

**Site Visit 7—Child Welfare Key Informant Interview  
03.01.12**

**17. Operations**

*17.e Implementation of the Department's Project Plan (program)*

- 17.e.1 What is the status of the current sequence of service programs to be implemented?
- 17.e.2 Is reinvestment savings being used for things beyond the stated programs (one-time costs)?
- 17.e.3 What have been some of the barriers to getting those programs implemented and how has the agency responded?
- 17.e.4 What kinds of policy, program, and staffing changes have been necessary for implementation of the programs?
- 17.e.5 What has been the role of the union in this process?

*17.a The Waiver and Other DCFS activities.*

- 17.a.1 How does the Waiver fit in with the overall philosophical approach being taken by DCFS?

*17.b Monitoring the Waiver*

- 17.b.1 Describe the structure and the process for monitoring the operations of the Waiver.
- 17.b.2 How are external groups involved in the monitoring process of the Waiver project?

*17.d Decision-Making*

- 17.d.1 Who has the authority to make decisions made about future Waiver activities/directions?
- 17.d.2 What is the process for arriving at those decisions?

*17.c Management Information System*

- 17.c.1 What is the status of the data system or systems in the department?
- 17.c.2 Are the information sources integrated and linked to outcomes?
- 17.c.3 Are there plans for changes in MIS capacity?

*17.f Fiscal Implementation*

- 17.f.1 Describe the ongoing mechanisms for implementing the fiscal aspects of the Waiver including tracking revenue and reporting expenditures.
- 17.f.2 What expenditures have been claimed for expanded services to date under the Waiver?

17.f.3 What expenditures are claimed under Program code 701?

17.f.4 Describe any efficiencies in spending achieved in the most recent state fiscal year. Describe any savings that have occurred to date under the Waiver.

17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

## **11. Revenue**

11.a How has the department worked to maximize its revenue?

11.b Has the department had access to non-categorical funds in the last three years: levy, donations, etc.?

11.b.1 What has the DCFS been able to do with the funds?

### *17.g Implementation Inputs*

17.g.1 What kinds of changes in the organization of the agency have been necessary (i.e., Waiver coordinator positions)

17.g.2 What kinds of technical assistance have been necessary to implement the Waiver.

17.g.3 How crucial to a successful implementation is the involvement of Casey Family Programs?

17.g.4 Are there other kinds of “inputs” necessary for a successful implementation (e.g., other waivers)

### *17.h Implementation Barriers and Facilitators (internal or within the professional community)*

17.h.1 What kinds of barriers have inhibited implementation? How have you over come them?

17.h.2 What kinds of things have facilitated implementation?

### *17.i Leadership*

17.i.1 What kind of leadership is necessary for a successful implementation of the Waiver?

17.i.2 Has that idea shifted as the Waiver has gone on?

### *17.j Contextual Factors*

17.j.1 What community factors affect the implementation?

17.j.2 Describe the relationship with the Board of Supervisors.

17.j.3 What strategies have been used to inform external groups and keep them involved?

17.j.4 What has been the impact of other local and/or state initiatives?

**Site Visit 7 – Child Welfare Overall  
03.01.12**

**1. Internal Case Management**

*1.a Screening process*

- 1.a.1 Describe process from call/referral to opening of case:
- 1.a.2 What are the criteria used by DCFS to screen out at the initial referral?
- 1.a.3 Does DCFS have a screening tool that is used to systematically determine whether a case should be opened?
- 1.a.4 Does the screening tool:
  - Include Risk Assessment items
  - Focus on family strengths?
- 1.a.5 Is there designated screening staff?
- 1.a.6 If so, what are the qualifications of the staff that screens cases?
  - Ordinary workers
  - Additional education
  - Additional training
  - Other (i.e. supervisor)
- 1.a.7 What are the referrals/resources/diversion services for screened out cases?
- 1.a.8 How long have you been using this screening approach?
- 1.a.9 Is data on all referrals/calls (and their disposition) systematically kept in an automated system?

