

Continuous Quality Improvement Quality Service Review

EXECUTIVE SUMMARY

April 23-27, 2007

Clark County Department of Social Services

Child Welfare Continuous Quality Improvement Program

The Bureau of Programs and Policies

Division of Children and Family Services

Wisconsin Department of Health and Family Services

A Report by

The Continuous Quality Improvement (CQI) Team

August 27, 2007

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Bureau of Programs and Policies (BPP), a Division of Children and Family Services (DCFS) of the Wisconsin Department of Health and Family Services (DHFS), uses the Quality Services Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The QSR generates useful information for county staff and community stakeholders as to outcomes for children and families served, strengths of local practice, and opportunities for improving system performance.

The QSR process also provides an opportunity to gather additional information the department will use in reporting some federally required information, which is part of the Child and Family Services Reviews (CFSR).

The Continuous Quality Improvement Team conducted a Quality Service Review in Clark County during the week of April 23, 2007. During the same week staff from the Children's Court Initiative (CCI) in the Director of State Courts Office conducted a review of the Juvenile Court. CCI is an ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE CLARK COUNTY REVIEW

A. REVIEWERS

In the Clark County review, eight case reviewers in teams of two participated in reviewing the eight families' cases selected. The case reviewers included five state employees (one Human Service Area Coordinator from Area Administration, one Quality Assurance staff from Adoption and Consultation and three CQI specialists), two county directors and one retired human service professional. All the case reviewers have extensive experience in child welfare and are certified as QSR reviewers.

B. CASE SAMPLE

Eight cases were randomly selected for review in Clark County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers, ages and genders of children. A family must agree to participate in the review process and sign releases for participants to be interviewed by the review team, or the case is not selected. In the Clark County review, a total of 69 persons were interviewed. Of the eight families' cases, one child was living at home with his parents, one child was living with a relative in a kinship placement, four children were in foster care (two children in treatment foster care), one in group care and one in a residential care center. Two children were in the 0-4 age range, three children were in the 10-13 age

range, and three children were over the age of 14. There were three females and five males in the sample.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Site leader Monica Booe conducted these sessions. In addition, Bridget Bauman and Mila Cabral of the Children's Court Initiative conducted sessions jointly with the CQI site leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how all the systems with which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

D. DEMOGRAPHICS

Clark County is a relatively large, rural county where the county seat, with a population of 2700, is the largest community in the county. Agriculture (dairy farming) is the primary industry in Clark County. A focus group participant identified Clark County as the second most impoverished county in the state. There are a significant number of households headed by single parents and although the home ownership rate of 81.2 percent is higher than the state's average (68.4 percent) as reported by the U.S. Census Bureau, more families are struggling with subsistence issues. Parents are traveling sometimes great distances for work and the free and reduced lunch program is at or above 40 percent in many schools; many children are receiving both breakfast and lunch at school.

Younger people are leaving the county for employment opportunities creating a high elderly population – the majority of those at meal sites are 85 years and older. There is a new manufacturing plant set to open soon in the community that is expected to employ 50 to 100 workers immediately upon opening.

In recent years, there has been an increase in Spanish-speaking persons and the Amish although these population changes have not been identified as having a significant impact on the agency's services. One participant mentioned that this is a caring community (county) where people take care of themselves and each other.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Clark County’s Department of Social Services (DSS) staff are described as being invested in improving children’s and families’ welfare and, above all, want to keep children safe. They are described by participants as being skilled, hardworking, dedicated and empathetic to children’s needs. Among the substantial strengths of the agency, many of the frontline workers have been with the agency longer than five years. This longevity contributes to an informal practice of teamwork where staff are supportive of each other during absences. The low turnover among frontline workers is somewhat remarkable given the high turnover in the supervisory position in recent years. The Child and Family Services’ (CFS) supervisor, who has been in the position for approximately eight months, is described as being accessible (approachable) and supportive. One participant described her as being “on the money” in terms of her approach. The agency-attached juvenile court intake worker is viewed by all as a strong link between the agency and Court. She is described as being responsive and keeping families informed of upcoming court proceedings. The on-call emergency system is said to be working well.

In several ways, the agency shares a strong working relationship with their community partners and stakeholders. For example, focus group participants talked about their appreciation of the open communication and accessibility among the agency supervisor, workers and their partners. A key principle of the practice model is developing trust-based working relationships to help families achieve meaningful change. This extends to the macro level as well. The partnerships identified in Clark County appear to provide a strong foundation for advancing the practice model and achieving system change.

Agency staff are also involved in community activities such as the Tobacco Coalition, the Children’s Council and the annual Children’s Fest where the agency sponsors a booth to inform the community about available services and supports offered by the agency. A Drug Endangered Children program is in the development process.

B. ORGANIZATIONAL – CHALLENGES

Several factors were identified as impacting the quality of frontline practice in Clark County DSS. Two ongoing positions are vacant and due to county budget cuts, remain unfilled which has led to an increase in workload among the remaining staff. For example, the foster care coordinator continues to carry a full caseload in addition to her new responsibilities. Workload is also affecting whether staff are meeting the required timeline for completing initial assessments. In addition to increasing workloads, workers identify an increase in the intensity of their caseloads due, primarily, to the increasing complexity of family needs. Focus group participants discussed the significant increase in the number of incest and sexual abuse cases in the last couple of years. Consistent with this, the Office of Program Evaluation and Planning (OPEP) in DHFS’ Division of Children and Family Services reported that of the 115 cases “screened in” for

investigation and assessment last year in Clark County, 48 were for sexual abuse. Like other counties, more families are presenting with co-occurring conditions such as Alcohol and Other Drug Abuse (AODA), mental health concerns, developmental disabilities and concerns related to subsistence living or poverty. According to information from focus groups, domestic violence also appears to be on the increase.

Organizationally, agency staff appear to be struggling to develop a shared understanding of their role and purpose and how to carry out their responsibilities in a way that benefits families, the agency and its partners. Several participants identified a perception of “closed doors” or secrecy which may be emblematic of a need for improved organizational support within the agency. The office atmosphere is described as one in which there is a sense of people not knowing what to expect nor understanding changes that are made. Confusion results about who is responsible for communicating these changes. This appears to have resulted in lowered staff morale and crisis-driven work/case management.

Another challenge for the agency has been the lack of stability in the CFS supervisor position as evidenced by the turnover in the last several years. The consequences of relatively frequent turnover are significant for the continuity and consistency of case practice.

C. RESOURCES – STRENGTHS

A highlight of the resources available to the county is the skilled and dedicated foster parents caring for children who require out of home placements. One “set” of foster parents have 22 years of experience and are willing to take youth whose needs and challenges are great. They provide the needed structure for youth in their care and connect them with resources and transportation. These foster parents are planning to retire soon and the agency may want to explore how they might utilize this couple in another way, such as providing support or mentoring to other foster parents.

In addition, there is a fair amount of informal teaming occurring in Clark County. Several focus group participants spoke about the value of working together and indicated a willingness to team on families’ cases. Specifically, providers appreciate that nine times out of ten the worker participates in the initial meeting with the family. This provides an opportunity for the family, agency staff, and providers to identify the long-term view and develop a shared understanding of the strategies to achieve change. The multi-disciplinary team meetings appear to contribute to positive relationships with the agency’s partners and stakeholders. Special mention was made about the opportunity for practice partners to participate in training that is provided and/or sponsored by the agency.

D. RESOURCES – CHALLENGES

Not unlike other rural counties in the state, Clark County lacks some of the vital resources to meet families' needs such as inpatient AODA and mental health treatment and having enough dentists who accept medical assistance. Transportation is described as a "huge" need. Since resources are limited, some services are extended beyond their limits or underpowered such as AODA, parenting assessments, and the ability to provide supervised family interaction which is often crucial for parents to maintain relationships with their children in out-of-home care. This also has a direct impact on whether parents are able to meet the necessary conditions for the return home of their children thereby delaying permanency for these children. Focus group participants mentioned that due to access limitations, it is sometimes difficult to complete psychosocial evaluations. Skill-based service provision for youth in the area of independent living is also an identified shortage. Other identified resource needs include a shelter for women and children, mentoring programs such as Big Brothers/Big Sisters, support groups (AODA, in particular) and a community outreach program for Spanish-speaking residents.

Concerns emerged in focus groups about the presence of a strained relationship between the agency staff and foster parents. This is attributed to the change in personnel requirements for the foster care coordinator position that may not be well understood or accepted by the foster parents. With implementation of the new safety standards, the agency decided it was necessary to convert this position from a para-professional to a professional position. Subsequently, a social worker currently on staff assumed the responsibilities of the foster care coordinator position. At the time the change was made, the goal for the agency was to reduce her caseload to facilitate a smoother transition into her new role. This remains the goal though at the time of the review there had been little progress made toward meeting this goal and as a result there has not been the anticipated level of contact between the foster parents and the new foster care coordinator.

A challenge identified in this review that is not dissimilar to results from other CQI reviews is that some community stakeholders remain confused or disagree with the agency's mission and responsibilities toward children who need protection. Statewide, many Child Protective Service (CPS) agencies are challenged to find ways to help community partners develop a good understanding of their role and reach consensus about community priorities.

E. PRACTICE – STRENGTHS

As mentioned in a previous section, there is a fair amount of informal teaming occurring in Clark County. Recently the agency implemented primary care team meetings which are held immediately following the initial court appearance by the family. This provides an opportunity to begin engaging/empowering the family in the change process. A follow-up meeting held a month later (at disposition) also provides an opportunity to continue assessing strengths and needs, identify a long-term view, and to plan specific strategies for achieving outcomes. If the conditions identified in the court order are more

service-based than behaviorally-oriented, it is also an opportunity for the agency and family to identify on a concrete level the changes needed for parents to provide safe care for their children and achieve independence from the agency. The follow-up meeting may also be a good time to begin to identify additional team members, especially informal supports who will be necessary to sustain a family's commitment toward change.

