

Continuous Quality Improvement Quality Service Review

EXECUTIVE SUMMARY

*July 24-28, 2006
Green County Human Services*

**Child Welfare Continuous Quality Improvement Program
The Bureau of Programs and Policies,
Division of Child and Family Services,
Wisconsin Department of Health and Family Services**

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

September 15, 2006

I. Introduction

The Continuous Quality Improvement (CQI) Program, within the Bureau of Programs and Policies (BPP), a Division of Children and Family Services (DCFS) of the Wisconsin Department of Health and Family Services (DHFS), uses the Quality Services Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The overarching goal for selection of this particular quality improvement model is to be able to generate useful information to stakeholders on all levels of the county child welfare system, as to the outcomes for children and families served, the strengths of local practice and the opportunities for improving system performance.

It should be noted that the QSR process also provides an opportunity to gather additional data, which the department will use to measure performance standards on items found in the Child and Family Services Reviews (CFSR) and the state's Performance Enhancement Plan.

The Continuous Quality Improvement Team conducted a Quality Service Review in Green County during the week of July 24, 2006. 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 Green County Review

Case Sample

Twelve cases were selected for the review and all cases were reviewed and scored. In the QSR a 'case' is defined by focus child and at least one parent/caregiver must voluntarily agree to participate in the review for the case to be reviewed. Of the twelve cases that were reviewed, seven of the children were living out of the home and the remainder were living in a home with their families and receiving in-home services. Two of the cases were classified as juvenile justice cases and in nine of the twelve six cases, the focus child was under ten years old. A total of 115 people were interviewed in the individual case reviews.

Reviewers

Twelve case reviewers worked in pairs to review the identified cases. Several of the reviewers served as both a lead case reviewer and a mentor to each of their review partners or "shadows", who were coached in their development as lead case reviewers. In addition to the four CQI specialists who reviewed cases, three of the reviewers were recent retirees with extensive child welfare service backgrounds; one a former county director, one a former county-based Child Protective Services (CPS) supervisor and the third from the Bureau of Milwaukee Child Welfare. Three other reviewers came from Area Administration; one as a Human Service Area Coordinator and the other two from

State Adoptions. Of the two remaining reviewers, one is a current Program Evaluation Manager from the Bureau of Milwaukee Child Welfare and the other a CPS Supervisor from another county.

Stakeholder Interviewers

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Child Welfare CQI Manager of the Bureau of Programs and Policies, Harry Hobbs, and CQI Specialist from The Management Group/BPP Emily Campbell, conducted these sessions. Bridget Bauman from the Director of State Courts sponsored Children's Courts Initiative co-facilitated some of the focus groups that the two projects have agreed to jointly conduct. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how all the stakeholders interface and perform with the child welfare agency, thereby affecting and influencing outcomes.

II. Macro View of the County's Child Welfare System

Strengths:

The Department of Human Services (DHS) Staff: There is a shared perspective that Green County benefits from having a caring, hard working, and cohesive group of child welfare staff who care about the children and families in this community. Caseworkers are described as "well organized" and "prepared for court". Staff retention is improving. Historically, the agency has served as a 'training ground' for newer workers, many of whom begin their careers in social work in this agency and then leave the community when life events or new opportunities emerge. This dynamic runs parallel to a core group of experienced staff who have worked for the agency for a number of years and who welcome opportunities for career advancement and development. Related comments from focus group participants also describe a working environment that empowers staff to make decisions and encourages staff to support each other.

Intra-agency Relationships: The strategic decision to locate internal service units 'under one roof' has had a positive impact on the relationships between agency staff. The informal relationships that reportedly develop, as a result of candid discussions during lunch or by virtue of sharing the same space, help contribute to a climate that many describe as trusting. Agency staff benefit by being cross-trained with staff from other service units and feel that management values their opinions. Service users also benefit from the high level of intra-agency collaboration. Internally, the practice of having weekly team meetings together with staff from dedicated service units such as economic support, mental health, Alcohol and Other Drug Abuse (AODA), and Children, Youth, and Families (CYF) has empowered agency staff to prioritize and respond to individuals and families who present the highest risks and the greatest needs. While some waiting lists reportedly remain for those who need services at a less intense level, this flexibility and responsiveness provides a useful blueprint for the strategic decisions that follow when a county adopts the principles of formal teaming into their practice model.

