

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

June 4-8, 2007

Manitowoc County Human Services

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

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

September 6, 2007

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Bureau of Programs and Policies (BPP), a Division of Children and Family Services (DCFS) of the Wisconsin Department of Health and Family Services (DHFS), uses the Quality Services Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The QSR generates useful information for county staff and community stakeholders as to outcomes for children and families served, strengths of local practice, and opportunities for improving system performance.

The QSR process also provides an opportunity to gather additional information the department will use in reporting some federally required information, which is part of the Child and Family Services Reviews (CFSR).

The Continuous Quality Improvement Team conducted a Quality Service Review in Manitowoc County during the week of June 4-June 8, 2007. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE MANITOWOC COUNTY REVIEW

A. REVIEWERS

In the Manitowoc County review, twelve case reviewers worked in pairs to review the selected cases. Several of the reviewers served as both a lead case reviewer and a mentor to each of their review partners or "shadows", who were coached in their development as lead case reviewers. In addition to the four CQI specialists who reviewed cases, four of the reviewers were recent retirees with extensive child welfare service backgrounds; one a former county director, one a former county-based Child Protective Services CPS supervisor and the remaining two from the Bureau of Milwaukee Child Welfare. Two reviewers currently are employed in a county-based human service agency, one as a CPS supervisor and the other as an Initial Assessment worker. Of the two remaining reviewers, one works for the state as an adoption specialist and the other is an active treatment foster parent.

B. CASE SAMPLE

Twelve cases were selected for review in Manitowoc County. Eleven of the twelve cases were chosen at random. In one case, the agency exercised the option of submitting the case for review. The agency is to be commended for this decision as this case involved a family with multiple and complex needs that posed a challenge to the service delivery system in this 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 Manitowoc County review, 120 persons were interviewed. Of the twelve cases, seven children were placed out-of the home and five currently live with one of both biological parents. Four children were in the 0-4 age range, five children in the 5-9 age range, one child was in the 10-13 age range, and two children were over the age of 13. There were six males and six 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. CQI Specialists Emily Campbell and Michael Casali conducted these sessions. In addition, Bridget Bauman and Mila Cabral 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 perspective, insight, and feedback about how all the systems families are involved with, interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

D. DEMOGRAPHICS

Manitowoc County is a geographically large, rural county, with a manufacturing employment base that is on the decline. According to 2002 data (the most recent available) published by the University of Wisconsin Extension, the unemployment rate in Manitowoc County is 6.9%, higher than the Wisconsin average of 5.5%.¹ Agriculture (dairy farming) is also an active industry in Manitowoc County, which is ranked fourth in the state for milk and other dairy production.²

While the majority of the population in Manitowoc County is white (96.1%); there has been a significant increase in number of persons who identify themselves as Hispanic/Latino and Asian. Specifically, the Hmong population in this county more than doubled in the ten years from 1990.³ These changes have increased the demand for translators and culturally competent services.

Other noticeable demographic trends include an increase in the elderly population with long-term care needs and an increase in the number of female-headed households. There is also a perceived shortage of affordable housing in this county, with waiting lists and strict eligibility requirements for access to subsidized rent as related barriers.

¹ Bartfeld, Judy “Wisconsin Families and the Communities where they Work and Live; Making Ends Meet” (2004) Cooperative Extension, University of Wisconsin-Madison.

² www.nass.usda.gov/Census_of_Agriculture 2002

³ U.W.-Extension and Applied Population Laboratory. “Wisconsin’s Hmong Population: Census 2000 Population and other Demographic Trends” (2000)

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Information gathered from focus groups identified agency staff as an asset to the organization. Workers were described as dedicated, hard working, and passionate about their work. Front-line staff are able to work cohesively as members of discrete staff teams. Stakeholders, consumers, and agency staff have all benefited from a stable workforce and low staff turnover, particularly in the past year. This positive change is related to improvements in the way staff are compensated and the removal of the residency requirement, which was viewed as a barrier in the recruitment of high quality staff.

From within and outside the agency, the management team is perceived to be strong. The organizational culture in the department supports learning and development. Front-line staff value the accessibility and “open door” policy of their supervisors. The quality of supervision provided to workers is described as high, with supervisors being attentive to both CPS case process requirements and the emotional impact of CPS work of the personal lives of staff. During the past year, worker caseloads are perceived as being more manageable, perhaps resulting from of an improved focus on safety by the new Children Family Services (CFS) supervisor and a more streamlined approach in assigning workers to cases amongst the CFS team, Youth and Family Service Unit and the Family Resource Unit. CPS cases are also prioritized in clinical services.

Agency staff and community partners have embraced a partnership approach where relationships between and amongst partners and staff are valued. This theme is important as the practice model embedded in the Quality Service Review is centered on the ability of system interveners to engage family members in relationships that act as a catalyst for change. The introduction of a formalized teaming approach through the Community Service Teams (CST) has also resulted in an increased level of community collaboration and transparency about how and why agency decision are made. One focus group participant eloquently described the community impact of the CST’s as “the greatest breath of fresh air. The process opened up the systems! Now people are allowed to talk to one another and we (community partners) can peek under the veil of the human service delivery system.”

B. ORGANIZATIONAL – CHALLENGES

Several challenges relating to how agency staff spend their time were identified by focus group participants. The internal computer system is described as “unreliable”, with the system breaking down repeatedly for “hours at a time”. Oftentimes, this loss of time results in delays in documentation and the late submission of court reports. This problem is magnified by the increase in administrative tasks associated with the computer-based Wisconsin Statewide Automated Child Welfare Information System (eWISACWIS) system and the periodic workforce reduction, for budgetary reasons, in the number of support staff available to assist both front-line and management staff. The value of completing time logs for activities on cases where Medical Assistance (MA) is not

claimed is also perceived as questionable and unnecessarily time-consuming for agency staff.

Another challenge involves workers spending more time in crisis work, which is a trade-off to having more time to spend engaging families in the change process and working with them as partners in developing a case plan. The eWISACWIS case plan is not perceived as a tool to assist workers in thinking conceptually about the family's plan but instead is viewed as an additional time-consuming data entry task.

Focus group participants also expressed a need for more and improved communication. Internally, there appears to be some degree of confusion about the roles and responsibilities of workers across units, with frequent communication gaps and/or overlap occurring when workers from more than one unit is involved with a family. Another concern was also noted about worker delays in responding to phone calls from foster parents and service providers. Communication about the range and availability of services was another identified organizational challenge.

While the CST program is for the most part welcomed by agency staff and community partners, there is some confusion over the role and function of the teams. When the program started initially, the agency made efforts to educate the community about the teaming philosophy but this has not occurred over time. A related challenge is how to expand the scope of a formalized teaming approach into the intra-agency service structure.

C. RESOURCES -STRENGTHS

Children and families benefit from the availability of a comprehensive range of services to meet their needs. Manitowoc County has a rich service array in comparison to other counties of similar size. Many of the services available fulfill the unique needs of different and vulnerable groups. For example, there is a range of high quality services, from innovative restorative justice programs to electronic home monitoring, targeted to keep juvenile offenders in the community. Placements in residential or correction facilities are used on a limited basis, if at all. The agency also embraces a wrap-around philosophy and relies heavily on family-based services to keep children in the home. The agency collaborates with another agency to maintain a team of parent-aides trained in monitoring the use of in-home safety plans.

The agency places a high value on developing and implementing best practice "research-based" programs often times in partnership with community stakeholders. For example, a number of agency staff are trained with their peers in law enforcement in "Step Wise", a forensic interviewing method that is effective in helping children recall traumatic events. Other staff are trained in Functional Family Therapy (FFT), a motivational treatment model used to stimulate change among young people who commit delinquent acts and their families.

D. RESOURCES – CHALLENGES

Local, state, and federal funding shortages that limit the revenue available for child welfare services was a shared concern among focus group participants. The agency has functioned for years with a “flat child welfare revenue line” and there is a concern that workers have to continually “do more with less”. This concern is particularly relevant given the increase in the number of children and families being served with co-occurring conditions and complex needs. For example, the recent closure of Holy Family Memorial Center’s 2-East floor unit is stretching crisis service capacity and the impact has been felt community-wide. Police officers are now required to transport people with severe mental health problems to Sheboygan or Green Bay.

While the new “Tele-health” program that provides remote mental health evaluation services is an innovative response to the shortage of diagnostic psychiatric services for children and adolescents, it cannot replace the need for ongoing consultation and relationship based mental health treatment services. Waiting lists and shortages remain for those in need of counseling, especially among families without insurance. The agency was recently awarded a grant to develop a Comprehensive Community Services Program to provide community-based psycho-social rehabilitation services to consumers with mental health or substance use issues, a positive initial step to address this community need.

Other areas lacking in the service array include a shortage of transportation, and affordable childcare services for families, and a shortage of male mentors for at-risk children and teens. The community is without a local homeless shelter and eligibility requirements to obtain Section 8 housing assistance often present barriers to undocumented family members and those with criminal backgrounds. There is also a shortage of physical office space, both in the agency and county-wide.