Clark County DSS workers meet regularly with children and families and appear to have a strong basis from which to develop trust-based, change-oriented relationships with parents. At the present time, several workers participate in school-based meetings and conduct joint investigations with law enforcement.

Other strengths include: identifying informal supports, using relative placements to lessen the impact on children when out-of-home care is indicated, and locating absent parents.

F. PRACTICE – CHALLENGES

The development of a formal teaming approach provides an opportunity for the agency to change practice that can result in improved outcomes for children and their families. Teaming is particularly beneficial because as a practice method, responsibility for outcomes is shared among everyone involved, including the family. Often, someone not included on the team holds a key piece of the “knowledge puzzle” or has an idea for a particular strategy that may work well with the child or family. It seemed apparent from the focus groups that the agency's partners want to increase collaboration and teaming.

Perhaps due to workload concerns and the increasing need to do crisis management, workers are not finding opportunities to do pro-active casework and creative case planning. The quality of communication appears to also be impacting coordination with community services, especially with respect to planning for families' needs. Participants described a difficulty connecting with community services' staff until it is very near to the time for a family to transition to other services.

As with other counties, Clark County DSS is no exception when it comes to struggling with the implementation of new standards and regulations that come from the state. The perception is that nothing is taken away when new standards or requirements are introduced and implemented.

G. LEGAL – STRENGTHS

Clark County DSS workers share a strong professional relationship with the Public Defender's office and the Court. The Judge often accepts workers' recommendations. When procedures are followed, there are usually no surprises or questions in court orders. Workers have access to and meetings with corporation counsel as needed. Like the

frontline staff, their legal partners share longevity and a concern about the welfare of children.

Workers are identified as being prepared for Court and providing court reports in a timely manner. According to the Children's Court Initiative review findings, workers are identifying tribal children at the outset and meeting other Indian Child Welfare Act (ICWA) requirements.

H. LEGAL – CHALLENGES

One challenge for the agency is that Guardians ad Litem (GAL) have an inconsistent practice in the level of contact they have with the children to whom they are assigned. In many cases, the GAL is meeting the child or youth for the first time just before court. Another challenge is that while GALs can be and are re-appointed when the need arises, GAL appointments do not continue automatically post-disposition.

Focus group participants would like to see parents represented in Court more frequently so they can better understand proceedings.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

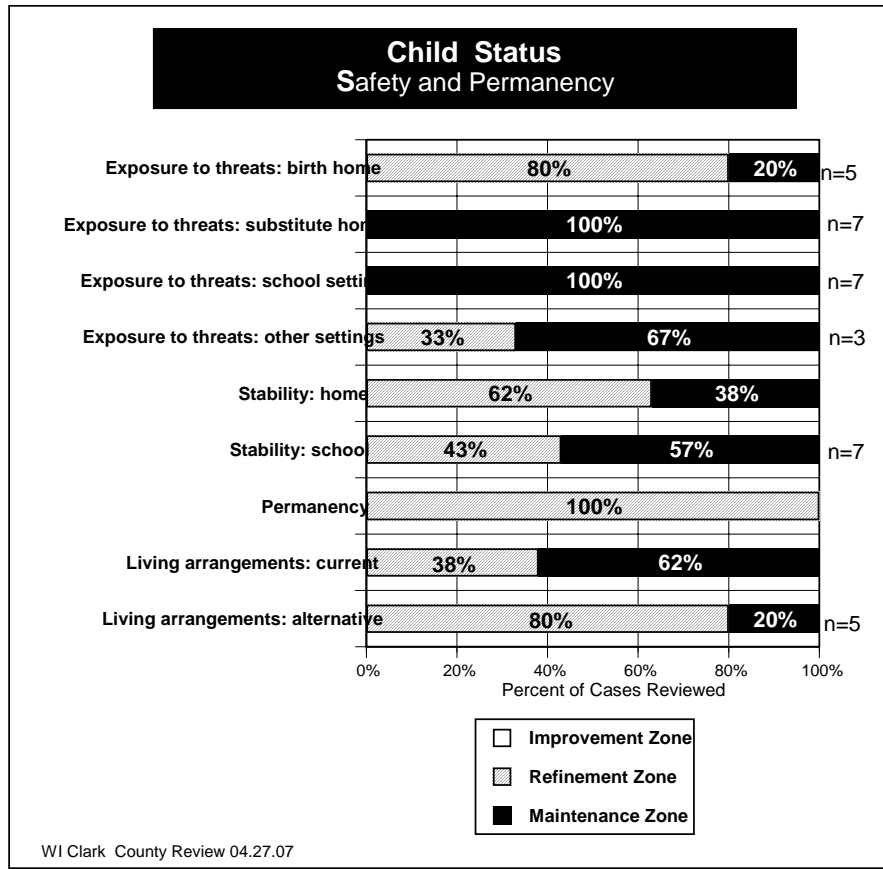
The QSR uses eight indicators to assess a child's status and five indicators to assess parents and/or caregivers. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 30 days prior to the review.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element (Scores 5 & 6)
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element (Scores 3 & 4)
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element (Scores 1 & 2)

Notes: Commensurate with the federal Child & Family Services Review Scores, 4-6 reflect an “acceptable” rating and 1-3 “unacceptable.”

n = (x) signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



Exposure to Imminent Threats of Harm: To what degree is the child free of abuse, neglect, and exploitation by others in his/her place of residence and other daily settings? Is the child free from injury caused by others in his/her daily home, school, and community settings? Do parents and caregivers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home?

Comments:

The scores in this area encompass the daily living settings for each child. All of the children in our sample rated for this indicator were found to be free of abuse, neglect and exploitation in their substitute care placements, at school, and in other settings. For the seven children included in the sample who live in out-of-home care, the case review findings show a good and generally risk free living situation for the child.

Three of the family’s cases were not rated for the *family home* because the permanency goal for each is long-term foster care. In the five cases where the family home was rated, three of our focus children were found to be in minimally acceptable situations (refinement zone) and one was scored in the marginally unacceptable range. These ratings with respect to the family home were primarily due to the need for the parents to make progress in their caregiving capacities and/or with their own cognitive challenges/co-occurring conditions. In one case, our focus child is a “severely retarded,

non-verbal 12 year-old” who lives in a rural setting with his parents who “dearly love their children” and are able to provide for the basic necessities but appear to lack an understanding of the focus child’s need for medications and an environment free of hazards (equipment and machinery). Our focus child’s parents often leave him in the care of his eleven year-old sister who has also been made responsible for caring for the other children in the family.

Stability: To what degree are the child’s daily living, learning, and work arrangements stable and free from risk of disruption? Are the child’s daily settings, routines, and relationships consistent? Are known risks being managed to achieve stability and reduce the probability of future disruption?

Comments:

The stability scores pertain to children living in their birth homes and in substitute care and the scores indicate whether the child is likely to have any unplanned moves (disruptions). Seventy-five percent or six of the eight cases scored in the acceptable range for stability in the home and all seven cases rated for this indicator scored in the acceptable range for stability at school. This seems to reflect that most of the children in our sample are enjoying relative stability in their living situations and can expect only planned moves in the foreseeable future. This was also borne out in the data collected and provided by the Office of Program Evaluation and Planning (OPEP). Stability is important for the child’s emotional and behavioral health because it helps to promote or support family interaction when reunification is the goal.

Permanency: Is the child/youth living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers, and other stakeholders believe will sustain until the child reaches adulthood and continue onward to provide family connections and supports? If not, to what degree are permanency efforts presently increasing the likelihood that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

Comments:

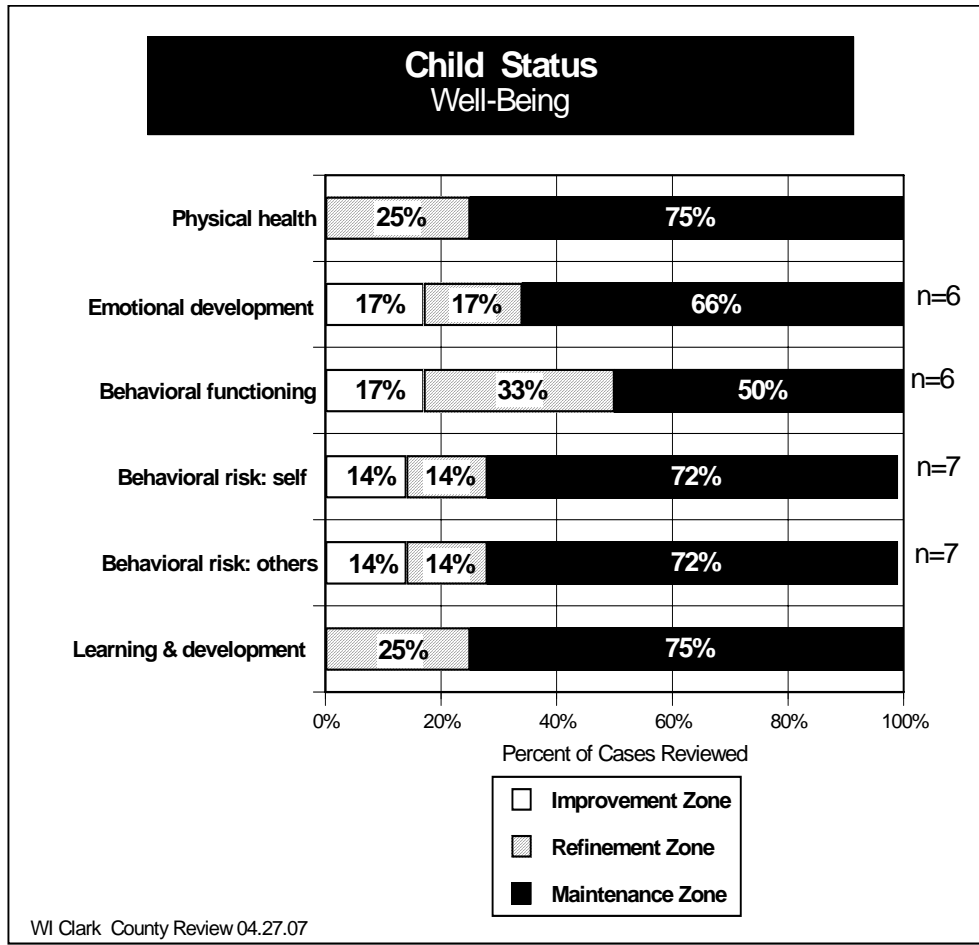
Scores for permanency are consistent with OPEP data for the month of March, 2007, where fourteen of the thirty-four children in out-of-home placement were in placement more than sixteen of the last twenty-two months. Six of the eight cases scored in the marginally unacceptable range indicating that permanency is an area that presents an opportunity for the agency to examine and refine practice. In several of the cases scoring in the unacceptable range, the children have experienced three or more placements over the course of the last several years and remain in placement today. In three of these where the permanency goal is reunification, the progress toward independence from the agency scored in the unacceptable range. In one story the reviewer wrote: “Progress toward reunification has been slow and after a year of foster care, everyone remains uncertain about this issue. Mother is unclear regarding the conditions for return and is unsure of her ability to care for [focus child]. Family interaction is infrequent due to transportation issues and the emotionality of the contact.”