*1.b Intake/Investigation*

- 1.b.1 Describe intake/investigation process.
- 1.b.2 For what cases do you use SDM (or another risk-assessment tool)?
  - Open cases of alleged abuse or neglect
  - Delinquent cases (601, 602)
  - Dependency cases
  - For every case opened to services
  - Others
- 1.b.3 When did you initiate the risk assessment process?

*1.c TDMs/FGDM*

- 1.c.1 What is the role of TDMs/FGDM in determining whether cases are opened?

1.c.2 What is the role of TDMs/FGDM in determining how placements are made?

1.c.3 How has this affected overall caseload size, thus far?

*1.d Cases in Reunification:* What are the decision-making processes regarding initial placement and placement changes?

1.d.1 What level of discretion do child welfare workers have in making these decisions?

1.d.2 Is there an explicit order of preference for placement choice (e.g., relative home, non-kin FH, concurrent placement-fost/adopt, FFA)?

1.d.3 How is that preference communicated (e.g., requires supervisor approval)?

1.d.4 What issues impact these decisions (e.g., need for approval of relative homes and limited staff time to do so; inadequate pool of concurrent placements)?

*1.e Cases in Permanency:* What are the decision-making processes regarding permanency?

1.e.1 What level of discretion do child welfare workers have in making these decisions?

1.e.2 What permanency options are available?

1.e.3 What issues impact these decisions (e.g., need to go through approval of supervisor; or can access non-kin concurrent placements via a special committee; or an explicitly communicated willingness to use Kin-Gap if adoption is not acceptable to the family)?

*1.f Relative Placements:* What is your approach to relative placements?

1.f.1 Informal/Voluntary (are these done) vs. Court-ordered (only these)?  
--Who might have custody (parent, relative, county)?

1.f.2 Under what conditions would a relative's home be licensed? Approved in another way?

1.f.3 Under what conditions would a relative be paid a foster care rate (vs. eligible for TANF)?

1.f.4 If a relative is paid a foster care rate, is it the same as the regular foster care rate?

1.f.5 Are there any other subsidies or assistance provided to relatives?

1.f.6 Are there any system/resource issues impacting the use of kin placements?

*1.g Unit structure (Verify DCFS unit structure)*

1.g.1 What is *current* DCFS unit structure for bulk of cases?  
--Traditional: separate intake and ongoing unit  
--Integrated teams of intake and ongoing workers together  
--Integrated team with additional support staff in the same unit

--Intake unit and ongoing unit which carries cases to finalization or reunification (i.e. through adoption)

1.g.2 When was the most recent change in unit structure?

1.g.3 Do you have any specialized unit to serve different populations (beyond usual units for adoption, home finding, etc).

#### *1.h Caseload Monitoring*

1.h.1 Are you doing any caseload monitoring in your case management processes?

1.h.2 What is the caseload size in different units?

### **2. Court Involvement**

2.a How would you describe DCFS's relationship with the Court?

2.b Are there specific issues? (e.g., not dismissing, ordering particular services)

### **3. Service Array (child welfare programs, foster care placement types, discrete services)**

3.a What are three services (internal or external) that are most sufficient in your county (can access whenever needed)?

3.b What are three services (internal or external) that are most problematic to access for your clients?

3.b.1 Service Gaps: How are these services insufficient?

3.b.2 How do you deal with the insufficiency?

3.c New services: In the last year or two, what new services (internal and external) have been developed in your county?

3.d Have there been changes in the way you are using particular services (e.g. using family pres now to support reunification, rather than last effort to prevent placement)?

3.d Has DCFS consciously shifted service focus (of services provided to DCFS clientele) in the last 3 years?

3.d.1 If yes, in what direction (prevention, placement, concurrent planning, permanency)?

3.e How is this shift in service focus reflected in internal staffing and in contracting?

3.f How geographically accessible are DCFS services (direct or contract provided) to families? How has this been addressed (e.g. transportation, community-based branch)? Describe improvements or issues that need to be addressed.

