

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

December 3-7, 2007

Kenosha County Health and Human Services

Child Welfare Continuous Quality Improvement Program

The Bureau of Programs and Policies

Division of Children and Family Services

Wisconsin Department of Health and Family Services

A Report by

The Continuous Quality Improvement (CQI) Team

April 11, 2008

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 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 Kenosha County during the week of December 3-7, 2007. 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.

Unique to this review, the agency also agreed to pilot the "Pathways to Permanency" protocol developed out of statewide efforts to expand the scope of the child welfare reviews to the area of permanency planning with children who have been the subjects of publicly filed Termination of Parental Rights (TPR) cases.

II. THE KENOSHA COUNTY REVIEW

A. REVIEWERS

In the Kenosha County review, twelve case reviewers worked in pairs to review the selected 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 five CQI specialists who reviewed cases, the other seven reviewers have extensive backgrounds in child welfare services. Two of the reviewers currently serve as directors of their respective county-based human service agencies, two of the reviewers currently work in Milwaukee County, one as a program evaluation manager for the Bureau of Milwaukee Child Welfare, the other as a permanency consultant with the children's court. The remaining three reviewers work for the state in the area of adoptions, two as adoption quality assurance specialists and the other as a one as a program manager. Three of the reviewers participated in the review as a "Shadow 2", the status granted to an individual in the process of obtaining lead reviewer certification. Each "Shadow Two" was observed and coached in their development by a certified lead case reviewer. Additionally, on one case, an individual served as a "Shadow 1", a role created to allow child welfare stakeholders to experience a QSR review.

As an adjunct to the review, a pair of reviewers also participated in the “Pathways to Permanency” review of two post-TPR cases. Both of these reviewers were selected on the basis of their status as lead QSR case reviewers and their extensive background in adoption and permanency planning. One reviewer currently serves as a Human Service Area Coordinator and the other as a state adoption specialist.

B. CASE SAMPLE

Twelve cases were randomly selected for review in Kenosha County. In each case, one child was selected as the “focus child.” Every attempt was made to stratify the case sample across workers, ages, and genders of children. Additional considerations were made, upon agency request, to include two cases where a family participated in a Family Group Conference, a forum designed to increase family participation in case decisions. 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 Kenosha County review, a total of 112 persons were interviewed. Of the 12 cases, seven of the cases were classified as “out-of-home” as the child was placed or is currently placed in substitute care at least once during the six months preceding the review. The remaining five cases were classified as “in-home” where the family either voluntarily agreed to receive services or is subject to an order under Chapter 48 of the Wisconsin Children’s Code. The final sample included four children in the 0-4 age range, three children in the 5-9 age range, three children in the 10-13 age range, and two children who were over the age of 13. There were seven males and five females in the sample.

Data from the two cases reviewed using the “Pathways to Permanency” pilot review tool is not included in the review results.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, eighteen focus groups were conducted with stakeholders from the local child welfare system. CQI Specialists Emily Campbell and Julie Fliss conducted these sessions. In addition, two staff from the Children’s Court Initiative conducted sessions jointly with the site leaders for many of the focus groups. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how all the systems families are involved with, interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

D. DEMOGRAPHICS

Kenosha County is recognized as having a large geographic area with one of the fastest growing populations in the state. Data from the most recent census indicates the county population size to be 162,000 up from 149,577 in 2000. The city of Kenosha is ranked as the fourth largest city in Wisconsin with a population of 96,240 (U.S. Census Quick Facts and Wikipedia). There has also been a significant increase in the Hispanic population from 7.2 percent in 2000 to 8.9 percent in 2005. (U.S. Census Quick Facts). Despite the

growing population, focus group participants describe the city of Kenosha as the “smallest big city” as “everyone knows everyone”.

Kenosha is also described as a “bedroom community” as the area’s proximity to the growing urban employment centers of Milwaukee and Chicago provide increasing opportunities for commuters to work in a different community from which they live. At the same time, there has also been a perceived population increase in those from the bottom of the economic spectrum who have moved to the area in search of a safer life away from the crime and violence of the inner cities. This observation is also borne out by census data that indicates an increase of 3 percent to 10.5 percent during the years 2000 to 2004 in the number of persons living below the poverty level.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

There is a shared perspective that the agency benefits from having a stable and experienced group of child welfare staff who care about the children and families in this community. Many staff members have dedicated their careers to working in this agency and community, with several members having over 15 years of experience. The staff turnover rate is very low for several identified reasons. The compensation and benefit packages provided to employees are viewed as a key to staff retention. Perhaps more importantly, staff members report feeling respected and valued by their front-line supervisors. These supervisors are accessible to staff and described as good listeners, both when crises emerge in families and when needed as a consult for assessment and case planning.

The internal teams are described as cohesive in that staff members generally feel supported by each other. For example, it is common practice for staff to informally team on a difficult case or assist each other when a family is in crisis or there is a safety concern about a child. Another strength is that when professional conflicts emerge about the direction of a case or when a worker identifies a family that is not making sufficient progress, there are mechanisms within the agency and service community to address the concerns at the levels at which they occur. For example, the contracted Coordinated Response to Child Abuse (CORE) is a multidisciplinary team of professionals who meet regularly. Service providers also have opportunities to express their opinions and address their concerns at these meetings.

On an organizational level, there is also a perception that management “is doing a better job managing who comes in the door”. Strategically, the agency helped facilitate the creation of a number of community-based programs, including but not limited to the creation of the Prevention Services Network, an organization designed to support service coordination to families with children who are at risk of out-of-home placement. Other programs such as the Families First Program are targeted towards a specific population such as families who have children with a severe emotional disturbance and provide them

case management using a wraparound approach. On a broader level, the county has successfully identified monies to fund programs for children with autism and special long-term care needs. There are also programs available to support families who have economic subsistence issues and others to support children and families involved in the Kinship Care Program. Specifically, the availability of these programs has reportedly led to a decrease in the number of Child Protective Service (CPS) case assignments than in years past. While the reported average caseload size of 15-20 families per caseworker is beyond the best practice guidelines of 10-12 cases per worker established by the Child Welfare League of America, caseload size is one of several complex variables that contribute to a high functioning organization. Other variables include higher salary levels, low staff turnover, and no requirement for staff to work overtime¹, all of which were reported conditions in this agency.

Agency management is described by focus group participants as innovative and creative in building bridges in the community. Specifically, agency management is proactive in identifying unmet needs in the community and seeks out alternative sources of funding to support new and existing programs. Examples include the creation of the Kenosha County Gang Prevention Project targeted towards youth at risk of becoming involved in gang activity and the county sponsored Family Group Conferencing program, a strength-based and family-centered initiative that supports families in making decisions about the safety and well-being of their children. These programs and others contribute to positive relationships between the agency and many of their child welfare practice partners.

Collaborative relationships also exist between the agency and representatives from groups of service providers, contracted agencies, law enforcement, the schools, and the District Attorney's office. For example, representatives from the District Attorney's office meet regularly with CPS staff to review cases and often reach consensus before cases are brought before the court. Intentional efforts by management at transparency in making decisions are recognized and stakeholders report understanding the agency's role in the community.

B. ORGANIZATIONAL – CHALLENGES

Successful organizational efforts by agency management and staff at working in partnership with many of their practice partners are generally not extended to include children, and their families. Collaboration with foster parents is welcomed but usually limited to the association level. For example, it is not common practice to include foster parents and family members in many of the internal teaming opportunities described earlier. The size and complexity of the agency can oftentimes be intimidating to those without institutional affiliation. A degree of confusion seems to exist among parents and foster parents about worker and provider roles within and outside the agency. Confusion seems to exist about whom to call in the agency when a problem occurs, when a need is identified, or when a decision is needed about increasing or decreasing family interaction between parents and their children in out-of home care.

¹ National Council on Crime and Delinquency *Cornerstones for Kids* (2006) 'Relationship between Staff Turnover, Child Welfare System Functioning, and Recurrent Child Abuse.' Washington D.C.

This confusion is supported by the perception that there is not a fluid process of moving a case through the local CPS service delivery system. Currently, a family's case is transferred from the initial assessment worker to an ongoing worker prior to case disposition. A third and different worker is also assigned to the case during this transition. The third worker is responsible for meeting with the family and writing the dispositional report to the court. Concerns were raised that the ongoing worker does not always agree with the recommendations that have been developed for the family by a previous worker and this impacts the families understanding of what is required of them. Further, a family may experience another change in worker if it appears that the initial permanency goal of reunification may not be achievable. In such circumstances, the family may be assigned to different worker who specializes in cases that are more likely to result in the termination of parental rights. Focus group participants expressed concerns that the changes in workers can lead to confusion for parents, caregivers and service providers who do not appear to understand the roles of the different workers. Others voiced that some parents express frustration in having to provide the same information to each worker and that this may impact the parents willingness and motivation to participate in the change process.

A related barrier occurs when a parent is prosecuted in criminal court, which can cause delays in the court processing of the Child in Need of Protection and Services (CHIPS) case, which can affect permanency planning. Related concerns emerged about the high number of parents prosecuted in criminal court. On a broader level, the agency is further challenged to serve more and more families with one or both parents incarcerated. While the exact numbers of incarcerated parents in Kenosha County are unknown, it is challenging to engage these parents in a process of change and establishing permanency for their children.

Kenosha County is also similar to other communities across the state and country in that there has been an observed increase in the number of "fragile" families having subsistence challenges and chronic needs. Many of the families involved in receiving services from the local system are classified as "working poor". Many more of these families experience social exclusion and have limited access to transportation, affordable housing, and informal supports. In Kenosha County, there has been a reported increase in single parenthood, and the number of parents and children who have chronic and co-occurring conditions related to Alcohol and Other Drug Addiction (AODA) including alcohol and prescription drug abuse, homelessness, mental illness, and domestic violence.

As a group, teen-agers who engage in high risk activities but have not yet committed a crime are also a noted concern in this community. Focus group participants referred to this population as "the uncontrollables", as they tend to not listen to authority figures and do as they wish (e.g., runaway from home, skip school). Individuals noted that the community as a whole struggles to find effective strategies to intervene with this population, while indicating that the concerns often do not rise to the level that warrants intervention by the CPS or Juvenile Justice systems. Focus group participants acknowledged that the agency has partnered with some schools and service providers to

look at how to best address the issue of truancy. Others also noted that there are voluntary services available to families with “uncontrollable” children through the Prevention Services Network. However, if the family and/or youth decline to participate in the services, it is at the family’s discretion to do so and some commented that these services are not always sufficient to address the challenges facing these families and children. Individuals added that parents and caregivers who care for children and youth who fit the description of “uncontrollable” have often reached their breaking point and are no longer interested in services, only in out-of-home placement for the child. Many acknowledged that the needs of this population continue to be a challenge to the agency and the overall community.

