

User Interviews with 3 caseworkers

General Case information

1. How many cases do you have?

Lisa: Has 10 cases now. Average 12-13 cases
Nicole: Has 10 cases now. Average 12-15 cases
Marissa: Has 14-15 cases now (treatment court)

2. What are the risk levels of each of your cases?

Lisa: 1 high risk. Mostly moderate, no low. Other high risk cases with in-placement kids (monthly visits)

Nicole: All moderate now. A couple of high risk cases but kids in-placement (monthly visits)

Marissa: All low/moderate right now; have moved from high risk.

Family Service Plan

1. How are you using the Family Service Plan to monitor the case and members of the case?

Lisa: It is used to remind the family what is on the plan and discuss what improvements have been made (hold them accountable for what was agreed to on the plan). Work on getting the child back to the parents.

Nicole: Go over with family in every visit. Use as progress report to see if they're doing what they're supposed to (and for court)

Marissa: Knows her families well, doesn't refer back to the plan all the time. Will remind them of what's required.

2. How are you verifying what's required of each member on the Family Service Plan?

Lisa: Obtaining proof. Do not take anyone's word for it. Huge pain that providers don't share information.

Nicole: Don't take clients words. The time it takes to get info from providers.

Marissa: Communicating with counselors over phone, email about progress. Have to be persistent.

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Home Visits

1. On average, how many home visits do you make a week?

Lisa: 4-5 a week, visits are scheduled. High risk – 1 visit a week. Moderate risk – 2 visits a month.

Nicole: 5 a week right now. Visits are usually scheduled. Most cases are placement, multiple visits per family.

Marissa: Mostly monthly visits. A couple are twice a month for moderate risk.

In general – high risk – every week, moderate – every 2 weeks, low – monthly, placement – monthly.

2. How do you prepare for your home visits?

Lisa: Schedule visits close to one another. Look at previous visits.

Nicole: Looks back at paper notes. Binder that she keeps with family info. Make notes of anything due or follow up on.

Marissa: Knows families well, doesn't need to do a lot of prep work. Look at what needs to be done.

3. How are you recording your visits in ACYS during home visit?

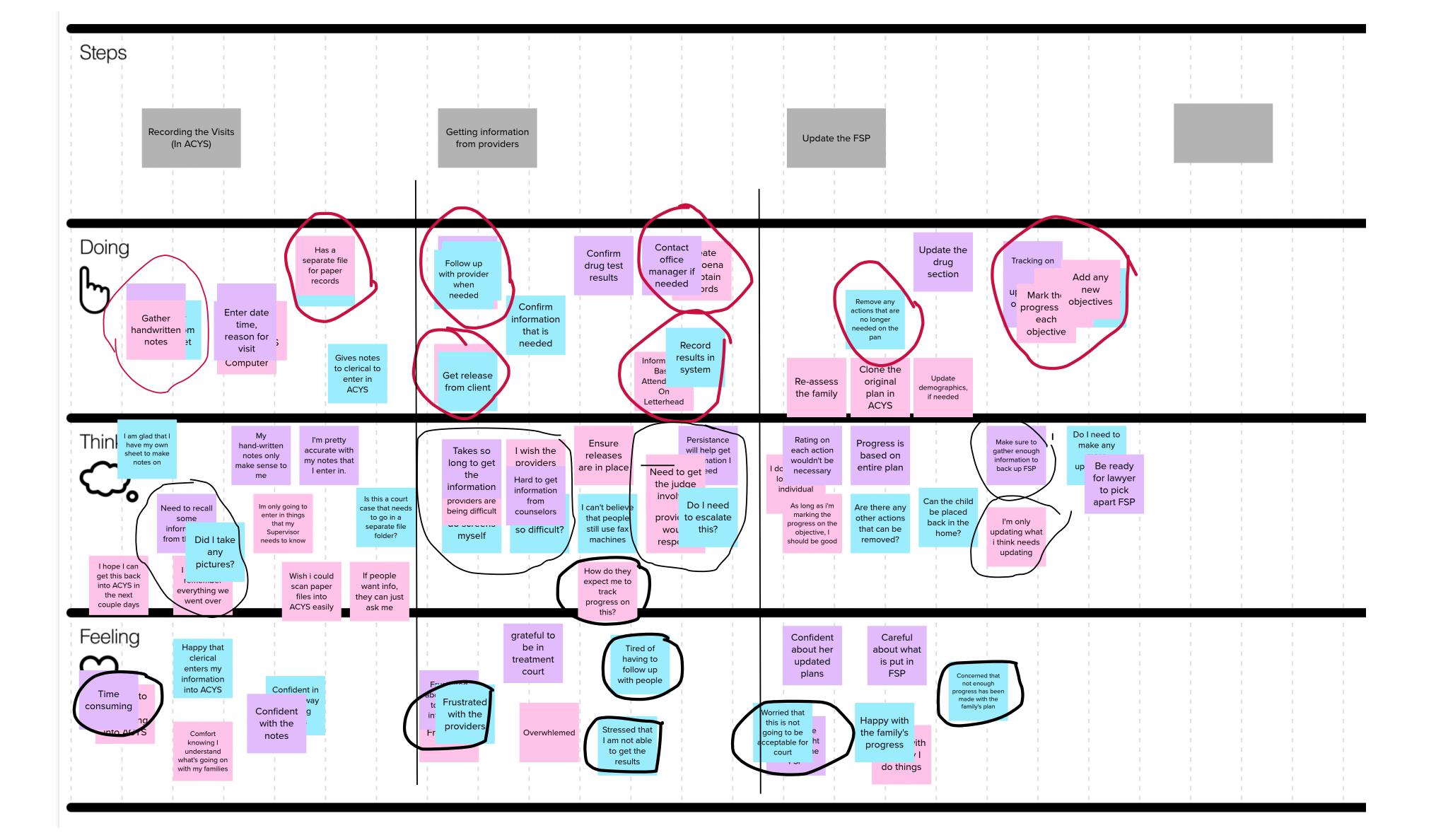
Lisa: Mostly by memory. Will write down dates, doctor's name. Record notes the next day.