3.g Generally, who decides what services a family receives?

3.h Generally, who decides what providers serve a family?

3.i How much discretion do workers have in what services to provide to a family?

- Very clear and formal practice guidelines
- Consultation with supervisor
- Alone or in consultation with peers
- How much specific direction does the court provide/dictate services?

#### **4. Targeting**

4.a Is DCFS providing services (directly or by contract) to a demographic/cultural subgroup?  
If yes, what subgroup is targeted?

4.b What unique services are provided to these special populations (dedicated unit, dedicated services)?

4.c What services are not sufficiently available for this population?

4.c What are your plans for change in the area of population targeting?

#### **5. External Case Management**

5.a Who carries case management responsibility: what proportion is internal/external?

If any external: What level of monitoring/control is in place?

#### **6. Provider Competition**

6.a What proportion of services that clients obtain through the DCFS (excluding case management) currently come through contract, or referral out (paid for through grant), or direct provision by DCFS?

6.b Has that pattern changed in the last 12 months?

6.c To what extent do providers use subcontractors?

6.d Any changes made in the last year in rates being paid for particular services to stimulate growth (e.g. foster care per diem)?

If yes, in what service areas and what percentage changes?

#### **7. Finance Methods**

7.a Any capitated or case rate contracts by DCFS (alone or as part of interagency effort where DCFS has committed funds)?

7.b If yes, get more detail: Obtain a copy of payment section of contract that describes how the contractor can spend funds

7.c Extent to which capitated contractor has discretion over how to use funds

7.d What are your plans for changes in the future in capitation financing arrangements (changes to existing or new plans)?

## 8. Utilization Review

8.a How does DCFS oversee/monitor use of OOH placements? (pre-placement reviews, periodic reviews during placement)

- decision to place a child?
- type/level of placement to use?
- choice of FFA vs. county foster care?
- length of stay?

8.a.1 How long has the process(es) been in place?

8.a.2 How much has it reduced or increased placement use?

8.b Does DCFS operate with any *formal* limitations on number of placements (planful use of placements)?

- Is there an overall target?
- Target by placement type (e.g. residential)?
- Strict ceiling amount by type, so that need special approval to exceed?
- Strict overall ceiling?

8.b.1 How long have these limits been in place?

8.c Does DCFS use any types of rational decision rules to control access to services (at management level)?

- Using outcome data
- Using best practice guidelines
- Based simply on service provider capacity
- Case by case or provider by provider

8.d What plans for changes in UR activities?

8.e Have you identified any trends in service utilization (this question added 04.24.08)

## 9. Quality Assurance

9.a What types of quality control (*compliance*) does DCFS use with foster care providers?

- Monitoring visits to network foster homes to assess safety and compliance with regulations
- Automated tracking of mandatory reviews and filings
- Contractual sanctions for non-compliance
- None

9.b What types of quality *enhancement* does DCFS use for child welfare workers?

- DCFS training beyond minimal state requirements
- Worker access to technical experts
- Ongoing supervisor mentoring (i.e. on a weekly or monthly basis), peer shadowing (formalized)
- Consumer satisfaction surveys

- Cross-specialty or cross-agency training
- Contractual rewards for performance
- Staff rewards for performance

## **10. Expenditures**

10.a Who has control over where to spend money and how agency changes program direction?

10.b Availability of flexible funds:

10.c Access to flexible funds:

## **11. Revenue**

11.a Has the department had access to non-categorical funds in the last 3 years: levy, donations, etc.?  
(decrease, increase, no change)

11.a.1 What has the DCFS been able to do with the funds?

11.b How important are Medicaid funded services for DCFS kids?

11.c How much consideration does DCFS give to Medicaid match, in making service decisions?

11.d Have there been issues accessing Medicaid funding?

## **12. Morale**

12.a Worker Morale

12.a.1 Staff feel supported by supervisor?

12.a.2 Administration shares information and is trusted?

12.a.3 Staff understand and agree with vision/direction of agency?

12.a.4 Staff have input into developing agency policy?