In responding to the intense needs of these children and family members, agency workers are required to prioritize their work. Currently, workers have to make trade-offs when making choices about how to best allocate their time. Ensuring child safety is a high priority in this county. Supporting families in crisis is also an identified primary task. The day-to-day time and energy required of workers to be available to support longer-term change-oriented relationships between family members, foster parents, children and providers is often not prioritized in favor of what some describe as “cumbersome administrative tasks.” Specifically, the statewide child welfare database system “eWISACWIS” (Electronic Wisconsin Automated Child Welfare Information System) is viewed, not as a tool to assist in CPS decision making, but as a burden as workers report spending more and more time entering information. Additional burdens on staff time include workers spending increasing time in court and having the responsibility to notify family members and foster parents of upcoming court dates, an activity that in other counties is frequently under the remit of the court.

C. RESOURCES – STRENGTHS

Children and families in Kenosha County benefit from a decision made years ago by the agency to contract out the bulk of the services. The contract arrangements allow agency workers to target services towards addressing the needs of a particular population. For example, the Family Preservation-Safety Services program coordinated through the Kenosha Area Family and Aging Services Inc. allows families who are identified as high risk for child abuse or neglect to receive a short-term program of intensive in-home services. Professional Services Group Inc. also runs an intensive in-home service program targeted towards families involved in the formal social service system through the Kenosha County Juvenile Court.

Many programs are also flexible in that they have the capacity to tailor their offerings to an individual family’s circumstances. For example, in the Children’s Service Society of Wisconsin Permanency Plan Program that works towards reunifying parents with children in out-of-home care, workers have the capacity to conduct individualized parenting sessions based on the assessed needs of a family. An agency’s ability to individualize services for a family is an important part of the practice model that is embedded in the Quality Service Review, as families are more likely to experience success when their individual needs are met.

The agency, in partnership with the community, has also developed an extensive network of integrated primary prevention, family support, family preservation, crisis, safety and reunification services. The Prevention Services Network (PSN) offers a wide range of tertiary prevention services such as the Community Impact Programs Inc. sponsored School Liaisons Program that offers services to support regular school attendance and increased school achievement at the elementary, middle and high school levels. The Kenosha County Division of Health is also able to provide health care services to families served through the PSN.

Many services that are available to children and families, both within and outside the agency, are perceived to be of high quality. This observation is also supported by the individual case reviews. For example, the agency sponsored Family Group Conferencing program allows families to participate in developing their own goals and then implementing a meaningful plan for their future. One focus group participant also views this program as helpful in that the conferences “allow the foster parents and biological parents to become familiar with one another.” Other programs that are perceived to be of a high quality include, but are not limited to, the Kenosha County Crisis Intervention Program that serves as a back-up to agency staff and responds to family emergencies and abuse and neglect referrals during times when workers are not available. This program also works in partnership with a domestic violence service provider to service families’ needs. This program also benefits from a stable and experienced group of staff who understand the scope and mission of CPS work.

Kenosha County is also fortunate to have a skilled and active Foster Parent Association. This group offers both new and experienced foster parents education, training, outreach and informal mentoring support. The group meets regularly in a room supplied by the agency and a supervisory staff member in the agency usually attends the meeting as well.

D. RESOURCES – CHALLENGES

While Kenosha County has a strong service array, several serious gaps exist. Like many other counties in the state, there is a shortage of dentists who are available to provide care for children who are on Medical Assistance and those without insurance. Likewise, there is a shortage of mental health providers for children with similar payment barriers. Mental health treatment for children and their parents is further limited by a shortage of child psychiatrics and in-patient mental health services for children and adults. Other service shortages include a lack of AODA treatment services for expectant mothers, limited public transportation, especially to areas where employment opportunities exist and a limited number of Spanish speaking providers and culturally sensitive services.

Additional resource challenges include time-limits on intensive family preservation services and limited access to supervised visitation for parents with children in foster care, especially during evenings and week-ends. Waiting lists for specialized services, such as AODA treatment services, compound existing gaps in the current service array and may contribute to the length of stay of children in out-of-home care.

E. PRACTICE – STRENGTHS

Identifying and using relatives as placement resources is an identified strength in Kenosha County. Recent data (July 2007) generated by the State of Wisconsin Department of Health and Family Services: Division of Children and Families: Office of Program Evaluation and Planning (OPEP) supports this belief. Nearly one quarter of the recent 273 children placed in out-of-home care in Kenosha County are placed with their relatives. This data represents a practice strength as children placed with relatives have greater opportunities in ongoing contact with immediate members of their biological families and relatives provide greater stability and permanency for children who cannot return home. Research also suggests that children in relative care are generally happier in their placements than children in non-relative placements.¹ On a related note, focus group participants also identified agency efforts at placing siblings together as a common theme, a practice that lessens the degree of trauma that children experience when separated from their families.

Focus group participants also agree that agency workers are invested in establishing permanency for children in out-of-home care. This observation is also consistent with recent OPEP generated data. Of the children who entered out-of-home care during the previous four quarters from the review period, over ninety percent were reunified with their families within a twelve-month period. One focus group participant echoed the sentiments of many with the following comment: “The agency has created a culture that focuses on families”.

While engaging absent parents, especially fathers, in a change process and supporting them in becoming fully functioning team members is an area identified in the case stories as an area in need of improvement, there have been recent improvements made in locating fathers in cases, a necessary precursor to engagement.

Child welfare practice in Kenosha County is strengthened by a range of opportunities for professional system participants to team together on cases. Formal teaming assists agency workers and service providers in “being on the same page” in responding to a families needs and in developing shared decisions, especially in relation to permanency goals for children. Other focus group participants remarked that the multi-disciplinary team meetings are seen as helpful and consistently well attended. An added component is that team meetings can be initiated by any professional when needed. These meetings also reportedly provide an effective vehicle for professionals to monitor child safety.

F. PRACTICE – CHALLENGES

There are ripe opportunities to expand the teaming opportunities embraced by many system professionals to include parents, foster parents, educators and children where appropriate. These groups of people are perceived to have limited opportunities to

¹ Cashmore, J (2001) ‘Kinship Care: A differentiated and sensitive approach. In development practice’,. Association of Children’s Welfare Agencies and Family Support Services Association of NSW, Sydney.

actively influence the pace and direction of change. Many times, case plans are created without the buy-in of the family or the schools. Families remain aware of the services that they need to complete but not the behaviors that they need to change.

Another common concern voiced by focus group participants was that initially services are “put in right off the bat and before providers have an understanding of what is needed”. Other times too many services are put in place to help a family, a scenario that can become overwhelming for many family members. Within a system where professional networks are tight, it also becomes difficult for participants without professional affiliation to challenge case decisions. By engaging educators in the team process, it can become easier to develop manageable expectations about what the system can and cannot provide a family.

Kenosha County is similar to other counties in the state experiencing challenges with the engagement of absent parents in the change process. While it was previously noted that the agency has made progress in their efforts to locate absent parents, fathers in particular, the next step of engaging them in the process remains a challenge for some families. If one or both parents are not engaged in the process, it can impede the child’s permanency and the family’s ability to achieve safe case closure. Overall, this is an area that continues to challenge positive outcomes for children and families throughout the state and will likely require additional attention.

G. LEGAL – STRENGTHS

Focus group participants describe the child welfare legal system in Kenosha County as efficient and functioning, specifically when it comes to processing CHIPS and publicly filed TPR cases. Agency workers are viewed to be invested in children and prepared for court. Alongside agency staff, the judges, attorneys, and legal partners in the community share a demonstrated commitment and interest in juvenile cases. Similar to agency staff, there is continuity in who is assigned cases which leads to a high degree of familiarity and knowledge about a family’s situation.

Strong relationships are perceived to exist between the agency and District Attorney’s office. Regular planning meetings and opportunities for informal communication and case support strengthen these relationships.

The Family Integrated Court Project was repeatedly singled out by focus group participants as a community asset, although there is a wish for its expansion. The aims of this project are to coordinate the processing of cases for families who are involved in multiple courts.

A. LEGAL – CHALLENGES

Specific concerns were raised in the focus groups about the long waiting period for court hearings. Focus group participants advised that the waiting period results because multiple court hearings are often scheduled for the same date and time on the court

calendar. Parties must wait while the judge hears other cases until their case is called and that some important people, including incarcerated parents and the attorneys for parents and youth cannot stay to wait for the hearing. In general, it was noted that the wait reportedly can be long and can have an adverse impact on the schedules of parents, caregivers, and agency staff.

Focus group participants discussed the varied level of involvement by Guardians ad Litem, with some but not others meeting caregivers and children independently and taking an active interest in their cases. Other participants commented on the limited participation of foster parents in court.

While not a legal requirement in the State of Wisconsin, repeatedly concerns were expressed about the lack of representation for parents in CHIPS cases. This limits a parents understanding of the court process and oftentimes places the agency social worker in the role of a “de facto attorney.” a role for which they are unqualified and at times have a conflict of interest.

One final concern that was noted is that professional relationships between workers and families can be negatively impacted by the tone of the court hearing.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

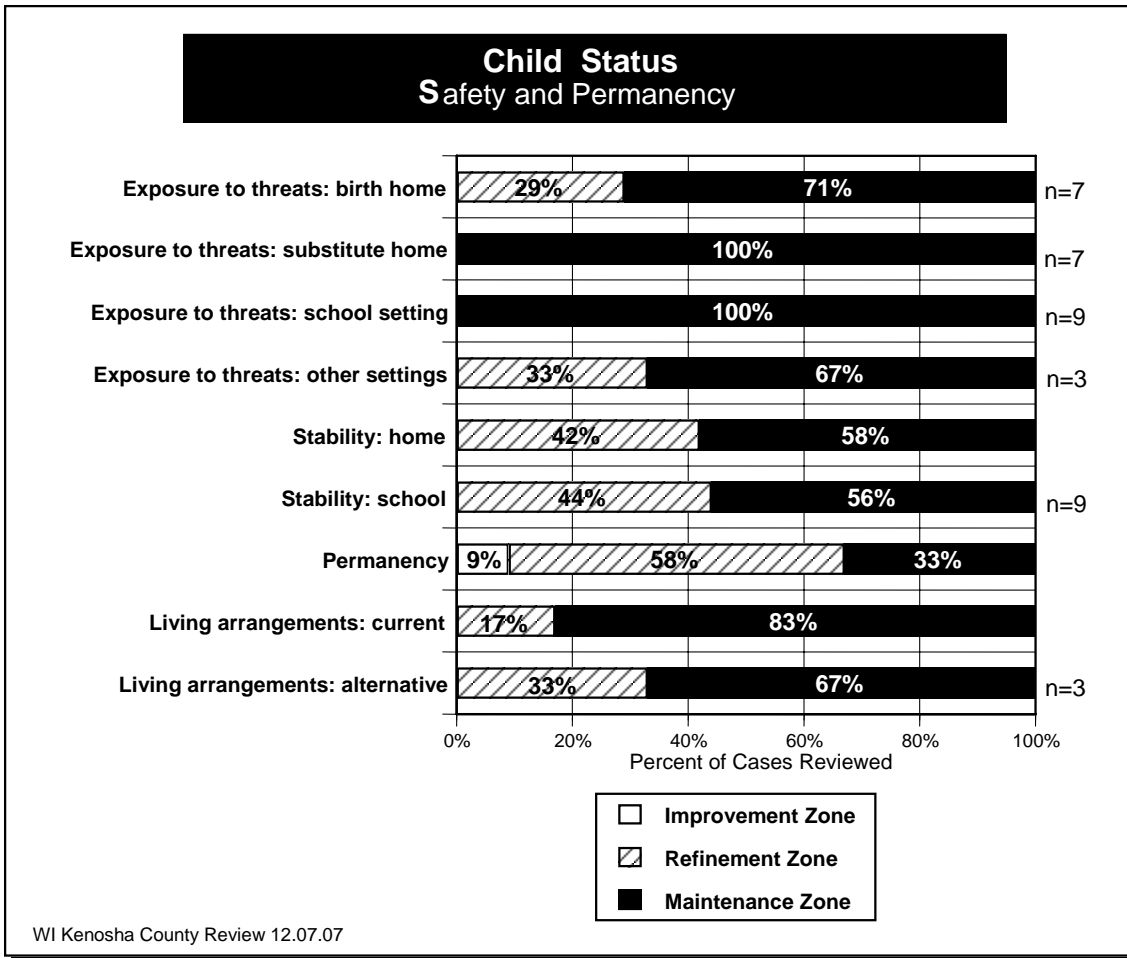
The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The QSR Interpretative Guide (see *The Elements of Case Practice* section of this report) provides definitions to understand the scoring system. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 30 days prior to the review.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element (Scores 5 & 6)
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element (Scores 3 & 4)
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element (Scores 1 & 2)

Notes: Commensurate with the federal Child & Family Services Review Scores, 4-6 reflect an “acceptable” rating and 1-3 “unacceptable.”

