

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

*January 12 - 16, 2009
Lafayette County Human Services*

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

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

April 30, 2009

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Office of Performance and Quality Assurance (OPQA), of the Wisconsin Department of Children and Families (DCF), uses the Quality 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 Lafayette County during the week of January 12, 2009. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE LAFAYETTE COUNTY REVIEW

A. REVIEWERS

In the Lafayette County review, two CQI Specialists, one Adoptions Quality Assurance Specialist, one child welfare worker from another county, and two retired child welfare professionals participated in reviewing the six cases selected. Reviewers worked in teams of two and because all are certified QSR reviewers, each took the lead role for one family's case. Reviewers who participated in the Lafayette review have extensive experience in child welfare.

B. CASE SAMPLE

Six cases were randomly selected for review in Lafayette County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers and ages and genders of children. A family must agree to participate in the review process and sign releases for participants to be interviewed by the review team, or the case is not selected. In the Lafayette review, a total of 57 persons were interviewed. Of the six cases, three of the focus children were residing with one or both biological parents and the remaining three were residing in out of home care. One child was in the 0-4 age range, one child in the 5-9 age range, one child was in the 10-13 age range, and three children were over the age of 13. There were three males and three females in the sample.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Janet Poff, Site Leader for the review, conducted these sessions. In addition, Bridget Bauman of the Children's Court Initiative conducted sessions jointly with the Site Leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of insight and feedback about how the systems with which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are described in Section III.

D. DEMOGRAPHICS

Lafayette is a small, rural county in southwestern Wisconsin. The population of 16,298 has been relatively stable over the past two decades. According to the 2000 United States Census, 99% of the inhabitants of the county are Caucasian. While still relatively small, there is a growing Hispanic population in the county, as well as a large Amish population. Agriculture and manufacturing are two of the larger industries in the county, although many people must travel to neighboring counties and states for work due to the lack of higher paying jobs in Lafayette County. The median household income in the county is \$41,162, compared to \$46,142 in the state as a whole. Almost 10% of the population lives below the federal poverty level, which is comparable to the state rate of 10.9%.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Many organizational strengths were identified by focus group participants. The agency staff were noted to work well together and are supportive of each other. Many focus group participants commented on the staff members' commitment to their work. Agency staff were reported to have a "team philosophy" in working with their partners in the community. Focus group members described positive relationships and good communication between agency staff and foster parents, service providers, law enforcement, and the court system, as well as within units and divisions in the county human services department. The supervisor was noted to be accessible to workers and community partners, knowledgeable about child welfare and the local system, and supportive of agency staff. There are ample opportunities for training available to staff. Although like many counties Lafayette is experiencing difficult financial times, the Human Services Board was noted to be supportive of the agency's mission. Focus group participants frequently noted that the Foster Care Coordinator is highly valued and there is good communication between the Coordinator and others.

B. ORGANIZATIONAL – CHALLENGES

One of the biggest challenges facing the agency is the high number of cases carried by child welfare workers. This was recognized by almost all focus groups, many of whom suggested a need for an additional worker in the Child Protection Unit. Because of the high caseload of the Child Protective Services (CPS) Ongoing worker, the Initial Assessment worker and Juvenile Justice worker each have some ongoing CPS cases in addition to their other work. Turnover was also noted to be a concerning issue in the unit. Focus group participants attributed this to the high caseload numbers, especially in the ongoing CPS position. Because of the small size of the unit, even turnover in one position can have a major effect on the unit.

There is a lack of awareness by some community members of the role of CPS. Focus group members discussed the lack of understanding about safety issues with which CPS is concerned as opposed to "quality of life" issues. There is also a lack of information about how and why decisions, such as screening and placement, are made by agency staff. The relationship between the agency and many of the schools was also noted to be of concern, as there is a lack of communication both ways. This points to the need for outreach and education so that partners have an accurate perception of the agency's role in the community. This will also assist in opening channels of communication between the parties and hopefully improve relationships.

Also mentioned as challenges to the agency are budget concerns at the departmental, county, and state levels, and finding training opportunities for more experienced workers. It was felt that much of the current training is more appropriate for the needs of newer, less experienced workers.

C. RESOURCES – STRENGTHS

Although Lafayette is a small, rural county, there is an array of services available to children and families. The in-home parenting program provided by Orion and in-home family therapy program provided by Foundations Counseling were frequently mentioned in focus groups as being of high quality and beneficial to families. There are some other mental health services available in the county, as well as a volunteer driver program to assist families in getting to meetings and appointments. Psychological evaluations are done in a timely manner and are useful in planning change strategies for families. The county-licensed foster homes were often mentioned as being of high quality, with committed, caring foster parents.

D. RESOURCES – CHALLENGES

Because of the small size of Lafayette County, many families must travel to nearby counties for services that are not available locally. Although there are mental health services in the county, the availability is not sufficient to meet the needs of families. Similarly, while transportation services are available, there is a need for increased capacity. Services most mentioned in focus groups as lacking were prevention services and mentoring programs for children and adolescents. A need for more county-licensed foster homes was also identified, as well as treatment foster homes. There are currently no treatment foster homes or group homes located in the county and children who require a higher level of care must be placed outside the county, often at great distance. This makes family interaction and treatment extremely difficult and may impede progress toward permanency goals.

E. PRACTICE – STRENGTHS

Numerous strengths in case practice were identified in focus groups. Coupled with the previously mentioned strengths in communication are the monthly staffings held with contracted service providers. These staffings allow the agency and providers to share information about the families with whom both are working and offer the opportunity for some planning, tracking, and adjusting of plans. Focus group participants also voiced that teaming with families, when occurring, is beneficial in assisting families through the change process.

Another practice strength identified by focus group participants is the diligence with which agency workers attempt to locate absent and uninvolved parents. Likewise, workers make every effort to place children with relatives when safe and appropriate. When children must be placed in foster care, focus group participants noted the amount of support provided to foster parents by agency staff. Staff were said to be responsive to foster parent requests, follow through with tasks, and ensure that the foster parents' needs are met, making it more likely that children will have stability in their foster homes. Agency staff and foster parents share a "co-parenting philosophy" in which foster parents have contact with biological parents of the children in their care.

Focus group participants also felt that agency workers and partners were adept at assessing the underlying needs of children and families. They are then able to implement strategies and services to meet the identified needs in a timely and efficient manner. The insights of the focus groups closely match results in the areas of Assessment and

Understanding, Resource and Support Use, and Intervention Adequacy from the six cases reviewed in Lafayette County.

Finally, joint investigations with the various law enforcement jurisdictions was also noted to be a strength in practice in Lafayette County. Focus group members felt that communication between the agency and law enforcement is good and that joint investigations benefit all those involved, including the family.

F. PRACTICE – CHALLENGES

There were only a few challenges to practice that were identified in focus groups. Many focus group participants noted that the paperwork requirements for agency workers are very time consuming and take away from time that could be spent working with families. The requirements of the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS) were especially mentioned as being time-consuming and often duplicative.

Another practice challenge identified in focus groups was the influx of families with multiple and more complex problems into the child welfare system. Many of these families have been involved for two or more generations. This calls for strategies to address the long-term needs of these families, especially in the face of dwindling funding for services.

Focus group participants recognized the need for more formal and informal teaming with families. Teams should include all those involved with the family and ideally should be family-driven. Many focus group participants mentioned the loss of the Coordinated Services Team (CST) program in the county. Lafayette County has established positive relationships and communication with community partners that can be capitalized on to form the basis for a more formalized process for family teaming.

G. LEGAL – STRENGTHS

Similar to the area of practice strengths, focus group participants identified multiple strengths in the court and legal system in Lafayette County. The Judge was noted to be very thorough in court, ensuring that Adoption and Safe Families Act (ASFA) findings are made and that those in the courtroom, including foster parents and relative caregivers, have an opportunity to provide input. The Judge is knowledgeable about the children and families who appear in his courtroom and cares about them. The court process itself is efficient and timely, with no unnecessary continuances or delays. Focus group participants felt the appointment of adversary counsel for parents contributes to the efficiency of the court and is a common practice.

Others who work within the court system were also noted to be assets to the system. The Corporation Counsel is knowledgeable about the law and the families who appear in court. He is accessible to workers and helpful in answering questions. Guardians ad litem (GAL) are involved with their clients and helpful to foster parents. The Juvenile Court Intake Worker is also viewed as knowledgeable about her job and the law and has a

good working relationship with agency staff and others. Agency workers themselves are prepared for court and well-informed about the families with whom they work.