E. PRACTICE – STRENGTHS

Children and families in Manitowoc County benefit from the deliberate efforts made by agency staff to improve outcomes. Safety threats are assessed and prioritized in screening decisions and in unit assignments. As a group, agency staff seek opportunities to learn about new policies and enhance their skills through participation in trainings offered by the North East Wisconsin Child Welfare Training Partnership.

Initial efforts to identify and work with fathers are recognized by focus group participants. There is an awareness of the positive contributions that fathers make in the lives of children. This is important if the agency is going to target future efforts at expanding the role of fathers and engaging them in the process of change.

Agency staff are perceived to have a ‘can do’ attitude, with commitment and a sense of “passion” toward their casework. Supervisors support individualized work with families and have the technical competence, authority, and knowledge about resources to support workers who are challenged by families with Alcohol and Other Drug Abuse (AODA),

mental health, and economic subsistence needs. Workers function in or have access to a number of agency programs or initiatives that promote research-based, best practice approaches to casework. There appears to be a willingness by agency staff to use a team approach in some families that are not part of the discrete CST team. There are ripe opportunities for the agency to adopt a practice model that locates engagement, assessment, planning, and decision making at the heart of a family-team.

F. PRACTICE – CHALLENGES

The widespread success at reducing the number of placements in residential care and corrections has resulted in a need for additional foster parents, both in terms of numbers and in terms of those who have specialized skills. Current shortages limit the ability of the agency to strategically match a child's strengths and needs to a foster family that can meet his/her needs. Another related issue is that many foster parents feel the need for support, not only from the agency foster care coordinator but also from the case manager, especially when dealing with highly challenging children. Practice that excludes foster parents from case decisions can contribute to placement disruptions and a focus on crisis management. Foster parents expressed frustration with the agency about unreturned phone calls and being "left on their own" when problems emerge. Stress is experienced by foster parents about spending more and more time in their cars, accompanying children to mental health appointments and transporting children for visits with parents, often who live a great distance away. Agency efforts at implementing the new family interaction policy (Numbered Memo DCFS-2005-06) has resulted in confusion among some foster parents about their expanded role, both with biological parents and as potential change-supporting members of a family-team. While the dedicated support of the foster care coordinator is welcomed, agency-wide efforts are needed to support foster parents.

In Manitowoc County, there is also a need for an explicit practice model to communicate agency goals and approach. Although there is an awareness of the agency expectation to use a strength-based approach with families, some participants perceive the adoption of this approach as being tokenistic and others, a barrier to holding parents accountable to what needs to change. Internally, there is a need to develop a shared understanding of how family strengths are used, in a team setting, to engage families in a process of change. Safety and permanency outcomes can be enhanced through a more consistent use of teaming to reach safe case closure and the goal of helping families become independent from the formal service system.

LEGAL – STRENGTHS

Alongside agency staff, the legal partners in the community share knowledge and concern about the cases and families being served. Legal focus group participants shared the opinion that agency workers are prepared for court, respected by legal partners, and make sound and educated decisions about children's lives.

The Judges in Manitowoc County are viewed as a system strength, with their relationship between legal partners and agency workers described as professional. The Corporation Counsel is viewed as “knowledgeable”, “available” and “receptive” to agency staff.

Early inquiries are made by workers and court staff into whether the Indian Child Welfare Act applies and court timelines are generally adhered to, with court processing being perceived as timely and efficient.

The Court Appointed Special Advocate (CASA) program is also welcomed by the community, although the program is new and under new leadership.

G. LEGAL – CHALLENGES

Specific concerns were raised in the focus groups about the performance of the Guardians ad Litem (GAL), with regular visits not occurring with children and the lack of an independent inquiry by the GAL’s into the best interests of children.

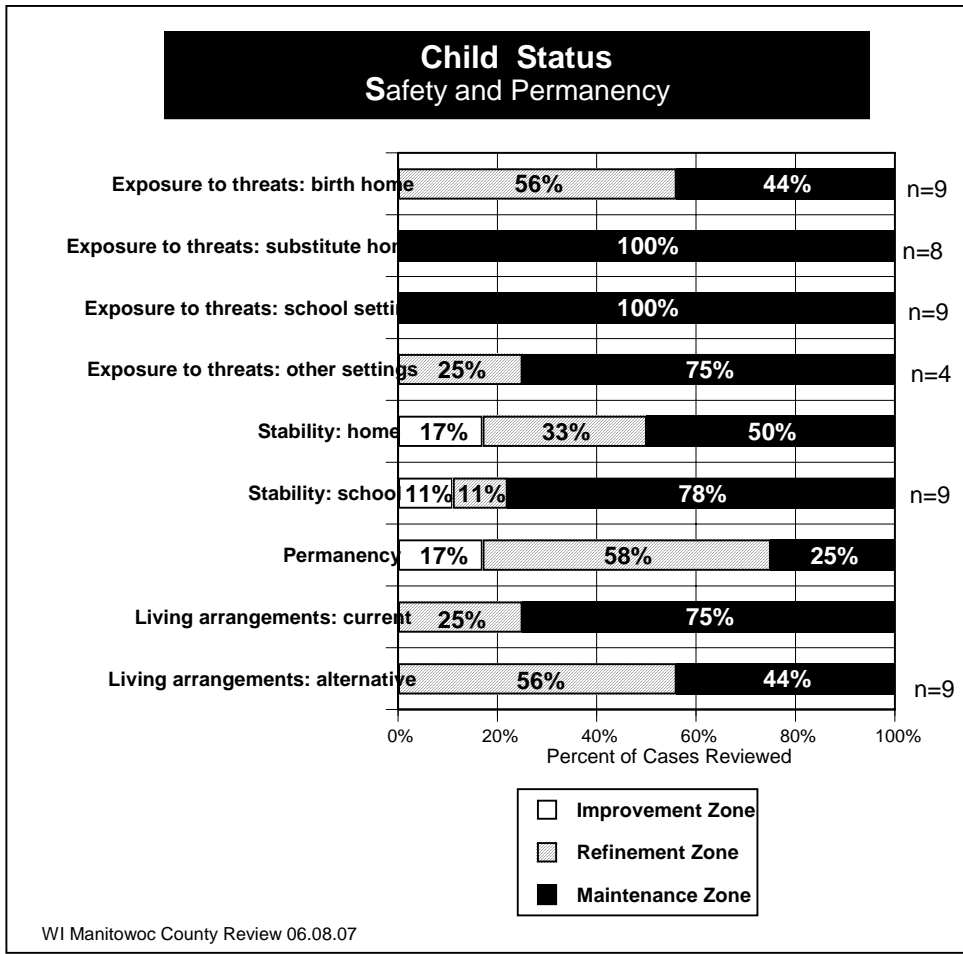
Another concern raised in focus groups was the caution used by the Corporation Counsel in filing Termination of Parental Rights (TPR) cases unless there is a high probability of success. There is a need to clarify how decisions are made by the agency and the Corporation Counsel. There is also a need for the agency to adopt practice strategies that use behaviorally-specific, measurable outcomes for safe case closure and permanency.

The role and voice of children, parents, & foster parents can also be enhanced in case planning and in court.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

The QSR uses eight indicators to assess a child’s status and five indicators to assess the status of parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status up to six months prior to the review. The narrative sections present general themes and scoring relationships and will occasionally use “high” or “low” within a zone to reflect ratings more accurately.

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: This indicator takes into account the “balance” between known threats and the protection provided by those responsible for keeping the child safe in each daily living setting. One hundred percent of the scores in the maintenance zone for substitute home and school. In terms of threats in the child’s birth home, five of the nine cases scored fell in the refinement range indicating living situations where there is threat combined with fair to somewhat inadequate protection of the child. The one case that fell in the low refinement zone was influenced by a number of factors. The reviewers found that mother’s demonstrated lack of supervision, her single-parent status and lack of supports left her limited and inconsistent in protecting the focus child. Also, the focus child’s insecure attachment, sexualized behaviors, and “parentified” stance toward her toddler brother contributed to the level of threat in the home.

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?

