

Continuous Quality Improvement Quality Service Review

EXECUTIVE SUMMARY

October 2-6, 2006

Columbia County Health and Human 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*

November 20, 2006

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 overarching goal for selection of this particular quality improvement model is to be able to generate useful information for staff at all levels of the county as to the outcomes for children and families served, the strengths of local practice and the opportunities for improving system performance.

It should be noted that the QSR process also provides an opportunity to gather additional information, which the department will use in reporting some federally required information, which is part of Child and Family Services Reviews (CFSR) and the state's Performance Enhancement Plan.

The Continuous Quality Improvement Team conducted a Quality Service Review in Columbia County during the week of October 2, 2006. CQI Specialists Emily Campbell and Monica Booe, assumed the roles of co-site leaders for this review. During the same week, Bridget Bauman, from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. The Columbia County Review

Case Sample

Ten cases were randomly selected for review in Columbia 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 this review, 87 persons were interviewed. Of the ten cases, four of the cases were 'in-home' meaning that the child was living with at least one parent and receiving in-home services. Six of the cases involved children placed out of the home. Two of these cases involved children in relative placements and the remaining four children were placed in foster care. Of the children included in the sample, half were under the age of ten and the rest were between the ages of 10-18 years old. Six of the focus children were female and in eight of the cases, the children were white. The other two children were identified as having Latino/Hispanic and Native American ethnic backgrounds.

Reviewers

In the Columbia County review, eleven case reviewers participated in reviewing the ten cases selected. Several of the reviewers served as both a lead case reviewer and a mentor to each of their review partners or “shadows”, who were coached in their development as lead case reviewers. All of the lead case reviewers who provided coaching have extensive experience in child welfare. In addition to the three CQI specialists who reviewed cases, three of the reviewers were recent retirees with extensive child welfare service backgrounds; one a former program manager from the Bureau of Milwaukee Child Welfare and two former supervisors in state adoptions. Two of the reviewers are currently employed as county directors. The remaining two came from county-based child protective service teams, one as an ongoing social worker and the other as an access supervisor.

Stakeholder Interviews

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. The CQI co-site leaders conducted these sessions alongside Bridget Bauman of the Children’s Court Initiative. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how all the system’s stakeholders are involved with, interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

The Systemic Perspective (Macro View)

Strengths:

Agency Reputation: Agency leadership reportedly fosters an open climate for communication and encourages staff to work in partnership with families, foster parents, service providers, educators, law enforcement, and agents of the court. Service provision decisions are observed to be flexible and prioritized based on the child’s best interests and not restricted to the ‘bottom line’. Collaboration is enhanced by regular meetings with community partners and opportunities for informal contact with both management and front-line staff. Decisions that are collaborative and transparent in nature are welcomed by stakeholders, particularly around policy changes and changes that affect the availability of resources and front-line staff.

Child Welfare Staff: Child Welfare Staff were described as ‘family centered’ in their approach and respectful of families. Despite having a high turnover of staff, the Child Protective Service team is viewed as cohesive and supportive to one another. Workers are described as hard working, accessible, and respectful of their roles, both in working with families, foster parents, service providers, and in court. Workers are also viewed as knowledgeable about families and attentive to their underlying needs. The placement of children in the homes of their relatives is a recognized practice theme. Judicial stakeholders also expressed confidence in the child welfare staff. Court reports were

described as “well written” and caseworkers are viewed as “well-organized and prepared for court.”

Service Quality Many services that are available to children and families, both within and outside the agency, are perceived to be of high quality. This observation is also supported by the individual case reviews. Several service providers who contract with the agency are able to provide individualized “change-oriented” services to families in their own homes. New initiatives such as the “New Beginnings” alternative response program via the Family Resource Center, a new homeless shelter, and the increasingly well-known ‘Teen Court’ are contributory assets to the current service array. Other programs worth noting include the agency sponsored Strong Teens through building Assets Relationships & Self-Esteem (STARS) group for adolescent girls and the related Building Opportunities from Youth's Strengths (BOYS) group; both tertiary prevention programs aimed to at-risk middle school youth. The local Court Appointed Special Advocates (CASA) program is also viewed very positively by agency staff, foster parents, and judicial stakeholders due to the high yet unobtrusive, level of involvement that volunteers have with their assigned families. Worth mentioning is the perception among focus group participants that this program is underutilized.

