

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

October 13-17, 2008

Door County Department of Social Services

**Child Welfare Continuous Quality Improvement Program
Office of Performance and Quality Assurance
Department of Children and Families**

*A Report by
The Continuous Quality Improvement (CQI) Team*

November 17, 2008

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Office of Performance and Quality Assurance (OPQA), of the Wisconsin Department of Children and Families (DCF), 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 Door County during the week of October 13, 2008. During the same week, staff 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 DOOR COUNTY REVIEW

A. REVIEWERS

In the Door County review, eight reviewers participated in reviewing the eight cases selected. Two individuals were in the role of "Shadow 2" reviewers. As a Shadow 2, each reviewer is observed and coached in their development as lead case reviewers. The remaining 6 reviewers have completed their training and have been certified as a QSR reviewer. All the lead case reviewers who provided coaching have extensive experience in child welfare. The reviewers who participated in the Door County review brought diverse backgrounds and experience. The eight reviewers included two Continuous Quality Improvement Specialists, one Human Services County Director, one State Adoptions Quality Assurance Specialist, one retired child welfare professional, and one Human Services Division Manager.

B. CASE SAMPLE

Eight cases were randomly selected for review in Door County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers and 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 Door County review, a total of 71 persons were interviewed. Of the eight cases, seven of the cases were classified as "out-of-home" as the child was placed or is currently placed in substitute care at least once during the six months preceding the review. One case was classified as "in-home" where the family either voluntarily agreed to receive services or is subject to an order under Chapter 48 of

the Wisconsin Children's Code. Three children were in the 0-4 age range, one child was in the 10-13 age range, and four children were over the age of 13. There were four males and four females 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 Carrie Finkbiner conducted these sessions. In addition, John Strange of the Children's Court Initiative conducted sessions jointly with the Site Leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of insight and feedback about how 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 described in Section III.

D. DEMOGRAPHICS

Door County is located in the Northeast corner of the state easily identified as the "thumb" on the Wisconsin state map. The county seat is in the city of Sturgeon Bay. Door County is a popular tourist and vacation destination. The county has more than 300 miles of shoreline, more than any other in the country, earning the name *Cape Cod of the Midwest*. The US Census Bureau reported the 2006 population at 28,200, but during the summer months the population can reach up to 250,000. Understandably, unemployment and underemployment have been long-standing problems during the winter months. The community is composed of a high number of retiring and aging citizens. School enrollment is down suggesting that the community has not replaced its aging and retiring community with young and middle-aged adults with children. There has been an increase in Latino families living in the county; however, these increased numbers are not reflected in the child welfare or child protection population. Data from the 2004 Census Report indicate the median county income to be at \$43,457 compared to the state average of \$46,142. Door County has high rates of poverty. Nonetheless, because it is important for the county to retain an image of beauty and rustic charm--as it is this image that visitors find so alluring, and keeps the local economy running strong--much of this poverty is 'hidden' or not fully acknowledged.

Door County is described as a conservative community; it is also regarded as a warm and supportive community that offers a "good quality of life." Community stakeholders appear to understand the importance of relationships and shared responsibility taking a vested interest in children in order to "get the job done." Some described it as an isolated county in that it is not on the main interstate highways connecting Milwaukee, Chicago, Madison and Minneapolis, and therefore, doesn't see the transient groups and ensuing issues that other counties have experienced. Trends that have affected other areas of the state, such as methamphetamine use, have not impacted Door County in the same way.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

The Child and Family Services Unit within the Department of Social Services has a number of strengths contributing to its strong, positive reputation in the community. The agency is perceived by stakeholders as “well run” and established in the community. The unit consists of experienced and dedicated front-line staff members who were described as cohesive and supportive of one another. The low turnover rate among front-line staff is perceived as a great benefit to the organization, particularly in lieu of the high ‘burn-out’ rate frequently seen in these positions. The director of the agency and the Child and Family Services Unit supervisor have complementary backgrounds that allows for comprehensive oversight and supervision, as well as an opportunity to learn from one another and build on each others strengths.

The Agency’s screen-out rate is low, enabling them to serve families who in other counties may not qualify for or receive any services. There is a commitment to early intervention and prevention, which is recognized not only within the agency, but across systems within the community as well. The ability to intervene early when a family is presenting struggles is partly due to the small and manageable size of the county, but also due to the Agency prioritizing this work and recognizing it as important. Community stakeholders report that the response rate to child safety issues is excellent and describe the workers as child-and safety-focused in their approach with families. The reporting system developed between the Agency and Community Programs has also contributed to the excellent response rate to safety issues through early identification, and the development of consistent and efficient procedures.

There have been increased efforts to “tighten up” areas. A document and set of procedures have been created to ensure that Adoption and Safe Families Act (ASFA)/Title IV E findings are made on the record. When these findings are not made on the oral court record, the Department is at risk for not getting reimbursed for Federal Title IV-E funding. This form is used consistently and universally by workers and has yielded its desired outcome: findings are in fact made on the record. A concerted effort to decrease the number of unnecessary Temporary Physical Custody (TPC) orders has yielded positive results. Workers are demonstrating increased critical judgment in regard to making out of home placement decisions; furthermore, they are developing creative and effective in-home safety plans and necessary support systems to ensure children’s safety when they do remain in the home. There are no treatment foster homes or alternate care facilities in the community; however, efforts have been made to decrease any disruptions and continuity of care issues for these children. There has been a push for workers to increase visits with children placed outside of the community. The result is that workers maintain a connection and a relationship with these children and their transition back into the community is smoother and marked with fewer disruptions. Also, there is an awareness of their progress and treatment needs that can be introduced into their treatment plans upon their return into the community.

Efforts to “tighten up” areas is indicative of a larger set of governing leadership values and attitudes that further serve as organizational strengths. The agency leadership maintains an awareness of problems or needs and responds with the development and execution of ideas and plans—this contributes to a progressive, dynamic and responsive system. For example, the agency is aware of the transportation problems in the community and in turn has applied for a transportation grant. Also, the lack of services and resources within the community has been considered and in response there is an effort to create satellite offices of the agencies that are housed in Green Bay that many of the Door County families use.

B. ORGANIZATIONAL – CHALLENGES

While the front line staff of the agency has benefited from low turnover and longevity, the administration has not; in particular, it’s been difficult to secure and maintain the supervisor position of the Child and Family Services Unit. The unit has gone through five supervisors in the last 15 years; the current supervisor has been in her position since April, 2007. The agency director is also fairly new to his position although this position has not been as historically unstable as the supervisor position. New management and established front-line staff have struggled with adjusting to each other’s styles, appreciating differences and building strong relationships. There are opportunities to build trust and enhance open dialogue within the agency through collaboration and a more transparent decision making process. Not only will this prevent factions from forming, but it will create and strengthen “buy-in” from front-line workers and middle management which is particularly important as the agency moves forward with new initiatives or explores creative ways to ‘do more with less.’

The ongoing issues with budget constraints pose myriad problems across the agency and throughout the community. On a pragmatic level, it means attempting to maintain the high level of services and support to families with fewer resources. Tough decisions around how to structure the organization and where to place emphasis in regard to dollars and manpower have perhaps exacerbated the relationship gap between management and front-line staff. For example, downsizing the unit from eight to seven positions and eliminating the Challenge Program have been both unpopular and perhaps misunderstood decisions. Although some of these changes are minor and serve the bigger function of surviving during difficult economic times, their cumulative effect is powerful and stressful and again underscores the importance of internal integration and collaboration.

Finally, a challenge within the organization is the limited opportunities for employee advancement, and with budget constraints, pay or salary increases. Although the small size of the agency may contribute to longevity and stability, an unintended consequence may be thwarted professional aspirations or movement. The challenge involves developing learning and professional opportunities while maintaining stability, longevity and agency integrity.

C. RESOURCES – STRENGTHS

Focus group participants identified a wide array of community services available to the children and families of Door County. A few that were named by focus group participants include: Family Centers of Door County, Food My People food pantry, The Boys and Girls Club, HELP of Door County and the Children Services Network. In addition, the in-home supports, including in-home therapy, were viewed as convenient and helpful to families. Early intervention and prevention resources were also seen as a great benefit to families in the community, particularly services that are available to families who are struggling, but not necessarily involved with the agency. The Parent Education Program, Strengthening Families Program and Healthy Families were preventative resources noted by focus group participants. Finally, the county-operated Community Programs—mental health, alcohol and other drug, psychiatry and psychology services—were viewed as helpful both provisionally and pragmatically: families can access services that address their needs *and* see several providers from different programs within one building.

The Integrated Services Program (ISP) is seen as a great asset to both providers and families. Focus group participants praised the teaming approach used by the program and the collaboration among providers that the program promotes. The teaming approach used by the program—to have families, including the identified child, and any support persons the family identifies routinely meet to plan, discuss and set goals--was seen as effective in advancing change and progress. It was noted that parents in the program seem more empowered and motivated to take ownership in the change process. The collaboration among providers that the ISP model promotes seemed to improve communication and coordination of services.

The foster parents are seen as a valuable resource in the community. Foster parents are seen as dedicated and involved; some foster parents are working with biological parents in an effort to support and aid them in their efforts toward reunification. Some foster parents also provide respite for the children and their parents after reunification, offering a valuable resource to parents and familiarity and stability for children.

Community stakeholders report a “trust among agencies and providers” that contributes to strong and effective working relationships. Law enforcement has been committed to collaborative efforts among the agency and the schools. A police liaison position within the schools is seen as helpful in prevention and intervention efforts. Law enforcement is seen as very helpful to children, taking the time to answer questions and explain the legal or delinquency process. Law enforcement, including the county sheriff’s office, is open and accessible to community members who work closely with kids and families in the community. The schools have been trained on mandatory reporting; the quality of mandatory reports is viewed as good. Due to the trust and open dialogue between the schools and the agency, questions and concerns are addressed, and ideas and solutions are shared. Overall, despite the difference in roles and responsibilities of stakeholders, they work well together and appear united by the common goals of helping children and families, and maintaining a strong sense of community.

D. RESOURCES – CHALLENGES

One of the biggest struggles facing counties across the state, including Door County, is budget cuts and diminishing resources. The perception among community stakeholders is that “when things get tough, prevention services are slashed.” The relatively recent cut of the Challenge Program, which allowed for the presence of an agency worker in the schools, was cited by many stakeholders as a huge loss to the community. Without agency presence in the schools, stakeholders felt that students who are struggling would not receive the interventions and support necessary to succeed in school. Ultimately, some believe the absence of the program might result in more referrals to the agency.

