

**Continuous Quality Improvement  
Quality Service Review**

**FINAL REPORT**

*June 23<sup>rd</sup>-June 27<sup>th</sup> 2008*

*Marathon County Department of Social Services*

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

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

**July 2<sup>nd</sup> 2008**

## **I. INTRODUCTION**

The Continuous Quality Improvement (CQI) Program, in the Section of Performance Monitoring, within the Office of Performance and Quality Assurance of the Wisconsin Department of Children and Families (DCF), uses the Quality Service 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 concerning 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 Marathon County during the week of June 23<sup>rd</sup> 2008. 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 MARATHON COUNTY REVIEW**

### **A. REVIEWERS**

In the Marathon County review, 12 reviewers participated in reviewing the 12 cases selected. The reviewers are all certified state reviewers; there were no "shadow ones" or "shadow twos," persons observing the review process or getting trained for certification, who participated in the Marathon County review. Four Continuous Quality Improvement (CQI) Specialists participated in the review; the remaining reviewers included directors from other counties, ongoing social workers from other counties, a permanency counselor, and professionals in adoption quality assurance.

### **B. CASE SAMPLE**

Twelve cases were randomly selected for review in Marathon 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 Marathon County review, a total of 102 persons were interviewed. Only 11 of the 12 cases were scored because in one case the focus child had run away and reviewers were not able to physically see her or assess her safety. Of the 11 cases scored, four children were in the 0-4 age range, three children in the 5-9 age range, three children were in the 10-13 age range, and one child was over the age of 13. There were six males and five 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. Site leaders Carrie Finkbiner and Michael Casali conducted these sessions. In addition, John Strange of the Children's Court Initiative conducted sessions jointly with the site leaders for many of the focus groups. The external perspectives that were gathered provide a valuable source of 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**

Marathon County is located in the center of the state and covers a large geographic area-- 1,545 square miles - which includes both metropolitan, rural and farm areas. The U.S. Census Bureau reports the population of Marathon County in 2006 as 130,223 with 94% of the population White; 4.7% Asian American; .4% Black and 1.1% Hispanic or Latino. The Asian American population in Marathon County is more than twice that of the state (4.7% vs. 2.0%). The median household income was reported at \$50,136 in 2006 for Marathon County verses \$46,142 for the state. Marathon County's rich and varied economy includes industry leaders in papermaking, lumber, insurance and dairy products. Like much of the nation and the state, Marathon County is feeling the effects of the stifled economy including increased food prices, gas prices and job losses.

### **III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)**

#### **A. ORGANIZATIONAL – STRENGTHS**

Focus group participants from both within the agency and in the community cited the new leadership at Marathon County Social Services as prompting a “paradigm shift” that is generally viewed as a move in the right direction. The organization as a whole is perceived as more proactive, solution-focused, and responsive to community needs. There has been an effort to collaborate with community stakeholders, as evidenced by the number of joint initiatives in which the agency participates. These initiatives include but are not limited to: the creation of the “drug endangered homes” policies and procedures; the Child Advocacy Center; and the development of the Community Response Program. At the agency level, the new leadership’s focus on “customer service” is demonstrated by a number of quality improvement measures. For example, management participated in a comprehensive personnel training to better understand and hone their own management styles, and employee surveys were conducted to better understand how to meet the needs of front line workers. Establishing employee development plans and offering management opportunities are ways that the organization is seeking to build quality and maintain continuity. Finally, there is a concerted effort to recruit and maintain employees who embrace the agency’s values and mission.

Overall, the workers and the supervisors are viewed as competent, dedicated, and educated on current trends, laws and policies. They are regarded as reliable communicators who collaborate and cooperate with community partners and are open to learning about the systems with which their families interface. The agency workers are described as a cohesive group whose members support one another both emotionally and pragmatically, which was seen as contributing to low turnover and agency stability. The supervisors are viewed as safety focused and clinically minded, demonstrating both an understanding of the safety and behavioral factors that bring families into the system and the underlying individual and family dynamics that drive these factors.