Service Quality: Many of the services available to children and families in Green County are characterized as “high quality.” This observation is also supported by the case stories. Programs within and outside the agency are described as strength-based, change-oriented, flexible, and accessible. Service users benefit from having county-based mental health, AODA, Economic Support, Early Intervention and Developmental Disability services located in the same place. The recent inclusion of the Job Center in the Human Service building is particularly welcome. The county also contracts with a small number of local and regional providers who share the agency philosophy of strength-based practice and offer valuable services such as in-home family therapy and parenting classes. The case aide position is valued for its flexibility in being able to provide transportation and effective supervised visitation services. While there is a recognized shortage of in-home safety services, reunification services, affordable housing, and primary prevention type services across the county, there have been some noteworthy recent additions to the service array such as the child friendly interview room in the Monroe Clinic and the introduction of a crisis line. Continued workload demands are a threat to maintaining service quality.

Community Identity and Pride: Focus Group participants recognize Green County as a “close-knit” farming community that values tradition, its ethnic heritage and long standing historical ties. Several focus groups participants described being loyal to maintaining a rural way of life. Several foster children described acquiring key life skills in their foster homes, through either farming or “having jobs around the home”. Having a strong rural identity unites this community but can also marginalize system participants who lack these historical ties or who have complex needs that cannot be met through traditional routes.

System Challenges

Families and Children with Complex Needs: Green County, is similar to other communities across the state and country in that people have observed an increase in the number of “fragile” families having subsistence challenges and chronic needs. Many of these families are socially excluded by having limited access to transportation, affordable housing, jobs and informal supports. In Green County, there has been a reported increase in single parenthood, unemployment, and the number of parents involved in the criminal justice system. Many of these parents have co-occurring conditions related to AODA addiction (including alcohol and prescription drug abuse), mental illness, developmental disabilities and domestic violence. Furthermore, there is an increase in the elderly population with long-term care needs. All of these factors contribute to an increased demand for preventative, supportive and change-oriented treatment services in a climate of decreasing resources. These factors also require fine-tuned or “Smart” systems of assessment and resource planning to address shortages in system capacity.

Children in Out-of-Home Care: Several participants expressed concern about the high number of children who have been placed outside of their homes. This observation is consistent with the Wisconsin Statewide Automated Child Welfare Information System (WISACWIS) generated placement data available about Green County, which indicates

that the placement rate is higher than the statewide average. Of the twelve cases included in the case review, ten have a history of placement in out-of-home care. In addition to the financial costs, removing children from their homes is traumatic for all of those involved. Separating parents from their children oftentimes has lasting negative consequences. Additionally, there appears to be a smaller but significant number of children who have been in placement longer than 18 months. Many of these children have special needs and present practice challenges to foster parents and related interveners. This data requires further study to understand the elements that contribute to these high placement numbers. Anecdotally, however, there appears to be some contributory dynamics. Occasionally, there appears to be a lack of shared understanding among some practice partners about removal criteria and the agency's role in managing risk and threats to child safety.

Agency-Court Interface: Largely, the relationship between the agency and the court is described as “generally positive” or “neutral”. The District Attorney is described as hard working but in need of another person to alleviate the burden of increasing caseloads. Agency staff do not always feel heard or valued by the court for the work that they do. Communication between the agency staff and the court could be improved “if all parties met ahead of time before court”. Green County also has a court attached juvenile court intake worker who, in addition to her 938 duties, makes initial removal and placement decisions on Chapter 48 cases. Some focus group participants expressed concern that, on occasion, children are removed for reasons of risk and not safety. On other occasions, the agency reportedly ‘screened out’ referrals that resulted in an out-of-home care placement when brought to the attention of juvenile court intake. Conversely, some described this dynamic as an effective ‘checks and balances’ of the agency’s authority. This ‘back door’ approach is a system stressor and warrants further study and a broader discussion with key stakeholders from the agency and juvenile court.

