropriateness

0

3

0

2

No, county attorney

0

1

1

0

No, court delays

1

5

0

5

No, diligent search

1

0

0

1

No, lack of community supports

0

2

0

0

No, lack of effort/inadequate supervision

0

1

1

1

No, other

10

8

15

8

No, other potential caregiver lack of progress

2

6

8

4

No, parent lack of progress

5

3

2

3

No, parent(s)/guardian(s) services appropriateness

0

0

0

1

No, placement provider does not support perm. goal

2

1

0

3

Statewide Child Welfare
Quarterly Results for Administrative Reviews
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1/1/2011 - 12/31/2011

Permanency Outcome 1

Item 9: Adoption

Permanency

1757 For a child/youth with a goal of adoption, is progress being made toward finalizing the adoption? (Check all No responses that apply)

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

	3rd Quarter SFY 2011				4th Quarter SFY 2011				1st Quarter SFY 2012				2nd Quarter SFY 2012			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
	315	258	1677	55.0%	293	277	1488	51.4%	282	232	1406	54.9%	242	219	1343	52.5%
<i>No CARR listing</i>			10			22				21				13		
<i>No adoptive home</i>			98			108				83				86		
<i>No, ICPC</i>			22			20				6				11		
<i>No, appeal of termination</i>			46			59				43				37		
<i>No, appropriateness of services</i>			1			3				0				0		
<i>No, caseload/turnover</i>			5			4				1				2		
<i>No, child/youth declined</i>			9			8				10				14		
<i>No, county attorney</i>			1			0				5				0		
<i>No, county/agency support issues</i>			0			4				2				1		
<i>No, court delays</i>			18			13				17				13		
<i>No, lack of effort/inadequate supervision/training</i>			4			11				1				7		
<i>No, lack of provider support</i>			8			5				2				13		
<i>No, lack of recruitment</i>			16			15				4				2		
<i>No, lack of timely filing of TPR</i>			4			0				10				2		
<i>No, other</i>			74			81				59				62		
<i>No, placement provider does not support perm. goal</i>			9			8				7				9		
<i>No, subsidy issues</i>			5			19				18				8		
<i>No, termination denied</i>			2			0				0				0		

Statewide Child Welfare
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 Administrative Review Division
 1/1/2011 - 12/31/2011

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 10: Other Planned Living Arrangement

Case Planning/Services

	3rd Quarter SFY 2011				4th Quarter SFY 2011				1st Quarter SFY 2012				2nd Quarter SFY 2012			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1731 For all youth over age 16 years and 60 days, is there a comprehensive ILP that addresses all needs identified from a state-approved assessment? (Check all No responses that apply)	371	234	1645	61.3%	339	221	1498	60.5%	307	202	1413	60.3%	260	207	1337	55.7%
<i>No description or plan of services</i>			46			29				34				18		
<i>No plan</i>			34			22				41				26		
<i>No self-sufficiency budget</i>			151			152				122				123		
<i>No state approved assessment used</i>			50			38				43				57		
<i>No, all identified needs not addressed</i>			16			13				17				12		
<i>No, not timely</i>			26			25				18				14		
<i>No, not updated</i>			33			26				26				30		
<i>Not all ILP tabs completed</i>			81			64				49				54		
<i>Not developed with youth</i>			24			12				8				9		
1733 For all youth over age 16 years and 60 days, is the youth receiving services to address all the needs identified in the comprehensive assessment and the FSP 4D? (Check all that apply)	513	82	1655	86.2%	484	65	1508	88.2%	444	58	1421	88.4%	414	45	1345	90.2%
<i>No re-assessment of needs</i>			7			4				2				0		
<i>No referral for Chafee services</i>			8			10				7				8		
<i>No, lack of resources</i>			5			5				3				1		
<i>No, provider issues</i>			4			0				1				4		
<i>No, wait list</i>			16			10				12				8		
<i>No, youth refused services</i>			14			16				13				8		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division
1/1/2011 - 12/31/2011

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 10: Other Planned Living Arrangement

Case Planning/Services

1735 Is there a comprehensive, youth-driven Emancipation Transition Plan (ETP) developed 90 business days before the youth's projected permanency date? (Check all No responses that apply) (Check only "No plan" if there is not ETP plan)

41	27	2182	60.3%		48	27	1983	64.0%		42	27	1853	60.9%		30	19	1755	61.2%	
----	----	------	-------	--	----	----	------	-------	--	----	----	------	-------	--	----	----	------	-------	--

No plan

27

26

25

17

No, not all tabs completed

0

1

3

2

No, not youth driven

0

0

0

2

1736 Per Volume 7, have all vital documents been obtained for youth with an OPPLA goal 90 business days before their projected permanency date? (Check all No responses that apply)

61	17	2172	78.2%		62	10	1986	86.1%		64	3	1855	95.5%		42	5	1757	89.4%	
----	----	------	-------	--	----	----	------	-------	--	----	---	------	-------	--	----	---	------	-------	--

No Birth Certificate

4

1

1

4

No Health Passport/medical records

2

2

0

4

No Social Security card

7

5

1

3

No State ID/driver's license

13

8

1

1

No educational records

2

1

0

3

No, other

1

2

0

0

Item 10: Other Planned Living Arrangement

Permanency

1759 For a child/youth a permanency goal of Other Planned Permanent Living Arrangement, is it documented that all other more permanent goals have been considered and appropriately ruled out? (Check all No responses that apply)

476	137	1636	77.7%		438	152	1468	74.2%		420	113	1389	78.8%		393	109	1302	78.3%	
-----	-----	------	-------	--	-----	-----	------	-------	--	-----	-----	------	-------	--	-----	-----	------	-------	--

No documentation

67

77

39

64

No, OPPLA goal not in the child's best interest

5

7

3

1

No, documented reasons not appropriate

21

17

18

15

No, not reviewed annually

40

51

47

30

No, other

9

5

10

1

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1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 11: Proximity of Placement

Case Planning/Services

1726 Is the child/youth placed within close proximity to his/her parents or other potential permanent caregiver's home?

1322	117	810	91.9%		1141	121	796	90.4%		1083	134	705	89.0%		1077	82	645	92.9%	
------	-----	-----	-------	--	------	-----	-----	-------	--	------	-----	-----	-------	--	------	----	-----	-------	--

1727 If a child/youth is not placed in close proximity to his/her parents or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?

154	6	2090	96.3%	122	9	1927	93.1%		141	11	1770	92.8%		100	2	1702	98.0%
-----	---	------	-------	-----	---	------	-------	--	-----	----	------	-------	--	-----	---	------	-------

Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1773 Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all No responses that apply)

983	264	1002	78.8%		862	229	967	79.0%		840	224	858	78.9%		773	226	805	77.4%	
-----	-----	------	-------	--	-----	-----	-----	-------	--	-----	-----	-----	-------	--	-----	-----	-----	-------	--

No, GAL

0

1

0

1

No, OOH Provider

1

5

3

1

No, child/youth

23

26

26

25

No, county

2

6

2

2

No, court

8

26

11

20

No, mother/guardian/kin

242

193

196

190

No, other

7

11

5

11

1774 Does the frequency of visitation with the father/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all No responses that apply)

539	226	1484	70.5%		413	200	1445	67.4%		444	188	1290	70.3%		405	212	1187	65.6%	
-----	-----	------	-------	--	-----	-----	------	-------	--	-----	-----	------	-------	--	-----	-----	------	-------	--

No, GAL

0

0

0

1

No, OOH Provider

0

2

0

0

No, child/youth

19

16

13

18

No, county

3

4

0

2

No, court

10

19

14

20

No, father/guardian/kin

191

170

170

180

No, other

12

12

1

8

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1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1775 Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all No responses that apply)

937	98	1214	90.5%	⚠	794	107	1156	88.1%	⚠	814	110	996	88.1%	⚠	741	99	964	88.2%	⚠
-----	----	------	-------	---	-----	-----	------	-------	---	-----	-----	-----	-------	---	-----	----	-----	-------	---

No, GAL

1

0

4

2

No, OOH Provider

13

6

15

15

No, child/youth

21

20

11

13

No, county

9

9

18

12

No, court

3

6

6

3

No, other

15

27

27

24

No, parent/guardian/kin

30

38

33

23

No, sibling

26

13

19

20

Item 14: Preserving Connections

Court

1705 Were these ICWA requirements met? (Check all that apply)

120	181	1949	39.9%	⚠	90	157	1811	36.4%	⚠	100	152	1671	39.7%	⚠	84	119	1601	41.4%	⚠
-----	-----	------	-------	---	----	-----	------	-------	---	-----	-----	------	-------	---	----	-----	------	-------	---

No "active efforts" findings

4

11

3

2

No court order determ. if ICWA does NOT apply

54

37

34

43

No docum. of inquiry of Native American heritage

58

55

30

28

No notification sent to all identified tribes/BIA

63

44

44

40

No response from tribe/BIA

47

41

43

48

No, ICWA order of preference for placement not met

1

3

0

1

No, new info obtained during FF portion of review

16

13

23

18

No, other

8

18

21

7

No, tribe not notified of hearings

12

4

2

0

Case Planning/Services

1728 Is the department making concerted efforts to maintain the child/youth's connections during the review period?

2194	14	40	99.4%		2017	10	31	99.5%		1894	6	22	99.7%		1770	4	30	99.8%	
------	----	----	-------	--	------	----	----	-------	--	------	---	----	-------	--	------	---	----	-------	--

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1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 16: Relationship of Child in Care with Parents

Permanency

1777 Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents? (Check all that apply)

Yes, encouraged attend. at doctors' appointments

Yes, encouraged attend. at extra-curricular activ.

Yes, encouraged foster parents to become mentors

Yes, facil. contact w/parents not in close proxim.

Yes, facilitated contact w/incarcerated parents

Yes, other

Yes, provid. therap. situations to strengthen rel.

Yes, provided transportation/funds

<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1143	85	1021	93.1%	969	101	988	90.6%	989	87	846	91.9%	929	79	796	92.2%
		117				120				115				125	
		89				58				58				67	
		105				94				75				86	
		117				93				84				71	
		30				15				18				18	
		122				112				129				98	
		810				705				773				744	
		240				230				205				207	

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

1721	Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?	1914	328	6	85.4%		1700	358	0	82.6%		1612	299	11	84.4%		1423	379	2	79.0%	
	<i>No</i>			258					286					243					295		
	<i>No, treatment plan developed</i>			9					9					11					10		
	<i>No, all task time frames expired</i>			64					78					61					81		
1722	Were all required parties addressed in the treatment plan? (Check all No responses that apply)	1817	430	1	80.9%		1643	408	7	80.1%		1550	367	5	80.9%		1352	450	2	75.0%	
	<i>No, treatment plan developed</i>			10					8					8					11		
	<i>No, all task time frames expired</i>			62					76					60					81		
	<i>No, child/youth</i>			71					69					36					63		
	<i>No, county</i>			72					58					36					35		
	<i>No, father/guardian</i>			49					44					24					43		
	<i>No, mother/guardian</i>			23					15					11					12		
	<i>No, other</i>			11					3					2					1		
	<i>No, out of home provider</i>			183					185					145					186		
	<i>No, some task time frames expired</i>			115					112					137					137		
1723	Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal? (Check all No responses that apply)	1703	543	2	75.8%		1531	525	2	74.5%		1534	385	3	79.9%		1408	395	1	78.1%	
	<i>No, treatment plan developed</i>			12					9					12					16		
	<i>No, all task time frames expired</i>			69					83					60					81		
	<i>No, measurable</i>			391					353					247					259		
	<i>No, realistic</i>			23					13					20					12		
	<i>No, specific</i>			276					278					158					146		
	<i>No, time-limited</i>			2					4					1					1		

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

1724 Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements? (Check all No responses that apply)

1476	768	4	65.8%		1292	765	1	62.8%		1324	596	2	69.0%		1274	529	1	70.7%	
------	-----	---	-------	--	------	-----	---	-------	--	------	-----	---	-------	--	------	-----	---	-------	--

No approval

180

156

107

85

No current 90-day review

53

49

54

47

No diligent search

444

411

291

249

No, barriers to progress

67

63

51

54

No, caregiver/kin provider services and progress

35

43

12

16

No, child/youth services and progress

147

125

93

105

No, child/youth services appropriateness

40

25

18

14

No, child/youth's safety

47

34

30

23

No, need for add./diff. svcs. and how provided

5

22

9

9

No, parent services and progress

57

51

35

45

No, parent(s)/guardian(s) services appropriateness

15

19

9

16

No, permanency goal

96

77

37

11

No, permanency goal date

91

77

58

51

No, task time frames

82

126

82

91

No, timely provision of mandated services

8

2

6

1

Health

1749 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)

Alcohol

254

198

222

231

CNS Depressants

16

11

13

16

CNS Stimulants

8

11

4

9

Cocaine/Crack

161

100

101

106

Heroin

23

18

19

11

Marijuana

226

198

195

203

Methamphetamine

219

175

179

154

Other

33

31

37

19

Other Opiates

42

38

31

39

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Health

	<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1750 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all No responses that apply)	382	164	1703	70.0%	284	157	1617	64.4%	280	155	1487	64.4%	287	143	1374	66.7%
<i>No available services</i>			4			0				2				3		
<i>No referral by county</i>			5			1				5				1		
<i>No sufficient services</i>			3			0				0				0		
<i>No, delays of 2 + weeks</i>			3			5				4				2		
<i>No, parent/guardian refused services</i>			131			129				121				119		
<i>Unable to determine - outside services</i>			19			25				25				20		
1751 If substance abuse issues have been identified during the review period for the child/youth, what are the substances of use? (Check all that apply)																
<i>Alcohol</i>			63			57				63				40		
<i>CNS Depressants</i>			1			1				7				4		
<i>CNS Stimulants</i>			4			1				5				6		
<i>Cocaine/Crack</i>			7			14				18				12		
<i>Heroin</i>			2			3				3				3		
<i>Marijuana</i>			113			122				110				101		
<i>Methamphetamine</i>			14			12				14				12		
<i>Other</i>			9			24				12				18		
<i>Other Opiates</i>			3			2				3				4		
1752 If substances abuse issues have been identified during the review period for the child/youth, were substance abuse treatment services provided to the child/youth? (Check all No responses that apply)	123	22	2105	84.8%	111	31	1916	78.2%	111	17	1794	86.7%	81	32	1691	71.7%
<i>No available services</i>			1			3				0				2		
<i>No received provider report</i>			0			0				1				0		
<i>No referral by county</i>			6			10				5				11		
<i>No requested provider report</i>			1			0				0				0		
<i>No sufficient services</i>			2			3				1				2		
<i>No, child/youth refused services</i>			6			13				3				8		
<i>No, delays of 2 + weeks</i>			3			2				5				4		
<i>Unable to determine - outside services</i>			4			2				4				9		

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Well Being Outcome 1

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

	<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1713 Was the out-of-home provider engaged in case planning, during the review period? (Check all responses that apply)	2194	9	45	99.6%	1983	20	55	99.0%	1873	10	39	99.5%	1758	9	37	99.5%
<i>No</i>			6				18				9				10	
<i>No, efforts made but refused</i>			2				2				1				0	
1715 Was the child/youth engaged in case planning, during the review period?	1212	4	1032	99.7%	1029	5	1024	99.5%	984	1	937	99.9%	885	3	916	99.7%
<i>No</i>			2				4				1				3	
<i>No, efforts made but refused</i>			1				1				0				1	
1717 Was the mother/guardian/kin engaged in case planning, during the review period?	1231	94	924	92.9%	1056	136	866	88.6%	1052	103	767	91.1%	957	109	738	89.8%
<i>No</i>			37				53				35				36	
<i>No, efforts made but refused</i>			57				83				68				73	
Item 18: Child/Family Involvement in Case Planning																
1719 Was the father/guardian/kin engaged in case planning during the review period?	817	171	1261	82.7%	629	178	1251	77.9%	661	147	1114	81.8%	652	148	1004	81.5%
<i>No</i>			73				73				53				67	
<i>No, efforts made but refused</i>			98				105				94				81	

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Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

1763 How many months should the assigned worker have made face-to-face contact with the child/youth during the review period? (Answer for in-state cases only)

	<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1																
2																
3																
4																
5																
6																
7																

1764 How many months did the assigned worker make face-to-face contact with the child/youth during the review period? (Within the state of Colorado, not an ICPC case)

0																
1																
2																
3																
4																
5																
6																
7																

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

95.8%	96.3%	97.3%	97.1%
-------	-------	-------	-------

In what percent of cases did agency personnel have contact with the child every month?

1826	291	84.0%	1698	291	85.4%	1654	207	88.9%	1551	198	88.7%
------	-----	-------	------	-----	-------	------	-----	-------	------	-----	-------

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2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

1765 How many months should the worker of either the sending or receiving state make face-to-face contact with the child/youth, placed outside the state, during the review period? (Answer for ICPC cases only)

1	9	7	12	6
2	10	5	6	7
3	13	6	10	9
4	7	5	16	15
5	14	12	21	9
6	50	38	40	43
7	5	16	5	5

1766 How many months did the worker of either the sending or receiving state make face-to-face contact with the child/youth during the review period, for a child/youth placed outside the state? (Answer for ICPC cases only)

0	16	17	9	10
1	10	9	17	9
2	17	7	9	10
3	13	3	8	9
4	11	8	26	17
5	23	17	20	8
6	18	19	16	27
7	0	9	3	0

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

3.2%

In what percent of cases did agency personnel have contact with the child every month?

49	59	45.4%	43	46	48.3%	61	49	55.5%	46	49	48.4%
----	----	-------	----	----	-------	----	----	-------	----	----	-------

1767 Did the frequency of contact with the child/youth in his/her place of residence occur according to Volume 7?

2013	223	12	90.0%		1868	179	11	91.3%		1759	154	9	91.9%		1622	170	11	90.5%	
------	-----	----	-------	--	------	-----	----	-------	--	------	-----	---	-------	--	------	-----	----	-------	--

Item 19: Worker Visits with Child

Permanency

1768 Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? (Check all No responses that apply)

1492	733	23	67.1%		1351	690	17	66.2%		1392	521	9	72.8%		1247	544	13	69.6%	
------	-----	----	-------	--	------	-----	----	-------	--	------	-----	---	-------	--	------	-----	----	-------	--

No assessment of safety

530	500	350	380
-----	-----	-----	-----

No, outside presence of provider

557	481	330	362
-----	-----	-----	-----

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1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

















Yes No NA %

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

- 1769** Did the frequency of contact with the mother/guardian/kin occur according to Volume 7?
- 1770** Was the quality of contacts with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?
- 1771** Did the frequency of contact with the father/guardian/kin occur according to Volume 7?
- 1772** Was the quality of contacts with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?

