

Continuous Quality Improvement Quality Service Review

EXECUTIVE SUMMARY

*January 23-27, 2006
Iowa County Social Services*

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

*A Report by
The Continuous Quality Improvement (CQI) Team
July 31, 2006*

I. Introduction

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

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

The Continuous Quality Improvement Team conducted a Quality Service Review in Iowa County during the week of January 23-27, 2006. A total of ten cases were randomly selected for the review, and all cases were reviewed. The outcome indicator for child safety cannot be completed unless the focus child for the case selected is actually seen by the reviewer. In addition, a child's behavior and interaction with their caregivers or other input can be particularly important in assessing many of the other QSR indicators. When the reviewers do not see children, the case cannot be scored. The reviewers were able to see or interview all of the focus children and therefore all ten cases were scored.

In the Iowa review six state employees (from CQI and Area Administration) and four employees from other counties participated in reviewing the ten cases. The AA and county staff 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.

As a compliment to the individual case reviews, nine 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 Terri Smyth, CQI Specialist conducted these sessions. The external perspectives that were gathered provide a valuable perspective, insight, and feedback about how these systems interface and perform with the child welfare agency, thereby affecting and influencing outcomes. Many of these focus groups are conducted in conjunction with the Children's Court Initiative Review that occurred during the same week as the QSR.

II. Systemic Perspective (Macro View)

Strengths

The strengths for Iowa County have been identified through the scoring of individual cases, the identification of practice and performance themes and the statements of the front line staff and child welfare partners in the focus groups. There is an overall consensus that Iowa County has a strong, stable staff from the front line through the supervisors, up to the Director. There is a belief that the workers have a positive relationship with the judicial system and are prepared to do their job in court. Service providers for Iowa County have a great amount of respect for the workers and the job that they do. The Director allows the staff the ability to be creative in their provision of services and in fact encourages them to “think outside of the box.” There has been very little turnover in recent years which supports the development of a good team and strength based practice.

The Iowa county staff put their communication skills into practice with children and families. They connect with the families, assess the underlying needs and creatively match services to these needs. This results in a low rate of out of home placements for children in Iowa County including very few children being placed through the correctional system. In addition the agency utilizes Termination of Parental Rights as a last resort in establishing permanency for the children in Iowa County. The agency instead places an emphasis on reuniting children with their family of origin or a safe, stable and willing relative.

The children whose cases were reviewed in Iowa County are living in stable settings and are at low risk for abuse to occur again. The specific case scores reflect an area of strength in the appropriateness of living arrangements and stability in the home and school. This includes identifying the best placement for the children involved with the agency. The agency does a good job of identifying the placement settings that are free of risk and safety issues, whether that is the natural home of a child, a relative placement or a more formal placement. The agency utilizes the strong services that they have available for families to maintain children in their own homes whenever possible. In addition caregivers who were interviewed in Iowa County are connected with the agency staff and feel very supported. All these factors lend themselves to the daily needs of children being met and children maintaining healthy lifestyles.

The overall practice in Iowa County is strong. Of the cases that were scored during the review week 80% (8 cases) were in the acceptable range for Child & Family and Practice Performance indicators. The overall attitude and working environment appears to be one of stability, respect and team work. This is supported strongly by the staff as well as the management team. There appears to be good communication within the agency teams, the service providers and the judicial system.

Challenges

Iowa County has maintained a relatively stable population level. However there has been an increase in the number of families entering the child welfare system who present with long term, complex issues. There is an increase in the number of children and parents who are diagnosed with serious mental health and Alcohol and Other Drug Abuse (AODA) issues. The agency is also challenged by these families who present with co-occurring issues that include:

- AODA issues-including the rise in methamphetamine addiction
- Ongoing mental and physical health needs
- Rise in parents with cognitive delays
- An increase in incarcerated parents
- A rise in the number of families with subsistence issues

These issues make it increasingly difficult for families to live independently of the child welfare system. It was recognized in all the focus groups that there are limited Mental Health services and providers available to families. This is especially true for children with psychiatric and/or medication needs. Many families with limited resources must travel outside of the county or be on long waiting lists to obtain the necessary mental health services that will assist them in moving towards permanency and independence.

Communication between teams, service providers and families is critical in assisting families to move through the child welfare system and on to independence. The communication between the agency and the Mental Health system in Iowa County could benefit from continued efforts keep the lines open. There is also a disconnect between the agency and their partners in the school systems. This situation can impact the provision of on going services to families as well as their progress towards independence from the child welfare system.