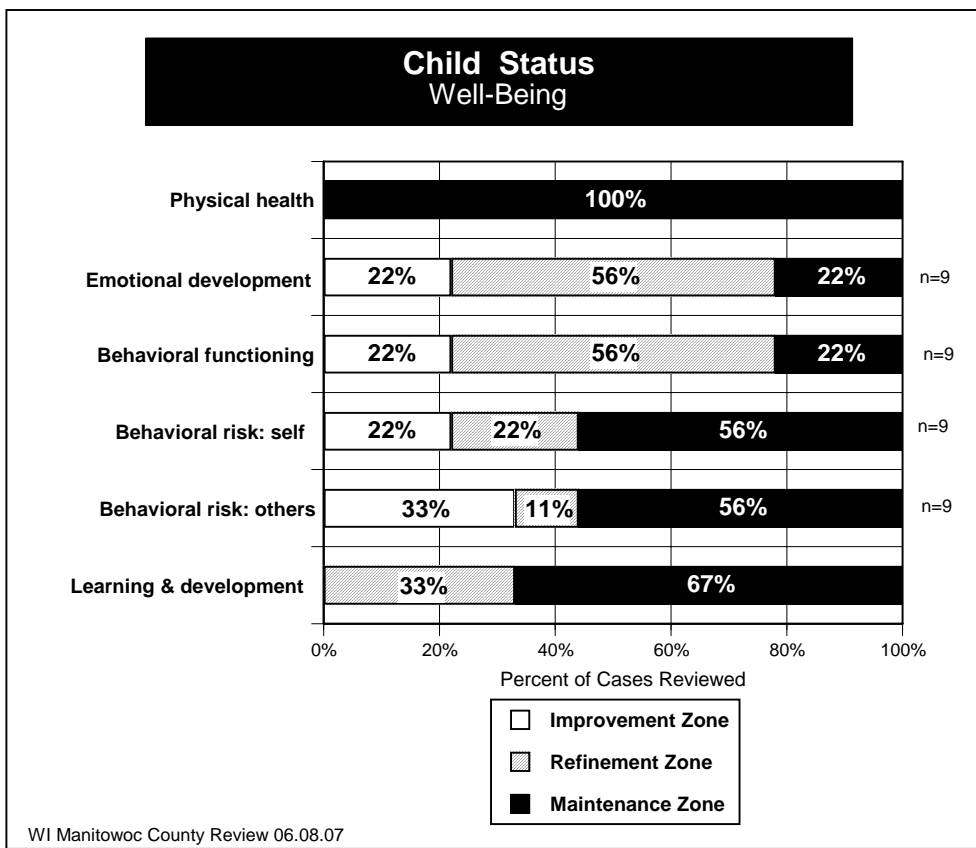
Comments: While seventy eight percent of cases scored in the maintenance zone for school stability only fifty percent were found to be at that same level for the home setting, which points to considerable alterations in these focus children's relationships and daily routines. The focus child in one case who struggled to achieve stability at home and at school had a diagnosis of bi-polar disorder with uncontrollable mood swings and behavior outbursts that led to a psychiatric hospitalization and, eventually, a treatment foster care placement. In addition the reviewers discovered that the current foster family gave notice that they would no longer be able to care for the child, creating yet another pending disruption to home and school stability.

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 takes into account measures of caregiver functioning as well the previous indicators related to safety and stability. Only 25% of the sample cases achieved the maintenance range for permanency. Common status themes that some cases shared in struggling to achieve permanency include: sexualized behavior by the focus child, AODA issues in one or both parents, untreated mental health issues in one or both parents, incarceration of a parent or family member, and parents who exhibited deficits in parenting capacities. In addition, of the five cases that scored in the low refinement zone or below for permanency, four had single mothers heading the household where the child lived or where there was a reunification goal. In terms of practice, all the five cases had teaming scores that were in the refinement zone or below, suggesting a link between adequate team formation/functioning and permanency.

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: Nine of the 12 cases fell in the maintenance zone for the current placement, indicating that most of the sample children have a living arrangement that is meeting their emotional needs for maintaining connections with family, peers, and culture. These scores may reflect the intentional matching of children with out-of-home care providers and workers who have both the skill and desire to meet their individual needs. This is encouraging given the concerns raised in some focus groups about the inability of the agency to match a child to a particular out-of-home care provider. One reviewer wrote, “The foster parents...have at the same time been welcoming to the parents and include them in child activities such as birthdays and school matters.” In terms of “alternative” living arrangements or where the child spent at least one night in the last 90 days, two thirds of the case scored in the high refinement range or above.



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: One hundred percent of the children in this sample scored in the maintenance zone for this indicator, suggesting that needs related to nutrition, sleep, hygiene, exercise, and general medical and dental care are being met.

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?

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: Though separate measures in the QSR, a child's emotional and behavioral status are mutually reinforcing and encompass a significant portion of overall development. Impairments or deficits related to physical health, mental health, and learning are made manifest in emotional and behavioral functioning. For example, in the focus child sample five had a behavior disorder, three a diagnosed mental illness, three were trauma victims, three were diagnosed substance exposed at birth, and one had a neurological impairment. These conditions are reflected in the seven of nine children who scored in the refinement zone or below for emotional development and behavioral functioning. These scores point to the challenges the agency faces in providing precise and adequately powered services that meet the needs of children with complex emotional and behavioral conditions.

One case that illustrates these challenges is that of an eight year-old focus child diagnosed with bipolar disorder and described as "very troubled", with a history of sexual penetration, other physical aggression, and property destruction. The family required a slew of services (e.g., CST, individual therapy, medication management, parent aide, crisis response, mentoring, and respite) that for a time allowed the focus child to remain in the birth home. However, the challenges became too great and the child was placed in a treatment foster home where 24 hour supervision and supportive services led to some stabilization.

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?

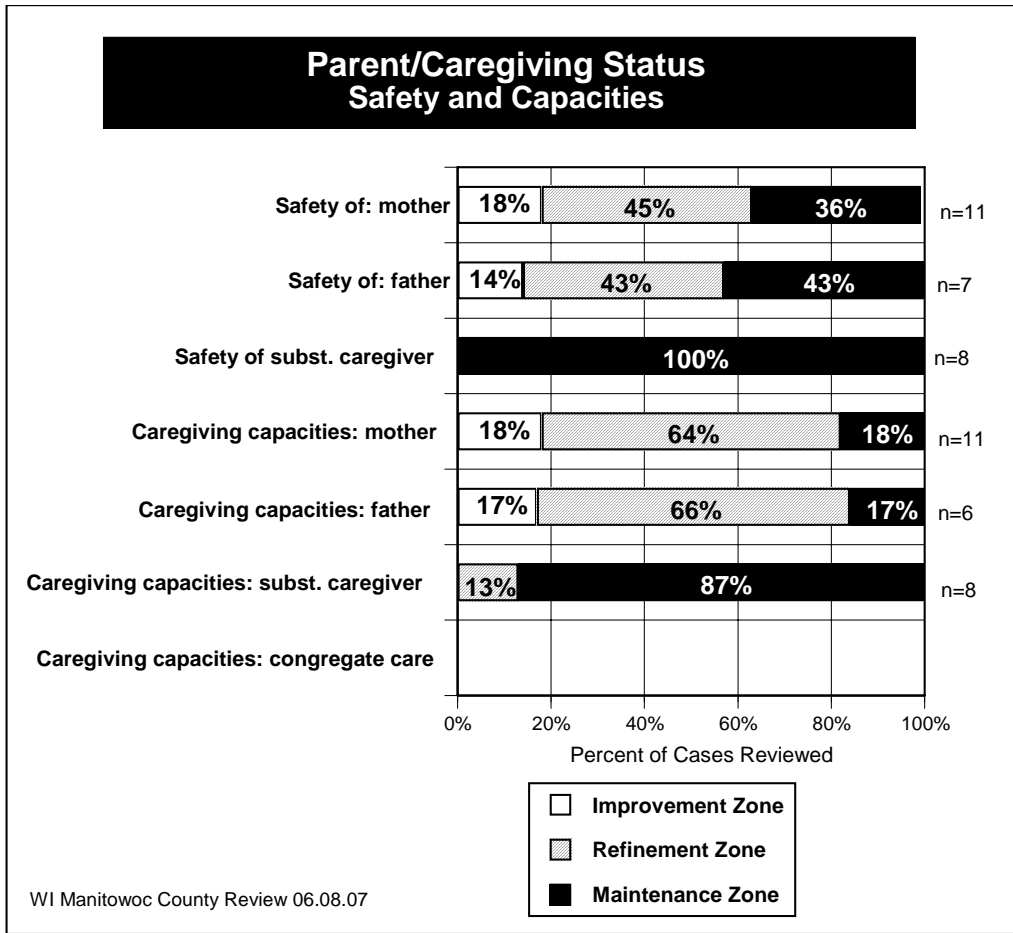
Learning and Development (Age 5 and Older): Is the child (according to age and ability): 1) regularly attending school; 2) in a grade level consistent with

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: In terms of learning and development, 10 of the 12 focus children were rated in the high refinement zone or above. Three of the six school-aged children in the sample were receiving special education services. All three had mental health diagnoses, two were trauma victims, and one was taking a psychotropic medication. English was not the primary language for two of the three children receiving special education services. Finally, only two of the six school-aged kids were reading at grade level.

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: One hundred percent of substitute caregivers in the sample had no significant safety threats in their households. On the other hand, 36% of mothers and 57% of fathers fell in the low refinement zone or below for safety. Common themes among many the parents who had safety concerns in their households include domestic violence, AODA issues, mental illness (one diagnosis of post-traumatic stress disorder), and challenges around economic self-sufficiency. In one case the child's extreme volatility and aggression was a significant safety concern in the home.