#### **B. ORGANIZATIONAL – CHALLENGES**

A set of challenges that affects the agency, and is a common theme in other Wisconsin counties, is an increase in the demand to serve families in the midst of state budget cuts. Marathon County is experiencing an increase in the number of access calls and in the complexity and severity of families screened-in for services. A common perception is that caseloads held by workers are too high given the intensity of the families being served. Resulting organizational challenges include maintaining viable staffing and ensuring that workers and supervisors are staying informed on issues affecting families, as well as related concerns like maintaining staff safety and preventing burnout. An associated issue is how management and supervisors can stay “in touch” with front line workers’ increasingly demanding jobs and support them in ways that communicate understanding. Also, as the agency looks ahead to new initiatives and budget cuts, they

are anticipating some system changes that may result in intra-agency shifting of programs. Some stress and frustration is expected as these changes occur and agency stability is sought.

Related to the increase in service demand, another organizational challenge is how to respond to misperceptions held by community members regarding Child Protective Services policies and practices. There seems to be a lack of understanding regarding the role and responsibilities of workers and the agency as a whole. For example, some believe that the agency screen-in criteria are too strict and that they should be screening in more cases. Though the agency has worked towards more accurately explaining their role and responsibility and correcting misperceptions, this is an ongoing task and challenge to the organization.

### **C. RESOURCES – STRENGTHS**

The perception among stakeholders is that Marathon County is a “resource rich community.” Children’s Service Society, Peaceful Solutions, United Way 211, The Boy’s and Girl’s Club, Family Planning and Restorative Justice were just a few of the services mentioned as part of a fairly wide array of services for children and families. In addition, foster parents were described as “high quality and highly committed,” and overall it seems they are well-trained and enthusiastic about caring for children. The creation of Level II foster homes, designed to serve children with more severe mental health and behavioral issues, was viewed as a great benefit to the service system. With a separate social worker assigned to each foster home and one parent who remains at the residence at all times, this service is seen as effective in providing quality care for children in their own community and limiting the need to send kids out of the county at higher costs. The members of the Administrative Review Panel, Citizens Review Panel, and Social Service Board were also viewed as committed and passionate about their work and important contributors to the agency and the children of Marathon County.

There are a number of resources that have been created as a result of broad community concerns. The Child Advocacy Center of North Central Wisconsin was cited numerous times as an example of the joint effort of medical personnel, the agency, and stakeholders in recognizing the need for greater precision and collaboration in responding to allegations of maltreatment in a way that is comfortable for the child. Law enforcement and agency staff are also working on initiatives and programs to address shared concerns. One example is the “Drug Endangered Homes,” a set of policies and procedures designed to address how to effectively respond to homes with drug involved members so that children are protected. Law enforcement has also been open and willing to provide safety training to front line staff and to be available for ongoing consultation and support.

## **D. RESOURCES – CHALLENGES**

Though the number of services and resources was perceived as adequate in Marathon County, many felt that families can have difficulty knowing how to access them. Numerous participants also stated that when services are accessed, it is not always guaranteed that families will actually obtain the services that they need, due to insufficient funding and a shortage of specialized services. There was a noted lack of child-focused therapies such as play therapy, attachment informed therapy and therapy to address Autism Spectrum Disorders. Trauma informed therapies and related treatment options were also cited as a need, along with alcohol and other drug abuse (AODA) services, especially in-patient programs.

Focus group participants also expressed a need for additional standard services. There was often mentioned a more general need for an increase in preventative services aimed at serving families who do not meet the agency's screen-in criteria. In the area of education, more options for children with special needs could be of assistance, like alternative school programs or other facilities where children can receive school-related services. Some participants cited a lack of culturally sensitive services for Hmong families, while others felt that a larger concern was the gulf that exists between the two cultures. The availability of more times, days, and location options for family interaction when children are in an out of home placement was recommended. An opportunity for foster parents to exchange ideas, or devising a system in which more seasoned foster parents are paired with newer foster parents, was also suggested. Lastly, given the large geographic size of the county and the high cost of gas, transportation for families with limited incomes is seen as an issue.