The agency is doing a good job keeping children safe and connecting families with the appropriate services to meet their needs. However, there is an opportunity for growth when looking at planning and long term view for families. The question is often asked during interviews with workers, providers and families, "how will you know when you are done working with the agency and the court?" This was a difficult question for people to answer in Iowa. The immediate needs of the families are being addressed, but there is a lack of clarity about how to move the families towards safe case closure. The agency is using teaming informally for the children involved in the child welfare system. This is a good foundation, however formal teaming will bring partners together to improve communication and empower families.

Statistics show that the length of placement for children in out of home care is impacted by the level of contact that they have with their families. In Iowa County as in the State of Wisconsin overall, connecting with fathers is an area that needs some attention. Nine of the ten cases had a father who could have been involved. All of those cases fell in the improvement or refinement zone. This is an area that impacts permanency, planning and long term view for children and families.

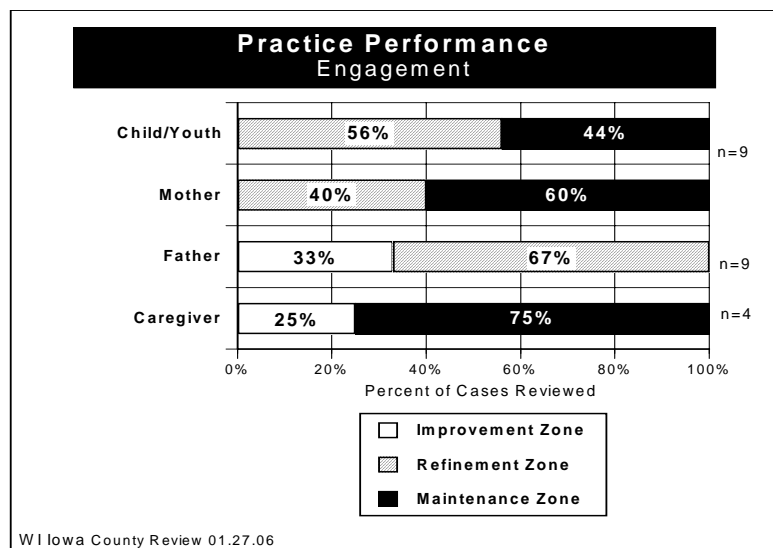
III. The Elements of Case Practice (The Micro View)

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 10 cases that were reviewed. There is an ample body of research that documents their efficacy and contribution in helping families develop, pursue and complete successful strategies of change. The scores on practice performance are presented to point out opportunities where DHS can focus there efforts in improving outcomes for the children and families they serve.

Definitions of Scores:

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

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



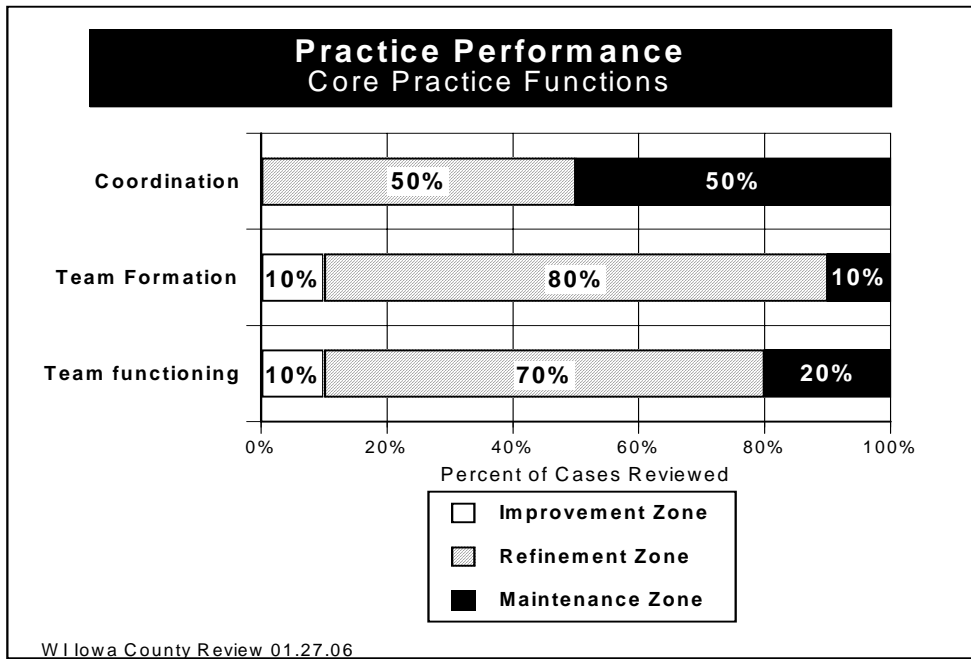
ENGAGEMENT: To what degree have the caseworker and other interveners involved with the family used engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Have they built a trust-based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

beneficial partnership with the child, family, and/or others to sustain their interest in and commitment to the change process?