695	283	1271	71.1%		550	306	1202	64.3%		507	297	1118	63.1%		453	308	1043	59.5%	
832	129	1288	86.6%		726	97	1235	88.2%		693	84	1145	89.2%		624	123	1057	83.5%	
350	160	1740	68.6%		230	178	1650	56.4%		207	159	1556	56.6%		208	208	1388	50.0%	
444	56	1750	88.8%		339	34	1685	90.9%		323	25	1574	92.8%		352	57	1395	86.1%	

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1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 2

Item 21: Educational Needs of Child Education

1737	Is the child/youth's education/school record in the case file? (Check all No responses that apply)	1263	357	629	78.0%	⚠	1090	370	598	74.7%	⚠	1015	365	542	73.6%	⚠	1006	338	460	74.9%	⚠
	<i>No GED/Diploma</i>			8					11					22					20		
	<i>No address of current school</i>			73					74					54					64		
	<i>No credit count</i>			25					43					21					30		
	<i>No current IEP</i>			117					103					116					100		
	<i>No current grade reports</i>			256					286					254					224		
	<i>No name of current school</i>			26					36					26					22		
1738	For children aged 3 - 5: Is the child enrolled in Head Start or another early childhood education program?	209	59	1982	78.0%		188	57	1813	76.7%		175	56	1691	75.8%		152	40	1612	79.2%	
	<i>Information not available</i>			11					5					6					2		
	<i>Yes, assessed only</i>			24					25					22					22		
	<i>Yes, enrolled</i>			185					163					153					130		
1739	For youth aged 16 or older: Is the youth on track to graduate and/or complete high school?	495	137	1618	78.3%		452	128	1478	77.9%		409	132	1381	75.6%		373	115	1316	76.4%	
	<i>GED</i>			25					24					21					8		
	<i>GED earned</i>			22					18					21					22		
	<i>Graduated</i>			40					56					57					41		
	<i>Information not available</i>			33					29					27					13		
	<i>No GED</i>			10					12					16					18		
	<i>No, graduate</i>			94					87					89					86		
1740	Was educational stability provided for the child during the review period? (Check all No responses that apply)	1078	517	654	67.6%	⚠	1029	403	626	71.9%	⚠	936	404	582	69.9%	⚠	818	490	496	62.5%	⚠
	<i>No, CW agency did not advocate</i>			1					0					0					0		
	<i>No, appr. of educ. setting not assessed by county</i>			1					0					2					0		
	<i>No, changed schools during review period</i>			326					304					285					382		
	<i>No, delays in enrollment</i>			4					1					2					7		
	<i>No, delays in record transfer</i>			0					0					1					4		
	<i>No, initial placement required change in school</i>			215					146					127					160		
	<i>No, other</i>			26					10					24					13		
	<i>No, req. 504 or IEP spec. ed. svcs. were not prov.</i>			4					2					2					3		
	<i>No, sch. distr. refused to provide approp. svcs.</i>			5					2					1					3		
1741	Were the child/youth's educational needs assessed?	1671	27	551	98.4%		1534	31	493	98.0%		1436	29	457	98.0%		1355	18	431	98.7%	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2011 - 12/31/2011

Well Being Outcome 3

Item 22: Physical Health of Child

Health

	<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1742 Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	2140	94	14	95.8%	1981	63	14	96.9%	1868	43	11	97.7%	1744	47	13	97.4%
<i>No provider address/phone number</i>			91			62				42				43		
<i>No provider name</i>			78			57				35				36		
<i>No, medical problems not documented</i>			6			1				3				4		
<i>No, medications not documented</i>			14			4				4				4		
1743 Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Check all No responses that apply) (Initial Review Only)	533	180	1536	74.8%	420	118	1520	78.1%	395	112	1415	77.9%	393	158	1253	71.3%
<i>No, Medicaid card</i>			8			1				0				2		
<i>No, Medicaid provider</i>			2			0				0				0		
<i>No, late</i>			142			85				85				121		
<i>No, never occurred</i>			26			26				22				34		
<i>No, other</i>			12			8				10				5		
<i>Yes, appointment</i>			55			48				57				53		
<i>Yes, exam</i>			478			372				338				339		
1744 Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Check all No responses that apply) (Initial Review Only)	446	95	1708	82.4%	327	69	1662	82.6%	297	65	1560	82.0%	321	88	1395	78.5%
<i>No, Medicaid card</i>			1			0				0				1		
<i>No, late</i>			46			34				38				47		
<i>No, never occurred</i>			40			28				20				36		
<i>No, other</i>			9			8				8				6		
<i>Yes, appointment</i>			15			11				13				11		
<i>Yes, exam</i>			432			316				284				311		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division
1/1/2011 - 12/31/2011

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 3

Item 22: Physical Health of Child

Health

1745	Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all No responses that apply)	1732	481	35	78.3%		1602	432	24	78.8%		1533	368	21	80.6%		1424	357	23	80.0%	
	<i>No statement from medical examiner</i>			355				287					247					248			
	<i>No treatment for identified needs</i>			7				7					5					3			
	<i>No, Medicaid</i>			2				1					0					1			
	<i>No, immunizations</i>			99				84					59					36			
	<i>No, lack of timely referral or follow through</i>			132				154					120					126			
	<i>No, other</i>			19				13					15					18			

1746	Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all No responses that apply)	1494	343	411	81.3%		1354	345	358	79.7%		1295	282	345	82.1%		1222	275	307	81.6%	
	<i>No treatment for identified needs</i>			7				2					6					9			
	<i>No, Medicaid</i>			3				2					3					4			
	<i>No, lack of timely referral or follow through</i>			303				300					255					245			
	<i>No, other</i>			40				46					24					26			

Item 23: Mental Health of Child

Health

1747	Were the child/youth's mental health needs assessed?	1687	10	552	99.4%		1591	21	446	98.7%		1477	15	430	99.0%		1408	9	387	99.4%	
1748	Were mental health services provided to meet the child/youth's needs during the review period? (Check all No responses that apply)	1253	255	741	83.1%		1121	277	660	80.2%		980	297	645	76.7%		908	319	577	74.0%	
	<i>No available services</i>			6				6					3					0			
	<i>No referral by county</i>			9				17					2					8			
	<i>No sufficient services</i>			13				15					10					20			
	<i>No, Medicaid</i>			3				5					6					7			
	<i>No, OOH provider issue</i>			11				13					19					18			
	<i>No, changed MH provider</i>			140				151					201					209			
	<i>No, child refused services</i>			16				20					27					22			
	<i>No, delays of 2 + weeks</i>			105				106					85					92			
	<i>No, mental health systems issue</i>			32				41					31					33			
	<i>No, other</i>			17				14					18					18			

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2011 - 12/31/2011

3rd Quarter SFY 2011

4th Quarter SFY 2011

1st Quarter SFY 2012

2nd Quarter SFY 2012

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1730	Does the FSP 4 B/C contain a comprehensive description of the type and appropriateness of the homes or facilities in which the child/youth was placed during the review period?	1859	369	20	83.4%		1626	405	27	80.1%		1581	317	24	83.3%		1394	390	20	78.1%	
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Item 27: Permanency Hearing Every Twelve Months

Court

1703	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain "nunc pro tunc" language? (Re-Review Only)	1472	35	742	97.7%		1430	50	578	96.6%		1334	37	551	97.3%		1177	48	579	96.1%	
	<i>No reasonable efforts</i>			8				7					17					3			
	<i>No signed court order</i>			33				46					28					43			
	<i>No, contains "nunc pro tunc" language</i>			0				0					1					3			

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process

1708	Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	2028	220	0	90.2%		1815	243	0	88.2%		1711	211	0	89.0%		1589	215	0	88.1%	
	<i>No, Attorneys of Record (Court Ordered)</i>			16				7					4					5			
	<i>No, GAL</i>			32				35					31					26			
	<i>No, OOH Provider</i>			52				60					49					61			
	<i>No, Tribe/BIA (if ICWA applies)</i>			13				19					20					14			
	<i>No, caseworker</i>			31				33					25					15			
	<i>No, child over 12</i>			21				23					19					21			
	<i>No, father/guardian</i>			51				75					46					62			
	<i>No, mother/guardian</i>			23				37					29					33			
	<i>No, not timely</i>			36				42					62					32			

Statewide Child Welfare
Quarterly Results for Administrative Reviews
 Administrative Review Division
 1/1/2011 - 12/31/2011

Miscellaneous

Miscellaneous

Court

	<u>3rd Quarter SFY 2011</u>				<u>4th Quarter SFY 2011</u>				<u>1st Quarter SFY 2012</u>				<u>2nd Quarter SFY 2012</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1701 Is this a court ordered review?	126	2122	0	5.6%	148	1,910	0	7.2%	132	1790	0	6.9%	175	1629	0	9.7%
1702 Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain "nunc pro tunc" language? (Check all that apply) (Initial Review Only)	684	23	1542	96.7%	497	34	1527	93.6%	497	19	1406	96.3%	535	13	1256	97.6%
<i>No best interest</i>			7				19				2				2	
<i>No reasonable efforts/emergency</i>			14				13				6				5	
<i>No signed removal order</i>			11				11				11				4	
<i>No, contains "nunc pro tunc" language</i>			0				4				0				0	
<i>No, dual reasonable efforts</i>			1				1				2				3	
1704 Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No.")	2241	7	0	99.7%	2043	15	0	99.3%	1917	5	0	99.7%	1798	5	1	99.7%
IV-E																
1706 Has IV-E eligibility been determined within 45 days of removal? (A Fiscal Sanction may result if the answer is "No.") (Initial Review Only)	638	64	1547	90.9%	483	45	1530	91.5%	472	42	1408	91.8%	527	31	1246	94.4%
1707 Has a timely IV-E redetermination been completed during the review period? (Re-Review Only)	473	70	1706	87.1%	402	54	1602	88.2%	426	27	1469	94.0%	378	33	1393	92.0%
Permanency																
1778 Were the previous compliance issues addressed? (Re-Review Only)	723	535	991	57.5%	673	542	843	55.4%	558	441	923	55.9%	474	438	891	52.0%

Statewide Child Welfare


Quarterly Results for Administrative Reviews

Administrative Review Division

1/1/2009 - 12/31/2009

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol: 

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September

Second Quarter = October - December

Third Quarter = January - March

Fourth Quarter = April - June

Report created on: 1/27/2010

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Safety Outcome 1

Item 1: Timeliness of Investigations

Safety

1411 If a new abuse or neglect referral was received regarding this child/youth during the review period, is there documentation that the child/youth was interviewed/observed face-to-face within the assigned response time?

193	77	2287	71.5 %	⚠	186	89	2168	67.6%	⚠	190	70	2203	73.1%	⚠	165	67	1942	71.1%	⚠
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Safety Outcome 2

Item 4: Risk of Harm

Safety

1412 If a new abuse or neglect allegation was received regarding this child/youth, were safety needs of the child/youth adequately addressed during the review period?

328	24	2205	93.2 %	⚠	350	19	2074	94.9%	⚠	350	15	2098	95.9%	299	10	1865	96.8%
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Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 6: Stability of Foster Care Placements

Permanency

1440	If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal and planned" if both Yes answers are appropriate)	432	395	1730	52.2 %	⚠	359	401	1683	47.2%	⚠	466	386	1611	54.7%	⚠	400	356	1418	52.9%	⚠
	<i>Yes, in line with case goal and planned</i>			313					271					344					288		
	<i>Yes, to meet child's specific needs and planned</i>			119					88					123					112		
1441	If the answer to the above question was "No", what was/were the reason(s) for the move(s) during the review period? (Check all that apply)																				
	<i>Child in inappropriate level of care</i>			4					3					4					0		
	<i>Child on child abuse</i>			8					5					7					4		
	<i>More than one move</i>			118					110					113					91		
	<i>Other</i>			52					55					33					27		
	<i>Provider abuse or neglect allegations</i>			48					57					54					44		
	<i>Provider quit or closed</i>			13					16					26					28		
	<i>Provider request</i>			182					169					199					172		
	<i>Runaway</i>			92					76					75					72		
	<i>Temporary setting</i>			90					87					69					63		
	<i>Youth's behavior</i>			161					161					160					134		

Item 7: Permanency Goal for Child

Permanency

1455	In the reviewer's opinion is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?	2245	296	16	88.4 %		2133	297	13	87.8%		2124	327	11	86.7%		1850	314	10	85.5%	
1456	If the answer to the question above is "No", what do you think the appropriate permanency goal should be? (Check one answer)																				
	<i>Adoption</i>			109					108					146					123		
	<i>All options have not been sufficiently explored</i>			86					97					78					97		
	<i>Guardianship</i>			0					1					0					10		
	<i>OPPLA - Emancipation</i>			38					34					41					35		
	<i>OPPLA - LTFC</i>			16					15					16					14		
	<i>Relative Custody or Legal Guardianship</i>			44					37					43					31		
	<i>Return Home</i>			8					1					8					11		

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1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 9: Adoption

Permanency

1442 For children/youth with a goal of adoption, are reasonable efforts being made to finalize the adoption? (Check all that apply)

564	47	1946	92.3 %	⚠	486	77	1880	86.3%	⚠	593	62	1807	90.5%	⚠	452	60	1662	88.3%	⚠
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No CARR listing

18

24

23

25

No, county/agency support issues

3

7

7

3

No, court delays

4

27

8

16

No, other

13

21

25

26

No, provider support issues

2

1

2

0

No, recruitment efforts issue(s)

8

6

4

7

No, subsidy issues

9

17

4

7

1443 For a child who is legally free for adoption and whose goal is adoption, has an adoptive family been identified?

408	128	2021	76.1 %	⚠	400	100	1943	80.0%	⚠	455	145	1862	75.8%	⚠	362	101	1711	78.2%	⚠
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Item 10: Other Planned Living Arrangement

Permanency

1444 For a child/youth with a permanency goal of other planned permanent living arrangement, is it documented that all other, more permanent goals been considered and appropriately rule out?

573	170	1814	77.1 %	⚠	535	134	1774	80.0%	⚠	523	164	1775	76.1%	⚠	506	110	1558	82.1%	⚠
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Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 11: Proximity of Placement

Case Planning/Services

1426 Is the child/youth's current placement within close proximity to his/her parents or other potential permanent caregiver?

1415	123	1019	92.0 %	⚠	1447	141	855	91.1%	⚠	1453	132	877	91.7%	⚠	1288	132	754	90.7%	⚠
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Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1452 Does the frequency of visitation with the mother/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)

1078	256	1223	80.8 %	⚠	1142	246	1055	82.3%	⚠	1033	252	1178	80.4%	⚠	972	215	987	81.9%	⚠
------	-----	------	--------	---	------	-----	------	-------	---	------	-----	------	-------	---	-----	-----	-----	-------	---

No, GAL

6

6

0

4

No, child

23

23

17

20

No, county

20

11

8

6

No, court

26

33

32

18

No, facility

2

4

3

11

No, parent

212

214

225

188

1453 Does the frequency of visitation with the father/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)

574	184	1799	75.7 %	⚠	607	204	1632	74.8%	⚠	548	192	1723	74.1%	⚠	498	212	1464	70.1%	⚠
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No, GAL

6

3

2

4

No, child

15

13

13

9

No, county

19

12

4

3

No, court

43

37

21

31

No, facility

0

1

1

6

No, parent

149

169

175

191

1454 Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all that apply)

898	85	1574	91.4 %	⚠	911	73	1459	92.6%	⚠	877	66	1519	93.0%	⚠	811	54	1309	93.8%	⚠
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No, GAL

2

3

0

5

No, child

22

16

11

7

No, county

23

8

16

13

No, court

9

6

4

5

No, facility

1

1

5

3

No, foster parent/kin

19

16

13

10

No, other

19

23

12

11

No, parent

21

20

20

13

Statewide Child Welfare
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Administrative Review Division

1/1/2009 - 12/31/2009

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4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 14: Preserving Connections

Court

1405	For a child/youth with American Indian heritage, has the identified tribe or the BIA received required notification that: 1) an American Indian child is in need of foster care, and/or 2) termination of the parent-child relationship is imminent?	136	71	2350	65.7 %	⚠	135	77	2231	63.7%	⚠	186	58	2220	76.2%	⚠	153	49	1972	75.7%	⚠
1406	For a child/youth with American Indian heritage, has the court made a determination whether ICWA applies to this child?	117	88	2352	57.1 %	⚠	102	94	2247	52.0%	⚠	134	94	2235	58.8%	⚠	112	82	1980	57.7%	⚠

Case Planning/Services

1417	Does the FSP contain a description of how connections are maintained during the review period?	2453	86	18	96.6 %		2361	62	20	97.4%		2389	57	16	97.7%		2112	40	22	98.1%	
1418	Is the department making concerted efforts to maintain the child/youth(s) connections during the review period?	2517	21	19	99.2 %		2412	8	23	99.7%		2432	10	20	99.6%		2145	6	23	99.7%	
1422	Does the FSP document that the child/youth's placement in foster care takes into account proximity to the school in which the child/youth is enrolled at the time of the initial placement? (Initial Review Only)	338	128	2091	72.5 %	⚠	399	105	1939	79.2%	⚠	297	109	2056	73.2%	⚠	270	99	1805	73.2%	⚠

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3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