Besides a shortage of dental providers who accept Medical Assistance (MA), MA in general is perceived as problematic for various reasons. First, community members expressed concern that there are few providers who accept MA and the waiting lists are long. Mental health providers commented that services are often not effective with families who have MA, because the number of sessions necessary is frequently not granted. Secondly, providers feel that reimbursement offered by MA is often not worth the amount of time needed to complete paperwork to obtain authorization, which can be denied for minor, insignificant reasons. Finally, there are a number of families that 'fall through the cracks,' earning too much money to qualify for MA but not enough to self-pay for court-ordered or other needed services.

## **E. PRACTICE – STRENGTHS**

The workers are regarded highly by community members and perceived as hard-working, competent and dedicated to their families. Workers are seen as making efforts to engage fathers and other hard-to-reach family members, as well as searching for and identifying relative placements, both in and outside of the community. Many of these strengths were also demonstrated in the individual case reviews, where the workers as a whole were

found to be family and child-focused, keeping the best interests of the children as a primary goal. Workers were also skilled at engaging families and at building trust-based relationships, which aided in their efforts to maintain a family's motivation for change and to hold parents accountable.

The workers were perceived as open to learning new ideas and methods of practice. They were also viewed as knowledgeable about the services and resources that are available in the community, what questions to ask about more specialized services, and when to refer clients to services. They were observed as skilled at putting two to three services together to fill gaps in services and individualize treatment plans. They demonstrate an ability to function well as a team—showing a level of comfort and trust with their colleagues and a willingness to support one another. Lastly, in terms of collaboration with larger systems, workers are visiting with kids at school and attending Individual Education Plan (IEP) meetings. They are generally seen as flexible and open to shifting their role to team with other providers, such as schools and law enforcement personnel, when planning and strategizing their approach to kids and families.

## **F. PRACTICE – CHALLENGES**

A common challenge to child welfare workers across the state is balancing the increasingly high and intense caseloads with the paperwork and screen time demands of the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS). In addition, practice is challenged by the constantly changing state and federal policies and standards that social workers are expected to know, interpret and apply to their daily work. Frequent shifts in policies and standards may also contribute to some of the confusion and misperceptions held by persons in the community in regard to the role and responsibility of workers and the agency.

Delays in the court process are a significant challenge to practice. Court-related delays impede progress and the action steps necessary for workers to effect change. This can be frustrating for both workers and families and can ultimately impact their working relationship. For example, delayed dispositions result in multiple plea hearings and pretrial conferences which often leave the worker and the family in limbo. Moreover, a delayed or absent disposition can cause a missed opportunity to build on the initial motivation parents often have when entering the system. These delays can also create challenges later in the process, when social workers and families alike often need a formal order to help keep the change process on track and focused on specific outcomes.

Another issue challenging front line practice is a sense of vagueness about the process for determining the status of cases that are screened-in for services. The process for deciding whether to file a CHIPS (Child In Need of Protection and Services) or JIPS (Juvenile In Need of Protection and Services) petition, or whether to serve a family on a voluntary basis, is unclear and can be delayed. Managing cases when a legal status is still in the process of being determined was found to be challenging. An associated perception is

that more cases are served without formal legal involvement, with related practice challenges involving how to best serve these families and how to determine when a voluntary case can be closed. Overall, there is a need to have more clarity and clear-cut guidelines around how these decisions are made.

Focus group participants expressed an interest in more collaboration and coordination efforts with workers. Community partners are eager to share information and expertise and to participate in decision making and treatment planning. Some participants identified the need to have conversations or meetings earlier in the life of the case to learn about the child and family, clearly define roles and lines of communication, and to develop strategies and begin collaborative planning. These concerns and suggestions may reflect the need for more formal “teaming,” or at the very least the need to develop coherent strategies to align everyone who is involved and invested in the change process.