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:

The children in the review sample appear to be fairly free from safety threats while in their homes, substitute care, school and other settings. All of the children scored in the maintenance zone for substitute care and school settings. When looking at their birth homes, the majority of the children (71 percent) were in the maintenance and 29 percent of the children were in the refinement zone. For one case that rated in the refinement zone, “Reviewers felt that the focus child was not free of imminent threats of harm in her parents’ home. Although she seems safe from abuse or maltreatment, reviewers felt that her emotional needs might go unmet, which has been the impetus behind past problematic behaviors such as self-harm, running, oppositional defiance and alcohol and drug use.” Other settings may include respite, the local community center or any other

environment where the child may spend time. Three children were rated in this area and two of the three children scored in the maintenance zone and one scored in the refinement 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:

When evaluating stability, reviewers address whether the focus child has had any disruptions in the past 12 months and also make a prediction as to whether they anticipate the focus child will experience any disruptions in the next six months. This prediction is based on information gathered on the child's behavioral and emotional development and their caregiver's ability to provide for their emotional and physical needs. The children who rated in the refinement zone for stability also fell in the refinement zone for either emotional development or behavioral functioning. Another notable factor is that each of the focus children who scored in refinement zone for stability was exposed to trauma at some point in their childhood.

The following story illustrates the relationship between the quality of care provided to a child, the child's behavioral functioning and child stability. In one story, the reviewer noted, "The treatment foster home is currently stable; however, in recent months, [the foster parents] have considered his removal due to frequent behavioral outbursts. The special education teacher and the family are considering the possibility of placement of [the focus child] if a new placement is necessary. His mother has expressed her inability to be a placement resource due to concerns of maintaining her sobriety." This child scored in the refinement zone both for *Behavioral Functioning* and for *Stability (Home)*.

Permanency: Is the child/youth living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers, and other stakeholders believe will sustain until the child reaches adulthood and continue onward to provide family connections and supports? If not, to what degree are permanency efforts presently increasing the likelihood that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

Comments:

Permanency is an area that reviewers address for children who are in out-of-home care and who are currently residing in their biological homes. Permanency refers to more than a stable home environment, but also to the child's relationships with caregivers, family members and peers and the capacity of these relationships to endure lifelong. Thirty-three percent of the cases scored in the maintenance zone for permanency, 58 percent scored in the refinement zone and nine percent scored in the improvement zone. The permanency goal for the cases in the maintenance zone was for the children to remain at

home. For one of the cases that scored in the maintenance zone, the focus child and her siblings had previously been removed from the home, yet have since been reunified with their biological parents. Reviewers noted that this was a successful transition and anticipated that the child would be able to achieve the goal of keeping the child in the birth home.

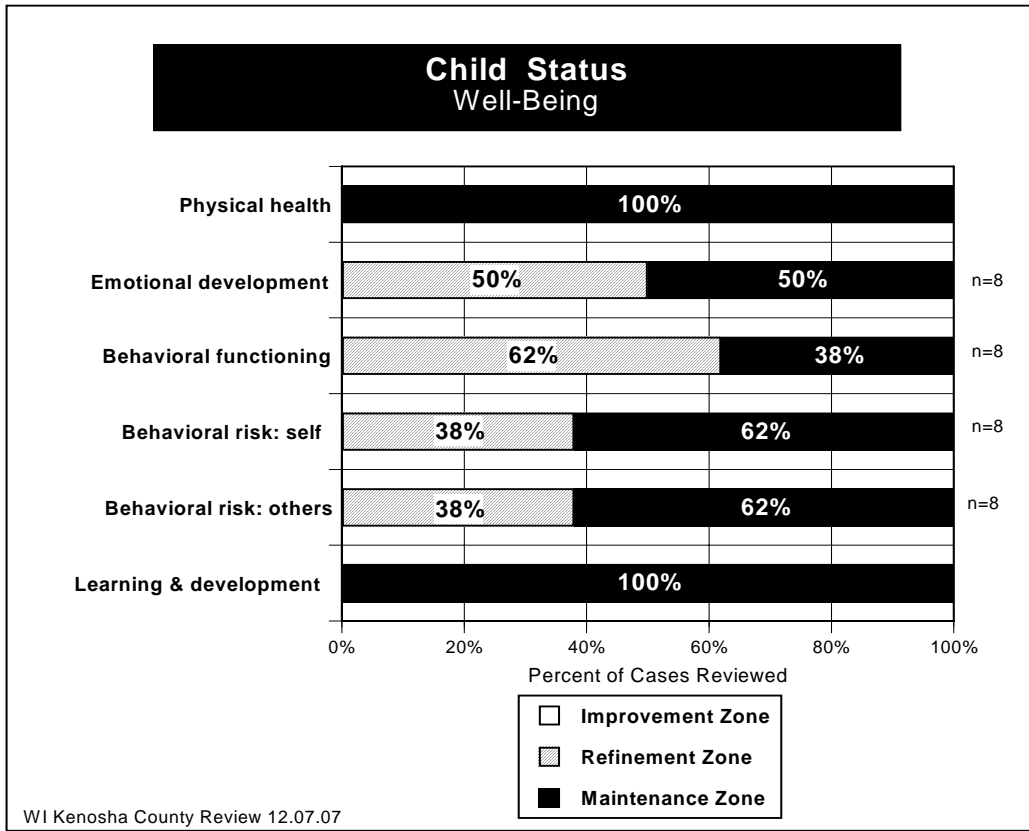
Living Arrangement: To what degree is the child in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, age, ability, special needs, and positive peer group affiliation? If the child is in temporary out-of-home care, does the living arrangement meet the child's needs to be connected to his or her language and culture, community, faith, extended family, tribe, social activities, and peer group?

Comments:

Living arrangement was an area of strength for the children in the review sample with 83 percent of the focus children scoring in the maintenance zone for their current living arrangement. Thus, many of the children are in a least restrictive living arrangement that provides for their basic needs and maintains the child's connection with family and other social supports. The remaining 17 percent of the cases scored in the refinement zone.

One of the focus children that scored in the refinement zone is currently living in a residential care center (RCC) in another county. Whereas this arrangement provides for many of the focus child's basic needs, she has experienced some social isolation. The reviewer explained, "The focus child's could benefit from some refinement in her living arrangements. Although she has made great strides while in her current placement...she is not in her community and therefore lacks connections and a sense of belonging that might serve as supports now and in the future...Additionally, the home environment seems to lack informal supports or a connection to the greater community creating perhaps an isolating or cut-off arrangement."

Furthermore, only three cases were rated for an alternative living arrangement - any setting where the child has slept and received treatment in the 90 days prior to the review. Of the three cases, 67 percent (two cases) rated in the maintenance zone and 33 percent (one case) scored in the refinement 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:

All of the children in the review sample scored in the maintenance zone for *Physical Health*. Overall, this is an area that children in Wisconsin do quite well. Based on the review sample, Kenosha County is on par with the rest of the state when it comes to the physical health of children.

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

Comments:

Emotional Development looks at the child's ability to demonstrate his or her best attainable level of emotional well-being, such as adjustment and coping skills. Eight cases were scored for this indicator and they were split evenly with 50 percent scoring in both the maintenance and the refinement zones. Of the four children who rated in the

refinement zone, three of them have two or more co-occurring conditions, such as a mental illness, trauma exposure, or behavior disorder.

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:

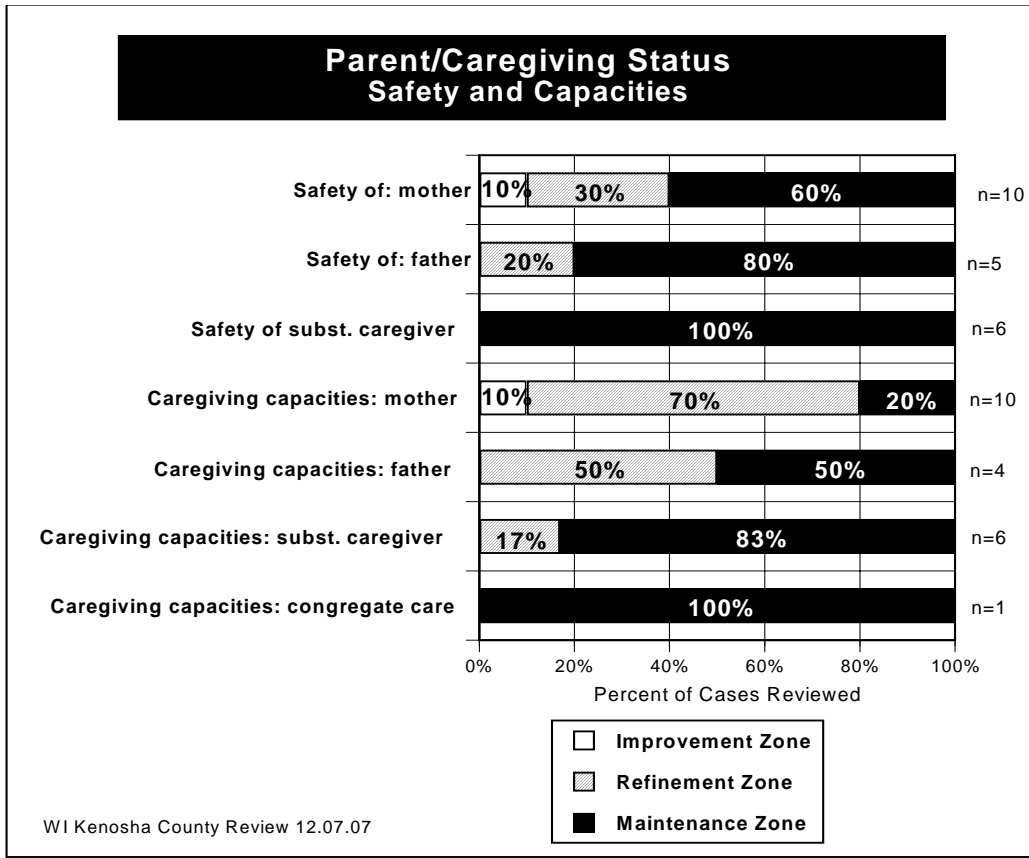
Emotional and behavioral status are mutually reinforcing and comprise a significant portion of overall child development. Problems related to a child's physical and mental health and educational attainment can affect a child's emotional and behavioral functioning. When evaluating behavioral functioning and risk, reviewers look at whether the child is demonstrating her best attainable level of functioning taking into account the child's unique history. One reviewer illustrated this for a case that scored in the refinement zone. "The focus child is reported to have learned better coping skills. He now walks away from conflict rather than taking a stand. In the past, he would often fight his classmates when picked on at school. He has also been observed walking away from potential fights in the foster home."