There are some challenges that greatly affect the ability of families to access and secure services. Transportation is a problem for families in Door County. The problem includes a lack of public transportation and inflated gas prices. These issues, in combination with a lack of specialized services in Sturgeon Bay and northern parts of the county, create major barriers for families who are in need of services. As previously mentioned, there are efforts to create satellite offices in Sturgeon Bay and other communities to reduce and eliminate this barrier. There is a need for more providers who accept Medical Assistance (MA) especially for dental and vision services. There are few providers who accept MA and of those that do there is sometimes a reluctance to serve clients with MA due to the cumbersome paperwork, authorization and reimbursement process. A related problem is meeting the service needs of families without any insurance coverage, which is common when families are seasonally employed. Although there is not a parallel increase in Latino families served by the agency as reflected in the general population trend, some stakeholders felt the community would be ill-equipped in providing interpretation and bi-lingual services to these families if they were to start entering the system.

Even with the impressive reduction in out-of-home placements seen in agency practice there is still a perceived shortage of foster homes available. Some foster parents become an adoptive resource for the children they provide foster care to, further reducing the pool of foster parents available for out of home placements. Even more intensely felt, is the lack of treatment foster homes within the county. Placing children outside of the community is an added expense and it’s often a challenge to reintegrate these children back into the community. Focus group participants expressed a need for more respite care homes, particularly for short-term care or crisis situations. In addition, stakeholders identified a need for additional respite options for families not involved with the agency. Related to this, is a need for more affordable child care options, especially child care for families working non-traditional hours or second or third shifts.

Stakeholders would like to see more mentors available to work with children especially mentors who are trained, skilled and available to work with challenging children—children with serious mental health concerns, social challenges or difficulties managing in the community. A common concern was a lack of services and oversight for children who are aging out of the system. Stakeholders expressed concern that “children are dropped” when they reach a certain age and worry that these children are unprepared to handle the responsibilities of adulthood. Among the ideas expressed were: more social

skills training with a focus on negotiating in relationships (personal and job-related), a transition home for kids aging out of the system that would provide support and skills training, and increased technical job skills training. Other resource needs mentioned by focus group participants were: child-focused mental health services, including therapy and psychiatric services, skilled therapists and counselors to work with adolescent girls, services and treatment options for incarcerated parents, and training and support opportunities for foster parents.

E. PRACTICE – STRENGTHS

Many of the practice strengths are tied to the longevity and experience of the agency workers, the strong sense of community collaboration and the dedication to children and families. The workers are considered not only skilled and experienced in building rapport with children and families, but also with community providers and stakeholders. Workers are viewed as knowledgeable of the larger community context including its resources, its culture and its limitations. Their experience and skills appear to complement one another and there is a shared sense of responsibility as noted in their successful on call rotation, ability to “wear more than one hat” and to “deal with everything and anything.”

Due to the small size of the agency and the community; front-line staff, the supervisor and the director are aware of and familiar with the families being served by the agency, the involvement of other systems and issues that are affecting progress. Although formal supervision is offered to staff, an “open door policy” is also utilized by the supervisor and director creating opportunities for ‘in-the-moment’ supervision and consultation. The stakeholders in the community feel the workers have a strong collaborative approach—they’re open to discussion, feedback and brainstorming—and overall, have strong communication skills. They are regarded as reliable and responsive, and are seen as managing their cases effectively and maintaining good situational awareness. This is reflected in strong coordination and tracking skills further discussed under *The Elements of Case Practice* section. All of these practice strengths—collaboration, effective communication and coordination result in better service delivery to children and families served by the agency and community providers.

The workers are committed to keeping kids in their home with their parents, diverting out of home placements when appropriate. When children are placed out of the home, relative placements are seen as “the first line of defense.” The workers are child and safety focused—safety assessment and safety planning were seen as practice strengths as reflected in QSR scores detailed later in *The Elements of Case Practice* section. Many focus group participants noted the efforts at early intervention and prevention on the front end of practice. Community stakeholders appreciate the agency’s attempts to intervene with families early, “before the situation gets out of hand,” noting that early involvement seems to result in families “embracing the idea of getting help.”

F. PRACTICE – CHALLENGES

Recently there has been an increase in juvenile intakes, this, in addition to the loss of a position and the threat of impending budget cuts, seems to be creating some stress and anxiety among workers. Many feel they are trying to “accomplish more with less.” Not only are there more work demands, but paperwork and the requirements of the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS) often prevents workers from doing “real social work”—meeting with families, preventing crises, ensuring ongoing safety. Finally, the paperless file system that was adopted to eliminate any paper documents in the case files is seen as generally not working due to the archaic and inefficient computer operating system.

Given the value placed on early intervention and prevention, it’s not surprising that workers expressed a desire to intervene with juveniles earlier, especially in an informal way, to prevent some of the more serious issues that the agency and courts eventually have to address. Working with juvenile delinquent girls is seen as a challenge due to the multiple issues this population often presents with—noncompliance, emotional struggles, alcohol and other drug issues, sexualized behaviors—and the lack of providers who specialize in this area and provide consultation. Due to the small size of the agency, workers often have dual or multi-purpose roles. Although this affords workers the opportunity to learn new and different skills, it often results in one area or responsibility not receiving the needed time and attention. The juvenile on-call system that operates in the evening and on weekends is generally viewed as well run and effective, however it was mentioned that if the on-call person happens to live outside of the community, the response time and ability to collaborate is affected.

There is an opportunity in practice to further develop a working relationship with the permanency consultant. At this point it appears that the permanency consultant is not fully utilized or is inconsistently utilized. The contributing factors are unclear, but it seems that the relationship between the permanency consultant and the agency is in its early stages and various players are unfamiliar and perhaps uncomfortable with one another. Finally, living in a small community with limited resources and services can challenge the ability to develop creative, individualized dispositional orders. Moreover, it can be a challenge to see families through a ‘clean lens’ and to create fresh, individualized plans when families are ‘well-known’ in the system.

G. LEGAL – STRENGTHS

There were many strengths of the legal system cited in relation to child welfare practice in Door County. The judges in particular, were viewed as very positive, not only by other professionals, but also by biological parents, children and foster parents. Like many of the professionals in the county, the judges appear to understand the importance of effective working relationships and community involvement. They were described as dedicated, accessible and respectful of all parties. Due to the small size of the community, judges and agency staff have more opportunities to communicate informally

which seems to expedite communication in a way that might be more difficult under formal means.

Judges appear to know the cases and the families associated with a case. It was reported that judges are reading the court reports and are also taking a vested interest in the children and families who pass through their court rooms. Focus group participants reported that it was not uncommon for a judge to ask a child about school or an extracurricular activity whether inside or outside of the court room. Focus group participants reported that the judges solicit the opinions of persons in their court room and make attempts to hear from all parties. There is one judge assigned throughout the life of a case. This practice allows for greater familiarity with the case and of the family, eases the discomfort that many families feel when they are in court, and reduces any inconsistencies when cases are shifted from one judge to another. Key participants report feeling reasonably comfortable with the court process; the judges were seen as pivotal in creating this overall comfort and ease of court.

The Juvenile Clerk is seen as an asset to the system. Many participants reported that the Juvenile Clerk does a great job and contributes to numerous strengths in the legal system. For example, parties are receiving notice of hearings in a timely manner and court orders are timely, filed appropriately, and distributed to all parties. The thoughtful assignment of the Guardian ad Litem (GAL) results in good matching; also, one GAL is typically assigned throughout the life of a case—in post dispositional matters the same GAL is asked to continue on the case unless there is a conflict. The Guardians ad Litem are seen as invested in the process and the children whom they serve.

ASFA/Title IV E findings are being made on the record and in written orders. Delays or continuance issues are rarely a problem and occur when generally warranted—in Termination of Parental Rights (TPR) cases or situations of discovery. The perception among key players is that appropriate cases are being filed for TPR which are filed in a timely manner. Juvenile cases are given priority—the schedule of hearings is consistent and efficient with few backlogs or scheduling problems.

LEGAL – CHALLENGES

It was reported that the overall performance of the Guardians ad Litem varies. This was attributed to the age of the children they are assigned which may result in visitation or service needs that vary greatly. In addition, the GAL rate of pay was reported to be quite low, which in turn affects the amount of time Guardians ad Litem are willing and able to spend on a case. Nonetheless, some felt that some children do not understand the role of the GAL. Some kids stated that they wish court was better explained. Their lack of understanding could be attributed to the timelines, which they do not understand and feel are too drawn out, and to their emotional attachment to outcomes.

Parents are generally not appointed counsel in Child in Need of Protection or Services (CHIPS) cases. The practice is to appoint counsel when Termination of Parental Rights (TPR) is likely to occur or in circumstances where it is clear that the parents are not able

to understand and/or participate meaningfully in court. Finally, there is a need for periodic review and training of Indian Child Welfare Act (ICWA) procedures. Due to the low number of Indian children served in Door County, the procedures necessary to be compliant with (ICWA) are not instinctive or habitual, and consequently, not adhered to as strictly as required by law.

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 QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 180 days prior to the review.

QSR Interpretative Guide for Child Status		
<p>Maintenance Zone: 5-6</p> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p>6 = OPTIMAL STATUS. The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. Child is doing great! Confidence is high that long-term goals or expectations will be met in this area.</p> <p>5 = GOOD STATUS. Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Status is “looking good” and likely to continue.</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p>4 = FAIR STATUS. Status is minimally or temporarily sufficient for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.</p> <hr style="border-top: 1px dashed #000;"/> <p>3 = MARGINAL STATUS. Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.</p>	
<p>Improvement Zone: 1-2</p> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p>2 = POOR STATUS. Status has been and continues to be poor and unacceptable. The child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.</p> <p>1 = ADVERSE STATUS. Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes are substantial and increasing.</p>	<p>Unacceptable Range: 1-3</p>

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.

