

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

November 12-16, 2007

Langlade County Department of Social Services

Child Welfare Continuous Quality Improvement Program

The Bureau of Programs and Policies

Division of Children and Family Services

Wisconsin Department of Health and Family Services

A Report by

The Continuous Quality Improvement (CQI) Team

April 28, 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 review in Langlade County during the week of November 12, 2007. During the same week staff from the Children's Court Initiative (CCI) in the Director of State Courts Office conducted a review of the Juvenile Court. CCI is an ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE LANGLADE COUNTY REVIEW

A. REVIEWERS

In the Langlade County review, eight case reviewers in teams of two participated in reviewing the eight families' cases selected. The case reviewers included two current and two former (retired) county employees, an adoptions worker who works in the area of quality assurance and three CQI specialists. One of the reviewers served as both a lead case reviewer and a mentor to their review partner or "shadow," who was observed and coached in her development as a lead case reviewer. The lead case reviewer who provided coaching has extensive child welfare experience.

B. CASE SAMPLE

Eight cases were randomly selected for review in Langlade County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers, 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 Langlade County review, a total of 66 persons were interviewed. Two of the children in our sample were living at home with one or both of their parents, two children were living with a relative in a kinship care placement, two children were in family foster care (one in a treatment foster home) and two youth were in a residential treatment center. There were five males and three females in the sample.

Three children were in the 0-4 age range, two in the 5-9, one in the 10-13 and two were over the age of 14.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Co-site leaders Monica Booe and Bridget Chybowski conducted these sessions. In addition, Bridget Bauman of the Children's Court Initiative conducted sessions jointly with the CQI site leaders 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

Langlade County is a relatively large, rural county with a population of close to 20,631, according to the U.S. Census Bureau. This is a .5 percent decrease from the 2000 census. The community is viewed as close-knit, concerned, and helpful. Although there has been a slight increase in diversity, the community as a whole is homogeneous. On the whole, the community is characterized by a lack of opportunity (unemployment) and all that entails. The anticipated decrease in population is believed to have resulted from this lack of opportunity. Higher educated residents migrate out of the county leaving the number of college graduates in Langlade County at 11 percent as compared to 22 percent statewide. There is an increasing disparity of income with a shrinking middle class and more lower paying jobs.

According to focus group participants, more families are struggling with subsistence issues to meet basic needs and there has been a significant increase in the free and reduced lunch programs. School enrollment is down and the elderly population is increasing steadily. Another common theme heard repeatedly throughout the week is that more families are challenged by alcohol and other drug abuse (AODA) and mental health (MH) needs.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Agency workers (front-line staff) are described by focus group participants as being knowledgeable, experienced, accessible, and responsive to families' needs. There has been low turnover within the team which has assisted in establishing a knowledgeable and experienced social work staff to benefit families. Workers are viewed with positive regard by agency partners and stakeholders. Focus group participants believe that workers genuinely care about the families with whom they work.

Another significant strength of the agency identified by focus group participants is the supportive work environment. Focus group participants talked at length about the improved morale in the office over the past year. There is a sense that the director and supervisor balance one another. While the director has been in the field for a number of years, the supervisor is growing into her position and is viewed as a real asset to the agency. There is a general appreciation of management's open door policy for staff that supports flexibility and a "family comes first" work environment that applies to staff as well as to the families served. Overall, the changes in management are seen as positive for the county staff, partners, and community stakeholders.

The agency is viewed as a resource by their partners in law enforcement and the schools. All appear to share the same goals and are working toward the same ends. The agency is currently updating the memorandum of understanding with law enforcement. The agency is also joining efforts with other community agencies to meet family and community needs. They are currently working on a memorandum of understanding with the domestic violence program, Advocates for Victims of Abuse in Langlade County (AVAIL).

B. ORGANIZATIONAL – CHALLENGES

Challenges facing the agency in Langlade County do not differ from other counties in the state. When focus group participants were asked about the community's perception of the agency, they expressed concern that the agency may be viewed as more adversarial and somewhat authoritative instead of as a support or resource to the community. Some of the agency's partners also appear to struggle with this as they seem to want to identify themselves as independent of the agency rather than as a team member working in the best interest of the children and families in the community.

Another challenge facing the agency is that many staff have multiple roles and responsibilities and they are sometimes not able to give the attention they would like to various roles. For example, one worker is responsible for kinship care, foster care coordination and independent living services in addition to the caseload. This appears to be compounded by paperwork constraints [electronic Wisconsin Automated Child Welfare Information System (eWiSACWIS) specifically], state mandates, and lack of resources. As one participant put it, "it makes it tough to do social work."

C. RESOURCES – STRENGTHS

Focus group participants identified several resources and supports for helping families in the community meet their needs. Among these, the Rural Dental Unit has been providing dental services for the last five years to persons receiving medical assistance. The addition of the Mobile Crisis Unit has facilitated crisis intervention services for mental health and substance abuse. The crisis unit operates sixteen hours each day for children and adults. Other resources include the domestic violence shelter, the Family Resource Center, University of Wisconsin Extension and beginning in January the Boys and Girls Club will be opening a teen center that will be available two nights a week.

In addition, the Red Robin Transportation bus/service has been expanded to include all citizens in the county. Like other rural counties, Langlade residents have transportation difficulties that include the price of operating a vehicle, the need for driver's license, etc. Agency staff is occasionally able to provide money for gasoline purchases such as when a parent has to drive long distances to participate in their child's weekly therapy. Other efforts (Action Alliance and Building a Healthier Langlade County) in the county reflect a desire to build collaboration among the agency and private entities. The Public Health Department and tri-county North Central Health Care Center (NCHC) meet twice a month with the agency to staff cases.

D. RESOURCES – CHALLENGES

A decided strength in being a small, rural county is that it allows for creativity in meeting the needs of children and families. However, the population in Langlade County continues to decrease along with the child welfare system's ability to create and maintain a broad array of services. When the wraparound program was discontinued a few years ago, the agency felt the loss of this preventive service and at the present time there is limited to no preventive services for families. The loss of the wraparound program was also identified as contributing to the decline of teaming with others. The county continues to struggle with expanding their capacity to meet the need for alcohol and drug treatment along with mental health services. Specifically, children who are in need of in-patient mental health services must travel to Winnebago or the Mendota Mental Health Institute for care.

While the recent expansion of the Red Robin Bus Line is a welcome change, there is cautious optimism as to whether this will address families' transportation needs. Many parents reside outside of Antigo, the largest city in the county, and cannot therefore access the bus line. In addition, many parents do not have a driver's license, a working vehicle, or money to pay for fuel. When families are in need of transportation, the responsibility falls to agency staff to supply the transportation, which then takes them away from other job duties. The county currently has only one volunteer driver.

Additional needed resources include parent education/support for parents of teens, before and after school programming/activities for children and expansion of the Independent Living Program for older youth in foster care. There is one worker responsible for this

program. However, this individual has other job duties such as foster care coordinator, kinship coordinator, parenting educator, and an ongoing caseload.

The “Langlade County Community & Family Resource Guide” is published every two years, yet it appears partners and stakeholders are not aware of it. Focus group participants expressed an interest in learning about the resources available within the county. The guide is currently available to the community at health fairs.

Wisconsin has one of the lowest paying foster care rates in the nation (*Hitting the M.A.R.C.: Establishing Foster Care Minimum Adequate Rate for Children* October 2007; *Children’s Rights*). Langlade County has a dire need for local foster and treatment homes. The majority of the time when children are in a foster or treatment home placement, they are residing outside of the county. This creates a barrier in reunification efforts of facilitating frequent and quality family interactions and parent/child participation in programming (i.e. therapy, dental, and medical appointments, etc.). In addition, there are limited resources to recruit, train, and maintain foster homes. Foster parents are not required to attend state training and are offered no alternative. Focus group participants voiced a need for affordable insurance for foster home and respite care providers. It is hopeful that the recent appointment of the Foster Care Coordinator will provide the structure and support for foster and treatment homes.

E. PRACTICE – STRENGTHS

A number of focus group participants stated that the agency is prompt and cooperative in their response to Child Abuse and Neglect (CAN) referrals. They talked about how agency staff collaborates with law enforcement on investigations and that the schools appreciate knowing that when they make a referral, an agency worker is at the school prior to the end of the school day. There seemed to be a consensus with regard to the agency’s commitment and practice in ensuring children’s safety.

Related to this, another important strength of case practice is the apparent shared belief in the importance of “teaming” with professional partners to help children and their families. While some attribute this to the changes in management over the last several years, there was universal agreement on the importance of collaborating with other involved persons. Focus group participants recognize the reality of limited resources within the community and see their continued collaboration with each other as reducing the negative impact on children and families.

The agency was also recognized by focus group participants for their diligent efforts in returning children home in a timely manner. Agency staff is seen as going “above and beyond” to assist parents in addressing the safety concern(s) that led to the child’s removal. According to the data from the Office of Program Evaluation and Planning (OPEP), Langlade County had 36 children in foster care and all but two children were returned home in twelve months or less. In addition, DSS was acknowledged for the diligent search in locating relatives when children were unable to reside safely in their parental homes. Agency staff is often traveling outside of the county or contacting other

county agencies within the state to assess and locate possible relative placements for children.