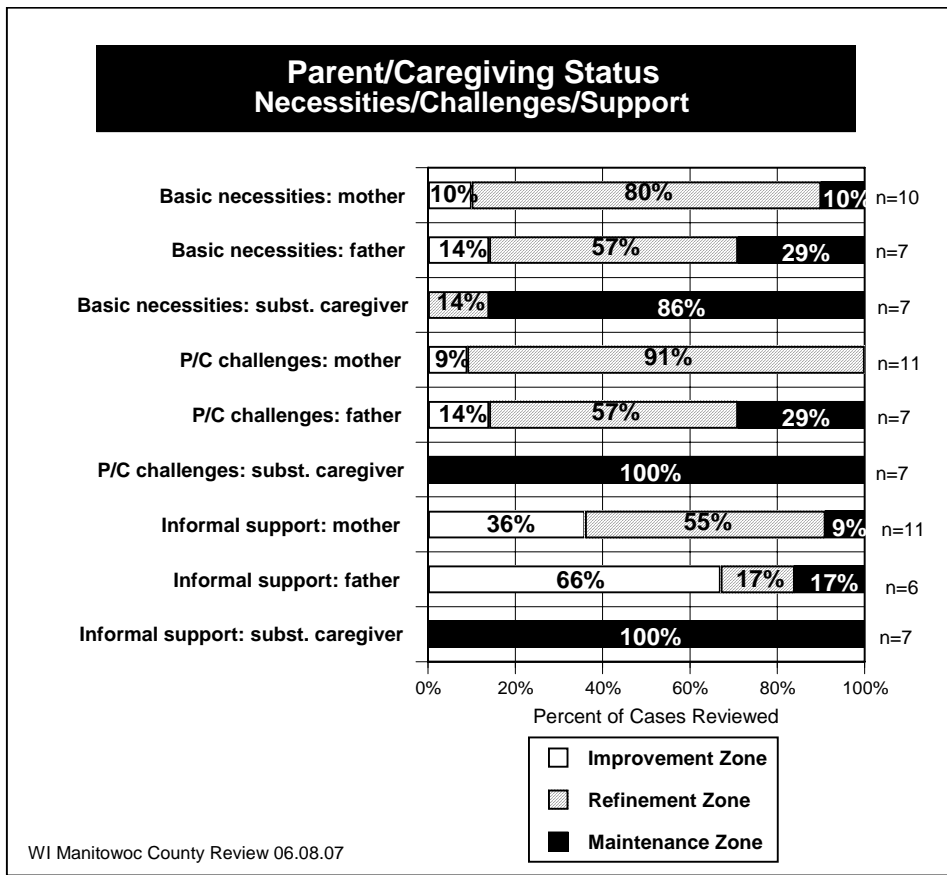
Caregiving Capacities (Home Settings): To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have 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 generally comprise those behavioral, cognitive, and emotional characteristics that go into adequately nurturing and protecting a child. Accurately assessing and enhancing these capacities when deficient is crucial in achieving safety and permanency. While 78% of substitute caregivers fell in the maintenance zone, only 18% (two of eleven) of mothers and 17% (one of six) of fathers

were demonstrating adequate parenting capacities. Of the parents who fell in low refinement zone or below for caregiving capacities, all had mental health concerns and experienced some serious form of trauma (e.g., domestic abuse, sexual abuse as a child). One half of these parents also struggled with AODA concerns as well as the ability to financially meet basic needs.

In a case that reflects the myriad of factors that can affect parenting capacities, the mother was described as a survivor of domestic abuse, a recovering alcohol and drug abuser, depressed, and struggling significantly with finances. One reviewer wrote how these factors were reflected in deficits in behavioral, cognitive, and emotional parenting capacities leading to questionable decisions (e.g., allowing the focus child to ride in a car with someone who was intoxicated in her absence) and subsequent limited understanding of the potential effects of these choices.



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: While one hundred percent of substitute caregivers were meeting basic needs relatively easily, only 60% of mothers and 57% of fathers in the sample were found to be meeting basic needs with their available finances. Many of these families are not able to survive without assistance from helping organizations and programs. In one family: "Mother is not employed outside the home and is utilizing subsidized housing, food stamps/pantries, and assistance from others. She receives no support, financial or otherwise, from her children's fathers." As illustrated previously, economic instability can influence parenting capacities as well as the ability to achieve safe case closure and permanency.

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: Challenges to caregiving capacities can be influenced by a wide range of factors related to emotional, behavioral and cognitive factors, as well as physical conditions such as a serious illness or disabling condition. This indicator also takes into account "extraordinary" demands put on caregivers due to other factors such as being a single parent, caring for multiple or young children or the elderly, or legal situations (undocumented non-US citizen). In this sample only 36% of mothers and 29% of fathers fell in the high refinement or maintenance zone. In contrast, one hundred percent of substitute caregivers had no serious challenges to their caregiving capacities.

No mothers and only two fathers in the sample scored in the maintenance zone, demonstrating that these parents had significant challenges that mitigated the ability to care for their children. One story illustrates the impact of physical disability on parenting: "The focus child's mother is disabled by Cerebral Palsy and arthritis. She does not drive and used to work part-time until that became too difficult...(Though) the focus child's mother is the family peace maker and attempts to provide the calmness needed to diffuse situations between the focus child and her father, physical disability limits her activities and sometimes may prevent her from following through with parenting strategies."

Another story shows how cultural issues, trauma, and drug abuse can impact parenting: "Their primary language is Hmong, yet they can understand English fairly well and are

able to communicate some words and phrases in English. The parents experienced great hardship in their native country. As a result, the father has been diagnosed with Post Traumatic Stress Disorder and the mother often struggles with depression....Both parents have had an ongoing struggle with an addiction to opium. Their substance abuse issues have challenged the parent's caregiving capacities and resulted in the family's extensive involvement with child protective services."

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?

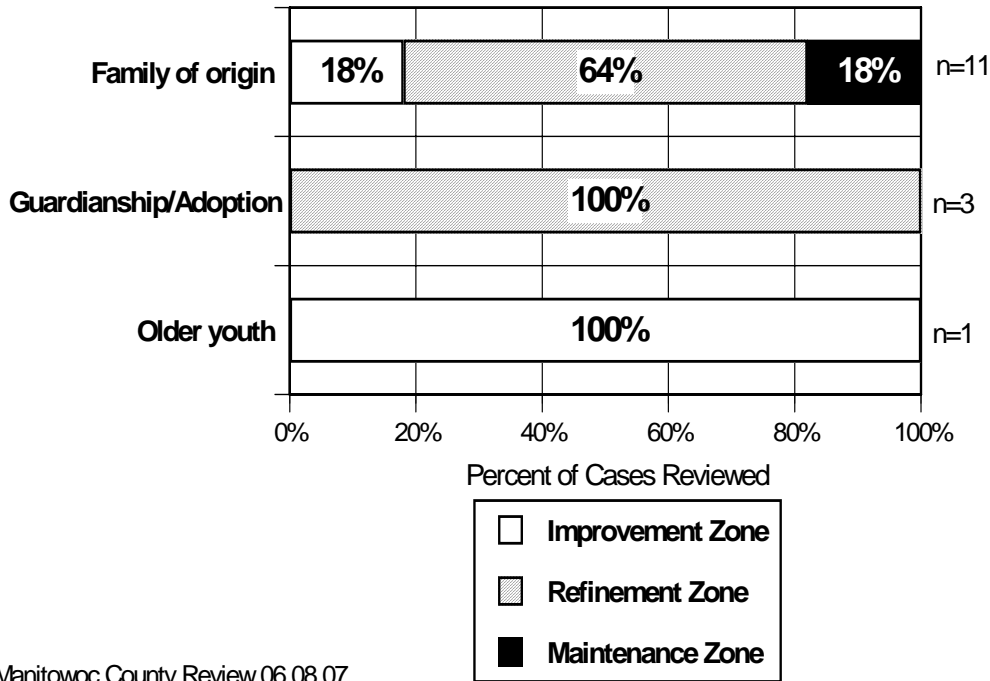
Comments: Informal supports are crucial to the both short planning as well as the long-term success of achieving safe case closure. The substitute caregivers in the sample have available to them non-professional individuals who assist them in performing those day to day tasks of maintaining the stability of a home and family. Parents show more challenges in this area, with only two of 17 parents rated in the maintenance zone and eight in the improvement zone. Significant also is that the families who most lacked informal supports often had *more* challenges that required additional assistance. For example, of these eight parents seven had ratings of in the refinement zone or below for challenges to parenting capacities.

One story highlights how the lack of informal supports can lead to drastic parenting decisions and potential dependence on formal systems for meeting basic needs: "One of the most glaring obstacles this family has is that they by their own admission are socially isolated and indicate a lack of informal support systems at the present time. Approximately three months ago, instead of engaging in a battle with the focus child when an incident occurred between the focus child and her mother, her father simply picked up the telephone and contacted law enforcement for assistance. While it appears that the family is using proactive problem-solving, they do not have a network or any informal supports to assist them to find ways to meet all of their needs."

VI. PROGRESS INDICATORS

This measure summarizes the key components of the previous status indicators as a way of evaluating the family's overall advancement toward permanency. Significant areas that go into progress to independence are: safety, caregiving capacities, basic needs, and informal supports. Though not explicit, this indicator also reflects those areas of practice that support the enhancement of child and caregiver status.

Progress Towards Independence



WI Manitowoc County Review 06.08.07

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: In this sample, six of 11 cases that had a goal of reunification scored in the refinement zone or above, with three showing excellent progress toward permanency in the maintenance zone. These three cases showed strong practice scores for safety assessment/management, overall assessment and understanding, and tracking and adjustment. One case provides examples of how effective practice in these areas led to successful outcomes in relation to permanency: “The assigned worker’s safety assessment was well understood. The necessary tasks were accomplished quickly and the

children were returned”; “Interventions involving formal supports were adequate and a key to this family’s success” and; “When road blocks in the case were identified, the providers made effective adjustments to remedy the situation.”