## **G. LEGAL – STRENGTHS**

Focus group participants consistently remarked that counsel is routinely offered to parents in court, which is a significant strength of the legal system. Legal representatives take the time to learn whether or not caregivers understand the information and strongly suggest counsel if they seem confused or overwhelmed. Adoption and Safe Families Act (ASFA) findings are being made on the record and in the court reports. Corporation Counsel is viewed as easy to work with, experienced, and knowledgeable of the law and the families within the system. Additionally, participants noted that Corporation Counsel prepares precise, clear and comprehensive notices to inform parties of court hearings. Guardians ad Litem are attending the necessary hearings. Finally, the Administrative Review Panel evaluates Permanency Plans thoroughly and in a timely manner. It was also reported that kids are comfortable with the members of the Administrative Review Panel and feel listened to.

## **H. LEGAL – CHALLENGES**

A number of legal challenges were cited as having a profound impact on child welfare practice in Marathon County. One concern expressed by focus group participants was the dissolution of the dedicated branch of the court that heard juvenile cases, which has led to a shifting of cases among more judges, overcrowded court schedules, and rushed hearings. Also affected in this decision was a loss of an overall identification with and interest in juveniles in the legal system, as well as a decrease in the ability to stay abreast of the nuances in juvenile law. Though many focus group participants recognized the logic of dissolving the dedicated juvenile branch to free up congestion in the adult criminal courts, they saw this decision as creating a set of new problems in the juvenile system.

The Corporation Counsel office is functioning understaffed and was described as “overwhelmed.” This has resulted in some timeliness issues around sending hearing notices to parents and caregivers, distribution of court orders/dispositions and the filing of Termination of Parental Rights (TPRs) petitions. Focus group participants stated that the Corporation Counsel office has been struggling to keep up with tasks for the past 10 years, indicating that despite this current staffing issue there are perhaps other factors that contribute to the office running inefficiently.

As cited earlier, the filing of CHIPS petitions and the ordering of dispositions are often delayed, resulting in challenges to practice and within the court system. CHIPS petitions are generally only filed when a child had been taken into Temporary Physical Custody (TPC). Although this practice provides a clear procedural guideline and prevents an influx of CHIPS cases needing to be processed in court, it was seen as a barrier to practice with families who have a child in need of protection and services but do not meet the criteria for a TPC. Without filing a CHIPS petition it can be difficult to keep families involved with the agency, in part because of the absence of court validation and support of the social worker’s recommendations. Another challenge to the court system is that the performance of Guardians ad Litem is seen as inconsistent and there is not a system in place to monitor their practice. It was noted by focus group members that corporation counsel appoints the Guardian ad Litem, which was viewed as a conflict of interest. Lastly, the opinions of caregivers, including biological parents and foster parents, are not routinely being solicited 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 parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 180 days prior to the review.

The narrative sections following each indicator will analyze the quantitative results using the two scoring systems below. The combination allows for precision in examining specific measures, as well as the ability to compare Marathon County’s results with federal standards and results of aggregate QSR data from the first 30 counties reviewed in Wisconsin.

QSR Interpretative Guide for Child Status		
<p><b>Maintenance Zone: 5-6</b></p> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p><b>6 = OPTIMAL STATUS.</b> The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. Child is doing great! Confidence is high that long-term goals or expectations will be met in this area.</p> <p><b>5 = GOOD STATUS.</b> Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Status is “looking good” and likely to continue.</p>	<p><b>Acceptable Range: 4-6</b></p>
<p><b>Refinement Zone: 3-4</b></p> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p><b>4 = FAIR STATUS.</b> Status is minimally or temporarily sufficient for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.</p> <hr style="border-top: 1px dashed #000;"/> <p><b>3 = MARGINAL STATUS.</b> Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.</p>	
<p><b>Improvement Zone: 1-2</b></p> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p><b>2 = POOR STATUS.</b> Status has been and continues to be poor and unacceptable. The child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.</p> <p><b>1 = ADVERSE STATUS.</b> Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes are substantial and increasing.</p>	<p><b>Unacceptable Range: 1-3</b></p>