1420	Are the identified needs of all required parties, as they relate to the child's needs for permanency being addressed through appropriate services?	2493	40	24	98.4 %	2381	38	24	98.4%	2401	42	19	98.3%	2107	48	19	97.8%
	<i>No OOH Provider</i>			10				8				7				11	
	<i>No, Child/Youth</i>			34				28				39				31	
	<i>No, Father/Guardian</i>			4				5				2				8	
	<i>No, Mother/Guardian</i>			7				8				3				12	
1421	Does the FSP/Court Report document the services needed by the foster parents/kin, to maintain the stability of the placement, during the review period?	1873	73	611	96.2 %	1801	60	582	96.8%	1883	54	525	97.2%	1599	63	512	96.2%
1425	At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No answers that apply)	2473	25	59	99.0 %	2347	33	63	98.6%	2399	17	46	99.3%	2101	15	58	99.3%
	<i>No appropriate level of care (sanction may result)</i>			12				2				1				1	
	<i>No, ICWA preference</i>			0				6				1				0	
	<i>No, child/youth's needs not addressed/met</i>			7				11				6				1	
	<i>No, relatives not considered</i>			0				1				3				3	
	<i>No, safety issues</i>			4				10				7				4	
	<i>No, sibling placement issues</i>			3				4				0				6	

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Health

	<u>3rd Quarter SFY 2009</u>				<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1438 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)																
<i>Alcohol</i>			387			321				370				303		
<i>CNS Depressants</i>			14			6				8				8		
<i>CNS Stimulants/Amphetamines</i>			3			10				5				11		
<i>Cocaine/Crack</i>			184			181				198				169		
<i>Heroin</i>			18			9				15				18		
<i>Marijuana</i>			224			210				193				183		
<i>Methamphetamine</i>			232			180				206				179		
<i>Other</i>			27			30				18				29		
<i>Other Opiates</i>			22			14				37				24		
1439 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all that apply)	420	282	1855	59.8 %	363	238	1842	60.4%	398	224	1841	64.0%	315	218	1641	59.1%
<i>No available services</i>			2			0				0				2		
<i>No received provider report</i>			9			6				5				6		
<i>No referral by county</i>			8			3				2				0		
<i>No requested provider report</i>			4			6				0				0		
<i>No sufficient services</i>			4			5				1				4		
<i>No, delays of 2 + weeks</i>			1			1				0				1		
<i>No, parent/guardian refused services</i>			185			166				152				147		
<i>Unable to determine - outside services</i>			69			56				65				59		

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

1427 Based on documentation in the case file, is there evidence that the county department made efforts to involve the biological/legal mother/legal guardian in the case planning?	1569	14	974	99.1 %	1569	19	855	98.8%	1462	4	997	99.7%	1355	4	815	99.7%
1428 Based on documentation in the case file, is there evidence that the county department made efforts to involve the biological/legal father/legal guardian in the case planning?	1108	31	1417	97.3 %	1133	21	1289	98.2%	1085	20	1358	98.2%	951	23	1200	97.6%
1429 Based on documentation in the case file, is there evidence that the county department made efforts to involve the child/youth, age 12 and over, in the case planning?	1274	1	1282	99.9 %	1206	5	1232	99.6%	1221	1	1241	99.9%	1080	5	1089	99.5%

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4th Quarter SFY 2009

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2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

1445 How many months should face-to-face contact have been made with the child/youth during this review period?

1		17		21		15		15
2		24		32		22		28
3		46		29		34		37
4		53		52		57		38
5		335		356		380		367
6		1,794		1706		1741		1479
7		192		143		117		120

1446 How many months was face-to-face contact made with the child/youth during the review period?

0		2		2		1		5
1		23		26		20		17
2		28		32		27		27
3		61		39		42		46
4		94		101		102		81
5		419		459		478		472
6		1,674		1577		1597		1338
7		159		103		99		95

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

		97.8%		97.7%		97.9%		97.5%
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In what percent of cases did agency personnel have contact with the child every month?

	2245	229	91.3%	⚠	2108	229	90.2%	⚠	2156	208	91.2%	⚠	1848	234	88.8%	⚠
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1447 Were the minimum Volume 7 requirements for contact with the child/youth in the facility met? (Exclude certain ICPC cases)

	2227	224	106	90.9 %	⚠	2169	160	114	93.1%	⚠	2163	191	108	91.9%	⚠	1919	154	101	92.6%	⚠
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1448 Is there documentation that contact with the child/youth focused on issues pertinent to case planning, service delivery, or goal attainment? (Exclude certain ICPC cases)

	2397	61	99	97.5 %		2260	80	103	96.6%		2294	64	104	97.3%		2014	61	99	97.1%	
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1449 For a child/youth placed outside the State, is there documentation that the child/youth is visited at least quarterly by a caseworker of either the sending or receiving state?

	119	20	2418	85.6 %	⚠	105	25	2313	80.8%	⚠	122	17	2324	87.8%	⚠	83	31	2060	72.8%	⚠
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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

1450 Were the minimum Volume VII contact requirements met with the mother/father/guardian?

995	241	1321	80.5 %	⚠	972	247	1224	79.7%	⚠	942	229	1292	80.4%	⚠	856	201	1117	81.0%	⚠
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1451 Is there documentation that agency personnel contact with the parent focused on issues pertinent to case planning, service delivery, or goal attainment?

1183	87	1287	93.1 %	⚠	1204	98	1141	92.5%	⚠	1134	90	1239	92.6%	⚠	1025	87	1062	92.2%	⚠
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Well Being Outcome 2

Item 21: Educational Needs of Child

Education

1430 Is the child/youth's education/school record, including name and address of current educational provider(s), report cards and/or other pertinent educational information in the case file?

1495	375	687	79.9 %	⚠	1434	316	693	81.9%	⚠	1294	471	697	73.3%	⚠	1276	306	592	80.7%	⚠
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No address of current school

81	52	78	73
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No credit count

13	13	16	12
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No current IEP

131	107	130	85
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No current grade reports

263	235	385	208
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No name of current school

31	24	21	25
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1431 Were the child/youth's educational needs adequately addressed during the review period?

1881	46	630	97.6 %	1767	32	644	98.2%	1797	24	641	98.7%	1575	27	572	98.3%
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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 3

Item 22: Physical Health of Child Health

1432	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all that apply)	2413	123	21	95.1 %	2324	95	24	96.1%	2356	86	20	96.5%	2057	90	27	95.8%
	<i>No provider address</i>			114				89				80				83	
	<i>No provider name</i>			86				79				60				73	
	<i>No, medical problems not documented</i>			6				7				8				6	
	<i>No, medications not documented</i>			10				14				9				2	
1433	Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)	576	181	1800	76.1 %	586	184	1673	76.1%	554	124	1785	81.7%	495	148	1531	77.0%
	<i>No</i>			175				176				117				147	
	<i>No, medicaid card</i>			7				6				7				0	
	<i>No, medicaid provider</i>			0				4				0				1	
	<i>Yes, appointment</i>			78				103				112				95	
	<i>Yes, exam</i>			498				484				442				400	
1434	Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)	422	137	1998	75.5 %	479	119	1845	80.1%	398	90	1975	81.6%	356	96	1722	78.8%
	<i>No</i>			131				115				90				96	
	<i>No, medicaid card</i>			5				3				0				1	
	<i>No, medicaid provider</i>			1				1				0				0	
	<i>Yes, appointment</i>			32				43				33				23	
	<i>Yes, exam</i>			390				436				365				333	
1435	Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all that apply)	2326	169	62	93.2 %	2223	169	51	92.9%	2219	209	34	91.4%	1973	162	39	92.4%
	<i>No treatment for identified health needs</i>			4				5				7				2	
	<i>No, Medicaid</i>			5				0				4				1	
	<i>No, delay in services - systemic</i>			9				7				8				5	
	<i>No, immunizations</i>			41				43				58				37	
	<i>No, lack of timely referral or follow through</i>			104				106				129				104	
	<i>No, other</i>			21				19				20				26	

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 3

Item 22: Physical Health of Child

Health

1436	Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all that apply)	1758	365	434	82.8 %		1700	342	401	83.3%		1665	392	405	80.9%		1495	305	374	83.1%	
	<i>No, Medicaid</i>			4					6					5					9		
	<i>No, delay in services - systemic</i>			13					20					13					15		
	<i>No, lack of timely referral or follow through</i>			294					275					346					240		
	<i>No, other</i>			57					42					31					42		
	<i>No, treatment for identified dental needs</i>			7					4					10					4		

Item 23: Mental Health of Child

Health

1437	Were mental health services provided to meet the child/youth's needs during the review period? (Check all that apply)	1485	259	814	85.1 %		1412	233	800	85.8%		1426	267	772	84.2%		1315	180	681	88.0%	
	<i>No available services</i>			10					9					6					1		
	<i>No referral by county</i>			21					9					13					13		
	<i>No sufficient services</i>			40					22					17					16		
	<i>No, MH systems issue</i>			40					54					33					23		
	<i>No, Medicaid</i>			18					6					12					4		
	<i>No, OOH provider issue</i>			22					14					36					19		
	<i>No, changed MH provider</i>			86					91					120					72		
	<i>No, child refused services</i>			21					23					26					17		
	<i>No, delays of 2 + weeks</i>			123					104					116					78		
	<i>No, other</i>			22					18					14					13		

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1413	Was the FSP (3A) developed within 60 days of the date the referral was received? (Initial Review Only)	605	79	1873	88.5 %	632	57	1754	91.7%	568	61	1834	90.3%	510	67	1597	88.4%
1414	Does the FSP address the appropriate tasks/services for all required parties to achieve the permanency goal during the review period? (Check all that apply)	1869	688	0	73.1 %	1819	624	0	74.5%	1892	570	0	76.8%	1603	571	0	73.7%
	<i>No, Child/Youth tasks</i>			250				172				179				180	
	<i>No, Child/Youth's tasks expired</i>			140				135				146				128	
	<i>No, Department tasks</i>			268				227				183				181	
	<i>No, Department tasks expired</i>			128				130				122				136	
	<i>No, Father/Guardian tasks</i>			69				87				66				76	
	<i>No, Father/Guardian's tasks expired</i>			57				58				55				66	
	<i>No, Mother/Guardian tasks</i>			75				52				67				74	
	<i>No, Mother/Guardian's tasks expired</i>			93				90				83				76	
	<i>No, OOH Provider's tasks expired</i>			92				84				71				87	
	<i>No, OOH provider tasks</i>			363				342				297				306	
1415	Does the FSP 3D signature page contain all required signatures? (Check all that apply)	1680	877	0	65.7 %	1604	839	0	65.7%	1675	787	0	68.0%	1454	720	0	66.9%
	<i>No Caseworker</i>			262				194				194				210	
	<i>No Child/Youth if over 12</i>			198				159				167				128	
	<i>No Father/Guardian</i>			286				283				250				245	
	<i>No Mother/Guardian</i>			295				243				268				253	
	<i>No OOH Provider</i>			617				516				510				499	
	<i>No Supervisor</i>			305				266				246				270	
1416	Does the FSP 4B/C contain a description of the type and appropriateness of the homes or institutions in which the child/youth was placed during the review period?	2146	380	30	85.0 %	2051	367	25	84.8%	2089	353	20	85.5%	1797	346	31	83.9%
1419	Does the FSP/Court Report/Review discuss the extent of compliance with the case plan during the review period?	2462	90	5	96.5 %	2357	82	4	96.6%	2421	38	3	98.5%	2119	49	6	97.7%

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Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1423	For a youth age 16 or over, is there a written description of the programs and services that will help the youth prepare for the transition to independent living during the review period?	541	142	1874	79.2 %	⚠	519	119	1805	81.3%	⚠	555	115	1793	82.8%	⚠	489	87	1598	84.9%	⚠
	<i>No hard copy</i>			56				53					57					34			
	<i>No signature</i>			55				38					48					34			
	<i>No, not sufficient</i>			60				54					33					35			

1424	Were the independent living services provided sufficient to address the youth's independent living needs during the review period?	639	38	1880	94.4 %	⚠	583	40	1820	93.6%	⚠	611	52	1800	92.2%	⚠	542	31	1601	94.6%	⚠
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Item 27: Permanency Hearing Every Twelve Months

Court

1403	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months, that contains reasonable efforts to achieve permanency language and does not contain nunc pro tunc language? (Re-Review Only) (Check all that apply)	1686	70	801	96.0 %		1556	82	805	95.0%	⚠	1675	58	729	96.7%		1449	40	685	97.3%	
	<i>No reasonable efforts</i>			18				22					9					10			
	<i>No signed court order</i>			64				65					52					32			
	<i>No, contains nunc pro tunc language</i>			1				1					0					3			

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Systemic Factors

15 of 22 Issues

	<u>3rd Quarter SFY 2009</u>				<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1457 Has the child/youth been in OOH care 15 of the last 22 months? (Answer only if child reached 15/22 this review period)	339	0	2218	100.0 %	325	0	2118	00.0%	326	0	2137	100.0%	291	0	1883	00.0%
1458 If the child/youth has been in OOH care for 15 of 22 months has a motion/petition for termination been filed? (Answer only if child reached 15/22 this review period)	172	154	2231	52.8 %	165	152	2126	52.1%	176	140	2147	55.7%	148	134	1892	52.5%
1459 If a motion for TPR was filed, does the reviewer agree that TPR was appropriate? (Answer only if child reached 15/22 this review period)	170	1	2386	99.4 %	162	2	2279	98.8%	176	1	2286	99.4%	147	0	2027	00.0%
1460 If the child/youth has been in care 15 of the last 22 months, is there a documented, compelling reason in Trails for not filing for termination of parental rights? (Answer only if child reached 15/22 this review period)	98	71	2388	58.0 %	134	39	2270	77.5%	107	55	2301	66.0%	91	56	2027	61.9%
1461 If a compelling reason is identified on the 15/22 Form in Trails, in which category does it fall? (Check one answer) (Answer only if child reached 15/22 this review period)	0	67	2455		0	93	2312		0	63	2362		0	59	2082	
<i>Insufficient reasonable efforts</i>			2				8				1				5	
<i>Not in the child's best interest(s)</i>			65				85				62				54	
<i>Other</i>			19				17				16				21	
<i>Relative placement</i>			16				21				22				12	
1462 If a motion/petition has not been filed, and a compelling reason has been identified, in the reviewers opinion is the compelling reason appropriate?	81	10	2466	89.0 %	104	22	2317	82.5%	87	6	2370	93.5%	73	14	2087	83.9%
1463 If a petition/motion was not filed or it was delayed, and there was no compelling reason documented, in which category does the barrier fall? (Check all that apply) (Answer one time only)	0	0	2481		0	0	2398		0	0	2404		0	0	2130	
<i>Child Welfare Agency</i>			64				32				34				34	
<i>Court</i>			5				9				3				2	
<i>ICWA Issues</i>			0				3				2				0	
<i>Legal Representation</i>			3				6				1				2	
<i>Other - Describe</i>			12				5				22				9	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process

		<u>3rd Quarter SFY 2009</u>				<u>4th Quarter SFY 2009</u>				<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1409	Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	2308	249	0	90.3 %	2189	254	0	89.6%	2182	280	0	88.6%	1968	206	0	90.5%
	<i>No, Attorneys of Record (Court Ordered)</i>		7				2				10				4		
	<i>No, Child Over 12</i>		31				31				20				18		
	<i>No, Father/Guardian</i>		62				88				85				69		
	<i>No, GAL</i>		44				40				40				25		
	<i>No, Mother/Guardian</i>		48				45				37				26		
	<i>No, Not Timely</i>		28				16				21				29		
	<i>No, OOH Provider</i>		63				76				106				68		
	<i>No, Tribe (if ICWA applies)</i>		18				35				24				26		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Miscellaneous

Miscellaneous

Court

1401	Is this a court ordered administrative review?	181	2370	6	7.1 %	182	2,259	2	7.5%	181	2272	9	7.4%	166	2002	6	7.7%
1402	Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain nunc pro tunc language? (Initial Review Only) (Check all that apply).	700	55	1802	92.7 %	695	75	1673	90.3%	630	54	1779	92.1%	606	32	1536	95.0%
	<i>No best interest</i>			13				20				9				13	
	<i>No reasonable efforts/emergency</i>			17				26				24				16	
	<i>No signed removal order</i>			27				22				26				16	
	<i>No, contains nunc pro tunc language</i>			7				9				3				3	
	<i>No, dual reasonable efforts</i>			13				13				7				2	
	<i>No, incorrect reasonable efforts</i>			2				0				0				0	
1404	Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No")	2540	17	0	99.3 %	2429	14	0	99.4%	2439	23	0	99.1%	2159	15	0	99.3%
	IV-E																
1407	Has IV-E eligibility been determined? (Initial Review Only) (A Fiscal Sanction may result if the answer is "No")	740	22	1795	97.1 %	763	7	1673	99.1%	665	11	1787	98.4%	634	12	1528	98.1%
1408	Have timely IV-E redeterminations been completed during the review period? (Re-Review Only)	553	107	1897	83.8 %	404	100	1939	80.2%	506	95	1862	84.2%	408	77	1689	84.1%
	Due Process																
1410	Did the parent(s)/guardian(s) receive timely notification of placement changes and/or any changes that negatively affected their visitation rights during the review period?	863	35	1659	96.1 %	888	22	1533	97.6%	812	35	1616	95.9%	777	19	1378	97.6%
	<i>No notification after emergency placement change</i>			23				8				11				3	
	<i>No notification before placement change</i>			13				15				23				15	
	<i>No notification of negative visitation change</i>			0				0				2				1	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

1/1/2009 - 12/31/2009

3rd Quarter SFY 2009

4th Quarter SFY 2009

1st Quarter SFY 2010

2nd Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Miscellaneous

Miscellaneous

15 of 22 Issues

	0	0	2003	0	0	1918	0	0	1921	0	0	1733
1464 If the child/youth has been in OOH care for the past 15 months, what are the system barriers to achieving permanency? (Check all that apply)												
<i>Appeal of TPR</i>			26			34			35			46
<i>Caseload/Turnover</i>			12			26			7			15
<i>County Attorney</i>			3			6			1			8
<i>County reluctance to terminate</i>			49			56			40			34
<i>Court/Legal delays</i>			80			72			62			53
<i>ICPC delays</i>			15			43			30			29
<i>Inadequate treatment resources</i>			21			12			18			15
<i>Lack of community supports</i>			23			14			22			30
<i>Lack of effort or inadequate supervision</i>			33			34			40			30
<i>No adoptive home</i>			142			97			136			69
<i>OPPLA/LTFC without permanent agreement</i>			129			126			106			109
<i>Other</i>			110			112			168			106
<i>Relatives not explored timely and/or adequately</i>			3			13			3			4
<i>Subsidy issues</i>			28			31			17			5
<i>Termination denied</i>			7			2			9			2

Statewide

Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2009 - 6/30/2010

THE DATA IN THIS REPORT WAS COLLECTED DURING A PILOT PERIOD. AS SUCH, IT SHOULD NOT BE USED FOR ANY IMPROVEMENT PLAN REQUESTS. IT IS INTENDED ONLY FOR STATE/COUNTY USE IN DETERMINING BASELINE INFORMATION AND DETERMINING IF THE QUESTIONS ARE CAPTURING THE INTENDED INFORMATION. THE FINAL INSTRUMENT IS SCHEDULED TO GO INTO EFFECT MAY 1, 2010.