As mentioned, one of the challenges facing the agency is the need for foster homes. A new foster care coordinator was recently appointed and given the approval for recruiting additional foster homes. There have been discussions on creative ways to recruit local families to reduce the number of children residing outside of Langlade County. There seems to be a shared understanding among focus group participants that recruitment of foster parents is not one person's sole responsibility but that of the community.

The agency is in the process of implementing the state's new safety standards and staff is gaining an enhanced understanding of "safety" and "risk." According to the 2005 CAN Report, Langlade County had one of the highest "screen-in" rates in the state, with 84 percent of reports "screened-in" compared to a statewide average of 60 percent. The good news is that within the first five months of 2007, the screen-in rate has decreased to 76 percent and, based on information gained from focus groups, it seems apparent that it is likely to continue to decrease with the implementation of the state's safety standards.

F. PRACTICE – CHALLENGES

A few factors were identified as challenges to front-line practice in Langlade County. Focus group participants expressed a desire for more teaming among providers and supports as it relates to working directly with families. It was reported that there is excellent teaming between county agencies, community stakeholders and private agencies as it relates to Langlade County overall. As previously mentioned, there are two committees targeted towards improving the quality of life for Langlade residents, such as the Action Alliance and Building a Healthier Langlade County. However, the lack of teaming with families "at the table" revealed the need for an explicit practice model. This is also supported in the scores from the cases reviewed, which will be discussed in Section IV of this report. The QSR endorses a practice model that enables agency workers to assess the underlying needs of the family, engages the family in the process, and pulls all formal and informal supports together through a teaming model. Implementation of a practice model with assessment, engagement, and teaming as the core practice principles allows for a transparent process. The practice model elevates the role and voice of the family in the assessment of underlying needs and in the development, tracking, and adjustment of the case plan.

Another area of struggle for the county is locating and engaging fathers where they are the non-custodian, incarcerated or absent parent. Fathers who are the non-custodian parent or who are incarcerated still maintain legal rights to their children and should be engaged in the process, for the best interest of children. There appears to be the perception that the mother's role carries more weight than the father's role in the child's life. This is an area of struggle across the state of Wisconsin in locating and engaging fathers within the child welfare system. There are missed opportunities for children when the paternal side of the family is not explored as possible placement resources, informal supports, or for assistance in locating absent parents.

The foster parents in Langlade County are small in number, yet viewed as caring and committed foster parents for the children in their home. While resources are limited for in county training, there is a missed opportunity for foster parents to network with each other in seeking knowledge and support. There were requests for foster parents to be given more opportunities to work with each informally in sharing resources such as therapists, dental or physicians, and respite care.

F. LEGAL – STRENGTHS

Langlade County’s Judge was recently elected and without exception was identified by focus group participants as an asset to the community. The judge is viewed as being approachable, fair, thorough, and respectful to all in his court as well as generally providing opportunities for all parties to be heard. He is characterized as having a “common sense” approach and strives to individualize court orders to meet the unique needs the family. The judge is also viewed as being receptive to meetings with DSS and meets on a regular basis with the agency to discuss issues or needs as they arise.

Agency workers are seen as well prepared and knowledgeable about their families. Their recommendations in court are both valued and respected. Workers are viewed as active participants in court hearings. Their daily work with families is seen as critical in children being able to achieve permanency. Agency workers are described as going “above and beyond” for their families. It was noted by focus group participants that workers will regularly transport parents and/or children to therapy appointments and family interactions and give out their cell phone numbers for after hour contact. Where alternative permanency planning must occur, workers are described as being efficient and timely for cases where termination of parents rights needs to be filed. The information supplied for the petitions is seen as comprehensive.

The agency contracts with a law firm to file termination of parental rights (TPR) petitions on their behalf. Focus group participants observed that the agency and the firm share a good working relationship and described the work done by the attorneys as “excellent” and “well-respected.”

G. LEGAL – CHALLENGES

The majority of focus group participants raised concerns about the limited court resources and the resulting impact on children and families. The most pressing concern is the very busy court calendar where delays and continuances have become commonplace. As a result, certain cases are bumping into other cases (e.g., termination of parental rights) as a matter of importance. Children’s cases are heard on two Mondays a month and are often double and triple-booked. Where there are criminal and CHIPS petitions, a case will delay further until the criminal matter is resolved. The major challenge that seems to underlie this is that there is one judge, one district attorney, and one part time assistant district attorney for all legal cases. An additional judge was approved but because the county was unable to fund the additional needed space in the time allowed that

opportunity was lost. It appears, though that they will have another opportunity for a second judge in the near future.

However, there was concern expressed by focus group participants was that there has been no planning for an additional assistant district attorney position to handle children's cases. The district attorney is recognized as a competent participant in legal process but because he too, was identified as carrying a heavy load there is a perception that this prevents the district attorney from regular communication with the DSS as in the form of staffings prior to court hearings. Matters are often discussed a few minutes before court hearings or during the actual court hearings. Staffing cases with the district attorney has been viewed as being very helpful when staffings have occurred and there was a suggestion for regular pretrial conferences, which could possibly assist with managing the court calendar.

Another unwanted result of limited resources and contributing to delays is the ability to appoint/access legal representation for parents. The Public Defender's Office had appointed attorneys for parents in previous years to protect parents' rights and promote their understanding of the court process but has discontinued this practice. Langlade County has a growing number of individuals seen as the "working poor" who are unable to obtain their own attorney and do not qualify for a court appointed attorney. This leads to the belief that a majority of parents "plead" or "admit" to a CHIPS petition because of a lack of resources to obtain an attorney, which then alienates the parents from the legal process. There appeared to be the perception that the desire to keep the budget down takes precedence. By default, GALs have been seen as a resource for parents. However, this creates a conflict of interest when their client is the child, not the parents.

While the parents' understanding of the court process is critical, it is also important that foster parents have the chance to exercise their right and voice in court matters concerning children they care for on a daily basis. Focus group participants revealed that often foster parents will not be included in court hearings in that they do not always receive timely notice, are waiting outside the court room, and do not understand the court process. It appears that foster parents are not encouraged or given a chance to exercise their voice as it concerns the children in their care.

An area of possible duplication of services is the appointment of adversary counsel and GALs. There appears to be confusion as to when older youth should be appointed adversary counsel. Children often have both a GAL and their own adversary counsel for the one petition and there is no legal finding. There is no consistency in appointment of attorneys for children, which can create a duplication of services and/or a conflict of interest for older youth. The GAL role is to act on behalf of what is the best interest of the child and adversary counsel represents the older child's own interest.

Lastly, an area of struggle for the county's legal partners is the timeliness of court reports submitted to the court and legal parties. Court reports are often provided a day before or on the day of a hearing, which then prevents timely review of the court report. Attorneys are unable to thoroughly review the document for themselves, much less with their client,

if age appropriate. This can also cause delays in resolving children’s legal petitions and scheduling additional court hearings.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

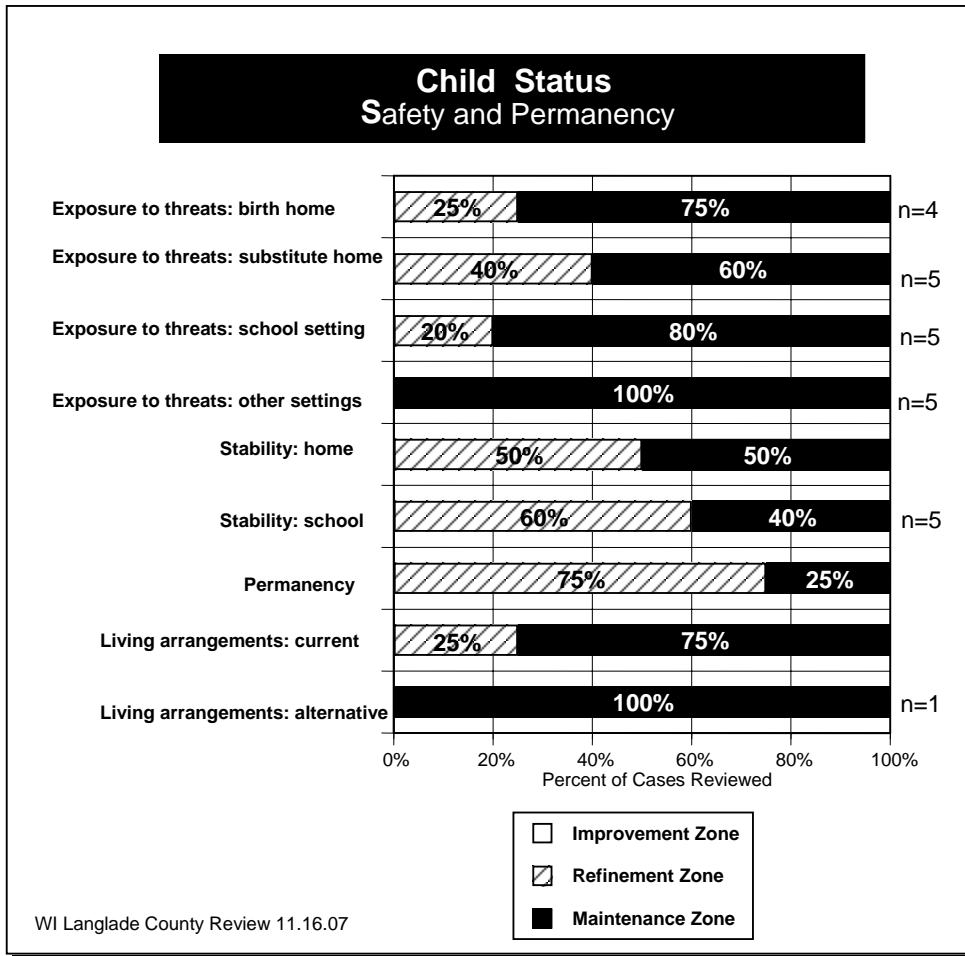
The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 30-90 days prior to the 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) 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 scores in this area encompass the daily living settings for each child or youth. Overall, the children in our sample were found to be free of abuse, neglect and exploitation in their daily living settings. This compares favorably to the QSR scores from the first seventeen reviews in the state. In our sample, three of the four cases with young children that were rated for safety in the birth home scored in the maintenance zone indicating that parents are making the needed changes to ensure safety in their homes. Another case with a young child was not rated for this indicator in accordance with the scoring protocol because the child had not had contact with her parents during the period under review. Additionally, four of the five cases with school-aged children scored in the maintenance zone. Likewise, substitute homes and other settings were also found to be free of risk for abuse, neglect, and exploitation.