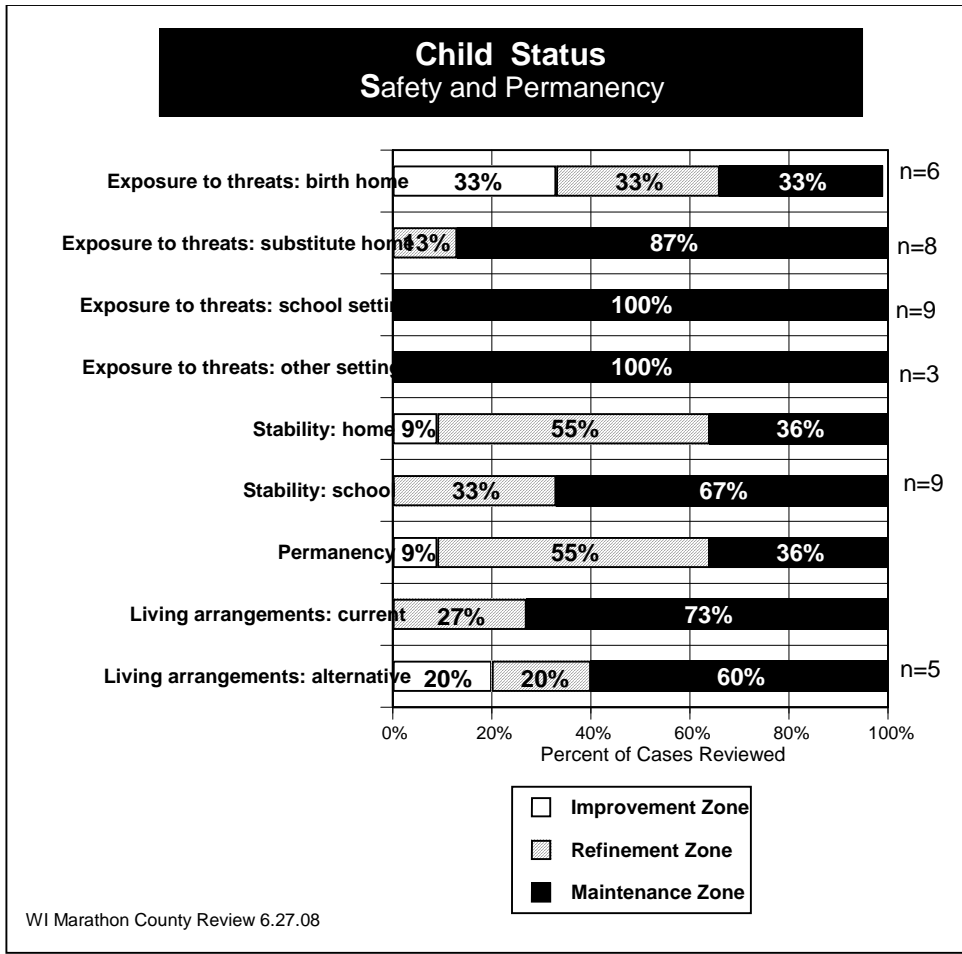
**Note:** n = (x) next to a bar in a graph signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored. In this sample, 11 of the 12 cases reviewed were able to be used for scoring.

## CHARACTERISTICS OF THE SAMPLE

Though randomly selected, QSR sample cases can show variability in the range of factors that can impact Child and Caregiver Status and System Practice Performance. The following reflects co-occurring conditions of the children and parents in the Marathon sample and how they compare with sample data from the first 30 Wisconsin counties reviewed.