H. LEGAL – CHALLENGES

Focus group participants reported that one of the challenges in the legal system is confusion about the role of the GAL, which causes some conflict among the various parties. Foster parents are encouraged to contact the GAL and sometimes do so when it might be more beneficial to contact the assigned worker. This results in those working with the family having differing information. Clarification of the role of the GAL and the role of the agency worker might be helpful in eliminating confusion.

While the GAL's are very involved with families, they sometimes are not meeting the children who are assigned to them. GAL's do have phone contact with foster parents, but focus group participants felt it would be helpful for GAL's to meet the children and visit the home in which the children reside.

There was concern expressed in focus groups that children and parents sometimes do not understand what is being said in court. Although the appointment of adversary counsel is beneficial to helping parents understand court proceedings, parents who are not represented are sometimes confused and might not truly comprehend what has transpired in the courtroom.

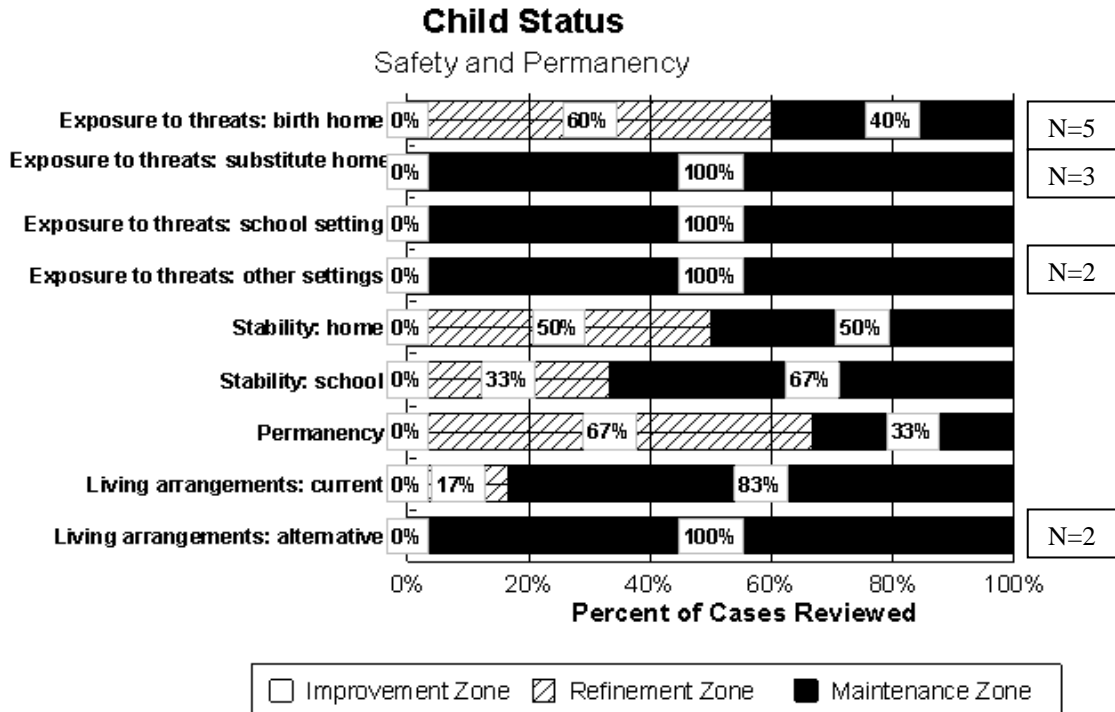
Finally, many focus group participants commented on the Court's practice of scheduling all hearings at the same time. This often results in workers, families, and other participants waiting for one hour or more for a court hearing. Several focus group participants suggested staggering the time for hearings to lessen the amount of time spent waiting.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 180 days prior to the review.

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

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



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:

In this indicator, reviewers are asked to assess the focus child's exposure to threats of harm in the birth home, substitute home, school, and any other setting where the child regularly spends time. Results from the review indicate that the children in the review sample are generally in situations where they are exposed to few threats of harm. Of the five children who were scored for the birth home setting, two were found to be in the maintenance zone and four scored in the refinement zone. All children who were scored for the remaining areas were found to be in the maintenance zone. Lafayette County scores closely align with aggregate scores from the first forty-two counties reviewed for exposure to risks of harm in the birth home, where 44% scored in the maintenance zone, 50% in the refinement zone, and 6% in the improvement zone.

For substitute home, school, and other settings (any other setting where a child regularly spends time), all children who were rated for those categories scored in the maintenance zone.

Stability: To what degree are the child's daily living, learning, and work arrangements stable and free from risk of disruption? Are the child's daily settings, routines, and relationships consistent? Are known risks being managed to achieve stability and reduce the probability of future disruption?

Comments:

Stability refers not only to whether children have been free from risks of disruption at home and in school during the review period, but also requires that reviewers make a determination of whether children are at risk of disruption within the next six months based on information learned during the review. In the Lafayette sample, three children (50%) scored in the maintenance zone for home setting and four children (67%) scored in the maintenance zone for school setting. The remaining children scored in the refinement zone for each setting. For one child in the review sample, the parents worked together to ensure that the child had a stable living situation and educational setting. The reviewer commented in the case story, "The parents share custody and parenting of the focus child in a fifty/fifty arrangement. When the focus child started [Early Childhood], since the parents lived in two different school districts, they negotiated the current living arrangement so the focus child could attend school while living in one household (father) and then live with mother when not in school."

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 for children in the sample is an area in which there is an opportunity for improvement. Of the six children in the sample, two (33%) scored in the maintenance zone while the remaining four (67%) fell into the refinement zone. Scores from Lafayette are very similar to scores from the first forty-two counties reviewed, where 32% scored in the maintenance zone, 60% in the refinement zone, and 8% in the improvement zone.

In one case that scored in the refinement zone for this indicator, the child had been out of the birth home for well over one year. The agency had recently decided to change the child's permanency goal from Reunification to Transfer of Guardianship due to lack of progress on the part of the mother in making changes necessary to have the child returned to her care. The reviewer noted, "The focus child is in a home where he has lived for only the past five months. But, he clearly told the reviewers that he wants to remain there until he grows up." The treatment foster parents who are currently caring for the child are willing to become his guardians and have the child remain with them.

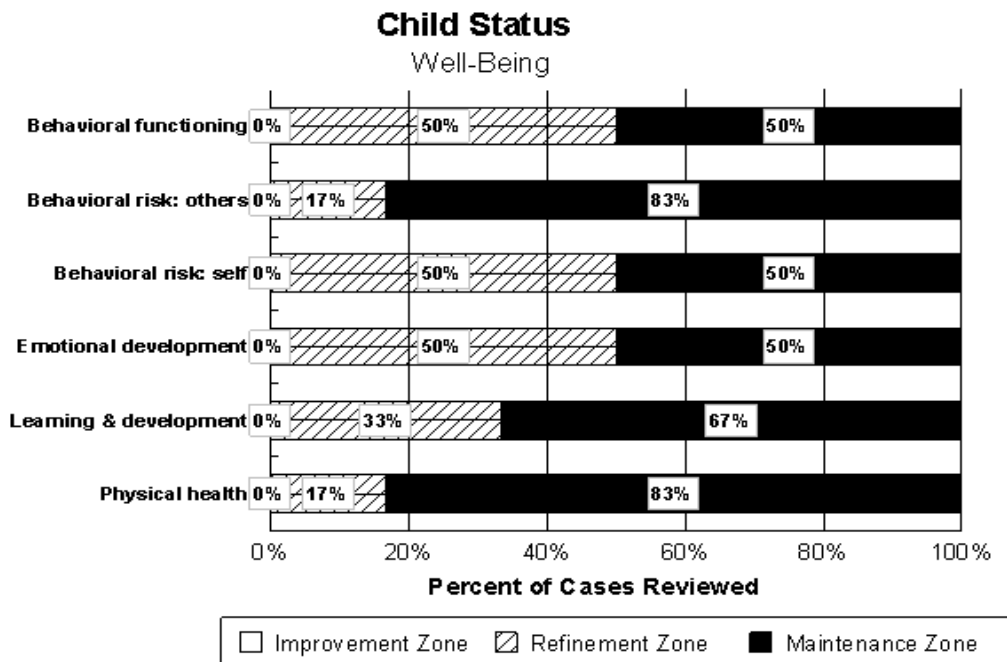
Permanency is viewed as a "lagging" indicator in Quality Service Reviews. As practice improvements are made in areas such as assessment, planning, and long-term view, permanency outcomes for children should also improve.