Comments: The agency staff experiences a great deal of success connecting with the caregivers. The case scores on engagement indicate that while case workers and other interveners experience relative success building a trust-based working relationship with children and mothers, there is some difficulty developing and enacting similar strategies for success with fathers. This is a national trend as evidenced by the scores from the Federal Children and Family Services Review (CFSR). There is clearly an opportunity for the agency to analyze the case stories and identify which factors may be generating this outcome.

The mother in one case stated that she trusted her worker had a mutually respectful relationship with her. In return the worker was able to identify the mother's strength's.

The father in one family lived in Arizona and maintained regular telephone contact with his child. This father was completely unaware of his child's involvement with DSS and there was no information about him within the agency records.



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: The scores indicate that case workers seem to be effective in providing a single point of coordination and leadership for convening and facilitating the assessment, planning and provision of services to the child and family. This is an area that could see improvement through the use of a more formal teaming process.

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?

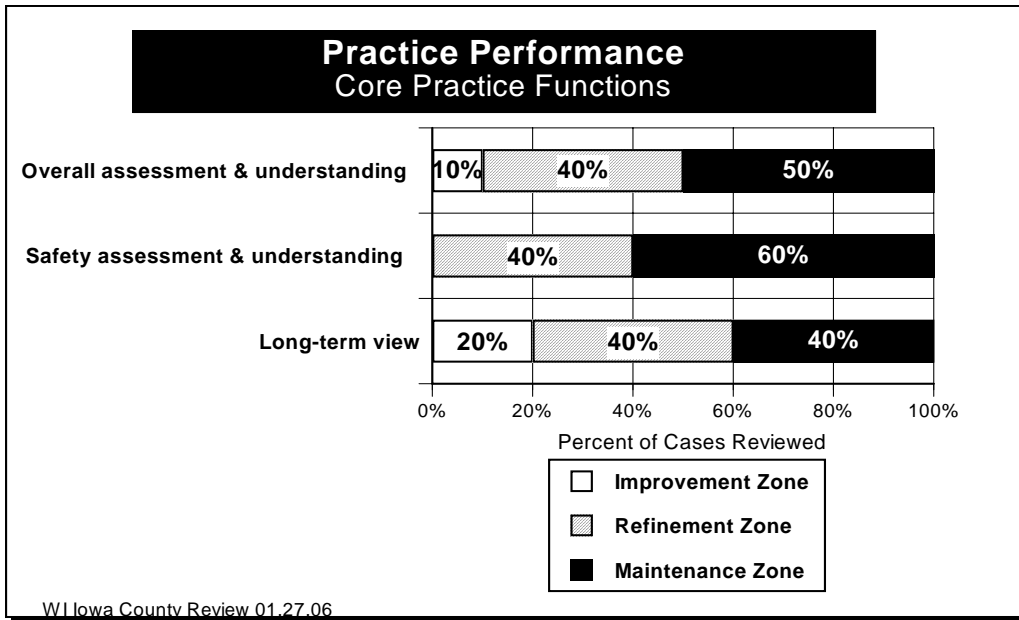
TEAM FUNCTIONING: To what extent did the members of the family team collectively function as a unified team in planning services and evaluating results? Did the team's actions reflect a coherent pattern of effective teamwork and collaborative problem solving that benefited the child and family?

Comments: The scores and case stories indicate teaming exists on an informal basis but is not a consistent element within the practice model of the agency. The use of formal teams could have a positive impact on other elements of practice such as, coordination, assessment and planning. The CQI team views the division's teaming initiative as a positive step to enhance outcomes for children and families.

In one case that was reviewed there was the absence of accurate information due to missing partners from meetings and staffings. The grandmother, who was a significant participant in the former safety plan and a primary support to the mother, was not involved in any staffings, or planning meetings. The father's AODA information was not included in any of the planning because he would not sign a release for his counselor to participate in the team process.

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)?