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:

The stability scores indicate whether the child is likely to have any unplanned moves (disruptions) in their current living arrangement or school setting. Stability is important for the child’s emotional and behavioral health and it also helps to promote or support family interaction when reunification is the goal. Four of the eight cases reviewed scored in the maintenance zone for stability in the home. The remaining four cases scored in the refinement zone with only one of them scoring in the lower refinement zone (3). In this case where the three-year-old focus child and one of his younger brothers are in placement, the reviewer noted that “the birth family has been diligently meeting court conditions so the [children] can be reunited with them, there is concern about the sustainability of the changes being made...such as father’s ability to sustain employment.” The parents’ backgrounds offer some understanding of their caregiving challenges and why this concern remains. Our focus child’s father was removed from his birth family at age four due to severe abuse and was adopted at age seven and continue to struggle with depression and anger. Mother was exposed to significant trauma as a child when she was physically and sexually abused by her father.

Three of the five cases rated for stability in school scored in the upper refinement zone primarily because permanency for these children remains somewhat uncertain. Two of the children are currently living in residential care centers and in the one situation, “Mother has verbalized to all involved a sincere lack of desire for this child’s return to her home.” In the other case, the child is living with his parents but there are concerns remaining about the parents’ marital relationship and the father’s mental health and how these will affect progress long-term.

Placement stability is reflected in the data collected and provided by the Office of Program Evaluation and Planning (OPEP) where no child in placement during the period under review has had more than one or two placements.

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:

The permanency indicator is termed a “lagging indicator” because it generally does not improve until practice activities, such as assessment, planning and long-term view, begin to capture the underlying needs, identify the desired goal or outcomes, and sufficiently identify and power change-oriented strategies. Six of the eight cases scored in the

refinement zone and four of these were scored at three, in the lower refinement zone. This presents an opportunity for the agency to explore the reasons for this and possible options for addressing it. In two of these cases, the child's out-of-home placement is exceeding the federal Adoption and Safe Families' Act timelines. One case in particular illustrates the struggle agencies have in balancing the child's need for permanency with the parent's need for time to make necessary changes in their life. In this case, the focus child has lived with her maternal aunt for the last twenty-one months and has regular contact with the maternal side of her family. Our focus child's mother and father who live in a distant community have seen their child intermittently since placement and not at all in the past several months. The permanency plan was termination of parental rights/adoption and the agency recently filed the petition.

"However," the reviewer writes, "about four months ago, [mother] was ordered by the judge...to participate in a 90-day AODA residential treatment program or she would go to jail." She complied and appears to have actively engaged in the services. During her interview, "she described behavioral changes she is making but understands she has a long way to go." Her counselor also identified significant progress and Mother is returning to the community where her child resides with the hope of reunification. Mother has set up services, has a working relapse plan, a *Narcotics Anonymous* sponsor, and is requesting monthly case planning meetings with all involved, etc. The district attorney's office indicated they do not have the grounds on which to file for termination of her parental rights (TPR) at this time. If all works out as hoped – the transition from the aunt's home goes smoothly and our focus child's mother is able to sustain the changes long-term – then waiting to file the TPR may have been in the best interest of the child. If not, and herein lies the real struggle, the child may not achieve (lasting) permanency before she begins school.

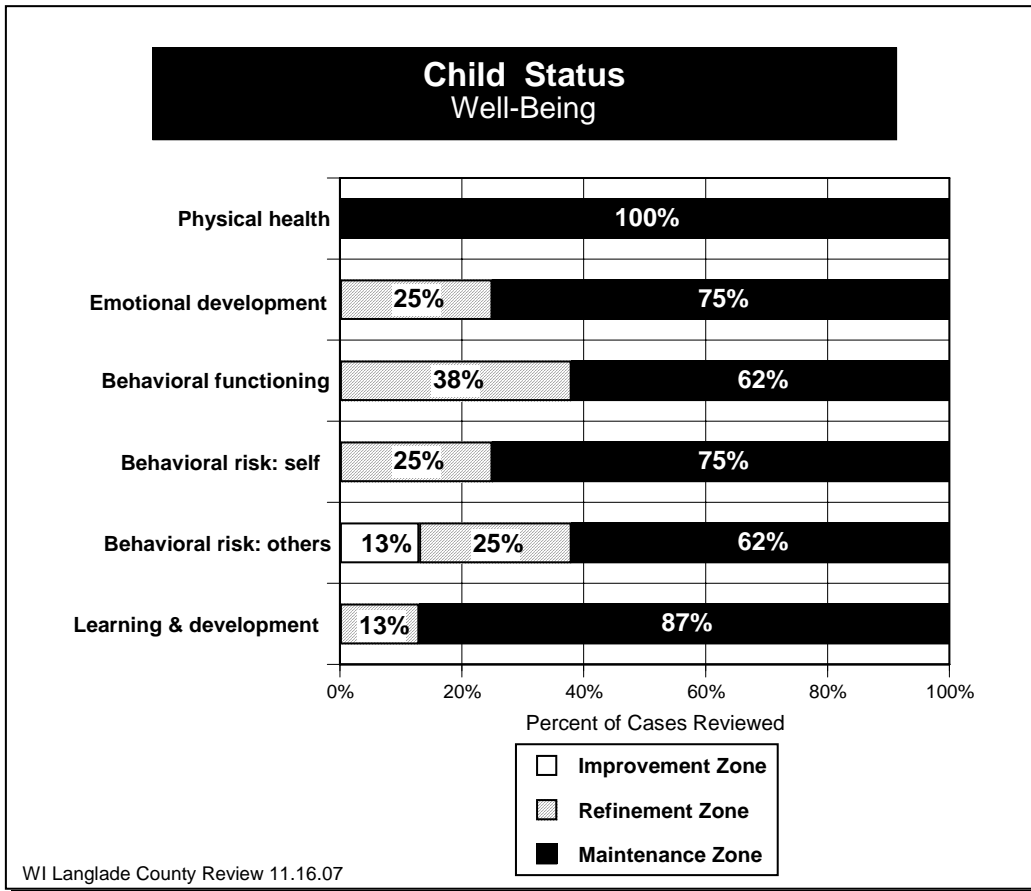
In another case the agency has been somewhat hesitant to request a child's return to her mother's care, even though the mother has demonstrated and sustained her behavioral changes, because the guardian ad litem has been very vocal in her opposition to it. The plan now is to return her home at the end of the school year and by then the child will have been in placement for 31 consecutive months.

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:

In six of the eight cases the living arrangements for children were found to be very good, in the maintenance zone, indicating that the agency is doing a good job finding placements that meet the child's needs for family relationships, social connections, and special needs, etc. Both of the cases with children living in residential care centers scored in the upper refinement zone with fours. A reviewer for one of them wrote, "staff

appeared to be aware of [his] special needs and have the ability to address these needs. The focus child appears to have adjusted to living in the facility and to be comfortable in his surroundings.”



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 children in our sample were found to be in good physical health and the cases were scored in the maintenance zone. This is consistent with scores in other counties in the state and with scores in the Child and Family Services Review. In one of the cases the child has the Sickle Cell Anemia trait but “at this time, she had not experienced any health problems and is being monitored during regular health checks with her pediatrician.”

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

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:

Trauma, abuse, neglect, and family instability can seriously impact children's emotional development and behavioral functioning. As can be seen in the graph, six of the eight family's cases scored in the maintenance zone for emotional development and five of the eight scored in the maintenance zone for behavioral functioning indicating that many of the children in our sample are doing very well emotionally and behaviorally. Furthermore, half of the children in our sample were identified as having no needs or conditions co-occurring to the neglect they experienced.

Three of the four children identified as having co-occurring conditions were exposed to or were victims of trauma. Two of the eight children have significant behavioral health diagnoses. These two children are in residential care centers and in one, the youth "has demonstrated an increase in and willingness to use suggested coping behaviors but lacks consistency. For instance, he will ask to use the quiet room to calm himself; he will identify he is getting angry or upset and process what made him feel that way."