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:

Children in the Lafayette County review sample are living in environments that are appropriately meeting their needs, whether in the birth home or substitute care setting. Five of the six children in the review scored in the maintenance zone in their home setting, while only one child scored in the refinement zone. "Alternative living arrangements" refers to any other place the child has slept and received care in the 90 days prior to the review. Two children were scored for alternative settings, which in both cases was the home of the biological parent. Both children scored in the refinement zone.

One child in the review who scored in the maintenance zone for Living Arrangement had a lengthy history of instability with his mother. The family moved frequently, which made provision of services difficult. The child is currently residing in a treatment foster home. The reviewer wrote, "The focus child's current Living Arrangements scored in the maintenance zone because for the first time in his life he is being cared for by adults who are keeping him safe from harm, providing structure, and addressing his needs and he is responding to them in a positive way."



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:

Consistent with scores from other counties that have been reviewed, children in the Lafayette review sample were found to be physically healthy. In those cases where children have special medical needs, those needs are being addressed appropriately. All but one child in the sample scored in the maintenance zone for this indicator, while the remaining child scored in the refinement zone. That child had a recent significant weight gain and changes in medications he is taking, which those interviewed believed to be at least partially responsible for the weight gain. He is being monitored by staff in the Residential Care Center (RCC) in which he resides.

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

Comments:

Of the six children included in the review, three scored in the maintenance zone for this indicator and three scored in the refinement zone. It should be noted that five of the six children in the sample have been exposed to some type of trauma. In addition to trauma, four of the six children had other co-occurring conditions, such as depression, Attention Deficit Hyperactivity Disorder (ADHD), and a speech delay. One child was prescribed two psychotropic medications, while two children were prescribed one psychotropic medication each. Despite some of their co-occurring conditions, children in the sample were functioning fairly well in this area.

One child who scored in the refinement zone has been diagnosed with ADHD, a learning disability, and an anxiety disorder in addition to having been exposed to trauma. This child has shown improvement in his emotional status over the past several months, which the reviewers attributed to the combination of medication and a safe, structured living environment with foster parents who are able to meet the child's needs. The child also scored in the maintenance zone in the area of Living Arrangement.

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

Comments:

Scores in the area of Behavioral Functioning closely mirrored scores in Emotional Development. Again, three of the six children in the sample scored in the maintenance zone while the remaining three scored in the refinement zone. Children whose scores

were in the maintenance zone for Emotional Development also scored in the maintenance zone for Behavioral Functioning. Those who scored in the refinement zone in the area of Emotional Development also scored in the refinement zone in the area of Behavioral Functioning. These scores are fairly similar to scores from the previous forty-two county reviews, where 45% of children scored in the maintenance zone, 50% in the refinement zone, and 5% in the improvement zone for Emotional Development. In the area of Behavioral Functioning, 39% of children from the first forty-two reviews scored in the maintenance zone, 57% in the refinement zone, and 4% in the maintenance zone.

One focus child who scored higher for Emotional Development scored lower for Behavioral Functioning. This child has been exposed to trauma related to the death of his father as a result of injuries sustained in an accident and was diagnosed with depression. The focus child was participating in therapy, but continued to struggle with his emotions and behavior. The reviewer wrote, "He has not acted out aggressively, but he is not relating well with peers and he is not participating in activities that are available to him." The reviewer further noted, "The focus child continues to need support around the loss of his father. Some of those interviewed felt he is beginning to show insight into his past behaviors as it related to his father's death and the impact the death had on family dynamics. However, at this time he is not able to demonstrate or operationalize new behaviors." The reviewers recommended that those working with the family "look for ways to engage the mother and child in a trust based relationship with the treatment provider and the worker. This will be the basis to get them to invest in the treatment and planning process." It is hoped that if the mother and child are more involved in a plan that they help develop, the child will be more invested in his treatment and success.

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:

Some of the children in the review sample are avoiding behaviors that put themselves at risk of harm, while others are struggling somewhat in this area. Three of the children in the sample (50%) scored in the maintenance zone for this indicator and the remaining three scored in the refinement zone. In the area of behavioral risk to others, five of the six children (83%) scored in the maintenance zone and only one child (17%) scored in the refinement zone, indicating that for the most part children in the sample are not engaging in behaviors that might put others at risk of harm. For one child who scored in the refinement zone for risk to self, the reviewers felt the child's impulsive behavior and lack of judgment could place the child in harmful situations. The child is taking medication for ADHD and anxiety; however, was not consistently seeing the therapist. Reviewers recommended that efforts be made to ensure the child was making all scheduled appointments in order to address emotional and behavioral issues.

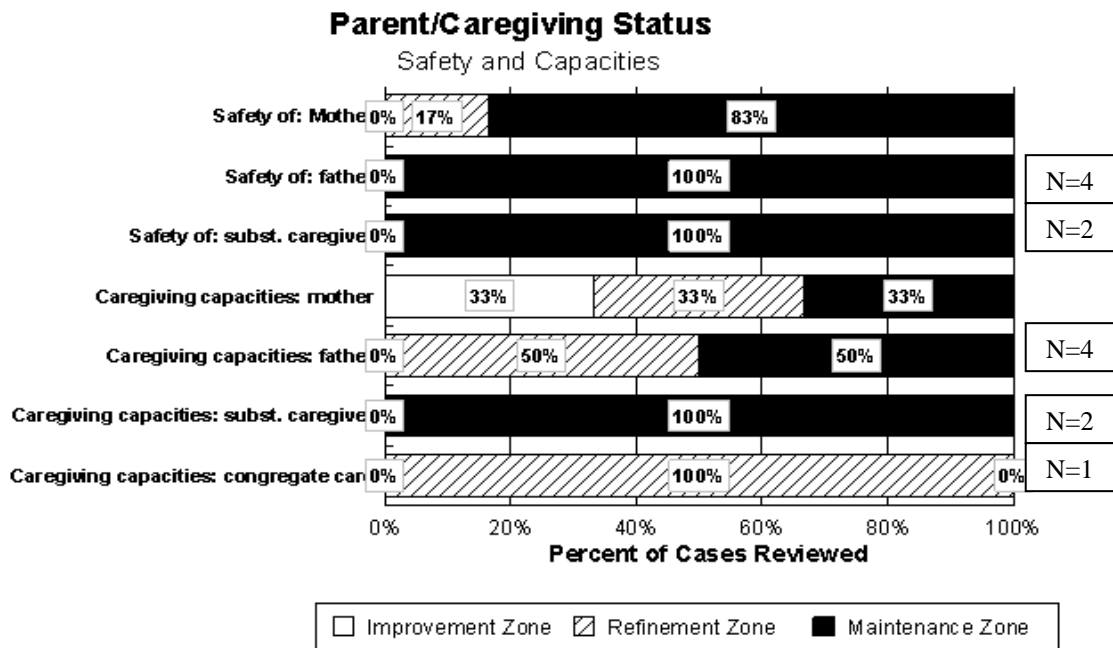
Early Learning & Development (Under Age 5): To what degree is the young child's developmental status commensurate with his/her age and developmental

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:

Four of the six children (67%) in the Lafayette County sample scored in the maintenance zone in the area of learning and development, indicating that for the most part, children are developing and learning at a level consistent with their age and abilities. Two children (33%) scored in the refinement zone. Of the five school age children, three were in a regular educational setting in school and the other two were receiving part-time special education assistance. Notably, only one child of the five was reading below grade level. Children in the sample were performing as well as children who were part of the first forty-two county reviews, where 67% were in the maintenance zone, 28% in the refinement zone, and 5% in the improvement zone.



Safety of the Parent/Caregiver: Is the parent/caregiver in the child's household safe from manageable risk of harm at home? Is the parent/caregiver free from intimidations and reasonable fears of domestic violence in the home?

Comments:

This indicator measures the safety of parents and substitute caregivers in the home and the community, with an emphasis on domestic violence. Mothers in the sample were generally free from risks of harm at home and in the community, with five of the six mothers (83%) scoring in the maintenance zone and one in the refinement zone. Of the four fathers scored for this indicator, all were in the maintenance zone, as were the two substitute caregivers in the sample. Scores for parents compare quite favorably to the scores from the first forty-two county reviews in which 53% of mothers and 66% of fathers scored in the maintenance zone, 40% of mothers and 29% of fathers scored in the refinement zone, and 7% of mothers and 5% of father scored in the improvement zone. For substitute caregivers in the first forty-two counties reviewed, 99% were in the maintenance zone with only 1% in the refinement 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)?