A case that scored in the improvement zone for progress towards independence provides contrasting practice elements to the above examples. In this case scores for safety management/understanding, tracking and adjustment, and overall assessment were in the refinement zone or below. In particular, the inability to assess and communicate the focus child’s increasingly aggressive behavior led to a placement out of the home. The story reads: “At this time of review, the progress of this family towards independence and permanency had regressed. Although Mother appeared to be managing the focus child’s behavior with the use of informal and formal supports, she stated that she believed his behavior was becoming more aggressive and that ‘she wanted more, but didn’t know what to ask for.’ He (eventually) acted out in a manner necessitating removal from his home.”

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: In the three cases that had a goal of guardianship/adoption, there was also a concurrent goal of reunification. In one case there was a recent decision to return the child home within six months. All three cases scored in the refinement zone, with one in the “high” range. One identified barrier to progress in these cases include the inability to articulate a long-term view, especially the need to identify specific changes in parenting capacities to assist in deciding whether reunification is possible. There was also in these cases less than optimal communication and teaming, which led to some confusion over planning and a shared understanding of what was trying to be accomplished in relation to permanency.

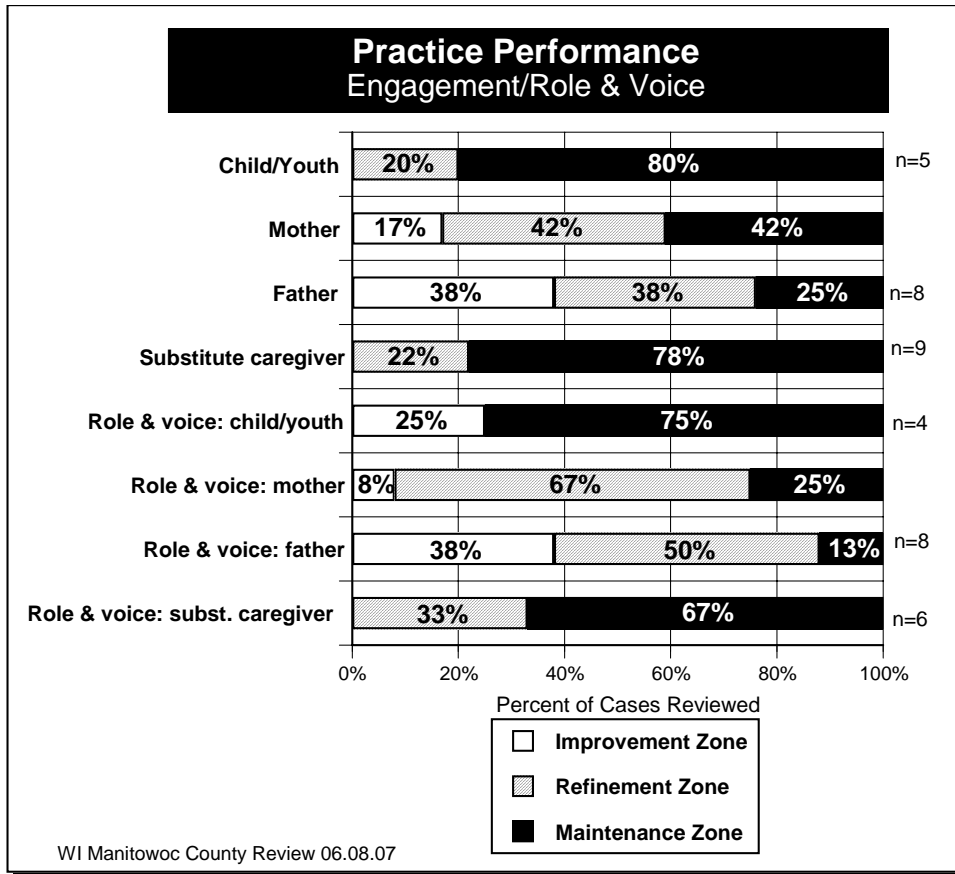
Progress to Independence (Older Youth): To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside 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: The one case that was scored in this section fell in the improvement zone and had a concurrent goal of reunification. This is a 15 year old child who still needs to learn basic employment skills (e.g., filling out an application, interviewing) and also has some deficits in term of social maturity and self-esteem. There is also a general lack of informal supports in the family which limits the potential for future connections, though there is the possibility that the current mentor might be available beyond agency involvement.

VII. 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 12 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. Again, the narrative sections present general practice themes and related scoring relationships and will occasionally use “high” or “low” within a zone to reflect ratings more accurately.

QSR Interpretative Guide for Practice Indicator Ratings	
<p style="text-align: center;">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, under changing conditions and over time. Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>
<p style="text-align: center;">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>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 style="text-align: center;">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>
<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 10px; width: 40%; text-align: center;"> <p>Acceptable Range: 4-6</p> </div> <div style="border: 1px solid black; padding: 10px; width: 40%; text-align: center; background-color: black; color: white;"> <p>Unacceptable Range: 1-3</p> </div> </div>	



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

Comments: Eighty-nine percent of substitute caregivers and one hundred percent of children in the sample scored in the maintenance or high refinement range for engagement, demonstrating an effective use of relationship-building strategies resulting in trust and an interest in change. One reviewer wrote: “Whereas the focus child tends to have a difficult time trusting adults, both the therapist and the Court Appointed Special Advocate (CASA) worker were able to engage her. They were able to do so by providing her with strategies to assist in voicing her concerns and wishes with regard to her living situation.”

Mothers also showed strong scores for engagement, with 42% rating in the maintenance zone. Remaining emotionally accessible and empathic yet firm in the face of anger from

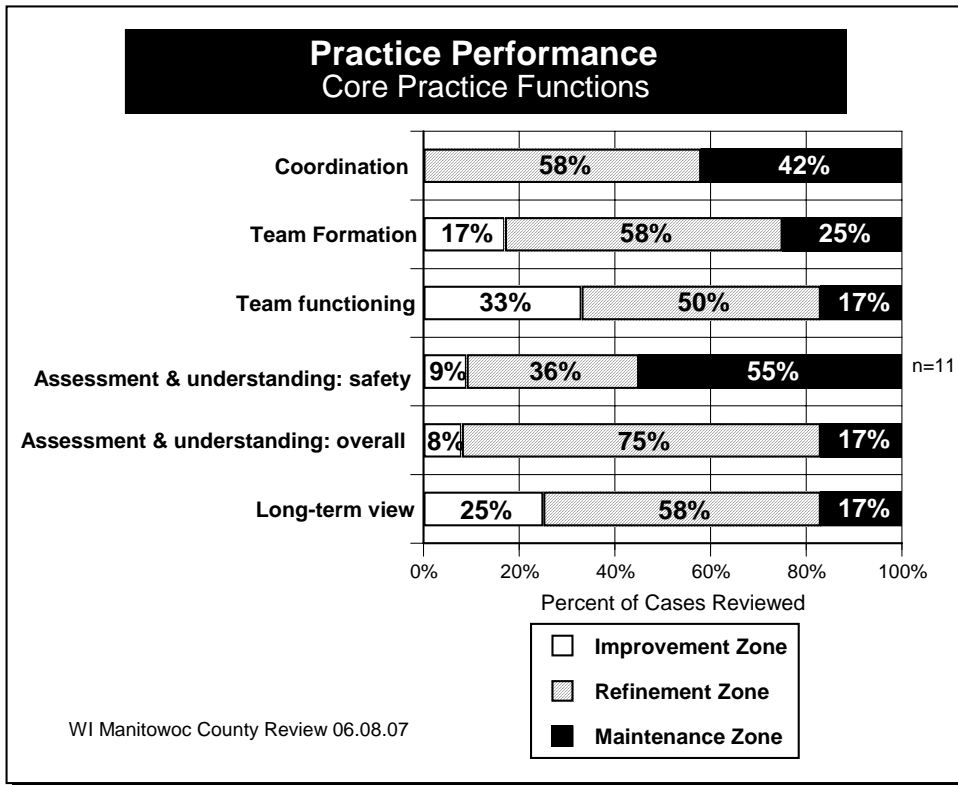
a parent is a crucial practice skill, as illustrated by the following quote: “The assigned worker was able to move the relationship of distrust and anger to a relationship the mother now feels has been helpful and needed.” As a result, this family became more open to much needed services that propelled the plan in positive direction.

Only four of the eight fathers scored for engagement fell in the high refinement zone or above, illustrating a common trend in practice nationwide. Though various factors influence the lack of engagement of fathers, this example demonstrates how the inability to remain objective and equitable in the midst of parental conflict can affect outcomes: “The mother does not want the father to have contact with the focus child, so workers have not made more effort to arrange visits so as not to upset the mother... There has been minimal outreach to the father and it has been left up to him to contact the worker and arrange visits and transportation. The father has had little input and involvement in decision-making.”

The outcome was quite different in one case that did show effective engagement. Here the agency was helpful in assisting one father to remain drug-free and “step up to the plate” to reunite with his infant son. The reviewer wrote: “The focus child is bonded with his father and sees him as his primary caregiver. His father has maintained a very adequate living arrangement since he first started visiting the child, and he has adequate income to support his son.”