Living Arrangement: To what degree is the child in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, age, ability, special needs, and positive peer group affiliation? If the child is in temporary out-of-home care, does the living arrangement meet the child's needs to be connected to his or her language and culture, community, faith, extended family, tribe, social activities, and peer group?

Comments:

Eighty-eight percent (seven of eight) of the cases scored in the acceptable range for living arrangement with five of these scoring a five or a six. As the following example illustrates, even though seven of the eight children in our sample are placed outside of their birth home, their current living arrangement was found to best meet their needs for family relationships, social connections, etc. In one story where this indicator was scored a six and the permanency goal is long-term foster care, the reviewer noted that the foster parents have extensive experience working with cognitively delayed young women (they are currently caring for four who are 16 and 17 years-old). In this placement our focus child is developing functional life skills such as preparing meals and is able to maintain regular interaction with her mother and maternal grandmother.

In another case that scored a six, our focus child has made significant progress in his foster home. [Focus child] “has learned to deal more effectively with his mother particularly related to avoiding arguments” and has set attainable goals for himself such as finishing high school, obtaining employment, and managing his emotions when involved in conflict-evoking situations.



Physical Health: To what degree is the child achieving and maintaining his/her optimum health status? If the child has a serious or chronic physical illness, is the child achieving his/her best attainable health status given the disease diagnosis and prognosis?

Comments:

All the children in our sample are in good physical health; six of the eight cases scored in the maintenance zone. This is consistent with scores in other counties in the state and with scores in the Child and Family Services Review. In one of the cases where the focus child’s physical health was rated minimally acceptable (at a four), the child has recently “struggled with colds, flu and a bad cough. She is being tested for more serious illnesses.”

Emotional Development: To what degree is the child presenting age-appropriate emotional development, adjustment, appropriate coping skills, and self-control?

Behavioral Functioning: To what degree is the child achieving and maintaining an adequate level of behavioral functioning in daily settings, activities, and social groups?

Comments:

Trauma, abuse, neglect, and family instability can seriously impact children's emotional development and functioning. Nationally, estimates suggest that fifty percent or more of children in care need mental health services. While four of the six children rated for this indicator were identified as having one or more condition or diagnosis, such as a serious behavior disorder or mental illness, and three of the focus children were identified as having experienced trauma, eighty-three percent of the cases scored in the acceptable range for both emotional development and behavioral functioning so it would appear that the children in our sample are making gains emotionally and developing appropriate coping skills and self-control. This may also be indicative of stable placements where their needs for structure and routine (such as with medications) are being met on a consistent basis.

In one case where the focus child has been diagnosed with a myriad of disorders, including Post Traumatic Stress Disorder (PTSD), reviewers learned he "is a victim of horrific sexual and physical abuse by his biological mother and her various boyfriends." Although he had exhibited a number of concerning behaviors as a result of this trauma, he and his biological brother were adopted. Since the adoption, these behaviors increased in intensity and he was placed in a residential care center where the staff are skilled and knowledgeable on how to address his special needs.

Behavioral Risk: To what degree is the child/youth consistently avoiding self-endangerment situations and refraining from using behaviors that may put him/herself or others at risk of harm?

Comments:

The scores for "risk to self" and "risk to others" are both at seventy-one percent acceptability. In five of these cases, children are viewed as doing very well emotionally and not likely to be at risk of hurting themselves as illustrated in the following: Since his placement in treatment foster care and being on a regular medication regimen, our focus child "is no longer making suicidal statements and he is not viewed as a threat to himself or to others." In another case, the focus child has not had a runaway incident since her initial placement out of the family home and there is no suspected alcohol or drug use.

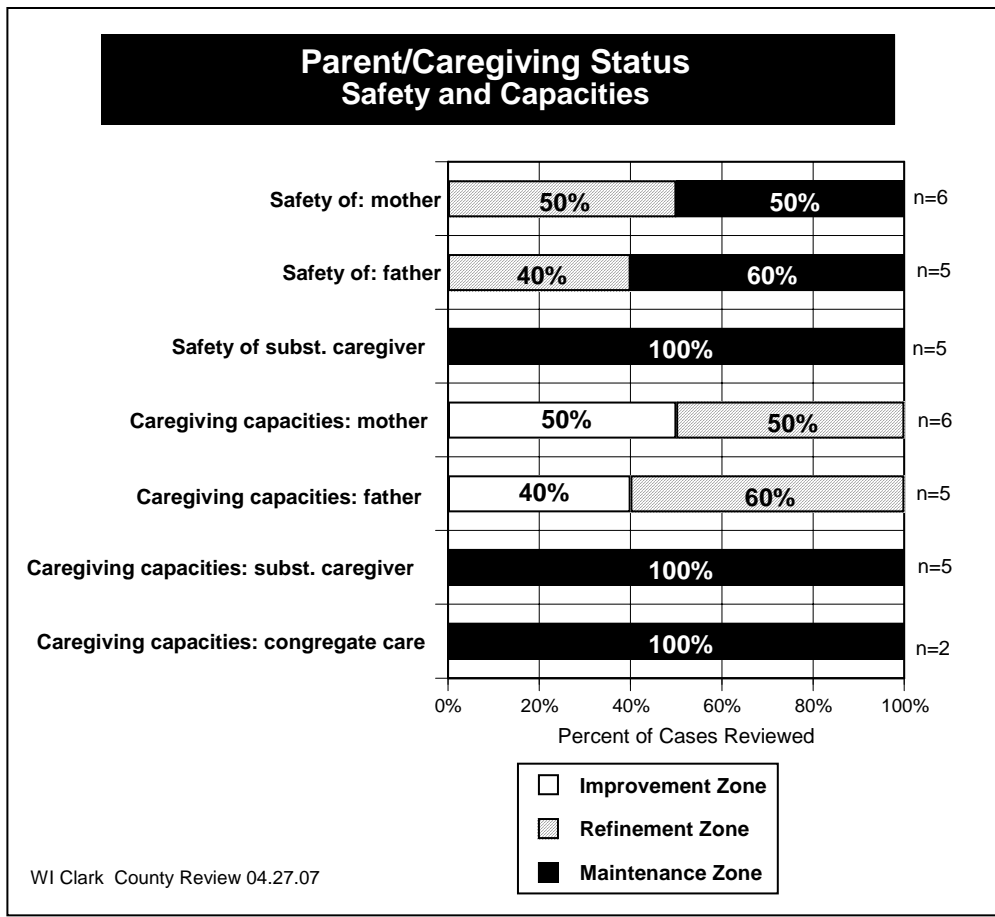
The youth described under emotional development and behavioral functioning (victim of physical and sexual abuse) was the one case that scored in the improvement zone with respect to the behavioral risk indicator. This youth was described as increasingly presenting "behaviors that could result in harm to self or others. Staff at the Residential Care Center (RCC) have to restrain [focus child] while in time out to keep him from punching the wall or hitting his head."

Early Learning & Development (Under Age 5): To what degree is the young child’s developmental status commensurate with his/her age and developmental capacities? Is the child’s developmental status in key domains consistent with age-appropriate expectations?

Learning and Development (Age 5 and Older): Is the child (according to age and ability): 1) regularly attending school; 2) in a grade level consistent with age; 3) actively engaged in instructional activities; 4) reading at grade level or Individual Educational Plan (IEP) expectation; and 5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent?

Comments:

Of the six school-aged children in our sample five are receiving special education services and support; one is in a regular educational program. All six scored in the acceptable range with four of the cases scoring a five or a six.



Safety of the Parent/Caregiver: Is the parent/caregiver in the child's household safe from manageable risk of harm at home? Is the parent/caregiver free from intimidations and reasonable fears of domestic violence in the home?

Comments:

With its focus on domestic violence, this indicator assesses the safety of the parents and caregivers. In the six cases where mother's safety was rated, all six were scored in the acceptable range, although three were minimally acceptable. Likewise, father's safety was rated in five cases and all were scored in the acceptable range indicating that parents in these cases are safe from harm and domestic violence in the home. All five substitute caregivers were rated as being safe from harm.

