

**Continuous Quality Improvement  
Quality Service Review**

**FINAL REPORT**

*July 20-24, 2009*

*Douglas County Human 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*

**September 22, 2009**

## **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 Service 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 Douglas County during the week of July 20-24, 2009. 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 DOUGLAS COUNTY REVIEW**

### **A. REVIEWERS**

In the Douglas County review, eight reviewers participated in reviewing the eight cases selected. Reviewers worked in teams of two and included three CQI Specialists, one State Adoptions Quality Assurance Specialist, two Child Protective Services (CPS) supervisors, one Ongoing CPS caseworker, and one retired Child Welfare professional. Three "Shadow 2" reviewers were observed and coached in their development as lead case reviewers. All the lead case reviewers who provided coaching have extensive experience in child welfare. One person served as a "Shadow 1" reviewer, a role created to allow child welfare stakeholders to experience a QSR review by observation.

### **B. CASE SAMPLE**

Eight cases were randomly selected for review in Douglas 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 Douglas County review, a total of fifty-eight persons were interviewed. Of the eight cases, one focus child was residing with one or both biological parents and seven of the children were currently or had previously been placed in out-of-home care. Three children were in the 0-4 age range, three children

were in the 5-9 age range, one child was in the 10-13 age range, and one child was 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 Tara Muender, conducted these sessions. In addition, Bridget Bauman of CCI 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**

Douglas is the 31<sup>st</sup> largest county in Wisconsin, with a 2008 estimated population of 43,774 people. This represents a 1.1 percent increase in population between 2000 and 2008. Douglas County was described as a large county with the bulk of the population centered in the city of Superior. The majority of the population is Caucasian (95.2 percent) with a small Native American population (2 percent). The city of Superior is located on the border of Minnesota and has seen a decrease in population due to people moving across the border or leaving due to loss of industry. The median income in Douglas County was \$38,787 in 2007, compared to the state average of \$50,567, according to census figures. Douglas County also has a higher percentage of the population living below the poverty line at 14.6 percent of the population, as compared to an average of 10.8 percent across the state (2007).

### **III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)**

#### **A. ORGANIZATIONAL – STRENGTHS**

One of the strengths mentioned throughout the focus groups held during the review week pertained to the agency staff. The CPS caseworkers were described as dedicated, caring, creative and knowledgeable about the work they do. They work together well and were described as respectful and supportive of each other. Focus group participants also noted that caseworkers across specialties within the agency have open communication and work collaboratively to serve children and families.

Agency supervisors and administration were seen as being accessible and supportive of not only staff, but outside organizations that partner with the agency to serve families. The director regularly acknowledges successes or quality work by staff. One example of the director's creativity in this area is that on a monthly basis, the director will create a gift basket which staff is able to win via a drawing during all agency staff meetings.

Another strength heard throughout the review week is the positive relationships the agency has with schools, law enforcement, service providers and legal partners. Focus group participants noted that the relationship with the schools in the past was strained, but the agency took steps to rebuild this relationship by being more accessible to the school staff around questions or concerns. One way the agency achieved this was by attending meetings at the beginning of each school year to refresh school staff on mandated reporter responsibilities and discuss any changes in agency policy or concerns the school staff may have. Participants also discussed two programs that have helped to develop a collaborative approach amongst agency staff and its community partners. The Child First Team involves a team of people involved with forensic interviews of children who have been victims of abuse or neglect during the initial assessment phase of the case. Another multi-disciplinary group is the Juvenile Crime Committee who meet to identify and problem solve around youth at risk of becoming involved in the Juvenile Justice system.

Finally, the agency is fortunate to have ongoing support from the Health and Human Services Board. The Board was described as really understanding the work of Human Services and the struggles faced in attempting to serve children and families in the community.

#### **B. ORGANIZATIONAL – CHALLENGES**

While there are many strengths found in Douglas County Health and Human Services, the agency faces a few challenges. The agency has experienced staff turnover amongst the CPS units. The product of this turnover is younger, less experienced staff in the agency. Focus groups noted that the majority of staff have worked for the agency five years or less. There are currently open positions in both CPS units, which may or may not be filled due to budget constraints. Similarly, the agency is experiencing the loss of the Access/Initial Assessment supervisor, who was scheduled to leave the agency a few weeks after the completion of this review. The current supervisor of the Youth and

Family Services unit will be transitioning into the open Initial Assessment supervisor position and the agency will then need to hire a new supervisor for the Ongoing unit. While the Youth and Family Services supervisor has previous experience supervising the Access/Initial Assessment unit, it is still an adjustment for staff and service provider agencies.

Focus group participants identified that practice partners may be frustrated or unclear of the agency's role and responsibility with at-risk families, especially in the area of the change in state standards related to non-caregiver maltreatment. Several years ago, counties were no longer mandated to be directly involved in investigations of maltreatment by a non-caregiver. Additionally, the proximity to Minnesota and the differences in each state's child protection system can be challenging. Staff need to be knowledgeable in both systems and have had some difficulty receiving record information from Minnesota on certain cases which involve obtaining medical information.

Another challenge noted by focus group participants is the increase in more complex and severely impaired families with combinations of mental health (MH), Alcohol and Other Drug Abuse (AODA), poverty, and trauma histories. Douglas County has seen an increase in alcohol and drug abuse in the community. Of the eight cases in the review sample, 75 percent of parents experience substance abuse issues. Similarly, 75 percent of the parents in the sample also have at least one diagnosed mental illness.

### **C. RESOURCES – STRENGTHS**

Douglas County has a good pool of dedicated and experienced foster families for children who need placement outside their parental home. Focus group participants noted that many foster families are willing to advocate for the children in their care and they communicate with other foster parents regularly for support or guidance.

There were many notable contract and community services mentioned in various focus groups. Human Development Center (HDC) is the main contract provider for the agency. HDC provides many valuable services including intensive in-home counseling, parent skills training, outpatient MH and AODA counseling, psychological testing, and the crisis line, as well as the following programs: Wraparound, Brighter Futures, and Corrective Thinking. Lutheran Social Services (LSS) also provides some mental health counseling to families. The Center Against Sexual and Domestic Abuse (CASDA) provides community advocates, legal assistance and an emergency shelter for victims of sexual and domestic violence. Family Resource Center, which is located in a local elementary school, provides organized family activities, parenting classes, play groups and individual parenting education for single mothers. Superior Day Treatment was also seen as a strength for children and youth who need an alternative educational setting. The community has access to a homeless shelter through Harbor House and access to inpatient psychiatric care for adolescents and adults through a hospital in Duluth, Minnesota.

In addition to outside agency services, the agency has many resource strengths within Health and Human Services. There is a forensic interview room with recording capability located at the agency, which is utilized by the Child First Team in investigating cases of abuse and neglect. There is also a collaborative relationship between CPS and Public Health. Many times staff from both areas are able to conduct joint home visits and work cohesively with families served by both divisions.

#### **D. RESOURCES – CHALLENGES**

Although there are quality resources available in the county, focus group participants identified additional resource needs. Within Douglas County, as well as statewide, there is a need for additional psychiatrists who not only see adults, but also work with children. There is also a need for public transportation services outside the city of Superior. Within the city, there are bus and taxi services; however, these services do not go outside the city limits and those living in the rural part of the county can be isolated without access to a car.

Focus group participants identified a need for mentor services for both children and parents, as well as foster homes with the ability to house families. Family foster homes could give parents the ability to continue the bond with their children while receiving hands on parent skills training, which could accelerate the change process and safe case closure for the family. One other service identified that would benefit families separated due to safety concerns is the development of a supervised visitation center. Agency staff are currently responsible for ensuring family interactions occur between children and their parents. A visitation center would allow families greater opportunities to interact with each other.

While there is one resource for homeless families in the community (Harbor House), this is a limited time program. Participants identified the need for more long term transitional housing which could offer training and support for families dealing with housing issues. Douglas County has also seen the development of a waitlist for low-income or Section 8 housing which hampers people's ability to find affordable housing in a timely manner.

Participants identified a few resources that are either missing or underpowered in the community. Resources specifically for children and youth include specialized services for children with Autism or Fetal Alcohol Syndrome, a non-secure shelter in Douglas County and additional after school programming for school aged children. The county has also recently lost a residential facility that treated adults with AODA issues. Adults with inpatient AODA treatment needs will now have to travel outside the county (or possibly the state) for these services.

#### **E. PRACTICE – STRENGTHS**

Many strengths in practice were identified by focus group participants. Participants noted that caseworkers are knowledgeable and creative in terms of resources and supports in and around the community. The agency as a whole has also developed good working relationships with community partners. These relationships have been made possible by

continued community education and relationship building efforts by the agency. One example of this is the development of a “cheat sheet” for mandated reporters by the Initial Assessment supervisor. Focus group participants found this helpful in understanding what was expected of them as mandated reporters and also making the reporting process more efficient. Other examples of the positive relationship between the agency and community partners include the collaborative approach by Initial Assessment caseworkers and law enforcement during the investigation phase of the case and the willingness by community partners to embrace and participate in a wraparound approach of teaming with families. Focus group participants also noted the positive and effective working relationship with the State Permanency Consultant.

Other areas of strength that were heard throughout the review week are the efforts on the part of the agency to locate absent or incarcerated parents, as well as diligence in locating and utilizing relative placements for children who need placement outside the parental home. One of the core principles that guide the best practice model embedded in the QSR states that children in placement do better when connected with their home and neighborhood. Continued efforts in locating and using relative placements for children placed outside their parental home will improve outcomes for children in out of home care.

Collaboration between the various units and programs within the Department of Health and Human Services was identified in many, if not all, focus groups. Participants noted a contributing factor is the regular all agency consultation and all agency educational meetings held by administration. Each of these meetings occurs monthly and allows participants an opportunity to talk about each other’s roles with families and also any new policies or initiatives being developed in the various units. Speaking specifically about the CPS units, focus group participants identified the clear and effective transfer process of cases going from the Initial Assessment unit to the Ongoing Services unit as a strength.