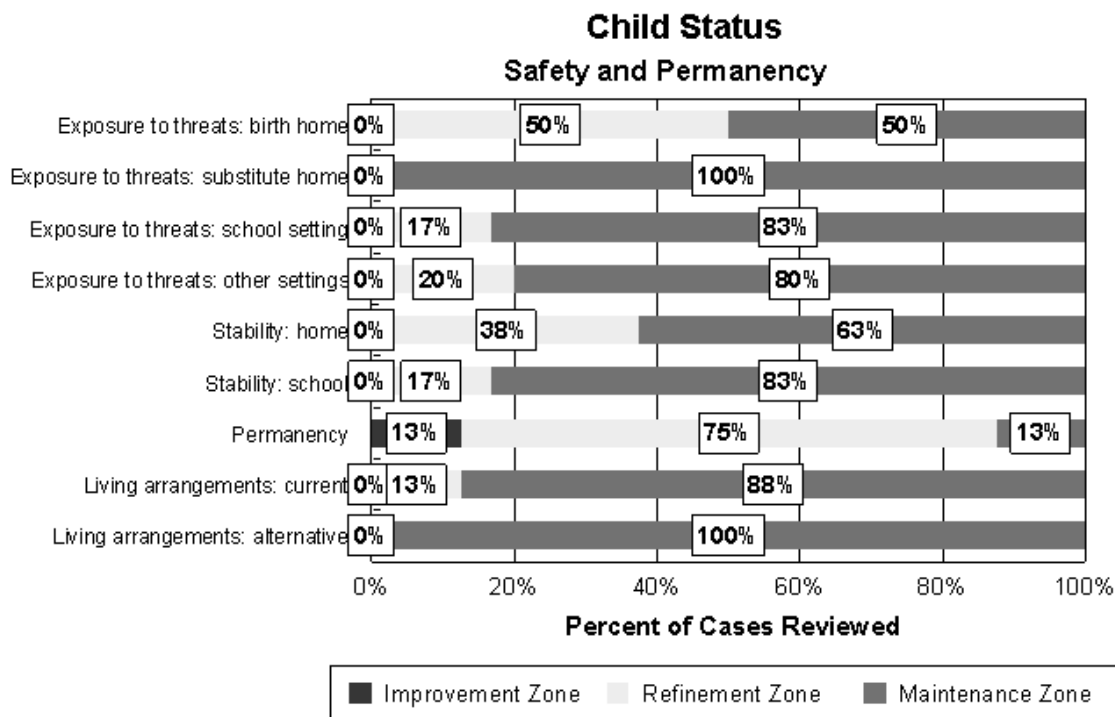
QSR scores of: 4, 5 or 6 are in the acceptable range for federal Child and Family Service Review (CFSR) standards.

CHARACTERISTICS OF THE SAMPLE

Though randomly selected, QSR sample cases can show variability in the range of factors that can impact Child and Caregiver Status and System Practice Performance. The following reflects co-occurring conditions of the children and parents in the Door County sample and how they compare with sample data from the first 30 Wisconsin counties reviewed.

*Co-Occurring Condition	Door County (N=8)		Combined 30 Counties (N=303)	
	<u>Child</u>	<u>Parent</u>	<u>Child</u>	<u>Parent</u>
Mental Illness	25%	33%	21%	43%
Trauma Exposed	75%	75%	28%	36%
Substance Abuse/ Addiction	13%	63%	5%	42%
Substance Exposed	13%	0%	10%	2%

***Co-occurring conditions refer to personal factors present in sample individuals in addition to involvement in the child welfare system.**



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: *Exposure to Imminent Threats of Harm* considers the birth home, substitute home, school and any other setting where the child spends time in assessing various factors that may put the child at risk of maltreatment. All four settings scored 100% acceptable according to federal Child and Family Services Review (CFSR) standards. For the birth home, four cases were rated: two (50%) scored in the maintenance zone and two (50%) scored in the refinement zone. All six cases that were rated for substitute home scored in the maintenance zone. Regarding the school setting, five cases (83%) scored in the maintenance zone; one case scored in the refinement zone. Finally, in regard to other settings, five cases were rated; four cases scored in the maintenance zone and one scored in the refinement zone.

In the following example, the mother has made progress and is striving to maintain her status: “The focus child is safe in her mother’s home at this time. This level of safety hinges on the ability of the mother to maintain her sobriety and mental health stability. The in-home treatment team plays a crucial role in supporting the focus child and her mother to maintain a safe and healthy living environment.” In this next example the mother has been taught effective strategies to minimize and reduce safety threats: “[The focus child] has been safe in her mother’s home and there has been only one additional

report in the last twenty months of any safety issues, which was found to be unsubstantiated. In addition, the mother has been able to learn strategies to keep her home and child safe by being careful about child care providers, reducing any dangers in the environment, and by controlling her anger.”

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: When evaluating a child’s *stability*, reviewers look at the number of disruptions or unplanned moves that the child has had in the past twelve months and also make a prediction as to the likelihood that the child will experience any life disruptions in the next six months. This indicator recognizes that while change is a natural part of life, movements for the child are often highly disruptive, stressful and affect many facets of the child’s life. All eight cases were rated for stability in the home: six cases (63%) scored in the maintenance zone, two cases (38%) scored in the refinement zone. Six cases were rated for stability in the school setting: five (83%) scored in the maintenance zone and one (17%) scored in the refinement zone.

The next two examples illustrate how good placement efforts yielded good stability: “[The focus child] was placed in the grandmother’s home two days after birth and has remained there for the past nine months.” In another case, “[The focus child] is in a safe, stable foster home that all believe will endure past the focus child’s age of majority. The focus child has resided in this home for the past five years. He had known his caregiver prior to placement by his father.”

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: *Permanency* is rated for children in out of home care and for children who live with their parents. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the caregiver, and the achievement of stability in the child’s home and school settings. All eight cases were rated for permanency: one (13%) scored in the maintenance zone, six (75%) scored in the refinement zone and one (13%) scored in the improvement zone. Scores in the area of permanency reflect an opportunity to enhance practice for the attainment of better outcomes for children.

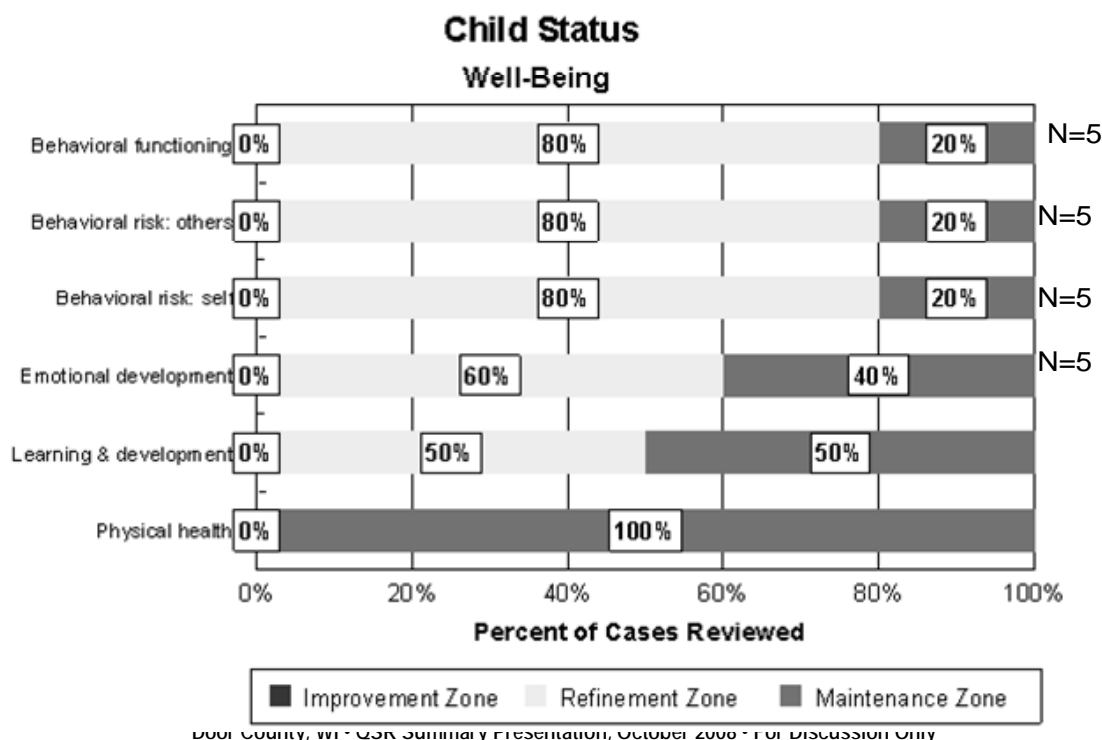
In the following case example, the focus child, who has struggled with a number of problems and instability, is nearing adulthood with somewhat precarious plans: “Regarding her future, she has had a number of different ideas about what she will do

after graduation. Some months back, she indicated that she would not graduate, but would leave when she turned eighteen and go live with her mother in the distant state. . . . Currently she is trying to decide between going into the military, going on to technical school, or going to another state to join her internet boyfriend who will be in basic training in the Marines at that time.” In this next example, there is a strong sense of permanency for the focus child: “[The focus child’s] plan for permanency has been to remain in her mother’s home, which has been achieved. The mother has proved that she can keep [the focus child] safe and prioritize [her] needs.”

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: *Living Arrangement* considers the present living arrangement in which the child resides and any other setting where the child has slept and received care within the past 90 days. Children in Door County are living or staying in appropriate residences that meet their needs. Both current and alternative living arrangements scored 100% acceptable according to federal (CFSR) standards. For current living arrangement, seven (88%) of the cases rated fell in the maintenance zone: one case (13%) scored in the refinement zone. For alternative living arrangement, two cases were scored and they both were in the maintenance zone.

The following examples outline factors that contributed to good scores: In one, “[The focus child] is currently in the most appropriate living arrangement to meet his needs. His foster mother is very nurturing and understanding of his need to develop and maintain a bond with his biological parents.” In another, “Recently they moved to a ranch style house in the country which has allowed the focus child and his father more freedom to be outside. His placement is safe and stable and provides for his physical needs.”



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: The Physical Health scores of children in the Door County sample, consistent with scores in other counties, are good. All eight cases scored in the maintenance zone.

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

Comments: This indicator addresses the child’s ability to appropriately express feelings, cope with different circumstances, regulate their emotions and connect with others and form relationships. Five cases were rated for this indicator: two (40%) scored in the maintenance zone and three scored in the refinement zone. Due to the circumstances that often precede involvement in the child welfare system—abuse, neglect, poverty—and the additional traumatic experience of being removed from their home, children often struggle in the area of emotional development.