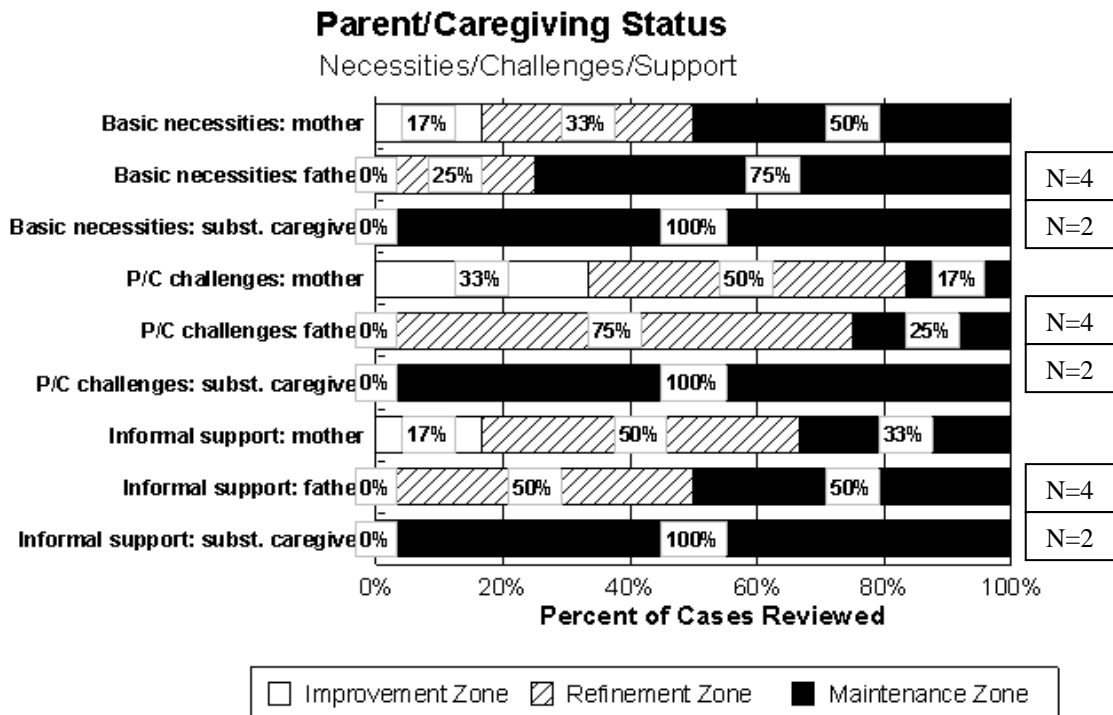
Comments:

Caregiving capacities for mothers and fathers is an area in which there is room for enhancement. Mothers in the review were evenly split, with two mothers (33%) falling into each of the three rating zones. Of the four fathers in the sample, two (50%) scored in the maintenance zone while the other two were in the refinement zone. For some parents, there was a correlation between scores in the area of Caregiving Capacities and those in the area of Special Parenting/Caregiving Challenges, i.e., those who scored higher in one area also scored higher in the other while those who scored lower in one area also scored lower in the other. In comparison to counties involved in the first forty-two reviews, parents in the Lafayette County sample fared pretty well, especially fathers in the sample. Aggregate scores from the forty-two counties for mothers were 19% in the maintenance zone, 59% in the refinement zone, and 22% in the improvement zone. For fathers, 22% were in the maintenance zone, 54% in the refinement zone, and 24% in the improvement zone.

One of the mothers in the sample was noted by reviewers to be struggling with mental health issues that affected her ability to demonstrate adequate, consistent caregiving to the focus child. The reviewer noted in the case story: "Because of her declining mental health, mother scored in the improvement zone in the areas of caregiver capacities and challenges. When she is stable, she is described by participants as nurturing and attentive, but as she has deteriorated, she is seen as distant and detached from the children. She tends to sleep a lot and cannot be counted on to supervise them. She is also absent from the home a lot."

For one mother who scored in the maintenance zone, the case story illustrates the importance of an adequate support system, the ability to provide for the family's basic needs, and the lack of major challenges to caregiving. The mother had assistance in caring for her four children from her grandmother, with whom she was temporarily living. Although the mother and the focus child's stepfather were separated, the stepfather was also providing support and care for the children. These parents were able to work together to make changes in order to be better able to parent their children with informal and formal supports in place to assist them.

One child in the sample was placed in a congregate care setting. This setting scored in the refinement zone for this indicator. Some of the issues identified by the reviewers in the case story were the apparent inability of the congregate care staff to fully engage the child in the program, a need for further support of the child surrounding issues of grief and loss related to the death of his father, and a need for creative programming to allow the child to exercise and lose weight given that he is often on "discipline" status in the congregate care placement.



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:

Caregivers in the review sample were doing well in the area of providing for the basic needs of their families. In the case sample as a whole, two parents were identified as having functional limitations in the area of self-sufficiency. Three mothers (50%) in the sample scored in the maintenance zone, two (33%) in the refinement zone, and one mother (17%) in the improvement zone. This compares favorably to the data from the first forty-two counties reviewed, where 31% of mothers were in the maintenance zone, 55% in the refinement zone, and 14% in the improvement zone. Fathers did somewhat better than mothers in Lafayette County, with three of the four fathers (75%) in the maintenance zone and the other in the refinement zone. Data from the first forty-two county reviews show only 41% of fathers in the maintenance zone, 47% in the refinement zone, and 13% in the improvement zone. Both of the substitute caregivers in the Lafayette review scored in the maintenance zone, which is very similar to the larger data.

One mother who scored in the improvement zone was struggling with many issues that affected her ability to provide even basic care for the focus child, who was residing in a treatment foster home. The mother had been exposed to trauma at a young age and throughout her life, was struggling with AODA issues, was homeless, and had no visible means of support. This mother also scored in the improvement zone in most of the other status areas (Caregiving Capacities, Caregiving Challenges, and Informal Supports).

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:

This indicator assesses diminished caregiver capacity that affects the parent or caregiver's ability to adequately and safely care for the child. Reviewers consider such issues as substance abuse, mental illness, and cognitive disabilities when evaluating caregivers in this area. In the Lafayette County sample, parents in several cases were facing significant challenges that limited their ability to adequately function as a caregiver to their children. Of the six mothers in the sample, two (33%) scored in the maintenance zone, three (50%) in the refinement zone, and one (17%) in the improvement zone for this indicators.

Fathers were similarly challenged, with only one of the four fathers in the sample scoring in the maintenance zone and the remaining three scoring in the refinement zone. The two substitute caregivers that were scored for this indicator both fell in the maintenance zone. Scores for all categories in this indicator were very similar to scores from the first forty-two counties reviewed.

Of the six cases in the sample, three had at least one parent with a diagnosed mental illness, two had at least one parent struggling with substance abuse, one parent was a suicide risk, and one parent had a chronic health problem. These co-occurring conditions contributed to the parent's difficulty in maintaining a safe home environment and providing adequate and consistent care to their children. Notably, in four of the six cases reviewed, one or both parents have been exposed to some type of trauma in the past. This points to the importance of trauma-informed assessments and treatment strategies for families.

One mother who scored in the improvement zone for both caregiving capacities and challenges had been exposed to trauma throughout her life, beginning at a young age. She now struggles with substance abuse and mental health issues that severely limit her ability to parent her children, as well as to care for herself. The reviewer wrote: "After many months of services this mother has made no progress whatsoever. She fails to take responsibility for her behavior. She is unable to demonstrate a consistent ability to cope, manage her stress, or effectively solve problems. She has no job or visible means of support. She has no permanent home. Even after months of inpatient and outpatient AODA treatment, she continues to deny that she has substance abuse issues." This case illustrates the effect that trauma can have on individual functioning and further underscores the importance of trauma-informed assessment and treatment.