## **F. PRACTICE – CHALLENGES**

Focus group participants identified a few challenges in practice that can impact the agency’s work with children and families. Several, if not all, focus groups noted concerns over the high number of cases that are determined to not meet standards for opening an assessment at the point a case is reported to the agency; in other words cases that are screened out at the point of Access.

Other challenges heard during the review that directly affect front line staff include the location and geography of the county. Douglas County was described by participants as both urban and rural. The majority of the county’s population is centered in Superior, which is also in very close proximity to Duluth, Minnesota; however, the county is geographically large with various pockets of people isolated in remote parts of the county. Understanding how to work with rural and urban populations, as well as understanding a neighboring state’s system, can be challenging to caseworkers. Another challenge identified by participants is the need for caseworkers to be creative with resources due to lack of transportation for some families in the county and budget

constraints. As noted previously in the practice strengths section of this report, the caseworkers in Douglas County are seen as knowledgeable and creative with services; however, the lack of resources was still noted as a challenge to the ability to work with families. Another area noted as an area of opportunity is allowing parents, and children when applicable, to have an active *role and voice* in the case planning process. A core principle embedded in the QSR practice model is that families are more likely to pursue plans they help design.

Finally, a challenge within Douglas County, and in other counties as well, is the ability to use technology in the most effective and efficient manner. Douglas County has purchased videoconferencing equipment to assist staff and families to communicate with providers or family members located in distant communities. However, the technology is not always available or compatible with other locations, which creates a challenge. Additionally, participants noted that the documentation requirements within the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS) are time consuming. While some participants found the information accessible in WiSACWIS a helpful tool in working with families, balancing time to enter the data into the system and spending time with families was noted as a challenge.

## **G. LEGAL – STRENGTHS**

Several strengths were identified by focus group participants regarding the court system. Participants noted that overall there is an efficient flow of Child in Need of Protection or Services (CHIPS) cases through the court process once the CHIPS petition has been filed with the court. The judge was described as respectful, knowledgeable about juvenile law and fair to all parties who appear before him in court. Participants noted that the judge reads court reports and demonstrates that he has familiarized himself with the family situation prior to hearings. Caseworkers were also described by focus group participants as knowledgeable about their families and prepared for court hearings. Similarly, the caseworkers are filing their written court reports timely, which allows all parties ample opportunity to read the report and prepare for the hearing.

Another area of strength identified by focus group participants is the area of legal representation for both parents and children. Parents are often appointed legal representation when they request an attorney and demonstrate a financial need. Additionally, attorneys for parents are allowed to remain assigned to the case beyond disposition of the case, which is not general practice across the state. Guardians ad litem are appointed early in the court process to assess the best interest of all children involved with CHIPS cases in juvenile court and their assignment also continues beyond disposition of the case.

Additional strengths identified throughout the review week are that all parties are receiving notice of hearings and court orders are prepared prior to a hearing, which allows them to be signed at the time of the hearing and distributed to parties before they leave court. Also, parents are given an opportunity to speak in court whether represented by counsel or not.

## **H. LEGAL – CHALLENGES**

Focus group participants identified a few areas of opportunity within the court system. One of the challenges identified is the lack of oral record of hearings that occur in front of the Court Commissioner. The lack of record and ability to create a transcript of these hearings could pose a problem if a ruling made in this court room is appealed. Another challenge faced by Douglas County is the lack of participation by foster parents and relative caregivers in the court process. Although caregivers are provided notice of hearings, it appears that foster parents and relative caregivers have limited knowledge and understanding of their role in the court process. Focus group participants noted that development of a clear and consistent method of obtaining information from caregivers could alleviate this issue.

An area of concern that was heard consistently during focus groups involves guardian ad litem performance. Focus group participants noted inconsistencies in guardian ad litem interaction with children and caregivers. Participants reported a range of contact from visiting with children and caregivers in the children's homes to having no face-to-face contact with children or caregivers. Participants also expressed concern about whether guardians ad litem are formulating independent opinions of what is in the child's best interest.

Another challenge noted by focus group participants is the area of achieving permanency for children. Participants noted that caseworker recommendations for court ordered services which must be completed by parents prior to reunification or case closure are not behaviorally specific. For example, the conditions may state that a parent must complete a parenting class; however, it does not describe what behavior must change or what actions or behaviors must be demonstrated by the parent for successful completion of this court ordered condition. Focus group participants also noted delays in filing Termination of Parental Rights (TPR) and Guardianship petitions. Participants identified the reason for this as a workload issue in the District Attorney's (DA) office; however, the county has hired a private attorney to file a certain number of petitions to help achieve permanency for some of the eligible children. Some focus group participants suggested that one way to address permanency for children is to give greater attention to Permanency Plan Hearings which are heard by the judge. Participants noted that these hearings currently appear to be a formality and parties are not giving ample time to look at the successful completion or lack of compliance with court ordered conditions. Participants expressed that more attention to holding parents accountable for these conditions would give all parties a clear understanding of the necessary course of decisions to achieve permanency for the involved children.

Finally, one area of concern that was heard throughout the review week involves the extreme decrease in the number of CHIPS petitions being filed with the court. According to data provided by CCI, only three CHIPS petitions had been filed as of the review week; where in the previous two years there was an average of 20 petitions filed in the same time period. Focus groups participants identified various reasons for the decrease, which include caseworkers' inexperience with filing petitions when custody of children

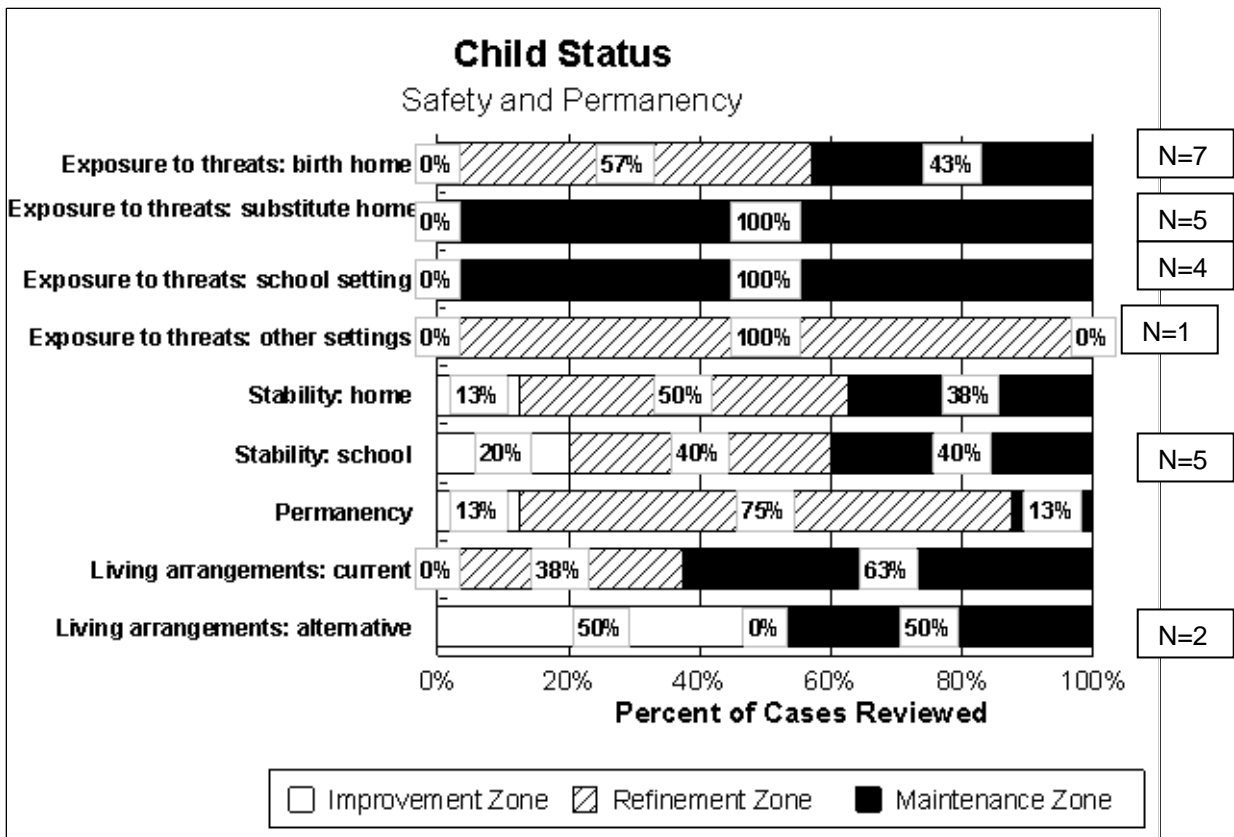
has not been taken in the case, a general decrease in the crime rate in the county, conservative views within the agency, and the increased use of in-home protection plans. There is a need for further exploration between the agency and its legal partners around this issue.

## 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.

<b>QSR Interpretative Guide for Child Status</b>		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Maintenance Zone: 5-6</b> </div> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p><b>6 = OPTIMAL STATUS.</b> 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><b>5 = GOOD STATUS.</b> 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>	<div style="border: 1px solid black; padding: 10px;"> <b>Acceptable Range: 4-6</b> </div>
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Refinement Zone: 3-4</b> </div> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p><b>4 = FAIR STATUS.</b> 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 gray;"/> <p><b>3 = MARGINAL STATUS.</b> 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>	<div style="background-color: black; color: white; padding: 10px;"> <b>Unacceptable Range: 1-3</b> </div>
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> <b>Improvement Zone: 1-2</b> </div> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p><b>2 = POOR STATUS.</b> 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><b>1 = ADVERSE STATUS.</b> 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>	

**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.



**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:**

For this indicator, reviewers assess children’s exposure to factors that cause them to be at risk of harm. Of the eight children in the Douglas County sample, seven children were rated for *Exposure to Imminent Threats of Harm* in the birth home. Three of those children (43 percent) were scored in the maintenance zone, while four children (57 percent) scored in the refinement zone. All five of the children (100 percent) scored for the substitute home setting and all four of the children (100 percent) scored for the school setting were rated in the maintenance zone. Results from the review indicate that children in the sample are generally living in environments where they are free from risks of harm. Douglas County scores are comparable to aggregate scores from the first forty-two counties reviewed for *Exposure to Imminent Threats of Harm* in the birth home, where 44 percent scored in the maintenance zone, 50 percent in the refinement zone, and 6 percent in the improvement zone.