For example, “[The focus child] has the following diagnoses: mood disorder—not otherwise specified, conduct disorder, alcohol dependence, and poly substance abuse. She continues to struggle with self-esteem issues. She is making progress here, feeling connected to her foster mother and disclosing historical issues to her.” The next example speaks to the resiliency often seen in children who enter the system: The focus child, who was exposed to numerous traumas during his life and has no family connections is described as: “Someone who ‘sets a higher standard for all of us,’ [He] is able to verbalize his needs and wants, is described as an intelligent, outgoing person and others shared that he is resilient and has a bright future.”

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: Similarities are often noted between scores in *Behavioral Functioning* and *Emotional Development*. Five cases were rated for behavioral functioning: one (20%) scored in the maintenance zone and four (80%) scored in the refinement zone. Given the range of issues that children in the Door County sample are struggling with (see co-occurring conditions on page 17 of this document), it is not surprising that their behavioral functioning could benefit from continued attention. In one case, “[The focus child] has made significant gains behaviorally. The behaviors described earlier in this report have been, for the most part, resolved. However, she continues to have some difficulties with lying, stealing, and argumentative behavior.” In another case, “[The focus child’s] therapist stated that the focus child has difficulty with transitions and change. He sees himself as caretaker for his father in the future which elevates his current anxiety level. School is the major target for his anger.”

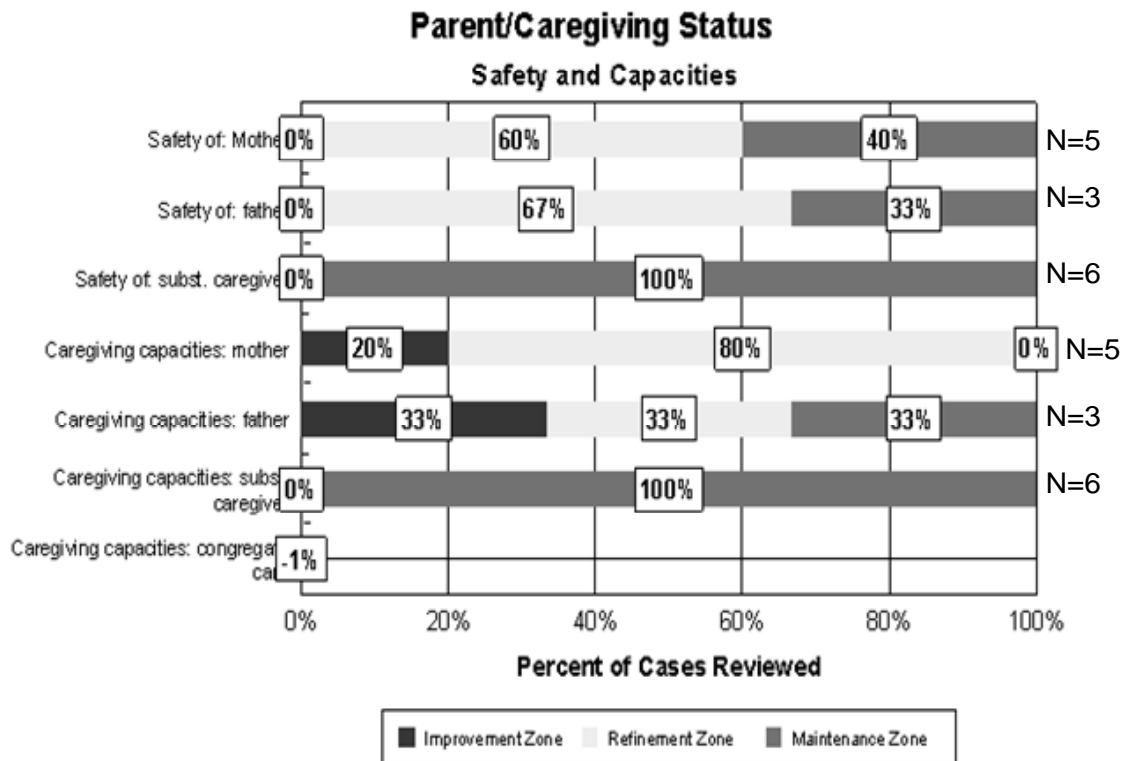
Behavioral Risk: To what degree is the child/youth consistently avoiding self-endangerment situations and refraining from using behaviors that may put him/her or others at risk of harm?

Comments: Five cases were rated for both behavioral risk to self and behavioral risk to others; these indicators had identical scores: one case (20%) scored in the maintenance zone and four cases (80%) fell in the refinement zone. In one case the focus child was struggling with appropriate and safe boundaries after having suffered childhood sexual abuse. “[The focus child] continues to engage in sexual behaviors . . . this puts both [the focus child] and others at risk . . . [the focus child] is described as having no boundaries at times, being highly promiscuous, and tending to seek out individuals who are more vulnerable.”

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: *Learning and Development* focuses on the child’s current learning and academic status relative to access to, participation in, and fulfillment of basic educational requirements for entry into the next school or vocational program. Four cases (50%) scored in the maintenance zone and four scored in the refinement zone. In one case that scored in the refinement zone, reviewers reported, “He is bright, but the severe trauma he has experienced interferes with his learning so he is placed in an emotional/behavioral disabilities (EBD) program at school.”



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: *Safety of the Parent or Caregiver* assesses the parent's or caregiver's exposure to risk of harm in their home and in their community. When parents or caregivers are in volatile relationships, or make lifestyle choices such as using, buying or selling drugs, their safety at home and sometimes in their community is more likely to be jeopardized. Furthermore, these risk factors increase the likelihood that children who live or stay at the home will be vulnerable.

Five mothers in the sample were rated: two (40%) scored in the maintenance zone and three (60%) scored in the refinement zone. Only three fathers were rated: one (33%) scored in the maintenance zone and two (67%) scored in the refinement zone. All six substitute caregivers scored in the maintenance zone. In the following case, the parents' history of alcohol and other drug use, combined with their lack of informal supports in the community contributed to a score in the refinement zone: "The parents are transient and moved to the area temporarily for the father's job. Neither parent has friends or family living in this community. . . In addition to positive UA's for the mother, both parents were recently involved in a 'drug bust' at their apartment."

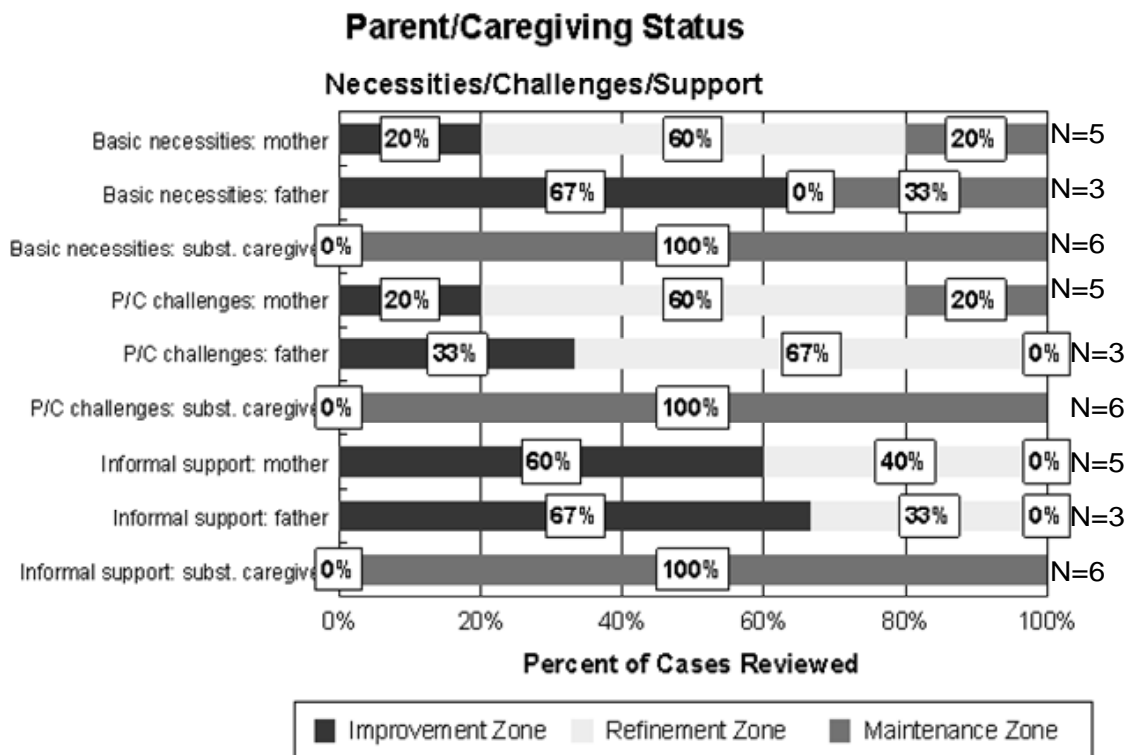
Caregiving Capacities (Home Settings): To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have 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: *Caregiving Capacities* considers the extent to which parents and caregivers are able to provide guidance, nurturance, supervision and age-appropriate discipline to the children in their care. A caregiver's capacities are often taxed by varying challenges such as poverty, physical disabilities, past trauma and subsequent mental health and alcohol and other drug problems; moreover, sometimes parents involved in the system did not receive appropriate parenting and guidance while growing up, limiting their exposure to positive parenting modeling. In the Door County sample, one mother (20%) scored in the improvement zone while the remaining four scored in the refinement zone. Three fathers were rated: one scored in the maintenance zone, one was in the refinement zone and one was in the improvement zone. Substitute caregivers scored 100% in the maintenance zone.

In one case that was reviewed the mother's caregiving capacities was viewed as needing some improvement. "Due to the fact that the mother's relationship with her daughter is viewed as more of a friendship relationship, she has difficulty maintaining appropriate

boundaries, protection and safety with [the focus child]. Supervision has also been an issue, as the mother works two jobs, is not at home during several hours of the day and cannot provide the constant supervision that [the focus child] needs at this time.” In the next example, the father scored in the maintenance zone and is working hard to fulfill his role as parent, a role that is somewhat new and unfamiliar to him: “When discussing parenting the focus child, the father stated, ‘this is the hardest job I’ve ever done.’ He believes not being part of the focus child’s early life was a disadvantage to bonding with him. When he was encouraged by the case manager to consider parenting, he wasn’t sure he had the ability to parent. Currently he has an attachment to the focus child and sees him as his ‘responsibility.’”