System Challenges:

Workload: There is a shared perception among focus group participants that worker caseloads are too high, which is seen as a contributing factor to high staff turnover and associated worker burnout. Related workload stressors include the adverse impact on caseload size of three staff taking maternity leave at the same time. Seasoned staff are also challenged to balance the need to become specialized ‘experts’ in working different case types with the heavy practical demands of their jobs. Capacity is further challenged by the high number of referrals and the rate that the referrals are ‘screened in’.

According to the upcoming 2005 Child Abuse and Neglect (CAN) Report, Columbia County Health and Human Services has one of the highest “screen-in” rates in the state, with 88% of reports “screened-in” in comparison to a statewide average of 60%. While Child Protective Services (CPS) decision-making at the point of “Access” is outside the scope of the current QSR case review process, focus group participants provided anecdotal accounts of the adverse impact of screening decisions on workload with paperwork, documenting in The Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS), and investigations utilizing more and more of worker’s time. Even though these workload concerns are not restricted to ‘Access’, the impact of screening decisions on workload is a complicated dynamic that requires further study. A related area of inquiry includes taking a closer look at the criteria used to screen-in cases of alleged maltreatment. What role will the new alternative response system play in responding to concerns about children in high risk but safe situations? How will the implementation of the alternative response system alter community expectations and the workload of staff in the agency?

Supporting Staff: The sole CPS supervisor is responsible for providing support to multiple service units within the agency and seventeen agency staff, which is more than double the recommended best practice supervisor to worker ratio of 8:1. This is seen to affect the quality and type of supervision available to staff initially and over time. For example, staff new to the agency lack ‘on the job’ opportunities to transfer learning from the classroom to the field resulting in piecemeal learning and perceived gaps in their knowledge base. Necessary supervisory activities of coaching and mentoring are time-consuming and not prioritized due to the aforementioned competing workload demands. Case guidance and management activities are often augmented by child welfare partners who may or may not share agreement with the agency about philosophy and scope.

Families and Children with Complex Needs: There has been a perceived increase in Columbia County of families with Alcohol and Other Drug Abuse (AODA), mental health, and economic subsistence needs. Families with involvement in the criminal justice system are also over-represented in child welfare in Columbia County and elsewhere in the state. Parents appear to be increasingly resistant to behavioral change. Waiting lists for mental health services, and AODA treatment services compound existing gaps in the current service array and may contribute to the length of stay of children in out-of-home care. The isolated physical location of the building, a statewide lack of dentists who take medical assistance as well as the lack of public transportation are additional barriers that families face. More often than not, these fragile families are entering and re-entering the system at an increasing rate. On a related note, data available from WiSACWIS indicates that the rate of re-entry within 12 months of reunification for children in out-of-home care in Columbia County is 57%; more than double the statewide average of 22% and significantly higher than the federal Child and Family Service Review standard of 8.6% or fewer. This high re-entry rate also places new demands on the agency for preventative, supportive, and change-oriented services integrated across service units. Without an articulated practice model that answers the question “What is the best way for the agency and the community to serve these children and families?”, the agency takes on the role of a revolving door and the likelihood is increased that children become victims again and families become stuck.

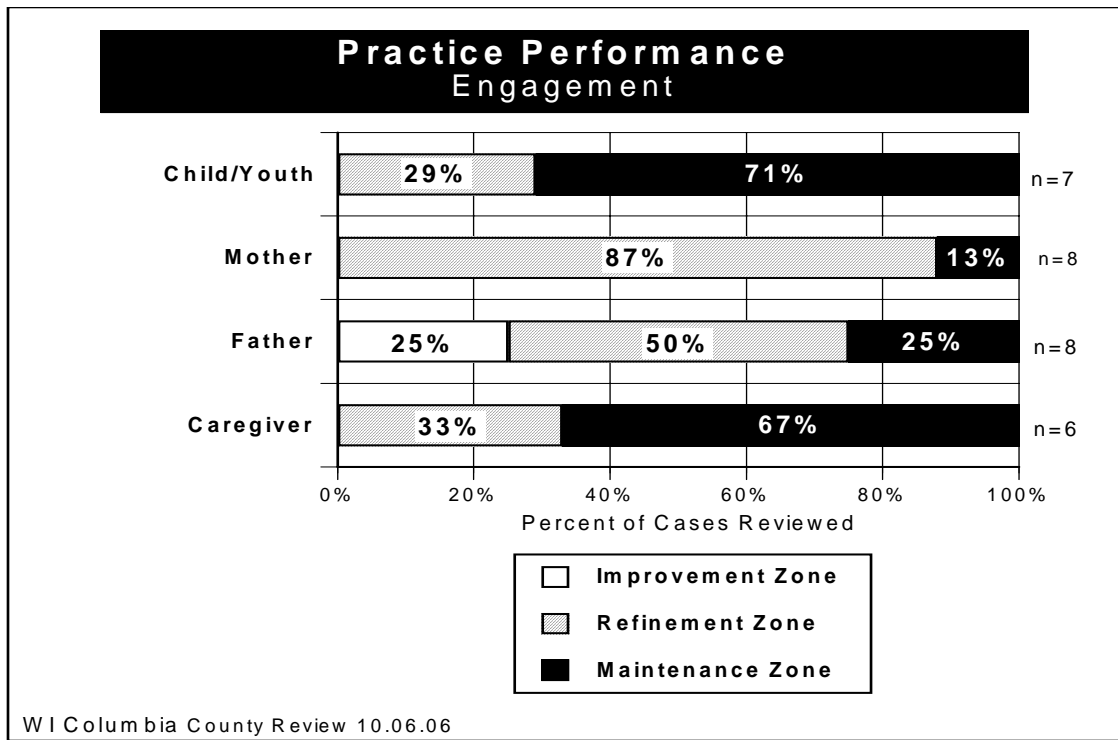
The Elements of Case Practice (The Micro View)