**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:**

*Stability* refers not only to whether children have been free from risks of disruption from home or school settings during the review period, but also requires that reviewers make a determination of whether children are at risk of disruption within the next six months, based on information learned during the review. In the Douglas review sample, three of the eight children (38 percent) scored in the maintenance zone for *stability* in the home, four children (50 percent) scored in the refinement zone and one child (13 percent) scored in the improvement zone. Two of five children (40 percent) scored in the maintenance zone for *stability* in their educational setting. Of the remaining three children, two (40 percent) scored in the refinement zone and one child (20 percent) scored in the improvement zone for educational settings (three children were not enrolled in an educational program).

According to the scoring method of the Federal Child and Family Service Review (CFSR), 63 percent of the cases scored for home setting scored in the acceptable range. As explained in the chart above, the QSR scoring system includes three scoring zones (maintenance, refinement and improvement) and the scoring system used by the CFSR includes only two (acceptable and unacceptable). QSR scores of 4, 5, and 6 are considered acceptable by Federal standards, and QSR scores of 1, 2, and 3 are considered unacceptable. Thus, just under two-thirds of the children were within the acceptable range and appear to be fairly stable in their home environments.

**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:**

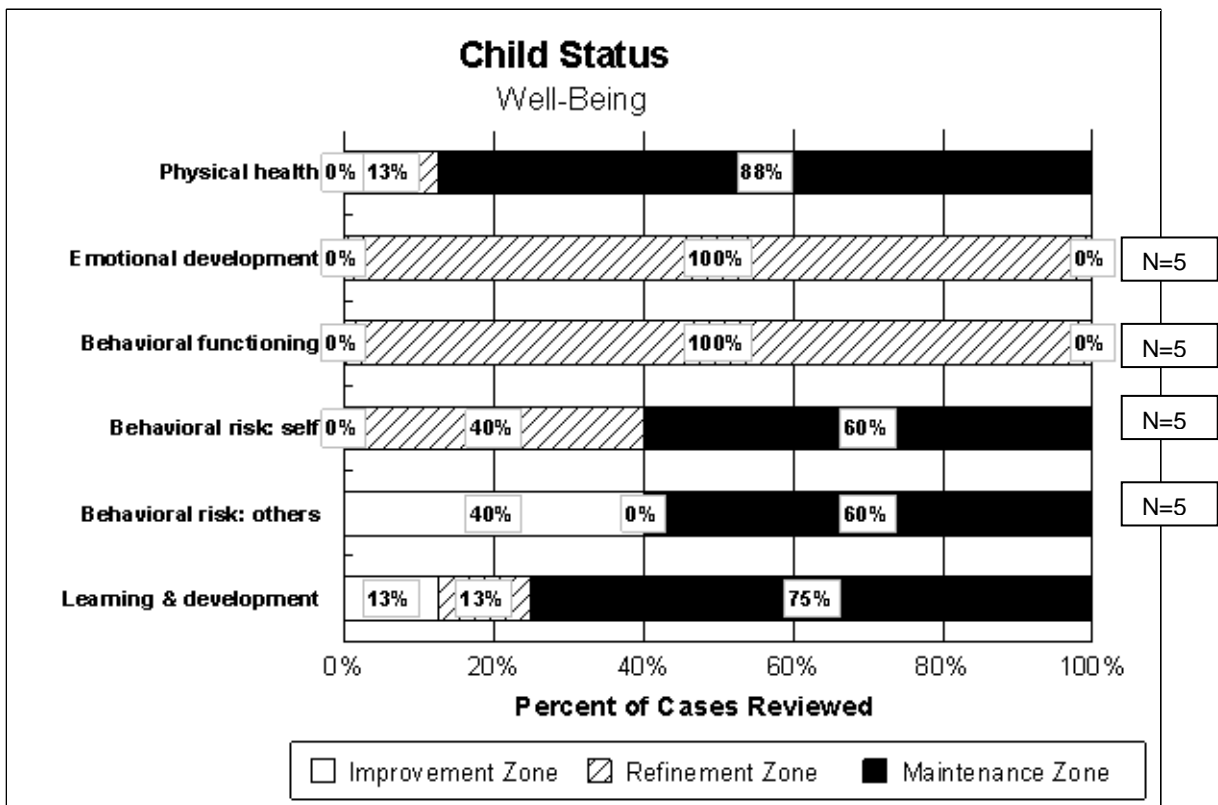
*Permanency* scores for the focus children in the sample mostly rated in the refinement zone, with six children (75 percent) scoring in the refinement zone. For the remaining two children in the sample, one child (13 percent) scored in the maintenance zone and one child (13 percent) scored in the improvement zone. These scores are lower than scores from the first forty-two county reviews, in which 32 percent of children in the sample scored in the maintenance zone, 60 percent scored in the refinement zone, and eight percent scored in the improvement zone. This indicates that practice around the area of *Permanency* needs further exploration and enhancement in order to improve outcomes for children in Douglas County.

In the case that scored in the improvement zone, the focus child had been returned to her mother's home more rapidly than had been expected due to the focus child's foster parents giving notice to have her removed from the foster home. The reviewer wrote, "There are...concerns related to the focus child's *Permanency*...based on the ongoing confrontations between the focus child and mother resulting in the juvenile justice referrals, mother's history of choosing the men in her life over the focus child and unfulfilled promises her mother has made to the focus child coupled with lack of economic security for the family."

**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:**

As reflected in the scores for this indicator, generally children in the sample are living in settings that are adequately meeting their needs. In home settings, 63 percent of children in the sample scored in the maintenance zone, while the remaining 38 percent scored in the refinement zone. *Alternative Living Arrangements* refers to any other place the child has slept and received care in the 90 days prior to the review. Two cases were scored for this area. One child (50 percent) scored in the maintenance zone and the other child (50 percent) scored in the improvement zone. Scores in both areas of *Living Arrangements* were slightly lower than the combined scores from the first forty-two county reviews. Combined scores in the area of *Current Living Arrangements* are 75 percent in the maintenance zone and 25 percent in the refinement zone; while combined scores in the area of *Alternative Living Arrangements* are 44 percent in the maintenance zone, 50 percent in the refinement zone and 6 percent in the improvement zone.



**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:**

Like other children who were subjects of the QSR in Wisconsin, children in the Douglas County sample were found to be physically healthy or having their health needs met. Seven of the eight children (88 percent) in the sample scored in the maintenance zone and the remaining child (13 percent) scored in the refinement zone.

For one child who scored in the maintenance zone, the reviewer wrote, “[The focus child] had a health concern involving some bowel blockage within the previous couple of months, but her caretakers responded promptly and she received appropriate care to resolve this issue.”

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

**Comments:**

When assessing the focus child's emotional development, reviewers contemplate whether the child is functioning at his or her best attainable level of emotional well-being based on age, trauma history, diagnosis or other life experiences. Five of the children in the review sample were rated for this indicator. Of those five children, all of them (100 percent) scored in the refinement zone. As part of the QSR, reviewers also collect data on conditions the child or parents may be experiencing that are co-occurring to their involvement with the child welfare system, which may be affecting their functioning. In the Douglas County sample, one child (13 percent) has a behavior disorder, three children (38 percent) have a diagnosed mental illness, three children (38 percent) were substance exposed, and six children (75 percent) have been exposed to one or more types of trauma in their lives.

One child who rated in the refinement zone for *Emotional Development* was struggling in one area of his emotional functioning. The reviewer wrote, "[The focus child] was physically abused by both the mother and her boyfriend and fears each family interaction that takes place at mother's despite them being supervised."

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

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

**Comments:**

Five of eight children were scored in the areas of *Behavioral Functioning* and *Behavioral Risk*. In regards to Behavioral Functioning, all five children (100 percent) scored in the refinement zone.

The area of *Behavioral Risk* assesses both risk of harm to self and others. In the area of *Behavioral Risk to Others*, three children (60 percent) scored in the maintenance zone and two children (40 percent) scored in the improvement zone. In terms of *Behavioral Risk to Self*, three children (60 percent) scored in the maintenance zone, with two children (40 percent) scoring in the refinement zone.

Looking at the *Behavioral Functioning* of the child which was discussed in the *Emotional Development* indicator; the reviewer wrote, "When [the focus child] was visiting regularly at his mother's [home] the father indicated that he would have more discipline issues with his son; occasional stealing and more dishonesty. When the visits stopped for an extended [period of] time the focus child's behavior even[ed] out with few, if any, issues."