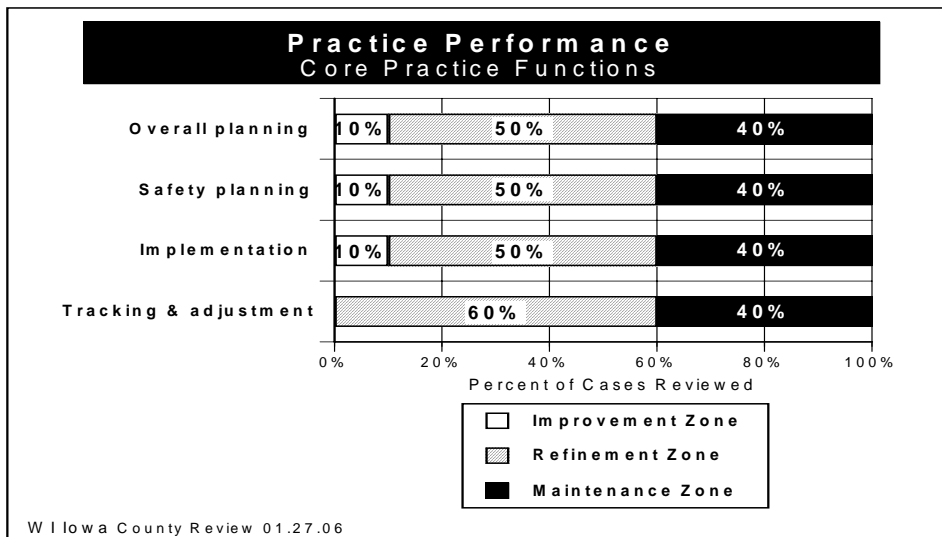
Comments: This element looks to determine if there is a shared big picture understanding of families' strengths, needs, risks and the underlying issues that must change for the child to live safely and permanently with the family of origin or adoptive family, independent of agency supervision. The agency has a solid understanding of safety for children. All of the cases that were reviewed are in the acceptable range regarding safety assessment and understanding.

The worker in for one family was able to assess the needs of the child and identify the need for a highly structured placement to address the therapeutic issues for that child. The worker located a foster home and services that matched these specific concerns for this child.

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; behavioral patterns to be demonstrated and sustained by the parents, etc. for the family to be deemed ready for independence from the system. It is the "final destination" the family and system concur they are working toward. It was unclear in a number of the cases that were reviewed, when they would be ready for safe case closure. In other words, the workers in several instances did not know, "when the family would be done?"

In one case the family worked in partnership with the worker to define the expectations and planning process. The conditions for reunification were set verbally and in writing for and with the family. All partners were able to identify the end results that would lead to reunification.



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

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

Comments: With sixty percent of the cases indicating a need for improvement or refinement of the case plan and safety plan, the case stories are a rich resource to ‘drill down’ and identify trends in the agency’s planning process. There is a natural linkage between the 3 practice elements of assessment, long term view and planning and all are essential to producing the family’s strategic plan to independence. It again is clear that the agency is addressing the safety needs of children. Planning is also linked to the strength of the team that is working with the family. Utilizing a more intentional team process could also the support the refinement in planning.

In one case a child was in a highly structured placement with plans to move to his mother's home in the near future. The mother would not be able to provide a comparable level of structure or supervision for her child. This issue was not being planned for, which the home placement at higher risk for disruption.

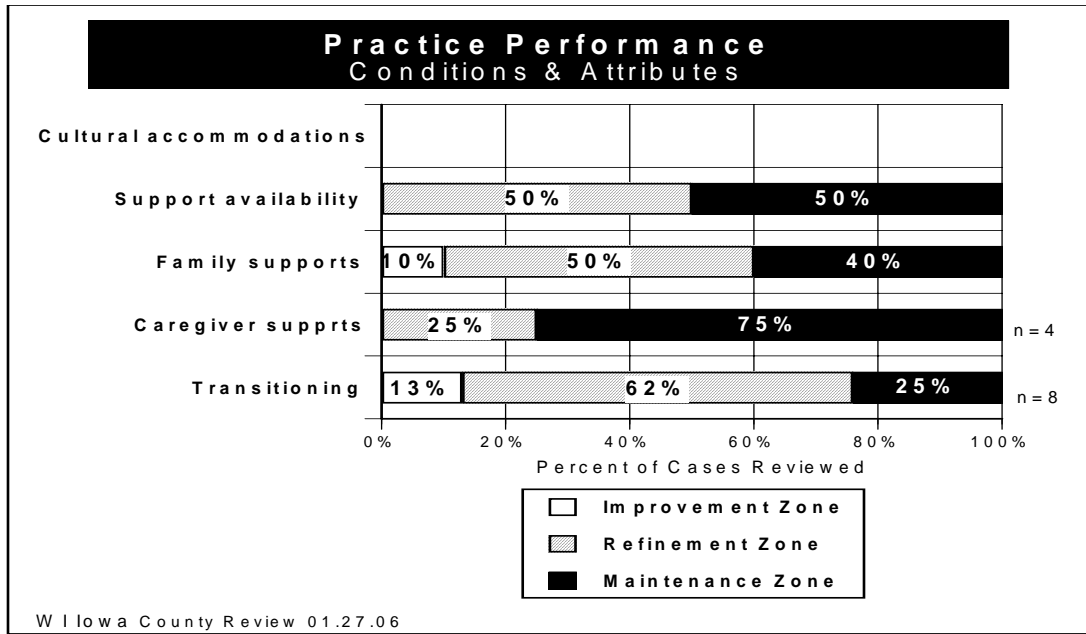
IMPLEMENTATION: How well were the actions, timelines, and resources planned for family change strategies being implemented to achieve: attainment of protective conditions for safety; acquisition and demonstration of required parental behavioral, emotional, and/or cognitive changes; securing of sustainable 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 how well are the actions, timelines, and resources being implemented to achieve the “long-term view”. Again, while the agency has a good base of practice in this area it is clear that the scores are the same as the planning outcomes. How the plans are put into action once they are developed for a number of families will require some attention. Utilizing the specific stories will be a help in this area.