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 ten cases that were reviewed. There is an ample body of research that documents their 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 Department of Health and Human Services (DHHS) can focus their efforts in improving outcomes for the children and families they serve.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element

Note: n = (x) next to a bar in a graph signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



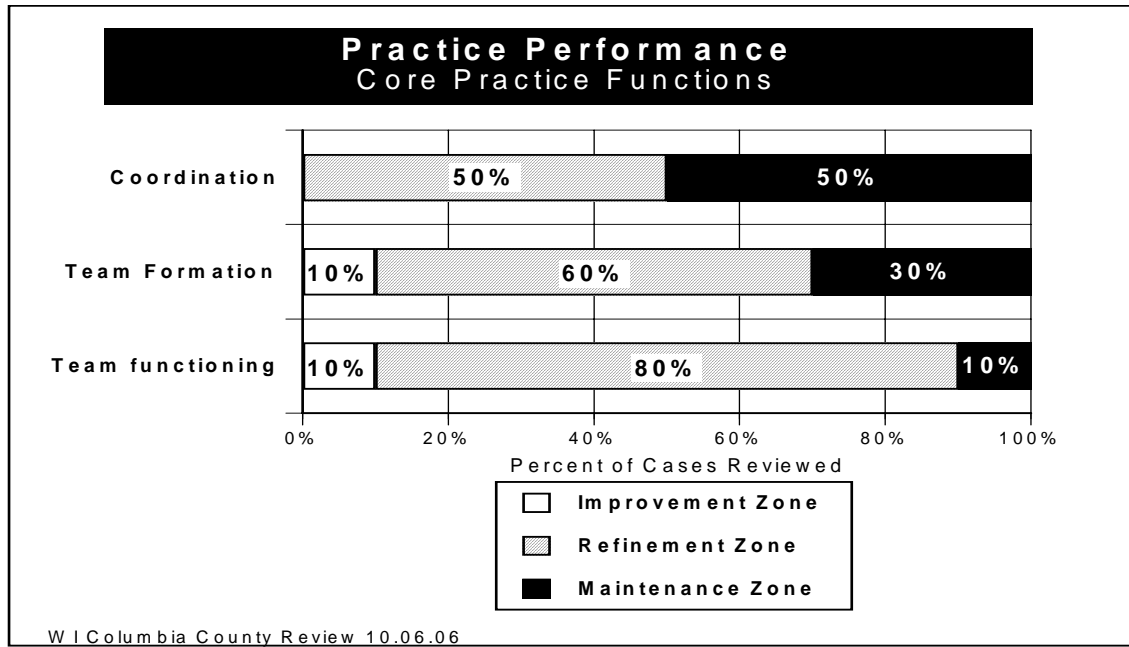
ENGAGEMENT: To what degree have the caseworker and other interveners involved with the family used engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Have they built a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Have they built a mutually beneficial partnership with the child, family, and/or others to sustain their interest in and commitment to the change process?

Comments: Engaging families in the change process is a primary practice imperative that begins with the development of a trust-based working partnership between a family, the agency, and the community of interveners. The scores in the cases reflect a wide range of practice in this area. Areas of relative strength are found in the child and caregiver scores. In many of these cases, the effective engagement of children and their

out-of-home caregivers contributed to positive practice outcomes. For example, in the case of an adolescent placed in treatment foster care, “One of the biggest factors that is helping move this case forward is the focus child, himself...he works with the therapist and completes assignments for her even though at times it is tough.” In another case of an adolescent girl with an extensive history of mental health problems and multiple placement entries into foster care, “the foster parents felt totally supported and valued in the case process...the worker is always available and responsive to their needs.” These foster parents also became involved with an in-home therapy team that “was able to assist the foster parents in coping with J’s extremely difficult and taxing behaviors.”