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:

The majority of the children (five of eight) in the sample are viewed as having either an optimal or good behavioral risk status indicating that they are generally and substantially avoiding behaviors that cause harm to self, others, or the community. The cases where the two youth are living in care centers scored in the refinement zone. One of these cases scored in the improvement zone for behavioral risk to others – this is the case mentioned above where the youth has significant behavioral diagnoses and where the agency became involved with the family because the focus child had made threats against his younger siblings. According to reviewers, "These threats included unplugging his youngest brother's heart monitor after his mother went to sleep, repeatedly striking his 18-month old brother in the head, threats to rape his sister and threats to harm himself." He was adjudicated delinquent due to battery toward his mother.

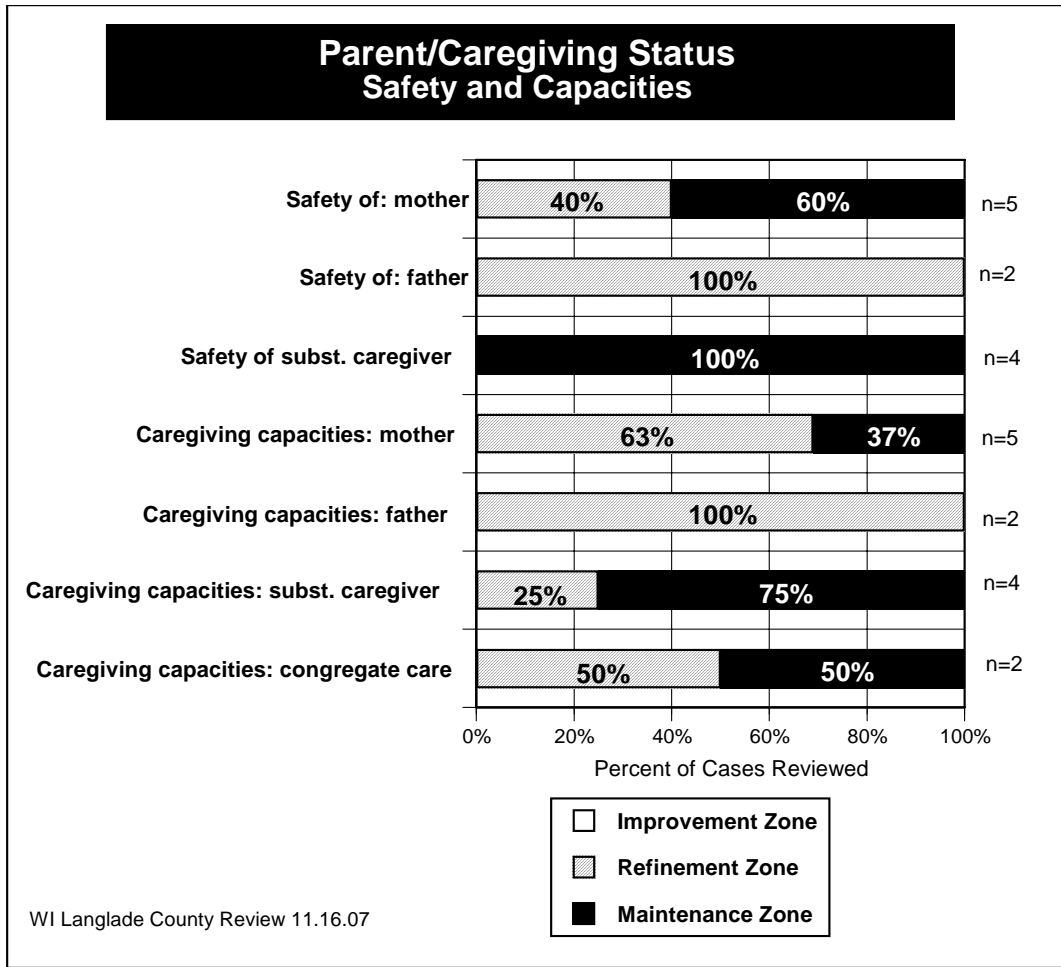
Early Learning & Development (Under Age 5): To what degree is the young child's developmental status commensurate with his/her age and developmental capacities? Is the child's developmental status in key domains consistent with age-appropriate expectations?

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:

All but one case scored in the maintenance zone indicating that the developmental status of these children is at the expected level based upon normal developmental milestones. Additionally, school-aged children are enrolled in appropriate educational programs and his or her “level of participation and engagement in processes and activities is enabling the child to reach most educational expectations and requirements.” In the case that scored in the refinement zone for this indicator, the focus child’s reading level is at 6.8 and he is in the 10th grade. He struggles with Attention Deficit Hyperactivity Disorder (ADHD) and is in the low/average range of intelligence. Nevertheless, he is receiving some special education services to help him in math and English and is achieving passing grades.



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 is assessing for the safety of the parents and caregivers with a focus on domestic violence. Five of the eight cases were rated for the mother and two of the eight cases were rated for the father. Several of the parents were not rated in accordance with the scoring protocol because they were absent (or not involved), do not have unsupervised interaction with the focus child, or there is not a goal of reunification. Parental rights had been terminated in one case. In the five cases where mothers were rated, all three that were scored in the maintenance zone scored a six indicating that these mothers are in optimal situations where they are “free from intimidation and present no safety threat to self or others.” The other two cases rated for mothers and fathers scored fours, in the refinement zone. In one of these, there is a history of domestic violence and reviewers identified several concerns, such as their isolation in the community, parents’ mental health issues, a lack of informal supports, traditional roles within the family, prior extra-marital relationships and mother’s pregnancy with another man’s child, as potential sources or triggers for resuming domestic violence in the home.

The parents in another case deny any domestic violence although the police have been called to the home on a few occasions. They report that “past arguing with each other has greatly diminished” and our focus child’s father specifically cited counseling as a help in learning better ways of coping with his frustrations.

All four cases with substitute caregivers 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)?

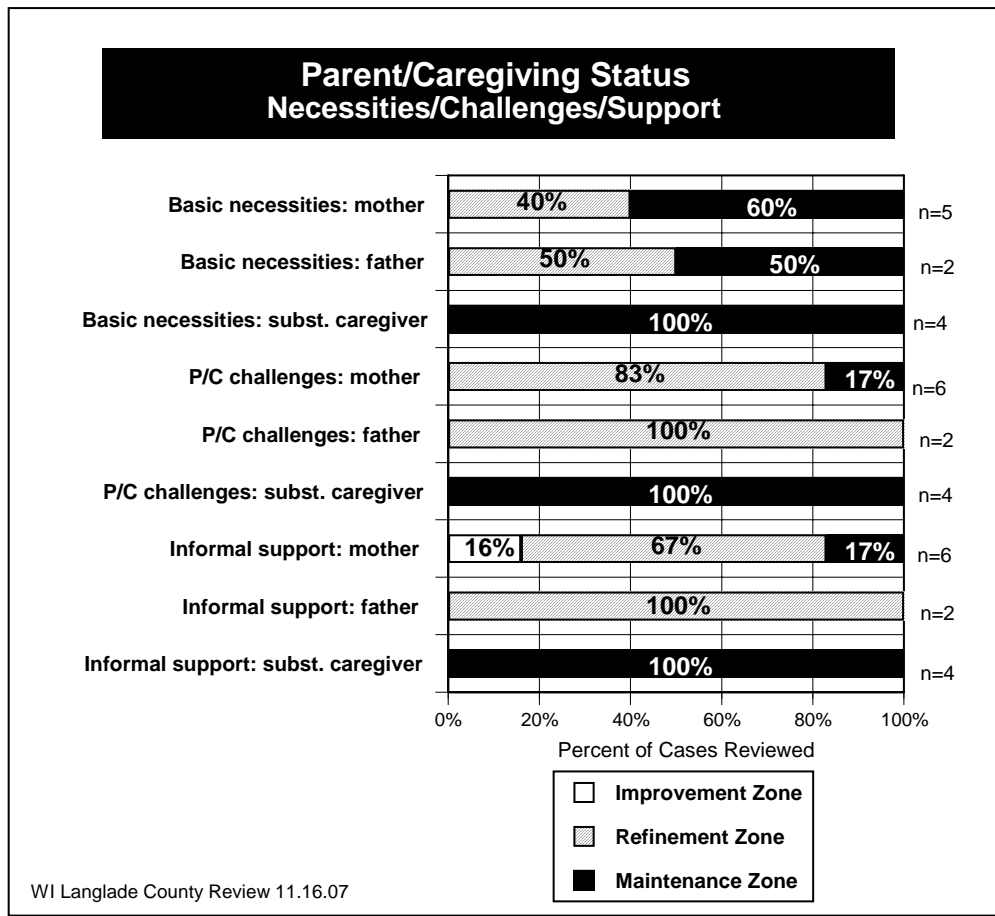
Caregiving Capacities (Congregate Settings): To what degree are the child’s/youth’s primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments:

Two of the five cases rated for mothers scored in the maintenance zone and three in the upper refinement zone indicating that for the most part mothers in these cases are demonstrating or working on improving their capacity for caregiving. In both of the cases scoring in the maintenance zone, mothers were described by others as being “nurturing,” “resourceful,” “determined,” “resilient,” and, perhaps most importantly, willing to accept the parenting assistance provided. Although initially resistive to intervention and unwilling to accept suggestions, the mother in one case was described as having “made remarkable progress since removal of her child” in her use and abuse of alcohol and other drugs, in staying calm during difficult situations, and in establishing a

feeling of belonging in her community. She told reviewers that having a support system and completing parenting classes have assisted in teaching her to parent and nurture herself. A mother in a case scoring in the refinement zone talked about the boundary issues between her and her child and a developing insight into the dynamics of these. Also initially resistive, she indicated she “has recently begun making behavioral changes that will alleviate some of these boundary issues and allow her to become more of a parent...to her children.”