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, health care/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: *Basic Necessities* considers whether earned income and/or economic supports adequately meet the family’s basic housing, nutrition, clothing and health care needs. Based on what was learned in the Quality Service Review, it appears that mothers and fathers in the Door County sample are struggling to meet their basic necessities. Five mothers were rated: one (20%) scored in the maintenance zone, three (60%) scored in the refinement zone and one (20%) scored in the improvement zone. Three fathers were rated: one scored in the maintenance zone and two scored in the improvement zone. All substitute caregivers scored 100% in the maintenance zone. The next two examples are from cases that scored in the refinement zone and demonstrate how mothers are struggling to acquire and maintain financial security: “The mother has secured a job which is available to her upon either release from jail or through Huber privileges; however, she still tends to struggle financially. She has also applied for housing assistance, is eligible for food stamps and does receive medical assistance.” In another case, “[Mother] appears to manage financially on SSI with the help of food stamps, food pantries and her roommate/boyfriend. She owns the trailer they live in.”

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?

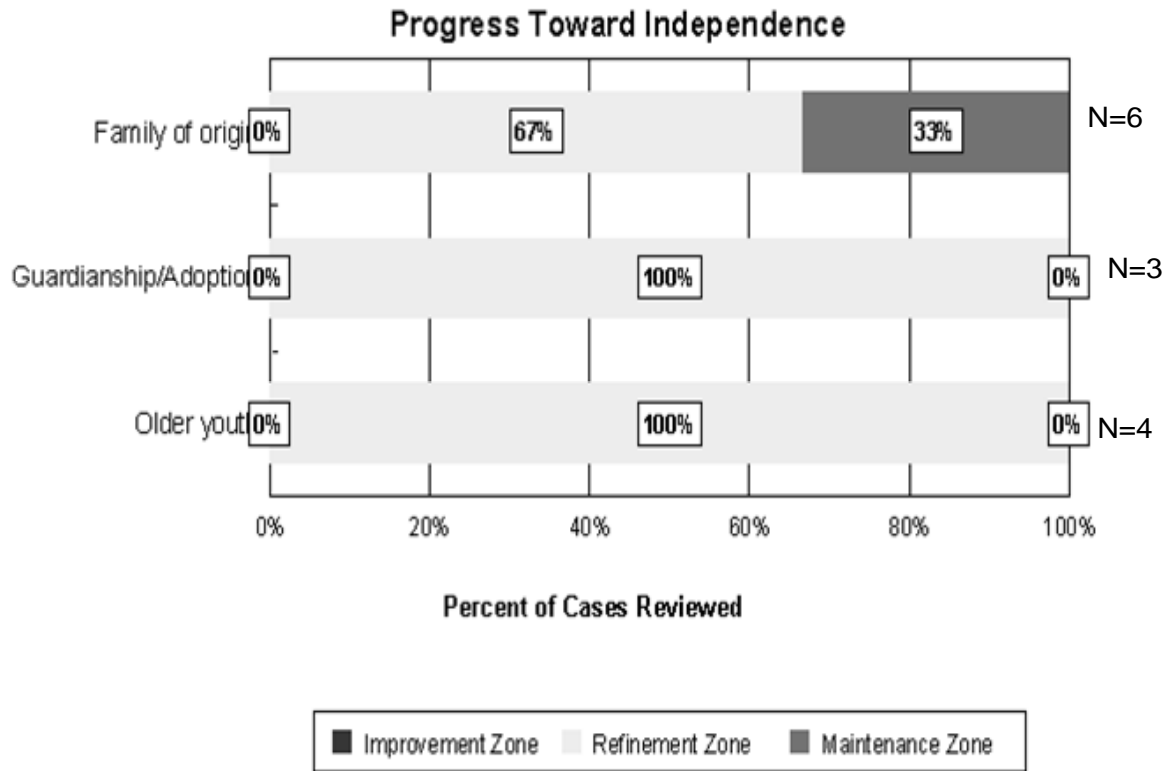
Comments: *Parenting/Caregiving Challenges* examines the various factors that could hinder optimal parenting and management of the home. This is an area that could benefit from some attention in order to improve outcomes for children and families. One mother (20%) in the sample scored in the maintenance zone; three mothers (60%) scored in the refinement zone; and one mother scored in the improvement zone (20%). Regarding fathers, two scored in the refinement zone and one scored in the improvement zone. All substitute caregivers scored 100% in the maintenance zone.

When children are placed in out of home care, parenting challenges such as alcohol and other drug use, mental health issues and physical health problems can limit a parent’s ability to care for their children and manage their home; subsequently, progress towards reunification and safe case closure is impeded. The case stories demonstrate a diverse range of challenges that many parents are trying to overcome. In one case, “The mother knows what to do to care for the focus child, but she tends to put her own needs ahead of her children. The mother was described as immature with criminal thinking and as one who ‘likes to party.’” In the next example the father’s caregiving challenges were viewed as needing improvement: “The father is a young man who suffers from multiple sclerosis and who has had numerous brushes with the law. Reports about his medical situation, his lack of understanding about [the focus child’s] needs, his incarceration and continuing legal issues, his inability to fund transportation to visit his child . . . suggest that he may not be ready or appropriate to parent [the focus child].”

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* looks at the quality, quantity and range of supports that surround caregivers and their families. This indicator underscores the importance of establishing trusting, healthy relationships that families can depend on for human connection and support. This can be a challenge for families involved in the child welfare system: some families have moved away from their own families to begin a new life, others choose to isolate themselves to stay away from “trouble,” while some are not sure how to make healthy choices and connections. This is an area that could benefit from additional efforts. Two mothers (40%) scored in the refinement zone; three (60%) scored in the improvement zone. In regard to fathers, one scored in the refinement zone and two scored in the improvement zone. One hundred percent of substitute caregivers scored in the maintenance zone.

In the following example, the mother lacked informal supports and perhaps the motivation and skills to develop healthy relations: “The mother is currently in jail and even when out of jail tends to surround herself with criminal thinkers, so her safety is in question. She has little to no informal supports and while her mother is caring for her son, her relationship with her mother is strained at best.”



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: The progress indicators assess the forward movement towards achieving permanency. The planning, strategizing and action-steps used to attain safety, stability and sustainability in a child’s placement is considered in determining a score. Six cases in the Door County sample had a primary or concurrent goal of reunification: two (33%) scored in the maintenance zone and four (67%) scored in the improvement zone. This next example describes the circumstances that prohibited progress towards permanency: “There has been little progress towards the goal of reunification due to the parents being in and out of jail over the past six months. The mother was out of jail for a period of about two months and she had started to show some progress, especially with the parent educator and her supervised visits; however, she was sent back to jail and is now having her probation revoked. The father is also having his parole revoked and is expected to spend several years in prison. He is no longer being considered a viable option for reunification.”

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: All three cases that were rated for a permanency goal of guardianship or adoption scored in the refinement zone. In this next example, the permanency goal seems tenuous resulting in very little progression: “There are concerns regarding the parents’ understanding and agreement of the child’s permanency plan. It is expected that the TPR petition will be filed before the end of 2008. There are some concerns regarding the length of time it may take to resolve the TPR and complete the adoption home study.”

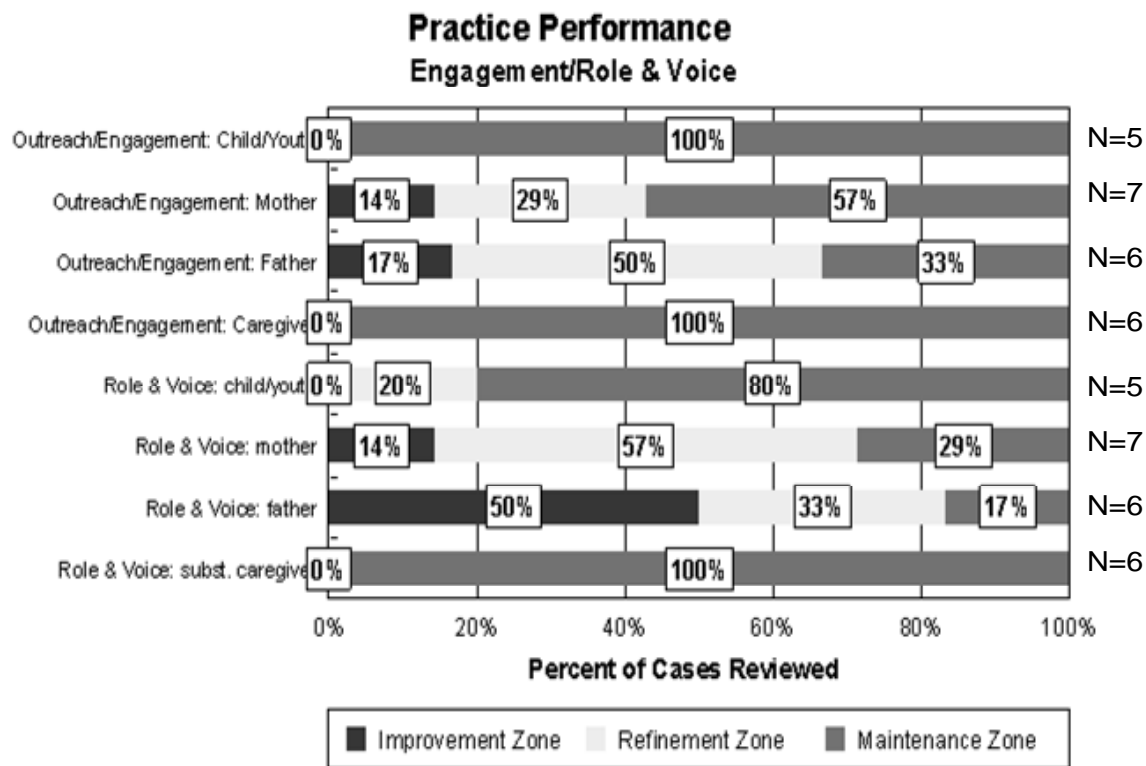
Progress to Independence (Older Youth): To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside 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: Four cases in the Door County sample involved older youths who are preparing for adulthood and independence from the system. All four cases scored in the refinement zone. The following example describes some barriers to progress: “Although there have been significant improvements in [the focus child’s] behavior, the question of what will happen after she turns eighteen, and over the following year or so remains unresolved.”

V. 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 of the QSR protocol were applied in rating the eight 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 strengths in case practice that should be maintained, as well as opportunities where the agency can focus efforts in improving outcomes for children and families served.