Case practice was rated in the improvement or refinement zones in many of the cases where the parent(s) are described as resistant to the change process. In the case of an eight- year- old focus child placed in foster care, “the birth parents are not invested or engaged in the treatment plans. They have only voiced agreement to deal with their drug dependency and mental health issues...they are not engaged in the strategies necessary for successful achievement of the goal of reunification.” In another case, the ineffective engagement of the father was a major factor that contributed to unfavorable results in system performance. “In terms of engaging Father in a trust-based relationship, he and providers alike portrayed a tenuous working alliance over the course of the case. Father said he felt not “listened” to and not taken seriously in terms of his opinions about the needs of (his child) and the family, despite his unwillingness to be a “voluntary” participant in the service process.”

A small number of family members are motivated at the onset to engage in the change process. Many more reflect life circumstances that challenge engagement. Multi-generational problems, incarceration, and AODA are some of the co-occurring conditions that were present in the small sample of cases included in the review that presented barriers to engagement. The agency is encouraged to read the individual case stories for further insight into the reasons for variation of the scores in this area. The agency is also encouraged to use a family-team approach when working with resistant families as this approach maximizes opportunities for interveners to learn, share, and join with families in the change process.



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

Comments: These scores for coordination indicate a range of practice in this area. In half of the cases, the worker was identified and described as an effective single point of coordination; responsible for securing, assembling, monitoring, and adapting supports and services to benefit the child and the team. In one case that involved a six-year-old boy in foster care “her (the worker’s) organizational skills were evident in that the providers were kept updated on important issues in a timely manner ...she acts as an effective single point of coordination for all team members, thus allowing for easy transitions and communication.” Effective service coordination also requires that all necessary functions performed by participants are organized to achieve the strategic goals of interventions. Without a formalized team approach, coordination can become dependent on the worker to adopt the role of case coordinator, who may, due to availability or relationship may or may not be the family-team’s natural choice for the role.

TEAM FORMATION: To what degree have persons who provided support and services for this child and family formed a working team that met, talked, and planned together? Did the team have the skills, family knowledge, and abilities necessary to organize effective services for the child and family?

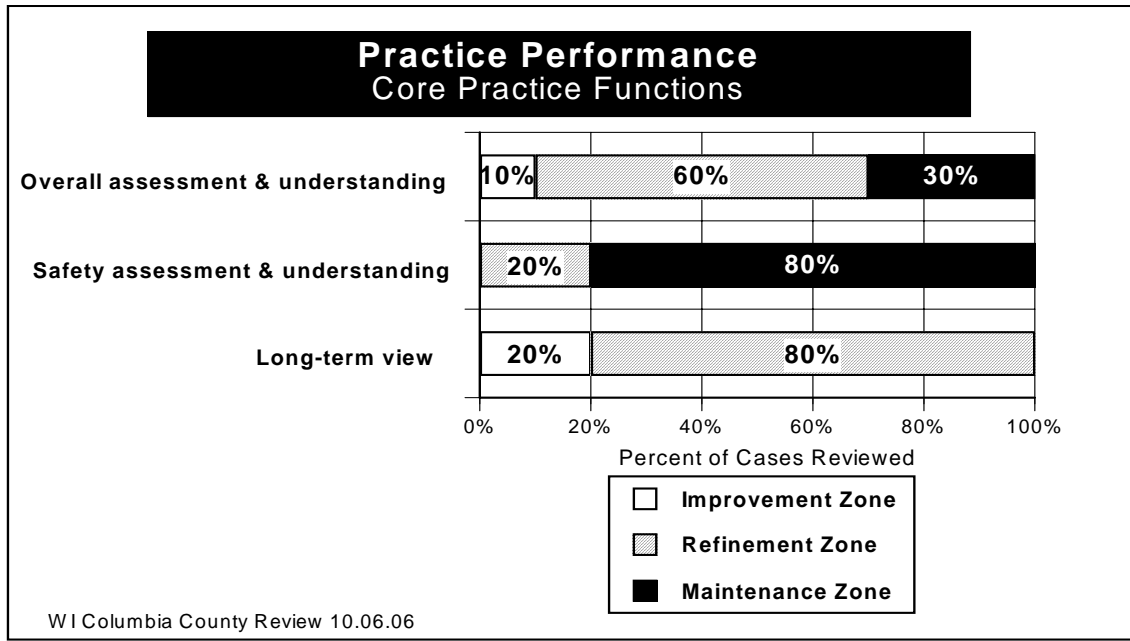
TEAM FUNCTIONING: To what extent did the members of the family team collectively function as a unified team in planning services and evaluating results?