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol: 

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September
Second Quarter = October - December
Third Quarter = January - March
Fourth Quarter = April - June

Report created on: 8/9/2010



Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Safety Outcome 1

Item 1: Timeliness of Investigations


Safety

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1609 If there were new allegations of abuse or neglect identified during the review period, were they entered as a referral into Trails?	0	0	0		0	0	0		0	0	0		490	22	1580	95.7%
1610 If a new referral was entered into Trails, was the referral acceptance decision appropriate based on the documentation of the allegations? (Check all that apply)	0	0	0		0	0	0		0	0	0		448	33	1611	93.1% 
<i>No, did NOT meet threshold</i>			0				0				0				14	
<i>No, met threshold</i>			0				0				0				19	
1611 If a new referral was assigned for investigation, is there documentation that the child was seen/interviewed within the assigned response time?	0	0	0		0	0	0		0	0	0		171	73	1848	70.1% 
<i>No, other county</i>			0				0				0				31	
<i>No, this county</i>			0				0				0				42	

Safety Outcome 2

Item 4: Risk of Harm

Safety

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1612 If a new safety concern was identified regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		490	32	1570	93.9% 
<i>No Safety Plan</i>			0				0				0				9	
<i>No assessment/investigation</i>			0				0				0				18	
<i>No change in treatment plan</i>			0				0				0				1	
<i>No crisis intervention (MH/hosp/detention, etc.)</i>			0				0				0				1	
<i>No placement change</i>			0				0				0				2	
<i>No referral to law enforcement</i>			0				0				0				2	
<i>No, other</i>			0				0				0				10	

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

4th Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %


Yes No NA %

Permanency Outcome 1


Item 6: Stability of Foster Care Placements

Case Planning/Services

1628	During the period under review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		2006	52	33	97.5%
	<i>No appropriate level of care (sanction may result)</i>			0				0				0					2
	<i>No, child/youth's needs not addressed</i>			0				0				0					17
	<i>No, cultural</i>			0				0				0					2
	<i>No, other</i>			0				0				0					7
	<i>No, relatives not considered</i>			0				0				0					3
	<i>No, sibling placement issues</i>			0				0				0					17
	<i>No, unable to determine where child is placed</i>			0				0				0					10

1629	Does the FSP 4 B/C contain a comprehensive description of the type and appropriateness of the homes or facility in which the child/youth was placed during the review period?	0	0	0		0	0	0		0	0	0		1627	430	34	79.1%	
-------------	---	---	---	---	--	---	---	---	--	---	---	---	--	------	-----	----	-------	---

Permanency

1651	If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal + planned" if both Yes answers are appropriate)	0	0	0		0	0	0		0	0	0		303	339	1450	47.2%	
	<i>Yes, in line with case goal and planned</i>			0				0				0					226	
	<i>Yes, to meet youth's specific needs and planned</i>			0				0				0					77	

1652	If the child/youth experienced one or more moves during the review period that were not planned, what was/were the reason(s) for the move(s)? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	1742	
	<i>Child in inappropriate level of care</i>			0				0				0					4
	<i>Child on child abuse</i>			0				0				0					4
	<i>More than one move</i>			0				0				0					68
	<i>Other</i>			0				0				0					30
	<i>Provider abuse or neglect allegations</i>			0				0				0					47
	<i>Provider quit or closed</i>			0				0				0					22
	<i>Provider request</i>			0				0				0					163
	<i>Runaway</i>			0				0				0					76
	<i>Temporary setting</i>			0				0				0					59
	<i>Youth's behavior</i>			0				0				0					148

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Permanency Outcome 1

Item 8: Reunification, Guardianship, and Placement with Relatives

Permanency

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1653	At the time of the review, are reasonable efforts being made to achieve permanency? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		2030	48	13	97.7%
	<i>No, other</i>			0				0				0				13	
	<i>No, reas. efforts for OPPLA LTFC w/perm. agrmt.</i>			0				0				0				3	
	<i>No, reas. efforts to permanently place w/relative</i>			0				0				0				4	
	<i>No, reasonable efforts to finalize adoption</i>			0				0				0				21	
	<i>No, reasonable efforts to return home</i>			0				0				0				11	
	<i>No, reasonable efforts to successfully emancipate</i>			0				0				0				1	
1654	For children with a goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		326	548	1217	37.3%
	<i>No housing</i>			0				0				0				22	
	<i>No, ICPC</i>			0				0				0				9	
	<i>No, appropriateness of services to child</i>			0				0				0				3	
	<i>No, appropriateness of services to parent/guardian</i>			0				0				0				5	
	<i>No, caseload/turnover</i>			0				0				0				6	
	<i>No, child lack of progress</i>			0				0				0				113	
	<i>No, county attorney</i>			0				0				0				5	
	<i>No, court delays</i>			0				0				0				23	
	<i>No, lack of community supports</i>			0				0				0				5	
	<i>No, lack of effort/inadequate supervision</i>			0				0				0				5	
	<i>No, other</i>			0				0				0				46	
	<i>No, other potential caregiver lack of progress</i>			0				0				0				6	
	<i>No, parent incar. or long term treatment program</i>			0				0				0				62	
	<i>No, parent lack of progress</i>			0				0				0				423	
	<i>No, parents whereabouts are unknown</i>			0				0				0				49	
	<i>No, placement provider does not support perm. goal</i>			0				0				0				3	

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Permanency Outcome 1

Permanency

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1656	For children/youth with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made towards the goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		35	26	2031	57.4%
	<i>No, ICPC</i>			0				0				0					1
	<i>No, appropriateness of services to child</i>			0				0				0					3
	<i>No, child lack of progress</i>			0				0				0					9
	<i>No, court delays</i>			0				0				0					2
	<i>No, diligent search</i>			0				0				0					4
	<i>No, lack of effort/inadequate supervision</i>			0				0				0					4
	<i>No, other</i>			0				0				0					5
	<i>No, other potential caregiver lack of progress</i>			0				0				0					8
	<i>No, parent lack of progress</i>			0				0				0					1

Item 9: Adoption

Permanency

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1655	For children/youth with a goal of adoption, is progress being made towards finalizing the adoption? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		278	239	1575	53.8%
	<i>No CARR listing</i>			0				0				0					32
	<i>No adoptive home</i>			0				0				0					78
	<i>No, appeal of termination</i>			0				0				0					46
	<i>No, appropriateness of services</i>			0				0				0					3
	<i>No, child/youth declined</i>			0				0				0					7
	<i>No, county attorney</i>			0				0				0					6
	<i>No, county/agency support issues</i>			0				0				0					6
	<i>No, court delays</i>			0				0				0					33
	<i>No, lack of effort/inadequate supervision/training</i>			0				0				0					18
	<i>No, lack of provider support</i>			0				0				0					12
	<i>No, lack of recruitment</i>			0				0				0					22
	<i>No, lack of timely filing of TPR</i>			0				0				0					11
	<i>No, other</i>			0				0				0					66
	<i>No, placement provider does not support perm. goal</i>			0				0				0					4
	<i>No, subsidy issues</i>			0				0				0					14
	<i>No, termination denied</i>			0				0				0					1

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Permanency Outcome 1

Item 10: Other Planned Living Arrangement
Case Planning/Services



		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1630	For all youth over age 16 years and 60 days, is there a comprehensive ILP that addresses all needs identified from a state approved assessment? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		280	301	1511	48.2%
	<i>No description or plan of services</i>			0				0				0				55	
	<i>No self-sufficiency budget</i>			0				0				0				145	
	<i>No state approved assessment used</i>			0				0				0				79	
	<i>No, all identified needs not addressed</i>			0				0				0				33	
	<i>No, not timely</i>			0				0				0				30	
	<i>No, not updated</i>			0				0				0				66	
	<i>Not all ILP tabs completed</i>			0				0				0				181	
	<i>Not developed with youth</i>			0				0				0				25	
1631	How was the ILP developed during the period under review? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	9	1715	0.0%
	<i>Ansell Casey Assessment</i>			0				0				0				169	
	<i>CANS</i>			0				0				0				9	
	<i>Chafee Assessment Instrument</i>			0				0				0				127	
	<i>Interview with related caregivers/providers</i>			0				0				0				107	
	<i>Interview with youth</i>			0				0				0				314	
	<i>No, not completed</i>			0				0				0				9	
	<i>Other</i>			0				0				0				20	
	<i>Unable to determine</i>			0				0				0				45	
1632	For all youth over age 16 years and 60 days, is the youth receiveing services to address all the needs identified in the comprehensive assessment and the ILP?	0	0	0		0	0	0		0	0	0		435	130	1527	77.0%
	<i>No</i>			0				0				0				42	
	<i>No re-assessment of needs</i>			0				0				0				14	
	<i>No referral for Chafee services</i>			0				0				0				18	
	<i>No, lack of resources</i>			0				0				0				5	
	<i>No, provider issues</i>			0				0				0				10	
	<i>No, wait list</i>			0				0				0				24	
	<i>No, youth refused services</i>			0				0				0				27	

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Permanency Outcome 1

Case Planning/Services

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1633	If the youth, age 16 and 60 days, is not receiving all needed independent living services/resources, which are missing?	0	0	0		0	0	0		0	0	0		0	0	1956	
	<i>Assessments</i>			0				0				0				83	
	<i>Budget/savings</i>			0				0				0				88	
	<i>Community resources</i>			0				0				0				54	
	<i>Education</i>			0				0				0				39	
	<i>Employment</i>			0				0				0				78	
	<i>Health</i>			0				0				0				41	
	<i>Housing</i>			0				0				0				50	
	<i>Other</i>			0				0				0				13	
	<i>Transportation</i>			0				0				0				29	
	<i>Vocational services</i>			0				0				0				34	
1634	Is there a comprehensive youth driven Emancipation Transition Plan (ETP) developed 90 business days before the youth's projected permanency date? (Check all No responses that apply, however, use only No plan if there is no ETP plan)	0	0	0		0	0	0		0	0	0		31	40	2021	43.7% 
	<i>No plan</i>			0				0				0				37	
	<i>No, not all tabs completed</i>			0				0				0				5	
	<i>No, not youth driven</i>			0				0				0				2	
1635	Per Volume 7, have all vital documents been obtained for youth with an OPPLA goal 90 business days before their projected permanency date?	0	0	0		0	0	0		0	0	0		58	17	2017	77.3% 
	<i>No Birth Certificate</i>			0				0				0				8	
	<i>No Health Passport/medical records</i>			0				0				0				1	
	<i>No Social Security card</i>			0				0				0				8	
	<i>No State ID/driver's license</i>			0				0				0				9	
	<i>No educational records</i>			0				0				0				2	
	<i>No medical/dental records</i>			0				0				0				4	
	<i>No, other</i>			0				0				0				4	

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Permanency Outcome 1

Permanency

1657 For a child/youth with a permanency goal of Other Planned Permanent Living Arrangement, is it documented that all other more permanent goals have been considered and appropriately ruled out? (Check all No responses that apply)

1st Quarter SFY 2010

Yes No NA %

2nd Quarter SFY 2010

Yes No NA %

3rd Quarter SFY 2010

Yes No NA %


4th Quarter SFY 2010

Yes No NA %

0	0	0
---	---	---

0	0	0
---	---	---

0	0	0
---	---	---

470	166	1456	73.9%	
-----	-----	------	-------	---

No documentation

0

0

0

85

No, OPPLA goal not in the child's best interest

0

0

0

6

No, documented reasons not appropriate

0

0

0

16

No, not reviewed annually

0

0

0

59

No, other

0

0

0

13

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Permanency Outcome 2

Item 11: Proximity of Placement

Case Planning/Services

	1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1625 Is the child/youth placed within close proximity to his/her parents or other potential permanent caregiver's home?	0	0	0		0	0	0		0	0	0		1231	143	717	89.6%
1626 If a child/youth was not placed in close proximity to the parent's or other potential permanent caregiver's home, were reasonable efforts made to support or facilitate face-to-face contact with the parents or potential permanent caregivers?	0	0	0		0	0	0		0	0	0		134	10	1948	93.1%

Item 14: Preserving Connections

Court

	1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010			
1605 Were these ICWA requirements met? (Check all that apply)	0	0	0		0	0	0		0	0	0		87	166	1839	34.4%
<i>No "active efforts" findings</i>				0				0				0				11
<i>No "beyond reasonable doubt" lang. in term. order</i>				0				0				0				1
<i>No court order determ. if ICWA does NOT apply</i>				0				0				0				59
<i>No docum. of inquiry of Native American heritage</i>				0				0				0				47
<i>No notification sent to all identified tribes/BIA</i>				0				0				0				44
<i>No response from tribe/BIA</i>				0				0				0				51
<i>No, ICWA order of preference for placement not met</i>				0				0				0				18
<i>No, new info. presented at FF portion of review</i>				0				0				0				29
<i>No, other</i>				0				0				0				3
<i>No, tribe not notified of hearings</i>				0				0				0				28

Case Planning/Services

1627 Is the department making concerted efforts to maintain the child/youth's connections during the review period?	0	0	0		0	0	0		0	0	0		2041	15	35	99.3%
--	---	---	---	--	---	---	---	--	---	---	---	--	------	----	----	-------

Item 15: Relative Placement

Case Planning/Services

1624 Was a diligent search completed per Volume 7 during the period under review? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		532	231	1328	69.7%
<i>Not completed for adult relatives</i>				0				0				0				90
<i>Not completed for grandparent</i>				0				0				0				61
<i>Not initiated in 3 days</i>				0				0				0				54

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1621	Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?	0	0	0		0	0	0		0	0	0		1468	618	5	70.4%
	<i>No</i>			0				0				0				461	
	<i>No treatment plan developed</i>			0				0				0				37	
	<i>No, all task time frames expired</i>			0				0				0				79	
	<i>No, some task time frames expired</i>			0				0				0				69	
1622	Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations of all parties in order to achieve the permanency goal? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		848	1238	5	40.7%
	<i>No treatment plan developed</i>			0				0				0				52	
	<i>No, measurable</i>			0				0				0				926	
	<i>No, realistic</i>			0				0				0				48	
	<i>No, specific</i>			0				0				0				778	
	<i>No, task time frames expired</i>			0				0				0				129	
	<i>No, time-limited</i>			0				0				0				43	
1623	Does the most recent 90-day review meet Volume 7 requirements? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		910	1176	5	43.6%
	<i>No approval</i>			0				0				0				411	
	<i>No current 90-day review</i>			0				0				0				109	
	<i>No diligent search</i>			0				0				0				612	
	<i>No, appropriateness of services to child</i>			0				0				0				57	
	<i>No, appropriateness of services to parent/guardian</i>			0				0				0				41	
	<i>No, barriers to progress</i>			0				0				0				102	
	<i>No, caregiver/kin provider services and progress</i>			0				0				0				110	
	<i>No, child services and progress</i>			0				0				0				161	
	<i>No, child's safety</i>			0				0				0				57	
	<i>No, need for add./diff. svcs. and how provided</i>			0				0				0				36	
	<i>No, parent services and progress</i>			0				0				0				95	
	<i>No, permanency goal</i>			0				0				0				91	
	<i>No, permanency goal date</i>			0				0				0				97	
	<i>No, task time frames</i>			0				0				0				111	
	<i>No, timely provision of mandated services</i>			0				0				0				9	

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Item 17: Needs/Services of Child, Parents, and Foster Parents

Health

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1647	If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	1588	
	Alcohol			0				0				0				239	
	CNS Depressants			0				0				0				13	
	CNS Stimulants/Amphetamines			0				0				0				2	
	Cocaine/Crack			0				0				0				143	
	Heroin			0				0				0				17	
	Marijuana			0				0				0				198	
	Methamphetamine			0				0				0				180	
	Other			0				0				0				24	
	Other Opiates			0				0				0				36	
1648	If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), were substance abuse treatment services provided to the parent(s)/guardian(s)? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		290	207	1595	58.4%
	No available services			0				0				0				2	
	No received provider report			0				0				0				3	
	No referral by county			0				0				0				3	
	No requested provider report			0				0				0				1	
	No sufficient services			0				0				0				2	
	No, delays of 2 + weeks			0				0				0				2	
	No, parent/guardian refused services			0				0				0				175	
	Unable to determine - outside services			0				0				0				21	
1649	If substance abuse issues have been identified during the review period for the child/youth, what are the substances of use? (Check all that apply)	0	0	0		0	0	0		0	0	0		0	0	1920	
	Alcohol			0				0				0				73	
	CNS Depressants			0				0				0				1	
	CNS Stimulants/Amphetamines			0				0				0				4	
	Cocaine/Crack			0				0				0				6	
	Heroin			0				0				0				2	
	Marijuana			0				0				0				145	
	Methamphetamine			0				0				0				19	
	Other			0				0				0				21	
	Other Opiates			0				0				0				1	

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Health

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1650	If substance abuse issues have been identified during the review period for the child/youth, were substance abuse treatment services provided to the child/youth? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		123	44	1925	73.7%
	<i>No received provider report</i>			0				0				0				1	
	<i>No referral by county</i>			0				0				0				19	
	<i>No requested provider report</i>			0				0				0				1	
	<i>No, child/youth refused services</i>			0				0				0				14	
	<i>No, delays of 2 + weeks</i>			0				0				0				7	
	<i>Unable to determine - outside services</i>			0				0				0				6	