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: The scores indicate agency case workers are regularly revisiting and adjusting the case plan to ensure it is sufficient to achieve the long-term view. There is some room for improvement in the six cases that scored in the refinement zone. Guidelines for when this should be done can be found in the Ongoing Standards.

In one case the foster mother was able to relay needed information to and from the providers and parents. This information was then relayed and reviewed in a staffing every six weeks and the plan was adjusted according to the information that was presented.



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

Comments: Based on how culture is defined in this particular QSR indicator all 10 cases were scored n/a. The definition will be revised in the August of 2006.

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: Despite the limited resources and services that are available within the boundaries of Iowa County families and caregivers feel that they have an adequate support system. The caregivers in particular who were interviewed in the specific cases reported feeling supported by the workers, the agency and the services that were made available to them.

One family reported having formal supports through the agency however they were lacking an informal support system to help provide stress relief.

In one particular case the foster parent reported that she was well trained and adequately informed of the needs of the child in her care. She stated that she was supported by the child's worker and could access the foster care coordinator to assist with any needs that might develop during a child's placement.

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: The scores for 75% of the cases falling in the improvement or refinement zone indicates this practice element be given some additional attention. This element is not just limited to children moving in and out of placement. There are any number of transitions that may occur in the lives of children, such as; a new school, parents moving out or into the home, the return of a sibling, change of a therapist. These transitions will impact children and how they deal with daily needs.

Next Steps:

Management identified next steps:

- Contact Washington County to obtain Statewide Automated Child Welfare Information System (SACWIS) paperwork flow chart
- Look into obtaining training on formalizing the team process
- Continue working the 51 Board regarding mental health services to children and families
- Continue working with the school districts to improve communication

SUMMARY

In closing, the results of the review indicate Iowa County Department of Social Services (DSS) has a strong and solid case practice model to build upon. The scores from this first qualitative review are meant to serve as a baseline the agency can use to measure progress it has made when the next review occurs. Iowa County DSS is encouraged to use the findings of the review to formulate and implement an Action or Strategic Plan that ultimately serves to improve outcomes for the families they serve. This can be accomplished by adopting the QSR case practice model and ensuring the elements of practice are followed by case workers in their daily work with families.

Appendices

The Qualitative Service Review Process

Historically, most efforts at evaluating and monitoring human services, such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement has begun to find increasing favor, not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts.

The QSR process is based on the Service Testing™ model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model was specifically adapted for use in implementing the Plan by the Division, the court monitor, and The Child Welfare Group, based on The Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 13 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services, such as child welfare. It is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders, and providers.

This Wisconsin protocol makes use of a case review protocol adapted for use in Utah from protocols used in 13 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, Guardians Ad Litem and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The QSR instrument assesses child and family status issues and system performance in the following categories:

- Safety, Placement and Permanency

- Well-Being
- Family/Caregiver
- Progress Toward Independence

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is usually successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QSR are presented in the form of aggregated information. There are also case stories, written at the conclusion of the set of interviews, done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

The individual case stories are submitted to the child welfare agency, separate from this final report, to enhance its ability to improve case practice, generally, and hopefully implement strategies that will improve outcomes for the specific families whose cases were reviewed.