Supporting Foster Parents: Green County is fortunate to have a large number of committed and experienced foster parents but the level of support provided to foster parents by the agency is identified as an area in need of improvement. Currently, there is only one part-time position dedicated to recruit, license, and train foster parents. The staff member assigned to these responsibilities also carries a caseload and is responsible for securing and providing services for independent living. Foster parents expressed frustration about unreturned phone calls and feeling ill prepared and unaware at times of agency rules or expectations. They also described being excluded from key case decisions that affect their lives. For example, the agency is to be commended for implementing the new family interaction policy. However, this policy change has resulted in an increased number of scheduled visits between family members, often in the foster family’s home or at times and places incompatible with the schedule of the foster family. In addition to the Partners in Alternative Care Education (PACE) training, foster parents would also like to see additional training opportunities once they become licensed.

The Elements of QSR Case Practice (The Micro View)

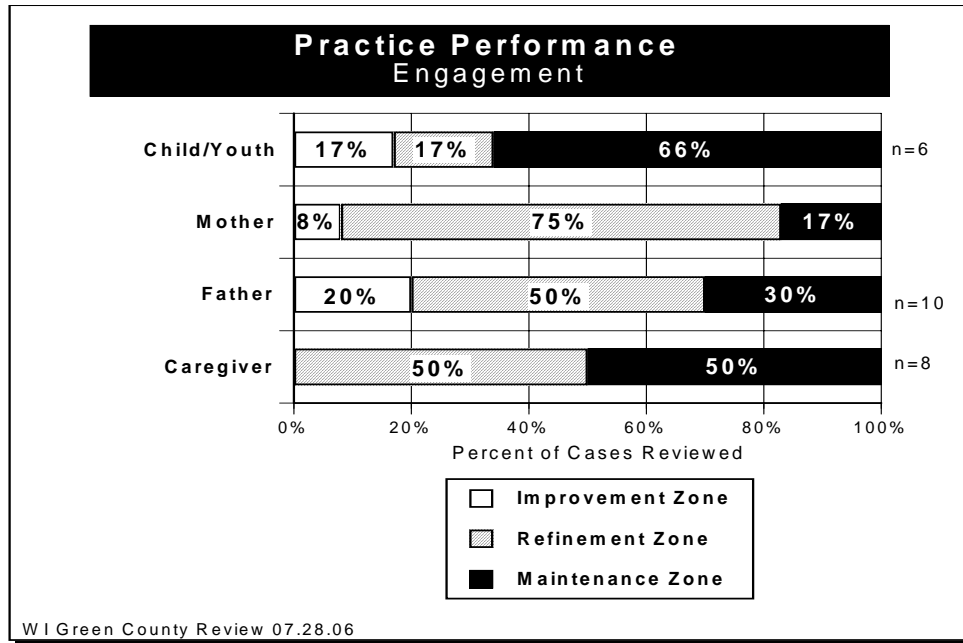
The Quality Service Review (QSR) case practice model contains evidence-based elements of best practice. The elements are found in the QSR protocol and were applied in rating the six cases that were reviewed. An ample body of research supports their efficacy and contribution towards helping families develop,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

Definitions of Scores:

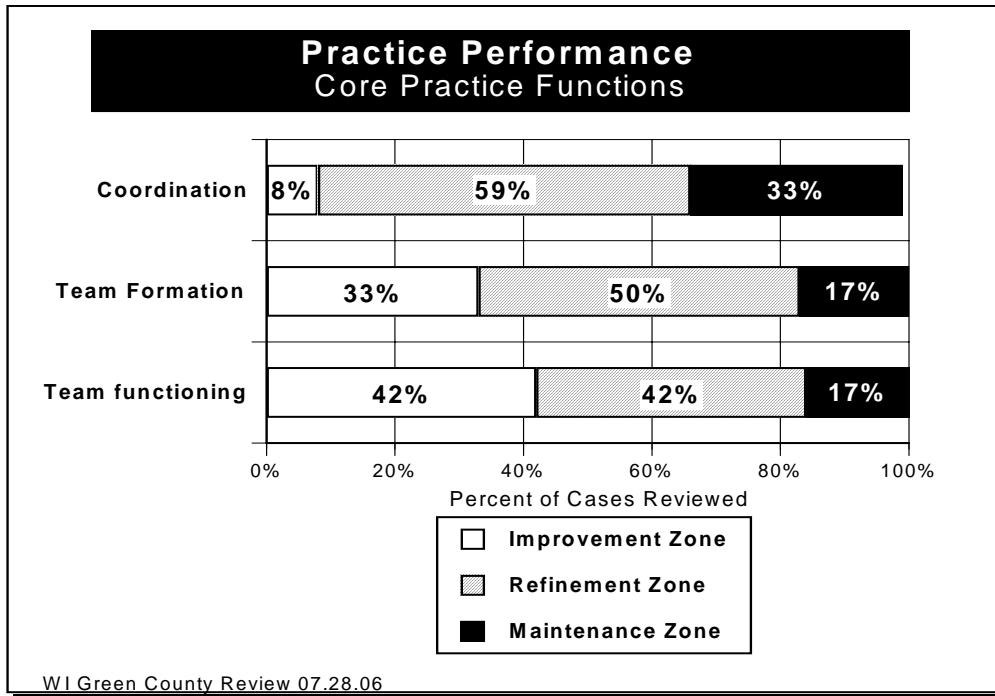
- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element
- **Improvement zone:** Problematic status, opportunity for strategic plan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

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

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



Comments: The development of a trust-based working partnership between a family, the agency, and the community of interveners who are involved with the family forms the platform from which necessary change occurs. In many cases, system participants were able to effectively engage and sustain family members’ interest in the change process. In one case, “the family describes their ongoing worker as “awesome” and they appear to share a mutual respect. They credit her with explaining the process and said she doesn’t make empty promises.” The scores for child/youth engagement also represent a relative strength. In one case, “engagement in counseling for the focus child, mother and younger brother is thought to be positive ...and may provide a path to improving family relationships.” Overall, the scores for this practice indicator are in the refinement zone. While there is evidence from individual cases of the court giving notice to fathers, their participation is absent or underpowered in some of the cases. In one case, “the continued lack of inclusion and consideration of the father is the most critical ingredient in a recipe for failure of achieving the goal of reunification.” The agency is encouraged to read the individual case stories for further insight into the reasons for the majority of scores being in the refinement zone. Given the special needs of many individuals in the cases under review, the agency is also encouraged to identify which elements of their current practice model represent barriers to building participatory change-oriented relationships with families. Conversely, the agency is encouraged to identify opportunities where existing partnerships can be enhanced.