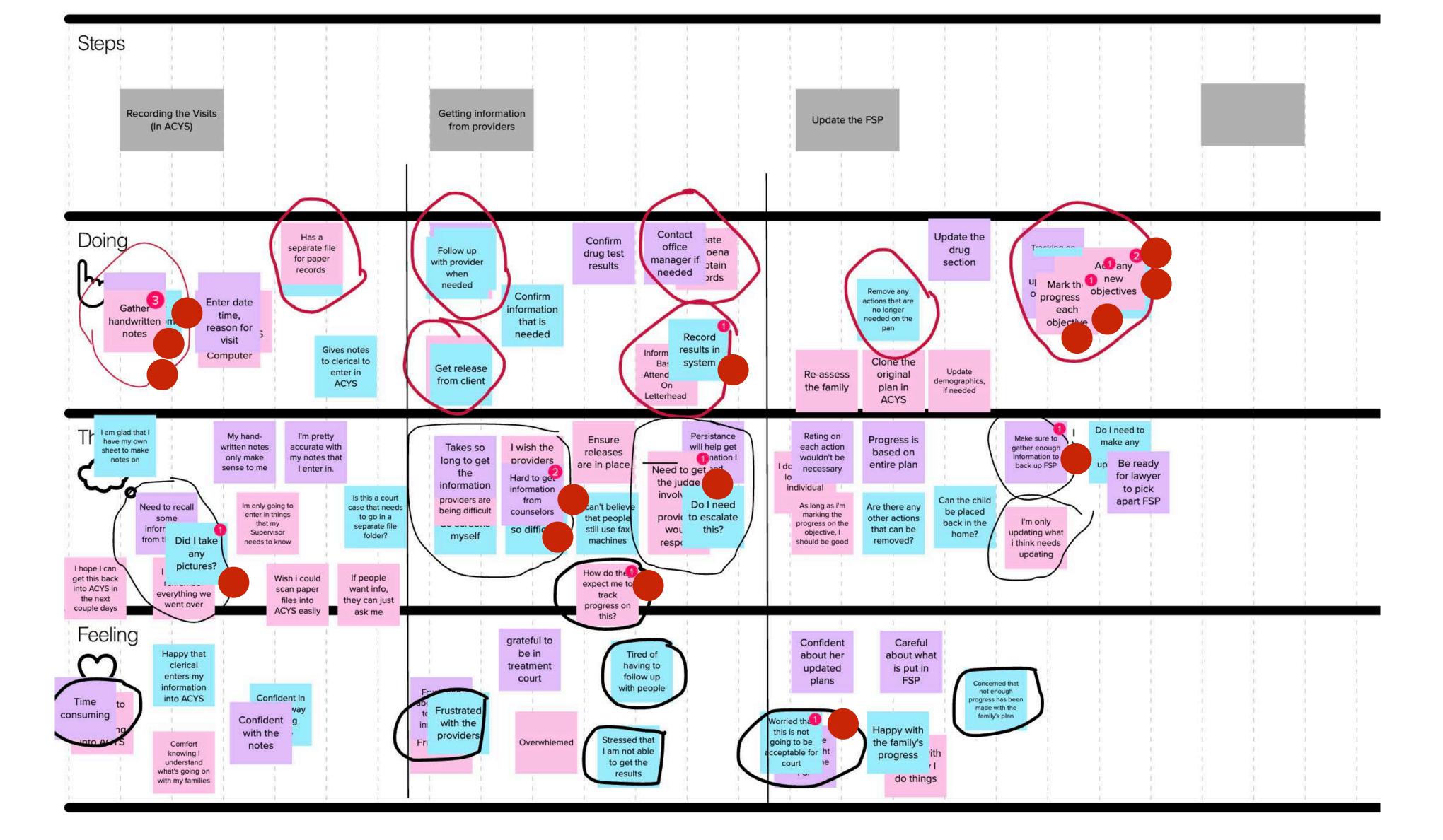
Nicole: Doesn't use computer during home visits, paper is easier. Doesn't sit down and doesn't want to connect to a hot spot.