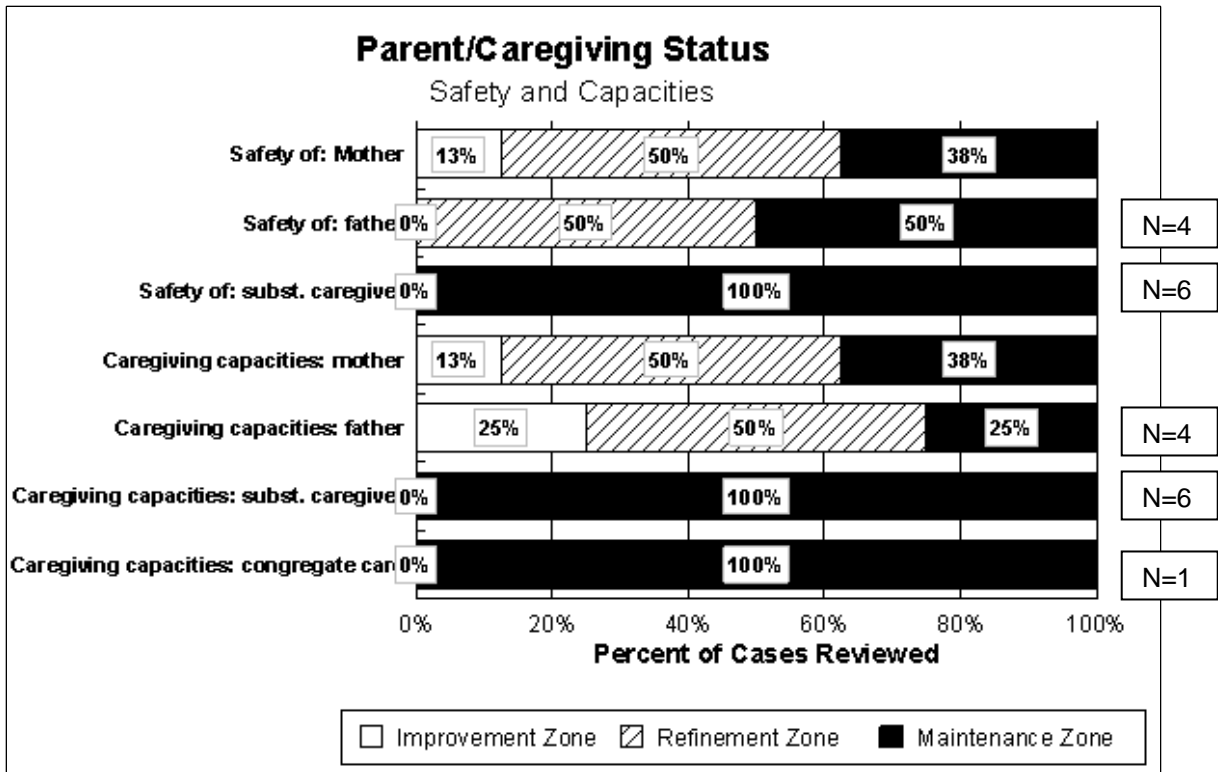
In terms of *Behavioral Risk to Self*, one child in the refinement zone recently began exhibiting escalating negative behaviors including sexually acting out and using alcohol and other drugs which have put her health at risk. The reviewer wrote, “The ongoing alcohol and drug usage and sexual promiscuity coupled with limited medical care and lack of follow through...places her at risk...”

**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:**

Children in the sample are generally developing and learning at a level consistent with their age and/or abilities. Six of the eight children (75 percent) scored in the maintenance zone, one child (13 percent) scored in the refinement zone and one child (13 percent) scored in the improvement zone. Of the six school-age children in the sample, two were in regular educational programming, two were in part-time special education programming, one was enrolled in alternative educational programming and one attended a day treatment program for part of the day. Children in the Douglas County sample are performing better in *Learning and Development* than the children in the sample from the first forty-two counties reviewed; where 67 percent scored in the maintenance zone, 28 percent in the refinement zone and 5 percent in the improvement zone.



**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:**

This indicator measures the safety of parents and substitute caregivers in the home and community. Possible safety threats to the parent and/or caregiver may include concerns of domestic violence, living in a high crime community or participating in activities that put the parent(s) at risk, such as selling narcotics.

For the eight mothers scored in this area, three (38 percent) were in the maintenance zone, four (50 percent) were in the refinement zone and one mother (13 percent) was in the improvement zone. Four fathers were scored for this indicator. Two fathers (50 percent) were in the maintenance zone and two fathers (50 percent) were in the refinement zone. All six (100 percent) of the substitute caregivers in the sample scored in the maintenance zone. Looking at these scores under the federal scoring method, 63 percent of mothers were in the acceptable range; while 100 percent of fathers and substitute caregivers were in the acceptable range.

**Caregiving Capacities (Home Settings):** To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily

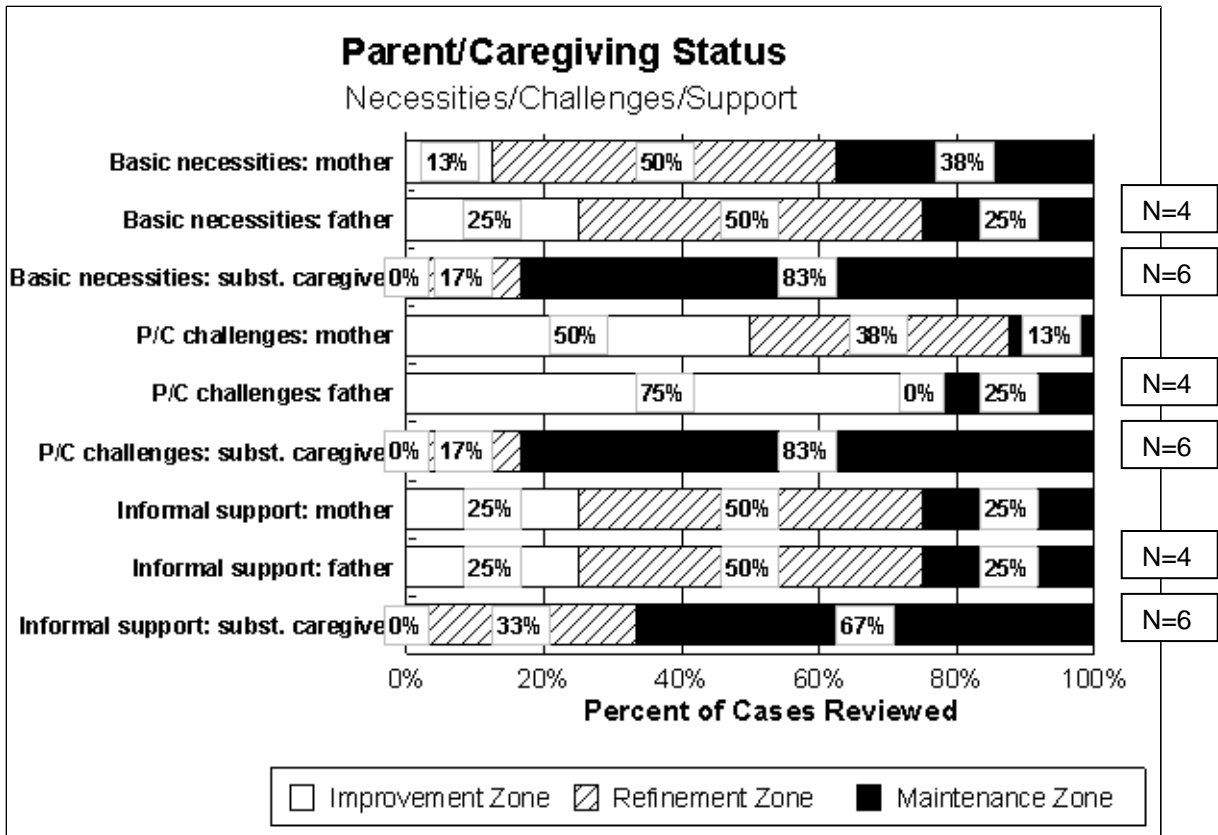
**basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have special medical, emotional, behavioral, and/or developmental needs, does the caregiver have and use any special knowledge, skills, and supports 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* is an area where the mothers and fathers in the review sample may benefit from additional attention. Of the eight mothers who were rated, three (38 percent) scored in the maintenance zone, with four (50 percent) in the refinement zone and one (13 percent) in the improvement zone. The fathers in the review sample fared slightly lower, with one (25 percent) in the maintenance zone, two (50 percent) in the refinement zone and one (25 percent) in the improvement zone. Six substitute caregivers were rated in this area, with all rating in the maintenance zone for their ability to provide adequate guidance, supervision, nurturance and support to the children in their care. One congregate care setting was rated, with that setting scoring in the maintenance zone.

In the case that rated in the improvement zone for mothers, the reviewer wrote, “While the mother wants to parent her children, she has few parenting skills and has been dependent upon others to care for the focus child. It now appears that she relies heavily upon her boyfriend’s mother to care for her infant daughter. The mother does not seem to be aware of normal child development. For example, she told reviewers that the [two-year-old] focus child was ‘bullying’ a two-year-old cousin while playing. The mother believes that [the focus child] does things purposefully, such as pulling her hair, and recently blamed him for the loss of her tooth despite the fact that others were present and did not witness [the focus child] engage in any physically aggressive behavior toward the mother.”



**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* is another area where mothers and fathers in the review sample are experiencing some challenges. Three mothers (38 percent) scored in the maintenance zone, while four (50 percent) scored in the refinement zone and one mother (13 percent) scored in the improvement zone. Of the four fathers who were scored in this area, one (25 percent) scored in the maintenance zone, two (50 percent) scored in the refinement zone and one (25 percent) scored in the improvement zone.

There was one family in the review sample where both the mother and father scored in the refinement zone for *Basic Necessities*. The father in this case is cognitively limited, hearing-impaired, and has a speech and language disorder, while the mother struggles with depression and anxiety. Despite these struggles, the father is marginally meeting the family’s basic needs. The reviewer wrote, “He maintains his own residence and also works occasionally for his landlord. He is said to be utilizing available resources such as

Social Security Income (SSI), housing, the YMCA and the paternal grandfather serves as his payee.” The mother in this case tries to work; however, has difficulty maintaining employment which leads to an inconsistent level of economic security. The reviewer wrote, “At the present time, [mother] is homeless and appears unable to hold a job for longer than three weeks. Another of her challenges is managing her apparent frustration with the way things work...For example, her take-home pay from her most recent job was reported to be \$24.00 for two week’s work because her wages had been garnished for child support. After receiving the check, she quit the job.”

**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:**

For this indicator, reviewers assess diminished caregiver capacity that affects the parent or caregiver’s ability to adequately and safely care for the child, such as substance abuse, mental illness, and cognitive disabilities. Parents in this sample are experiencing many challenges that affect their ability to provide adequate, consistent care to their children. Only one mother (13 percent) in the sample scored in the maintenance zone in the area of *Parenting/Caregiving Challenges*. Three out of eight mothers (38 percent) scored in the refinement zone and four mothers (50 percent) scored in the improvement zone. For fathers, one out of four (25 percent) scored in the maintenance zone, while the remaining three fathers (75 percent) scored in the improvement zone. Looking at the co-occurring conditions for parents (one or both parents in the family) in the review sample, six (75 percent) have a diagnosed mental illness, three (38 percent) have a specific learning disability, six (75 percent) have substance use or addiction issues, and six (75 percent) have experienced trauma in their lifetime.