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Well Being Outcome 1

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1613 Was the Out-of-Home provider engaged in case planning, during the period under review?	0	0	0		0	0	0		0	0	0		2003	23	65	98.9%
<i>No, efforts made but refused</i>			0				0				0				1	
1614 How is the Out-of-Home provider being engaged in case planning, during the period under review? (Check all responses that apply)	0	0	0		0	0	0		0	0	0		0	10	79	0.0%
<i>Email contact</i>			0				0				0				274	
<i>FF contacts</i>			0				0				0				1809	
<i>Formalized family meeting</i>			0				0				0				327	
<i>Not involved in case planning</i>			0				0				0				10	
<i>Other</i>			0				0				0				49	
<i>Regular staffings</i>			0				0				0				898	
<i>Signature</i>			0				0				0				250	
<i>Telephone contacts</i>			0				0				0				842	
1615 Was the child engaged in case planning during the period under review?	0	0	0		0	0	0		0	0	0		1105	10	976	99.1%
<i>No, efforts made but refused</i>			0				0				0				2	
1616 How is the child/youth being engaged in case planning, during the period under review? (Check all responses that apply)	0	0	0		0	0	0		0	0	0		0	5	976	0.0%
<i>Email contact</i>			0				0				0				25	
<i>FF contacts</i>			0				0				0				1056	
<i>Formalized family meeting</i>			0				0				0				159	
<i>Not involved in case planning</i>			0				0				0				7	
<i>Other</i>			0				0				0				74	
<i>Provider visits</i>			0				0				0				22	
<i>Regular staffings</i>			0				0				0				580	
<i>Signature</i>			0				0				0				165	
<i>Telephone contacts</i>			0				0				0				274	
1617 Was the mother/guardian/kin engaged in case planning during the period under review?	0	0	0		0	0	0		0	0	0		1107	131	851	89.4% 
<i>Efforts made but refused</i>			0				0				0				2	
<i>No</i>			0				0				0				56	
<i>No, efforts made but refused</i>			0				0				0				75	


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Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

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		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1618	How is the mother/guardian/kin being engaged in case planning, during the period under review? (Check all responses that apply)	0	0	0		0	0	0		0	0	0		0	36	942	0.0%
	<i>Email contact</i>			0				0				0			60		
	<i>FF contacts</i>			0				0				0			897		
	<i>Formalized family meeting</i>			0				0				0			288		
	<i>Not involved in case planning</i>			0				0				0			36		
	<i>Other</i>			0				0				0			161		
	<i>Regular staffings</i>			0				0				0			418		
	<i>Signature</i>			0				0				0			151		
	<i>Telephone contacts</i>			0				0				0			648		
1619	Was the father/guardian/kin engaged in case planning during the period under review?	0	0	0		0	0	0		0	0	0		659	227	1201	74.4% 
	<i>Efforts made but refused</i>			0				0				0			4		
	<i>No</i>			0				0				0			99		
	<i>No, efforts made but refused</i>			0				0				0			128		
1620	How is the father/guardian/kin being engaged in case planning, during the period under review? (Check all responses that apply)	0	0	0		0	0	0		0	0	0		0	44	1385	0.0%
	<i>Email contact</i>			0				0				0			31		
	<i>FF contacts</i>			0				0				0			448		
	<i>Formalized family meeting</i>			0				0				0			133		
	<i>Not involved in case planning</i>			0				0				0			44		
	<i>Other</i>			0				0				0			137		
	<i>Regular staffings</i>			0				0				0			161		
	<i>Signature</i>			0				0				0			74		
	<i>Telephone contacts</i>			0				0				0			345		

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Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1661	How many months should the assigned worker have made face-fo-face contact with the child/youth during this review period? (Answer for in-state cases only)	0	0	0		0	0	0		0	0	0		0	0	97	
	1			0				0				0				12	
	2			0				0				0				13	
	3			0				0				0				29	
	4			0				0				0				60	
	5			0				0				0				414	
	6			0				0				0				1316	
	7			0				0				0				151	
1662	How many months did the assigned worker make face-to-face contact with the child/youth during the review period? (Within the state of Colorado, not an ICPC case)	0	0	0		0	0	0		0	0	0		0	0	101	
	0			0				0				0				13	
	1			0				0				0				27	
	2			0				0				0				53	
	3			0				0				0				98	
	4			0				0				0				205	
	5			0				0				0				467	
	6			0				0				0				1016	
	7			0				0				0				112	
	<i>Of all the months requiring contact, in what percent did agency personnel have contact with the child?</i>				0.0%				0.0%				0.0%				
	<i>In what percent of cases did agency personnel have contact with the child every month?</i>	0	0		.0%		0	0	.0%		0	0	.0%		0	0	.0%

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Item 19: Worker Visits with Child

Permanency

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1663 How many months should the worker of either the sending or receiving state have made face-fo-face contact with the child/youth during the review period? (Answer for ICPC cases only)	0	0	0		0	0	0		0	0	0		0	0	1972	
0			0				0				0				2	
1			0				0				0				7	
2			0				0				0				5	
3			0				0				0				3	
4			0				0				0				9	
5			0				0				0				13	
6			0				0				0				68	
7			0				0				0				13	
1664 How many months did the worker of either the sending or receiving state make face-to-face contact with the child/youth during the review period, for a child/lyouth placed outside of the state?	0	0	0		0	0	0		0	0	0		0	0	1979	
0			0				0				0				31	
1			0				0				0				13	
2			0				0				0				6	
3			0				0				0				19	
4			0				0				0				8	
5			0				0				0				13	
6			0				0				0				17	
7			0				0				0				6	
<i>Of all the months requiring contact, in what percent did agency personnel have contact with the child?</i>																
<i>In what percent of cases did agency personnel have contact with the child every month?</i>	0	0			.0%	0	0		.0%	0	0		.0%	0	0	



Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

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Well Being Outcome 1

Permanency

		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1665	Did the frequency of contact with the child in their place of residence occur according to Volume 7?	0	0	0		0	0	0		0	0	0		1729	328	34	84.1%
1666	Was the quality of contacts with the child sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		833	1214	44	40.7%
	<i>No assessment of safety</i>			0				0				0				992	
	<i>No time alone with child</i>			0				0				0				104	
	<i>No, insufficient content</i>			0				0				0				411	
	<i>No, outside presence of provider</i>			0				0				0				667	

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1667 Did the frequency of contact with the mother/guardian occur according to Volume 7?	0	0	0		0	0	0		0	0	0		629	276	1186	69.5%
1668 Was the quality of contacts with the mother/guardian sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals? (Check all No responses that apply) <i>No, insufficient content</i>	0	0	0		0	0	0		0	0	0		711	186	1194	79.3%
			0				0				0				186	
1669 Did the frequency of contact with the father/guardian occur according to Volume 7?	0	0	0		0	0	0		0	0	0		297	223	1571	57.1%
1670 Was the quality of contacts with the father/guardian sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals? (Check all No responses that apply) <i>No, insufficient content</i>	0	0	0		0	0	0		0	0	0		380	124	1587	75.4%
			0				0				0				124	
1671 Does the frequency of visitation with the mother/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		907	239	945	79.1%
<i>No, GAL</i>			0				0				0				1	
<i>No, OOH Provider</i>			0				0				0				2	
<i>No, child</i>			0				0				0				24	
<i>No, county</i>			0				0				0				3	
<i>No, court</i>			0				0				0				14	
<i>No, other</i>			0				0				0				10	
<i>No, parent</i>			0				0				0				212	
1672 Does the frequency of visitation with the father/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		480	215	1397	69.1%
<i>No, OOH Provider</i>			0				0				0				2	
<i>No, child</i>			0				0				0				20	
<i>No, county</i>			0				0				0				2	
<i>No, court</i>			0				0				0				10	
<i>No, other</i>			0				0				0				15	
<i>No, parent</i>			0				0				0				187	

Statewide
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7/1/2009 - 6/30/2010

Well Being Outcome 1

Permanency

1673 Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all No responses that apply)

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
	0	0	0		0	0	0		0	0	0		800	116	1175	87.3%
<i>No, GAL</i>		0				0				0				1		
<i>No, OOH Provider</i>		0				0				0				24		
<i>No, child</i>		0				0				0				27		
<i>No, county</i>		0				0				0				14		
<i>No, court</i>		0				0				0				6		
<i>No, other</i>		0				0				0				26		
<i>No, parent</i>		0				0				0				28		
<i>No, sibling</i>		0				0				0				10		



Statewide
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Well Being Outcome 2

Item 21: Educational Needs of Child
Education

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1636 Is the child/youth's education/school record in the case file? (During the period under review) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1174	329	589	78.1%
<i>No address of current school</i>			0				0				0				70	
<i>No credit count</i>			0				0				0				28	
<i>No current IEP</i>			0				0				0				112	
<i>No current grade reports</i>			0				0				0				221	
<i>No name of current school</i>			0				0				0				31	
1637 For children aged 3 - 5: Is the child enrolled in Head Start or another early childhood education program?	0	0	0		0	0	0		0	0	0		177	64	1851	73.4%
<i>Information not available</i>			0				0				0				15	
<i>Yes, assessed only</i>			0				0				0				43	
<i>Yes, enrolled</i>			0				0				0				134	
1638 For youth age 16 or older: Is the youth on track to graduate and/or complete high school?	0	0	0		0	0	0		0	0	0		432	175	1485	71.2%
<i>GED</i>			0				0				0				25	
<i>GED earned</i>			0				0				0				19	
<i>Graduated</i>			0				0				0				58	
<i>Information not available</i>			0				0				0				24	
<i>No GED</i>			0				0				0				17	
<i>No graduate</i>			0				0				0				134	
<i>Yes</i>			0				0				0				330	
1639 Was educational stability provided for the child during the period under review? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1100	391	601	73.8%
<i>No, changed schools during review period</i>			0				0				0				265	
<i>No, delays in enrollment</i>			0				0				0				6	
<i>No, delays in record transfer</i>			0				0				0				5	
<i>No, initial placement required change in school</i>			0				0				0				119	
<i>No, other</i>			0				0				0				26	
<i>No, req. 504 or IEP spec. ed. svcs. were not prov.</i>			0				0				0				6	
<i>No, sch. distr. refused to provide approp. svcs.</i>			0				0				0				5	

Statewide
Quarterly Results for Administrative Reviews
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7/1/2009 - 6/30/2010

Well Being Outcome 3

Item 22: Physical Health of Child Health

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1640 Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1951	112	28	94.6%
<i>No provider address/phone number</i>			0				0				0				110	
<i>No provider name</i>			0				0				0				83	
<i>No, medical problems not documented</i>			0				0				0				17	
<i>No, medications not documented</i>			0				0				0				18	
1641 Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		417	175	1500	70.4%
<i>No, Medicaid card</i>			0				0				0				1	
<i>No, late</i>			0				0				0				123	
<i>No, never occurred</i>			0				0				0				38	
<i>No, other</i>			0				0				0				14	
<i>Yes, appointment</i>			0				0				0				35	
<i>Yes, exam</i>			0				0				0				382	
1642 Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Check all No responses that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		310	113	1669	73.3%
<i>No, late</i>			0				0				0				60	
<i>No, never occurred</i>			0				0				0				45	
<i>No, other</i>			0				0				0				8	
<i>Yes, appointment</i>			0				0				0				16	
<i>Yes, exam</i>			0				0				0				294	
1643 Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1381	679	31	67.0%
<i>No Medicaid</i>			0				0				0				1	
<i>No immunizations</i>			0				0				0				81	
<i>No statement from medical examiner</i>			0				0				0				563	
<i>No, lack of timely referral or follow through</i>			0				0				0				143	
<i>No, other</i>			0				0				0				24	

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Well Being Outcome 3

Item 22: Physical Health of Child

Health

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1644 Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1348	357	387	79.1%
<i>No Medicaid</i>			0				0				0				5	
<i>No, lack of timely referral or follow through</i>			0				0				0				325	
<i>No, other</i>			0				0				0				31	

Item 23: Mental Health of Child

Health

1645 Was the child/youth referred for a mental health assessment, if needed?	0	0	0		0	0	0		0	0	0		22	2	42	91.7%
1646 Were mental health services provided to meet the child/youth's needs during the review period? (Check all No responses that apply)	0	0	0		0	0	0		0	0	0		1203	191	698	86.3%
<i>No available services</i>			0				0				0				7	
<i>No referral by county</i>			0				0				0				10	
<i>No sufficient services</i>			0				0				0				8	
<i>No, Medicaid</i>			0				0				0				11	
<i>No, OOH provider issue</i>			0				0				0				24	
<i>No, changed MH provider</i>			0				0				0				55	
<i>No, child refused services</i>			0				0				0				24	
<i>No, delays of 2 + weeks</i>			0				0				0				90	
<i>No, mental health systems issue</i>			0				0				0				16	
<i>No, other</i>			0				0				0				13	


Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Systemic Factors

Item 26: Six Month Periodic Review of Status of Each Child

Permanency


		<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
		<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1658	In the reviewer's opinion, is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?	0	0	0		0	0	0		0	0	0		1807	273	11	86.9%
1659	If, in the reviewer's opinion, the primary court ordered permanency goal is not appropriate at the time of the review, what do you think the appropriate court ordered permanency goal should be? (Check one answer)	0	0	0		0	0	0		0	0	0		0	0	1820	
	<i>Adoption</i>			0				0				0				95	
	<i>All options have not been sufficiently explored</i>			0				0				0				86	
	<i>Guardianship</i>			0				0				0				1	
	<i>OPPLA - Emancipation</i>			0				0				0				40	
	<i>OPPLA - LTFC</i>			0				0				0				22	
	<i>Relative Custody or Legal Guardianship</i>			0				0				0				22	
	<i>Return Home</i>			0				0				0				6	
1674	For children/youth with a goal of return home, is there documentation of visits that include an assessment of parent child interaction?	0	0	0		0	0	0		0	0	0		576	289	1226	66.6%
1675	Were the previous compliance issues addressed?	0	0	0		0	0	0		0	0	0		507	350	1235	59.2% 

Item 27: Permanency Hearing Every Twelve Months

Court

1603	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain nunc pro tunc language?	0	0	0		0	0	0		0	0	0		1426	35	630	97.6%
	<i>No reasonable efforts</i>			0				0				0				9	
	<i>No signed court order</i>			0				0				0				27	
	<i>No, contains "nunc pro tunc" language</i>			0				0				0				1	

Permanency

1660	If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate?	0	0	0		0	0	0		0	0	0		135	61	1896	68.9% 
	<i>No</i>			0				0				0				14	
	<i>No, not completed</i>			0				0				0				47	

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Systemic Factors

1st Quarter SFY 2010

2nd Quarter SFY 2010

3rd Quarter SFY 2010

4th Quarter SFY 2010

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process



	1st Quarter SFY 2010				2nd Quarter SFY 2010				3rd Quarter SFY 2010				4th Quarter SFY 2010			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1608 Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	0	0	0		0	0	0		0	0	0		1831	260	0	87.6%
<i>No, Attorneys of Record (Court Ordered)</i>				0				0				0				4
<i>No, Child Over 12</i>				0				0				0				20
<i>No, Father/Guardian</i>				0				0				0				66
<i>No, GAL</i>				0				0				0				34
<i>No, Mother/Guardian</i>				0				0				0				32
<i>No, OOH Provider</i>				0				0				0				51
<i>No, Tribe/BIA (if ICWA applies)</i>				0				0				0				40
<i>No, caseworker</i>				0				0				0				32
<i>Not timely</i>				0				0				0				49

Statewide
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2009 - 6/30/2010

Miscellaneous

**Miscellaneous
Court**

	<u>1st Quarter SFY 2010</u>				<u>2nd Quarter SFY 2010</u>				<u>3rd Quarter SFY 2010</u>				<u>4th Quarter SFY 2010</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1601 Is this a court ordered review?	0	0	0		0	0	0		0	0	0		156	1934	0	7.5%
1602 Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain nunc pro tunc language? (Check all that apply) (Initial Review Only)	0	0	0		0	0	0		0	0	0		575	25	1492	95.8%
<i>No best interest</i>			0				0				0				10	
<i>No reasonable efforts/emergency</i>			0				0				0				13	
<i>No signed removal order</i>			0				0				0				10	
<i>No, contains "nunc pro tunc" language</i>			0				0				0				1	
<i>No, dual reasonable efforts</i>			0				0				0				6	
1604 Has the county had authority for placement within the review period? (A fiscal sanction may result if the answer is "No")	0	0	0		0	0	0		0	0	0		2083	8	0	99.6%
IV-E																
1606 Has IV-E eligibility been determined within 45 days of removal? (Initial Review Only)	0	0	0		0	0	0		0	0	0		496	95	1501	83.9% 
1607 Has a timely IV-E redetermination been completed during the review period?	0	0	0		0	0	0		0	0	0		413	68	1608	85.9% 

Statewide Child Welfare


Quarterly Results for Administrative Reviews

Administrative Review Division

4/1/2007 - 12/31/2007

This report presents all of the data collected by the Administrative Review Division (ARD) that is relevant to the Child and Family Services Review (CFSR) that will be conducted in the state of Colorado in June of 2008. The report displays all relevant data collected by the ARD, including out-of-home and in-home reviews, grouped by CFSR Outcome and Item,.

There are several key components to fully understand the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol: 

After the end of each quarter, a new report containing the most recent quarter's worth of data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September

Second Quarter = October - December

Third Quarter = January - March

Fourth Quarter = April - June

Report created on: 1/30/2008

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

4/1/2007 - 12/31/2007

3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Safety Outcome 1

Item 1: Timeliness of Investigations

Safety

1411 If a new abuse or neglect referral was received regarding this child/youth during the review period, is there documentation that the child/youth was interviewed/observed face-to-face within the assigned response time?

171	22	2182	88.6%	⚠	146	31	2165	82.5%	⚠	191	47	2122	80.3%	⚠
-----	----	------	-------	---	-----	----	------	-------	---	-----	----	------	-------	---

Safety Outcome 2

Item 4: Risk of Harm

Safety

1412 If a new abuse or neglect allegation was received regarding this child/youth, were safety needs of the child/youth adequately addressed during the review period?