<b>*Co-Occurring Condition</b>	<b>Marathon County (N=11)</b>		<b>Combined 30 Counties (N=303)</b>	
	<u>Child</u>	<u>Parent</u>	<u>Child</u>	<u>Parent</u>
<b>Mental Illness</b>	27%	64%	21%	43%
<b>Trauma Exposed</b>	91%	91%	28%	36%
<b>Suicide Risk</b>	0%	27%	5%	8%
<b>Substance Abuse/ Addiction</b>	0%	73%	5%	42%
<b>Substance Exposed</b>	27%	9%	10%	2%
<b>Sensory Impairment</b>	9%	9%	3%	2%

**\*Co-occurring conditions refer to personal factors present in sample individuals in addition to involvement in the child welfare system.**



**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:** One hundred percent of the children scored in the acceptable range for exposure to imminent threats in substitute homes, in school settings, and in other settings. In contrast, two of the six cases rated in this sample were found to be in the unacceptable range for the child’s exposure to threats in the birth home.

In one case, a mother’s multiple and long-term personal challenges created a high risk of harm for the focus child in the birth home and warranted supervised visits to assure protection: “Exposure to imminent threats in the birth home was rated in the improvement zone due (in part) to the chronicity of neglect over the past several years. In the recent past, the mother has experienced evictions and her home has been found to be unsafe and unsanitary for a young child. In addition, the mother’s caregiving capacities

have been significantly compromised due to her considerable and ongoing mental health challenges and by her long-term involvement with a sex offender.”

**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:** Six of the nine cases rated in the maintenance zone for school stability, and all were found to be in the acceptable range. Eighty-two percent of the cases scored in the acceptable range for stability in the home, with one falling in the improvement zone.

In one improvement zone case for home stability, the focus child’s past disruptions and the risk of future ones were impacted by his single father’s serious mental illness, alcohol abuse, and suicide attempts: “The home situation is very uncertain, and the focus child has had to leave his father’s home in the middle of the night two times in the past seven months. Fortunately after the second removal, he was able to return to his former foster parents. The home of his mother, if found appropriate, would require a move out of state and into a different school.”

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

**Comments:** Fifty-five percent of the cases rated in the acceptable range for permanency. Of the 11 cases scored, 4 cases achieved the maintenance zone and 1 fell in the improvement zone.

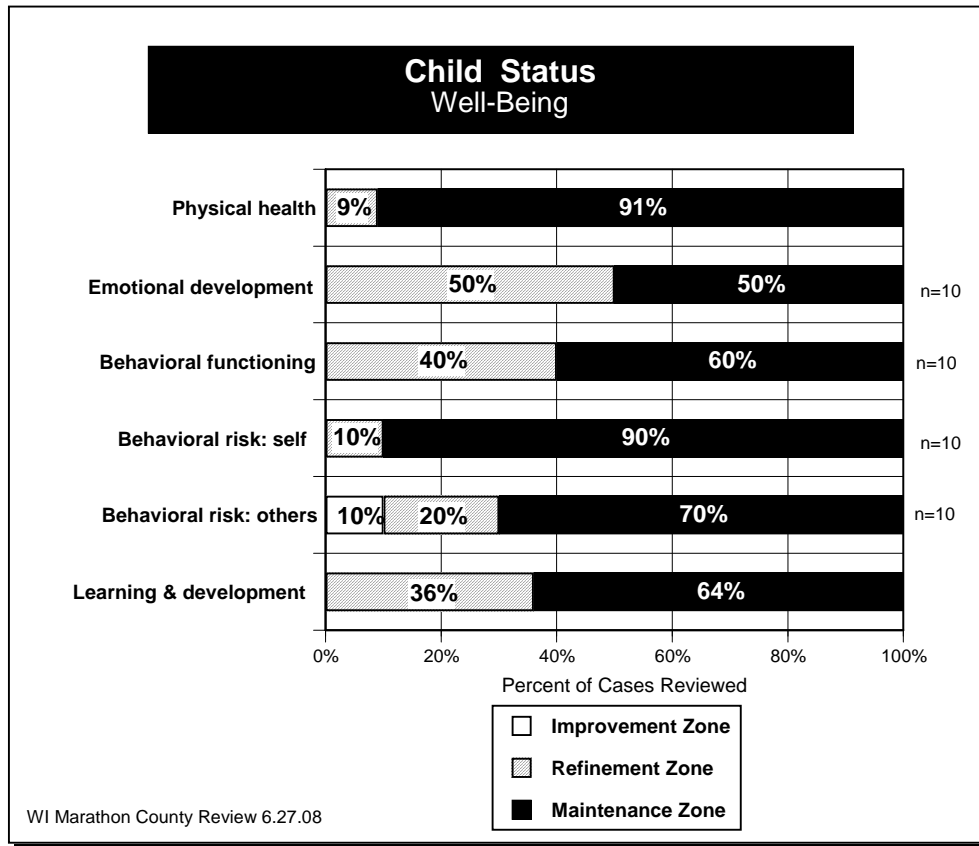
A case that rated in the maintenance zone provides an illustration of how permanency can be achieved and sustained in a shared custody situation. The reviewer wrote: “The focus child was placed in her maternal grandparents’ home for a short time, but was reunified with her father. Since their separation the parents share placement of the focus child and her two younger siblings a week at a time. It is likely that this arrangement will endure in some fashion until the age of maturity. The Family Court order will determine the exact custody arrangement, though it will most likely include some form of joint custody. Both the parent’s homes are able to provide for her emotional, social and basic needs, as well as her need for supervision and support.”