Early Learning & Development (Under Age 5): To what degree is the young child's developmental status commensurate with his/her age and developmental capacities? Is the child's developmental status in key domains consistent with age-appropriate expectations?

Learning and Development (Age 5 and Older): Is the child (according to age and ability): 1) regularly attending school; 2) in a grade level consistent with age; 3) actively engaged in instructional activities; 4) reading at grade level or Individual Educational Plan (IEP) expectation; and 5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent?

Comments:

Learning and Development was another area of strength for the children in the review sample. All of the children scored in the maintenance zone. Some of the children are participating in special education or alternative education services, yet still did well in this area because of their regular participation in an educational program and ability to perform at the level recommended in the Individual Education Plan (IEP). On the whole, a child's level of learning and development can be indicative of what is working or not working in other areas of their lives.



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:

The first area that is evaluated for parents and caregivers is safety. This indicator looks at the safety of their home and the community in which they live, as well as other factors that may impact their safety or ability to care for their child(ren). This was evident in one of the stories where the mother scored in the refinement zone for safety. The reviewer noted, "The mother has a history of being involved in abusive relationships. Most recently the mother was involved in a serious domestic violence incident with the father of the focus child that landed her in the hospital and led to an arrest warrant for father. It is unknown at this time if the mother has any insight into these issues and how it can impact her in future relationships with men and her parenting protective capacities." Ten mothers were scored for this indicator with 60 percent rating in the maintenance zone, 30 percent in the refinement zone and 10 percent in the improvement zone.

The fathers in the review sample are also fairly safe. Five fathers were scored with four rating in the maintenance zone and only one in the refinement zone. It should be noted that only five of the fathers were rated in the review sample because reviewers were unable to interview the fathers in the remaining cases and did not have sufficient information to fully assess their functioning.

Reviewers found all of the substitute caregivers to be safe and 100 percent scored in the maintenance zone.

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)?

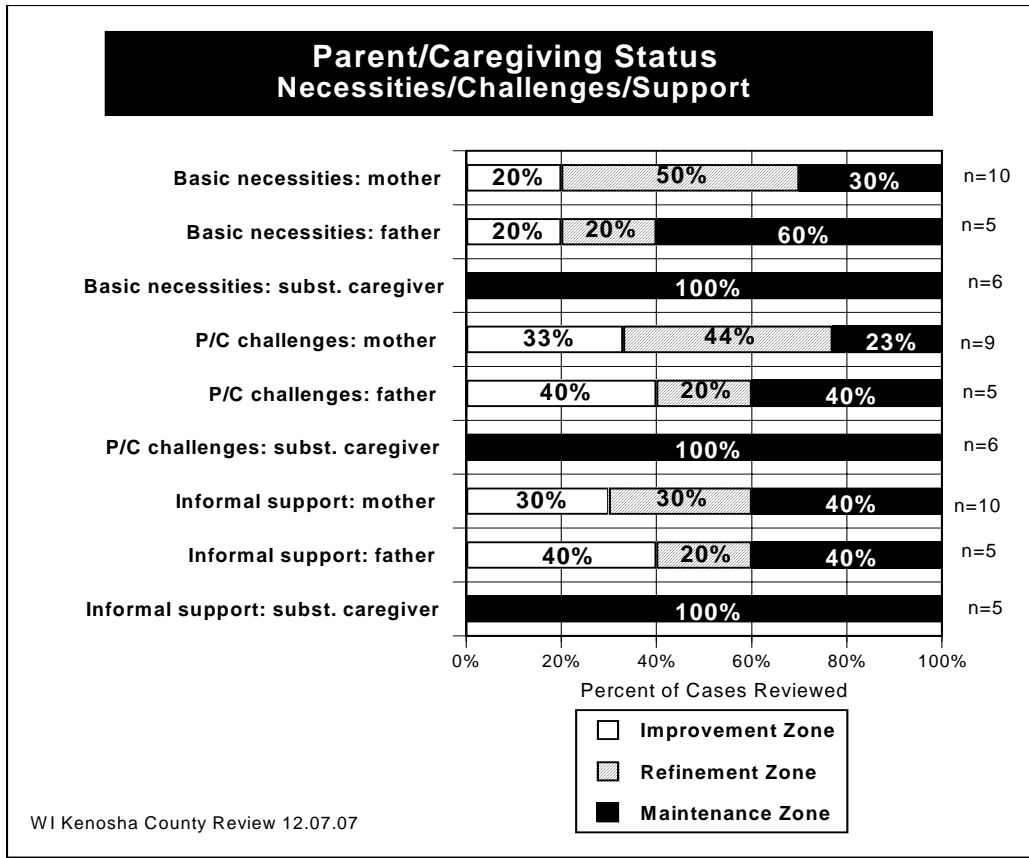
Caregiving Capacities (Congregate Settings): To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments:

Caregiving Capacities address the parent's and substitute caregiver's abilities to provide for the child's basic and special needs on a regular, dependable basis. The scores highlight this as an area for improvement for the mothers in the review sample. Only 20 percent of the mothers rated in the maintenance zone while 70 percent scored in the refinement zone and 10 percent scored in the improvement zone. For fathers, the scores were split evenly with 50 percent scoring in the maintenance zone and 50 percent scoring in the refinement zone. The following Parent/Caregiver Status indicators: *Basic Necessities*, *Parent/Caregiver Challenges and Informal Supports* have a correlation with the parent or caregiver's capacity to address the child's needs. The parents who scored in the maintenance zone for *Caregiving Capacities* also scored in the maintenance zone for at least two out of the three indicators that will be described following indicator.

All but one of the substitute caregivers scored in the maintenance zone for *Caregiver Capacities*. One foster parent (17 percent) scored in the refinement zone due to "...some 'differences' with the special services teacher regarding [the focus child]'s reading capacities. The teacher and foster mother are providing educational support; however, their styles are not complementary to each other and may cause confusion and mixed messages for [the focus child]. Thus, reviewers found the foster mother's parental capacities to be an area for slight refinement."

Only one congregate care setting was rated as one of the focus children was residing in a residential care center (RCC) at the time of the review. The RCC rated in the maintenance zone for caregiver capacities.



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 an area for which the mothers in the review sample were struggling to provide for their family's basic living requirements. Whereas 30 percent of the mothers scored in the maintenance zone, 50 percent scored in the refinement zone and 20 percent scored in the improvement zone. When a parent is concerned with how to put food on the table, pay the next month's rent or keep the electricity from being cut off, the parent will be challenged to focus on other challenges in their life, such as mental health or substance abuse issues, which may also be impacting their protective capacities. This was the situation for one of the mothers in the review sample who scored in the improvement zone for *Basic Necessities*. The mother has been diagnosed with multiple mental illness disorders, yet is not currently taking any medications or participating in any treatment. She also has been exposed to trauma during childhood and as an adult. Reviewers noted that two of the mother’s children were a product of rape. Reunification

is the current permanency goal; however, the concerns regarding the mother's mental illnesses and trauma exposure often take a back seat to her daily challenges. According to the reviewers, "...the mother was living at the local YWCA, but reported that she was unable to pay her rent and would be homeless within the week. The mother does have a car; it would need work and may not run through the winter. The mother is in need of employment, but said that she is not able to work full time. She reported that it has always been an issue for her to both work and run a household."

The fathers in the review fared a little better with 60 percent in the maintenance zone, 20 percent in the refinement zone and 20 percent in the improvement zone. One similarity among the fathers who scored in the maintenance zone is that all of them are part of a two parent home. Substitute caregivers also did well with in this area with all of them scoring in the maintenance zone.

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:

When evaluating this indicator, reviewers not only identify whether there are any challenges that may impact parental capacities, they also look at whether the parents and/or caregivers have supports available that may help to minimize the impact. One of the reviewed cases illustrates how the involvement of supports can enhance the parental capacities when a parent is experiencing challenges. Although the father was incarcerated for a period of time and the mother has cognitive delays, both parents rated in the maintenance zone for special parenting challenges due to the involvement of both formal and informal supports. The reviewer noted, "While incarcerated, our focus child's father took a parenting class, a bonding class and an anger management class. He has been able to demonstrate to the worker and providers what he has learned from these experiences...Despite the mother's cognitive delays, she is an active participant in family activities and meetings. With the support of her fiancé (the focus child's father) she has been able to function at a much higher level in her parenting ability and her participation with service providers. The couple appears to balance one another in their ability to parent."

Overall, this was an area for enhancement for the parents in the review sample, in particular mothers. Nine mothers were rated with 23 percent in the maintenance, 44 percent in the refinement zone and 33 percent in the improvement zone. Five fathers were scored for this indicator with 40 percent scoring in the maintenance zone, 20 percent in the refinement zone and 40 percent in the improvement zone. Similar to the

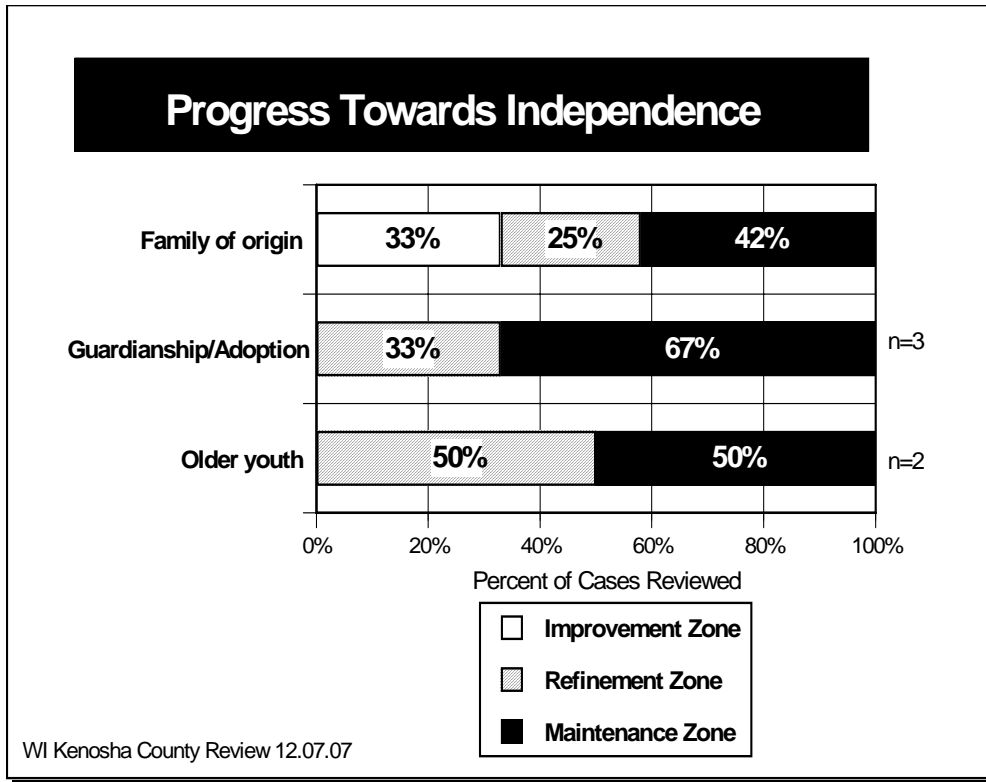
previous indicators, 100 percent of the substitute caregivers scored in the maintenance zone.

Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support provided by family, friends, neighbors, or other supporters involved who will help them manage adequately on an enduring basis? When a family has a child with special needs (physical, developmental, emotional, behavioral), do parents/caregivers have opportunities to exchange experiences, strategies, and successes with parents/caregivers of similar circumstances?

Comments:

Informal supports are identified as critical team members in the practice model articulated in the QSR. Informal supports can fill many roles: respite providers, financial aids, transporters, placement resources and so on. When families have the support of family and friends, safety threats and parenting challenges can be balanced through the involvement of these informal supports, decreasing the need for the intervention by child protective services. For one of the cases in the review sample, it was the family's informal supports who managed the safety plan. According to the reviewer, "[the focus child] and his mother have a tremendous informal support system. At the family group conferencing session that was held, there were 20 people present and 15 of them were her family members. They call her daily and closely monitor her circumstances. Her cousin is her primary day care provider and other family members are willing to help with childcare. She also has support from neighbors and friends in the area." This mother scored in the maintenance zone for informal supports and also scored in the maintenance zone for all of the indicators under *Planning for a Change Process* (Core Practice Performance) due to the inclusion of the family and informal supports in the planning process.

In general, the families involved with the child welfare system are challenged to find informal supports who demonstrate healthy boundaries in relationships and can also enhance their parental capacities. Forty percent of the mothers scored in the maintenance zone for informal supports with nearly one-third in the refinement zone and one-third in the improvement zone. Two of the five fathers also scored in the maintenance zone with one scoring in the improvement zone and two scoring in the improvement zone.



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:

Progress to Independence identifies where the family is with regard to achieving independence from the agency and safe case closure. Achieving this goal often requires more than the expiration of a court order. When a family's case closes and members become independent from the agency, they should ideally have made and sustained the behavioral changes necessary to provide a safe and stable environment for their child. In addition, the family depends more on the assistance and support from family, friends and the community as opposed to more formal resources such as the agency. One of the families in the review sample had made great strides in this regard and scored in the maintenance zone. According to the reviewer, "This family has made excellent progress toward independence from the agency. The parents have both engaged with the case worker and the service providers. The children have been returned home and the family continues to make adjustments and progress. They receive some formal support but

mostly it is from their informal support system. There continues to be some in-home services for the family but are gradually moving to closure."

This indicator was rated for all of the cases in the review sample whether the child was living in his birth home or in out-of-home care with a permanency goal of reunification. Overall, 42 percent of the cases scored in the maintenance zone, 25 percent of the cases scored in the refinement zone and 33 percent scored in the improvement zone.

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 of the twelve cases had a permanency goal of adoption or long-term foster care. Two of these scored in the maintenance zone and one scored in the refinement zone. Each of the three cases had made positive steps toward achieving permanency for the focus child through guardianship or adoption. During the interviews, the reviewers from one case gained "strong evidence pointing toward permanency within required timeframes," and described the focus child to be "thriving in the home of an adoptive resource." Moreover, the agency anticipated that a TPR would be filed the in the month following the review. This case scored in the maintenance zone.

While the three cases have made progress toward their permanency goals of adoption or long-term foster care, the families of origin made minimal gains toward the other permanency goal of reunification. The three cases that were rated for this permanency indicator also comprised the 33 percent (3 cases) that scored in the improvement zone for the previous indicator, *Progress to Permanency (Family of Origin)*.

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?

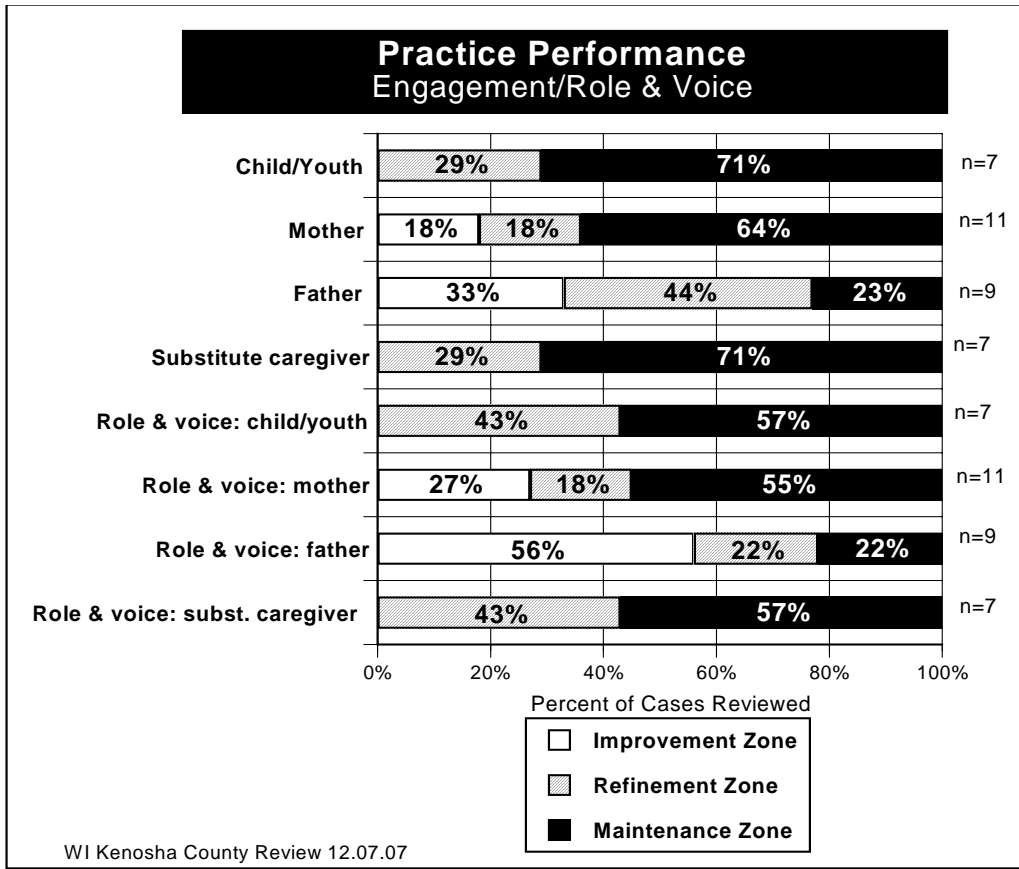
Comments:

In two of the cases in the review sample, the focus child was 15-years-old or older and eligible for Independent Living Services (ILS). One of the cases scored in the maintenance zone and one scored in the refinement zone. The focus child in the case that scored in the maintenance zone has made substantial progress toward independence. As illustrated by the reviewer, "the focus child has completed an intensive drug program and an Independent Living Program. He has demonstrated coping skills for his anger, secured employment and progressed in school. Furthermore the interventions implemented to achieve the above behavioral outcomes were successful."

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



ENGAGEMENT OF CHILD & FAMILY: Are those 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? 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:

When evaluating practice performance, reviewers consider not only the agency case worker's practice, but the system's ability to partner with the family to develop an effective strategy to sustain behavioral changes and achieve independence from the agency. Engagement is a critical component of the practice model outlined in the QSR. When considering how to score this indicator, reviewers do not look at whether the parent, caregiver or child likes the caseworker and service providers. Instead, reviewers assess whether the family has developed a trust based relationship with individuals on the team, as well as the efforts that the team has put forth to create such a partnership with the family. A reviewer illustrated this for a case that scored in the maintenance zone for the mother. "The case manager has been able to engage the mother in the change process and gain a good level of trust. The other providers also understand the mother's concern

about working with social services (i.e. fear of children being taken away due to the mother's childhood history with CPS). Having properly assessed the mother's concern for losing her children and maintaining continued communication on the subject, they have been able to gain a level of trust sufficient to engage the mother and work with the family." Overall, engagement of mothers was an area of strength for mothers included in the review sample with 64 percent scoring in the maintenance zone and 18 percent in both the refinement and improvement zones. Engagement of children and substitute caregivers were also good with 71 percent in the maintenance zone and 29 percent in the refinement zone for both groups.

Whereas reviewers were only able to score five fathers for Parent Status, a total of nine fathers were scored for Core Practice Performance. Reviewer may not have been able to gain sufficient information on the father's functioning to make a determination on their status; however, they were able to learn about previous occasions when the fathers may have been involved or efforts made to include the fathers in the planning process. Because of this additional information, reviewers were able to score more fathers for Core Practice Performance. Of the nine fathers that were scored, only two scored in the maintenance zone. Four fathers scored in the refinement zone and the remaining three were in the improvement zone. In general, the engagement of fathers is an area that challenges the practice of child welfare agencies in Wisconsin and the rest of the country. The combined scores from the first 17 counties that participated in the QSR presented with similar results to those for the fathers in this review sample. The combined scores for the engagement of fathers from the first 17 counties rated 16 percent in the maintenance zone, 48 percent in the refinement zone and 36 percent in the improvement zone.