218	12	2145	94.8%	⚠	208	6	2128	97.2%		262	14	2084	94.9%	⚠
-----	----	------	-------	---	-----	---	------	-------	--	-----	----	------	-------	---

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

4/1/2007 - 12/31/2007

Permanency Outcome 1

Item 6: Stability of Foster Care Placements

Permanency

1440 If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal and planned" if both Yes answers are appropriate)

Yes, in line with case goal and planned

Yes, to meet child's specific needs and planned

1441 If the answer to the above question was "No", what was/were the reason(s) for the move(s) during the review period? (Check all that apply)

Child in inappropriate level of care

Child on child abuse

More than one move

Other

Provider abuse or neglect allegations

Provider quit or closed

Provider request

Runaway

Temporary setting

Youth's behavior

3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

438	351	1586	55.5%		453	390	1498	53.7%		468	417	1475	52.9%	
-----	-----	------	-------	--	-----	-----	------	-------	--	-----	-----	------	-------	--

289

316

327

149

138

141

11

8

5

4

12

8

108

107

135

27

26

41

54

65

85

33

50

43

185

198

218

68

73

79

59

75

78

125

158

146

Item 7: Permanency Goal for Child

Permanency

1455 In the reviewer's opinion is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?

1456 If the answer to the question above is "No", what do you think the appropriate permanency goal should be? (Check one answer)

Adoption

All options have not been sufficiently explored

Guardianship

OPPLA - Emancipation

OPPLA - LTFC

Relative Custody or Legal Guardianship

Return Home

2156	206	13	91.3%
------	-----	----	-------

2114	215	12	90.8%
------	-----	----	-------

2124	218	18	90.7%
------	-----	----	-------

83

72

70

45

64

61

0

2

2

32

33

36

26

15

10

19

25

30

5

6

9

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3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 1

Item 9: Adoption

Permanency

1442 For children/youth with a goal of adoption, are reasonable efforts being made to finalize the adoption? (Check all that apply)

No CARR listing

No, county/agency support issues

No, court delays

No, other

No, provider support issues

No, recruitment efforts issue(s)

No, subsidy issues

1443 For a child who is legally free for adoption and whose goal is adoption, has an adoptive family been identified?

Item 10: Other Planned Living Arrangement

Permanency

1444 For a child/youth with a permanency goal of other planned permanent living arrangement, is it documented that all other, more permanent goals been considered and appropriately rule out?

<u>3rd Quarter SFY 2007</u>				<u>4th Quarter SFY 2007</u>				<u>1st Quarter SFY 2008</u>				<u>2nd Quarter SFY 2008</u>			
<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
570	49	1756	92.1%	581	45	1716	92.8%	494	50	1816	90.8%	494	50	1816	90.8%
	3				0				5						
	2				12				3						
	16				8				14						
	17				21				30						
	5				7				3						
	13				6				9						
	2				6				10						
452	97	1826	82.3%	448	88	1806	83.6%	377	107	1876	77.9%	377	107	1876	77.9%
509	139	1727	78.5%	473	147	1722	76.3%	483	148	1729	76.5%	483	148	1729	76.5%

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3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Permanency Outcome 2

Item 11: Proximity of Placement

Case Planning/Services

1426 Is the child/youth's current placement within close proximity to his/her parents or other potential permanent caregiver?

1459	94	822	93.9%	⚠	1437	81	823	94.7%	⚠	1385	124	851	91.8%	⚠
------	----	-----	-------	---	------	----	-----	-------	---	------	-----	-----	-------	---

Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1452 Does the frequency of visitation with the mother/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)

970	237	1168	80.4%	⚠	964	203	1174	82.6%	⚠	999	229	1132	81.4%	⚠
-----	-----	------	-------	---	-----	-----	------	-------	---	-----	-----	------	-------	---

No, GAL

1

9

2

No, child

10

13

10

No, county

8

20

9

No, court

15

30

25

No, facility

5

15

2

No, parent

222

180

219

1453 Does the frequency of visitation with the father/guardian adequately address the needs of the child/youth to maintain or promote continuity of the relationship? (Check all that apply)

524	231	1620	69.4%	⚠	534	203	1605	72.5%	⚠	555	189	1616	74.6%	⚠
-----	-----	------	-------	---	-----	-----	------	-------	---	-----	-----	------	-------	---

No, GAL

7

9

2

No, child

6

6

5

No, county

16

10

4

No, court

25

28

21

No, facility

3

1

1

No, parent

208

189

169

1454 Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all that apply)

733	70	1572	91.3%	⚠	747	67	1527	91.8%	⚠	747	60	1553	92.6%	⚠
-----	----	------	-------	---	-----	----	------	-------	---	-----	----	------	-------	---

No, GAL

4

0

0

No, child

21

17

24

No, county

28

12

8

No, court

1

6

1

No, facility

3

13

2

No, foster parent/kin

10

20

5

No, other

7

5

6

No, parent

18

14

20

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Permanency Outcome 2

Item 14: Preserving Connections

Court

1405 For a child/youth with American Indian heritage, has the identified tribe or the BIA received required notification that: 1) an American Indian child is in need of foster care, and/or 2) termination of the parent-child relationship is imminent?

1406 For a child/youth with American Indian heritage, has the court made a determination whether ICWA applies to this child?

Case Planning/Services

1417 Does the FSP contain a description of how connections are maintained during the review period?

1418 Is the department making concerted efforts to maintain the child/youth(s) connections during the review period?

1422 Does the FSP document that the child/youth's placement in foster care takes into account proximity to the school in which the child/youth is enrolled at the time of the initial placement? (Initial Review Only)

3rd Quarter SFY 2007

Yes No NA %

4th Quarter SFY 2007










Yes No NA %

1st Quarter SFY 2008

Yes No NA %

2nd Quarter SFY 2008

Yes No NA %

130	62	2183	67.7%		145	42	2155	77.5%		151	43	2166	77.8%	
90	76	2209	54.2%		112	54	2176	67.5%		120	66	2174	64.5%	
2250	90	35	96.2%		2259	64	18	97.2%		2289	52	19	97.8%	
2327	15	33	99.4%		2298	19	24	99.2%		2325	11	24	99.5%	
542	82	1751	86.9%		384	89	1869	81.2%		405	85	1870	82.7%	

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

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	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1420 Are the identified needs of all required parties, as they relate to the child's needs for permanency being addressed through appropriate services?	2317	27	31	98.8%	2292	37	12	98.4%	2311	32	17	98.6%				
<i>No OOH Provider</i>					12				5				11			
<i>No, Child/Youth</i>					11				24				25			
<i>No, Father/Guardian</i>					12				8				7			
<i>No, Mother/Guardian</i>					9				4				11			
1421 Does the FSP/Court Report document the services needed by the foster parents/kin, to maintain the stability of the placement, during the review period?	1722	125	528	93.2%	1670	83	588	95.3%	1763	54	543	97.0%				
1425 At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No answers that apply)	2319	10	46	99.6%	2251	27	63	98.8%	2300	19	41	99.2%				
<i>No appropriate level of care (sanction may result)</i>					1				2				2			
<i>No, ICWA preference</i>					2				5				0			
<i>No, child/youth's needs not addressed/met</i>					4				12				8			
<i>No, relatives not considered</i>					0				4				0			
<i>No, safety issues</i>					1				2				5			
<i>No, sibling placement issues</i>					2				8				5			

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4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

1445 How many months should face-to-face contact have been made with the child/youth during this review period?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

				15				11		11
				11				12		20
				37				16		28
				21				35		48
				87				112		159
				1728				1701		1821
				405				347		208

1446 How many months was face-to-face contact made with the child/youth during the review period?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

				2				2		1
				17				20		19
				22				15		24
				58				34		39
				87				68		87
				272				235		260
				1500				1567		1676
				345				293		188

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

				96.3%				97.3%		97.8%
--	--	--	--	-------	--	--	--	-------	--	-------

In what percent of cases did agency personnel have contact with the child every month?

1966	338		85.3%		1991	240		89.2%		2088	206		91.0%
------	-----	--	-------	--	------	-----	--	-------	--	------	-----	--	-------

1447 Were the minimum Volume 7 requirements for contact with the child/youth in the facility met? (Exclude certain ICPC cases)

2093	190	92	91.7%		2079	143	119	93.6%		2114	172	74	92.5%
------	-----	----	-------	--	------	-----	-----	-------	--	------	-----	----	-------

1448 Is there documentation that contact with the child/youth focused on issues pertinent to case planning, service delivery, or goal attainment? (Exclude certain ICPC cases)

2254	39	82	98.3%		2179	48	114	97.8%		2244	38	78	98.3%
------	----	----	-------	--	------	----	-----	-------	--	------	----	----	-------

1449 For a child/youth placed outside the State, is there documentation that the child/youth is visited at least quarterly by a caseworker of either the sending or receiving state?

78	21	2276	78.8%		84	32	2226	72.4%		76	36	2248	67.9%
----	----	------	-------	--	----	----	------	-------	--	----	----	------	-------

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3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 1

Item 20: Worker Visits with Parents

Permanency

1450 Were the minimum Volume VII contact requirements met with the mother/father/guardian?

1020	180	1175	85.0%	⚠	909	179	1252	83.5%	⚠	894	242	1224	78.7%	⚠
------	-----	------	-------	---	-----	-----	------	-------	---	-----	-----	------	-------	---

1451 Is there documentation that agency personnel contact with the parent focused on issues pertinent to case planning, service delivery, or goal attainment?

1213	49	1113	96.1%		1055	64	1222	94.3%	⚠	1141	45	1174	96.2%	
------	----	------	-------	--	------	----	------	-------	---	------	----	------	-------	--

Well Being Outcome 2

Item 21: Educational Needs of Child

Education

1430 Is the child/youth's education/school record, including name and address of current educational provider(s), report cards and/or other pertinent educational information in the case file?

1442	319	614	81.9%	⚠	1355	331	655	80.4%	⚠	1352	344	664	79.7%	⚠
------	-----	-----	-------	---	------	-----	-----	-------	---	------	-----	-----	-------	---

No address of current school

69

54

104

No credit count

18

11

6

No current IEP

96

93

105

No current grade reports

225

256

241

No name of current school

30

24

36

1431 Were the child/youth's educational needs adequately addressed during the review period?

1752	38	585	97.9%		1698	23	620	98.7%		1717	24	619	98.6%	
------	----	-----	-------	--	------	----	-----	-------	--	------	----	-----	-------	--

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4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Well Being Outcome 3

Item 22: Physical Health of Child Health

1432 Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all that apply)

2224	130	21	94.5%	⚠	2203	118	20	94.9%	⚠	2217	120	23	94.9%	⚠
------	-----	----	-------	---	------	-----	----	-------	---	------	-----	----	-------	---

No provider address

124

109

115

No provider name

72

65

69

No, medical problems not documented

6

11

3

No, medications not documented

7

12

3

1433 Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)

595	145	1635	80.4%	⚠	604	111	1627	84.5%	⚠	640	124	1596	83.8%	⚠
-----	-----	------	-------	---	-----	-----	------	-------	---	-----	-----	------	-------	---

No

125

102

122

No, medicaid card

23

9

2

No, medicaid provider

0

0

2

Yes, appointment

130

103

132

Yes, exam

465

501

508

1434 Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Initial Review Only) (Check all Nos that apply) (If the exam was held timely, check "Yes, exam" only)

445	102	1828	81.4%	⚠	435	86	1821	83.5%	⚠	477	83	1800	85.2%	⚠
-----	-----	------	-------	---	-----	----	------	-------	---	-----	----	------	-------	---

No

89

77

80

No, medicaid card

14

7

3

No, medicaid provider

2

3

1

Yes, appointment

53

36

58

Yes, exam

392

399

419

1435 Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all that apply)

2166	159	50	93.2%	⚠	2132	162	47	92.9%	⚠	2172	151	37	93.5%	⚠
------	-----	----	-------	---	------	-----	----	-------	---	------	-----	----	-------	---

No treatment for identified health needs

3

7

4

No, Medicaid

10

3

0

No, delay in services - systemic

5

5

4

No, immunizations

34

48

63

No, lack of timely referral or follow through

104

79

88

No, other

17

32

6

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Well Being Outcome 3

Item 22: Physical Health of Child Health

1436 Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all that apply)
No, Medicaid
No, delay in services - systemic
No, lack of timely referral or follow through
No, other
No, treatment for identified dental needs

<u>3rd Quarter SFY 2007</u>				<u>4th Quarter SFY 2007</u>				<u>1st Quarter SFY 2008</u>				<u>2nd Quarter SFY 2008</u>			
<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1641	286	448	85.2%	1637	267	438	86.0%	1697	236	427	87.8%				
	20				10				5						
	9				15				17						
	227				213				182						
	38				33				26						
	6				10				11						

Item 23: Mental Health of Child Health

1437 Were mental health services provided to meet the child/youth's needs during the review period? (Check all that apply)
No available services
No referral by county
No sufficient services
No, MH systems issue
No, OOH provider issue
No, changed MH provider
No, child refused services
No, delays of 2 + weeks

1439	159	777	90.1%	1411	153	777	90.2%	1454	153	754	90.5%				
	7				4				3						
	14				8				12						
	20				16				14						
	51				20				36						
	33				23				24						
	45				37				47						
	14				26				19						
	77				74				89						

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1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1413	Was the FSP (3A) developed within 60 days of the date the referral was received? (Initial Review Only)	639	49	1687	92.9%	629	44	1669	93.5%	656	64	1640	91.1%
1414	Does the FSP address the appropriate tasks/services for all required parties to achieve the permanency goal during the review period? (Check all that apply)	1850	524	0	77.9%	1841	500	0	78.6%	1847	513	0	78.3%
	<i>No, Child/Youth tasks</i>		132				170				129		
	<i>No, Child/Youth's tasks expired</i>		92				87				80		
	<i>No, Department tasks</i>		221				214				222		
	<i>No, Department tasks expired</i>		78				84				61		
	<i>No, Father/Guardian tasks</i>		46				52				64		
	<i>No, Father/Guardian's tasks expired</i>		40				35				23		
	<i>No, Mother/Guardian tasks</i>		47				64				39		
	<i>No, Mother/Guardian's tasks expired</i>		46				47				41		
	<i>No, OOH Provider's tasks expired</i>		73				81				50		
	<i>No, OOH provider tasks</i>		243				261				247		
1415	Does the FSP 3D signature page contain all required signatures? (Check all that apply)	1476	898	0	62.2%	1489	852	0	63.6%	1545	815	0	65.5%
	<i>No Caseworker</i>		244				173				216		
	<i>No Child/Youth if over 12</i>		190				146				163		
	<i>No Father/Guardian</i>		226				224				244		
	<i>No Mother/Guardian</i>		255				219				224		
	<i>No OOH Provider</i>		560				572				528		
	<i>No Supervisor</i>		383				265				296		
1416	Does the FSP 4B/C contain a description of the type and appropriateness of the homes or institutions in which the child/youth was placed during the review period?	2158	195	22	91.7%	2109	210	22	90.9%	2084	247	29	89.4%
1419	Does the FSP/Court Report/Review discuss the extent of compliance with the case plan during the review period?	2293	72	10	97.0%	2269	65	7	97.2%	2308	44	8	98.1%
1423	For a youth age 16 or over, is there a written description of the programs and services that will help the youth prepare for the transition to independent living during the review period?	485	93	1797	83.9%	480	79	1782	85.9%	497	100	1763	83.2%
	<i>No hard copy</i>		40				39				49		
	<i>No signature</i>		42				41				52		
	<i>No, not sufficient</i>		34				29				34		
1424	Were the independent living services provided sufficient to address the youth's independent living needs during the review period?	522	47	1806	91.7%	508	41	1792	92.5%	544	47	1769	92.0%

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Systemic Factors

Item 27: Permanency Hearing Every Twelve Months

Court

	<u>3rd Quarter SFY 2007</u>				<u>4th Quarter SFY 2007</u>				<u>1st Quarter SFY 2008</u>				<u>2nd Quarter SFY 2008</u>			
	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>	<u>%</u>
1403 If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months, that contains reasonable efforts to achieve permanency language and does not contain nunc pro tunc language? (Re-Review Only) (Check all that apply)	1531	53	791	96.7%	1576	46	719	97.2%	1502	56	802	96.4%				
<i>No reasonable efforts</i>					22				24				23			
<i>No signed court order</i>					40				34				46			
<i>No, contains nunc pro tunc language</i>					0				3				0			
15 of 22 Issues																
1457 Has the child/youth been in OOH care 15 of the last 22 months? (Answer only if child reached 15/22 this review period)	347	0	2028	00.0%	367	0	1975	100.0%	341	0	2019	00.0%				
1458 If the child/youth has been in OOH care for 15 of 22 months has a motion/petition for termination been filed? (Answer only if child reached 15/22 this review period)	178	158	2039	53.0%	196	171	1975	53.4%	176	159	2025	52.5%				
1459 If a motion for TPR was filed, does the reviewer agree that TPR was appropriate? (Answer only if child reached 15/22 this review period)	181	2	2192	98.9%	193	2	2147	99.0%	175	0	2185	00.0%				
1460 If the child/youth has been in care 15 of the last 22 months, is there a documented, compelling reason in Trails for not filing for termination of parental rights? (Answer only if child reached 15/22 this review period)	132	49	2194	72.9%	121	70	2151	63.4%	111	57	2192	66.1%				
1461 If a compelling reason is identified on the 15/22 Form in Trails, in which category does it fall? (Check one answer) (Answer only if child reached 15/22 this review period)	0	101	2245	0.0%	0	90	2224	0.0%	0	83	2249	0.0%				
<i>Insufficient reasonable efforts</i>					2				0				3			
<i>Not in the child's best interest(s)</i>					99				90				80			
<i>Other</i>					17				22				19			
<i>Relative placement</i>					14				6				9			
1462 If a motion/petition has not been filed, and a compelling reason has been identified, in the reviewers opinion is the compelling reason appropriate?	123	13	2239	90.4%	97	18	2227	84.3%	110	10	2240	91.7%				
1463 If a petition/motion was not filed or it was delayed, and there was no compelling reason documented, in which category does the barrier fall? (Check all that apply) (Answer one time only)	0	0	2319		0	0	2276		0	0	2294					
<i>Child Welfare Agency</i>					35				37				31			
<i>Court</i>					7				5				10			
<i>ICWA Issues</i>					0				5				3			
<i>Legal Representation</i>					4				2				10			
<i>Other - Describe</i>					14				25				29			

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

4/1/2007 - 12/31/2007

3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Systemic Factors

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process

1409 Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)

2193	181	0	92.4%		2105	236	0	89.9%		2113	247	0	89.5%	
------	-----	---	-------	--	------	-----	---	-------	--	------	-----	---	-------	--

No, Attorneys of Record (Court Ordered)

16

19

9

No, Child Over 12

40

46

32

No, Father/Guardian

47

65

61

No, GAL

39

56

35

No, Mother/Guardian

40

54

49

No, Not Timely

40

22

60

No, OOH Provider

59

78

57

No, Tribe (if ICWA applies)

15

26

29

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

4/1/2007 - 12/31/2007

3rd Quarter SFY 2007

4th Quarter SFY 2007

1st Quarter SFY 2008

2nd Quarter SFY 2008

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Miscellaneous

Miscellaneous

Court

1401 Is this a court ordered administrative review?

224	2,077	74	9.7%	192	2130	19	8.3%	210	2141	9	8.9%
-----	-------	----	------	-----	------	----	------	-----	------	---	------

1402 Is there a signed removal order that contains best interest or welfare of the child language, and determines if reasonable efforts were made or an emergency justified lack of reasonable efforts, and does not contain nunc pro tunc language? (Initial Review Only) (Check all that apply).