**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:** Acceptable ratings were achieved for all 11 cases for current living arrangements and 4 of the 5 cases rated for alternative living arrangements. The results indicate that the children in the sample are living in settings appropriate to meet their basic emotional and social needs.

One case depicts the attention to emotional and behavioral factors that contribute to a high quality alternative living arrangement: “Although the focus child’s current living arrangement is with his mother, he also spends quite a bit of time, including overnights, at his paternal uncles’ home. While in the care of his uncles, the focus child receives the necessary supervision to meet his emotional, special and basic needs. His uncles are very attentive to his behaviors and have taken measures to curb some of his concerning behaviors and establish structure and a routine.”



**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:** Ten of the eleven children in the sample were found to be in the maintenance zone for physical health, with 100% in the acceptable range. The high level physical health of the children in this sample corresponds with previous QSR data, where 93% of the statewide sample in the first 30 counties rated in the acceptable range.

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

**Comments:** With five of ten cases in the maintenance zone, and ninety percent acceptable overall, children in the sample showed generally adequate emotional development. These findings are noteworthy considering the range and intensity of co-occurring conditions present with the birth parents, as well as the sample children themselves. For example, 97% of the sample children were found to be trauma exposed and 27% had a diagnosed mental illness.

One case illustrates the emotional resilience and reflective capacity of a child coping with monumental challenges in his family: “Considering the trauma the focus child has experienced, his emotional development is quite good, scoring in the maintenance zone. He calmly states he believes he will be living in foster care or with his mother. He is aware of his father’s failings and is also aware that his mother kept the family situation together when she was living with them. He identified people he could call for support, and stated Alateen (a program for children of alcoholic parents) was a resource he liked, having attended meetings when his father was going to Alcoholics Anonymous.”