12.b Supervisor Morale

12.b.1 Staff feel supported by managers?

12.b.2 Administration shares information and is trusted?

12.b.3 Staff understand and agree with vision/direction of agency?

12.b.4 Staff have input into developing agency policy?

## **13. Leadership**

13.a How important is leadership in the successful operation of the department?

13.b What forms of leadership are important to the successful operation of the department?

#### **14. Interagency Collaboration**

14.a Strength of relationship between DCFS and mental health board/its providers:

14.b Strength of relationship between DCFS and juvenile court:

14.c In addition, any collaborative efforts to develop programs/services to improve service delivery?

#### **15. Contextual Factors** (formerly Community Well-Being—changed 04.24.08)

15.a What community factors affect the work of the department?

- demographic characteristics
- politics
- media
- interest groups

#### **16. Waiver Comprehension and Impact**

16.a How would you characterize your knowledge of your county's Waiver Project?

16.b Describe the Waiver Project's influence on your day-to-day work with children and families.

16.c Do you feel the Waiver Project is having a positive effect on the child welfare environment in your county?

16.d Do you feel a wider array of services for your clients have become available in the last 9 months?

#### **17. Implementation**

*17.a The Waiver and Other DCFS activities.*

17.a.1 How does the Waiver fit in with the overall philosophical approach being taken by DCFS?

17.a.2 What is the relationship between DCFS's Waiver Plan and the county system improvement plan (SIP)?

*17.b Monitoring Implementation*

17.b.1 Describe the structure and the process for monitoring the implementation of the Waiver project.

17.b.2 How are external groups involved in the monitoring process of the Waiver project?

*17.c Management Information System*

17.c.1 Describe DCFS's Management Information System (MIS) capacity?

17.c.2 What are the various sources (internal/external) of information necessary to inform decision-making?

17.c.3 Are the information sources integrated and linked to outcomes?

17.c.4 Are there plans for changes in MIS capacity?

*17.d Decision-Making*

17.d.1 Who has the authority to make decisions made about future Waiver activities/directions?

17.d.2 What is the process for arriving at those decisions?

*17.e Implementation of the Department's Project Plan (program)*

17.e.1 What is the status of the current sequence of service programs to be implemented?  
(insert the specific service programs depending on county and agency)

17.e.2 What have been some of the barriers to getting those programs implemented and how has the agency responded?

17.e.3 What kinds of policy, program, and staffing changes have been necessary for implementation of the programs?

17.e.4 What has been the role of the union in this process?

*17.f Fiscal Implementation*

17.f.1 Describe the ongoing mechanisms for implementing the fiscal aspects of the Waiver including tracking revenue and reporting expenditures.

17.f.2 Describe the results of monitoring expenditures and assessing the effectiveness of services to date.

17.f.3 What expenditures have been claimed for expanded services to date under the Waiver?

17.f.4 Describe any efficiencies in spending achieved in the most recent state fiscal year. Describe any savings that have occurred to date under the Waiver.

17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

*17.g Implementation Inputs*

17.g.1 What kinds of changes in the organization of the agency have been necessary  
(i.e., Waiver coordinator positions)

17.g.2 What kinds of technical assistance have been necessary to implement the Waiver?

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*17.h Implementation Barriers and Facilitators (internal or within the professional community)*

17.h.1 What kinds of barriers have inhibited implementation? How have you over come them?

17.h.2 What kinds of things have facilitated implementation?

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17.i.1 What kind of leadership is necessary for a successful implementation of the Waiver?

17.i.2 Has that idea shifted as the Waiver has gone on?

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- media
- interest groups

17.j.2 Describe the relationship with the Board of Supervisors.

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17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

**11. Revenue**

11.a How has the department worked to maximize its revenue?

11.b Has the department had access to non-categorical funds in the last three years: levy, donations, etc.?

11.b.1 What has Probation been able to do with the funds?

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17.h.2 What kinds of things have facilitated implementation?

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17.j.4 What has been the impact of other local and/or state initiatives?