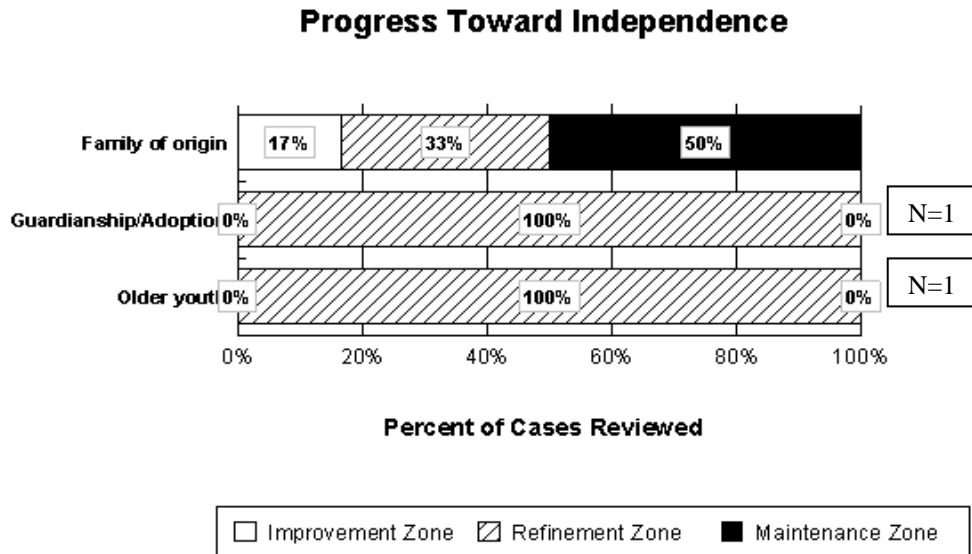
Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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:

Mothers in the Lafayette County sample are also struggling to find and utilize informal resources who can support them after the agency is no longer working with the family. Two of the six mothers (33%) in the sample scored in the maintenance zone, three (50%) scored in the refinement zone, and one (17%) scored in the improvement zone in this area. Fathers were faring somewhat better, with two of the four fathers in the sample scoring in the maintenance zone and the remaining two in the refinement zone. Both substitute caregivers scored in the maintenance zone for this indicator. There appears to be a correlation between scores for parents in this area and scores in the area of planning

for sustainable supports in practice. This points to a need for enhancement of strategies to identify and develop relationships with informal resources who can support parents and families long after the agency has moved to safe case closure.

V. PROGRESS INDICATORS



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

Comments:

This indicator addresses the progress families who have a goal of reunification or maintaining the focus child in the home are making toward safe case closure and independence from the agency. While some of the families in the sample are making good progress, others are experiencing some difficulty. Three of the six families (50%) in the Lafayette sample scored in the maintenance zone, two (33%) in the refinement zone, and one (17%) in the improvement zone. This compares favorably to scores from the first forty-two county reviews, where 28% of families scored in the maintenance zone, 54% scored in the refinement zone, and 18% scored in the improvement zone.

One family in particular had made a great deal of progress toward permanency and the children had been reunified after being placed out of the home for a few months. The

reviewers indicated that the mother was being successfully treated for substance abuse, the father became an active participant in family therapy, and the parents had "come together to create a very strong parental unit." The family scored in the maintenance zone for almost all practice indicators, including engagement of the focus child and both parents, family teamwork, overall assessment and understanding, long-term view, planning for behavioral outcomes for the focus child and parents, resource and support use, and intervention adequacy. The parents also scored in the maintenance zone in the areas of safety for the parents, parental caregiving capacities, basic necessities, and informal supports. Despite the significant challenges faced by the mother (trauma exposure at an early age, mental health issues, and substance abuse issues) the family was engaged with providers and both formal and informal resources and supports were available and utilized by the family.

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:

Only one case in the sample was appropriate for this indicator and this case scored in the refinement zone. This was mainly due to the very recent decision to change the focus child's permanency goal from Reunification to Transfer of Guardianship. The focus child's current foster parents are willing to become the legal guardians.

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?

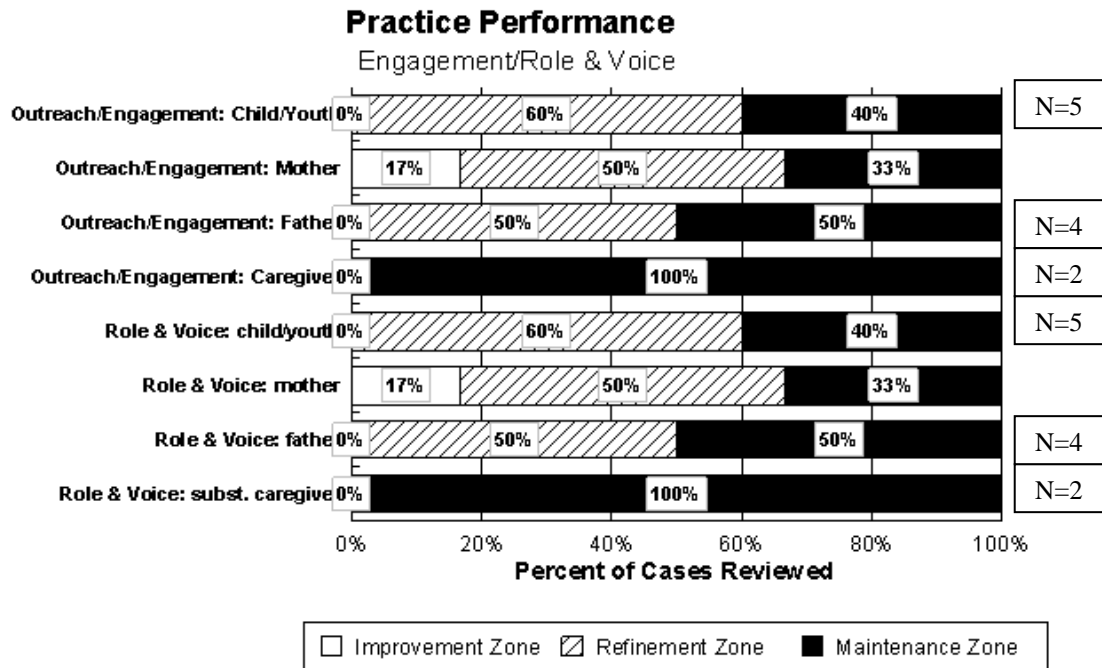
Comments:

One child in the sample was over the age of 15 and therefore scored for this indicator, which addresses the progress older children are making toward learning the skills necessary to live independently when they have reached adulthood. This child scored in the refinement zone, as he is struggling with his day-to-day behavior and has not yet had the opportunity to engage in developing an independent living plan.

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 six cases that were reviewed. There is an ample body of research that documents the efficacy and contribution in helping families develop, pursue, and complete successful strategies of change. The scores on practice performance are presented to point out strengths in case practice that should be maintained, as well as opportunities where the agency can focus efforts in improving outcomes for children and families served.

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



ENGAGEMENT OF CHILD & FAMILY: To what degree are those interveners involved with the family using engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Are interveners building a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Are interveners relying on a mutually beneficial partnership with the child, family, and/or others that is sustaining their interest in and commitment to the change process?

Comments:

This indicator asks that reviewers evaluate the engagement strategies used by workers and service providers to build trust-based working relationships with children, parents, and caregivers. Results from the Lafayette County review indicate that this is an area in which there is opportunity for enhancement of case practice, especially for children and mothers. Of the five children who were rated for this area, two (40%) scored in the maintenance zone and three (60%) in the refinement zone. This compares to scores from the first forty-two counties of 59% in the maintenance zone, 39% in the refinement zone, and 2% in the improvement zone. For mothers in the sample, two (33%) scored in the maintenance zone, three (50%) in the refinement zone, and one (17%) in the improvement zone. These scores are similar to scores from the first forty-two county reviews. Of the four fathers in the sample, two were in the maintenance zone and two in the refinement zone. This compares favorably to scores from the forty-two counties, where 23% were in the maintenance zone, 48% in the refinement zone, and 29% in the improvement zone. Both substitute caregivers in the Lafayette sample were in the maintenance zone.