QSR Interpretative Guide for Practice Indicator Ratings		
<p>Maintenance Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>6 = OPTIMAL PERFORMANCE. <u>Excellent, consistent, effective practice</u> for this person in this function area. This level of performance is indicative of <u>exemplary practice and results</u> for the person. [6 month sustained pattern]</p> <p>5 = GOOD PERFORMANCE. At this level, the system function is <u>working dependably</u> for this person, <u>under changing conditions and over time.</u> Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p>4 = FAIR PERFORMANCE. This level of performance is <u>minimally or temporarily sufficient to meet short-term need or objectives.</u> Performance may be time-limited, somewhat variable, or require adjustment soon due to changing circumstances. [1 month continuing pattern. Some refinement is indicated]</p> <p>3 = MARGINAL PERFORMANCE. Practice at this level may be <u>under-powered, inconsistent or not well-matched to need.</u> Performance is <u>insufficient for the person to meet short-term needs or objectives.</u> [With refinement, this could become acceptable in the near future.]</p>	
<p>Improvement Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>2 = POOR PERFORMANCE. Practice at this level is <u>fragmented, inconsistent, lacking necessary intensity, or off-target.</u> Elements of practice may be noted, but it is <u>incomplete/not operative on a consistent basis.</u></p> <p>1 = ADVERSE PERFORMANCE. Practice may be <u>absent or not operative.</u> Performance may be <u>missing (not done).</u> - OR - Practice strategies, if occurring in this area, may be <u>contra-indicated or may be performed inappropriately or harmfully.</u></p>	<p>Unacceptable Range: 1-3</p>



ENGAGEMENT OF CHILD & FAMILY: To what degree are those interveners involved with the family using 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?

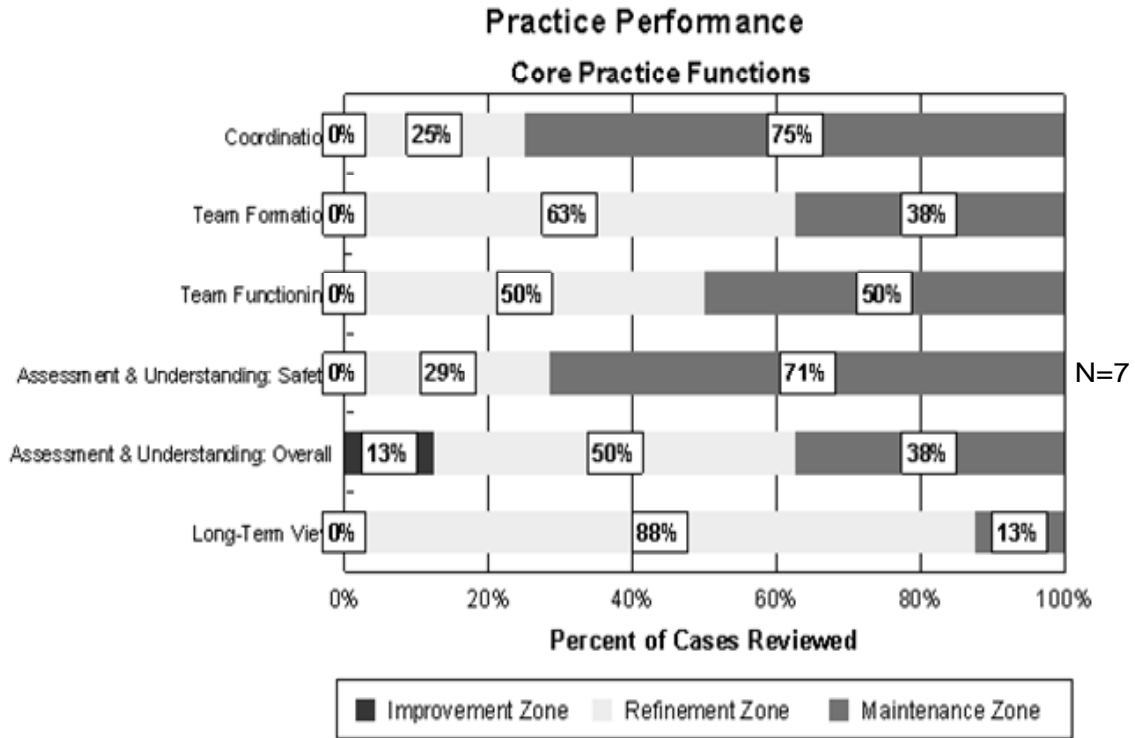
Comments: *Engagement* is a critical component of the QSR case practice model and serves as the foundation for working with children and families. It evaluates the ability of interveners to engage the child and family in a trust-based relationship that fosters behavioral change. It considers not only the caseworker’s engagement skills, but the skills of other professionals who are involved with the family. The focus child, mother, father and substitute caregiver are all rated for this indicator. Engagement efforts with children and substitute caregivers are good; both scored 100% in the maintenance zone. Engagement scores for biological mothers were fair to good while scores of biological fathers indicate the need for increased attention in this area. Seven mothers were rated in the area of engagement: four (57%) scored in the maintenance zone, two (29%) scored in the refinement zone, and one (14%) scored in the improvement zone. Six fathers were rated: two (33%) scored in the maintenance zone, three (58%) scored in the refinement zone and one (17%) scored in the improvement zone.

The next two examples illustrate how engagement strategies based on the family's needs and strengths yields positive results. In one case, "Everyone involved with the family took a non-judgmental approach [and] value the strengths the parents bring to the process. The parents have developed trust based relationships with many of the individuals working with them. It is apparent that the parents feel respected by those working with them." And in another case, "This young woman was repeatedly described as a difficult client, as someone with whom it was not easy to work. However, the team members understood the kind of approach that would work with the mother--respecting her sense of privacy, taking things slowly, modeling appropriate approaches, and starting with where the mother was at."

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: The QSR model teaches us that families are much more motivated to support and participate in plans or decisions that they have had a "role and voice" in creating. Like engagement scores, *role and voice* scores for children and substitute caregivers were very good. In regard to mothers, two (29%) scored in the maintenance zone; four (57%) scored in the refinement zone and one (14%) scored in the improvement zone. Fathers, even more so, are struggling to achieve a role and voice: one (17%) scored in the maintenance zone, two (33%) scored in the refinement zone, and three (50%) scored in the improvement zone.

The following example cites good practice around eliciting a strong role and voice: "There is a strong role and voice for the focus child and the foster parent. They have a central and directive role that provides a voice which shapes the course and direction of the plan for the focus child. There is active participation by the child and foster parent in decisions regarding the case plan." The next example demonstrates the purposeful efforts often needed to attain sufficient role and voice: "An area that has challenged practice and has led to unfavorable outcomes is the mother's lack of role and voice in decision making. While the mother is present during all team meetings and is kept updated throughout the case, she feels at times unheard. At one point, she was at a team meeting and did not really know who everyone was and how they are involved."



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: Coordination scores were very good: six cases (75%) scored in the maintenance zone and two cases (25%) scored in the refinement zone. The following examples illustrate good practice in the area of coordination: “The case worker is the central point of communication and leadership on the case. Everyone knows who the worker is and all parties have frequent contact with the worker regarding the progress of the case.” In another case, good coordination affected other areas of practice: “The case worker is the single point of coordination. . . . The regular communication moreover provided the worker the opportunity to monitor what is working well and what is not working well, while making the necessary adjustments to address the family’s needs. On a whole, reviewers felt that this was an example of excellent service coordination that further resulted in good functioning by the family team.”

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 for 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: Teaming is a core practice value of the QSR and considered essential to successful case practice and outcomes. Many areas of practice are enhanced by good team formation and functioning, including engagement, role and voice, coordination, and tracking and adjustment. According to the scores, although formal teams have not been completely identified and formed, key players are generally functioning as a team. Team formation scores were as follows: three (38%) of cases scored in the maintenance zone and five (63%) scored in the refinement zone. For team functioning, four cases (50%) were in the maintenance zone and four cases were in the refinement zone.

The following example demonstrates the importance of including family members in the teaming process: “Family teamwork has also contributed to favorable outcomes for this family. The team has monthly meetings with all critical members meeting together, including members of the family, to plan for the focus child. Each member knows what the various roles are of other team members. The team members are supportive of the family, and all understand the ‘big picture.’” This next example demonstrates how coordination alone can not replace effective team functioning: “Team work was not a strong asset in this case. The coordination occurred through the social worker and was helpful; however, there were very few meetings with everyone all together. Additionally, [the focus child] has not been part of any planning or meetings regarding her future. There has been a lack of urgency in planning for her future; given the imminence of the transition to legal adulthood this is an area that could use some refining.”

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs, 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: This indicator evaluates how well safety is assessed and understood by providers and in turn how this is communicated to caregivers so that they are able to recognize and respond to safety threats. *Safety Assessment & Understanding* is considered an ongoing process throughout the life of the case and safety plans should reflect changes and progress, and inform safe case closure.

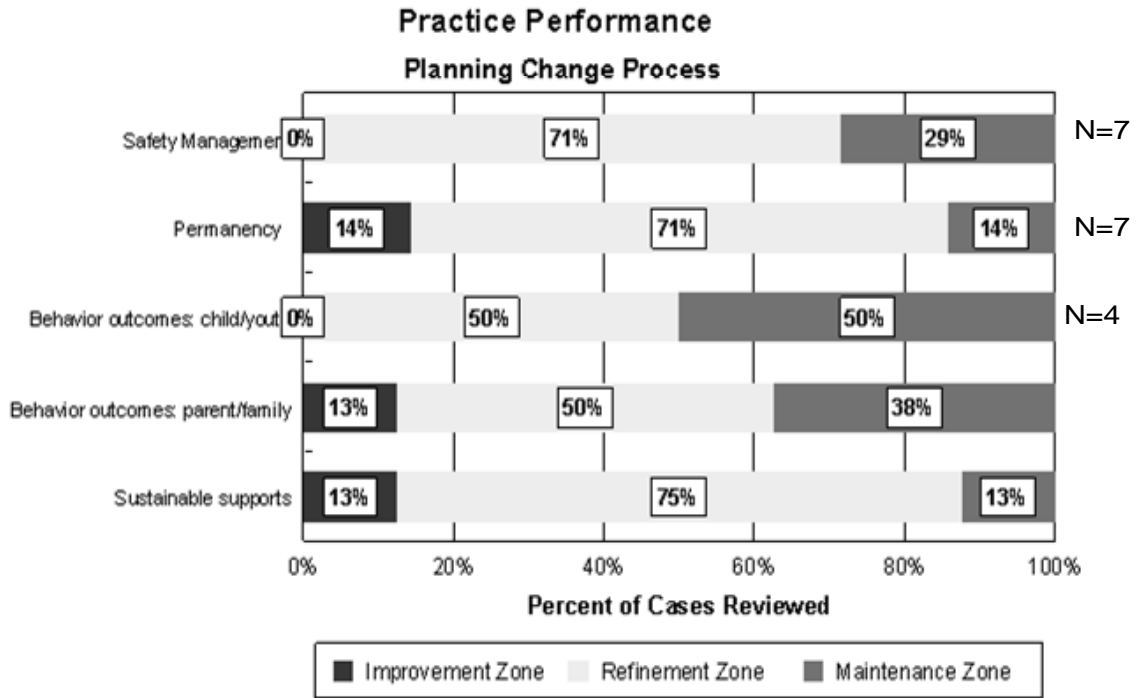
Safety assessment and understanding is strong in Door County. Seven cases were rated for this indicator; five (71%) scored in the maintenance zone and two (29%) scored in the refinement zone—100% of were acceptable according to federal CFSR standards. In one case, “Those involved with this child and family have a good general understanding of the safety threats present in the family situation. For example, the mother’s frequent criminal issues and her inability to put the focus child’s needs before her own which then prohibit her from being able to adequately care for the focus child. There is a clear consensus on the level of intervention needed to keep this child safe from harm.”