For one of the fathers who scored in the improvement zone, the reviewer wrote, “The father was recently released from jail for fines and had requested his probation be revoked in order to fulfill his sentence. He was on probation due to a theft conviction...It was reported that he was involved in CPS as a child. He is diagnosed with Bipolar and is taking medication. There are allegations that the father has unresolved alcohol and drug issues and that his form of income is selling drugs.”

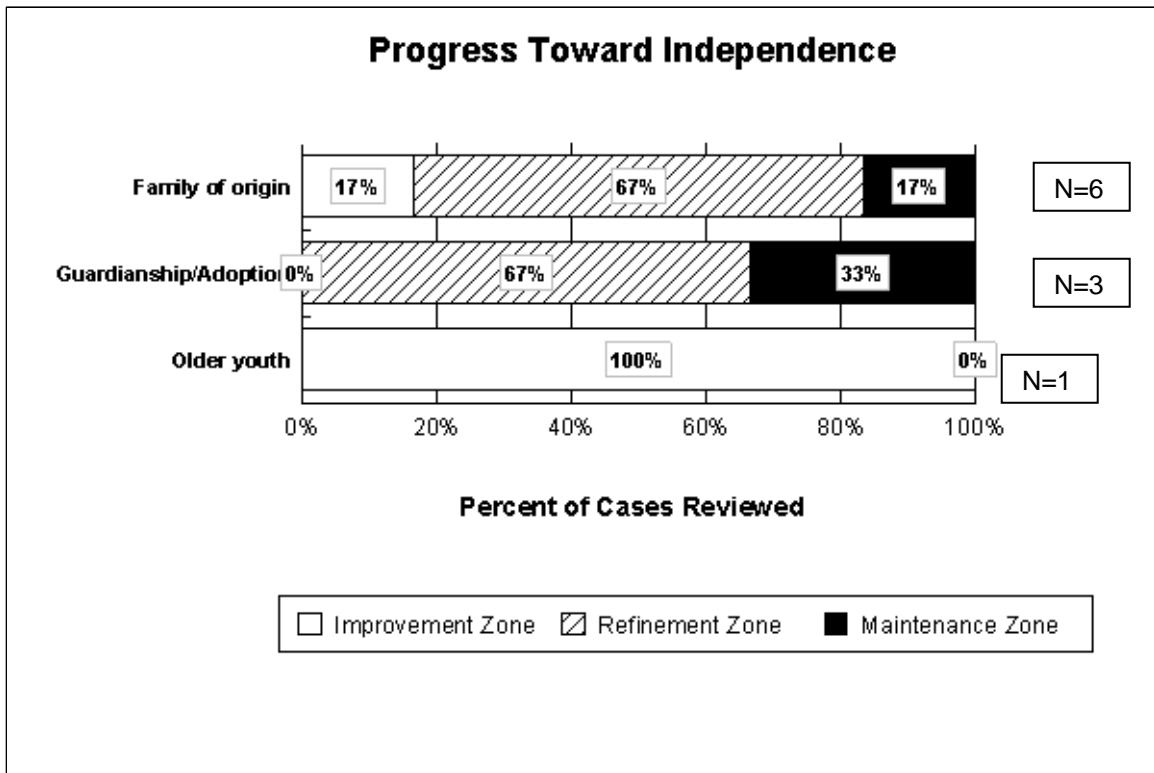
Five of the six substitute caregivers in the sample scored in the maintenance zone, with the remaining caregiver scoring in the refinement zone. The caregiver who scored in the refinement zone is a relative who “appears to take on a great deal of responsibility for all family members and it was shared that this has taken a ‘toll’ on her overall physical health.”

**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:**

Like parents in other counties of the state who have participated in a QSR, the parents in Douglas County are struggling to identify and utilize informal resources that can support them when the agency is no longer involved with the family. Only two mothers (25 percent) in the sample scored in the maintenance zone in this area. Four mothers (50 percent) scored in the refinement zone and two (25 percent) scored in the improvement zone. For fathers, one (25 percent) scored in the maintenance zone, two (50 percent) scored in the refinement zone and one (25 percent) scored in the improvement zone. The scores for this indicator are consistent with practice scores in the area of *Planning for Sustainable Supports* for families. These results show there is a need for assisting families in identifying and developing relationships with people who can support them after the agency has moved to safe case closure.

## V. PROGRESS INDICATORS



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

### Comments:

This indicator addresses the progress families who have a goal of reunification or maintaining the focus child in the parental home are making toward safe case closure and independence for the agency. Of the six cases scored for this indicator, one (17 percent) scored in the maintenance zone, four (67 percent) scored in the refinement zone and one (17 percent) scored in the improvement zone. In the case that scored in the maintenance zone, the family made progress in addressing the behavior that brought them to the attention of the agency and how that behavior impacted the child’s safety in the home. The reviewer noted, “The focus child was reunified with [the] mother shortly before this review. Mother currently has a job, housing and excellent formal supports...In addition, the mother reports being drug free for over one year.”

Another family in the case sample was not making progress toward achieving independence from the agency. The reviewer wrote, “There is poor progress towards independence and permanence. The reunification plan was due to disruption in the TFH placement. There was partial agreement on the reunification plan and the supports needed to sustain the reunification are not being utilized by the focus child and mother.”

**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:**

Three cases in the sample had goals of Termination of Parental Rights/Adoption or Guardianship. One case (33 percent) scored in the maintenance zone and two cases (67 percent) scored in the refinement zone. In the case that scored in the maintenance zone, the reviewer wrote, “There has been good progress toward the primary goal of adoption and the concurrent goal of guardianship. The focus child has been in his pre-adoptive home since November 2007. The aunt is committed to caring for [the focus child] and would like to adopt him. The aunt was recently licensed as a foster home in anticipation of the termination of the parents’ rights and subsequent adoption. The petition for termination has yet to be filed...The parents have been approached about voluntarily terminating their rights, but there have been mixed messages from the parents regarding their willingness to do so. There has been a beginning discussion with the father and aunt about the father continuing to have a relationship with [the focus child] if he chooses. At this time, the aunt and father are willing to work together to come to an agreement about contact.”

**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:**

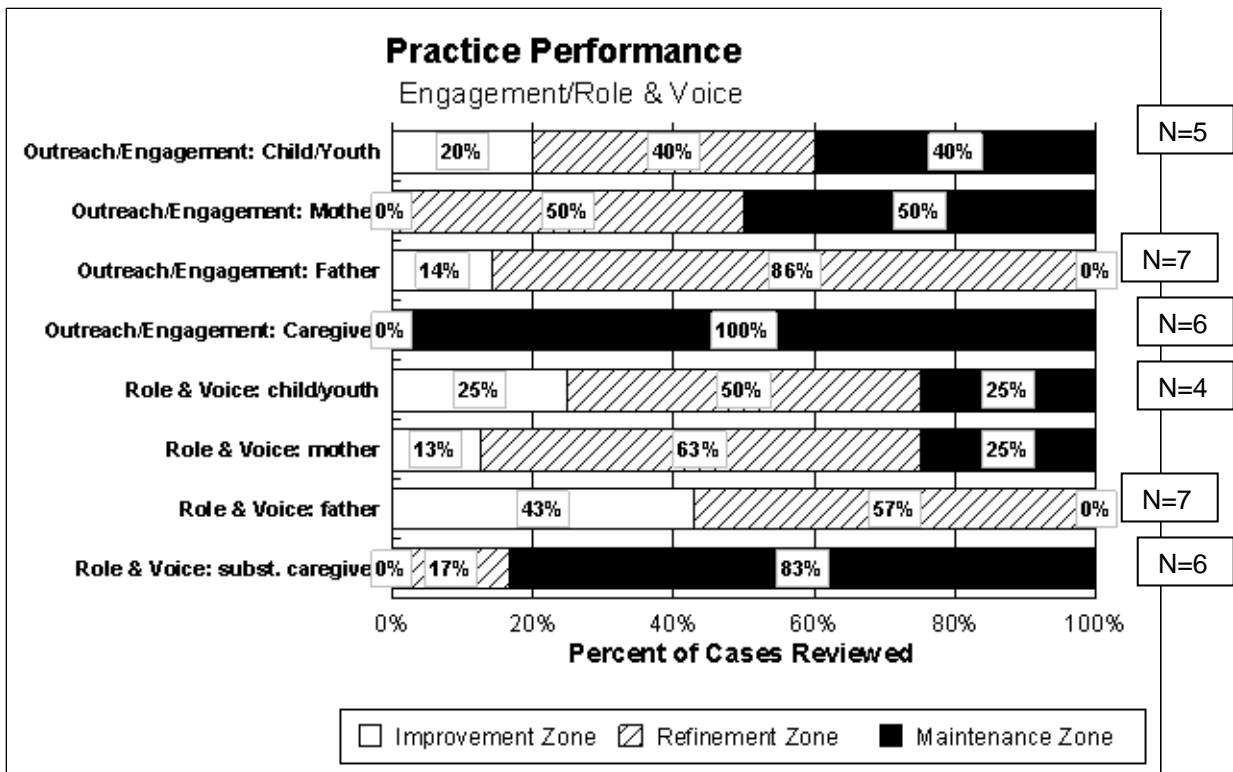
In this indicator, reviewers assess the progress children age 15 years and older are making toward learning the skills necessary to live independently when they have reached adulthood. One child in the sample was scored for this indicator and that child

scored in the improvement zone. The reviewer wrote, “Initial steps were made to provide independent living skills training while the focus child was in [the foster home]. However, because of the reunification and the current juvenile justice referrals, plans for independent skills training and support services have not moved forward.”