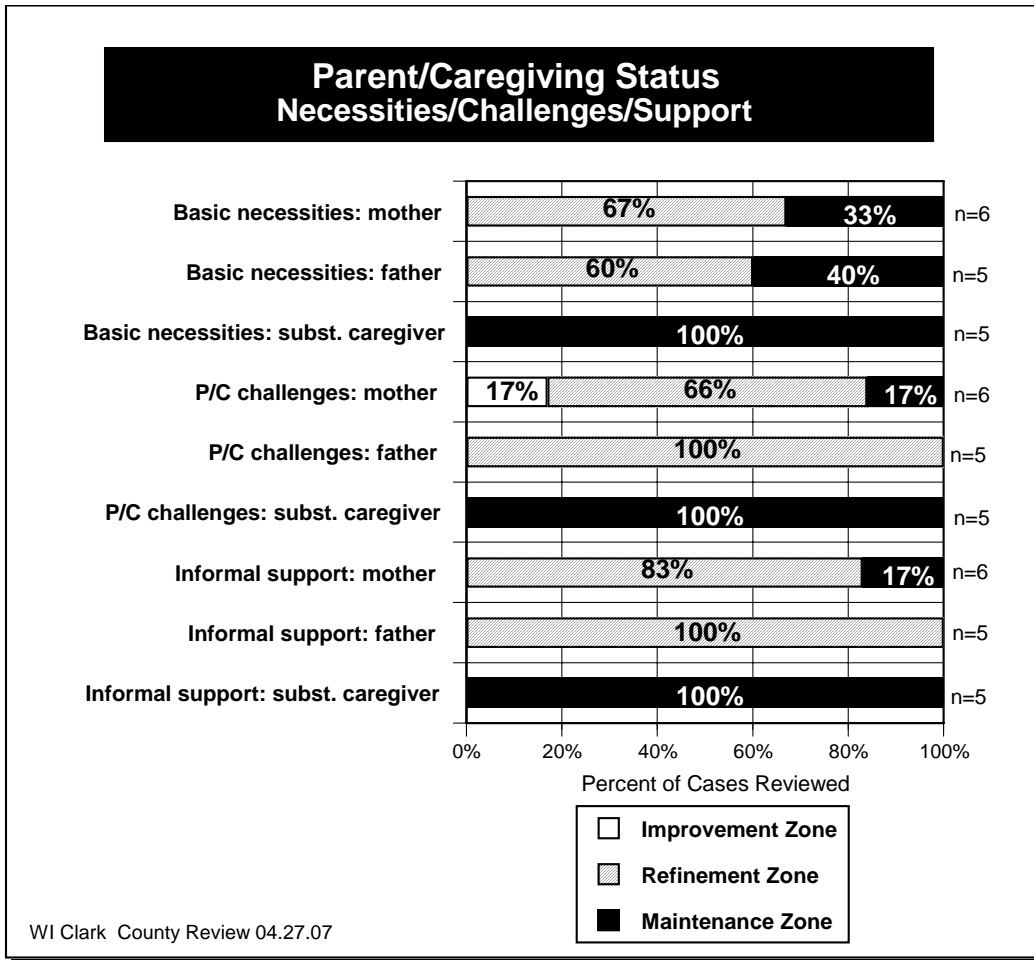
Caregiving Capacities (Home Settings): To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have special medical, emotional, behavioral, and/or developmental needs, does the caregiver have and use any special knowledge, skills, and supports that may be required to meet the needs of the child(ren)?

Caregiving Capacities (Congregate Settings): To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments:

With respect to mother's caregiving capacities, two of the six cases scored acceptably. None of the five cases rated for fathers scored acceptably. This indicator is closely related to that of informal supports (see *Informal Supports*) and to the existence of co-occurring conditions (see *Parent/Caregiver Challenges*); the scores in all seem to support findings that parents are lacking needed skills and supports, perhaps because they are struggling with meeting their own emotional and psychological needs.

Five cases were rated with respect to substitute caregivers and all were scored in the acceptable range. From the system's perspective we heard about foster parents who are knowledgeable, caring, and committed to meeting the needs of the children. Two of the children in our sample were living in congregate care and both were scored in the acceptable range. One of the concerns not reflected in the scoring is the relative distance between the congregate care setting and the family home thus creating at times some difficulty in carrying out family interaction services so key to ensuring timely reunification. In both of these, the transportation time one way was greater than two hours.



Basic Necessities: To what degree are the family’s earned income and/or economic supports adequate to cover the family’s basic living requirements (i.e., shelter, food, clothing, transportation, healthcare/medicine, childcare)? Is the parent/caregiver accessing, receiving, and adequately managing the economic supports to which he/she is entitled? Does the parent/caregiver have economic security and skills sufficient for meeting the family’s basic needs and maintaining a stable living arrangement for the children? Does the current living arrangement provide the family with adequate space and living conditions?

Comments:

All six cases rated for mothers were scored in the acceptable range (four cases were scored a four) as compared to sixty percent rating acceptably for fathers (with three of the five cases rated for this indicator scoring a four). This indicates that the majority of parents in this sample, at least, have the resources to provide for the basic food, clothing and shelter needs of their children.

All substitute caregivers in the five cases rated for this indicator scored in the acceptable range.

Special Parenting/Caregiving Challenges: To what degree do parents/caregivers, with whom the child is currently residing or has a goal of reunification, present or experience a pattern of significant, ongoing challenges that limit or adversely affect the parent/caregiver's capacity to function successfully as an adequate caregiver for this child? Does the family have any special life challenges that interfere with or prevent them from living together safely and functioning successfully?

Comments:

Four of the six cases reviewed for this indicator scored in the acceptable range for mothers, and fathers scored acceptably in two of the five cases rated for this indicator. Mothers in five of the six cases were identified as dealing with one or more other conditions, such as mental illness and cognitive limitations. In one of these, the young mother herself experienced multiple placements, termination of parental rights (TPR), and adoption as a child. She is diagnosed with reactive attachment disorder and as a result, "service providers are unsure of her ability to connect emotionally with her own daughter." Additionally, co-occurring conditions, specifically AODA, were identified in two of the five cases for fathers.

All substitute caregivers in the five cases rated for this indicator scored acceptably.

Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support provided by family, friends, neighbors, or other supporters involved who will help them manage adequately on an enduring basis? When a family has a child with special needs (physical, developmental, emotional, behavioral), do parents/caregivers have opportunities to exchange experiences, strategies, and successes with parents/caregivers of similar circumstances?

Comments:

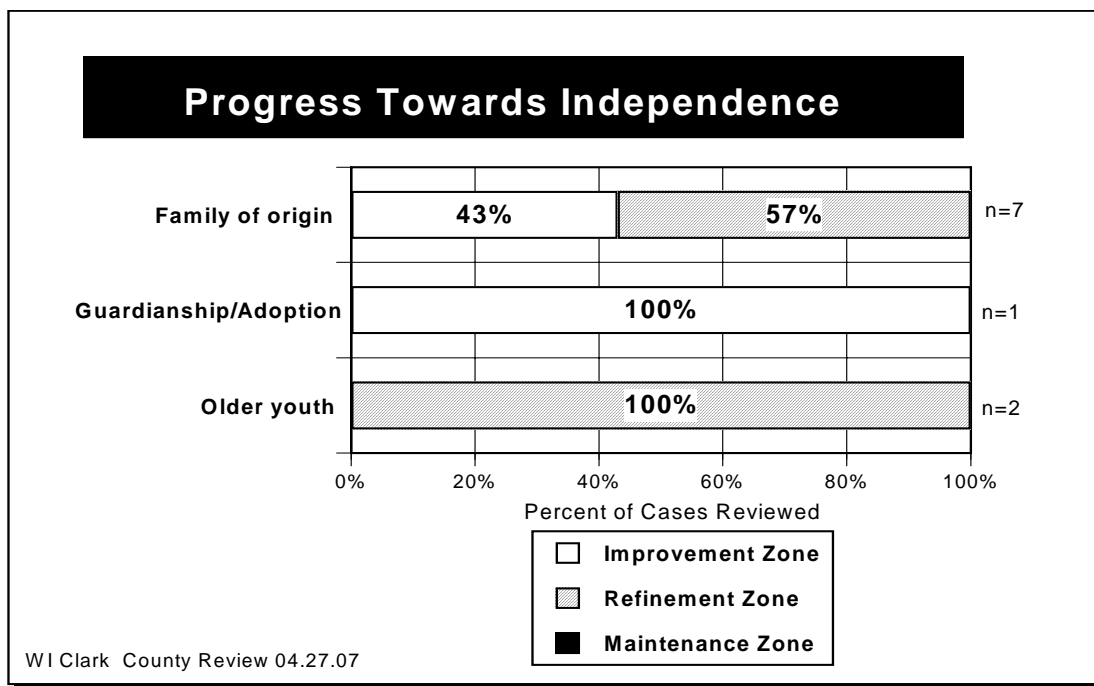
Informal supports are critical to helping families make and sustain the behavioral changes needed for meeting children's needs for safety, permanency, and well-being. When the agency has closed the family's case and formal supports are fewer in number or no longer in place, informal systems of support can influence whether the family remains independent of the agency. Three of the six cases rated for mothers scored in the acceptable range. In the case that scored a five, the mother has a chronic health impairment but is described as having a network of family and friends supporting her. In one of the cases scoring a three, in the unacceptable range, the reviewer wrote that while mother appears to have support from her significant other and his family, "she is isolated due to her limited means of transportation." This mother also has a long history of AODA and mental health concerns.

Fathers were scored acceptably in two of the five cases rated for this indicator. Again, as is illustrated in the following, fathers are lacking the needed informal supports to assist

them in making and sustaining needed behavioral changes that will promote reunification with their child(ren). One reviewer wrote that upon removal from her mother’s home our infant focus child had been placed with her father. At the time, our focus child’s father was living with “responsible caretakers who could assist him with [focus child’s] care.” After several months, due to disagreements, father and child moved into her paternal grandparents’ home but, again, this “placement also deteriorated.”

All five cases where the substitute caregivers rated for this indicator were scored in the acceptable range with two of them scoring a six.

VI. PROGRESS INDICATORS



Progress to Independence (Family of Origin): To what degree is the family making progress toward their permanency goal of maintaining the child safely at home and/or successful reunification? As necessary to reunify/preserve the family, to what degree have: 1) protective provisions necessary for keeping children safe been established and maintained within the home; 2) necessary parent/caregiver behavior changes been made, demonstrated, and sustained; and 3) necessary and sustainable conditions and supports been established within the home and family situation (e.g., housing, childcare, income, health care)?