In the two cases rated for fathers, both were scored in the refinement zone. One father “has recently started to step up to the plate with helping his wife more around the house and with watching and caring for the children.”



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, healthcare/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:

Again, five cases were rated for mothers and two for fathers and the scores indicate that with economic supports and earned income, the majority of families are, at least at this point in time, able to meet their family's basic living requirements for food, shelter, clothing, and healthcare. In the case scoring in the lower refinement zone with a three, reviewers found the mother "currently unemployed and receives just enough public benefits to support only herself. She will be financially strained once [focus child] is returned to her care."

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:

Seven of the eight parents in our sample are struggling with needs or co-occurring conditions, such as mental illness, yet the scores reflect that most of them are managing these needs in such a way that suggests they are minimally adequate in their caregiving functioning. In general this means that they may be experiencing "some mildly to moderately disruptive or limiting symptoms, behaviors, or life circumstances that somewhat reduce or limit consistent, adequate caregiving capacities or opportunities." For mothers, five of the six cases rated, scored in the refinement zone and one in the maintenance zone. Both of the cases rated for fathers, scored in the refinement zone. A significant characteristic of our sample is that seven of the parents were identified as being exposed to or a victim of trauma and several of the parents had experienced child protective services as children themselves.

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:

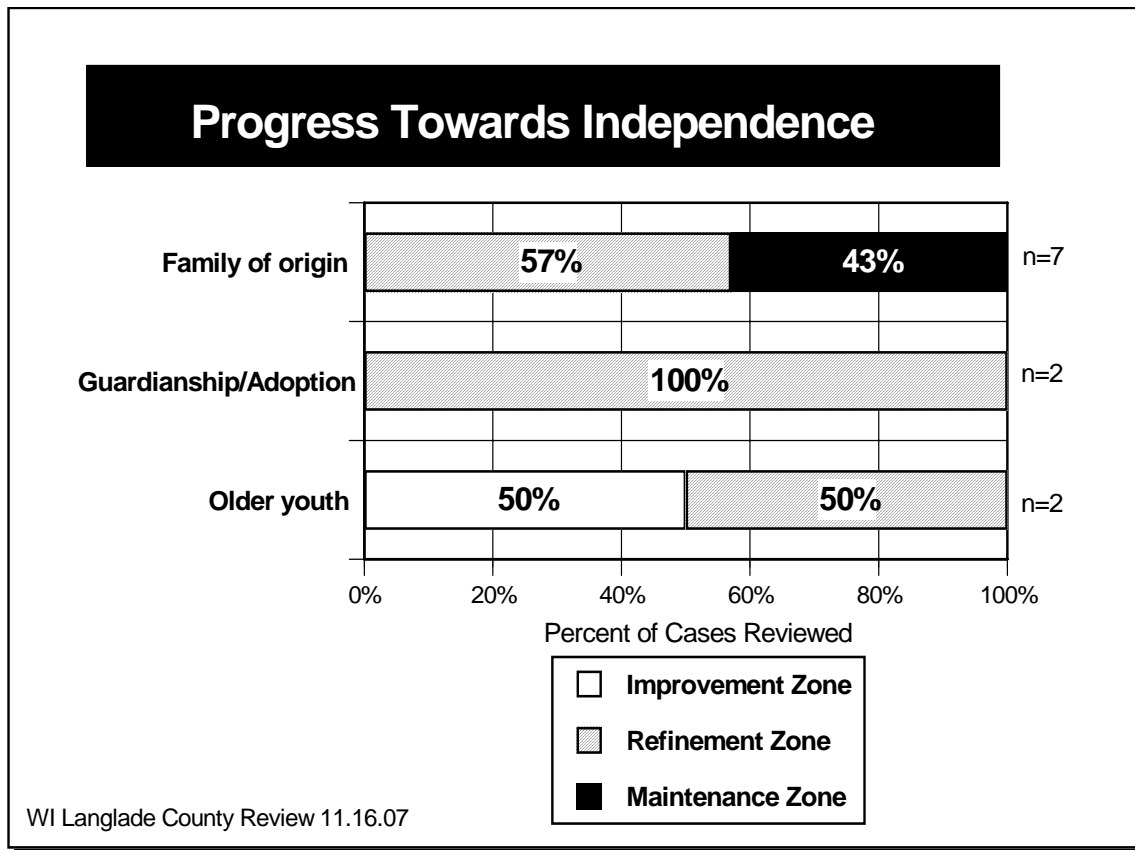
Informal supports are critical to helping families make and sustain the behavioral changes needed for meeting children's needs for safety, permanency, and well-being. When the agency has closed the family's case and formal supports are fewer in number or no longer in place, informal systems of support can influence whether the family remains

independent of the agency. Scores in this area reflect the need, especially for mothers, to further develop long-term, sustainable supports that will help the family become and remain independent of the agency. Four of the six cases for mothers and both cases for fathers scored in the refinement zone. In these four cases, the parents report having few informal supports, particularly those that are nearby. The lack of informal supports and friends was attributed to mother's shyness and low self-esteem in one of these cases.

In the one case scoring in the maintenance zone, the reviewers wrote that the focus child's mother "put together a support system which she has used to improve, and which will continue to support her after the case has closed." In addition to economic supports, she receives support from a church, the domestic violence agency and has regular contact with her therapist.

All four cases with caregivers scored in the maintenance 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:

This indicator addresses whether families are making sufficient progress to move to safe case closure, or independence from the agency. Of the seven cases rated for this indicator, three scored in the maintenance zone and four in the refinement zone. For the cases scoring in the maintenance zone, it appears that parents have made positive behavioral changes that have alleviated the safety concerns that initiated intervention by the agency. In one of these the reviewer wrote, “Mother has made good progress in maintaining her children in her care. The physical conditions of the home, while not perfect, are improved in terms of eliminating the most dangerous items and situations that were present at case opening...Mother has demonstrated an improved awareness of the

children's age-appropriate needs and an increase in nurturing interactions that reflect these insights." In another case scoring in the maintenance zone, the mother has made what is described as tremendous progress in addressing her own needs as well as demonstrating that she can care for her child however, because everyone is not on the same page in terms of goals, the child continues to reside in her grandparents' home and is likely to remain there until the end of this school year which could mean a total of thirty-one months in out-of-home care.

Two of the four cases scored in the lower refinement zone primarily because of the uncertain or unclear permanency for the child. In the one, reunification is the permanency goal of record although the focus child's mother "has verbalized a sincere lack of desire for this child's return to her home to all involved in the case. She indicates she does not care for this child; he is 'just like his dad.'" The concurrent goal of adoption is not being pursued at this time as providers feel this focus child would not be adoptable. The other case scoring a three was discussed under *Child Status – Permanency*.

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:

The two cases rated for this indicator are the same cases that scored in the lower refinement zone for the first progress indicator (see above).

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:

Two cases were rated for this indicator with one case in each of the refinement and improvement zones. In the latter one, the focus child is turning seventeen soon and planning for independent living has just begun. In the case scoring in the refinement zone, our focus child is a sixteen-year old who has been in foster care for over 10 years. His biological parents' rights were terminated and he is currently in a foster home that is committed to his placement until he graduates from high school. He is developing some cooking and cleaning skills in the home and with his part-time job, is learning to budget

but due to his low/average range of intelligence and struggles with ADHD, he appears to be in need of additional instruction and support at this time.