702	57	1616	92.5%		700	46	1596	93.8%		730	32	1596	95.8%
-----	----	------	-------	--	-----	----	------	-------	--	-----	----	------	-------

No best interest

24

16

11

No reasonable efforts/emergency

34

30

16

No signed removal order

12

17

8

No, contains nunc pro tunc language

2

6

1

No, dual reasonable efforts

8

4

9

No, incorrect reasonable efforts

0

0

2

1404 Has the county had authority for placement within the review period? (A Fiscal Sanction may result if the answer is "No")

2352	23	0	99.0%	2318	23	0	99.0%	2345	15	0	99.4%
------	----	---	-------	------	----	---	-------	------	----	---	-------

IV-E

1407 Has IV-E eligibility been determined? (Initial Review Only) (A Fiscal Sanction may result if the answer is "No")

761	7	1607	99.1%	752	6	1584	99.2%	778	7	1575	99.1%
-----	---	------	-------	-----	---	------	-------	-----	---	------	-------

1408 Have timely IV-E redeterminations been completed during the review period? (Re-Review Only)

634	61	1680	91.2%		615	68	1659	90.0%		595	30	1735	95.2%
-----	----	------	-------	--	-----	----	------	-------	--	-----	----	------	-------

Due Process

1410 Did the parent(s)/guardian(s) receive timely notification of placement changes and/or any changes that negatively affected their visitation rights during the review period?

902	31	1442	96.7%	948	52	1341	94.8%		894	40	1426	95.7%
-----	----	------	-------	-----	----	------	-------	--	-----	----	------	-------

No notification after emergency placement change

6

23

13

No notification before placement change

26

40

27

No notification of negative visitation change

1

2

0

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

4/1/2007 - 12/31/2007

Miscellaneous

Miscellaneous

15 of 22 Issues

1464 If the child/youth has been in OOH care for the past 15 months, what are the system barriers to achieving permanency? (Check all that apply)

Appeal of TPR

Caseload/Turnover

County Attorney

County reluctance to terminate

Court/Legal delays

ICPC delays

Inadequate treatment resources

Lack of community supports

Lack of effort or inadequate supervision

No adoptive home

OPPLA/LTFC without permanent agreement

Other

Relatives not explored timely and/or adequately

Subsidy issues

Termination denied

3rd Quarter SFY 2007

Yes No NA %

4th Quarter SFY 2007

Yes No NA %

1st Quarter SFY 2008

Yes No NA %

2nd Quarter SFY 2008

Yes No NA %

0	0	1777
---	---	------

0	0	1779
---	---	------

0	0	1773
---	---	------

38

27

22

21

22

15

6

8

8

51

51

43

75

54

60

30

26

23

21

30

11

16

9

14

38

41

21

121

89

121

151

192

173

141

137

176

15

21

5

20

28

30

8

2

7

Statewide Child Welfare


Quarterly Results for Administrative Reviews

Administrative Review Division

7/1/2010 - 12/31/2010

This report presents data collected by the Administrative Review Division (ARD) through the Out-of-Home Review process. The results are grouped by CFSR Outcome and Item.

There are several key components to fully understanding the report. First, any item which is Compliance related will have the question number displayed in **BOLD** font, while those that are Data oriented (i.e., collected in order to gather more systemic information) will be displayed in normal font.

Also, as the compliance level for achieving Substantial Conformity during the CFSR is now set at 95%, any item falling below this level will be highlighted by the following symbol: 

After the end of each quarter, a new report containing the most recent quarter's data will be made available for all stakeholders on the Colorado Department of Human Services Portal.

First Quarter = July - September

Second Quarter = October - December

Third Quarter = January - March

Fourth Quarter = April - June

Report created on: 1/26/2011

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2010 - 12/31/2010

Safety Outcome 2

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011



Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

**Item 4: Risk of Harm
Safety**

1709	If there were new allegations of abuse or neglect identified during the review period, were they entered as a referral into Trails?	0	0	0		0	0	0		507	17	1665	96.8%	475	13	1644	97.3%
1712	If a new safety concern was identified regarding this child/youth, were the safety needs of the child/youth adequately addressed during the review period? (Check all No responses that apply)	0	0	0		0	0	0		462	37	1690	92.6% 	472	37	1623	92.7% 
	<i>No Safety Plan</i>			0				0				2				4	
	<i>No assessment/investigation</i>			0				0				21				23	
	<i>No change in treatment plan</i>			0				0				5				3	
	<i>No court intervention</i>			0				0				7				0	
	<i>No crisis intervention (MH/hosp/detention, etc.)</i>			0				0				0				1	
	<i>No placement change</i>			0				0				5				0	
	<i>No referral to law enforcement</i>			0				0				2				0	
	<i>No, not addressed</i>			0				0				7				7	
	<i>No, other</i>			0				0				12				9	

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2010 - 12/31/2010

Permanency Outcome 1

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 6: Stability of Foster Care Placements

Case Planning/Services

1729	At the time of the review, is the child/youth placed in the most appropriate setting to meet his/her individual needs? (Check all No responses that apply)	0	0	0		0	0	0		2108	52	29	97.6%	2070	30	32	98.6%
	<i>No appropriate level of care (sanction may result)</i>			0				0				2				1	
	<i>No, child/youth's needs not addressed</i>			0				0				9				5	
	<i>No, cultural</i>			0				0				6				3	
	<i>No, other</i>			0				0				7				9	
	<i>No, relatives not considered</i>			0				0				6				0	
	<i>No, sibling placement issues</i>			0				0				22				9	
	<i>No, unable to determine where child is placed</i>			0				0				6				5	

Permanency

1753	If the child/youth experienced one or more moves during the review period, were all of the placement changes planned by the agency in an effort to achieve the child/youth's case goals or to meet the needs of the child/youth? (Check "Yes, in line with case goal + planned" if both Yes answers are appropriate)	0	0	0		0	0	0		394	356	1439	52.5%	356	329	1447	52.0%
	<i>Yes, in line with case goal and planned</i>			0				0				301				261	
	<i>Yes, to meet youth's specific needs and planned</i>			0				0				93				95	
1754	If the child/youth experienced one or more moves during the review period that were not planned, what was/were the reason(s) for the move(s)? (Check all that apply)																
	<i>Child on child abuse</i>			0				0				5				12	
	<i>More than one move</i>			0				0				80				83	
	<i>Other</i>			0				0				45				38	
	<i>Provider abuse or neglect allegations</i>			0				0				64				48	
	<i>Provider quit or closed</i>			0				0				43				30	
	<i>Provider request</i>			0				0				177				158	
	<i>Runaway</i>			0				0				50				56	
	<i>Temporary setting</i>			0				0				52				58	
	<i>Youth's behavior</i>			0				0				156				106	

Statewide Child Welfare
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Administrative Review Division

7/1/2010 - 12/31/2010

Permanency Outcome 1

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 7: Permanency Goal for Child

Permanency

1760	In the reviewer's opinion, is the primary court ordered permanency goal, at the time of the review, appropriate for this child/youth?	0	0	0	0	0	0	0	0	1941	237	11	89.1%	1833	295	4	86.1%
1762	If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate? <i>No, not completed</i>	0	0	0	0	0	0	0	0	108	34	2047	76.1%	112	44	1976	71.8%
					0			0					30				37

Permanency

1755	At the time of the review, are reasonable efforts being made to achieve permanency? (Check all No responses that apply)	0	0	0	0	0	0	0	0	2131	47	11	97.8%	2089	24	19	98.9%
	<i>No reas. efforts to perm. place with relative</i>				0			0					4				0
	<i>No reasonable efforts to finalize adoption</i>				0			0					22				7
	<i>No reasonable efforts to return home</i>				0			0					7				3
	<i>No reasonable efforts to success. emancipate</i>				0			0					1				1
	<i>No, other</i>				0			0					15				13
1756	For a child/youth with a goal of return home, is progress being made toward achieving the goal? (Check all No responses that apply)	0	0	0	0	0	0	0	0	384	542	1263	41.5%	259	595	1280	30.3%
	<i>No housing</i>				0			0					35				12
	<i>No, ICPC</i>				0			0					6				8
	<i>No, caseload/turnover</i>				0			0					6				8
	<i>No, child lack of progress</i>				0			0					101				107
	<i>No, child/youth services appropriateness</i>				0			0					10				1
	<i>No, county attorney</i>				0			0					5				1
	<i>No, court delays</i>				0			0					14				13
	<i>No, lack of community supports</i>				0			0					5				2
	<i>No, lack of effort/inadequate supervision</i>				0			0					9				16
	<i>No, other</i>				0			0					74				47
	<i>No, other potential caregiver lack of progress</i>				0			0					4				4
	<i>No, parent incarceration or long term treatment program</i>				0			0					59				70
	<i>No, parent lack of progress</i>				0			0					415				488
	<i>No, parent(s)/guardian(s) services appropriateness</i>				0			0					4				12
	<i>No, parents whereabouts are unknown</i>				0			0					42				32
	<i>No, placement provider does not support perm. goal</i>				0			0					11				1

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2010 - 12/31/2010

Permanency Outcome 1

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency																		
1758	For a child/youth with a permanency goal of permanent placement with a relative/non-relative through legal guardianship/permanent custody, is progress being made toward the goal? (Check all No responses that apply)		0	0	0	0	0	0	0	44	24	2121	64.7%	46	30	2056	60.5%	
	<i>No, ICPC</i>			0			0				1				6			
	<i>No, certification delays</i>			0			0				2				0			
	<i>No, child lack of progress</i>			0			0				3				7			
	<i>No, court delays</i>			0			0				4				1			
	<i>No, diligent search</i>			0			0				1				0			
	<i>No, lack of community supports</i>			0			0				1				0			
	<i>No, lack of effort/inadequate supervision</i>			0			0				0				1			
	<i>No, other</i>			0			0				5				11			
	<i>No, other potential caregiver lack of progress</i>			0			0				6				6			
	<i>No, parent lack of progress</i>			0			0				0				2			
	<i>No, placement provider does not support perm. goal</i>			0			0				6				1			
Item 9: Adoption																		
Permanency																		
1757	For a child/youth with a goal of adoption, is progress being made toward finalizing the adoption? (Check all No responses that apply)		0	0	0	0	0	0	0	324	288	1577	52.9%	315	268	1549	54.0%	
	<i>No CARR listing</i>			0				0			32				21			
	<i>No adoptive home</i>			0				0			106				80			
	<i>No, ICPC</i>			0				0			13				23			
	<i>No, appeal of termination</i>			0				0			46				53			
	<i>No, appropriateness of services</i>			0				0			1				4			
	<i>No, caseload/turnover</i>			0				0			18				8			
	<i>No, child/youth declined</i>			0				0			16				4			
	<i>No, county/agency support issues</i>			0				0			12				5			
	<i>No, court delays</i>			0				0			19				30			
	<i>No, lack of effort/inadequate supervision/training</i>			0				0			29				15			
	<i>No, lack of provider support</i>			0				0			9				3			
	<i>No, lack of recruitment</i>			0				0			20				11			
	<i>No, lack of timely filing of TPR</i>			0				0			2				5			
	<i>No, other</i>			0				0			64				93			
	<i>No, placement provider does not support perm. goal</i>			0				0			11				7			
	<i>No, subsidy issues</i>			0				0			17				13			

Statewide Child Welfare
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Administrative Review Division

7/1/2010 - 12/31/2010

Permanency Outcome 1

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %


**Item 10: Other Planned Living Arrangement
Case Planning/Services**

1731 For all youth over age 16 years and 60 days, is there a comprehensive ILP that addresses all needs identified from a state-approved assessment?

0	0	0
---	---	---

0	0	0
---	---	---

272	277	1640	49.5%	
-----	-----	------	-------	---

322	264	1546	54.9%	
-----	-----	------	-------	---

(Check all No responses that apply)

No description or plan of services

0

0

43

30

No plan

0

0

29

36

No self-sufficiency budget

0

0

163

160

No state approved assessment used

0

0

52

46

No, all identified needs not addressed

0

0

18

13

No, not timely

0

0

20

17

No, not updated

0

0

41

43

Not all ILP tabs completed

0

0

117

84

Not developed with youth

0

0


12


10

1733 For all youth over age 16 years and 60 days, is the youth receiving services to address all the needs identified in the comprehensive assessment and the FSP 4D? (Check all that apply)

0	0	0
---	---	---

0	0	0
---	---	---

456	78	1655	85.4%	
-----	----	------	-------	---

472	96	1564	83.1%	
-----	----	------	-------	---

No re-assessment of needs

0

0

8

10

No referral for Chafee services

0

0

11

17

No, cost

0

0

1

0

No, lack of resources

0

0

5

6

No, provider issues

0

0

3

1

No, wait list

0

0

9

14

No, youth refused services

0

0

18

18

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2010 - 12/31/2010

Permanency Outcome 1

Item 10: Other Planned Living Arrangement

Case Planning/Services

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1735 Is there a comprehensive, youth-driven Emancipation Transition Plan (ETP) developed 90 business days before the youth's projected permanency date? (Check all No responses that apply) (Check only "No plan" if there is not ETP plan)			0	0	0	0	0	0	0	34	36	2119	48.6%	17	28	2087	37.8%	
<i>No plan</i>					0			0				35				26		
<i>No, not all tabs completed</i>					0			0				1				2		
<i>No, not youth driven</i>					0			0				0				1		
1736 Per Volume 7, have all vital documents been obtained for youth with an OPPLA goal 90 business days before their projected permanency date? (Check all No responses that apply)			0	0	0	0	0	0	0	59	12	2118	83.1%	37	10	2085	78.7%	
<i>No Birth Certificate</i>					0			0				2				4		
<i>No Health Passport/medical records</i>					0			0				7				4		
<i>No Social Security card</i>					0			0				5				6		
<i>No State ID/driver's license</i>					0			0				6				8		
<i>No educational records</i>					0			0				5				4		
<i>No, other</i>					0			0				1				1		

Item 10: Other Planned Living Arrangement

Permanency

1759 For a child/youth a permanency goal of Other Planned Permanent Living Arrangement, is it documented that all other more permanent goals have been considered and appropriately ruled out? (Check all No responses that apply)			0	0	0	0	0	0	0	409	166	1614	71.1%	437	193	1502	69.4%
<i>No documentation</i>					0			0				77				120	
<i>No, OPPLA goal not in the child's best interest</i>					0			0				5				4	
<i>No, documented reasons not appropriate</i>					0			0				10				12	
<i>No, not reviewed annually</i>					0			0				79				55	
<i>No, other</i>					0			0				4				6	

Statewide Child Welfare
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Administrative Review Division

7/1/2010 - 12/31/2010

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Permanency Outcome 2																		
Item 11: Proximity of Placement																		
Case Planning/Services																		
1726			0	0	0	0	0	0	0	1264	127	798	90.9%	1190	151	791	88.7%	
1727			0	0	0	0	0	0	0	150	9	2030	94.3%	161	13	1958	92.5%	
Item 13: Visiting with Parents and Siblings in Foster Care																		
Permanency																		
1773			0	0	0	0	0	0	0	905	210	1074	81.2%	884	263	985	77.1%	
					0			0				1				0		
					0			0				2				0		
					0			0				18				21		
					0			0				7				7		
					0			0				15				27		
					0			0				1				0		
					0			0				182				225		
					0			0				4				12		
					0			0				1				0		
1774			0	0	0	0	0	0	0	501	214	1474	70.1%	418	244	1470	63.1%	
					0			0				1				0		
					0			0				2				1		
					0			0				20				15		
					0			0				5				6		
					0			0				9				15		
					0			0				183				218		
					0			0				1				0		
					0			0				12				5		
					0			0				1				0		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2010 - 12/31/2010

Permanency Outcome 2

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 13: Visiting with Parents and Siblings in Foster Care

Permanency

1775 Does the frequency of visitation with the sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship(s)? (Check all No responses that apply)

0	0	0
---	---	---

0	0	0
---	---	---

823	122	1244	87.1%	
-----	-----	------	-------	--

812	123	1197	86.8%	
-----	-----	------	-------	--

No, GAL

0

0

4

0

No, OOH Provider

0

0

18

15

No, child/youth

0

0

12

33

No, county

0

0

27

14

No, court

0

0

6

6

No, mother/guardian/kin

0

0

1

0

No, other

0

0

46

29

No, parent/guardian/kin

0

0

26

30

No, sibling

0

0

6

11

Item 14: Preserving Connections

Court

1705 Were these ICWA requirements met? (Check all that apply)

0	0	0
---	---	---

0	0	0
---	---	---

136	206	1847	39.8%	
-----	-----	------	-------	--

103	180	1849	36.4%	
-----	-----	------	-------	--

No "active efforts" findings

0

0

12

5

No "beyond reasonable doubt" lang. in term. order

0

0

4

0

No court order determ. if ICWA does NOT apply

0

0

77

40

No docum. of inquiry of Native American heritage

0

0

39

48

No notification sent to all identified tribes/BIA

0

0

61

49

No response from tribe/BIA

0

0

81

53

No, ICWA order of preference for placement not met

0

0

6

6

No, new info obtained during FF portion of review

0

0

19

12

No, other

0

0

5

13

No, tribe not notified of hearings

0

0

38

15

Case Planning/Services

1728 Is the department making concerted efforts to maintain the child/youth's connections during the review period?

0	0	0
---	---	---

0	0	0
---	---	---

2136	22	31	99.0%
------	----	----	-------

2077	10	45	99.5%
------	----	----	-------

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Permanency Outcome 2

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 16: Relationship of Child in Care with Parents

Permanency

1777 Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents? (Check all that apply)

0	0	0
---	---	---

0	0	0
---	---	---

1026	100	1064	91.1%	
------	-----	------	-------	--

993	126	1013	88.7%	
-----	-----	------	-------	--

Yes, encouraged attend. at doctors' appointments

0

0

174

136

Yes, encouraged attend. at extra-curricular activ.