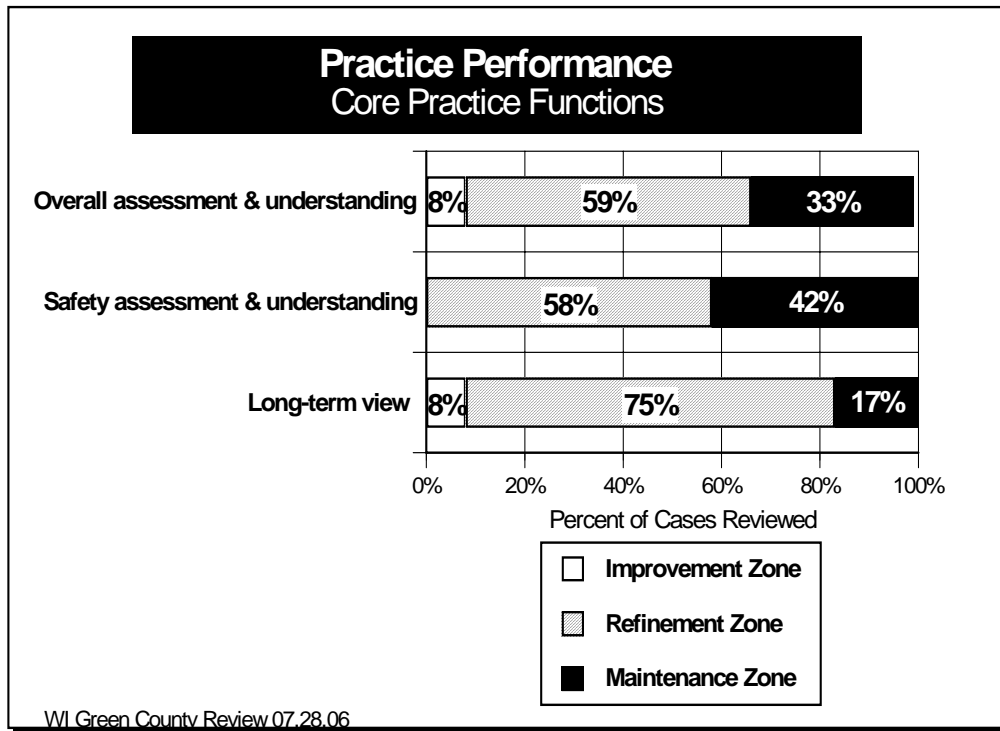
COORDINATION: To what degree was a single point of coordination and leadership necessary for convening and facilitating effective family change planning and service decision processes used for this child and family? How effective was the coordination, integration, and continuity in the assessment, planning,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

Comments: These scores for coordination indicate a wide range of case practice among caseworkers, family members and interveners as to who is responsible for securing, assembling, monitoring, and adapting supports and services to benefit the child and the team. In one third of the cases, there is an effective single point of coordination. In one case involving several counties, “there was sound coordination between the three counties that were involved. They (the workers) did not come together for team meetings but...the family seemed to know who was in each county and they knew what the plan was.” Effective service coordination also requires that all necessary functions performed by participants are organized to achieve the strategic goals of interventions. Case coordination is typically strengthened when a county adopts the practice of formalized teams.

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

TEAM FUNCTIONING: To what extent did the members of the family team collectively function as a unified team in planning services and evaluating results? Did the team’s actions reflect a coherent pattern of effective teamwork and collaborative problem solving that benefited the child and family?

Comments: The scores and case stories indicate that teaming varies by caseworker and it is not a consistent element within the practice model of the agency. Team functioning can be enhanced in all of the cases if a team is formed around the child and family to evaluate and plan services. In many of the cases, family members were invited to team meetings and the plan was shared with them instead of formed with their participation. Developing and formalizing teams requires an upfront investment of time and energy. Workers and practice partners need to be trained and invested in the process. In one of the cases reviewed “a formalized team approach was attempted with the parents” but the approach abandoned when ...”the father felt that the providers were ‘ganging up on him’, possibly a feature of his paranoid personality features.” Other challenges can include families marked by domestic violence, parents with cognitive limitations or parents who are under the influence of alcohol and other drugs. Interveners are encouraged to persevere and identify effective methods of teaming, even when faced with these obstacles because these characteristics are often not the exception but the rule. The agency has a moral imperative to finding out what works. By formalizing the family-teaming process, improvements will also be expected to occur in other key practice areas such as coordination, assessment, and planning if team participants adhere to the core principles of a family team model.