Comments:

This indicator addresses whether families are making sufficient progress to move to safe case closure, or independence from the agency. In two of the seven cases rated for this indicator the family is making minimally acceptable progress or what reviewers

described as “fair progress” toward independence. In one, the reviewer wrote, “Within the past six months both parents have moved into more stable living environments. Both have also obtained employment...Mother has progressed from limited, supervised to unsupervised and overnight interaction [with her child]. She appears to have remained drug-free and she has removed herself from an abusive relationship.” This mother is also described as implementing and using more effective parenting techniques such as distraction to re-direct our focus child. In the other family’s case, the reviewer wrote about the improvement in communication between the focus child and his mother and between the focus child’s parents.

In three of the cases scoring unacceptably, progress appears to be impeded by apparent uncertainty regarding the permanency goal or the long-term view for the child and family. In one where reunification is identified as the primary permanency goal, the reviewer writes, “Although reunification is the goal, there has been little movement in this direction. [Focus child’s] parents are currently refusing to have visits with [focus child]...and have declined to participate in any team meetings regarding his treatment plan at the care center.” In another, the reviewer wrote, “Progress toward reunification has been slow and after a year of foster care, everyone remains uncertain about [the permanency goal]...Mother is unclear regarding the conditions for return and is unsure of her ability to care for him. Family interaction is infrequent due to transportation issues...”

Progress to Permanency (Guardianship/Adoption): To what degree is the child living in an environment that supports achievement of permanency through guardianship or adoption? Has the permanent family been identified? To what extent has this child and family: 1) accepted new members and formed realistic expectations; 2) moved through family formation and adaptation stages with necessary adjustments made, demonstrated, and sustained; 3) established sustainable conditions and supports within the home and family situation (e.g., childcare, health care, respite, crisis support, in-home assistance) necessary to meet any special care requirements that the adoptive child presents in the home and family situation?

Comments:

One case was rated for this indicator and it was scored in the unacceptable range. In this case, the child has been in a kinship placement for over two and one-half years and is emotionally attached to his caregivers. In this family’s case, the reviewer wrote that although the parents have not made consistent progress in demonstrating their ability to care for their child, the apparent confusion regarding the permanency goal has also impeded progress. Reviewers learned that, “individuals appear to be confused regarding the permanency plan (transfer of guardianship, adoption or reunification) and what it all entails (i.e. biological parents’ rights with a transfer of guardianship)...” They heard how the parents appear to “realize they may not be able to care for their child in the foreseeable future.”

Progress to Independence (Older Youth): To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue after reaching the age of majority? Is the youth developing long-term connections that will support him/her into adulthood?

Comments:

There were two cases rated for this indicator. One was rated in the acceptable range and the other in the unacceptable range. In the former, the focus child will stay in her current foster home until she graduates from high school and transitions to adult services. Reviewers noted, "...the foster parents and school program are focusing on assisting [focus child] in developing her functional life skills. This summer she has been referred to the Job Center with the goal of working at the center for developmentally disabled adults and she is on the waiting list for long term support services."

In the latter, the reviewer wrote, "There has been marginal progress made toward independent living skills for [focus child]." Although she is beginning to receive some education in the group home on career choices, long-term educational goals, healthy relationships, nutrition and meal preparation, she is found to be lacking job, housing, or money management skills.

VII. THE ELEMENTS OF CASE PRACTICE (THE MICRO VIEW)

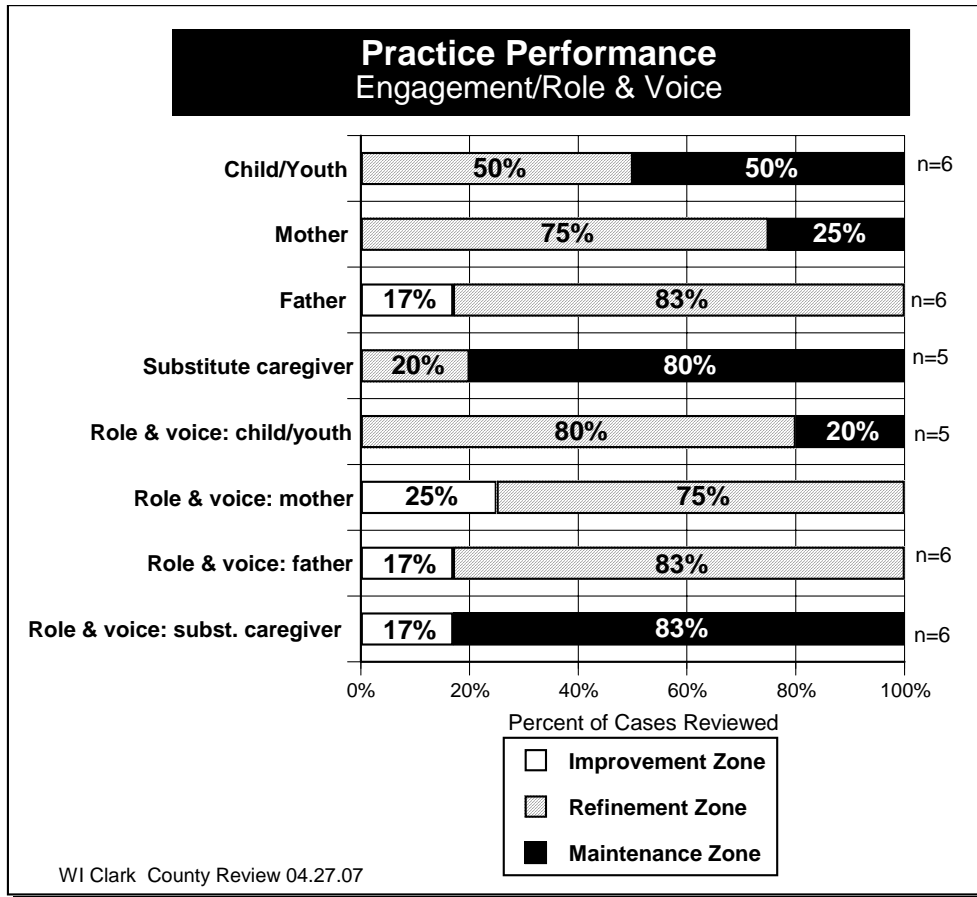
The Quality Service Review (QSR) case practice model contains evidence based elements of best practice. The elements are found in the QSR protocol and were applied in rating the six cases that were reviewed. There is an ample body of research that documents the efficacy and contribution in helping families develop, pursue, and complete successful strategies of change. The scores on practice performance are presented to point out opportunities where the agency can focus efforts in improving outcomes for children and families served.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element (Scores 5 & 6)
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element (Scores 3 & 4)
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element (Scores 1 & 2)

Notes: Commensurate with the federal Child & Family Services Review Scores, 4-6 reflect an “acceptable” rating and 1-3 “unacceptable.”

n = (x) signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



ENGAGEMENT OF CHILD & FAMILY: Are those interveners involved with the family used engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Are interveners building a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Are interveners relying on a mutually beneficial partnership with the child, family, and/or others that is sustaining their interest in and commitment to the change process?

Comments:

Engagement is crucial in helping families through the change process. As important as the nature of the helping relationship is, effective engagement goes much deeper than friendly, appreciative relationships. Effective engagement means developing and maintaining a level of trust sufficient for the helping persons to fully understand the underlying needs and engage the family in identifying change strategies. With respect to focus children, five of the six cases rated for this indicator were scored in the acceptable range with three of these scoring a five or a six. Even though two cases were scored minimally acceptable, this is an area where the agency is performing relatively well at eighty-three percent acceptability.

Although scores for mothers, at sixty-three percent acceptability, were close to the average (sixty-seven percent) found in QSR scores from the first seventeen reviews in the state, scores for engagement with parents often do not score as high as that for children. The majority of cases (seventy-five for mothers and eighty-three percent for fathers) scored a three or a four and indicate an opportunity for the county to examine practice in this area. In one where engagement with the mother was rated minimally acceptable at a four, the reviewer wrote that, “Mother is able to bring things out in the open sooner as a result of her trust in the agencies involved.”

In another family’s case, “the mother feels she can contact the worker when needed and that the worker is responsive to her.” In both of these families’ cases progress to independence from the agency was scored in the refinement zone. In a case scoring a five, the reviewer wrote about the efforts by team members to keep a developmentally disabled mother involved in her child’s life through supervised interaction in the family home.

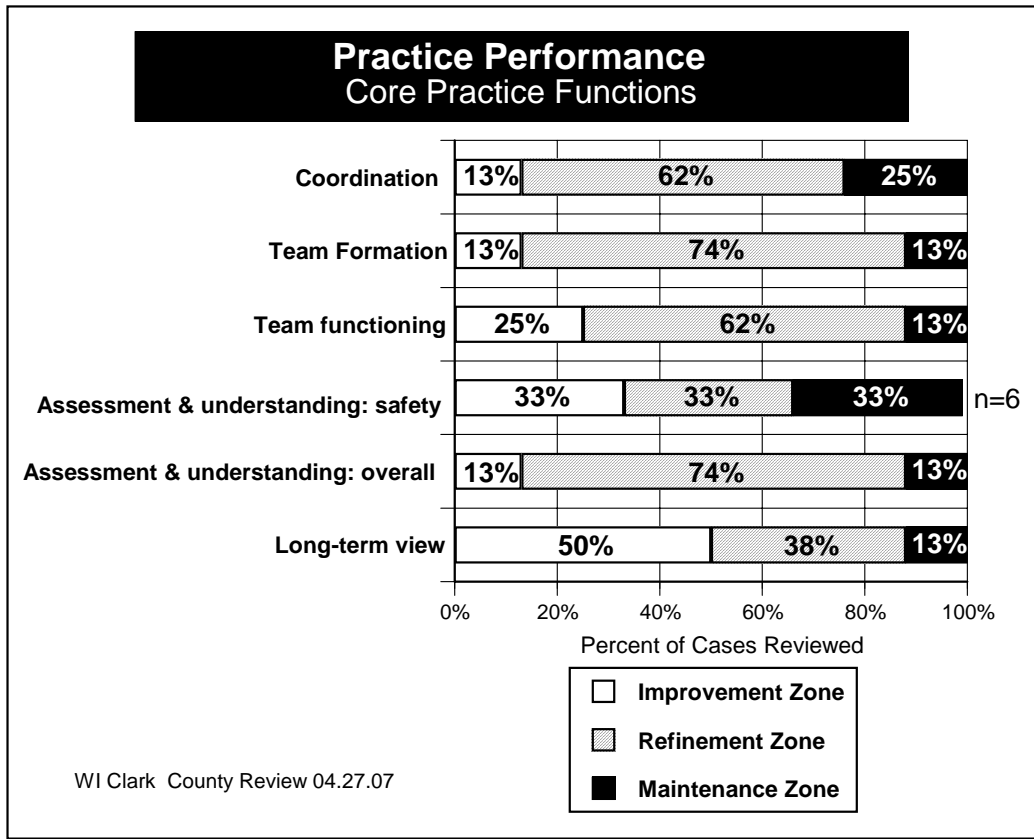
Engagement with substitute caregivers was rated in the acceptable range in four of the five cases rated for this indicator. In the one that was rated marginally unacceptable, the reviewer wrote that, “key persons such as the foster mother are not included or informed.”