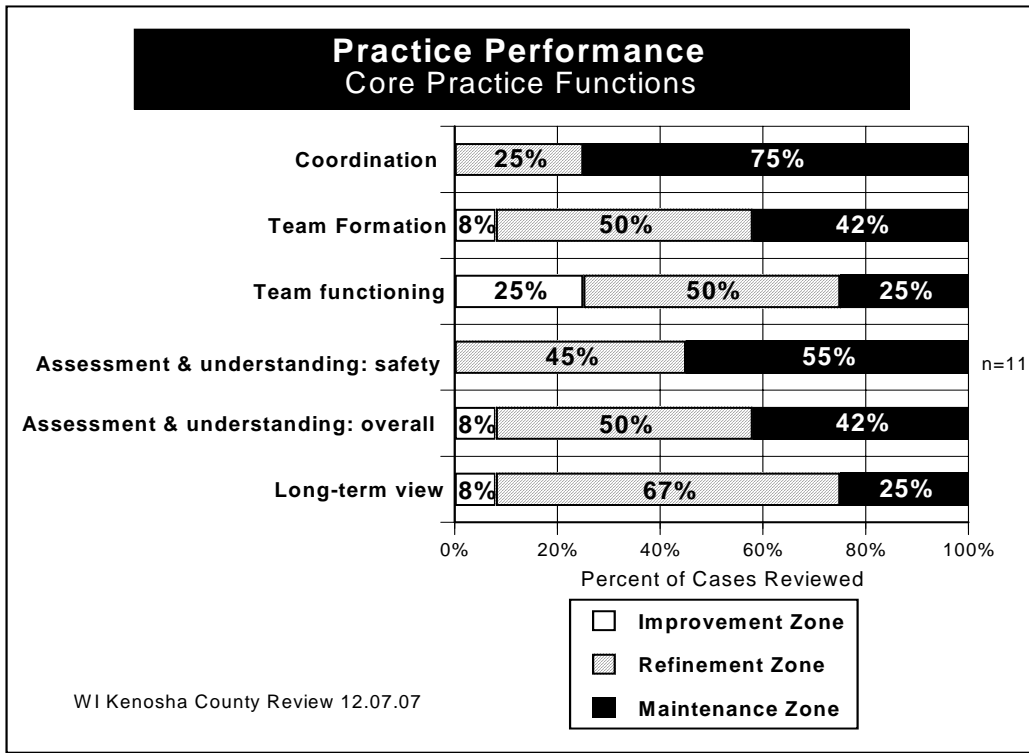
There may be various reasons why engaging fathers in a change process can be a challenge. Often, the mother is the primary caregiver of the children and the focal point of case planning, especially if the mother and father maintain separate households or if the father is incarcerated. As one story noted, "Because of father being incarcerated, he was absent for much of the process. This made it a challenge to exert efforts to involve him in the planning and overall process...[his] role and voice in the process was also lacking." This case scored in the improvement zone for this father. Other reasons can include reluctance on the part of system interveners to involve a father who has a strained relationship with the mother/primary caregiver or one who has exerted a negative or unsafe influence on the family in the past. On a different level, workforce gender differences may play a role as the majority of child welfare workers are female and may find it easier to identify establish common ground with the mother/caregiver.

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:

In addition to *Outreach and Engagement*, *Role and Voice* is another core value of the practice model embedded in the QSR. When family members play a key role in planning and have a strong voice that influences decision making, they are more likely to become engaged in the change process because they take ownership of the plan and are full participants in the process. One of the reviewers provided a good example of this from a story that scored in the maintenance zone in *Role and Voice* for both the mother and the father. In this story, "The service providers did an excellent job of engaging and supporting the parents in the team atmosphere and giving them the power to make decisions and changes to their life so the children could return home...[They] were extremely effective in providing the family and the service providers a voice in the process. The family stated that it felt 'empowering' for them."

Similar to *Outreach and Engagement*, the scores for children, mothers and substitute caregivers were higher than those for the fathers in the review sample. Children, mothers and substitute caregivers all had more than fifty percent of the scores in the maintenance zone, while only 22 percent of the fathers scored in the maintenance zone and 56 percent in the improvement zone. It should be noted that three of the twelve fathers were incarcerated either at the time of the review or at some time during the family's involvement with the county agency. In one case that scored in the improvement zone for the father, this proved to impact his *Role and Voice* in the change process. The review noted, "Another area for improvement includes the outreach and engagement of father, including opportunities for him to have a role and voice in treatment planning and in the lives of his children. He is interested in being involved and feels he has been 'shut out' of any decision making because of his confinement. In general, the father does not appear to be an active participant in the process at this time."



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

Comments:

Coordination is an area that is working very well among the family cases in the review sample. Seventy-five percent of the cases scored in the maintenance zone and 25 percent scored in the refinement zone. When evaluating coordination, reviewers identify whether there is a single point of leadership to facilitate meetings, monitor the implementation of services, and modify strategies if necessary. The QSR does not identify who should take on the responsibility of coordination, simply that it is an important role in facilitating the change process for the family. However, the agency case worker often takes on this responsibility as the reviewer illustrates in the following example from a case that scored in the maintenance zone. "Coordination was another practice area found to be successful. All interviewees identified the worker as the single point of leadership related to planning, service provision, monitoring and sharing results. Communication among members occurred both by phone, via written reports, and occasionally in meetings with certain team members. Solid coordination has also contributed substantially to progress towards achieving permanency in accordance with [Adoption and Safe Families Act]

timelines." Whether it was the agency case worker or another individual, the majority of the cases in the review sample demonstrated effective coordination.

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 a child and family of this complexity and cultural background?

TEAM FUNCTIONING: To what degree: (1) Do members of the family team collectively function as a unified team in planning services and evaluating results? (2) Do actions of the family team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family?

Comments:

Teaming is a key component of the practice model outlined in the QSR and can have a direct impact on other areas of practice, such as engagement, assessment, planning, tracking and adjustment of the plan. When evaluating teaming, reviewers consider two factors, the formation of team (who makes up the team) and the functioning of the team (how are their collaborative efforts leading to positive outcomes for the family). The scores for *Team Formation* were slightly higher than those for *Team Functioning*. This is not unique to the review sample for Kenosha County as the combined scores for the first seventeen counties had similar scores. For *Team Functioning*, 36 percent of the first seventeen counties scored in the maintenance zone with 51 percent in the refinement zone and 13 percent in the improvement zone. The scores for *Team Formation* were somewhat lower with 24 percent in the maintenance zone, 61 percent in the refinement zone and 15 percent in the improvement zone.

For one of the cases where *Team Formation* rated higher than *Team Functioning* the reviewer noted the following: "there are a lot of interesting insights and ideas that people have who are involved in this case, yet these thoughts and ideas have not been shared as a group. More importantly, the parents have not been a part of any teaming efforts resulting in them having no voice in the planning and decision process. Pulling a team together with the parents may be a simple, easy step towards reconnecting with the parents and creating a venue in which their opinions and ideas are heard. Forming a team that meets routinely is also a great way to problem solve, brainstorm and communicate information and ideas." This case rated in the refinement zone for *Team Formation* and in the improvement zone for *Team Functioning*. Furthermore, half of the case sample (six cases) fared better in *Team Formation* than in *Team Functioning*.

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family's strengths, needs,

risks, 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:

Assessment and Understanding of Safety was another area where the review sample fared well. Fifty-five percent of cases rated in the maintenance zone and 45 percent rated in the refinement zone. Before the team can truly identify the safety threats to the focus child and understand how to manage the threats, the team must first assess the strengths, risks and needs of the family to have a complete picture of what strategies need to be implemented to ensure the safety of the child. In one of the cases that scored in the refinement zone, the focus child posed some risks to herself and the parents were unable to provide the necessary nurturance, supervision and structure for her to remain in the home. Based on their assessment of the family, the team recognized this and took measures for the focus child to be placed in a more appropriate setting for her needs. According to the reviewer, "There is a solid understanding by those interviewed of the focus child's safety, emotional and mental health needs. This was demonstrated in the decision to place her in a residential care facility: the focus child needed to be stabilized and in a safe and consistent environment where she could begin to address her issues; this was accomplished in her current placement."

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:

The QSR considers the team's assessment and understanding of safety and then takes it one step further to evaluate whether everyone on the team has the same "big picture" understanding of the family's assets (i.e. informal supports, parental capacities, etc.) and challenges (i.e. trauma exposure, substance abuse, etc.) that could impact their ability to achieve permanency and safe case closure. As noted previously, the team must first conduct an assessment of the family in order to have a true understanding of the underlying issues that resulted in the challenges that the family is facing at the time of entry into the child welfare system. The development of a "big picture understanding" by the team requires open and regular communication among all members of the team to avoid break downs in planning that may ultimately stall the change process for the family. Moreover, teaming can be an effective practice strategy that allows members to gain a good overall assessment and understanding of the family. The scores for the

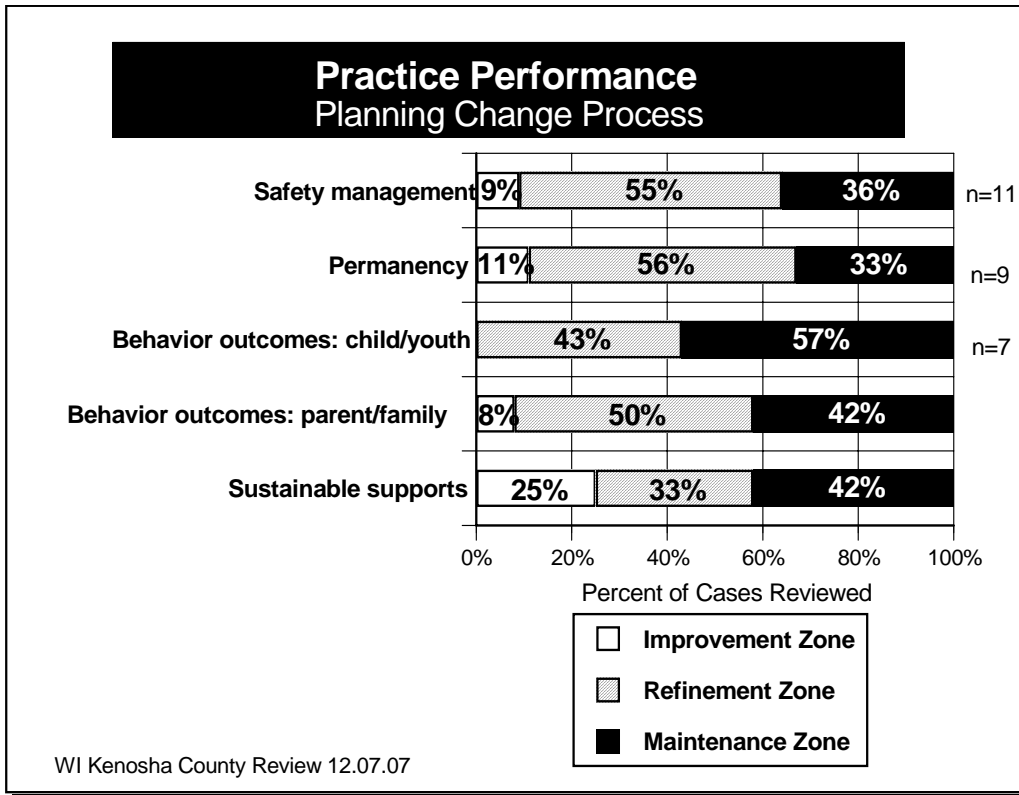
review sample support this conclusion as 42 percent of the cases that scored in the maintenance zone for *Overall Assessment and Understanding* also scored in the maintenance zone for *Team Formation* or *Team Functioning*, if not for both Core Practice Performance indicators. All but one of the cases that scored in the refinement or improvement zones for *Overall Assessment and Understanding* also scored in the refinement or improvement zones for *Team Functioning and Formation*. Furthermore, the scores for this review sample almost mirror those of the combined scores for the first seventeen counties that participated in the QSR where 42 percent of the cases scored in the maintenance zone, 52 percent scored in the refinement zone and six percent scored in the improvement zone.