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

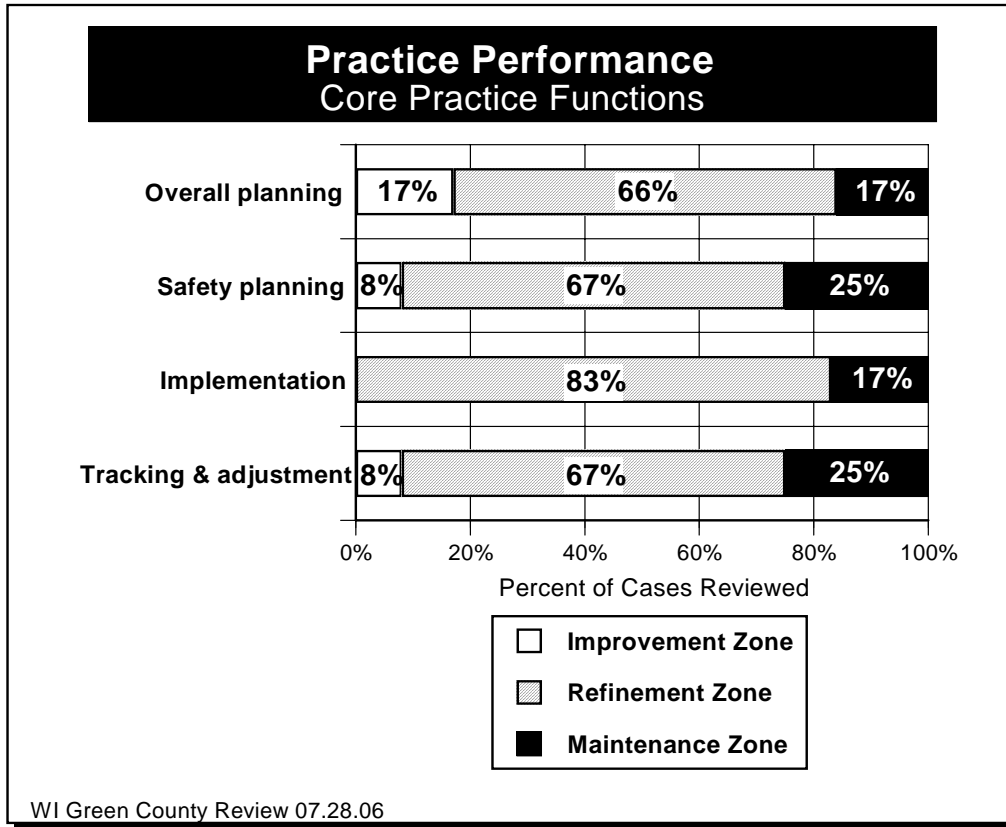
SAFETY ASSESSMENT AND UNDERSTANDING: [To what degree was there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the family of origin, guardian, or adoptive family? Were these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

Comments: This element looks to determine if there is a shared 'big picture' understanding of the families' strengths, needs, risks and underlying issues that must change for the child to live safely and permanently with the family of origin or adoptive family, independent of agency supervision. Obtaining an understanding of child safety and parent protective capacities is considered a primary child protective service task. Poor or inadequate performance in this area is concerning for several reasons. Without a shared understanding, interveners may not be able to identify and respond to child safety threats, and children may be unsafe. It is encouraging that in Green County, in all of the cases reviewed, the children were assessed as safe. The safety assessments were judged as high in quality. For example, in one case "Safety threats to the focus child have generally been assessed...The worker and other providers have a good understanding of how the mother's stress level, anger, and lack of parenting skills have impacted her ability to safely parent."

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

Comments: This element of practice is critical to the model as it calls for the clear delineation and understanding of what protective provisions must be present in the home to keep children safe and behavioral patterns to be demonstrated and sustained by the parents, etc. for the family to be deemed ready for independence from the system. Many child welfare systems are challenged to assist families in getting beyond their immediate crisis to focus on longer term goals that include a picture of healthy family functioning and independence of the system. Statewide this is a challenge, as current practice methods are based on matching needs to services instead of strategy to outcome. The

scores in this area indicate a strong need to create a unified strategy that includes child welfare partners in assisting families in making and sustaining change.