Marissa: Does not bring computer. Jots notes in a notebook. Enters notes the next day.

As-is Scenario Mapping

Steps						
Recording the Visits (In ACYS)	Getting information from providers		Update the FS	SP		
Doing Enter notes the next Enter home Enter date time,	Make calls and send	Confirm drug test Contact office	progress of	pdate the drug		
in notebook day in ACYS visit event reason for visit Gather notes from my sheet reason for visit Gives notes to clerical to enter in ACYS	emails Confirm Get release information that is needed	results manager if needed Contact Follow up with provider (email, when phone, fax) needed	- Look at	pdate the plan Remove any actions that are no longer needed on the pan		
Gather handwritten notes Upload pictures onto Computer Enter in notes in ACYS Enter in notes in ACYS Fictures into ACYS Has a separate file for paper records	Ensure releases are in place Email, call, contact providers for info	Create subpoena to obtain records Information: Basic Attendance. On Letterhead	Re-assess the family	demographics, goals	Mark the progress on each objective	Add any new objectives
Need to recall some information from the visit My hand-written notes only make sense to me I'm pretty accurate with my notes that I enter in.	Persistance Hard to get will help get information information I from need counselors	Takes so long to get the information	wouldn't be	oased on to pick gr	Make sure to ather enough nformation to back up FSP	
I am glad that I have my own sheet to make notes on Is this a court case that needs to go in a separate file folder? Did I take any pictures?	This is why I do screens myself Why is this so difficult?	I can't believe that people still use fax machines Do I need to escalate this?	make any oth more the sundates for	ce there any Can the child be placed hat can be removed? Can the child be placed back in the home?		
I hope I can get this back into ACYS in the next couple days I hope I can remember everything we went over I hope I can remember enter in things that my Supervisor needs to know Im only going to enter in things that my Supervisor needs to know ACYS easily Wish I could scan paper want info, they can just ACYS easily	I wish the providers would respond	How do they expect me to track progress on this?	updating what i think needs	I dont need to look at the individual actions		
Feeling Time consuming Confident with the notes	Frustrated grateful to about having be in treatment information court		updated abo	Careful out what s put in FSP		
Happy that clerical enters my information into ACYS Confident in my own way of doing things	Frustrated with the providers Stressed that I am not able to get the results	Tired of having to follow up with people	going to be the	ppy with concerned that not enough progress has been made with the family's plan		
Rushed to get everything into ACYS Comfort knowing I understand what's going on with my families	Frustrated Overwhlemed		Happy with the way I do things			







