

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

Distribution: X and Z

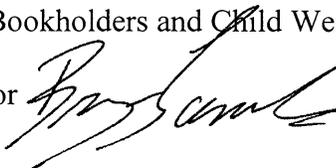
**POLICY GUIDE 2005.03**

**ACR FEEDBACK RESPONSE PROTOCOL**

**RELEASE DATE:** July 27, 2005

**TO:** Rules and Procedures Bookholders and Child Welfare Staff

**FROM:** Bryan Samuels, Director



**EFFECTIVE:** Immediately

**I. PURPOSE**

The purpose of this Policy Guide is to issue revised procedures to DCFS and POS child welfare staff to resolve a critical or chronic issue identified during an Administrative Case Review. The revised procedures strengthen the Department's efforts to ensure that:

- Critical or chronic issues identified during an Administrative Case Review are resolved in a timely, relevant and coordinated manner; and
- Children's needs for safety, well-being and permanency are addressed in the delivery of services to them and their families.

This Policy Guide replaces **Policy Guide 98.15 ACR Feedback Response Protocol** and issues two forms:

**CFS 230 ACR Feedback Response and Action Plan for Critical or Chronic Issues**

**CFS 231 ACR Feedback Communication Notice**

**II. PRIMARY USERS**

The primary users of this policy guide are DCFS and Purchase of Service (POS) caseworkers and supervisors, Program Managers, Regional Administrators, Field Services Managers, Site Administrators, ACR staff, Agency Performance Team (APT) Managers, Supervisors and Monitors and equivalent staff positions in private agencies.



### III. KEY WORDS

Administrative Case Review (ACR), ACR Feedback Report, Critical Issue Report, Chronic Issue Report, Feedback Response and Action Plan (FRAP).

### IV. DEFINITIONS OF CRITICAL AND CHRONIC ISSUES

**Critical issues** are violations of a rule, procedure or law which endanger the safety, well-being and permanency of children for whom the Department is responsible. Examples of critical issues include acts of gross impropriety; improper or questionable practice on the part of DCFS or private agency staff; caretaker violation of licensing standards or law; violations of statute, law, court orders or a consent decree by Department or private agency staff; changing court-ordered visitation without notification; and neglect of a child's critical mental health, medical or safety needs.

**Chronic issues** are the continued lack of needed services to children and/or families, including caseworker omissions or other unmet needs which jeopardize a child's safety, permanency or well-being. Chronic issues are those that have remained unresolved or unaddressed for an extended period of time (six months or longer) or issues that were identified in a prior review and remain unresolved.

Some examples of chronic issues include the lack or absence of essential services such as counseling or medical or dental services; failure to document the delivery of such services; failure of the worker to obtain school reports, arrange for visitation, complete required assessments or contact the child or family; and legal and court delays.

A chronic issue that persists for twelve (12) or more months may be categorized as a critical issue when a child's safety, permanency or well-being are compromised.

### V. ACR FEEDBACK COMMUNICATION NOTICE

When a critical and/or chronic issue is identified during a review, the ACR reviewer completes the **CFS 231, ACR Feedback Communication Notice**. Both the Child Welfare Administrative Case Reviewer and the DCFS/POS worker sign it before the review concludes. This written communication ensures that the worker is aware of both the critical and/or chronic issue and the electronically generated feedback report that will follow. The reviewer keeps the original of the CFS 231 and provides the worker with a copy. The worker is responsible for providing his or her supervisor with a copy of the ACR Feedback Communication Notice indicating a critical and/or chronic feedback will be written. Upon receipt of the critical and/or chronic feedback, a Feedback Response and Action Plan (FRAP) must be completed.

## **VI. ACR FEEDBACK PROCEDURE**

Administrative Case Review will provide the DCFS or private agency worker with an electronically generated ACR Feedback Report, which may include a Critical or Chronic Issue(s). The ACR Feedback Report summarizes the observations, findings and recommendations for each case reviewed. It is organized by best interest categories: Safety, Permanency and Well-Being.

### **Electronically Generated Feedback Reports on Critical Issues**

Administrative Case Reviewers are required to immediately report critical issues identified during the course of an administrative case review to the assigned worker's supervisor or when the supervisor is unavailable, to his or her supervisor or manager, either in-person, by telephone and/or when appropriate, by e-mail. The electronic ACR Feedback Report describing the Critical Issue(s) will follow within two working days of the immediate notification.

### **Electronically Generated Feedback Reports on Chronic Issues**

The Administrative Case Reviewer will document Chronic Issue(s) on the electronic ACR Feedback Report and send it to the caseworker's supervisor within two working days.

## **VII. DISTRIBUTION OF ACR FEEDBACK REPORTS**

ACR Feedback Reports on Critical or Chronic Issues will be sent to an established distribution list that includes, but is not limited to: DCFS and POS caseworker; Field Service Manager or Site Administrator or POS equivalent; Program Manager; Assistant Regional Administrators; Regional Administrators; Agency Performance Team (APT), ACR Unit, the Guardian Ad Litem (GAL) and select regional (e-mail) mailboxes. POS agencies will receive the Feedback reports via regular mail from the APT Units.

Administrative Case Reviewers will identify other DCFS staff members who monitor or provide oversight in specific types of cases, case situations, and/or who monitor certain consent decrees or procedural requirements. ACR will send feedback reports to them via agency e-mail (Outlook).

## **VIII. FEEDBACK RESPONSE AND ACTION PLANS FOR DCFS AND POS CASES**

The assigned DCFS or POS supervisor is responsible for developing and distributing a written **CFS 230 ACR Feedback Response and Action Plan** within fourteen (14) days of receiving a Feedback Report of a critical or chronic issue from the Administrative Case Review unit.