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 indicator expands even further and considers the efforts to understand the strengths, needs, risks, underlying issues, interests and future goals of the child and family. Without a good overall assessment and understanding, the root cause of behaviors is often not well understood. Consequently, behaviors are not adequately addressed and progress often is stifled. Scores in the Door County sample were as follows: three (38%) were in the maintenance zone, four (50%) were in the refinement zone, and one was in the improvement zone. In one case, more information was needed to effect change, “Little information is known about the parents’ history, strengths, underlying needs and current functioning. This limited information prevents the individuals involved from being able to adequately plan for the parents’ behavioral changes and identify resources and support needed.” In another case, “Without the benefit of a complete understanding and assessment of the family’s strengths and underlying needs, it is difficult to be able to get a clear sense of where the family is and how the family will look when we are done. Not having that clear sense of what the family will look like when we are done makes it almost impossible to create a clear and specific plan for behavior outcomes and sustainable supports for the family.”

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 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 for Safe Case Closure* asks, “Where do we want to go?” “How will we know when we are done?” It encourages one to imagine or visualize an end result when initiating the change process. All eight cases from the sample were rated: one (13%) scored in the maintenance zone and the remaining seven cases scored in the refinement zone. This is an area that could benefit from some increased attention. In one case, “While day-to-day work with [the focus child] has continued, a long-term view about how to help her exit the foster care system with a permanent alternate family resource was not established early in casework planning.”



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, and securing sustainable family supports?

Comments: *Planning a Process for Safety Management* considers the strategies utilized by key players to keep children safe while staying or visiting at home. Strong scores in this area are contingent on a solid assessment and understanding of safety. Seven cases were scored for this indicator: two (29%) scored in the maintenance zone and five (71%) scored in the refinement zone. This next example illustrates good planning for safety management: “The safety of [the focus child] is paramount at this time. All parties are aware of what needs to be done to keep her safe. The foster mother continually addresses

safety in her home and makes accommodations as necessary. It is known to all that the mother needs to learn how to keep [the focus child] safe [and] that the mother could potentially relapse if the focus child would be returned without adequate supports.”

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: Seven cases were rated for *Planning a Change Process for Permanency*: one (14%) scored in the maintenance zone, five (71%) scored in the refinement zone, and one (14%) scored in the improvement zone. Permanency outcomes for children in Door County could be further augmented by added attention to the planning strategies around stability and permanency. In one case, “Planning for the focus child’s independent living is in the early stages. There is no identified relapse plan for the mother should she start drinking again or plan for establishing informal family supports so the family can function without the agency and formal supports.”

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?

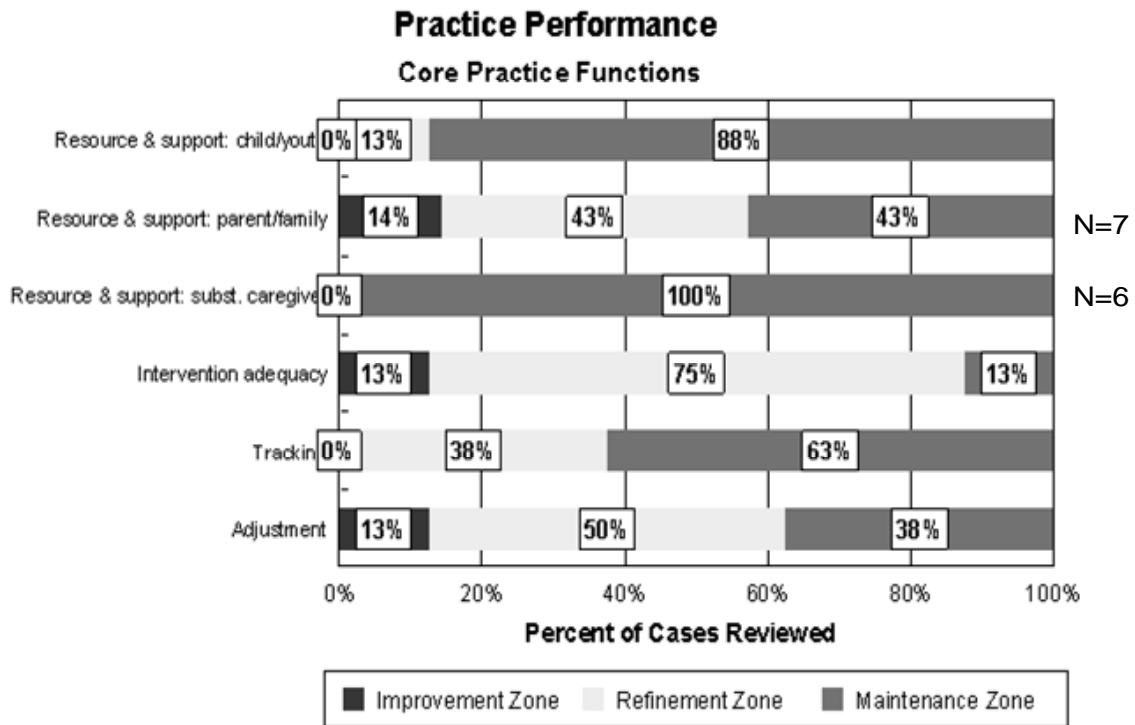
Comments: Parents and children are considered separately for this indicator. Children in the Door County sample appear to be achieving favorable behavioral outcomes. Of the four cases that were rated, two scored in the maintenance zone and two scored in the refinement zone—all were 100% acceptable according to federal (CFSR) guidelines. Parents on the other hand, could benefit from further attention around planning for their outcomes. Of the eight cases rated: three (38%) scored in the maintenance zone, four (50%) scored in the refinement zone, and one (13%) scored in the improvement zone. Fifty percent of these cases scored acceptable according to federal (CFSR) guidelines.

The following examples illustrate how the planning around parental behavioral outcomes could be improved: “The area of planning for behavior outcomes for the mother is an area of opportunity. The mother has been offered services which can enhance her ability

to care for the focus child; however, it does not appear that she has a clear understanding of why certain services are being offered. She has been unable to link how or why certain expectations will enhance her ability to parent. In another case, “While there have been several services in the home to assist the mother (parenting, therapy, case management) it is questionable whether the mother is able to effectively parent, hold [the focus child] accountable, and protect her should she return home. The mother’s ability to supervise [the focus child] and keep her free from risky behavior remains uncertain.”

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: This is an important area of planning as it strives to ensure that families will have the necessary supports to maintain their independence from the Child Welfare System. *Planning a Change Process for Sustainable Supports* is an area that could benefit from some attention: one case (13%) scored in the maintenance zone; six (75%) scored in the refinement zone; and one (13%) scored in the improvement zone. Planning a change process requires a good assessment of the family’s needs and underlying issues and a strong sense of where you want to be when you are finished (long term view). In one case, “Without the benefit of a complete understanding and assessment of the family’s strengths and underlying needs, it is difficult to be able to get a clear sense of where the family is and how the family will look when we are done. Not having that clear sense of what the family will look like when we are done makes it almost impossible to create a clear and specific plan for behavior outcomes and sustainable supports for the family.”



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: Resource and support use is rated separately for children, parents and substitute caregivers. Children and substitute caregivers are being adequately provided resources and supports. For children, seven (88%) scored in the maintenance zone and one scored in the refinement zone. All six substitute caregivers scored in the maintenance zone. Parents did not fare as well as children and substitute caregivers which may be attributed to their level of engagement in the change process or other factors such as access to services. Three parents (43%) scored in the maintenance zone; three scored in the refinement zone, and one scored in the improvement zone.

In one case, “Upon completion of the AODA assessment, the parents would be on yet another waiting list for the recommended treatment. Although individuals feel the parent’s therapist may be addressing some of the issues influencing the mother’s use, they have noted that the mother would further benefit from a mental health provider who

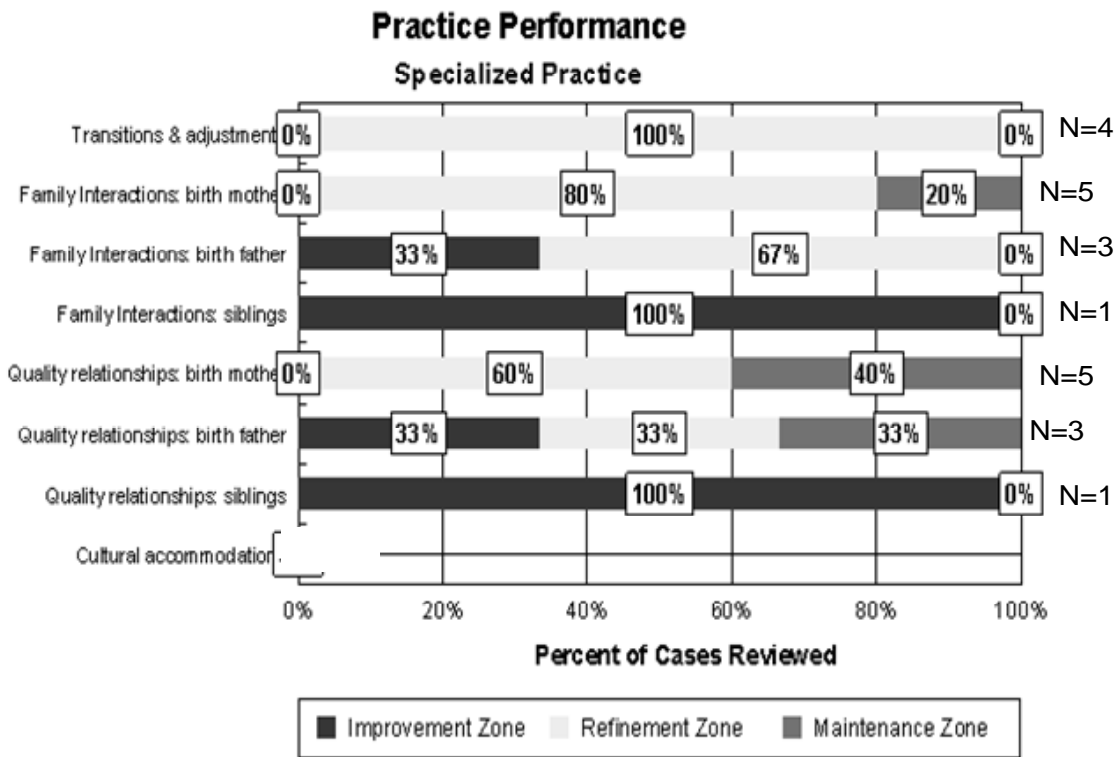
specializes in working with people who have a dual diagnosis of substance dependency and mental illness.”