Did the team's actions reflect a coherent pattern of effective teamwork and collaborative problem solving that benefited the child and family?

Local service delivery systems are increasingly challenged to meet the chronic and complex needs of families. Children who are the subject of child protective service interventions more often come from families who are involved in, or require involvement from multiple systems of care. Given the mental health needs, histories of substance abuse, and number of families involved in the criminal justice system that were included in the Columbia County sample, outcomes could be enhanced by the adoption of a practice model that supports the development and maintenance of formalized teams, an effective mechanism to support families through the change process.

Currently, the scores and case stories indicate that teaming varies by caseworker and it is not a consistent element of practice in the agency. Teaming was an identified area in need of refinement in the cases that involved children in longer-term placements. In one of these cases that was described as 'stuck', that involved an adolescent girl in foster care: "There is no clear understanding of where this case is going. The majority of people interviewed do not know what the permanency goal is. There is no teaming, which seems to cause problems to the change process. ...A team approach with a focus on more clearly defined planning, along with assistance with monitoring and transitioning seems to be largely absent." In another case, "Team formation is an area that could use some strengthening. It does not appear that there is a team formed despite the fact that there are different entities working with the family towards a common goal. This family has many stressors and some of these may be alleviated by team formation in that the family can attend one gathering and problem solve with all agencies to overcome barriers instead of the time consuming process of making individual contacts with each."

By formalizing the family-teaming process, improvements will also be expected to occur in other key practice areas such as coordination, assessment, and planning if team participants adhere to the core principles of a family team model.



SAFETY ASSESSMENT AND UNDERSTANDING: To what degree was there a shared big picture understanding of the child and family’s strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the family of origin, guardian, or adoptive family? Were these understandings used in the family change process to help the family achieve safety, permanency, and well-being (via protective provisions in the home, demonstrated behavioral, emotional, and cognitive changes)?

OVERALL ASSESSMENT & UNDERSTANDING: To what degree was there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the family of origin, guardian, or adoptive family independent of agency supervision? Were these understandings used in the family change process to help the family achieve safety, permanency, and well-being (via protective provisions in the home, demonstrated behavioral, emotional, and cognitive changes)?

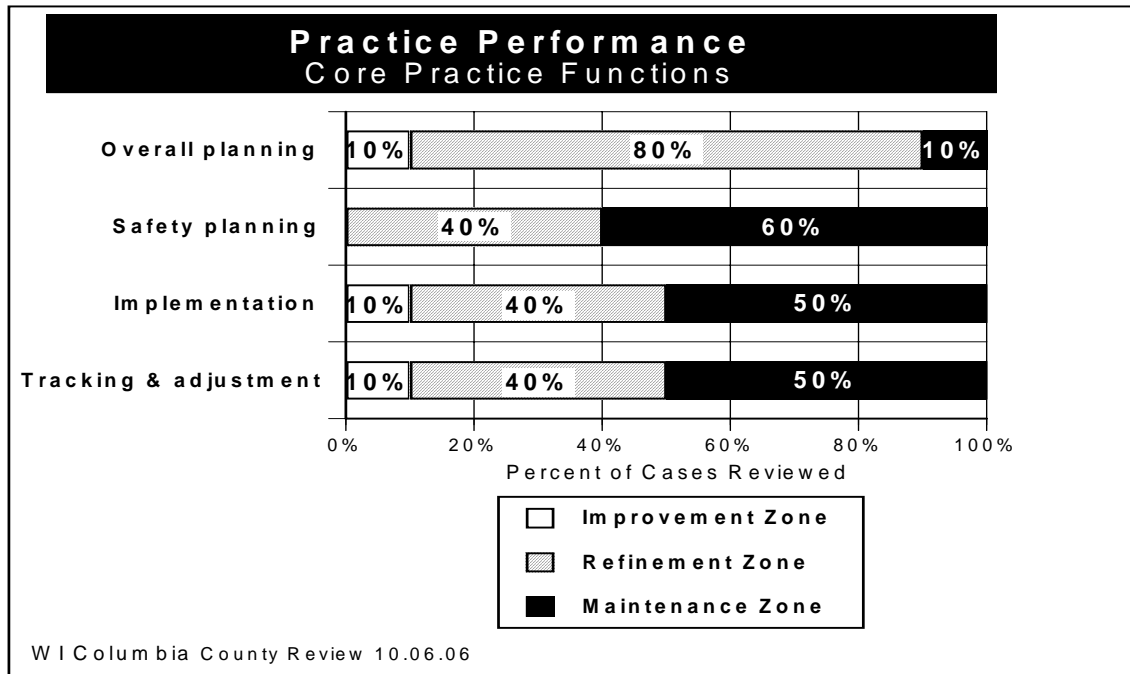
Comments: Obtaining an understanding of child safety and parent protective capacities is considered a primary child protective service task. It is encouraging that in all of the cases reviewed, children were safe. In one case, the reviewers were impressed that “the caseworker has a good handle on the overall safety within the family and was able to implement a change process to alleviate threats to child safety while continuing to recognize that she will not be able to eliminate risk.” Six of the ten children in the sample were placed in out-of-home care and the scores are also reflective of the quality of the relative and foster care placements. Refinements to scores in this area can include additional efforts to assess safety in ongoing cases, particularly around decision making in the area of family interaction.