ROLE & VOICE IN DECISIONS: To what degree are the child’s parents significant, ongoing participants (e.g. having a significant role, voice, influence) in decisions made about child/family change strategies, services, supports, and results? (Role and voice in recent meetings).

Comments:

Engagement in the change process means that family members are actively involved in assessing their own needs, determining how best to meet those needs, and planning for change. As with outreach and engagement, the majority of cases scored in the refinement zone. Unlike outreach and engagement, more cases scored in the acceptable range (four and above) for role and voice. This may indicate that although parents may not feel fully engaged in the change process, they feel they have some influence in decisions made about strategies and supports.

In a case where role and voice scored in the unacceptable range, the reviewer wrote, “Parents are not active participants in determining future goals, services, or evaluating progress. Much of the service has been directed toward Mother...” and the reviewer noted that it appears our focus child’s father does not believe he still has a role in his child’s life. Given that scoring ranged from one to four, opportunities exist to refine or improve practice as related to fathers’ role and voice in the change process.



COORDINATION: To what degree are there: A single point of coordination and leadership necessary for convening and facilitating effective family change planning and service decision processes for this child and family? Effective coordination, integration, and continuity in the assessment, planning, organization, and provision of services to this child and family?

Comments:

Seventy-five percent or six of the eight cases reviewed scored in the acceptable range for this indicator with the two of the six cases scoring a five. In one case, the reviewer wrote that the team “sees the worker as being accessible to them and as being good about communicating with them via reports, etc.” This is an area where workers expend a lot of their time and effort working to ensure that services are coordinated and that everyone is “on the same page.” While coordination is important to the process, an effective and fully functioning team can lessen the amount of time and energy needed by the worker in this practice area.

TEAM FORMATION: To what degree: (1) Have the people who provide support and services for this child and family formed a working team that meets, talks, and plans together? (2) Does the team have the skills, family knowledge, and abilities necessary to organize effective services a child and family of this complexity and cultural background?

TEAM FUNCTIONING: To what degree: (1) Do members of the family team collectively function as a unified team in planning services and evaluating results? (2) Do actions of the family team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family?

Comments:

Overall, the scores in team formation and functioning indicate opportunities for the agency to refine practice and develop a formal teaming approach to working with families. Similar to the scores for engagement, the majority of cases were scored in the refinement zone with sixty-three percent in the acceptable range for team formation and fifty percent in the acceptable range for functioning.

Well-functioning teams are child and family-driven, include all helping persons (formal and informal), and meet in person on a regular basis or as determined to be needed by the team. The main topic of the meetings is to assess progress toward outcomes. This may require “tweaking” of the plan at times or shifting direction altogether when new information is brought to the meeting. As one reviewer positively observed, “Team members appear to be well-skilled and aware of their individual tasks. Some team members report regularly to each other regarding progress and necessary adjustments [to the plan].”

The lack of teaming, formal or otherwise, in another case, appears to be inhibiting the agency’s ability to move this case forward. This is the case where our focus child has been in a kinship placement for over two and one-half years. Identified next steps suggest that a more inclusive and functioning team could clarify the permanency plan for the focus child, determine where parents are at in the change process, establish a consistent interaction plan and, above all, achieve permanency for this child.

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs, risks, and diminished parent/caregiver protective capacities that must change to assure child safety? Are these understandings reflected in the process used for helping the family achieve a safe home (via protective provisions in the home, demonstrated parent/caregiver protective capacities, and sustainable family supports)?

Comments:

Half of the six cases rated for this indicator scored in the acceptable range and would seem to indicate that this is an area the agency may want to further examine and refine. A reviewer in a case scoring a five wrote, “Because there was such a good assessment and understanding of the safety concerns, the worker was also able to implement and use favorable resources and supports to provide a safe, stable living arrangement for the focus child.” In the other case scoring in the maintenance zone, the reviewer noted the clear relationship between the thorough understanding of the safety threats for our older, developmentally challenged focus child and the need for ongoing supervised family interaction.

In one of the cases scoring a two, our developmentally challenged focus child is described as being unaware of potential danger and consequences. The reviewer wrote, “Opportunities exist here, too, with respect to fully assessing safety and involving the parents in this and planning on how to keep this child safe at home.” According to our practice model, assessment is an ongoing process and as such will occur at a frequency necessary to ensure that strategies are working and progress toward outcomes (child’s safety here) is being maintained (see *Tracking* indicator).

ASSESSMENT & UNDERSTANDING - OVERALL: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs, risks, and underlying issues that must change for the child and family of origin or adoptive family to live independent of agency supervision? Are these understandings reflected in the family change process used for helping the family achieve permanency and well-being (via demonstrated parental behavior changes, sustainable family supports, and concurrent alternatives pursued for achieving permanency with another family, if necessary)?

Comments:

This is another area where the scores seems to indicate an opportunity for the agency to further examine and refine practice as the majority of the cases scored a three or a four. Three of the eight cases scored acceptably although two of the three cases were scored as minimally acceptable and the remainder (five) of the eight cases scored in the unacceptable and marginally unacceptable range. Overall assessment and understanding is also crucial in achieving permanency for the child and independence from the agency. One story highlights the need for assessments to be an ongoing feature in the helping process. The reviewer wrote, “There is an understanding that Mother completed ‘paperwork’ or ‘seat time’ for her court ordered services, however there is no assessment or follow up to determine if our focus child’s mother is able to demonstrate appropriate parental capacity and thus move toward reunification.”

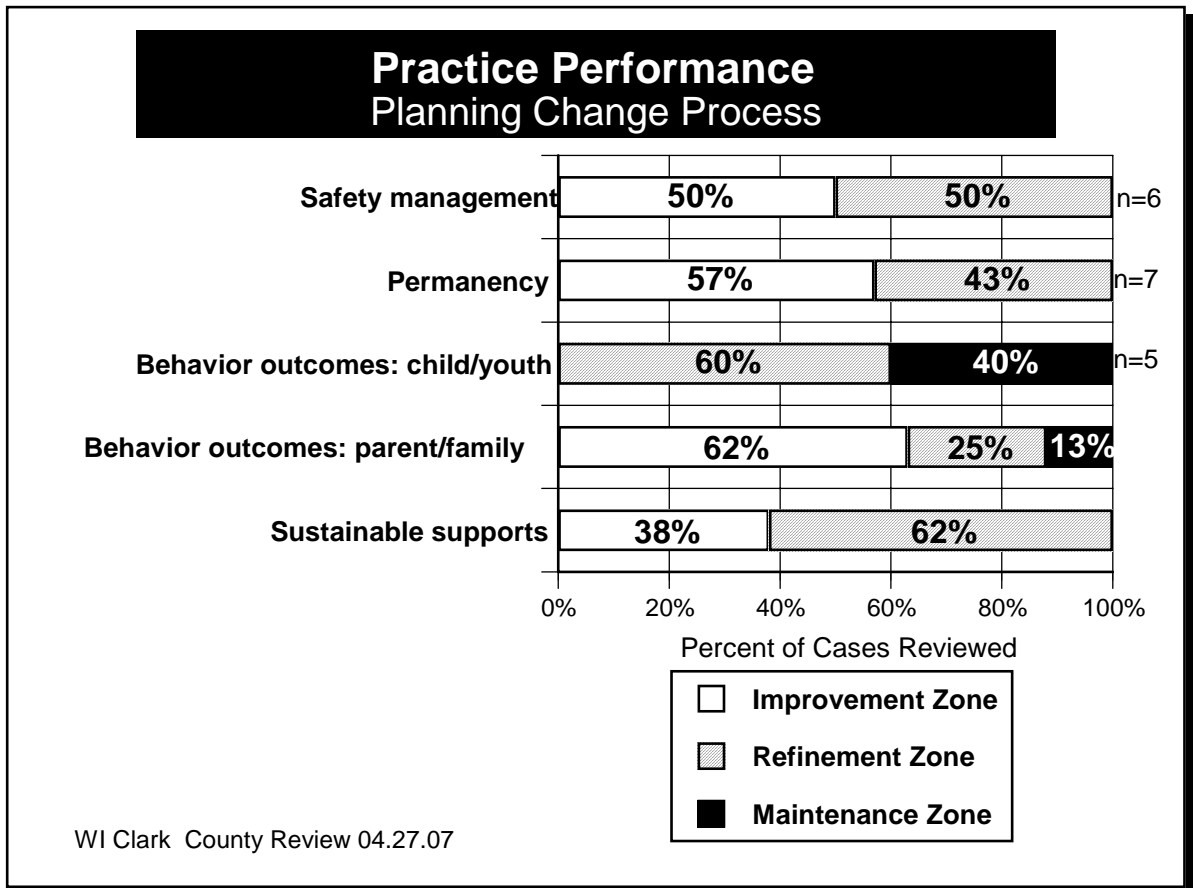
In a case scoring in the refinement zone, the reviewer noted that “careful assessment of the barriers to reunification with [parent(s)] appears to be lacking” and this is impacting permanency for our focus child.