**Site Visit 7—Probation Overall  
03.01.12**

**1. Internal Case Management**

*1.a Screening process*

1.a.1 Describe process when the police bring a youth to juvenile hall:

1.a.2 What are the criteria used by the staff to screen out at the initial referral?

1.a.3 Does Probation have a screening tool that is used to systematically determine whether a case should be accepted or “booked”?

1.a.4 If yes: Does the screening tool:  
--Include Risk Assessment items  
--Focus on family strengths?

- 1.a.5 Is there designated screening staff?
- 1.a.6 If so, what are the qualifications of the staff that screens cases?
  - Ordinary workers
  - Additional education
  - Additional training
  - Other (i.e. supervisor)
- 1.a.7 How long have you been using this screening approach?
- 1.a.8 Is data on screenings systematically kept in an automated system?

### *1.b Investigation*

- 1.b.1 Describe intake/investigation process.
- 1.b.2 Do Investigators use any kind of risk-assessment tool?
- 1.b.3 When did you initiate the risk assessment process?
- 1.b.4 What criteria go into the various disposition recommendations?
  - informal
  - formal
  - placement
  - camp
  - CYA
- 1.b.5 How much variability is there in disposition recommendations?
- 1.b.6 Who completes the Investigation for a youth already in Placement?
- 1.b.7 Is there any oversight of the recommendation before it goes to the Court?

### *1.c Placement*

- 1.c.1 What is the process once the Court orders a youth into placement?
- 1.c.2 Who/how is the decision made regarding relative, FPU, or group home?
- 1.c.3 Has that process change in the last 9 months?

### *1.d Case Trajectory:*

- 1.d.1 What are the various placement outcomes that are sought?
- 1.d.2 What level of influence do DPOs and SDPOs have on those outcomes?
- 1.d.3 Are their barriers to DPOs/SDPOs having more influence?
- 1.d.4 If returning home is the primary outcome, what happens with youth where there is no home to return to (i.e., 300 to 602 kids)

*1.e Group Homes*

- 1.e.1 Describe the quality of group homes available.
- 1.e.2 What is the availability of group homes?

*1.f Relative Placements:*

- 1.f.1 What is Probation's approach to relative placements—when used?
- 1.f.2 Under what conditions would a relative's home be licensed? Approved in another way?
- 1.f.3 Under what conditions would a relative be paid a foster care rate (vs. eligible for TANF)?
- 1.f.4 If a relative is paid a foster care rate, is it the same as the regular foster care rate?
- 1.f.5 Are there any other subsidies or assistance provided to relatives?
- 1.f.6 Are there any system/resource issues impacting the use of kin placements?

*1.g Unit structure*

- 1.g.1 What is *current* Probation unit structure for bulk of cases? vertical?
- 1.g.2 When was the most recent change in unit structure?
- 1.g.3 Do you have any specialized unit to serve different populations?

*1.h Caseload Monitoring*

- 1.h.1 Are you doing any caseload monitoring in your case management processes?
- 1.h.2 What is the caseload size in different units?

## 2. Court Involvement

2.a How would you describe Probations's relationship with the Court?

2.b Are there specific issues? (e.g., not dismissing, ordering particular services)

## 3. Service Array

3.a What are three services (internal or external) that are most sufficient in your county (can access whenever needed)?

3.b What are three services (internal or external) that are most problematic to access for your clients?

3.b.1 Service Gaps: How are these services insufficient?

3.b.2 How do you deal with the insufficiency?

3.c New services: In the last year, what new services (internal and external) have been developed in your county?

3.d Have there been changes in the way you are using particular services (e.g. using family pres now to support reunification, rather than last effort to prevent placement)?

3.d Has Probation consciously shifted service focus in the last year?

3.d.1 If yes, in what direction?

3.e How is this shift in service focus reflected in internal staffing and in contracting?

3.f How geographically accessible are services (direct or contract provided) to families? How has this been addressed (e.g. transportation, community-based branch)? Describe improvements or issues that need to be addressed.