Functional assessments provide meaningful information to case participants about the families' strengths, needs, risks and underlying issues that must change for the child to live safely and permanently with the family of origin or adoptive family, independent of agency supervision. Case practice in the area of "Overall Assessment" is also varied, with six of the ten cases scored in the refinement zone. In these cases, there was often some sort of assessment performed by a service provider but the results were not used to drive the change process. All of the cases that were rated in the "Green" zone involved at least one participant who was motivated to change. For example, in one of the cases that involved a Native-American focus child, the relationship dynamics between mother and child were assessed and integrated into the parent-child treatment plan. The child is now able to maintain sobriety and live in a stable placement with a relative.

LONG-TERM VIEW: To what degree were the change requirements for family independence defined, shared, and understood that clarified what protective provisions must be present in the home to keep children and parents safe? What behavioral, emotional, or cognitive patterns must be demonstrated and sustained for reunification or support of the guardian/adoptive family so external supervision may be safely concluded?

This element of practice is critical to the model as it calls for the clear delineation and understanding of what protective provisions must be present in the home to keep children safe; behavioral patterns to be demonstrated and sustained by the parents, etc. for the family to be deemed ready for independence from the system. The majority of the cases reviewed are in need of refinement in this area. For example, in the case of a child who had a permanency plan that called for long-term foster care, "there is no specific plan for safe case closure, nor are there strategies to achieve permanency. The focus child himself admitted to fear of where he will be when he is 18." In another case, "the system has worked hard for the child while the parents have not. (The parents) continue to feel that the child needs to be "fixed". Their inability to grow in the parenting role is apparent. Both talk about the focus child with a dismal long term view."

Many child welfare systems are challenged to assist families in getting beyond their immediate crisis to focus on longer term goals that include a picture of healthy family functioning and independence of the system. Statewide this is a challenge as current practice methods are based on matching needs to services instead of strategies to outcomes. The scores in this area indicate a strong need to create a unified strategy that includes child welfare partners in assisting families in making and sustaining change.



OVERALL PLANNING: To what degree was a well-reasoned ongoing process used for planning that drives strategies and actions for the family change process that provides, as needed, for: attainment of protective conditions for safety in the home; acquisition and demonstration of required parent behavioral, emotional, and/or cognitive changes; securing sustainable family supports; concurrent alternatives for child permanency; meeting any special needs of persons (children/parents) in the home; and achieving successful transitions and life adjustments?

SAFETY PLANNING: To what degree was a well-reasoned ongoing process used that analyzed and planned a strategy that ensured the safety of all children in the home? Did the plan attain the protective conditions for safety in the home; plan for parents to acquire and demonstrate required behavioral, emotional, and/or cognitive changes; secure sustainable family supports; concurrent alternatives for child permanency; meeting any special needs of children/parents in the home; and achieve successful transitions and life adjustments?