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

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

Comments: There are ripe opportunities to for the agency to refine its scores in these areas. The scores indicate a need to take a closer look at casework practices that either support or hinder the planning process, particularly around safety planning. The agency is

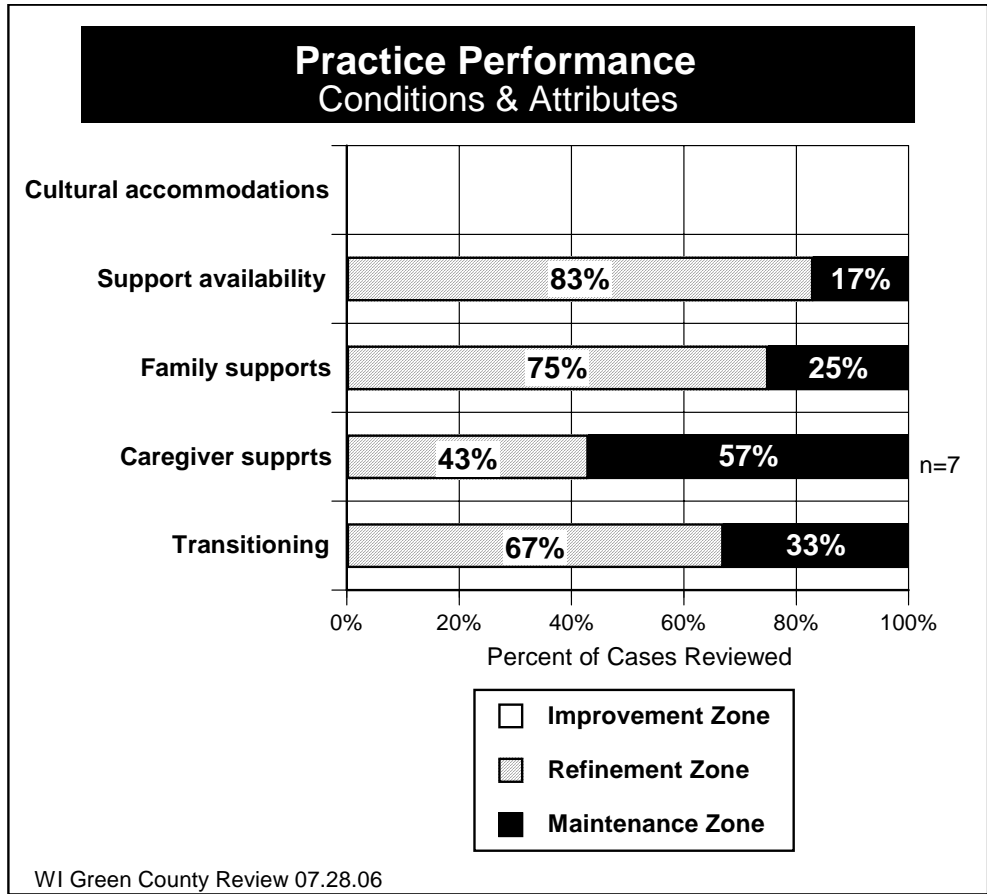
also encouraged to review its practice strategies regarding in-home safety plans. The case mentioned earlier that had an example of a good safety assessment illustrates a system challenge "...when safety issues were identified, the child was removed from the home. Once safety issues were resolved, the child was returned home with services in place." In some cases, safety issues cannot always be mitigated but workers can instead seek to identify strategies to assist the parent in developing protective capacities. System interveners and informal supports also play a vital participatory role in keeping children safe in the home. The agency is encouraged to use the written case stories for guidance. In all of the cases reviewed, children and family members were involved in multiple systems and the scores are reflective of the challenge to involve participants from different systems such as mental health, long-term care, education, criminal justice, and economic support in the planning process. Planning is further complicated by the absence of a practice model that supports a family's move towards independence. Training and on-site technical assistance may be of great benefit to an agency looking to enhance their use of teams.

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

Comments: Once a strategy for the family change process has been developed, this element evaluates the actions, timelines, and resources used to implement the plan. The scores here are for the most part in the refinement zone. In several of the cases, the plans in place were sound but there was little follow through. For example, "although the workers periodically collaborated with other disciplines in the agency, it was sporadic. If all the agency workers would have continued to collaborate and form a working team, ...a coordinated plan for the entire family could then be implemented." In another case, "after the removal of the children from the home, there was a three-month gap in services during which time the family was not able to access services to begin the reunification process. " This is also an area that is strongly dependent on having resources available to implement plans. Teams are challenged to include discussions about the availability of resources and to ask questions about what it would take to implement the plans. In the case that was just mentioned, "there were no in-home safety services available or accessible to try and prevent the removal of the children from the home or to return the children to the home with an in-home safety plan."