3.g Generally, who decides what services a youth receives?

3.h Generally, who decides what providers serve a youth?

3.i How much discretion do workers have in what services to provide to a youth?  
-Very clear and formal practice guidelines

#### **4. Targeting**

- 4.a Is Probation providing services (directly or by contract) to a demographic/cultural subgroup?  
If yes, what subgroup is targeted?
- 4.b What unique services are provided to these special populations (dedicated unit, dedicated services)?
- 4.c What services are not sufficiently available for this population?
- 4.c What are your plans for change in the area of population targeting?

#### **5. External Case Management**

- 5.a Who carries case management responsibility: what proportion is internal/external?  
If any external: What level of monitoring/control is in place?

#### **6. Provider Competition**

- 6.a What proportion of services that clients obtain through the Probation (excluding CM) currently come through contract, or referral out (paid for through grant), or direct provision by Probation?
- 6.b Has that pattern changed in the last 12 months?
- 6.c To what extent do providers use subcontractors?
- 6.d Any changes made in the last year in rates being paid for particular services to stimulate growth (e.g. foster care per diem)?  
If yes, in what service areas and what percentage changes?

#### **7. Finance Methods**

- 7.a Any capitated or case rate contracts by Probation (alone or as part of interagency effort where Probation has committed funds)?
- 7.b If yes, get more detail: Obtain a copy of payment section of contract that describes how the contractor can spend funds
- 7.c Extent to which capitated contractor has discretion over how to use funds

7.d What are your plans for changes in the future in capitation financing arrangements (changes to existing or new plans)?

## 8. Utilization Review

8.a How does Probation oversee/monitor use of OOH placements? (pre-placement reviews, periodic reviews during placement)

8.a.1 How long has the process(es) been in place?

8.a.2 How much has it reduced or increased placement use?

8.b Does Probation operate with any *formal* limitations on number of placements (planful use of placements)?

- Is there an overall target?

- Target by placement type (e.g. residential)?

- Strict ceiling amount by type, so that need special approval to exceed?

- Strict overall ceiling?

8.b.1 How long have these limits been in place?

8.c Does Probation use any types of rational decision rules to control access to services (at management level)?

-Using outcome data

-Using best practice guidelines

-Based simply on service provider capacity

-Case by case or provider by provider

8.d What plans for changes in UR activities?

8.e Have you identified any trends in service utilization (this question added 04.24.08)

## 9. Quality Assurance

9.a What types of quality control (*compliance*) does Probation use with foster care providers?

--Monitoring visits to network foster homes to assess safety and compliance with regulations

--Automated tracking of mandatory reviews and filings

--Contractual sanctions for non-compliance

--None

9.b What types of quality *enhancement* does Probation use for child welfare workers?

--Probation training beyond minimal state requirements

--Worker access to technical experts

- Ongoing supervisor mentoring (i.e. on a weekly or monthly basis), peer shadowing (formalized)
- Consumer satisfaction surveys
- Cross-specialty or cross-agency training
- Contractual rewards for performance
- Staff rewards for performance

## **10. Expenditures**

10.a Who has control over where to spend money and how agency changes program direction?

10.b Availability of flexible funds:

10.c Access to flexible funds:

## **11. Revenue**

11.a Has the department had access to non-categorical funds in the last 3 years: levy, donations, etc.? (decrease, increase, no change)

11.a.1 What has the Probation been able to do with the funds?

11.b How important are Medicaid funded services for Probation kids?

11.c How much consideration does Probation give to Medicaid match, in making service decisions?

11.d Have there been issues accessing Medicaid funding?

## **12. Morale**

12.a Worker Morale

12.a.1 Staff feel supported by supervisor?

12.a.2 Administration shares information and is trusted?

12.a.3 Staff understand and agree with vision/direction of agency?

12.a.4 Staff have input into developing agency policy?

12.b Supervisor Morale

12.b.1 Staff feel supported by managers?

12.b.2 Administration shares information and is trusted?