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

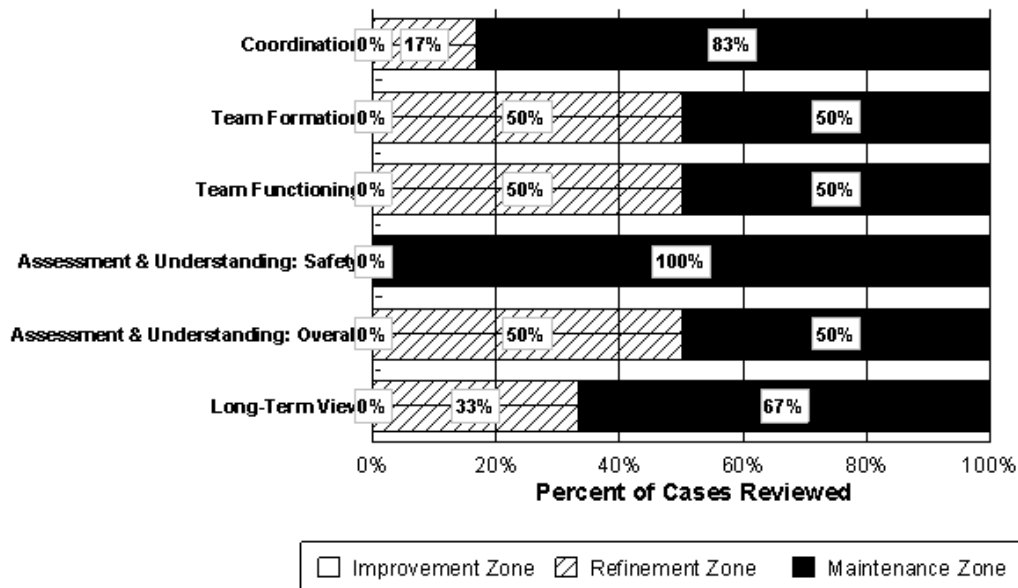
Comments:

The Role and Voice indicator differs from outreach in that it asks reviewers to assess how much input and influence parents and caregivers have in decision-making, planning, selection of services, and other case activities. Scores from the six families' cases in the review mirror scores in the area of Engagement, indicating that this is also an area in which there is opportunity for enhancement of case practice. In comparison to the first forty-two counties reviewed, Lafayette scores were similar for children and mothers in the sample, while scores for fathers and substitute caregivers were higher in Lafayette.

One case in which the mother scored in the improvement zone for Engagement and the refinement zone for Role and Voice illustrates the importance of forming partnerships with parents working with the agency and finding ways to allow clients to have a voice in resources that are selected. In this particular case, the mother had been receiving services in a neighboring county to address her mental health issues. A decision was made to allow the mother to only receive services in the county in which she resided. The reviewer wrote, "[The mother] had been seeing a counselor for two years at an agency in a neighboring county. Both this counselor and her husband felt that she trusted this counselor, which was a big step for her. Mother refused to see the counselor assigned to her in her county. Since she wasn't involved with a counselor, she was not entitled to a mental health case manager...In addition, mother was very involved with a mental health day treatment facility also located out of the county. Although she tended to overdo her involvement there, in general, it was a source of support for her. There seems to be a relationship between the end of the services she was using and the increase in her use of inpatient hospitalizations. It appears our focus child's mother perceived that she had little to no role and voice in the decision-making around these changes." It should be noted that this mother scored in the improvement zone in the areas of Parent/Caregiving Capacities and Parent/Caregiving Challenges.

Practice Performance

Core Practice Functions



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 of strength in Lafayette County. Five of the six cases scored in the maintenance zone, while one case scored in the refinement zone. These scores compare quite favorably to scores from the first forty-two county reviews, where 46% scored in the maintenance zone, 50% in the refinement zone, and 5% in the improvement zone.

TEAM FORMATION: To what degree: (1) Have the people who provide support and services for this child and family formed a working team that meets, talks, and plans together? (2) Does the team have the skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background?

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

Comments:

The case practice model upon which the QSR is based relies heavily upon teaming with families in core practice areas such as assessment, planning, and tracking and adjusting the plan. Scores in the areas of team formation and functioning in the Lafayette County sample indicate that these are areas of relative strength. Three of the six cases scored in the maintenance zone in both areas, while the remaining three cases scored in the refinement zone. These scores are higher than those in the first forty-two counties, where in the area of Team Formation 29% of cases reviewed scored in the maintenance zone, 54% in the refinement zone, and 17% in the improvement zone. For Team Functioning, 22% of cases reviewed in the first forty-two counties scored in the maintenance zone, 59% in the refinement zone, and 19% in the improvement zone.

In one case that scored in the maintenance zone for both team formation and functioning, the reviewer noted, "Family teamwork formation and functioning was a strength. There were few participants, however, those that were involved met and planned together. They all worked from the same 'long term view,'—everyone was working towards reunification and maintenance of the placement and there was agreement on the behavior changes necessary to reach this end." Engagement and Role and Voice scores for the parents and child in this case were also in the maintenance zone and this family had made a great deal of progress toward safe case closure and independence from the agency. This underscores the importance of engaging families in a strength based process and working as a cohesive team in assessing family needs, developing strategies based on family strengths to meet those needs, and evaluating and adjusting the plan depending on progress.

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family's strengths, needs, and diminished parent/caregiver protective capacities that must change to assure child safety? Are these understandings reflected in the process used for helping the family achieve a safe home (via protective provisions in the home, demonstrated parent/caregiver protective capacities, and sustainable family supports)?

Comments:

Assessment of safety was a strength in Lafayette County, as all six cases in the review sample scored in the maintenance zone. This compares quite favorably to scores from the first forty-two counties reviewed, where 52% scored in the maintenance zone, 45% were in the refinement zone, and 3% were in the improvement zone. In one case, the reviewer commented, "Safety assessment and overall assessment were found to be thorough and a driving force of the current treatment plan. The resources and supports were chosen based on the evaluations and they have been effective in working with the focus child's emotional and behavioral issues."

ASSESSMENT & UNDERSTANDING - OVERALL: To what degree: Is there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child and family of origin or

adoptive family to live independent of agency supervision? Are these understandings reflected in the family change process used for helping the family achieve permanency and well-being (via demonstrated parental behavior changes, sustainable family supports, and concurrent alternatives pursued for achieving permanency with another family, if necessary)?

Comments:

Behaviorally specific plans used to help families through the change process are most effective when based on functional assessments that give a "big picture understanding" of the family situation. In the Lafayette review, half the cases in the sample scored in the maintenance zone for this indicator and the remaining half scored in the refinement zone. These scores are slightly better than scores from the first forty-two county reviews, in which 34% scored in the maintenance zone, 60% in the refinement zone, and 6% in the improvement zone. The case stories should be reviewed for information that might be useful in identifying strengths and areas of opportunity for enhancement of case practice.

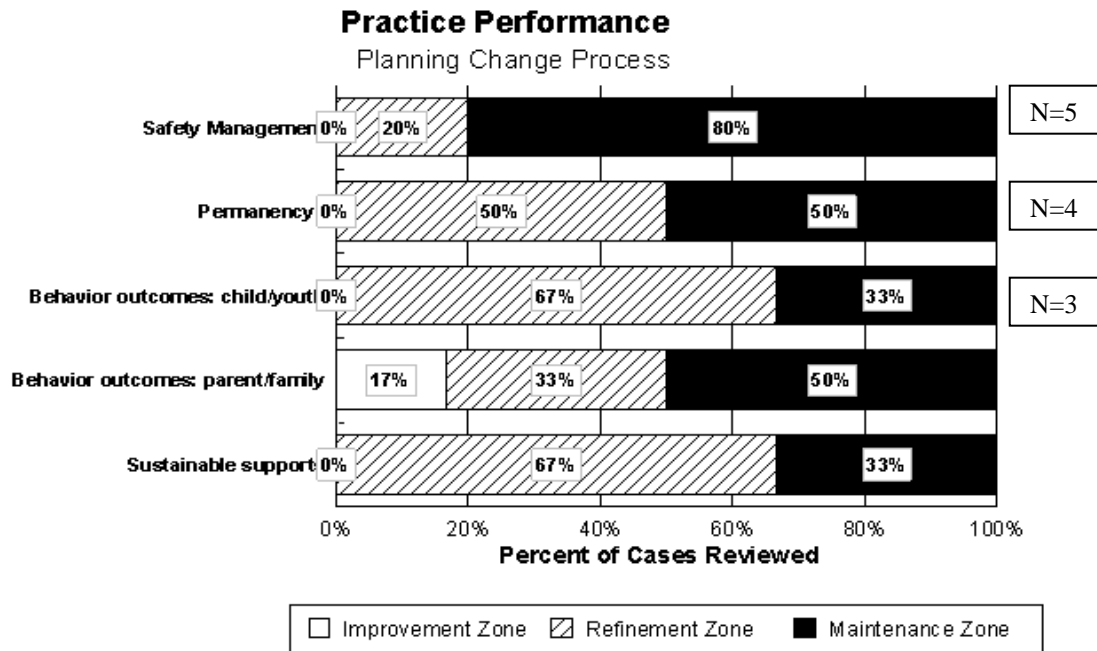
LONG-TERM VIEW FOR SAFE CASE CLOSURE: To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral patterns must be demonstrated and sustained in the home by the parent? Sustainable conditions and supports must be present in the home and family situation to preserve the family, reunify the family, support the adoptive family or youth transitioning to independent living so that external supervision may be safely concluded with the family or youth being independent of the system?