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 while 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 provides the team with an answer to the question "what does done look like?" Once the team has the answer to this question, they are better able to develop effective strategies to reach this goal as everyone on the team is working to accomplish the same goal. *Long-Term View for Safe Case Closure* is an area for enhancement among the families in the review sample. Twenty-five percent rated in the maintenance zone, 67 percent rated in the refinement zone and eight percent rated in the improvement zone.

Long-term view often has a direct correlation with whether or not the family has a role and voice in the change process. One reviewer illustrated this connection in a case that rated in the refinement zone. "[Other] areas of practice were adversely affected due to a lack of engagement and role and voice for the mother and step father...They do not seem to understand the system and how to 'get out of the system.' The mother and step-father felt they initially did what they thought was necessary to stabilize their daughter and do not understand what is holding up the process."



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? Securing sustainable family supports?

Comments:

The following practice indicators address the different areas of planning that the family team focuses on while they work toward safe case closure. This indicator evaluates safety management and whether the team has developed a cohesive plan to control identified safety threats and to enhance the parent and/or caregiver's protective capacities. Eleven of the cases were scored for this indicator with 36 percent rating in the maintenance zone, 55 percent in the refinement zone and eight percent in the improvement zone.

Effective planning for safety management controls for current safety threats, but also develops strategies for parents to learn, demonstrate and sustain behavioral changes that allow them to provide a safe environment for their child. One case that scored in the maintenance zone is a good example of successful planning for safety management. "The family group conferencing session produced a detailed plan that addressed a number of areas including preparation of how to address safety should [the focus child]'s

father attempt to become re-involved. The plan also set up a system for him to receive information about [the focus child] through family members. Mother has worked diligently to follow this plan. Overall, the family group conference provided a venue for all parties to conduct a thorough assessment of the situation and gain a solid understanding of safety concerns facing the family."

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, findings, 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:

The scores for *Planning a Change Process for Permanency* (Core Practice Performance) have a strong correlation with the scores for *Permanency* (Child Status). If the team has a well-established view of "what done looks like", the family and other team members will have a clear understanding of what behavioral changes need to be demonstrated and sustained to determine if reunification is possible or an alternative goal should be sought. As one reviewer noted, "...those interviewed in this case were able to identify the permanency goal as reunification, but there is some confusion as to what behavioral changes need to be demonstrated in order to achieve this goal. The mother was able to state the concrete things she needs to accomplish, such as housing and employment, but she did not discuss any core behavioral changes that need to happen in order for the children to be returned safely to her care...Concurrent planning may be an option to consider...there was mention of relatives who live outside of the state. It may be worthwhile to have a discussion with the mother and father in regards to the feasibility of placement with one of these relatives." This case scored in the improvement zone. Of the nine of the cases rated for this indicator, 33 percent scored in the maintenance zone, 56 percent scored in the refinement zone and eight percent scored in the improvement zone.

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?

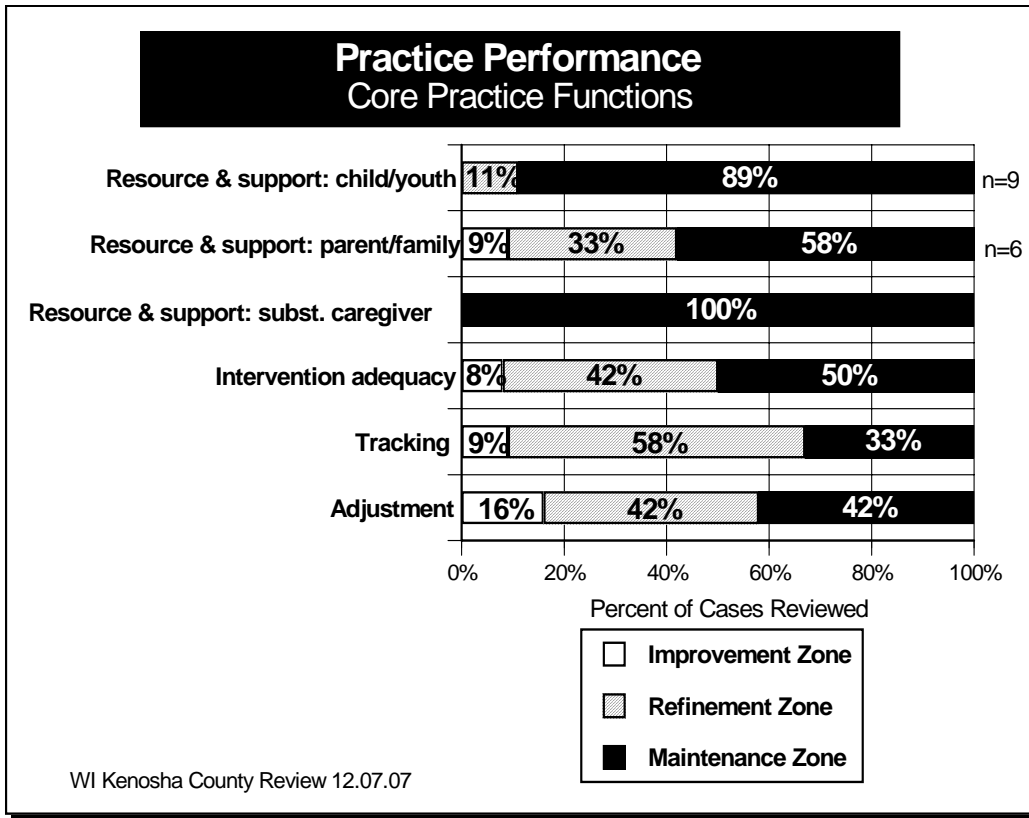
Comments:

Reviewers consider the *Planning a Change Process for Behavior Outcomes* for both the parents and for the focus child. In general, the planning for the children and youth in the review sample fared slightly better than for the parents. This is likely the result of more effective use of resources and supports for children and youth (an area that will be further detailed under comments for *Resource and Support Use*). Fifty-seven percent of the cases scored in the maintenance zone for children and youth while 43 percent scored in the refinement zone. With regard to the parents, 42 percent scored in the maintenance zone, half scored in the refinement zone and eight percent scored in the improvement zone. It should be noted that the families where the parents scored in the maintenance zone for this practice indicator also scored in the maintenance zone for *Progress to Independence - Family of Origin*. Furthermore, effective planning in this area can result in positive steps toward the family's goal of achieving permanency from the agency.

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:

Planning a Change Process for Sustainable Supports is a core practice function in the QSR and a key component in moving the family toward independence from the agency. As stated previously when addressing the parent status, informal supports play an important role in helping the family while they are involved with the child welfare system. Informal supports can provide help with safety management, basic necessities and team decision making; however, informal supports can become even more important to families as they move toward safe case closure and independence from the agency. Thus, daily case planning needs to include strategies to identify appropriate and healthy informal supports who will remain in the families' lives when the agency is no longer available. Overall, the scores for this practice indicator closely mirror those for *Informal Supports* (Parent/Caregiver Status). Forty-four percent of the cases scored were in the maintenance zone, 33 percent in the refinement zone and 25 percent in the improvement zone.



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:

This area is another strength among the cases in the review sample, particularly for the focus children/youth and the substitute caregivers. According to one reviewer, the team not only did a good job of identifying resources and supports for the family, they were also a good match to the specific needs of this family. Per the reviewer, "The county has a great service array and the worker had a strong knowledge of what is available. The worker’s choice of in-home therapy services and anger management were well suited to the needs of the child and family. Services and supports were also sufficiently powered to address these needs. Furthermore, 89 percent of the *Resource and Support Use* for the child/youth scored in the maintenance zone and eleven percent in the refinement zone. For parents, 58 percent scored in the maintenance zone, 33 percent scored in the refinement zone and nine percent scored in the improvement zone. Substitute caregivers

fared the best in this area with one hundred percent scoring in the maintenance zone. Clearly, the family teams are making good use of the wide array of resources and supports available to the families with whom they are working.

INTERVENTION ADEQUACY FOR CHANGE: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case Closure requirements and to sustain family independence from the service system following closure?

Comments:

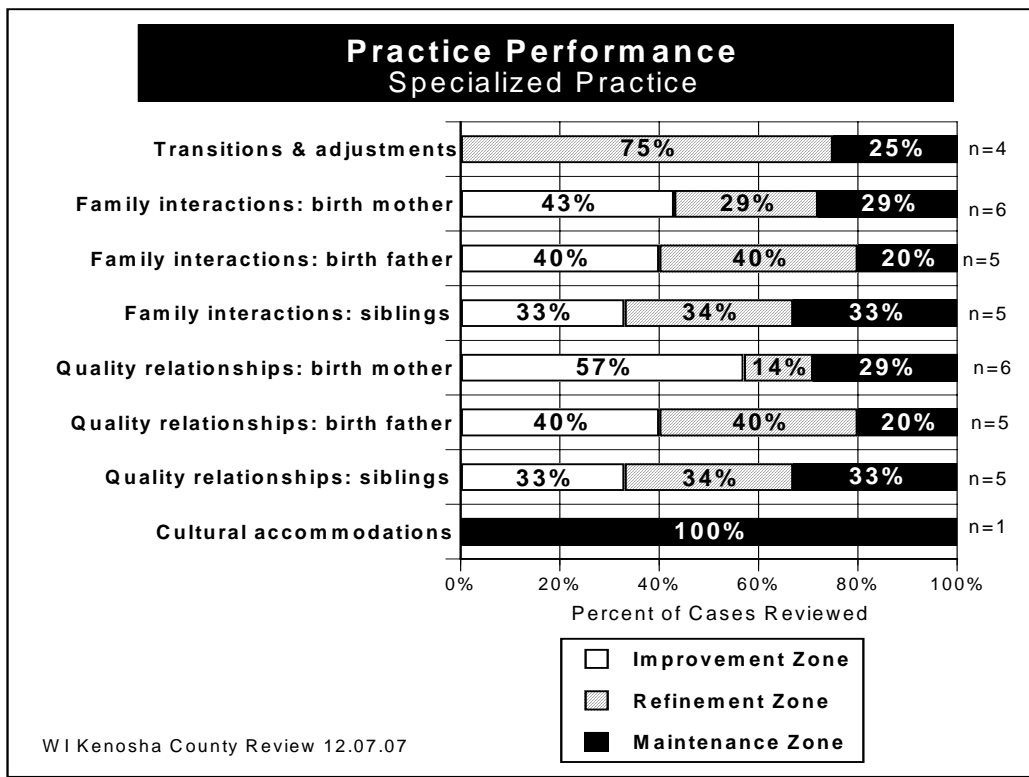
Whereas the previous indicator considers the efforts of the team to assist the family in acquiring the necessary resources and support to address the family's individual needs, *Intervention Adequacy for Change* addresses the power of the intervention and whether it is at a level that is enough to obtain the desired outcomes and behavioral changes necessary to achieve permanency and safe case closure. This area also reflects the capacity of an agency to tailor services to address the individual needs of families. Fifty percent of the cases in the review sample scored in the maintenance level and were deemed to have a good combination, sequence and power of interventions to help the family progress to a level of functioning that allows them to safely live together. Forty-two percent of the cases scored in the refinement zone and eight percent were in the improvement zone. The cases that scored in the maintenance zone for this practice indicator also scored in the maintenance zone for *Resource and Support Use* as well as *Assessment and Understanding of Safety*.