## VI. THE ELEMENTS OF CASE PRACTICE (THE MICRO VIEW)

The Quality Service Review (QSR) case practice model contains evidence based elements of best practice. The elements are found in the QSR protocol and were applied in rating the 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><b>Maintenance</b> Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p><b>6 = OPTIMAL PERFORMANCE.</b> <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><b>5 = GOOD PERFORMANCE.</b> At this level, the system function is <u>working dependably</u> for this person, under changing conditions and over time. Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p><b>Acceptable</b> Range: 4-6</p>
<p><b>Refinement</b> Zone: 3-4</p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p><b>4 = FAIR PERFORMANCE.</b> 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><b>3 = MARGINAL PERFORMANCE.</b> 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><b>Improvement</b> Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p><b>2 = POOR PERFORMANCE.</b> 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><b>1 = ADVERSE PERFORMANCE.</b> 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><b>Unacceptable</b> 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, serving as the foundation for working with children and families. This indicator considers the ability of the agency worker and service providers to develop a trust-based working relationship with the child, parents and caregivers that fosters behavioral change. Five of the eight children in the sample were scored for this indicator, with two (40 percent) scoring in the maintenance zone, two (40 percent) in the refinement zone and one (20 percent) in the improvement zone. For these five cases, 60 percent were in the acceptable range according to CFSR standards. In one case that scored in the maintenance zone, the reviewer described a simple skill the case worker used to engage an older child. The worker demonstrated that she takes her time and spends one-on-one time with the child. The worker has been on the case for approximately three years and has developed a relationship with the child.

All eight cases were scored for *Engagement* with mothers and 50 percent scored in the maintenance zone, with the other 50 percent scoring in the refinement zone. *Engagement* with fathers scored lower than mothers. Seven of the eight fathers were scored with 86 percent scoring in the refinement zone and 14 percent in the improvement zone. *Engagement* of fathers is an area needing enhancement in Douglas County, as well as statewide. Looking at the combined data for *Engagement* of fathers from the first forty-two counties reviewed, 23 percent scored in the maintenance zone, 48 percent in the refinement zone and 29 percent in the improvement zone.

Six substitute caregivers were scored for this indicator with 100 percent scoring in the acceptable range according to CFSR standards.

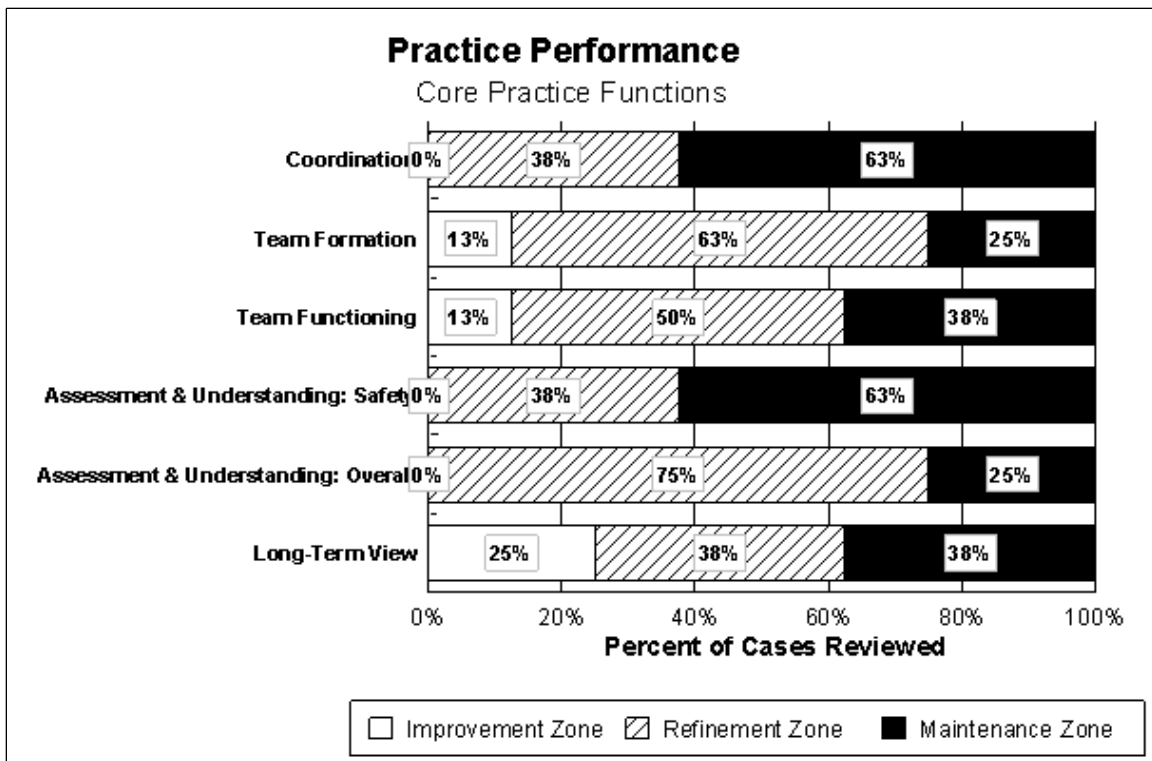
**ROLE & VOICE IN DECISIONS: To what degree are the child’s parents significant, ongoing participants (e.g. having a significant role, voice, influence) in decisions made about child/family change strategies, services, supports, and results? (Role and voice in recent meetings).**

**Comments:**

Often times if a participant is engaged in the process they contribute a stronger role and voice in planning and shaping the decisions and outcomes in a case. Four children were scored for this indicator, with one (25 percent) in the maintenance zone, two (50 percent) in the refinement zone and one (25 percent) in the improvement zone. Looking at the federal standards, 50 percent of the children were in the acceptable range.

It appears that mothers and fathers in this sample are not only lacking *Engagement* in the process, but are also not contributing a solid *Role and Voice*. Of the eight mothers scored, 25 percent scored in the maintenance zone, 63 percent in the refinement zone and 13 percent in the improvement zone. Seven fathers were rated for this indicator with 57 percent in the refinement zone and 43 percent in the improvement zone. Again, these scores are similar to scores for mothers and fathers in the first forty-two counties reviewed. For mothers, 33 percent scored in the maintenance zone, 52 percent in the refinement zone and 15 percent in the improvement zone. For fathers, 18 percent scored in the maintenance zone, 47 percent in the refinement zone and 35 percent in the improvement zone. This indicates that *Role and Voice* for parents could be an area of opportunity to enhance case practice. One reviewer illustrated this in a case example that stated, “[The focus child’s] father is not engaged in case planning...There was information about this young man being the likely father of [the focus child], but little effort was made to reach out to him other than providing him with notices to court hearings.”

Six substitute caregivers were scored for this indicator with 100 percent scoring in the acceptable range according to CFSR standards.



**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:**

When evaluating *Coordination* reviewers identify whether there is a single point of leadership in case practice, regardless of who on the team fulfills that role. A single point of *coordination*, integration and leadership is necessary to plan, implement, monitor, modify and evaluate essential service functions and results for the family. All eight cases were scored for *Coordination*; five (63 percent) scored in the maintenance zone and the other three (38 percent) scored in the refinement zone. These scores are slightly higher than the scores from the first forty-two counties reviewed, where 46 percent scored in the maintenance zone, 50 percent scored in the refinement zone and 5 percent scored in the improvement zone.

**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:**

Scores in the area of teaming show that this is an area of opportunity for enhancement of case practice. The case practice model upon which the QSR is based relies heavily upon teaming in core practice areas such as assessment, planning, and tracking and adjusting the plan. Of the eight cases reviewed, two (25 percent) scored in the maintenance zone, five (63 percent) scored in the refinement zone and one (13 percent) scored in the improvement zone for *Team Formation*. Three of the eight cases (38 percent) scored in the maintenance zone in the area of *Team Functioning*, while four (50 percent) scored in the refinement zone and one (13 percent) scored in the improvement zone. These scores are similar to scores from the first forty-two counties reviewed. For *Team Formation*, 29 percent scored in the maintenance zone, 54 percent in the refinement zone and 17 percent scored in the improvement zone. For *Team Functioning*, 22 percent scored in the maintenance zone, 59 percent in the refinement zone and 19 percent in the improvement zone.

In one case that scored in the refinement zone for both formation and functioning, the reviewers were concerned that very few people involved with the family were meeting and planning on a regular basis. The reviewer wrote, “There has been a lack of a team process in this case. Small teams of two people, such as the agency worker and family skills worker and the agency worker and the [relative caregiver], have worked together. The parents have not been involved in much of the work of others involved. There have been no meetings of all involved with the family, and therefore no collaborative assessment, planning, problem solving or strategizing. The absence of a team process has resulted in a lack of clarity among those involved...”

**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:**

Of the eight cases that were scored in this area, five (63 percent) scored in the maintenance zone and three (38 percent) scored in the refinement zone. This is slightly higher than scores from the first forty-two counties reviewed, in which 52 percent scored in the maintenance zone, 45 percent in the refinement zone and three percent in the improvement zone.

For one of the cases that scored in the maintenance zone, the reviewer wrote, “The safety concerns regarding [the focus child’s] mother’s poor judgment and limited ability to maintain a safe living environment are understood by all family members and providers involved with this case. The current plan for placement and services addresses those safety concerns in a way that ensures safety for [the focus child] while maximizing the opportunities for [the focus child] and her mother to maintain their bond.”