Define

A Caseworker

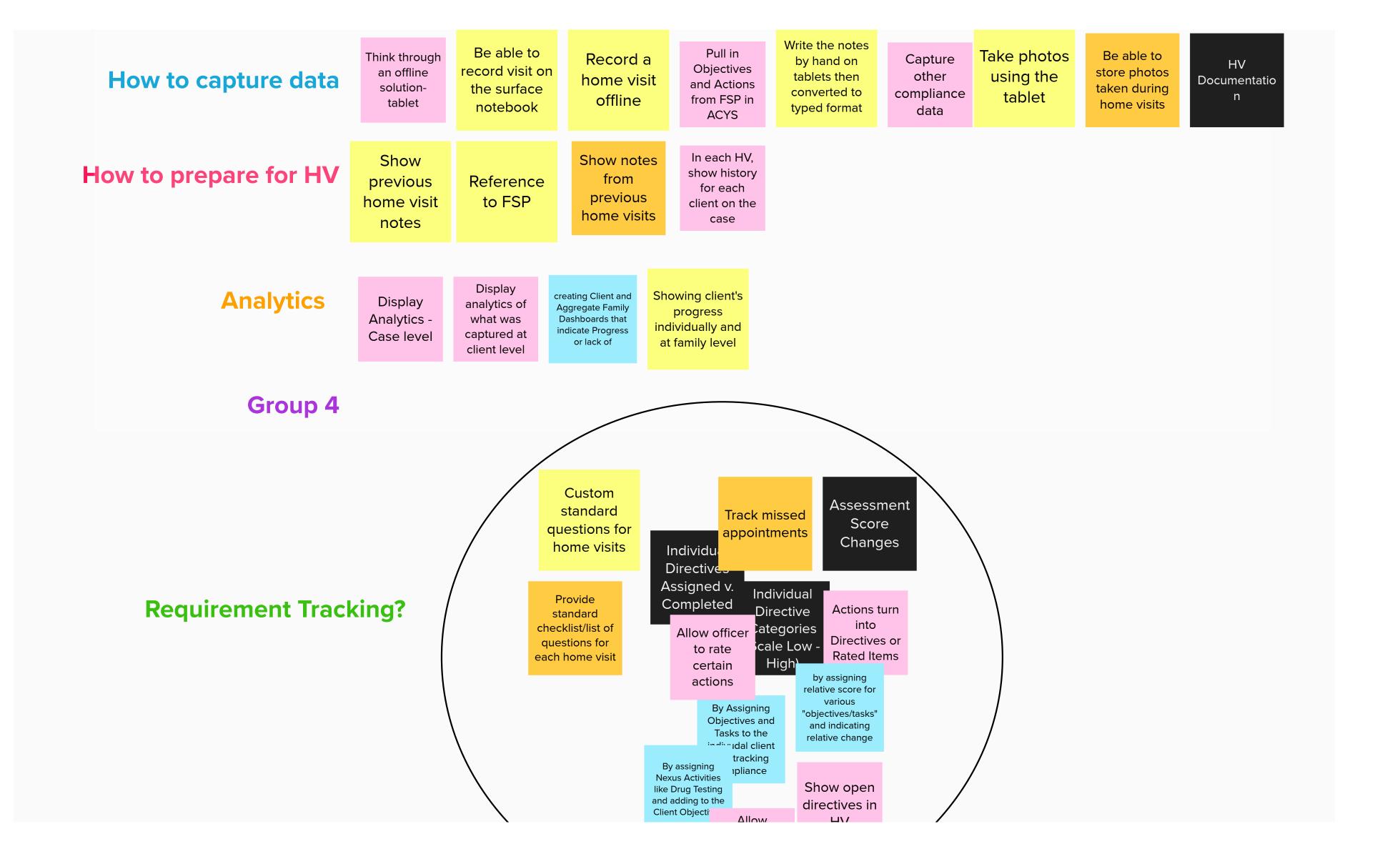
needs a way to

Get info from treatment providers