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:

These are two areas that reviewers rate separately as they are independent practice functions, yet both are necessary in learning "what works" to achieve successful results for each individual family. The scores for the two practice indicators were very similar, although *Adjustment* fared slightly better with 42 percent of cases scoring in the maintenance zone compared to 33 percent for *Tracking*. Effective tracking requires regular communication among members of the team to allow for the continual monitoring of the family's progress and identify areas that may require an alternative approach. The cases that scored in the maintenance zone in both *Tracking* and *Adjustment* also scored in the maintenance zone in the areas of *Coordination*, *Team Functioning*, *Team Formation* and *Overall Assessment and Understanding*. Regular communication among team members is critical when trying to figure out "what works" for each family, but it is also

important to take it one step further and put the information gained during that communication to good use. As illustrated in one case, the reviewers "noted fair and somewhat effective tracking. People involved in the case seemed aware of what was going on above and below the surface; however, how that information was acted on was seen as needing some improvement." Whereas *Tracking* rated in the refinement zone for this case, *Adjustment* rated in the improvement zone.



TRANSITIONS & LIFE ADJUSTMENTS: 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:

Four of the cases in the review sample had an identified transition. One of the cases (25 percent) scored in the maintenance zone and the remaining three cases (75 percent) scored in the refinement zone. The case that scored in the maintenance zone also noted effective teaming that included a mother and focus child who had active roles and strong

voices that influenced the planning process for the focus child's reunification. The reviewer noted, "While there was not one formal team where all individuals met at once; the service providers, focus child and parents were aware of the plan (reunification), what behavior changes were needed...and what other conditions needed to be met in order for the focus child to return home...The team is considering plans to help maintain behavior changes for child after his transition home. In addition to other strategies, Mother plans to take the focus child to family therapy and teen AODA meetings. Mother has also looked into accessing the best possible educational programming for when her son returns home." All in all, reviewers were confident that the transition would go well because the team had maintained good communication that resulted in effective planning of supports to ensure the transition would be successful.

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 interaction 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:

The maintenance of *Family Interactions* and *Quality Relationships* between children in out-of home care and their families are critical practice functions that have a direct impact on the emotional stability of the child, as well as planning and progress that has been made toward achieving permanency. In addition, the environment in which the interactions take place impact the outcomes of the visits and overall quality of relationships. For example, a visit between a parent and child may feel more "normal" or comfortable for both parties when it takes place in the family home opposed to in a room at the agency.

The frequency of interactions is another factor that can affect the quality of a child's relationship with their family and the parent's engagement in the change process. One reviewer describes this correlation in the following example: "The last visit between the father and the focus child was over a year and a half ago. The father feels like the 'outside man' due to being in prison and would like to plan around beginning communication and

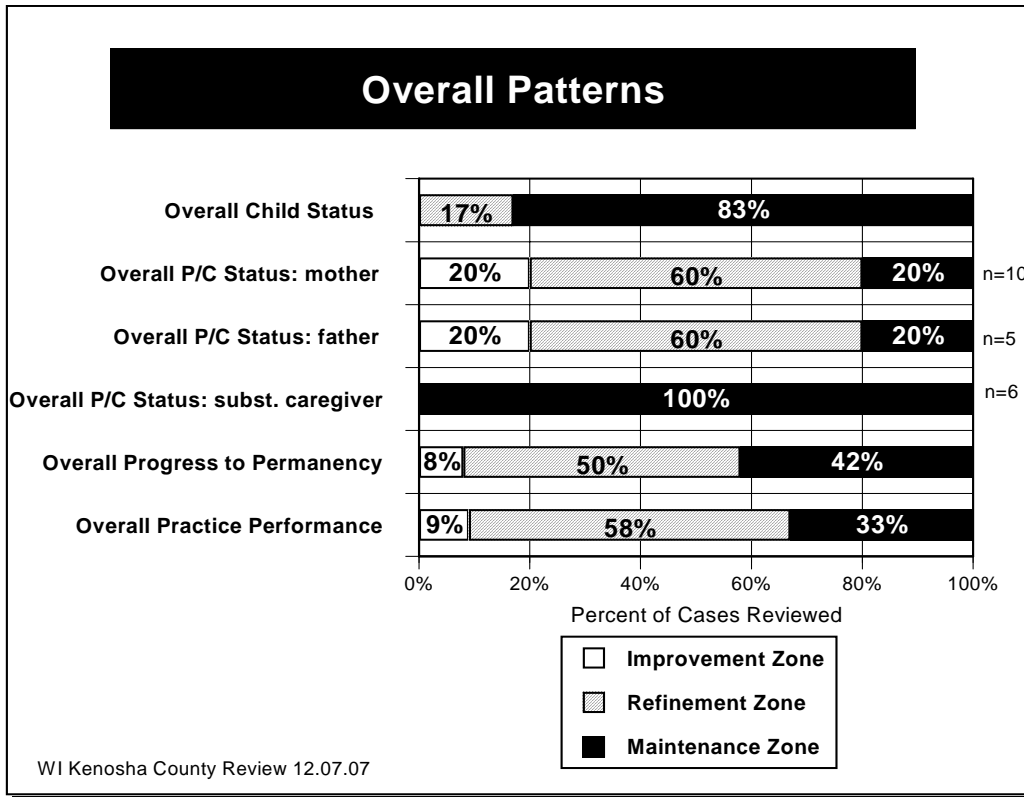
visitation with the focus child. The visitation between the mother and the focus child appears to be somewhat unpredictable in that it is determined by the foster parents' schedule. This may not be the best scenario for the mother who admits to being unorganized and confused about the permanency of her children." This case scored in the refinement zone for *Family Interactions* between the focus child and the birth mother and in the improvement zone for *Family Interactions* with the birth father. The case also scored in the improvement zone for *Quality of Relationships* between the focus child, birth mother, and birth father.

For birth mothers, 29 percent scored in the maintenance zone, 29 percent in the refinement zone and 43 percent scored in the improvement zone. The scores were slightly different with regard to *Quality of Relationship* where 20 percent scored in the maintenance zone, 14 percent in the refinement zone and 57 percent in the improvement zone. Both birth fathers and siblings had the same results for *Family Interactions* as they did for *Quality Relationships*. For birth fathers, 20 percent scored in the maintenance zone, 40 percent in the refinement zone and 20 percent in the improvement zone. While the scores for siblings fared slightly better with one third scoring in each of the zones these scores demonstrate that practice is inconsistent in this area. Overall, the area of practice that the agency may chose to focus attention in is the *Quality of Relationships* of birth mothers as more than half of the review sample scored in the improvement zone.

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:

Only one of the cases in the review sample was rated for *Specialized Cultural Accommodations* and this case rated in the maintenance zone. Reviewers noted that all individuals involved with the family recognized the family's culture and took this into consideration when connecting them with service providers and throughout the planning process. On a whole, reviewers felt that this had a positive impact on outcomes as the mother was engaged in the change process and "strong desire to work with the agency and service providers and benefit from what they had to offer".



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 Kenosha County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Better facilitate rapport building with families during the transition of cases from initial assessment worker to the ongoing worker.
- Prioritize challenges that were noted by the QSR to better identify what can be addressed in the short-term and in the longer-term.
- Consider how to expand a teaming model that includes families.
- Look at the transition of TPR cases from the county level to the state level.
- Increase coordination between Child Welfare and Delinquency units on cases with common issues.
- Identify a location at the court for social workers to do work (i.e. eWiSACWIS) during times when they have a long wait for hearings.

The final “next steps” meeting of the review was used by the director, supervisors, and agency leadership to identify areas in which the agency should first focus on improving. CQI Specialist Julie Fliss outlined the post-QSR training and assistance that is available to the county. She also introduced Department of Health and Family Services sponsored facilitator, Jodee Grailer, who will aid in the county in the development and implementation of an action plan.

VIII. SUMMARY

The results of the first Quality Service Review offer information about the strengths and opportunities to enhance system performance and child protective service case practice in Kenosha County. The scores and focus group results from this first qualitative review are meant to serve as a baseline the agency can use to measure progress over time. The practice model that underpins the Quality Service Review protocol is a comprehensive one; it raises the bar for evaluating case practice. The model is also inspirational in nature in that it seeks to engage review participants in the process of change at the same time. Specifically, the practice model represents a set of values and standards that promote the provision of strategic, dynamic and high quality services to keep families together and children safe.

The first Quality Service Review in Kenosha County identified many organizational and practice strengths to build upon. In many areas, this agency is a high performing and high functioning child welfare agency. On an organizational level, human resource compensation and benefit structures have been institutionalized to retain staff and the agency has a high cadre of experienced staff who remain in their jobs. Besides enjoying a low turnover among caseworkers, the implementation of various formal teams have proven to be beneficial in that system partners and agency staff can "get on the same page" and work collaboratively when making important decisions regarding the families with whom they work. Collaboration has become an integral part of the organizational culture. The wealth of resources offered in Kenosha County and the agency's effective use of these services was evident throughout the focus groups, as well as in the practice performance scores for the individual cases. Resource and Support Use for children and substitute caregivers was an area that is working well for families in the review sample. Other notable practice strengths included Coordination, Assessment and Understanding of Safety and Engagement of Mothers and Children. On the whole, engagement is a practice function that is critical to achieving positive outcomes for children and families and frequently challenges the system.

The work that has been done to engage mothers and their children is commendable; however, the engagement of fathers is an area that the agency may want to focus some attention. Moreover, successful engagement is the precursor to the formation a well functioning team. Team functioning remains a challenge when the family has not yet been engaged in the process and the team has not established a long-term view for safe case closure.

Another common theme that was raised during the review week and may warrant additional analysis by Kenosha County was with regard to the number of cases where parental rights have been terminated (TPR cases). . African-American children make up 5.7 percent of the county's population. Data obtained from the statewide adoption quality assurance monthly statistics indicate that this population comprises 42 percent of the recent TPR cases. Infants are also over-represented in the population of children whose parents are subject to TPR proceeding. Some individuals held the perception that families are measured against upper middle class standards of what it means to parent rather than actual factors that impede their ability to safely parent their children. However, other participants viewed the high number of TPR cases as a relative strength, especially in relation to agency practice of transferring a TPR case to one of three workers with expertise and success in achieving permanency for children through this route. While the over-representation of the African-American population in the out-of-home care population is not unique to Kenosha County and is a problem that the practice community is already studying, a deeper level of analysis is needed to understand decision-making around TPR's regarding these two specific populations.

The information gathered during Kenosha County's first Quality Service Review is meant to be used as a baseline against which future practice can be measured. A number of practice strengths were identified through the QSR that will continue to lead to positive outcomes, as well as some areas of improvement that the agency may choose to address. Kenosha County is encouraged to adapt the QSR practice model in their daily practice. This adaptation, in addition to the changes implemented through the action plan, will result in improved outcomes for children and families.