**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:**

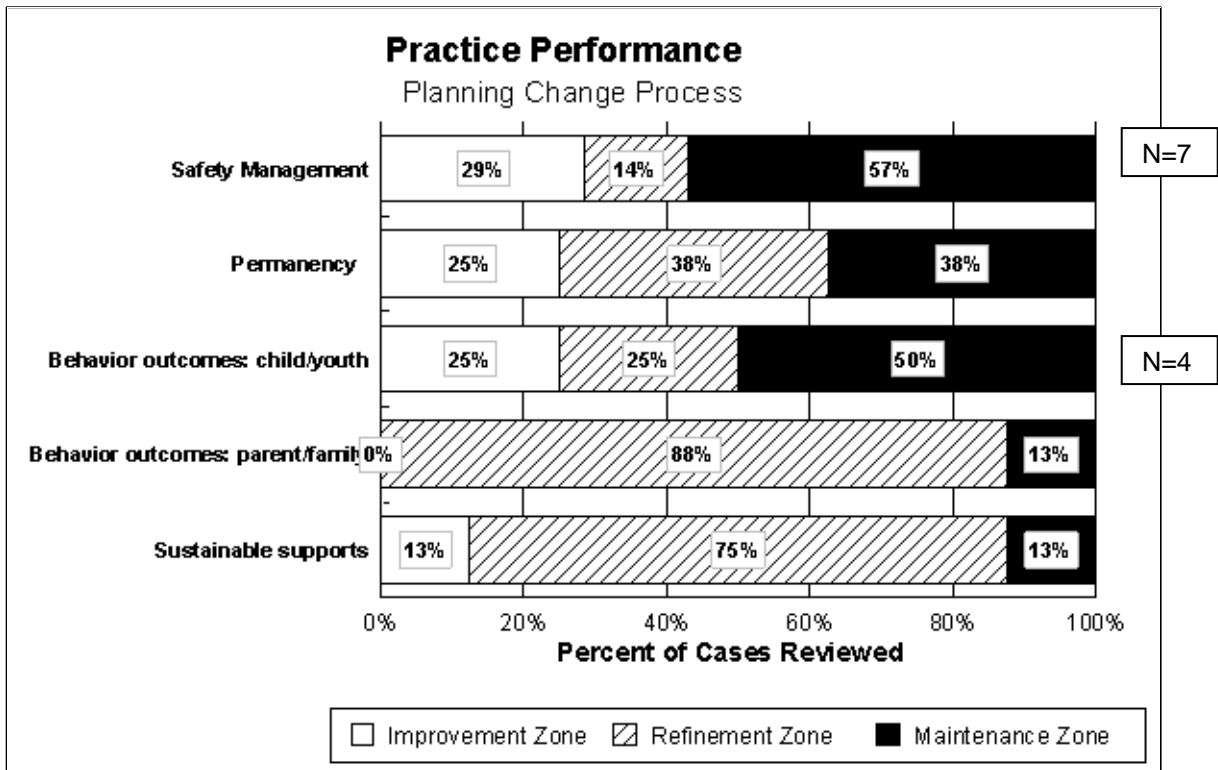
Behaviorally specific plans used to help families through the change process are most effective when based on functional assessments that give a “big picture understanding” of the family situation. In the area of overall assessment, two cases (25 percent) scored in the maintenance zone and the remaining six cases (75 percent) scored in the refinement zone. Douglas County’s scores were slightly lower than those in the first forty-two counties reviewed, where 34 percent scored in the maintenance zone, 60 percent in the refinement zone and 6 percent in the improvement zone. This is an area in which there is some room for enhancement of case practice.

One case that scored in the refinement zone illustrates how the inability to fully assess the family’s strengths, needs and underlying issues can impact the planning and implementation of strategies to move a family through the change process. The reviewer wrote, “The *overall assessment and understanding* of [the focus child’s] mother’s issues is lacking. The mother received special education services as a juvenile, but there has not been a comprehensive evaluation to determine the specifics of her limitations and deficits. Because of this, it has been difficult to develop effective intervention strategies with [the focus child’s] mother.”

**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* is associated with the question “How will a family and their team know when they are done?” *Long-term View* should ideally be established as early as possible in the case as it is the guide for planning services and supports to assist a family in becoming free of agency intervention. All eight cases were scored for this area, with three (38 percent) scoring in the maintenance zone, three (38 percent) in the refinement zone and two (25 percent) in the improvement zone. Looking at the federal standards, 63 percent rated in the acceptable range. That is slightly higher than the scores from the first forty-two counties reviewed, which were at 52 percent acceptable.



**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:**

Scores in Douglas County in the area of *Planning for Safety Management* were equivalent to scores from the first forty-two reviews. Of the seven cases scored, 71 percent were found to be in the acceptable range according to CFSR standards, which

again is similar to the percent of cases in the acceptable range for the first forty-two county reviews at 73 percent acceptable. For most of the cases reviewed, there was a correlation between scores in *Safety Assessment* and scores in the area of *Planning for Safety Management*. This underscores the importance of thorough assessments of child safety upon which to base plans for controlling safety threats.

**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:**

For this indicator, reviewers assess the planning process that has been developed and implemented around the permanency of the focus children who have been placed in out-of-home care. When developing a plan to achieve permanency, the team needs to reference the *Long-term View* for the family, including which parental capacities need to be enhanced and what supports need to be in place in order to create an effective plan to achieve reunification or if this is not possible, a concurrent permanency plan. Permanency planning is an area in which there is an opportunity to enhance case practice. Of the eight cases scored for this indicator, three (38 percent) were in the maintenance zone, three (38 percent) were in the refinement zone and two (25 percent) were in the improvement zone.

One case that scored in the refinement zone illustrates how the lack of *Engagement* at the beginning of a case can impede the team's ability to develop a clear big picture understanding of the family's strengths, needs and underlying issues, which in turn makes it difficult to develop the family's *Long-term View for Safe Case Closure* and develop any plans around it. The reviewer wrote, "Due to the parents' significant struggles and their respective trauma histories, engaging them in the process can be and probably has been more challenging. As a result, it is surmised that participants may not yet have a complete understanding of the underlying needs and concerns that contribute to the parents' ongoing struggles with alcohol dependency and poverty which seem to be hampering efforts to achieve permanency. It is these two areas - engagement and overall assessment - that facilitate and guide practice, and participants, toward the desired outcomes which in this situation is permanency for the focus child."

**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:**

When reviewers score this indicator, they evaluate the strategies implemented to achieve desired behavioral outcomes for the focus child and the parent(s). Reviewers consider whether the planning process addresses ways to alter behaviors and sustain the desired outcomes. Four of the eight cases were rated for the focus child. Two of the cases (50 percent) scored in the maintenance zone, one case (25 percent) scored in the refinement zone and the remaining case (25 percent) scored in the improvement zone. In the case that scored in the improvement zone, the reviewer wrote, “There appears to be a lack of understanding of why the child’s behavior began and continued to deteriorate...[which] continues to impact on the success of the reunification process. There has been limited planning for ongoing safety and treatment interventions since the reunification. Individuals can describe the presenting issues and propose educational, treatment and support options without presenting a plan and timeline for follow through on the options.”

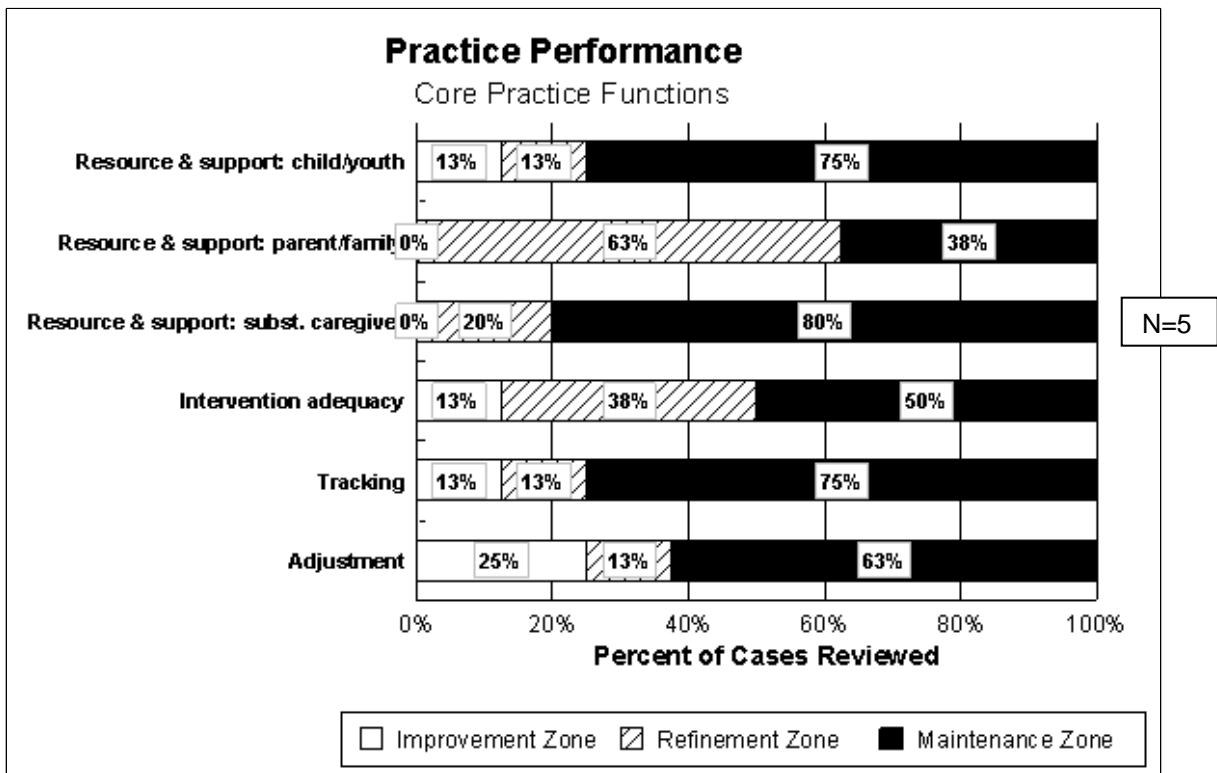
The scores for parents were lower with one (13 percent) of the cases scoring in the maintenance zone and seven (88 percent) of the cases scoring in the refinement zone. Looking at the federal standards, 88 percent of the cases scored in the acceptable range for parents.

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

**Comments:**

Research has shown that families who have informal systems of support in place at case closure are more likely to sustain positive behavioral changes made prior to case closure, and therefore they are less likely to re-enter the child welfare system. While parents are struggling to identify and utilize informal sustainable supports that will be available to them beyond safe case closure, the child welfare system as a whole is struggling to assist families in planning for sustainable supports. This is demonstrated in Douglas County’s scores as well, where only one case (13 percent) scored in the maintenance zone for this indicator. Of the remaining seven cases, six (75 percent) were in the refinement zone and one (13 percent) was in the improvement zone. This closely resembles results from reviews in the first forty-two counties, where 16 percent were in the maintenance zone,

70 percent in the refinement zone and 14 percent in the improvement zone. This shows a need for development of strategies to assist families in finding and utilizing these supports across the state.