Planning is an area of practice that is related to the long-term view. The scores in both safety and overall planning indicate a need to take a closer look at casework practices that either support or hinder the planning process. In many of the cases, planning was done on an occasional basis, and usually not accompanied by a written reflection of effort. On several occasions, the court order became the *de facto* case plan, which is useful only if the conditions on the court order are change-oriented in nature. Case practice, while at times effective, seemed to revolve around individual workers and not the team. One case illustrates the pitfalls of this approach; “although there have been many service providers

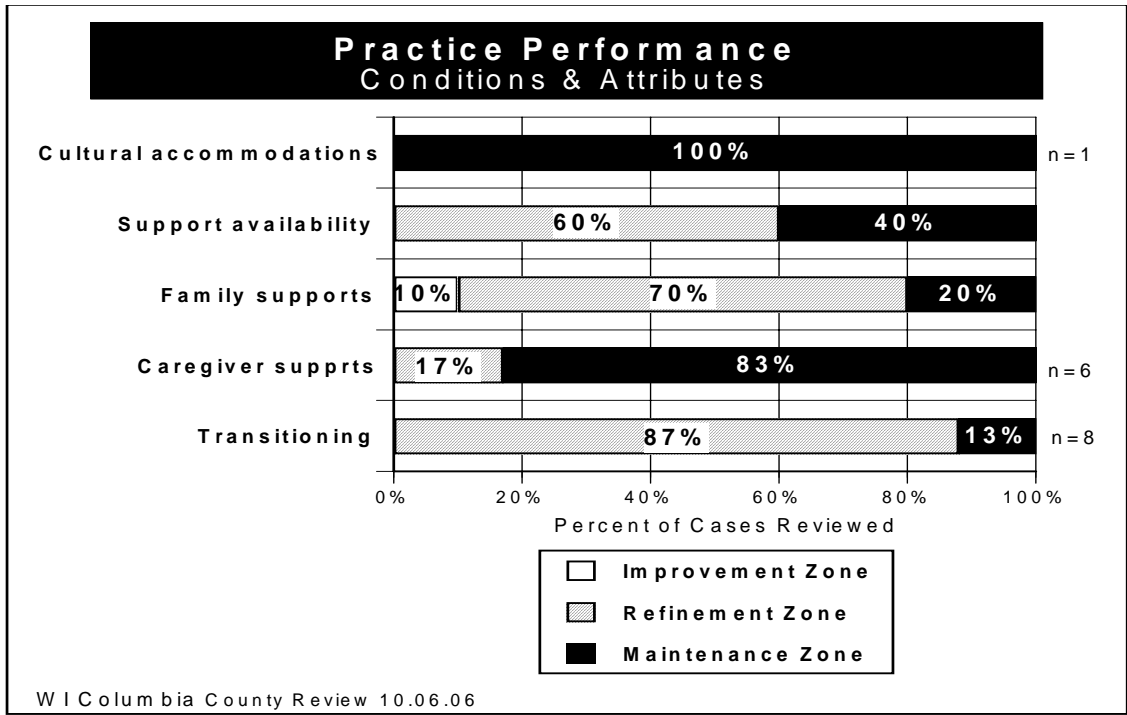
over the life of the case, there has not been a fully formed and functioning team that meets together on a regular basis to case plan. Providers have individual contact with the worker but opportunities for collaboration are limited.” Collaborative plans that are developed in partnership with the family and their attendant service providers have an increased chance of success. Training and on-site technical assistance may be of great benefit to an agency looking to enhance practice in this area.

IMPLEMENTATION: How well were the actions, timelines, and resources planned for family change strategies being implemented to achieve: attainment of protective conditions for safety; acquisition and demonstration of required parental behavioral, emotional, and/or cognitive changes; securing of sustainable supports; concurrent alternatives for attaining permanency; meeting special needs of parents and children; and achieving successful transitions and life adjustments? To what degree were these timely, competent, and adequate in intensity and continuity?

Once a strategy for the family change process has been developed, this element evaluates the actions, timelines, and resources used to implement the plan. The scores in this area are indicative of a wide range of practice in this area. Often times, implementation problems arise when participants struggle to prioritize plans. More often than not, families have “so many tasks, meetings, and court dates to attend to” that inertia sets in and cases become stuck. The agency is encouraged to review the case stories for further insight into a families’ experience of the case process. Case practice that supports the family-team planning process can inoculate participants from implementation problems as family members are often able to articulate when they are unhappy or stuck.

TRACKING AND ADJUSTMENT: Have the child and family status, service process, and change results routinely been followed along and evaluated? Have services been modified to respond to the changing needs and knowledge about service efforts that have been applied to create a self-correcting service process for finding what works for the child and family?