Comments:

Development of a long-term view is critical in moving families toward safe case closure and independence from the agency. Ideally, everyone involved with the family, including family members, should be able to articulate the long-term view. This is another area of strength in Lafayette County, where four of the six cases reviewed (67%) scored in the maintenance zone and two cases (33%) scored in the refinement zone. This is significantly better than aggregate scores from previous reviews, where only 22% were in the maintenance zone, 60% in the refinement zone, and 18% in the improvement zone. In one case, the long-term view was clearly outlined by team members. The reviewer wrote, "Both of these indicators [Assessment and Long-Term View] have provided good direction and an understanding of what is needed for safe case closure. That closure will come when the focus child has a permanent home in which he is happy, safe, secure, his needs are met, and he is allowed to be a child. There is a shared big picture understanding of the family and the underlying issues that need to change in order for that safe case closure to occur."

In another case that scored in the lower refinement zone, reviewers were concerned that those involved with the family did not have a shared understanding of the conditions for safe case closure. The reviewer wrote, "In general, providers had a hard time describing when they would be done and this family would be able to function without formal

services and supports. Some of those involved with the family thought there would never be a time that this family wouldn't be involved in services."



PLANNING A PROCESS FOR SAFETY MANAGEMENT: To what degree is a well-reasoned, ongoing process being used for controlling and managing impending danger threats to child safety while strategies and actions are developed and implemented for the family change process via enhancing parent/caregiver capacities that lead to attainment of protective conditions for safety in the home, acquisition/demonstration of required parent behavior changes, and securing sustainable family supports?

Comments:

Planning a Process for Safety Management is another area of strength in Lafayette County. Of the five cases that were scored in this area, four (80%) were in the maintenance zone and one (20%) in the refinement zone. There appears to be a correlation between these scores and those in the indicator that addresses understanding and assessing safety, where 100% of the cases scored fell into the maintenance zone. It would appear that in Lafayette County, quality safety assessments are the basis for plans designed to address the safety of children in their homes. Scores in this area compare quite favorably to scores from the first forty-two county reviews, where 38% scored in the maintenance zone, 52% in the refinement zone, and 10% in the improvement zone.

In one case, the reviewer outlined the strengths in the assessment and understanding of safety: "The worker and providers had a good understanding of the family strengths, needs, history and structural dynamics. The safety concerns were well understood by everyone involved, including the family members and their support persons. Due to the solid assessment and understanding of the family and the safety concerns, planning for

safety management was quite effective. The worker mapped out each need and safety concern to a specific action and intervention. It was simple, clear, adequate and attainable...The safety planning also incorporated the family's strengths and needs."

PLANNING A CHANGE PROCESS FOR PERMANENCY [For a child removed from his or her home]: To what degree is a well-reasoned planning process used to drive strategies and actions for the family change process that provides, as needed, for: Reunifying the child and parent, replacing the entering parent with another, or achieving independence for a youth? Searching for, finding, eliminating, and approving a relative or another replacement to be the permanent caregiver? Resolving any legal barriers to permanency? Supporting and evaluating the stability and success of the child and family in a potentially permanent home to ensure family sustainability as a condition for Safe Case Closure?

Comments:

Successful plans are built on quality functional assessments of family strengths, needs, and underlying issues. Planning for permanency is also closely linked to the long-term view of the family and those working with the family. Permanency for children is therefore likely to improve when there is a clear, shared understanding of what permanency looks like for a specific child and the strategies for achieving this goal. Of the four cases that were scored, two were in the maintenance zone and two in the refinement zone. Once again, there appears to be a correlation between scores in the area of overall assessment and understanding and the area of planning for permanency. The case stories should be used to gain a better understanding of case practice in this area.

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:

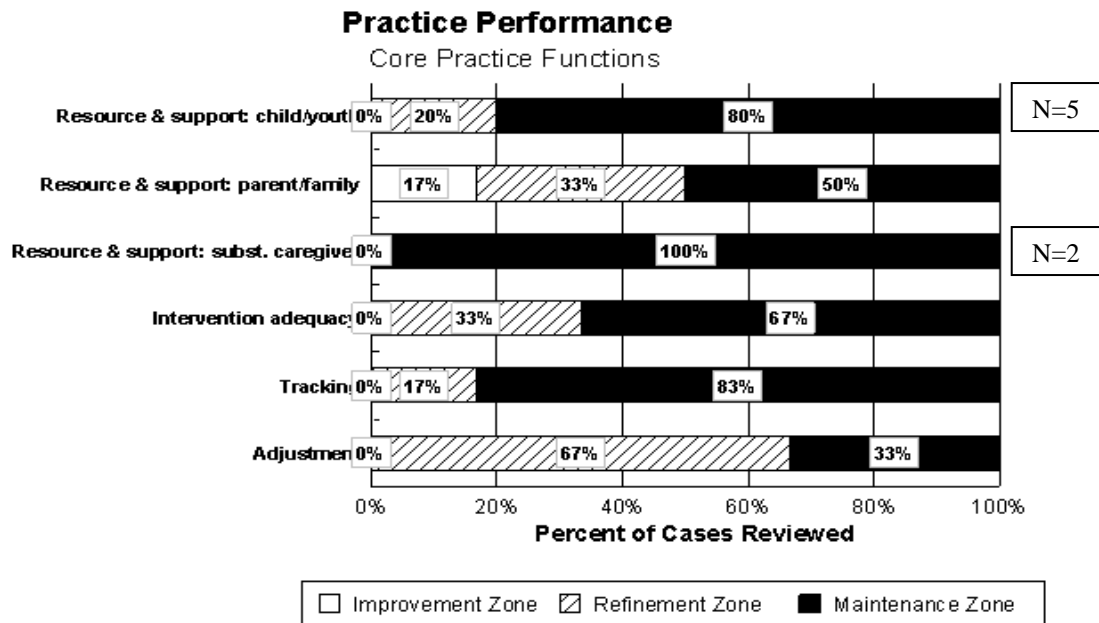
Planning for behavioral outcomes for children in the case sample and their parents is an area of opportunity to enhance case practice. For the three children in the sample who were scored in this area, one (33%) scored in the maintenance zone and two (67%) scored in the refinement zone. For parents, three of the six cases (50%) scored in the maintenance zone, two (33%) in the refinement zone, and one (17%) in the improvement zone. Again, successful plans that address behavioral change are based on a shared understanding by all those involved of the family's strengths, needs, and the underlying conditions that must change in order for children to be safe in their homes and for the agency to move to safe case closure.

In the case that scored in the improvement zone for the parent, the mother was not engaged with the agency worker or service providers and had little input into the assessment and planning process. Reviewers saw engagement of the mother as key to developing a better understanding of her situation, which could result in better planning and implementation of strategies to address the issues that brought the family to the attention of 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:

Families who have informal systems of support in place at case closure are more likely to sustain positive behavioral changes made prior to case closure, and therefore they are less likely to again come to the attention of the child welfare system. As indicated in the Status section, many parents in the Lafayette sample are struggling to identify and develop informal systems of support that will be in place when the agency is no longer involved with the family. Scores in the area of planning for sustainable supports reflect the difficulty parents are having, as the child welfare system also appears to be struggling to develop strategies to assist families in this area. Two of the cases in the sample (33%) scored in the maintenance zone for this indicator, while the remaining four (67%) were in the refinement zone. This closely resembles results from reviews in the first forty-two counties and shows a need for development of strategies to assist families in finding and utilizing these supports.



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:

Scores in the area of resource and support use indicate that this is an area of relative strength in case practice in Lafayette County. For children in the sample, four of the five (80%) scored in the maintenance zone and one child (20%) scored in the refinement zone. For parents, three cases (50%) scored in the maintenance zone, two (33%) in the refinement zone, and one (17%) in the improvement zone. The two substitute caregivers both scored in the maintenance zone. These scores compare favorably with scores from the first forty-two counties in all three areas.

In one case that scored in the refinement zone for the child and parent, the reviewer noted the "excellent array of services" available to the family, which were "further enhanced by good informal supports such as the daycare provider and grandmother."

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?