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

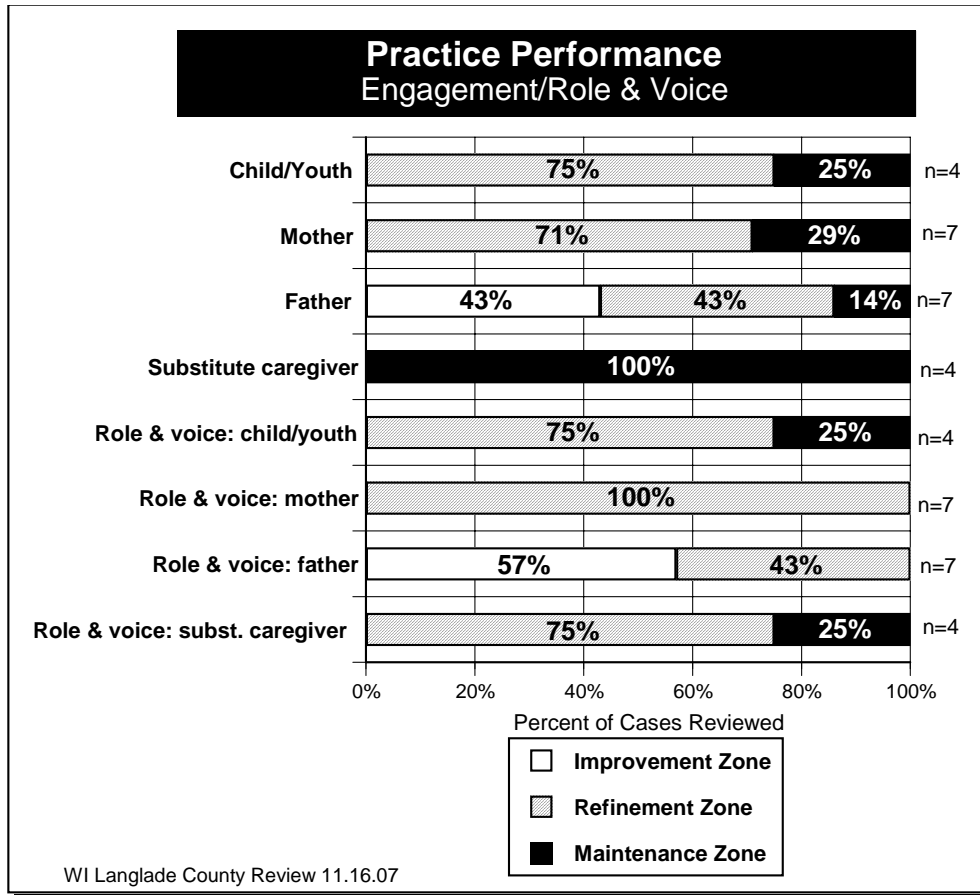
The QSR case practice model contains evidence based elements of best practice. The elements are found in the QSR protocol and were applied in rating the six cases that were reviewed. There is an ample body of research that documents the efficacy and contribution in helping families develop, pursue, and complete successful strategies of change. The scores on practice performance are presented to point out opportunities where the agency can focus efforts in improving outcomes for children and families served.

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) signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



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?

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:

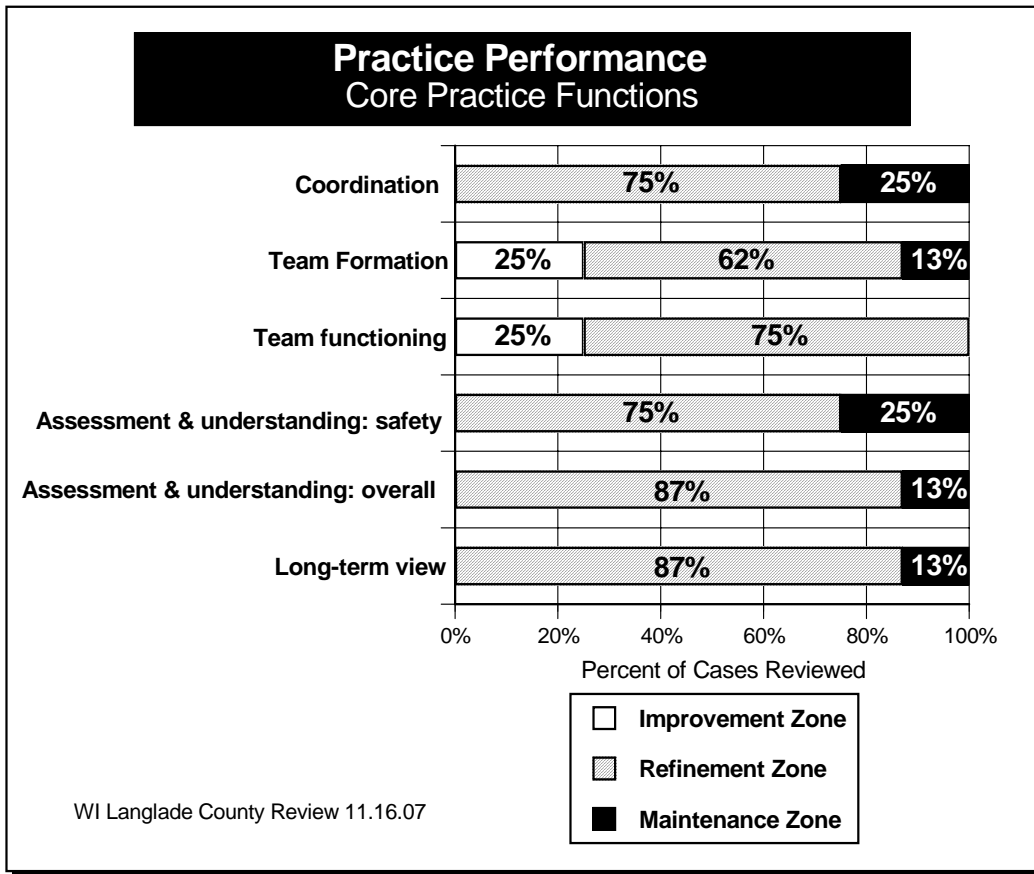
Engagement in the change process means that family members are actively involved in assessing their own needs, determining how best to meet those needs, and planning for change. Engagement is a core practice principle in the QSR and crucial in helping families through the change process and is an area for development across the state. The scores for engagement, particularly role and voice, provide an opportunity for the county

agency to explore practice in this key area. There were two cases in which scores for mothers were in the maintenance zone and in one of these engagement was scored in the maintenance zone for the father too indicating some strong practice in this area. Engagement in both of these cases was identified as being instrumental in increasing participation in the process. In one, the reviewer wrote, “the worker “takes time,” “listens,” and “is not put off” by Mother’s frequent need for support and direction.” Also, the focus child’s mother appreciates the non-intrusive manner in which the worker and other team members help her. The focus child’s mother reportedly said, “Even though they have to be around a lot, I don’t feel they intrude on me.”

In the case with both parents, the reviewer noted, “The new worker was able to connect with our focus child’s father in a way no one else involved previously was able to. Father reported that their worker is available, always keeps in touch with them and their providers, helps schedule appointments when needed, drops by frequently, is a hands-on kind of worker and he added, ‘He doesn’t put up with my BS.’”

As important as the nature of the helping relationship is, effective engagement goes much deeper than friendly, appreciative relationships. Effective engagement means developing and maintaining a level of trust sufficient for the helping persons to fully understand the underlying needs and engage the family in identifying change strategies. All seven of the cases rated for mothers scored in the refinement zone and four of the seven case rated for fathers scored in the improvement zone. Both of the cases discussed above scored in the refinement zone for role and voice indicating that while these parents are feeling respected and have built a rapport with their workers and providers, they do not feel they are a partner on the team as they are not fully participating in the various case aspects, such as identifying their needs and strengths and planning around these, etc.

Similar to parents, substitute caregivers felt they had positive relationships with others on the team but also did not feel they were included in important aspects of the process.



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 a function that does not necessarily need to be performed by the worker although often workers assume this responsibility. Depending upon the circumstances, a parent or provider may take on the role and responsibilities of coordination and do it very successfully. In one of the cases scoring in the maintenance zone for coordination where the worker has this responsibility, the reviewer wrote, “The caseworker was identified by all as the point person for coordinating services and other case activities.” Among the services provided to the family was counseling and an in-home parent aide and “the services and their effective coordination contributed to the improvements in the home conditions...” In another, the reviewer noted, “The worker has met with all providers regularly and thus knows what is happening with this family. He has been consistent in keeping both the providers and parents informed of changes.”

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:

Well-functioning teams are child and family-driven, include all helping persons (formal and informal), and meet on a regular basis or as determined to be needed by the team. The main topic of the meetings is to assess progress toward outcomes but also to ensure everyone is aware of and communicating with one another about the services and progress toward outcomes. This may require “tweaking” of the plan at times or shifting direction altogether when new information is brought to the meeting.

The majority of the cases scored in the refinement zone for team formation and functioning and as a core practice function, this too is an opportunity for the agency to explore current practice and identify ways in which they can build on or expand already strong practice. For example, in one case the reviewer noted there is not a formal team per se but “all service providers and family members *are aware of* the case plan, of needed behavior changes, and of key information necessary to provide services. There is consensus regarding the necessary changes and in the prioritization of goals. Frequent communication is occurring.” This is a placement case where permanency is uncertain due to mother’s stated desire for her child not to return home. There is discussion on shifting the concurrent goal from adoption to guardianship and perhaps others on the team may be able to help with this decision and its implementation.

The reviewer in another case identified several small teams that seemed to be operating in the case and suggested they appear to be functioning independently of one another and the parents are not consistently a part of them. The worker takes responsibility for communicating or transferring information between these teams. It may save the worker some time and also benefit the family to facilitate a more direct communication among the various teams.

In another case (improvement zone) where the focus child’s father has been “sporadically involved with his family and services,” the reviewer wrote, “It is important that he has input into the case planning for [focus child] so that he understands his role at the point he could get re-involved in her life. In addition, the maternal aunt and her family expressed some fears that he will threaten them or try to take [focus child] from them if they become an adoptive resource. If he has more of a role in case planning and can agree to the permanency plan for [focus child], this could mitigate some of the fear on the maternal side of the family.”