**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* for children and caregivers in this sample is an area of strength in case practice. Of the eight children that were scored, six (75 percent) were in the maintenance zone, one (13 percent) was in the refinement zone and one (13 percent) in the improvement zone. Five caregivers were scored, with four (80 percent) in the maintenance zone and the remaining case (20 percent) in the refinement zone. Looking at the federal standards, 88 percent of children and 100 percent of caregivers were in the acceptable range for this indicator. One case reviewer wrote, “*Resource and support use*

for the child and substitute caregiver have been effective. The child had a Birth to Three evaluation and it was determined there was no need for services. The parent skills worker has been utilized to ensure the child's safety during family interactions. The [substitute caregiver] has been provided financial support in the form of foster care payment. Other supports and services have been made available to the [substitute caregiver] and she is aware of options in the event she chooses to utilize these."

*Resource and Support Use* for parents scored lower than children and caregivers. With eight rated, three (38 percent) were in the maintenance zone and the remaining five (63 percent) were in the refinement zone. One case reviewer wrote, "There is a good use of resources on this case. The parent aide is seen as helpful and has provided excellent opportunities for parent/child contact throughout the life of this case. [The focus child's] mother was referred to accessible and appropriate AODA and mental health service providers in the community. These providers seem familiar with agency and court practices."

**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:**

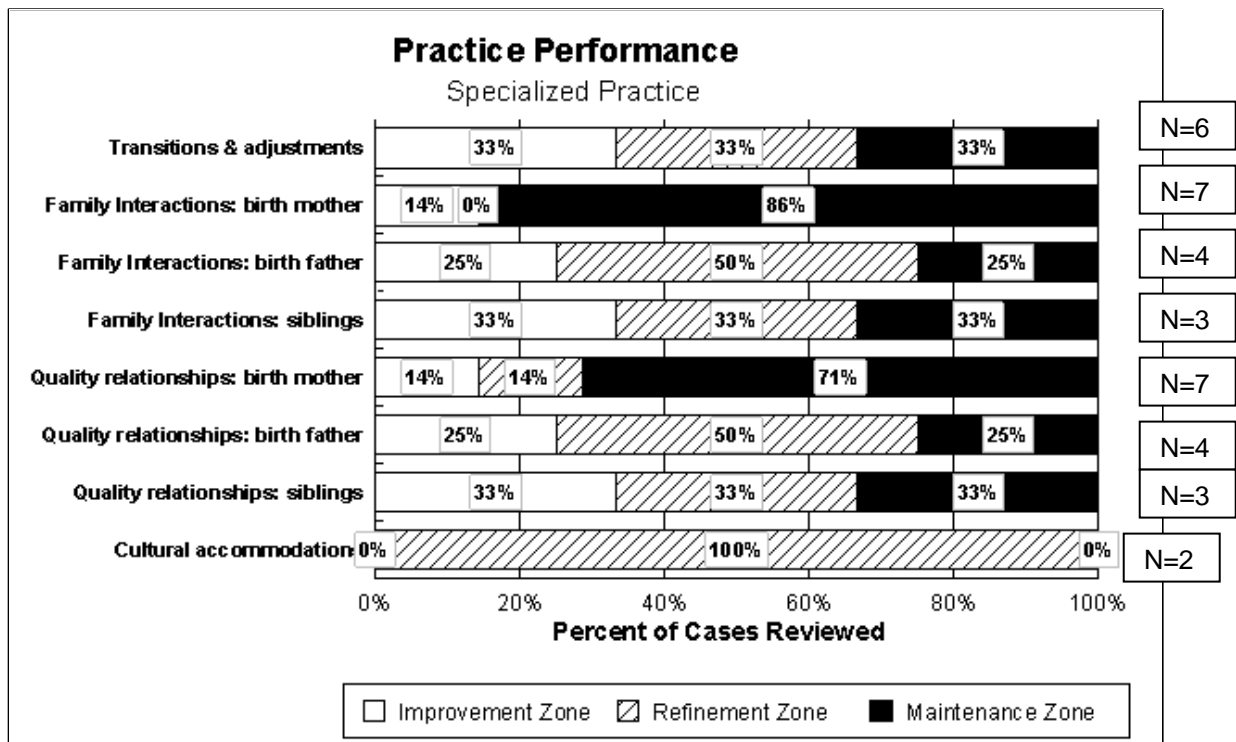
This indicator addresses the intensity, duration, and power of intervention strategies that have been implemented and whether it is enough to enable families to make sustainable changes. All eight cases were scored with four (50 percent) in the maintenance zone, three (38 percent) in the refinement zone and one (13 percent) in the improvement zone. In one case, the reviewer wrote, "The mother has not utilized any of the services or resources available to her. The father has inconsistently used the parent skills worker as a resource, but mainly for supervised family interaction with the focus child. It has been left up to the parents to contact the worker and others if they are interested in utilizing the various resources that might be available."

**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:**

During a family's journey to reach their destination of safe case closure, it is imperative to monitor progress and make adjustments to services as needed. In the area of *Tracking*, six of the eight cases (75 percent) scored in the maintenance zone, one case (13 percent)

scored in the refinement zone and one (13 percent) scored in the improvement zone. *Adjustment* scores were slightly lower with five cases (63 percent) in the maintenance zone, one case (13 percent) in the refinement zone and two cases (25 percent) in the improvement zone. In one case that scored in the maintenance zone on both measures, the reviewer wrote, “There is effective *tracking and adjustment* of the case plan. The case manager has good situational awareness of all the case participants. The case manager and the team are monitoring and adjusting the case plan where needed. For example, the father has returned to the family unit and is requesting assistance. The case manager had made the appropriate referrals for mental health and alcohol and other drug treatment and established initial connections for the father.”



**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:**

For this indicator, reviewers look at whether the child is anticipating a major transition within the next year and if so, evaluates whether the transition has been identified by the team and if planning for the transition has begun. In Douglas County, six children were

identified as either having a recent or impending transition. Two of the six children (33 percent) scored in the maintenance zone, two (33 percent) were in the refinement zone and two (33 percent) were in the improvement zone. In one case that scored in the maintenance zone, the reviewer wrote, "...the focus child will be transitioning to another school in the fall. The schools and the paternal grandparents have worked to make this upcoming transition go as smooth as possible by meeting and planning for the change."

**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:**

*Family Interactions* addresses the frequency and opportunity for family interaction when children are living outside the family home, while *Quality of Family Relationships* evaluates the success of strategies to build healthy relationships amongst family members who are living apart. In the Douglas County review, seven mothers, four fathers and three siblings were rated for these indicators. In terms of *Family Interactions* for mothers, six (86 percent) scored in the maintenance zone and one (14 percent) scored in the refinement zone. *Quality of Family Relationships* for mothers was slightly lower with five (71 percent) in the maintenance zone, one (14 percent) in the refinement zone and one (14 percent) in the improvement zone. For fathers, one (25 percent) scored in the maintenance zone, two (50 percent) in the refinement zone and one (25 percent) was in the improvement zone for both indicators. The scores for fathers illustrate an area of opportunity for improvement in practice for Douglas County. The State of Wisconsin, as a whole, struggles with this area of practice; particularly in terms of working with fathers. In terms of interactions for siblings, one case (33 percent) scored in the maintenance zone, one (33 percent) in the refinement zone and one (33 percent) in the improvement zone for both indicators.

In one case that scored in the maintenance zone for both indicators, the reviewer wrote, "While the focus child was in placement with [the substitute caregiver], the case manager

did regular home visits and family interactions with the focus child and mother. These interactions would occur almost daily and were initially supervised by either the [substitute caregiver] or the parenting skills provider. Family interactions evolved to unsupervised and the case manager verbalized that the focus child was attached to the mother. Family interactions occurred in the mother's home since she obtained housing...Family interactions continued until such time that reunification occurred..."

**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:**

Two families in the review sample were identified as needing *Specialized Cultural Accommodations* to recognize and incorporate the family's culture throughout the change process. Both of these cases scored in the refinement zone. In one of these cases, the reviewer noted, "[The] therapist has been instrumental in encouraging both the father and focus child to connect with their Native American heritage. Reviewers believe the father and focus child benefited from the therapist's gentle push towards connecting with their Native American culture. Both the father and the focus child have been adopted into and registered with their tribe recently. In addition, the focus child benefited from a 'naming ceremony'."

## **VII. 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 systems issues, which will ultimately result in improved outcomes for children and families in Douglas County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Take a chance on sending a request for a CHIPS petition through the process – Possibly have a regular meeting or teaming process to discuss cases and include workers in this process
- Identify TPR cases earlier through teaming with the DA's office.
- Further investigate screen out rates
- Increase the offer of services cases and how to bring that into the practice model
- Increase knowledge about what services are available given the loss of inpatient AODA.
- Focus on assessment and understanding of families underlying needs to better serve them
- Ensuring the role and voice of all participants in case planning

- Budget- Looking at availability of Wraparound in the future
- Increase knowledge to have more informal teaming within the agency
- Training with legal partners around the purpose of Permanency Plan hearings
- Develop a youth and family mentoring program (already in process)
- Community education on a wraparound approach and what community members' role could be with families

The final “next steps” meeting of the review was used as an opportunity for the facilitators who will be working with the county to explain the facilitation process for developing an action plan.

## **VIII. SUMMARY**

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

Overall practice performance scores in Douglas County showed 25 percent in the maintenance zone, with 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 forty-two counties reviewed in Wisconsin. The combined data shows 23 percent of these cases were in the maintenance zone, 73 percent were in the refinement zone and four percent fell into the improvement zone.

Agency staff identified several possible next steps. Among these, several relate to case practice and suggested the need to improve overall assessments for families and family members who struggle with co-occurring conditions that pose serious challenges to their caregiving and protective capacities. Staff also talked about the need to improve permanency for children, which may improve when helping persons have a deeper understanding of the family’s underlying needs in order to better develop strategies to address those needs. Staff also suggested finding ways to give parents and children (when applicable) a greater role and voice in the case planning process for their family. Agency workers and management were encouraged to use the results of the review 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.