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: Similar to engagement scores, children and substitute caregivers fared better than parents in terms of their involvement in decision-making with almost eighty percent of caregivers falling in the maintenance zone. One example found that: “The foster parents have demonstrated a strong voice in the direction and decision making for the focus child and her siblings (i.e. doctor appointments and visitation schedules).” Parents in the sample had less of a role in shaping the way strategies and goals are established and implemented, with only 58% of mothers and 38% scoring in the high refinement zone or above. One reviewer wrote: “Despite some efforts, the parents have a limited role in the service planning process and appear to have a conflicted relationship with the agency.”



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?

Coordination is a core practice function in the QSR that drives the case planning process. Ten of 12 the sample cases scored in the high refinement zoen or above, with five of 12 demonstrating effective leadership and managerment. One reviewer wrote: “There has been good coordination by the agency social workers, who work together to delineate roles and responsibilities. Most persons interviewed understood the differing roles of the agency workers.” In another case, teaming coincided with effective planning and coordination: “CST involvement helped stimulate initial progress in this case. The team was on board from day one of agency involvement. There was good coordination of services and providers. The ongoing caseworker had her “finger on the pulse” of this case. Service providers knew whom to call and case information generally was current for all team members.”

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

abilities necessary to organize effective services a child and family of this complexity and cultural background?

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

Comments: Teaming is closely associated with case coordination and the related provision of an organized and integrated approach to change. The QSR model endorses teaming as best practice strategy in devising strategies and sharing information among the key individuals in the life of a family that can most influence change. As mentioned, the county uses formal teaming for all those families enrolled in the CST as well as for some who are not. Overall, 58% of cases were rated in the high refinement or maintenance zone for team formation, with only 50 percent for team functioning.

In one case where teaming scored in the maintenance zone: “The coordination efforts have been very good with the worker being the single point of coordination. The CST model is used and the coordinator and worker have a very good professional relationship with frequent contacts. The team includes both the mother and focus child (when appropriate), the worker, the teacher and all involved service providers. They meet monthly at a minimum and sometimes weekly as needed if the focus child is presenting concerns. The meetings also occur in different settings to meet the needs of all team members.” Not surprisingly this case also showed strong scores for engagement, assessment, and tracking and adjustment, demonstrating the some of the inter-relationships between teaming and other elements of practice.

Another reviewer detailed how inadequate teaming prolonged the change process and left certain questions unanswered: “Communication that occurred between providers seemed to be crisis-based and opportunities for the family and all helping individuals to regularly meet together were missed. Perhaps as a result of this, there was not a shared understanding of or planning for the underlying issues in this family.” Though this case was slated to close, the lack of more regular teaming possibly contributed to below average scores in the engagement of the father and in securing and utilizing informal supports, both areas that may impact the longer-term viability of the plan.

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)?

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: In terms of assessment, 82% of the sample cases scored in the high refinement range or above for safety and 75% for the overall “shared big picture” understanding of the child and family. Safety assessment scores were more solid than overall assessment scores, with six of 11 cases rating in the maintenance zone. One case that scored in the maintenance zone for assessing safety found that there was a “...clear understanding by the agency of the safety threats. Recently, following a Child Abuse and Neglect (CAN) report, a protective plan was put in place for two weeks. The very explicit, solid plan detailed who would be responsible and what would be done to ensure the safety and supervision of the children. It was carried out as planned and things calmed down.”

A case that showed a need for improvement in tying trauma-related family of origin issues to current dynamics and related permanency goals found that: “There is a lack of recognition and understanding of underlying issues in this family.....(and) mother’s needs surrounding her relationship with the maternal grandmother. There seems to be little insight into how the mother’s history of trauma (e.g., domestic violence in the home, foster home placement at a very young age, sexual abuse at the age of eight or nine, the maternal grandmother’s mental health and substance abuse issues) affect the mother’s functioning today. There is also a lack of understanding about attachment issues, both the mother’s attachment to her own mother and her attachment to her child.”

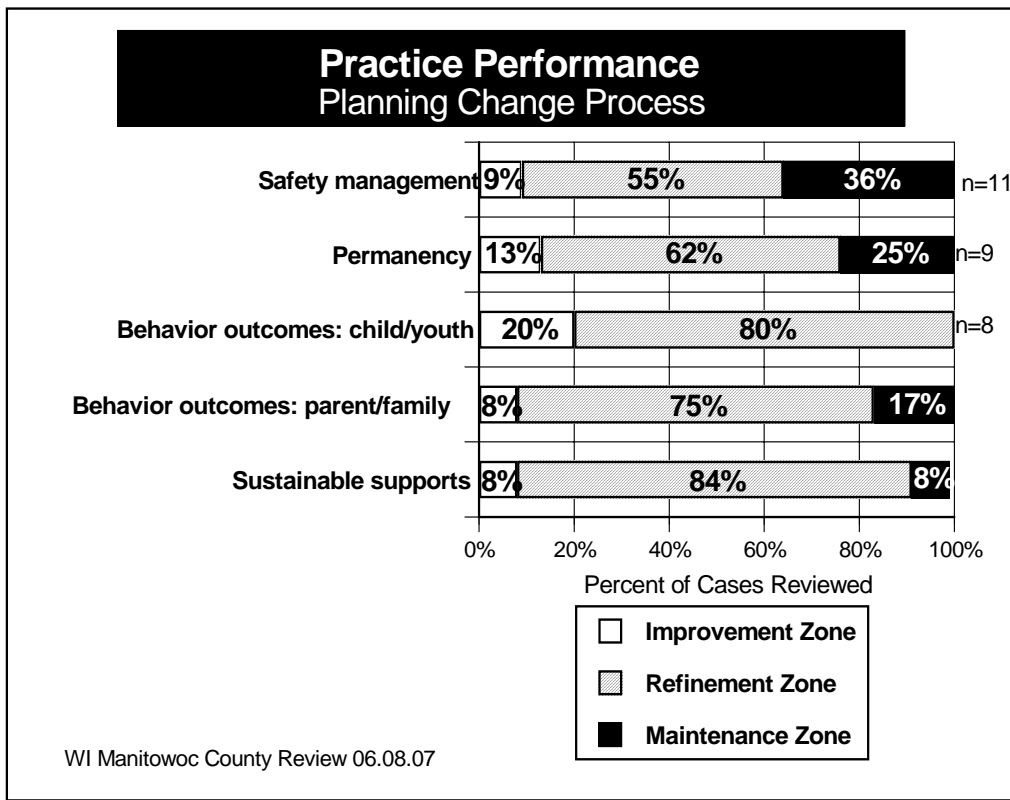
LONG-TERM VIEW FOR SAFE CASE CLOSURE: To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral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

Comments: Long-term view is a foundational element in the QSR practice model. It is closely tied to assessment and basically measures the extent to which ultimate objectives in a case are clearly understood and planned for, taking into consideration the common tendency to focus on immediate crises. Because it is a new concept to most agencies and

systems, these scores are usually low on initial reviews. In this sample only 50% scored in the high refinement range or above for long-term view.

In one case that scored in the maintenance zone the reviewers found that: “The worker and family have a consensus on the long-term view for safe case closure. The worker has indicated to the family that she will work with them for the next year under the juvenile delinquency order and will assist them throughout this year; (the worker) has also begun preparing the family for independence from the system even though it is 12 months away.” Engagement scores for the child and parents were optimal, highlighting the link between the quality of the professional working alliance and the ability to mutually arrive at those conditions that need to be in place for long-term independence.

Another case shows how a rating in the improvement zone for long-term view is reflective of struggles in other practice areas, namely assessment, planning a change process, and coordination: “It is unclear to those involved what specific behavioral changes need to be made by the mother in order to move to safe case closure. There has been marginal planning for permanency in this case. There is confusion among those working with the family as to whether the permanency plan is independent living for the mother and focus child or return to the maternal grandmother’s home. There is no clear plan in place to achieve safe case closure or what the family needs to look like in order when this is accomplished.”



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

Comments: The following four indicators illustrate how planning in the QSR model of practice is broken down into separate but mutually dependent components: safety, permanency, behavior outcomes, and sustainable supports. Like many practice indicators, conceptualizing how planning a change process occurs involves the inter-relationship of various other practice elements that go into the larger idea measured in the indicator. For example, *planning* for how a family will maintain *safety* in their home is directly related to changing or maintaining certain *behaviors* that will go into the overall achievement of *permanency*. Though the necessity of *informal supports* vary from case to case, they are often are a crucial part of successful long-term planning.

In planning for safety management, six of 11 of the sample cases fell in the maintenance or high refinement zone. One case outlined the effective development and implementation of a safety plan under some challenging circumstances: “Safety threats to the focus child and his mother have been assessed and are understood in this case. He has been physically violent with others, including his mother, and his mother has reacted with physical violence towards the focus child in her frustration in dealing with his behaviors. Such dynamics have been discussed by the team and have been planned for. A “Crisis Safety Plan” has been developed and distributed to all team members for use anytime he cannot be controlled.”