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:

Just as engagement is an ongoing process, assessing for safety should occur throughout the duration of agency involvement. Again, children in our sample were found to be free of abuse, neglect and exploitation in their daily living settings and much of the scoring for this indicator was in the upper refinement and maintenance zones indicating some good practice to build on. In one of the cases the reviewer noted safety assessment as a “big strength” in that fully understanding the safety concerns “...resulted in the children being returned to the home and safely maintained there since June. Since the children’s return to the home, the agency has provided intensive in-home services” and that has allowed close monitoring of the conditions in the home.

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:

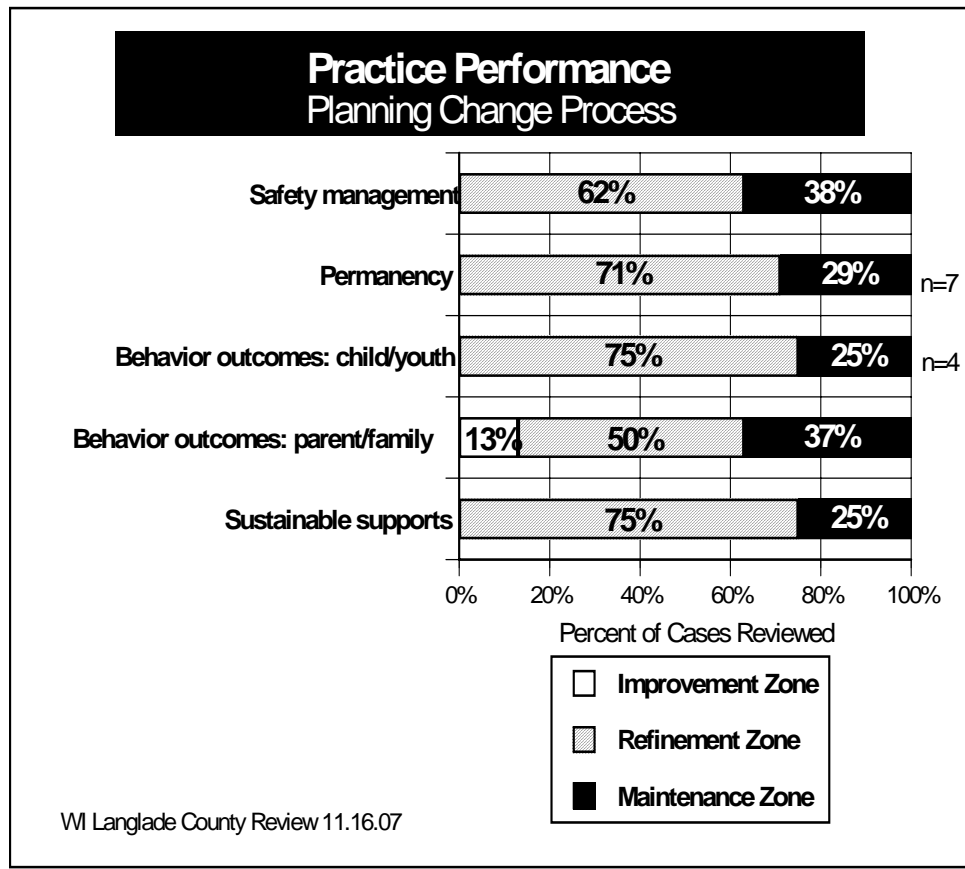
Similar to safety, the majority of the scores were in the upper refinement zone (with one case in the maintenance zone) and it appears from the stories that there is a growing understanding of the impact of co-occurring conditions on children’s safety and well-being. One case illustrates the need for everyone involved to have a good understanding of the underlying needs or concerns in the family. In this case, the worker had developed a thorough understanding of the family and each member by meeting regularly with everyone involved and consistently keeping everyone informed of changes. The reviewer wrote that the worker “knows what is happening with this family.” Also, because the worker has developed a rapport with the family and has a good grasp on the underlying needs and, s/he was able to employ needed services that are helping the parents move toward the goal of reunification with their children.

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:

Essentially, the long-term view is the goal or outcome being sought as a result of interventions. Questions to be answered include, “What does the family want to look like when ‘we’re done’?” or “How will we know when we are done?” and “What do we need to do to get there?” Development of a long-term view is also crucial in helping families move through the change process so that permanency for children can be achieved and cases can be safely closed by the agency. In one of the cases in our sample, the reviewer wrote, “Over the past three to four months, both Mother and [focus child] have been successful in making the behavioral changes necessary for reunification. The pivotal point of change appears to stem from the social worker’s setting a concrete timeframe for [focus child] to return home. With this timeframe in mind, both Mother and [focus child] began trusting the system and making progress in treatment.”



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:

In one of the cases scoring in the lower refinement zone, the youth is in a residential care center and the reviewer wrote that the RCC staff “seem to be focusing more on the risk issues related to inappropriate boundaries between Mother and [focus child]. This has prevented solid planning around safety management for reunification. It did not appear from the interviews that Mother and [focus child] had a clear understanding of the current safety issues because [the RCC] has been addressing more of the boundary issues being presented.. This lack of understanding has affected the long-term view for the family and the move toward successful case closure.”

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:

As one of the core practice functions of the QSR, an outcome-focused practice model, the permanency planning indicator is closely linked to long-term view and crucial to achieving permanency outcomes for children. Permanency is likely to improve once the planning process improves and there is a clear, shared understanding of the long-term view or the goals of and for the family. Two of the seven cases rated for this indicator scored in the maintenance zone and the remainder scored in the refinement zone.

A reviewer in one case wrote, “The parents reported that the planning for this case and setting up conditions for them to meet to have their children reunified was done for them. Once the planning was completed by the agency, they would be told what they needed to do in order to get their children home. They would then accept these conditions and comply. They felt that if they spoke up or objected, as had happened in the past, they would be seen as resistant and uncooperative.” Often the court order becomes the de facto case plan which more times than not tends to be more service-based rather than identifying what will be different following agency intervention or what specific behavior(s) need(s) to change for the children to be returned home.

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 a change process for behavior outcomes means identifying that which is getting in the way of parents' protective and caregiving capacities and likely delaying safe case closure and permanency for the focus child. In our sample, three of the cases scored in the maintenance zone and two scored in the upper refinement zone indicating that in sixty-three percent of the cases planning for behavioral outcomes for parents and children is occurring in such a way as to support progress toward needed behavioral change. In one where engagement and overall assessment also scored in the maintenance zone, the reviewer noted that the worker's knowledge of the parents' underlying needs and "the impact on their current functioning has helped him have a good overall understanding of the case and helped him to provide appropriate supports."

In a case scoring in the maintenance zone for the focus child, the reviewer wrote, "[provider] staff exhibit the skills necessary to formulate and implement behavior modification plans and to provide the level of supervision necessary to monitor and react to the focus child. Good behavioral outcome planning is occurring and the placement is a good, effective match to his needs."

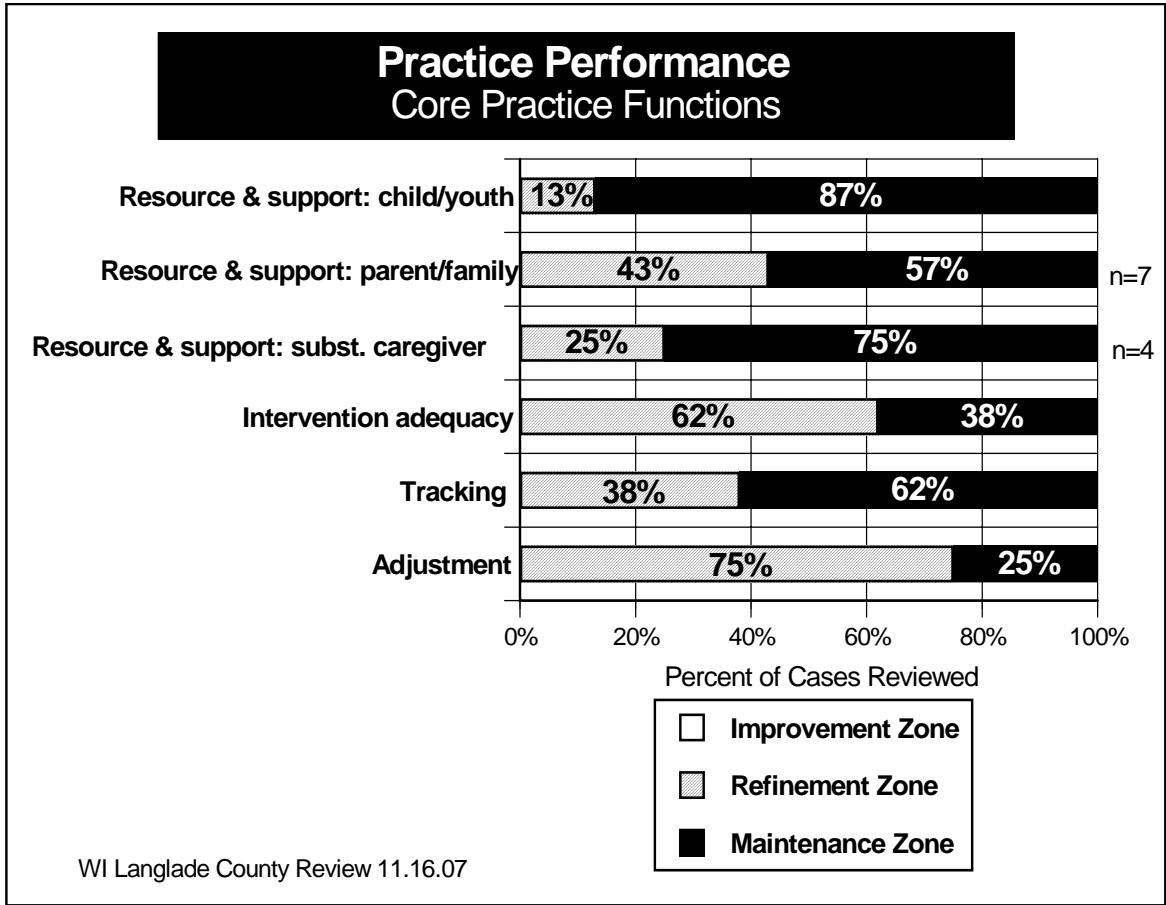
PLANNING A CHANGE PROCESS FOR SUSTAINABLE