Case scores in this area reflect that there is inconsistent case practice in this area and often dependent on the efforts of individual workers. In some of the cases, agency caseworkers effectively revisit and adjust plans to ensure alignment with the long-term view. A high level of tracking and adjustment allows interveners the ability to fine-tune the change strategy and affect positive outcomes for children. For example, the emotional and behavioral functioning of a 16-year-old placed in foster care, improved as a result of the quality of case practice in this area. “The worker has been able to maintain the focus child’s stability in her placement by placing and monitoring high quality and appropriate services in the foster home....more recently the worker decided to change the therapy providers of J and the foster family; securing a treatment team that is more behaviorally oriented.” Practice in this area can be enhanced by the adoption of formalized teaming, as learning what works is a continuing process that all participants’, both family members and service providers, have a stake in.



CULTURAL ACCOMODATIONS: Have significant cultural issues of the child and family been identified and addressed in practice? Have the supports and services been culturally during the family engagement, assessment, planning, and service delivery processes?

Based on how culture is defined in this particular QSR indicator only one case was evaluated. The definition will be revised in the next protocol, due to be finalized in December of 2006. The case that was reviewed involved an example of the agency making a determined effort to be culturally responsive. “Culturally appropriate services have been available and responsive. The child has been able to access AODA and mental health services through the tribe as well as medical and dental care.” Continued efforts like this one are encouraged.

SUPPORT AVAILABILITY: To what degree has the formal and informal array of supports, services, and other resources been adequate and available to support implementation of the child and family planning process? Are resources available in a timely manner at the appropriate frequency, duration, and setting conducive to the needs of the child and family? Did the child and family have a choice of the type of services and providers?

FAMILY/CAREGIVER SUPPORTS: To what degree was the family or out-of-home caregiver provided with 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?

These indicators evaluate the availability and quality of supports provided to families to support implementation of the child and family planning process. In many of the stories, the quality of and supports available to family members are an area in need of refinement, often due to family members having too few informal supports available to them. For example, in one case that described a pattern “in which providers “fizzled out”, presumably because of Father and Step-Mother’s defensiveness and on and off participation in services, there was a feeling that Father...depended too much on Step-mother to perform the day to day discipline with the kids that often resulted in abuse of some kind. In another story where the father had made some progress in overall functioning, “the supports necessary to maintain and further progress have not been accessed.”

The scores in the area of caregiver supports are a relative strength in agency case practice. The case stories provide many good examples of caregivers receiving high quality supports, especially in helping maintain placements. These scores also appear to be connected to the higher scores in the areas of caregiver engagement. Again, the special needs of the children under agency supervision often place extraordinary demands on parents and caregivers alike. The scores can be enhanced in these areas if the support needs of family members are recognized and included in the plans to meet the child’s daily needs.

TRANSITIONING: To what degree was the current or next life change transition for the child and family planned and implemented to assure a timely, smooth, and successful adjustment after the change occurs?

This is an area of practice that is critical to maintaining safety and stability for a child and family. Effective case practice recognizes and strategically plans for the impact of transitions on the lives of children and their family members. Children with special learning needs and problems often need additional support during periods of change. Effective outcomes for children and families in the area are supported by the implementation of concrete plans. Anticipating the impact of change can also reduce the need for reactive and often time-consuming crisis work. The following questions can provide useful guidance for agency workers in transition planning.

- What changes will the child/family experience during the next year?
- Has the service coordinator and team identified the next critical transition?
- What needs to happen to accomplish a smooth transition?
- Who needs to be involved?
- How will participants share information about progress? How often will they meet?
- What resources will they need?

SUMMARY

The results of the first Quality Service Review offer information about the strengths and opportunities to enhance child protective service case practice in Columbia County. The scores from this first qualitative review are meant to serve as a baseline the agency can use to measure progress over time. The practice model that underpins the Quality Service Review protocol is a comprehensive one, it raises the bar for evaluating case practice. The model is also inspirational in nature in that it seeks to engage review participants in the process of change at the same time. Specifically, the practice model represents a set of values and standards that promote the provision of strategic, dynamic and high quality services to keep families together and children safe. The review results indicate that the children and families team is cohesive, the staff are hard working, and the agency has a reputation for working in partnership with stakeholders who are also committed to improving the lives of children and families in this community. Safety assessment and planning is prioritized in the agency. The agency also appears to be challenged by heavy workload demands, a high supervisor/staff ratio, client resistance, and the increasingly complex needs of the children and families who enter, re-enter, and remain in the system. Case practice, in the ten cases reviewed, seems to vary by worker and case type. These challenges indicate a need for the agency to re-examine the roles, skills, and training needs of agency staff. The agency is encouraged to review the methods in which agency staff work together with practice partners to engage, plan and support families through the change process. The agency is encouraged to share experience and seek assistance from local, regional and state partners who are also invested in keeping families together and kids safe.