LONG-TERM VIEW FOR SAFE CASE CLOSURE: To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral patterns must be demonstrated and sustained in the home by the parent? Sustainable conditions and supports must be present in the home and family situation to preserve the family, reunify the family, support the adoptive family or youth while transitioning to independent living so that external supervision may be safely concluded with the family or youth being independent of the system?

Comments:

Long-term view is an area that warrants further exploration by the agency. One case scored in the acceptable range with four of the remaining seven cases scoring a two. Essentially, the long-term view is the goal or outcome being sought as a result of interventions. Questions to be answered include, “What does the team want this family to look like when ‘we’re done’?” or “How will we know when we are done?” and “What do we need to do to get there?” Development of a long-term view is also crucial in helping families move through the change process so that permanency for children can be achieved and cases can be safely closed by the agency. As we saw with the permanency indicator, three of the children in our sample have been in out-of-home care for a significant amount of time and the permanency goal is unclear for all.

In the case where long-term view and progress scored in the acceptable range, reviewers found that the team has a shared long term view and while “other family members would like the child at home, they understand the long term view” and the best interest of the child. This also indicates the family is engaged in the process and there is a strong understanding of the underlying needs of the child and family, as was found in the scoring for this family’s case.



PLANNING A PROCESS FOR SAFETY MANAGEMENT: To what degree is a well-reasoned, ongoing process being used for controlling and managing impending danger threats to child safety while strategies and actions are developed and implemented for the family change process via enhancing parent/caregiver capacities that lead to: Attainment of protective conditions for safety in the home? Acquisition/demonstration of required parent behavior changes? Securing sustainable family supports?

Comments:

Three of the six cases rated for this indicator scored in the acceptable range again indicating an opportunity for the agency to review the practice of safety. As with assessing for safety, planning for safety requires a clear understanding of the distinction between safety and risk as well as the underlying needs of the child and family. In the family's case where our focus child will remain in foster care until she graduates high school at age 19 and transitions to adult services, the safety planning reflects a thorough understanding of her needs and vulnerability. In her case, supervision is provided in all settings, including the family home where family interactions occur. The foster parents are aware of and participate in carrying out the plan.

PLANNING A CHANGE PROCESS FOR PERMANENCY [For a child removed from his or her home]: To what degree is a well-reasoned planning process used to drive strategies and actions for the family change process that provides, as needed, for: Reunifying the child and parent, replacing the entering parent with another, or achieving independence for a youth? Searching for, finding, eliminating, and approving a relative or another replacement to be the permanent caregiver? Resolving any legal barriers to permanency? Supporting and evaluating the stability and success of the child and family in a potentially permanent home to ensure family sustainability as a condition for Safe Case Closure?

Comments:

As one of the key elements of the outcome-focused practice model, the permanency planning indicator is closely linked to long-term view and crucial to achieving permanency outcomes for children. Permanency is likely to improve once the planning process improves and there is a clear, shared understanding of the long-term view or the goals of and for the family. Of the seven cases rated for this indicator, two cases scored in the acceptable range and these findings indicate this is an area where immediate attention is needed. In one of the latter cases, where the focus child's permanency goal is reunification, the reviewer wrote, "Whereas the current permanency goal may be reunification, there was no clear plan as to what needed to happen to achieve this goal. Moreover, many questioned not only if this was a reasonable goal, but if [focus child's] parents are in agreement with the goal, as their actions and participation in the process have stated otherwise."

As mentioned, several of the children in our sample have not achieved permanency and in at least three of them, reviewers suggest that parents seem undecided about whether reunification should occur. These are situations in which the children have been placed

for a year or more and there appear to be indicators that reunification will not, perhaps should not, occur. In one of these, the reviewers suggest that, “This reflects well the feeling the caseworker shared regarding being ‘stuck’ on this case.”

PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES:

To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction of behaviors and/or symptoms that interfere with protective and caregiving capacities? Demonstration that behavior changes are effective in parenting, protecting children, and maintaining stability of the home and family situation? Demonstration that behavior changes are sustainable over time and likely to continue following return and Safe Case Closure?

Comments:

Successful planning is built on accurate assessments of family strengths, needs, and underlying issues and, like planning for permanency, it is closely linked to other key elements of the practice model. Planning is also related to the quality of the trust-based relationship between the family and other team members. Of the five cases rated for this indicator with respect to children/youth, all scored in the acceptable range. In one, where the indicator was scored a five and the focus child has an ongoing struggle with maintaining his emotional and behavioral health the reviewer wrote, “It is apparent that the planning process is driving daily practice, as well as strategies for a behavior change process.” Reviewers credit this to the relationship between the agency worker and the congregate care staff where the latter is “a substantial contributor in creating, implementing, and monitoring [focus child’s] treatment plan.”

In contrast, five of the eight cases rated for parent/family scored in the unacceptable range. In one, the reviewer wrote about the apparent disconnect between the permanency goal of reunification and the actions by the parents. “At the present time, the focus is on the [focus child] and reducing his behaviors so he may be able to return to the family home. However, there has not been any planning with regard to [focus child’s] parents and possible interventions that may need to occur if [he] were to return to the home. In addition, the parents have provided information to service providers, but are declining to participate further in the planning process...” This is an area where practice improvement opportunities exist for the agency to develop a well-reasoned, ongoing planning process that is used to drive strategies and actions for behavior change with parents.

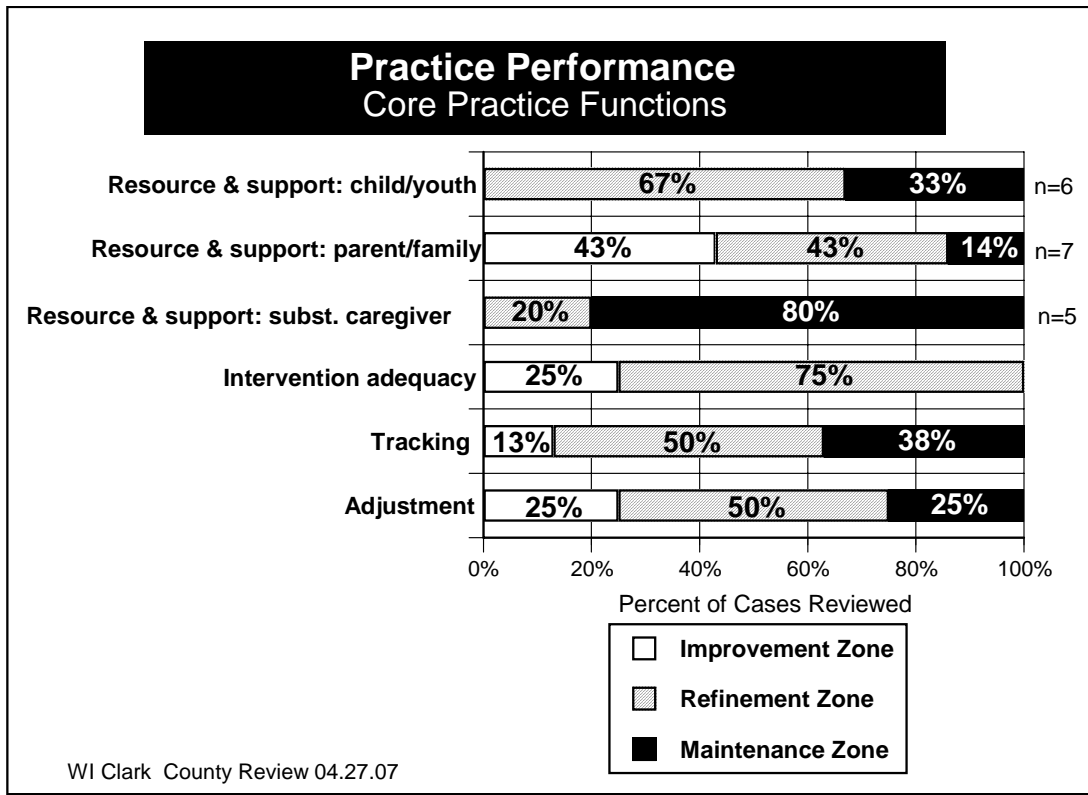
PLANNING A CHANGE PROCESS FOR SUSTAINABLE

SUPPORTS: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for sustainable supports for the family that provides, as needed, for: Meeting basic necessities of life? Ongoing supports necessary for recovery and relapse prevention? Informal social supports necessary to sustain the family following Safe Case Closure?

Comments:

Three cases scored in the minimally acceptable range with the remainder scoring in the unacceptable range. Families who have strong informal systems of support are better able to sustain positive changes made as a result of more formal services provided. When these critical supports are not in place at the time of case closure, there is evidence suggesting a higher probability that the family will become involved again with child protective services. This is particularly important for parents of children with special needs.

OPEP data from March of this year suggests that Clark County DSS is meeting the federal measure of returning children home within twelve months of placement but children are returning to out-of-home care within twelve months at rates between thirty and eighty percent as compared to the national CFSR standard of 8.6 percent or fewer. A contributing factor to this higher re-entry rate may be the lack of planning for sustainable supports and suggests an opportunity for Clark County DSS to further examine and refine this area of practice. In one of the cases reviewed, a reviewer wrote, “As Mother has made increased progress toward reunification, the team gathered to explore informal supports for her and the focus child’s father. Community individuals were identified that will support the parents after reunification.”



RESOURCE & SUPPORT USE: To what degree is/are the family and/or out-of-home caregiver actively being provided the training, in-home support, supervision, resources, support-development assistance, and relief necessary to provide a safe and stable living arrangement for the child that meets the child's daily care, development, and parenting needs? If the child presents special needs with more extensive care requirements, to what degree is the family/out-of-home caregiver provided specialized support commensurate with that required to meet the child's needs while maintaining stability of the home and family commitment to the child?