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 strong informal systems of support are better able to sustain positive changes made as a result of more formal services provided. When these critical supports are not in place at the time of case closure, there is evidence suggesting a higher probability that the family will become involved again with child protective services. This is particularly important for parents of children with special needs. As is the situation in many other child welfare agencies, there is an opportunity to enhance planning for sustainable supports. Only two cases scored in the maintenance and in one of these, mentioned earlier, both the worker and mother recognized the need for supports to be in place at the time of case closure in order to achieve lasting change and prevent possible agency involvement in the future. In this case, after working with the agency to

decide which supports would be most beneficial, our focus child's mother sought assistance on her own through the community.



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:

Most of the families in our sample were identified as making good use of the services and supports provided to them. As has been discussed, at least two of these families were initially resistant to participating in services but through engagement efforts, these families were able to utilize services and supports to make needed change. In one case

that scored in the maintenance zone for the focus child the reviewer wrote, “The focus child’s special needs are being met through good supports. The service provider has the training and ability necessary to address the challenging behaviors this child exhibits.” The same case scored in the lower refinement zone for parent/family because the mother does not appear to be receiving or participating in services to increase her capacity for parenting children with special needs. Her child is diagnosed with ADHD and attachment issues.

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) Uto 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:

Three of the eight cases scored in the maintenance zone indicating that the interventions, actions, and resources provided to the family are sufficiently powered to produce the desired results and achieve safe case closure. In one of these, the reviewer noted, “The interventions were adequate for the changes needed. Mother has not relapsed in over two years, therapy continues, and the support from the domestic violence service and her church will continue to sustain her informally after case closure.” The remaining five cases scored in the upper refinement zone.

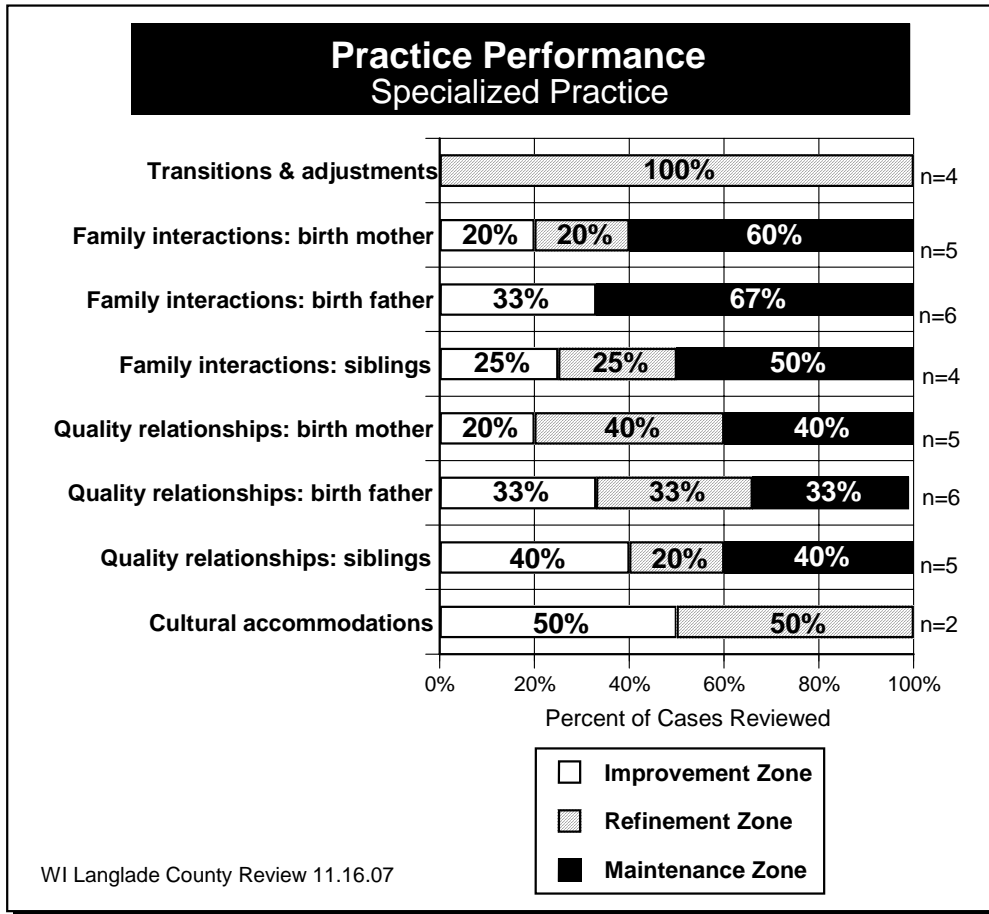
TRACKING AND ADJUSTMENT: Are the child and family status, intervention process, and change results routinely followed along and evaluated? Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting service process for finding what works for the child and family?

Comments:

Tracking and adjustment asks us to periodically review our strategies and supports to ensure they are responding to changing needs and circumstances. When ongoing assessment or tracking informs team members of needed changes to strategies and supports, the plan is revised to reflect these. The plan itself is characterized as being a “living document,” one that is incremental and will change as some goals or objectives are achieved and other needs are identified. Our practice model suggests that the plan at the end will be different from the plan at the beginning of agency involvement. When goals are achieved, this is a time to celebrate progress with the family, helping the family identify the strengths they possess that made success possible and that will provide a strong basis for additional progress.

Five cases scored in the maintenance zone for tracking. In three of these, adjustment scored in the upper refinement zone. This appears to suggest that while progress is being tracked, plans may not be readily adjusted or revised to include needed or different goals and strategies. One reviewer noted the relationship between a team and case planning

and wrote, “With the absence of a team, the agency was not able to establish a working case plan that could be tracked and adjusted for progress while also establishing a long-term view for safe case closure.”



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:

Half of the cases were rated for this indicator and all four scored in the refinement zone with two each in the upper and lower refinement zones. In one that scored a three, the reviewer wrote, “A last area that could benefit from more focus is the upcoming transition for this family, specifically the birth of the focus child’s [maternal] half-sibling. How will [our focus child’s] father respond to this baby and to the mother and what is needed to ensure the safety of both?”

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:

These indicators measure the frequency and the quality of the relationships between children and their parents. They also reflect the planning and strategizing necessary to ensure that interaction is meaningful for children, parents and siblings when a child is in an out-of-home placement. In one case where the focus child is in a residential care center and the scores were in the maintenance zone, the reviewers wrote, “Family interactions are occurring on a regular basis with all family members.” The reviewer added that all service providers are ensuring that immediate family and extended family members have the opportunity to visit in person and talk with one another by telephone. “One of the half-brothers now resides in a distant, southern state yet there was a visit arranged during the summer months. These visits are monitored and adjustments are made to increase the quality of the visits.” In another case the reviewer noted, “There is an ‘unbelievable’ amount of interaction that has been instrumental in maintaining good quality relationships among all family members.”

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

Comments:

Two cases were rated for cultural accommodations and in the one that scored in the lower refinement zone, the reviewer offered the following suggestion: “...provide resources to [focus child’s] aunt about her African-American culture” in an effort to help our focus child connect to her African-American culture and maintain a positive self-image.

VII. NEXT STEPS AND ACTION PLANNING

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

- More intensive or structured parent system to keep children in home or return more quickly
- Devise teaming model that can be started immediately, during and beyond
- Explore teaming models/processes in other counties; perhaps sharing resources (explore what can be billed through Title XIX)
- Develop effective engagement strategies in every case; skill development and evaluation
- Create additional positions or different way of providing “services” (additional job responsibilities) – perhaps contracted out
- More [experienced] foster homes and training system for them
- More concrete ILS program

The final “next steps” meeting was used to discuss the post-QSR facilitation process that will use data from the review to develop an action plan around improving case practice. Lu Rowley, a retired human service agency director and veteran of Wisconsin’s child welfare system will facilitate follow up and action planning with the county.

VIII. SUMMARY

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

Agency staff identified several possible next steps. Among these, staff talked about the need for developing effective engagement strategies in every case and utilizing a team model. The list is ambitious but addresses many of the principles of the best practice model that underpins the QSR. Agency workers and management are encouraged to use the results of the review to formulate and implement an action plan to enhance case practice and address systemic issues, which will ultimately result in improved outcomes for the children and families with whom the agency works.