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

Comments: Planning for permanency measures different aspects of practice related to achieving long-term stability and safe case closure for a child and family. Only 50% of the sample cases scored in the high refinement range or above, demonstrating a need to examine more closely those barriers that are preventing progress towards permanency. One case story shows how planning for permanency involves tasks related to safety

planning and sustainable supports: “Whereas a permanency goal has been determined, it is uncertain as to what protective provisions must be in the home to keep the child safe. In addition, there does not seem to be a plan in place with regard to developing sustainable supports for the parents and for (the focus child) so that they no longer have to rely on the agency for this assistance. Given that the family has been involved with the agency for such a long time, they will continue to be at risk for future involvement if these issues are not addressed.”

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: Eighty percent of children and 58% of caregivers rated in the maintenance or high refinement range for planning that included clearly articulated strategies and goals that take into account observable behavior change. Of note is that none of the five children rated scored in the maintenance zone for planning that utilized behavioral outcomes. This might reflect a tendency to emphasize a caregiver’s change process in planning at the expense of the child’s. It may also stem from the difficulty in accurately assessing a child’s behavioral presentation and/or the inclusion of mental health professionals on teams: “Additionally, there is the issue of the focus child’s outbursts and some disagreement among team members as to the causes of his disruptive behaviors. Characteristics of autism have been noted in the focus child, with a previous diagnosis of Pervasive Developmental Disorder (PDD). A new therapist has recently given a different diagnosis, however, to Bi-polar Disorder, but the therapist has not been part of the team and thus no discussion of the implications of the new diagnosis has occurred.”

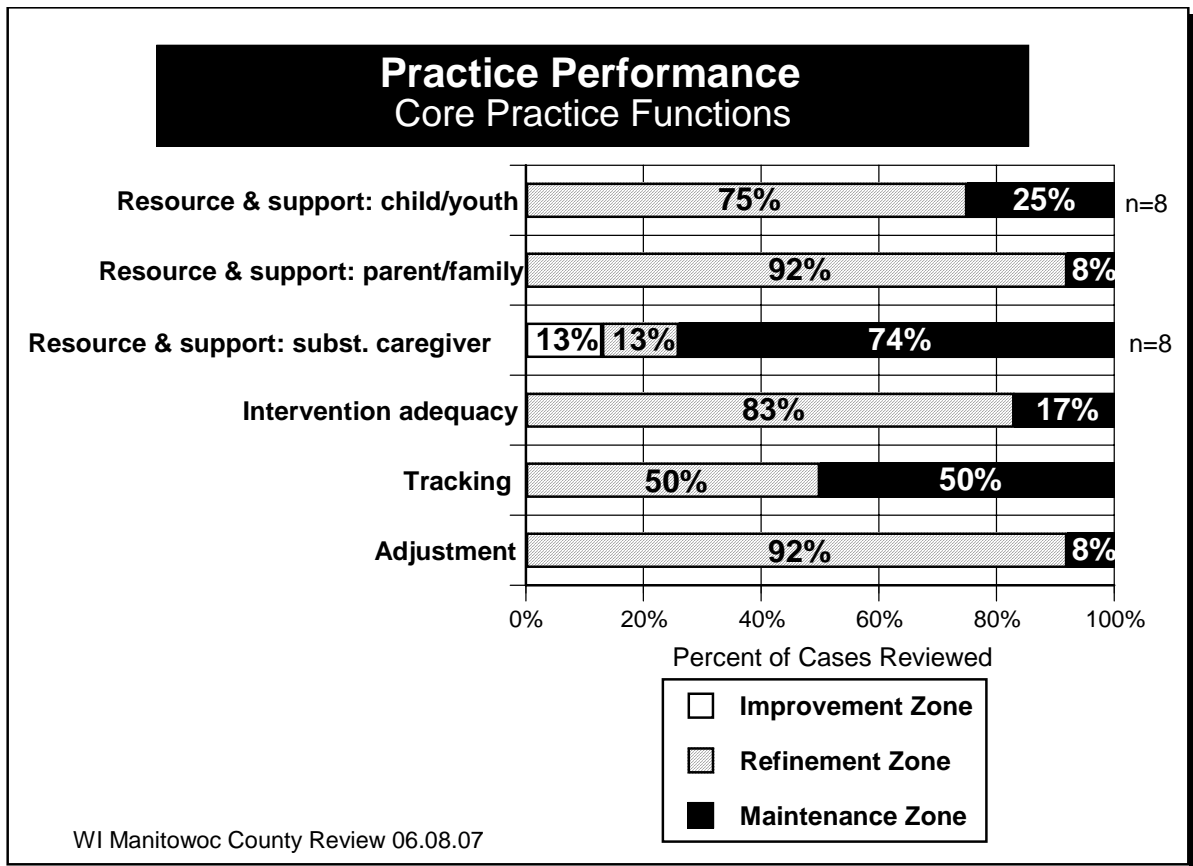
PLANNING A CHANGE PROCESS FOR SUSTAINABLE

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: Only 42% of the sample cases were found to have evidence of planning which assisted families in securing formal and informal supports that will be available when the agency is no longer involved. This indicator is closely aligned with long-term view in its focus on the sustainability of the family’s plan well into the future. One story showed how the availability of longer-term supports assisted in the case being slated to

close within six months with “no anticipated barriers.” The reviewer explained that: “The father and child have a very positive relationship with the father’s family and they spend considerable time together. The family is supportive of their son and his efforts to care for his child. Also having a positive effect is the continuing involvement of the foster parents. They continue to provide paid respite care once per month as well as unpaid care for the focus child on occasion. They want what is best for him and are willing to stay involved.”

In contrast, in one case that scored in the improvement zone there was a less than optimistic outlook for the viability of the plan long-term, in part due to the lack of planning for post-agency involvement: “In addition, there does not seem to be a plan in place with regard to developing sustainable supports for the parents and for the child so that they no longer have to rely on the agency for this assistance. Given that the family has been involved with the agency for such a long time, they will continue to be at risk for future involvement if these issues are not addressed.” Related factors in this case that contributed to this score were the inability to engage the parents in the change process and the below average team formation and functioning.



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: Scoring for resource and support measures the extent to which efforts are made to provide formal services and other helping activities aimed ultimately at providing stability for the child. This indicator is rated for the child, parent(s) and substitute caregiver(s), indicating that efforts need to be tailored to the each participant in the planning process. Overall, 63% of children, 75% of parents, and 88% of substitute caregivers scored in maintenance range or above.

One reviewer wrote of how support can take the form of assisting in mending an important relationship: "Recently, the treatment foster home worker met with the mother and foster mother to try to mediate differences and develop an agreement on rules and expectations. Agency workers have been responsive to the foster parents need for support and direction in dealing with the mother." In this same case there were efforts aimed at securing much needed services and providing support to both the mother and foster parents: "The mother has some sustainable supports in place that will hopefully still be in place after case closure. There has also been support from the agency in identifying childcare options for (her son) while the mother is in school or working. The foster parents have received substantial support from the agency in attempting to maintain the placement. Regular respite care is provided for both the mother and focus child."

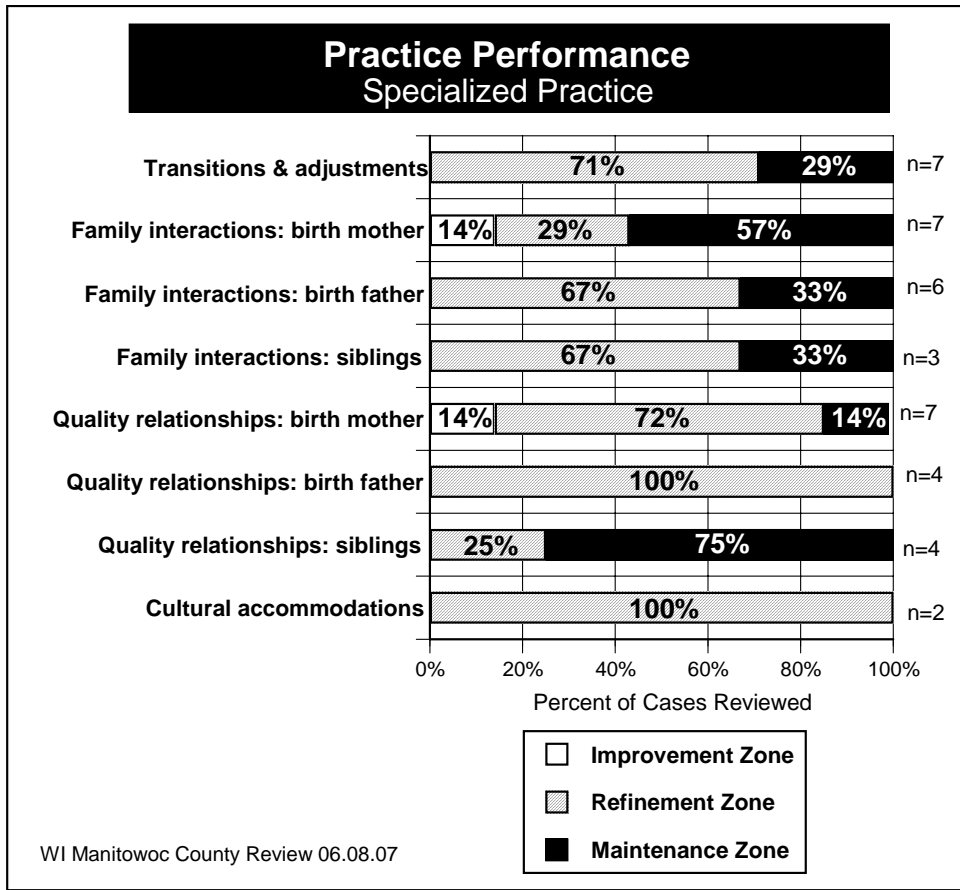
INTERVENTION ADEQUACY FOR CHANGE: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case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

Comments: Fifty percent of sample cases rated in the high refinement zone or above for this indicator, with only one of 12 scoring in the maintenance zone. One case reflects the need to have services that not only have adequate "power" and "intensity" to meet the level of need, but that also take into account addiction, relapse and other barriers to change created by emotional deficits: "While the mom is able to use the supports and resources made available to her, they have been minimally effective up to this point in time. Even though mom has been in counseling every three weeks, the social worker indicated she believes that it should have been on a weekly basis." The reviewer went on write: "The mother is referred to as being in 'dry relapse.' She has not cut her ties with people and places where drugs are available and used frequently. The therapist

indicated that the mother could benefit from years of therapy, attending regular support groups like AA and making use of the county’s drop in after care group.”