Supervisors will discuss with the assigned caseworker the issues identified by the reviewer in order to develop the Feedback Response and Action Plan. Once completed, the **CFS 230 ACR Feedback Response and Action Plan** is forwarded to Field Services Manager, Program Manager, Site Administrator or POS equivalent. A copy of the ACR Feedback Report on Critical or Chronic Issues must be attached to each Feedback Response and Action Plan. The Field Service Manager, Site Administrator or POS equivalent is responsible for immediate resolution and ongoing monitoring of the critical or chronic issue identified during an administrative case review.

Information received from others such as the child's guardian, therapist, educational liaison, etc. may be incorporated into the response. The **CFS 230 ACR Feedback Response and Action Plan** should also describe any differences of opinion or factors which may mitigate the issues identified by the reviewer; resolution of the issues whenever possible; or a clear plan detailing how the issues will be resolved with the time frames for completion.

#### **IX. APPROVAL / MONITORING OF FEEDBACK RESPONSES AND ACTION PLANS**

Field Service Managers, Program Managers, Site Administrators or the POS equivalent are responsible for reviewing and approving each Feedback Response and Action Plan to ensure that the issues raised by the reviewer are addressed. Field Service Managers, Program Managers, Site Administrators or the POS equivalent are responsible for follow-up with the assigned supervisor when a Feedback Response and Action Plan is not submitted within fourteen (14) days or when it is not complete or fails to adequately address the needs of the children and/or family.

The Field Service Manager, Site Administrator or equivalent POS administrator forwards a copy of the approved Feedback Response and Action Plan to:

- Program Manager or his/her designee; or
- Agency Performance Team or APT designee; and
- ACR Feedback Response Coordinator.

The Field Service Manager / Site Administrator or POS equivalent is responsible for monitoring the implementation of Feedback Response and Action Plans.

#### **X. INTERIM REVIEW OF CRITICAL ISSUES**

When the Administrative Case Reviewer identifies a critical issue, an interim review shall be convened within three (3) months of the current review, unless the Administrative Case Reviewer and/or the ACR Program Manager rule out the need for one. The purpose of the interim review is to examine how the critical issue has been or is being resolved, including documentation of progress toward resolution.

## **XI. TRACKING CRITICAL AND CHRONIC ISSUES**

The Division of Administrative Case Review will maintain a record of ACR Feedback Reports on Critical and Chronic issues for both DCFS and POS cases and produce a monthly report. The monthly report will be sent to the Director and Executive Staff and will include, but not be limited to the following aggregate information: Region/Site/Field by numeric and alpha character for DCFS teams; agency name for private agencies; number of critical and chronic issues identified in the prior month; number of critical and chronic issues for which complete feedback response and actions plans were received.

When a Feedback Report and the ACR Feedback Response and Action Plan have been logged in at the divisional level of ACR, they will be sent to the ACR Regional Office Coordinator to file in the ACR case record. The reviewer will inquire about the Feedback Response and Action Plan at the subsequent review. Previously identified critical or chronic issues that are pending resolution will receive another electronically generated feedback report, a process that will continue until resolution is achieved and stabilized.

## **XII. ATTACHMENTS**

**CFS 230 ACR Feedback Response and Action Plan for Critical or Chronic Issues  
(New 7/2005)**

**CFS 231 ACR Feedback Communication Notice (New 7/2005)**

Both forms are available through Central Stores and are available on the SACWIS T-Drive, DCFS Web Resource at <http://dcfswebresource.prairienet.org> and DCFS website at [www.state.il.us/dcfs](http://www.state.il.us/dcfs).

## **XIII. FILING INSTRUCTIONS**

Remove Policy Guide 98.15 Corrected from behind Appendix E of Procedures 305 and replace with this Policy Guide.

This page intentionally left blank.

**ACR Feedback Response and Action Plan (FRAP)  
for Critical or Chronic Issues**

This form is to be completed and distributed by the casework supervisor within 14 days of receiving the ACR Feedback Report identifying a critical or chronic issue. A copy of the original feedback report must be attached. The approval of the Field Service Manager, Site Administrator or POS equivalent is required.

Type of Feedback:  Critical  Chronic Date of ACR: \_\_\_\_\_ Date Feedback Received: \_\_\_\_\_

Date of Response: \_\_\_\_\_ Best Interest Category: (check all those that apply)  Safety  
 Permanency  
 Well-being

Case Name: \_\_\_\_\_ Family ID #: \_\_\_\_\_

RSF: \_\_\_\_\_ Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Worker: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**A. List all of the critical or chronic issues identified by ACR. As needed, include the name of the child to whom the issue applies.**

**B. Response to each finding. Include any factors that mitigate the critical or chronic issues listed.**

**C. Plan for Resolution: Outcome and Time Frames. Include the name of the person responsible for each activity.**

Approved by:

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Field Service Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Administrator or POS Administrator

\_\_\_\_\_  
Title

Return to: Department of Children & Family Services  
ACR Feedback Response Coordinator  
1921 S. Indiana, 2<sup>nd</sup> Floor  
Chicago, IL 60616  
Fax #: 312-328-2749

State of Illinois  
Department of Children and Family Services

**ACR**  
**Feedback Communication Notice**

**Date of ACR:** \_\_\_\_\_

**Case Name:** \_\_\_\_\_

**Case ID#:** \_\_\_\_\_

**An Administrative Case Review was held on the above case and as a result,**

**A CHRONIC Feedback will be written.**

**A CRITICAL Feedback will be written.**

**The reason for the above feedback has been discussed with the caseworker and/or supervisor and will be documented in the feedback.**

\_\_\_\_\_  
**Signature of Caseworker**

\_\_\_\_\_  
**Signature of Reviewer**