Comments:

Eighty-three percent or five of the six cases where this indicator was rated for children and twenty-nine percent or two of the seven cases rated for parent/family were scored in the acceptable range. Parent scores indicate an opportunity for the agency to examine and refine practice in this area. In the one case scoring a five, the reviewer noted that therapy, education, supervision and mentoring were focused on improving Mother's ability to safely parent our focus child and have all been provided in the family's home. The reviewer also wrote, "Mother has learned to access resources such as WIC, daycare and medical care for her children."

In all five cases where substitute caregivers were rated, this indicator was scored in the acceptable range indicating that substitute caregivers in general are receiving the needed support and training to provide a safe and stable living arrangement for the child.

INTERVENTION ADEQUACY FOR CHANGE: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case Closure requirements and to sustain family independence from the service system following closure?

Comments:

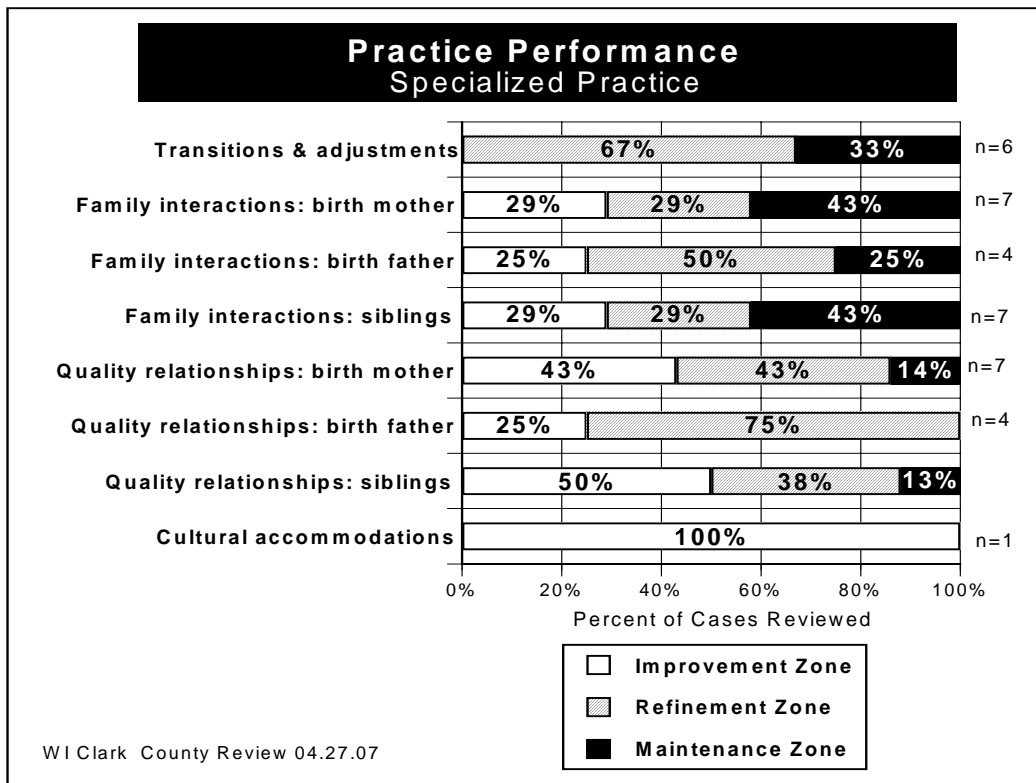
Intervention adequacy is not just about services and whether they are sufficiently powered up to achieve safe case closure. It is also about whether everyone is headed in the same direction in terms of the desired outcome or shares an understanding of the long-term view for the family. Although fifty percent of the cases were in the acceptable range, the majority of the cases (six of eight) scored a three or a four and two cases scored a two indicating an opportunity to review and refine practice in this area. In one story that scored a four, the reviewer indicated that services and supports were intended to "deal directly with the issues that prevented [focus child's] safe return to her mother."

TRACKING AND ADJUSTMENT: Are the child and family status, intervention process, and change results routinely followed along and evaluated? Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting service process for finding what works for the child and family?

Comments:

Scores in five of the eight cases were in the acceptable range for tracking with three cases each scoring a five. With respect to adjustment, the agency may want to review this indicator (thirty-eight percent in the acceptable range with two cases scoring a one and a two respectively). *Tracking and Adjustment* asks us to periodically review our strategies and supports to ensure they are responding to changing needs and circumstances. When ongoing assessment or tracking informs team members of needed changes to strategies and supports, the plan is revised to reflect these. The plan itself is characterized as being a “living document,” one that is incremental and will change as some goals or objectives are achieved and other needs are identified. Our practice model suggests that the plan at the end will be different from the plan at the beginning of agency involvement. When goals are achieved, this is a time to celebrate progress with the family, helping the family identify the strengths they possess that made success possible and that will provide a strong basis for additional progress.

In one of the cases that scored in the maintenance zone for adjustment, the reviewer wrote that the worker “went to great lengths to coordinate services across settings in order to identify emerging issues quickly and adjust them as needed.” In another, reviewer noted that services and supports have been adjusted “as the child moves closer to high school graduation as evidenced by the focus on the development of functional life skills and the referral this summer to the Job Center and adult development center.”



TRANSITIONS & LIFE ADJUSTMENTS: Is the current or next life change transition for the child being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs? Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? If the child is returning home and to school following a temporary placement in foster care, treatment, or detention, is the transition and life adjustment sequence working? Is there follow-along support for the adjustment period?

Comments:

Six cases were rated for this indicator and half of these scored in the acceptable range. In one of these the review wrote, “Transitions have been identified and planned. [Focus child’s] previous foster mother assisted her transition into the new home. She transported [focus child] to the new home and gradually left [her] for increasing periods of time in the care of her new foster mother.” In a case that scored in the unacceptable range, the reviewer noted that though reunification is the goal, there remains a lack of clarity around where the focus child will be going in June and there is an opportunity for the team to develop a “transition plan for returning home in six weeks.” The findings offer an opportunity to examine practice and determine what is contributed to these mixed results.

FAMILY INTERACTIONS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain family connections with meaningful interactions via frequent interaction and other means, unless compelling reasons exist for keeping them apart? To what degree are strategies and efforts being implemented to support the following between the child and his/her family members for: (1) Supporting frequent interactions via visitation and other means? And (2) Using varied and creative opportunities for family members to nurture one another?

QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for keeping them apart? To what degree are current strategies and efforts enabling family members to improve and maintain the strengths and positive qualities of their relationships with one another?

Comments:

Seven cases were scored in the area of the focus child’s interaction with mother/siblings and the quality of these relationships. Four cases were rated with respect to focus child’s interaction and relationship with father. The scores overall seem to indicate an opportunity to review and refine the agency’s practice related to family interaction. In one of the latter cases, where the focus child’s return home is seeming unlikely to occur even though reunification remains the permanency goal of record, the child has had very little contact with his parents and sibling since placement and is allowed only to

communicate through letters (and only if his parents agree to accept the letters). The reviewer wrote, “The current level of interaction will not be sufficient in maintaining the family connections necessary to work toward the goal of reunification.

SPECIALIZED CULTURAL ACCOMMODATIONS: How well have any major cultural issues of the child and family been identified and addressed in practice? If indicated, are specialized supports and services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

Comments:

Upon further review, it was determined that the one case rated for this indicator did not meet the criteria for specialized cultural accommodations because there was no evidence that specialized, culturally-sensitive supports and services were needed.

VIII. NEXT STEPS AND ACTION PLANNING

County staff and management were encouraged to use the results of the review to formulate and implement an action plan to address enhancement of case practice and systems issues, which will ultimately result in improved outcomes for children and families in Clark County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Involving staff in finding solutions to organizational challenges/ issues/concerns
- Social Services Board more involved in understanding agency work
- Caseload caps – high maintenance and out-of-home/low maintenance
- Process for overall teaming and for permanency/planning (behavioral changes) – Liz Landermann, State Permanency Consultant, offering to participate
- In-service on permanency by state permanency consultant
- Sending out questionnaire to parents who are complaining of out-of-control children
- Community support systems to facilitate development of support groups – at-risk children, parent support groups
- Need new child protective services’ staff position (at least one)
- Purchase additional tools to support staff (PC tablets, resource materials – prevention, evidence-based practice, etc. – for families, staff). Perhaps a parent resource center (contact other communities for models)
- Need strategic plans for agency and unit
- Pursue grant opportunities

The final “next steps” meeting of the review was used by the director and supervisor to identify areas in which the agency should first focus their efforts. They identified the following:

- Involving staff in finding solutions to organizational challenges/ issues/concerns
- Workload management – additional CPS staff
- Process for overall teaming and for permanency/planning (behavioral changes) – in-service on permanency by state permanency consultant
- Sending out questionnaire to parents who are complaining of out-of-control children
- Purchase additional tools to support staff (PC tablets, resource materials – prevention, evidence-based practice, etc. – for families, staff)
- Need strategic plans for agency and unit – link to organizational solutions
- Pursue grant opportunities

IX. SUMMARY

The results of Clark County's first Quality Service Review offer information about the strengths and opportunities to enhance child protective service case practice. The scores from the first qualitative review serve as a baseline from which the agency will measure progress in future reviews. The best practice model underpinning the QSR raises the bar for evaluating case practice. More specifically, the best practice model represents a set of values and standards that promote provision of strategic, dynamic, and high quality services to keep children and families safe.

The child status safety and well-being indicators in our sample of eight children are quite high overall with the majority of the children scoring in the maintenance zone. This serves as evidence of the workers' efforts to improve children's welfare. However, children are not achieving the desired level of permanency in Clark County. The permanency indicator is termed a "lagging indicator" because it generally does not improve until practice activities, such as assessment, planning and long-term view, begin to capture the underlying needs, identify the desired goal or outcomes, and sufficiently identify and power change-oriented strategies.

Agency workers and management were encouraged to use the results of the review to formulate and implement an action plan to enhance case practice (implement a best practice model) and address systemic issues which will ultimately result in improved outcomes for the children and families with whom the agency works.