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: Ten of the 12 sample cases were found to be in the maintenance or high refinement range of for tracking and 67% for adjustment. One case that scored in the maintenance zone for both tracking and adjustment illustrates how teaming and effective communication are related to the close monitoring and evaluation of the change process: “Tracking of adjustment of strategies, supports, and services are positive aspects of this case. CST meetings are frequent and include the input of almost all of the team on a regular basis. Communication occurs on a daily basis since mother lives in the same building and sees the focus child and the foster mother. Communication with the worker and mother or a service provider is also occurring almost daily to meet the needs of the case. Also, the crisis safety plan has been changed and is updated regularly as necessary.”



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: The QSR practice model puts a premium on anticipating and planning for transitions in the life of a child. Transitions can present added anxiety for children in care due to the changes and disruptions that occur in the life of a case. Children are also at increased risk of abuse and neglect during transition periods when parents/caregivers are apt to experience higher levels of stress. Four of the seven cases scored in the maintenance or high refinement zone for how well planning takes into account a child's known transitions.

In one case that was found to be above average in this area, the utilization of the foster family in helping the child anticipate pending changes was invaluable: "The majority of these preparations have been done by the relative/foster family...(who are) an absolutely marvelous placement for the child. The focus child is being prepared for re-establishing therapy with her mom in June, and the relative/foster family has also started preparing the focus child for a short respite stay in another foster home when their new baby is born in August. In addition, they have been preparing the focus child and school for when she starts school in September. The teacher has been informed about the focus child's highly sexualized behavior. In addition they continue to tell the focus child that if she can't go home, she can stay with them."

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?

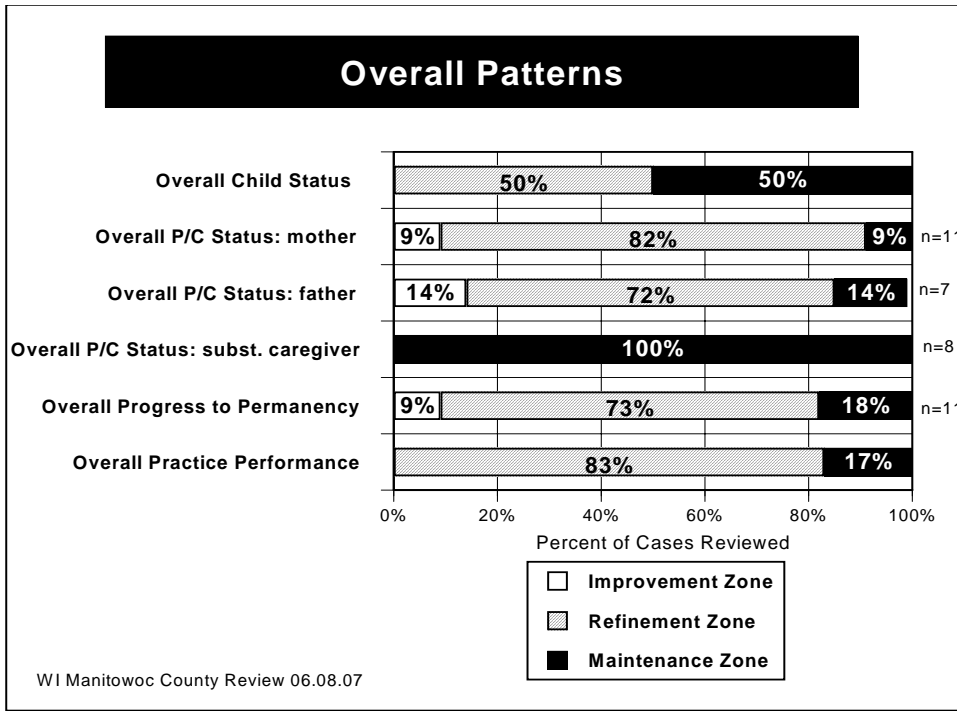
Comments: These indicators are closely related and measure the frequency and quality of a child's interactions with family members. Maintaining important relationships while in care has ramifications for a child's emotional stability and for the long-term success of the case plan. The breakdown of family interactions that reached at least the high refinement range were: 71% for birth mother, 50% for birth father, and 67% for siblings. The quality of family relationships showed almost exact results: 71% for mothers, 50% for fathers, and 75% for siblings.

Though fathers in the sample scored the lowest of the three groups on both family interactions and quality family relationships, one case reflected the efforts of the agency to improve engagement with fathers: "The agency did an excellent job of setting up immediate and frequent visitation between father and son as soon as paternity was established. Visitations were shifted to the father's home after he demonstrated his capacity to be alone with the child. He was then given the opportunity to learn through parent assistants who were available to observe his parent/child interactions, but also available to offer suggestions and answer questions."

Another case was unique in its planning of living arrangement that allowed for the optimal maintenance of family relationship and interactions: "For the past two months, the mother has lived in the same building, in a separate unit from treatment foster mother who is caring for the focus child. This allows for daily contact and overnight visits between the focus child and his mother in a setting where mother feels safe and supported with the treatment foster mother right downstairs. There is not a more ideal arrangement to meet the needs of this family at this time."

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, both falling in the refinement zone. One case highlighted the range of case practice elements that can be tested when cultural issues are at play: "The language barrier with the parents affects every aspect of the family case. Specifically it impacts engagement, role and voice, assessment and understanding and planning for safe case closure. The parents' undocumented status prohibits them from qualifying for any community supports such as daycare or medical insurance for themselves. The ongoing concern is that the mother is isolated due to her language barrier and having to rely on her significant other, whose understanding of English is only slightly better. The case manager has been able to successfully arrange for an interpreter to be available when needed for this family (i.e. phone calls or meetings)."



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

- Resume joint unit meetings to improve communication
- Address problems with computer system
- More education about CST's – as a “philosophy” vs. a program
- Use CST service coordinators as support for caseworkers/informal teams
- Look at enhancing utilization of informal support systems for families across the board
- Utilizing advocates for parents and families; build network

- Develop process for soliciting feedback from foster parents and foster children
- Address need for more space for family interaction
- Formalize process for referral to Corp Counsel for TPR
- Formalize process for working with GAL's
- Need for crisis beds since shelter closed
- Need for emergency/inpatient care for adult mental health crises
- Improve overall communication among workers, and between workers and management
- Development of long-term view for safe case closure
- Development of system for formulating measurable goals in case plans

The final “next steps” meeting of the review was used by the director, manager, supervisors, and agency leadership to begin to consider areas the agency would like to improve. State of Wisconsin Department of Health and Family Services CQI Section Chief Harry Hobbs outlined the post-QSR training and assistance that is available to the county. He also introduced DHFS facilitator, Lu Rowley, Washara County retired director of Human Services, who will aid in the county in the development and implementation of an action plan.

IX. SUMMARY

The overall review results suggest that Manitowoc County has numerous system, organizational and practice elements on which to build. The community offers a robust and innovative service array and a sense of spirit for helping children and families. The stable and dedicated workforce and strong management team that values learning and development puts the agency in a favorable position to develop a model of practice that maximizes effectiveness. Intentional and early efforts to sufficiently address safety threats to children and identify and work with fathers are examples of ongoing efforts to improve outcomes for kids and families. The formalized teaming approach to casework through the CST's also shows promise in its potential for improving collaboration and communication of roles and values, both within the agency and in the larger service community. As evidenced by certain results, teaming also has the possibility of improving practice related to permanency planning and long-term view to achieve safe case closure, especially with children and families who have multiple challenges related to mental health, AODA, chronic physical conditions, and poverty.

One challenge that the agency faces is how to improve the working relationship with foster parents in a way that enhances outcomes for children and families. In terms of communication this may require taking a closer look on a case to case basis at how, when, and with whom discussions need to take place to maximize results. There may also be benefit in examining the individual needs of foster parents as they relate to their style of caregiving and the kind of child(ren) for whom they are caring. This may necessitate different engagement approaches and at times additional support and training to meet the needs of more challenging children.