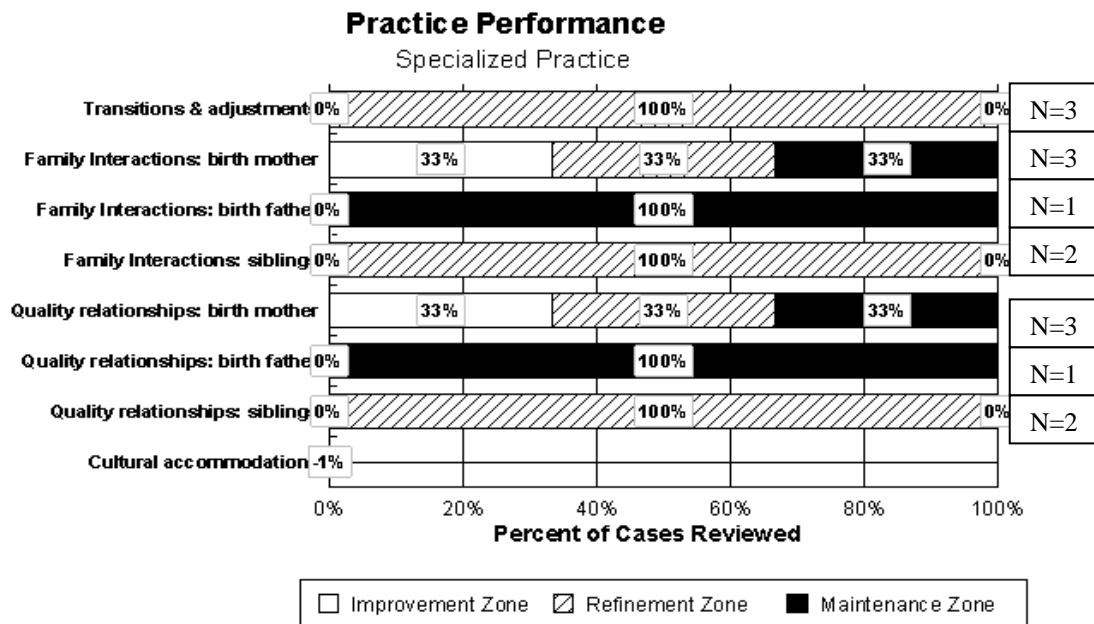
Comments:

While the indicator "Resource and Support Use" addresses the availability and provision of resources necessary to help meet the needs of families, this indicator addresses the intensity, duration, and "power" of intervention strategies that have been implemented. In the Lafayette sample, four cases scored in the maintenance zone and two in the refinement zone, indicating that this is another area of strength in case practice. In one case that scored in the maintenance zone, the reviewer wrote, "The interventions precisely matched the needs of the children and family. The interventions were neither over- nor under-powered, allowing the family to comfortably make progress without being overwhelmed or anxious that their needs were not being met."

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:

Scores in the area of Tracking demonstrate an area of strength for Lafayette County, where five of the six cases (80%) scored in the maintenance zone and the remaining case (17%) scored in the refinement zone. Effective tracking in a case requires that the family and those working with the family maintain situational awareness. Adjustments can then be made to strategies and services depending on the evaluation or tracking of child and family status, case practice, progress made, and emerging strengths and needs. Adjustment scores in the review sample point to the need for using this evaluation to make changes to strategies to fit the family's current situation. Of the six cases in the sample, two scored in the maintenance zone (33%) and four (67%) scored in the refinement zone. Tracking scores compared quite favorably to scores from the first forty-two county reviews, where 46% of cases reviewed scored in the maintenance zone, 48% in the refinement zone, and 5% in the improvement zone. Scores in the area of Adjustment were similar to scores from the first forty-two counties, where 31% were in the maintenance zone, 59% in the refinement zone, and 10% in the improvement zone. The case stories should be reviewed for information that might be useful in developing strategies for enhancing practice in this area.



TRANSITIONS & LIFE ADJUSTMENTS: To what degree: Is the current or next life change transition for the child being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs? Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? If the child is returning home and to school following a temporary placement in foster care, treatment, or detention, is the transition and life adjustment sequence working? Is there follow-along support for the adjustment period?

Comments:

For cases in which children have a major life transition, it is important for those involved to anticipate and plan for the transition. In the Lafayette review, three of the focus children were identified as having an upcoming life transition and all three scored in the refinement zone. One reviewer noted the importance of planning for a family's transition to safe closure. The reviewer wrote in the case story, "Some areas that reviewers identified as needing attention, particularly with moving towards safe case closure were planning for sustainable supports and transitions, and adjusting plans and interventions according to progress, change or transitions. The family has made great progress and is functioning well, yet they are nearing safe case closure and independence from the system. Reviewing areas that may come up or challenge the family would be helpful; ensuring the informal supports on board with planning would set the family up for safe case closure."

FAMILY INTERACTIONS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain family connections with meaningful interactions via frequent visitation and other means, unless compelling reasons exist for keeping them apart? To what degree are strategies and efforts being implemented to support the following between the child and his/her family members for: (1) Supporting frequent interactions via visitation and other means? and (2) Using varied and creative opportunities for family members to nurture one another?

QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for keeping them apart? To what degree are current strategies and efforts enabling family members to improve and maintain the strengths and positive qualities of their relationships with one another?

Comments:

Family Interactions addresses the frequency and opportunity for family interaction when children are not living with their family of origin, while Quality Family Relationships evaluates the success of strategies for building healthy relationships among family members who are living apart. Three birth mothers were scored for these indicators in the Lafayette sample, with one mother scoring in the maintenance zone, one in the refinement zone, and one in the improvement zone for both indicators. Only one father in the sample was scored for these two indicators and he was scored in the maintenance zone for each. Two cases were scored for siblings and both fell into the refinement zone for Family Interactions and Quality Family Relationships.

In one case that scored in the maintenance zone for both parents, the reviewer noted, "The three siblings were placed together in the same foster home and once our focus child's mother was established in her own home, interaction occurred regularly and for

extended periods of time. The children spent two weeks at their mother's home over the holidays."

The case that was scored in the improvement zone for the mother illustrates the difficulty of maintaining family connections when a parent is incarcerated or receiving inpatient treatment and when siblings are not placed together. The reviewer wrote, "Due to his mother's incarceration and inpatient treatment the focus child has not had contact with her for over nine months. His older brother was in another treatment foster home but then placed into residential treatment. They have not had contact for a number of months either. The younger brother is living with his stepmother in another county. His placement will soon be a guardianship. His contact with the focus child has been limited although the foster parents are very willing to assist with regular contact between the two of them. The focus child made it very clear to the reviewers that although he does not want to go home to live; he wants to maintain some type of relationship with his mother and siblings."

SPECIALIZED CULTURAL ACCOMMODATIONS: How well have any major cultural issues of the child and family been identified and addressed in practice? If indicated, are specialized supports and services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

Comments:

There were no cases in the sample that met the criteria for scoring in this indicator.

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

- Researching the need for additional staff and presenting information to the County Board
- Exploring options for teaming without Coordinated Services Teams
- Developing specific behavioral plans early in the life of a case
- Improving communication with school districts
- Educating the community regarding the role of CPS and quality of life issues vs. safety
- Having a bi-lingual CPS worker on staff
- Involving youth in the child welfare process
- Promoting the foster care program and recruiting new foster parents
- Encouraging guardians ad litem to have more face-to-face contact with kids

- Developing strategies for engaging of difficult parents
- Having more intensive AODA services available in the community

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

VIII. SUMMARY

The first Lafayette County Quality Service Review identified many strengths in practice upon which the agency can build. It should be noted that for many indicators, there were no cases that scored in the improvement zone. For other indicators, there were few cases scoring in the improvement zone. Notable strengths were identified in the practice areas of engagement with substitute caregivers, coordination, team formation and functioning, assessment of safety, long-term view, safety planning, resource and support use, and intervention adequacy. Three of the six cases reviewed scored in the maintenance zone for overall practice performance and three were in the refinement zone, with no cases in the improvement zone. It should be noted that in using the two-part scoring convention (where scores from one to three are "not acceptable" and scores from four to six are "acceptable"), all of the cases reviewed in Lafayette County scored in the "acceptable" range.

Scores from this review are meant to serve as a baseline against which future practice improvements can be measured. The agency is encouraged to adapt the QSR practice model in daily work with children and families. Along with the changes that will likely occur with the development of an action plan, improved outcomes for children and families with whom the system works should be seen as a result.