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: Whereas the previous indicator considers the efforts of the team to assist the family in acquiring the necessary resources and supports, *Intervention Adequacy for Change* addresses the power of the intervention and its sufficiency to obtain the desired outcomes necessary to achieve permanency and safe case closure. Here lies an opportunity to enhance outcomes through further refinement of practice. Of the eight cases in the sample: one (13%) scored in the maintenance zone; six (75%) scored in the refinement zone and one scored in the improvement zone. This next example demonstrates how intervention adequacy can affect outcomes: “A final area that has challenged practice and has led to unfavorable outcomes is the intervention adequacy for change. The issues of sexual abuse to the focus child, the death of the focus child’s father and the mother’s own childhood abuse is coming to the forefront at this time. As this was not known initially, it has impacted the child’s functioning and practice, as interventions were likely not targeting these issues that were previously unknown.”

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: *Tracking and Adjusting* measures the extent to which intervention strategies are modified when outcomes are met, when outcomes are not being met or when new needs arise and circumstances change. Effective tracking and adjustment requires situational awareness, flexibility and adaptability. Tracking and adjusting scores in the Door County sample were good with tracking scoring slightly better than adjusting. Starting with tracking, five cases (63%) scored in the maintenance zone and three cases (38%) scored in the refinement zone. For adjusting, three cases (38%) scored in the maintenance zone, four cases scored in the refinement zone and one case scored in the improvement zone. This next example illustrates good tracking and adjustment: “[The focus child’s] status and progress are continuously being addressed. The team meets and has regular phone contact to track how the focus child is doing. [The focus child] is making small progress at this time. . .The team continually looks at what is working and not working and then changes things accordingly.”



TRANSITIONS & LIFE ADJUSTMENTS: To what degree: 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: It is important to adequately prepare families for any upcoming transitions and ensure that they have the necessary skills and supports to carry them through their transitions successfully. Four of the cases in the sample had an identified transition and were evaluated for this indicator; all four cases scored in the refinement zone. In three of the four cases the identified transition involved children preparing for adulthood; one case involved a family adjusting to the father leaving the state of Wisconsin for his work.

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 visitation 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?

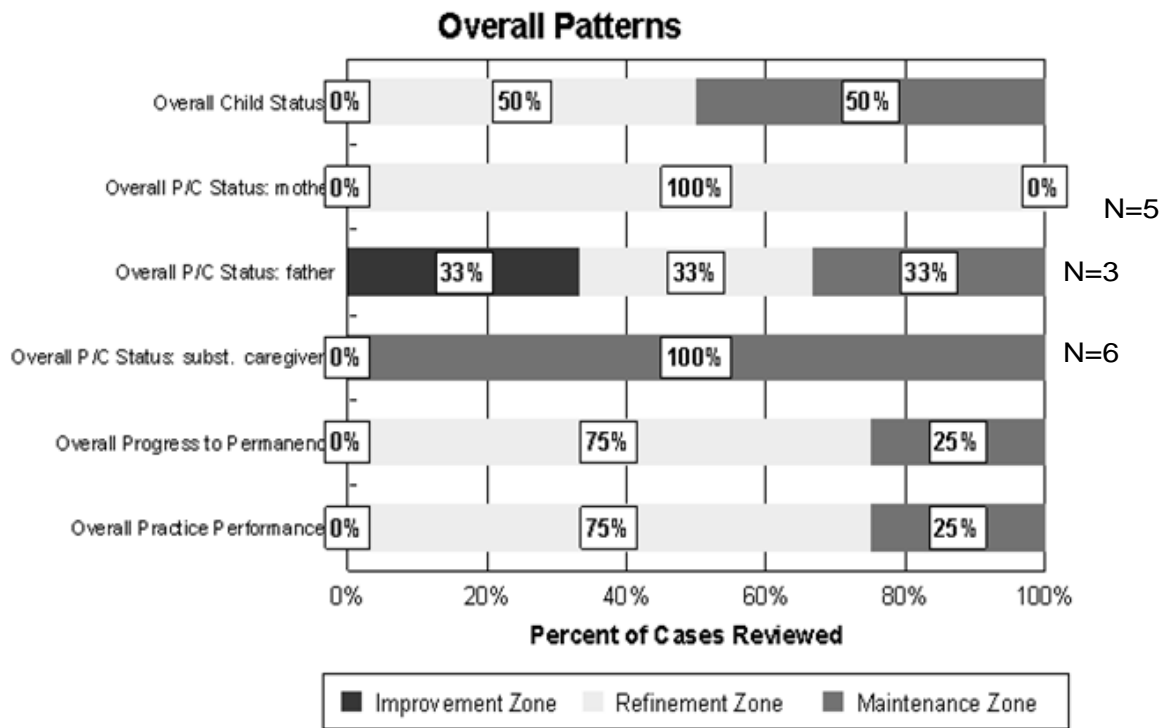
QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for 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: These indicators consider not only the frequency of contact between family members who do not live together, but also the quality of relationships. Mothers, fathers and siblings are considered when rating the frequency of contact and quality of relationships when family members are not living together. Five mothers were rated: one (20%) scored in the maintenance zone and four (80%) scored in the refinement zone with regards to the frequency of contact; while two (40%) scored in the maintenance zone and three (60%) scored in the refinement zone for quality of relationships. Three fathers were rated: two (67%) scored in the refinement zone and one (33%) scored in the improvement zone for frequency of contact; for quality relationships one case (33%) scored in the maintenance zone, one scored in the refinement zone, and one was in the improvement zone. One sibling was rated; both the frequency of contact and the quality of the relationship were viewed as needing improvement.

The following example illustrates some factors that led reviewers to conclude that the relationship between focus child and mother could be enhanced: “There is currently very limited contact between the mother and focus child (i.e., 10 minute phone calls and face to face contacts during team meetings). This impedes the quality of the relationship between [the focus child] and her mother. There is a plan for the mother to spend an overnight at the foster home and to further address their relationship in therapy, both of which certainly will help with this challenge.”

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: There were no cases in the sample that presented with major cultural issues; therefore, none were rated and scored for this indicator.



VI. NEXT STEPS AND ACTION PLANNING

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

- Opportunities for Supervisors to meet with psychologist, psychiatrist and therapists to discuss the intake process for evaluation and how it can be streamlined.
- Out of home placements: working on getting children back into their home and maintaining stability in the long run.
- More focus group or meetings with elected officials in an effort to get their input and increase collaboration.
- Funding: re-evaluate programs and resources in an attempt to reestablish areas that may be lacking or in need as a result of budget cuts.
- Continuing education and collaboration with outside providers and stakeholders (law Enforcement, schools, other providers).
- Set aside time to meet with outside providers/agencies to discuss issues or concerns.

The final “next steps” meeting was used to discuss the post-QSR process that will use data from the review to develop an action plan around improving case practice. Follow-up and action planning will be facilitated by Lu Rowley, retired Director of Waushara County Human Services.

VII. SUMMARY

The results of Door County’s first Quality Service Review (QSR) offer information about the strengths and opportunities of the system that could enhance agency 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. Overall practice performance scores in Door County showed 25 percent in the maintenance zone, 75 percent in the refinement zone and no cases in the improvement zone. These practice scores are similar to the overall practice scores derived from the QSR data collected in the first 30 counties reviewed in Wisconsin. The combined data shows 24 percent of these cases were in the maintenance zone, 72 percent were in the refinement zone and four percent were in the improvement zone.

The review found that children in Door County are safe in their placements and in the community. Strong scores in the areas of *Safety Assessment and Understanding* and *Planning for Safety Management* indicate that safety factors and risks are identified and well-understood, setting up a good foundation for effective planning around safety management. There was good *Planning for Children’s Behavioral Outcomes* including effective use of *Resources and Supports*. Generally, children in Door County appear to be doing well--overall child status scores were all in the “acceptable” range according to the scoring standards of Child and Family Services Review. Building on these strengths could assist in evaluating how to achieve similar results for parents, whose overall status, engagement, use of resources and supports, and planning for behavioral outcomes were not as strong as they were for children.

In general, it seems parents could be further engaged in the change process and overall planning. It appears that workers embrace the philosophy of *Family Teaming*, whether through informal or formal means; this is an excellent strength to work from to increase parental *Engagement*. Additional areas of practice that could benefit from refinement and might assist with attaining more optimal outcomes for parents include ensuring that there is an accurate *Overall Assessment and Understanding* so that subsequent *Planning for Parental Behavioral Outcomes and Sustainable Supports* is more effective. Finally, developing a *Long-term View* based on accurate assessments will assist in guiding the change process and developing overall strategies and planning for permanency goals.

Agency staff identified several possible next steps that build upon current strengths of the agency and larger system while incorporating many of the principles of the best practice model that underpins the QSR. Agency workers and management were encouraged to

use the results of the review in conjunction with their suggested 'next steps' to formulate and implement an action plan to enhance case practice and address systemic issues which will ultimately result in improved outcomes for the children and families with whom the agency works.