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

Comments: In one quarter of the cases, the scores indicate agency caseworkers are effective in revisiting and adjusting the case plan to ensure it is sufficient to achieve the long-term view. A high level of tracking and adjustment allows interveners the ability to fine-tune their change strategy. In one case, “interveners changed their approach to working with the mother based on her functioning and mental health concerns.” In another case, interveners were making case decisions “but they did not have information about the parents’ progress.”



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

Comments: Based on how culture is defined in this particular QSR indicator, this item was not rated. The definition is currently under revision.

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

conducive to the needs of the child and family? Did the child and family have a choice of the type of services and providers?

FAMILY/CAREGIVER SUPPORTS: To what degree was the family or out-of-home caregiver provided with the training, in-home support, supervision, resources, support-development assistance, and relief necessary to provide a safe and stable living arrangement for the child that meets the child's daily care, development, and parenting needs?

Comments: These indicators evaluate the availability and quality of supports provided to families to support implementation of the child and family planning process. The majority of these scores are in the refinement zone. The case stories provide many good examples of families receiving high quality supports. "The agency provided the family with a case aide who was a great help to mom and dad. She was able to work with the family in a non-judgmental manner that opened the door to a trusting relationship. She was able to help the parents during issues that came up during family interactions." Many of the supports available come from the formal system and interveners are challenged to connect families to informal sources of support. Again, the special needs of the children involved in the study often place extraordinary demands on parents and caregivers alike. The scores can be enhanced in these areas if the support needs of caregivers and family members are recognized and included in the plans to meet the child's daily needs.

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

Comments: This element of practice anticipates current and next life change transitions and plans to assure a timely, smooth, and successful adjustment for the child and family after the change occurs. Reunification places explicit demands on the agency to plan around a child's transition home. For children who have spent a lengthy time in out of home care, it is important for the agency to be proactive in their transition planning. In one case, the lack of agency involvement in the child's transition home contributed to unfavorable results. However, "showing families and other interveners how to anticipate and plan for change will give them a sense of control of their lives as opposed to feeling fragmented and overwhelmed." Intervenors are particularly challenged to develop successful transition plans when other agencies or service units are involved, with their own waiting lists and eligibility requirements. This practice element can be highlighted when caseworkers review their cases with their supervisor or teams.

SUMMARY

The results of the first Quality Service Review offer information about the strengths and opportunities to enhance CPS case practice in Green County. The scores from this first qualitative review are meant to serve as a baseline the agency can use to measure progress over time. The practice model that underpins the Quality Service Review protocol is comprehensive, it raises the bar for evaluating CPS case practice. The model

is also inspirational in nature in that it seeks to engage review participants in the process of change at the same time. Specifically, the practice model represents a set of values and standards that promote the provision of strategic, dynamic and high quality services to keep families together and children safe. The review results indicate that Green County has a number of strengths from which to draw on. Many of the services that are available to children and families are accessible and “under one roof”. Agency staff are viewed as hard working and committed to the work that they do and so are their practice partners. Results also indicate that there is more work to do. Informally, the practice of teaming has been embraced and there are ripe opportunities to introduce more formalized systems of teaming and planning for change. While many of the services are of high quality, there are significant resource shortages in this county that impact system capacity. High caseloads and workload challenges remain. On a related note, there is a significant population of children in out-of-home care. Engaging service providers, legal stakeholders, educators, and parents in improving practice is noble work. The willingness to improve is an observed characteristic of the culture in this county. This quality appears to be modeled by agency leadership and demonstrated by agency partners and staff. The challenge now is action and the agency is encouraged to share wisdom and seek guidance from local, regional and state partners who are also invested in keeping families together and kids safe.