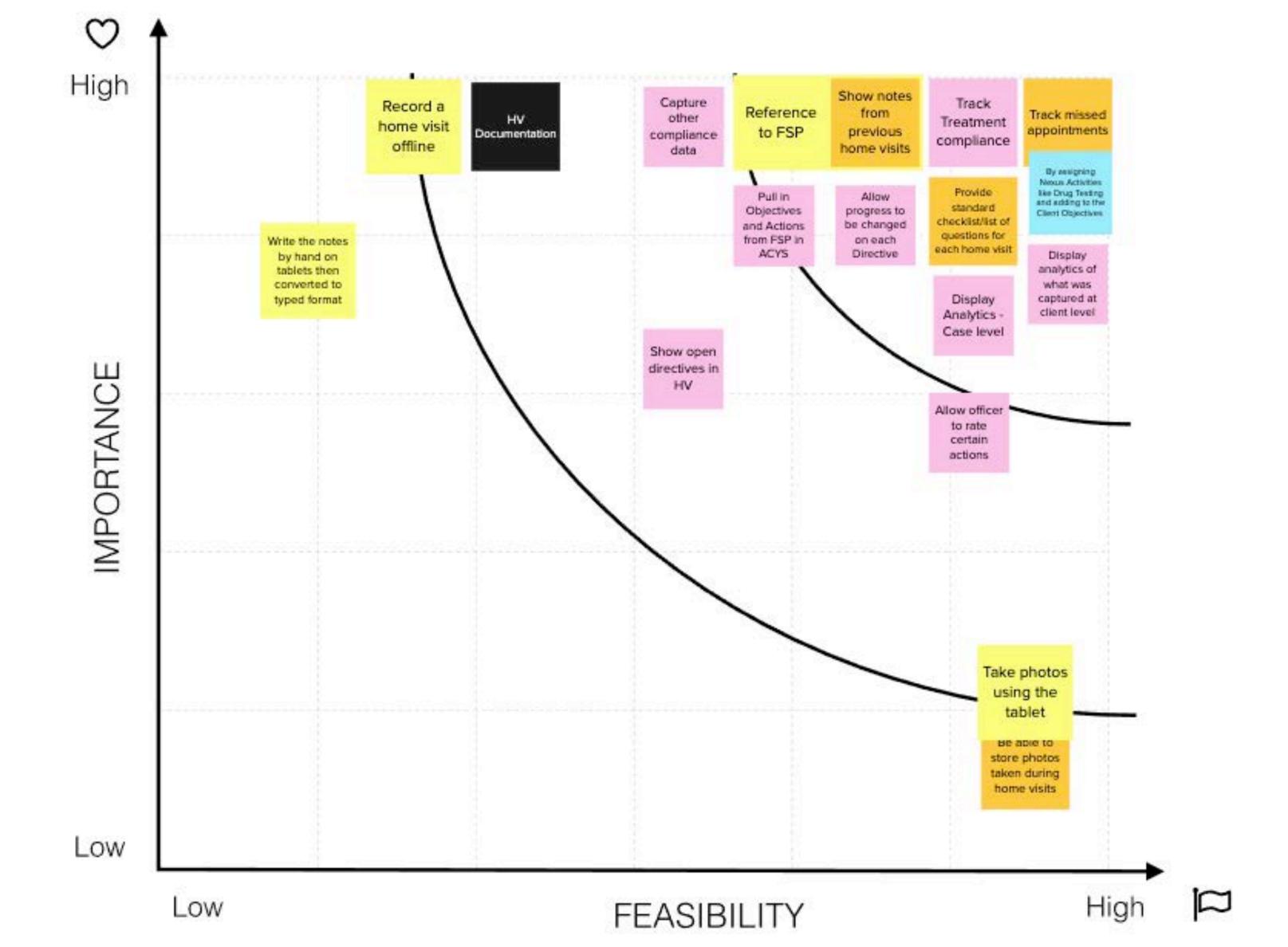
so that

She knows the client progress





Prioritizing Ideas



User Flow Diagram