12.b.3 Staff understand and agree with vision/direction of agency?

12.b.4 Staff have input into developing agency policy?

### **13. Leadership**

13.a How important is leadership in the successful operation of the department?

13.b What forms of leadership are important to the successful operation of the department?

### **14. Interagency Collaboration**

14.a Strength of relationship between Probation and mental health board/its providers

14.b Strength of relationship between Probation and juvenile court:

14.c In addition, any collaborative efforts to develop programs/services to improve service delivery?

### **15. Contextual Factors** (formerly Community Well-Being—changed 04.24.08)

15.a What community factors affect the work of the department?

- demographic characteristics
- politics
- media
- interest groups

### **16. Waiver Comprehension and Impact**

16.a How would you characterize your knowledge of your county's Waiver Project?

16.b Describe the Waiver Project's influence on your day-to-day work with children and families.

16.c Do you feel the Waiver Project is having a positive effect on the Probation environment in your county?

16.d Do you feel a wider array of services for your clients have become available in the last 9 months?

## **17. Implementation**

### *17.a The Waiver and Other Probation activities.*

17.a.1 How does the Waiver fit in with the overall philosophical approach being taken by Probation to improve outcomes?

17.a.2 What is the relationship between Probation's Waiver Plan and the SIP?

### *17.b Monitoring Implementation*

17.b.1 Describe the structure and the process for monitoring the implementation of the Waiver project.

17.b.2 How are external groups involved in the monitoring process of the Waiver project?

### *17.c Management Information System*

17.c.1 Describe Probation's management information system (MIS) capacity?

17.c.2 What are the various sources (internal/external) of information necessary to inform decision-making?

17.c.3 Are the information sources integrated and linked to outcomes?

17.c.4 Are there plans for changes in MIS capacity?

### *17.d Decision-Making*

17.d.1 Who has the authority to make decisions made about future Waiver activities/directions?

17.d.2 What is the process for arriving at those decisions?

### *17.e Implementation of the Department's Project Plan (program)*

17.e.1 What is the status of the current sequence of service programs to be implemented? (insert the specific service programs depending on county and agency)

17.e.2 What have been some of the barriers to getting those programs implemented and how has the agency responded?

17.e.3 What kinds of policy, program, and staffing changes have been necessary for implementation of the programs?

17.e.4 What has been the role of the union in this process?

*17.f Fiscal Implementation*

17.f.1 Describe the ongoing mechanisms for implementing the fiscal aspects of the Waiver including tracking revenue and reporting expenditures.

17.f.2 Describe the results of monitoring expenditures and assessing the effectiveness of services to date.

17.f.3 What expenditures have been claimed for expanded services to date under the Waiver?

17.f.4 Describe any efficiencies in spending achieved in the most recent state fiscal year. Describe any savings that have occurred to date under the Waiver.

17.f.5 Describe any fiscal barriers that have occurred to date in administering the Waiver.

*17.g Implementation Inputs*

17.g.1 What kinds of changes in the organization of the agency have been necessary (i.e., Waiver coordinator positions)

17.g.2 What kinds of technical assistance have been necessary to implement the Waiver.

17.g.3 How crucial to a successful implementation is the involvement of Casey Family Programs?

17.g.4 Are there other kinds of “inputs” necessary for a successful implementation (e.g., other waivers)

*17.h Implementation Barriers and Facilitators (internal or within the professional community)*

17.h.1 What kinds of barriers have inhibited implementation? How have you over come them?

17.h.2 What kinds of things have facilitated implementation?

*17.i Leadership*

17.i.1 What kind of leadership is necessary for a successful implementation of the Waiver?

17.i.2 Has that idea shifted as the Waiver has gone on?

*17.j Contextual Factors*

17.j.1 What community factors affect the implementation?

- demographic characteristics

- politics

- media

- interest groups

17.j.2 Describe the relationship with the Board of Supervisors.

17.j.3 What strategies have been used to inform external groups and keep them involved?

17.j.4 What has been the impact of other local and/or state initiatives?