0

0

107

54

Yes, encouraged foster parents to become mentors

0

0

114

83

Yes, facil. contact w/parents not in close proxim.

0

0

121

97

Yes, facilitated contact w/incarcerated parents

0

0

50

38

Yes, other

0

0

120

90

Yes, provid. therap. situations to strengthen rel.

0

0

667

695

Yes, provided transportation/funds

0

0

214

198

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1721			0	0	0	0	0	0	0	1776	405	8	81.4%	1710	417	5	80.4%	
Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?																		
<i>No</i>				0			0				310				321			
<i>No treatment plan developed</i>				0			0				25				15			
<i>No, all task time frames expired</i>				0			0				86				82			
1722			0	0	0	0	0	0	0	1678	503	8	76.9%	1664	465	3	78.2%	
Were all required parties addressed in the treatment plan? (Check all No responses that apply)																		
<i>No treatment plan developed</i>				0			0				22				13			
<i>No, all task time frames expired</i>				0			0				79				74			
<i>No, child/youth</i>				0			0				59				66			
<i>No, county</i>				0			0				123				94			
<i>No, father/guardian</i>				0			0				36				45			
<i>No, mother/guardian</i>				0			0				27				22			
<i>No, other</i>				0			0				4				3			
<i>No, out of home provider</i>				0			0				250				221			
<i>No, some task time frames expired</i>				0			0				88				95			
1723			0	0	0	0	0	0	0	1308	873	8	60.0%	1428	704	0	67.0%	
Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal? (Check all No responses that apply)																		
<i>No treatment plan developed</i>				0			0				28				23			
<i>No, all task time frames expired</i>				0			0				98				87			
<i>No, measurable</i>				0			0				675				516			
<i>No, realistic</i>				0			0				36				25			
<i>No, specific</i>				0			0				451				338			
<i>No, time-limited</i>				0			0				27				14			

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Well Being Outcome 1

Item 17: Needs/Services of Child, Parents, and Foster Parents

Case Planning/Services

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1724 Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements? (Check all No responses that apply)			0	0	0		0	0	0	1164	1020	5	53.3%	1273	856	2	59.8%	
<i>No approval</i>					0				0			251					164	
<i>No current 90-day review</i>					0				0			124					112	
<i>No diligent search</i>					0				0			537					453	
<i>No, barriers to progress</i>					0				0			97					51	
<i>No, caregiver/kin provider services and progress</i>					0				0			72					71	
<i>No, child/youth services and progress</i>					0				0			159					162	
<i>No, child/youth services appropriateness</i>					0				0			39					37	
<i>No, child/youth's safety</i>					0				0			67					42	
<i>No, need for add./diff. svcs. and how provided</i>					0				0			39					19	
<i>No, parent services and progress</i>					0				0			56					75	
<i>No, parent(s)/guardian(s) services appropriateness</i>					0				0			20					13	
<i>No, permanency goal</i>					0				0			59					78	
<i>No, permanency goal date</i>					0				0			77					77	
<i>No, task time frames</i>					0				0			99					63	
<i>No, timely provision of mandated services</i>					0				0			8					3	
Health																		
1749 If the goal is/was return home during the review period and substance abuse issues have been identified for the parent(s)/guardian(s), what are the substances of use? (Check all that apply)																		
<i>Alcohol</i>					0				0			301					227	
<i>CNS Depressants</i>					0				0			18					5	
<i>CNS Stimulants</i>					0				0			10					12	
<i>Cocaine/Crack</i>					0				0			139					103	
<i>Heroin</i>					0				0			25					22	
<i>Marijuana</i>					0				0			213					229	
<i>Methamphetamine</i>					0				0			191					179	
<i>Other</i>					0				0			20					36	
<i>Other Opiates</i>					0				0			32					21	

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Well Being Outcome 1

Health

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1750			0	0	0	0	0	0	0	370	189	1630	66.2%	340	152	1639	69.1%	
1751																		
1752			0	0	0	0	0	0	0	131	33	2025	79.9%	99	27	2006	78.6%	

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Well Being Outcome 1

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %





Yes No NA %

Yes No NA %

Yes No NA %

Item 18: Child/Family Involvement in Case Planning

Case Planning/Services

1713	Was the out-of-home provider engaged in case planning, during the review period? (Check all responses that apply)	0	0	0	0	0	0	0	0	2124	31	34	98.6%	2050	19	63	99.1%
	<i>No</i>			0				0				27				15	
	<i>No, efforts made but refused</i>			0				0				4				4	
1715	Was the child/youth engaged in case planning, during the review period?	0	0	0	0	0	0	0	0	1155	9	1025	99.2%	1133	6	993	99.5%
	<i>No</i>			0				0				6				3	
	<i>No, efforts made but refused</i>			0				0				3				3	
1717	Was the mother/guardian/kin engaged in case planning, during the review period?	0	0	0	0	0	0	0	0	1078	134	977	88.9% 	1114	150	868	88.1% 
	<i>No</i>			0				0				51				64	
	<i>No, efforts made but refused</i>			0				0				83				86	
Item 18: Child/Family Involvement in Case Planning																	
1719	Was the father/guardian/kin engaged in case planning during the review period?	0	0	0	0	0	0	0	0	681	195	1313	77.7% 	663	205	1264	76.4% 
	<i>No</i>			0				0				81				86	
	<i>No, efforts made but refused</i>			0				0				114				119	

Statewide Child Welfare
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7/1/2010 - 12/31/2010

Well Being Outcome 1

Item 19: Worker Visits with Child

Permanency

1763 How many months should the assigned worker have made face-to-face contact with the child/youth during the review period? (Answer for in-state cases only)

1
2
3
4
5
6
7

1764 How many months did the assigned worker make face-to-face contact with the child/youth during the review period? (Within the state of Colorado, not an ICPC case)

0
1
2
3
4
5
6
7

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

In what percent of cases did agency personnel have contact with the child every month?

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

reviewDate quarter3

	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
1				0								9				26
2				0								16				26
3				0								46				42
4				0								98				67
5				0								420				457
6				0								1396				1317
7				0								110				105
0				0								12				7
1				0								32				28
2				0								52				38
3				0								104				108
4				0								207				141
5				0								542				561
6				0								1070				1070
7				0								76				86
<i>Of all the months requiring contact, in what percent did agency personnel have contact with the child?</i>				0.0%				0.0%				92.6%				95.0%
<i>In what percent of cases did agency personnel have contact with the child every month?</i>	0	0		.0%	0	0		.0%	1595	498		76.2%	1653	383		81.2%

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Well Being Outcome 1

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 19: Worker Visits with Child

Permanency

1765 How many months should the worker of either the sending or receiving state make face-to-face contact with the child/youth, placed outside the state, during the review period? (Answer for ICPC cases only)

1	0	0	20	11
2	0	0	19	12
3	0	0	11	9
4	0	0	7	12
5	0	0	9	15
6	0	0	67	69
7	0	0	5	3

1766 How many months did the worker of either the sending or receiving state make face-to-face contact with the child/youth during the review period, for a child/youth placed outside the state? (Answer for ICPC cases only)

0	0	0	38	27
1	0	0	32	21
2	0	0	18	12
3	0	0	12	11
4	0	0	8	15
5	0	0	7	19
6	0	0	23	22
7	0	0	0	1

Of all the months requiring contact, in what percent did agency personnel have contact with the child?

3.1%

In what percent of cases did agency personnel have contact with the child every month?

0	0	.0%	0	0	.0%	63	75	45.7%	54	77	41.2%
---	---	-----	---	---	-----	----	----	-------	----	----	-------

1767 Did the frequency of contact with the child/youth in his/her place of residence occur according to Volume 7?

0	0	0	0	0	0	1795	372	22	82.8%	1831	272	29	87.1%
---	---	---	---	---	---	------	-----	----	-------	------	-----	----	-------

Item 19: Worker Visits with Child

Permanency

1768 Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals? (Check all No responses that apply)

0	0	0	0	0	0	971	1171	47	45.3%	1239	862	31	59.0%
---	---	---	---	---	---	-----	------	----	-------	------	-----	----	-------

No assessment of safety

0	0	941	675
---	---	-----	-----

No, outside presence of provider

0	0	802	613
---	---	-----	-----

Statewide Child Welfare
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Well Being Outcome 1

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 20: Worker Visits with Parents

Permanency

1769	Did the frequency of contact with the mother/guardian/kin occur according to Volume 7?	0	0	0	0	0	0	0	0	631	301	1257	67.7%	611	262	1259	70.0%
1770	Was the quality of contacts with the mother/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?	0	0	0	0	0	0	0	0	780	120	1289	86.7%	747	99	1286	88.3%
1771	Did the frequency of contact with the father/guardian/kin occur according to Volume 7?	0	0	0	0	0	0	0	0	337	178	1674	65.4%	270	144	1718	65.2%
1772	Was the quality of contacts with the father/guardian/kin sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?	0	0	0	0	0	0	0	0	427	74	1688	85.2%	358	29	1745	92.5%

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Well Being Outcome 2

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 21: Educational Needs of Child
Education

1737	Is the child/youth's education/school record in the case file? (Check all No responses that apply)	0	0	0	0	0	0	0	0	1110	463	616	70.6%	1124	409	599	73.3%
	<i>No GED/Diploma</i>			0				0				21				21	
	<i>No address of current school</i>			0				0				89				112	
	<i>No credit count</i>			0				0				37				30	
	<i>No current IEP</i>			0				0				135				119	
	<i>No current grade reports</i>			0				0				345				298	
	<i>No name of current school</i>			0				0				45				59	
1738	For children aged 3 - 5: Is the child enrolled in Head Start or another early childhood education program?	0	0	0	0	0	0	0	0	186	60	1943	75.6%	190	59	1883	76.3%
	<i>Information not available</i>			0				0				14				7	
	<i>Yes, assessed only</i>			0				0				33				25	
	<i>Yes, enrolled</i>			0				0				153				165	
1739	For youth aged 16 or older: Is the youth on track to graduate and/or complete high school?	0	0	0	0	0	0	0	0	461	115	1613	80.0%	508	99	1524	83.7%
	<i>GED</i>			0				0				33				25	
	<i>GED earned</i>			0				0				28				20	
	<i>Graduated</i>			0				0				56				52	
	<i>Information not available</i>			0				0				24				23	
	<i>No GED</i>			0				0				14				7	
	<i>No, graduate</i>			0				0				77				71	
1740	Was educational stability provided for the child during the review period? (Check all No responses that apply)	0	0	0	0	0	0	0	0	1099	452	638	70.9%	1015	501	615	67.0%
	<i>No, CW agency did not advocate</i>			0				0				0				1	
	<i>No, changed schools during review period</i>			0				0				313				377	
	<i>No, delays in enrollment</i>			0				0				0				1	
	<i>No, delays in record transfer</i>			0				0				1				2	
	<i>No, initial placement required change in school</i>			0				0				153				153	
	<i>No, other</i>			0				0				15				13	
	<i>No, req. 504 or IEP spec. ed. svcs. were not prov.</i>			0				0				8				6	
	<i>No, sch. distr. refused to provide appropri. svcs.</i>			0				0				7				2	
1741	Were the child/youth's educational needs assessed?	0	0	0	0	0	0	0	0	1679	38	472	97.8%	1624	29	479	98.2%

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Well Being Outcome 3

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 22: Physical Health of Child Health

1742	Is health information in the case file, including name and address of current health care provider(s), known medical problems and current medications? (Check all No responses that apply)	0	0	0	0	0	0	0	0	2062	116	11	94.7%		2014	97	21	95.4%	
	<i>No provider address/phone number</i>			0							108					94			
	<i>No provider name</i>			0							75					74			
	<i>No, medical problems not documented</i>			0							17					3			
	<i>No, medications not documented</i>			0							7					3			
1743	Did the child/youth receive a medical exam, medical screening, or was a medical exam scheduled within two weeks of initial placement? (Check all No responses that apply) (Initial Review Only)	0	0	0	0	0	0	0	0	486	177	1526	73.3%		444	132	1556	77.1%	
	<i>No, Medicaid card</i>			0												3		0	
	<i>No, Medicaid provider</i>			0												0		1	
	<i>No, late</i>			0												125		85	
	<i>No, never occurred</i>			0												30		38	
	<i>No, other</i>			0												24		10	
	<i>Yes, appointment</i>			0												65		43	
	<i>Yes, exam</i>			0												421		401	
1744	Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of initial placement? (Check all No responses that apply) (Initial Review Only)	0	0	0	0	0	0	0	0	381	118	1690	76.4%		324	91	1717	78.1%	
	<i>No, late</i>			0												55		34	
	<i>No, never occurred</i>			0												44		47	
	<i>No, other</i>			0												19		10	
	<i>Yes, appointment</i>			0												17		14	
	<i>Yes, exam</i>			0												364		310	

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Well Being Outcome 3

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 22: Physical Health of Child

Health

1745	Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs? (Services delivered) (Check all No responses that apply)	0	0	0	0	0	0	0	0	1553	603	33	72.0%	1522	578	32	72.5%
	<i>No statement from medical examiner</i>			0				0				490				447	
	<i>No treatment for identified needs</i>			0				0				5				6	
	<i>No, Medicaid</i>			0				0				2				6	
	<i>No, immunizations</i>			0				0				58				87	
	<i>No, lack of timely referral or follow through</i>			0				0				159				152	
	<i>No, other</i>			0				0				27				25	
1746	Has the child/youth received regular dental care and treatment for identified dental needs? (Services delivered) (Check all No responses that apply)	0	0	0	0	0	0	0	0	1417	378	394	78.9%	1376	352	404	79.6%
	<i>No treatment for identified needs</i>			0				0				4				1	
	<i>No, Medicaid</i>			0				0				3				4	
	<i>No, lack of timely referral or follow through</i>			0				0				344				317	
	<i>No, other</i>			0				0				30				35	

Item 23: Mental Health of Child

Health

1747	Were the child/youth's mental health needs assessed?	0	0	0	0	0	0	0	0	1673	20	496	98.8%	1646	31	455	98.2%
1748	Were mental health services provided to meet the child/youth's needs during the review period? (Check all No responses that apply)	0	0	0	0	0	0	0	0	1231	247	711	83.3%	1169	268	695	81.4%
	<i>No available services</i>			0				0				5				6	
	<i>No referral by county</i>			0				0				9				22	
	<i>No sufficient services</i>			0				0				11				10	
	<i>No, Medicaid</i>			0				0				3				7	
	<i>No, OOH provider issue</i>			0				0				22				22	
	<i>No, changed MH provider</i>			0				0				129				127	
	<i>No, child refused services</i>			0				0				29				41	
	<i>No, delays of 2 + weeks</i>			0				0				85				87	
	<i>No, mental health systems issue</i>			0				0				23				32	
	<i>No, other</i>			0				0				24				22	

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Systemic Factors

reviewDate quarter3

3rd Quarter SFY 2010

4th Quarter SFY 2010

1st Quarter SFY 2011

2nd Quarter SFY 2011

Yes No NA %

Yes No NA %

Yes No NA %

Yes No NA %

Item 25: Process to Ensure Each Child Has a Written Case Plan Developed Jointly with Parents

Case Planning/Services

1730	Does the FSP 4 B/C contain a comprehensive description of the type and appropriateness of the homes or facilities in which the child/youth was placed during the review period?	0	0	0	0	0	0	0	0	1723	436	30	79.8%		1645	451	36	78.5%	
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Item 27: Permanency Hearing Every Twelve Months

Court

1703	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain "nunc pro tunc" language? (Re-Review Only)	0	0	0	0	0	0	0	0	1443	41	705	97.2%		1470	38	624	97.5%	
	<i>No reasonable efforts</i>																		
	<i>No signed court order</i>																		

Item 29: Process for Foster Parents, Pre-adoptive Parents, and Relative Caregivers to be Notified of, and an Opportunity to be Heard, in Any Review or Hearing Held with Respect to the Child

Due Process

1708	Were all required parties invited to the review and given at least two weeks notice? (Check all that apply)	0	0	0	0	0	0	0	0	1889	300	0	86.3%		1854	278	0	87.0%	
	<i>No, Attorneys of Record (Court Ordered)</i>																		
	<i>No, GAL</i>																		
	<i>No, OOH Provider</i>																		
	<i>No, Tribe/BIA (if ICWA applies)</i>																		
	<i>No, caseworker</i>																		
	<i>No, child over 12</i>																		
	<i>No, father/guardian</i>																		
	<i>No, mother/guardian</i>																		
	<i>No, not timely</i>																		

Statewide Child Welfare
Quarterly Results for Administrative Reviews
Administrative Review Division

7/1/2010 - 12/31/2010

	reviewDate	quarter3	3rd Quarter SFY 2010				4th Quarter SFY 2010				1st Quarter SFY 2011				2nd Quarter SFY 2011			
			Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%	Yes	No	NA	%
Miscellaneous																		
Miscellaneous Court																		
1701			0	0	0	0	0	0	0	148	2041	0	6.8%	165	1967	0	7.7%	
1702			0	0	0	0	0	0	0	643	21	1525	96.8%	563	20	1549	96.6%	
1704			0	0	0	0	0	0	0	2180	9	0	99.6%	2128	4	0	99.8%	
IV-E																		
1706			0	0	0	0	0	0	0	613	53	1523	92.0%	513	49	1570	91.3%	
1707			0	0	0	0	0	0	0	467	69	1653	87.1%	391	76	1665	83.7%	
Permanency																		
1778			0	0	0	0	0	0	0	623	592	974	51.3%	669	643	820	51.0%	