**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?**

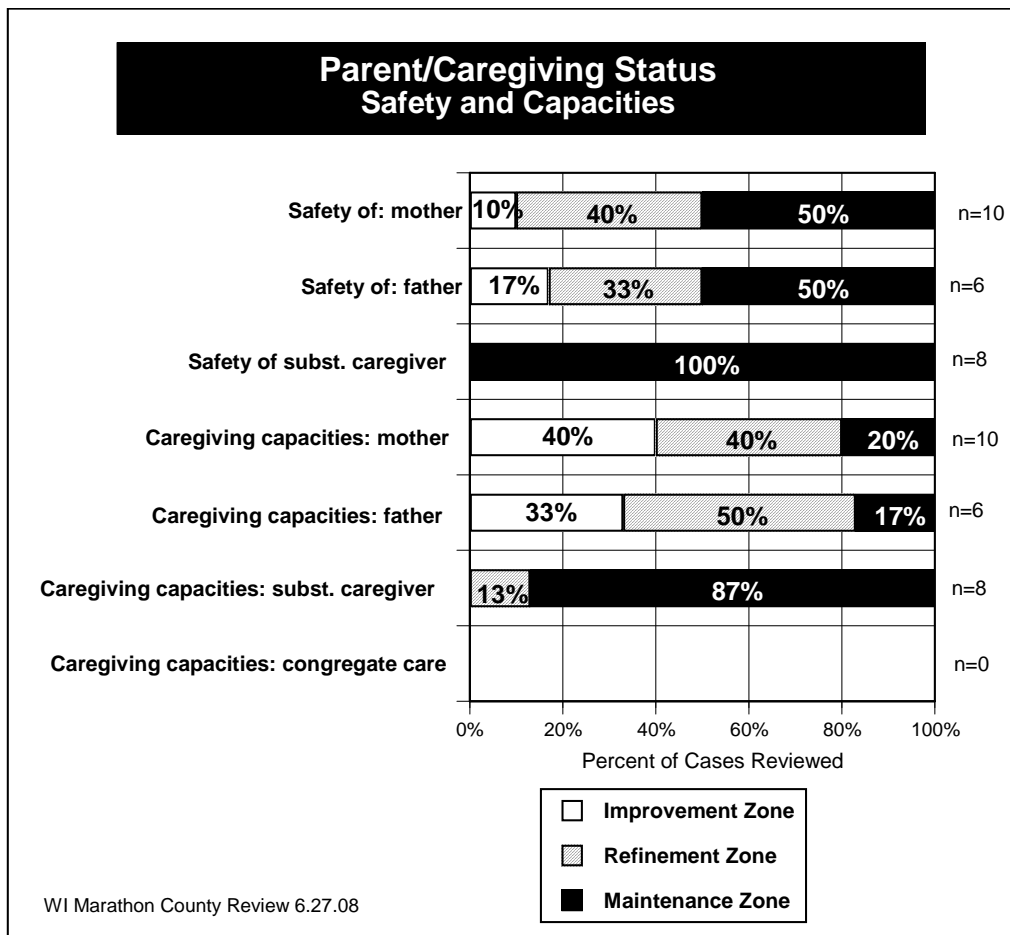
**Comments:** Six of the ten cases rated scored in the maintenance zone for overall behavioral functioning, with 90% in the acceptable range. For behavioral risk to self 100% of children in the sample were found to be acceptable, while 90% were acceptable for not posing a behavioral risk to others.

One reviewer wrote of how a child’s feeling of confusion and loss was redirected behaviorally onto the available parent: “The focus child has struggled as a result of his father’s recent absence in his life. He has been heard commenting, ‘Sometimes my father loves me, sometimes he doesn’t.’ Furthermore, the focus child has a difficult time coping with his feelings over the lack of interaction with his father and tends to take his anger out on his mother. He will spit, punch, poke, scream and yell at his mother when upset.”

**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:** One hundred percent of the children in sample scored in the acceptable range for learning and development. Of the four children rated in the 0-4 age range, two scored in the maintenance zone and two in the refinement zone. In the 5+ age range, five of the seven children fell in the maintenance zone. These results suggest that despite some considerable personal and family challenges, the children in the sample are benefiting from educational opportunities offered to them.



**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:** Four of the ten mothers scored rated as unacceptable and thus at risk of harm in their home. Fathers fared only slightly better, with four of six reaching the acceptable range. One hundred percent of the eight caregivers in the sample were acceptable and in the maintenance zone.

As outlined earlier, this sample was significant for the percentage of parents with the co-occurring conditions of mental illness (64%), trauma (91%), substance abuse (73%), and suicide risk (27%). One of the improvement zone cases illustrates how many of these elements contributed to a significant risk of safety for one mother in the sample: "She separated from her current husband in 2006 due to domestic violence issues. Her circle of friends are drug dealers and drug users known to law enforcement. She has a diagnosis of anxiety, depression and insomnia. In March of 2008 she was hospitalized on a Chapter 51 and had a ninety-day settlement agreement. This was not the mother's first attempt of harm to herself, with previous reports of her being placed on '72-hour holds' due to threats of self-harm."

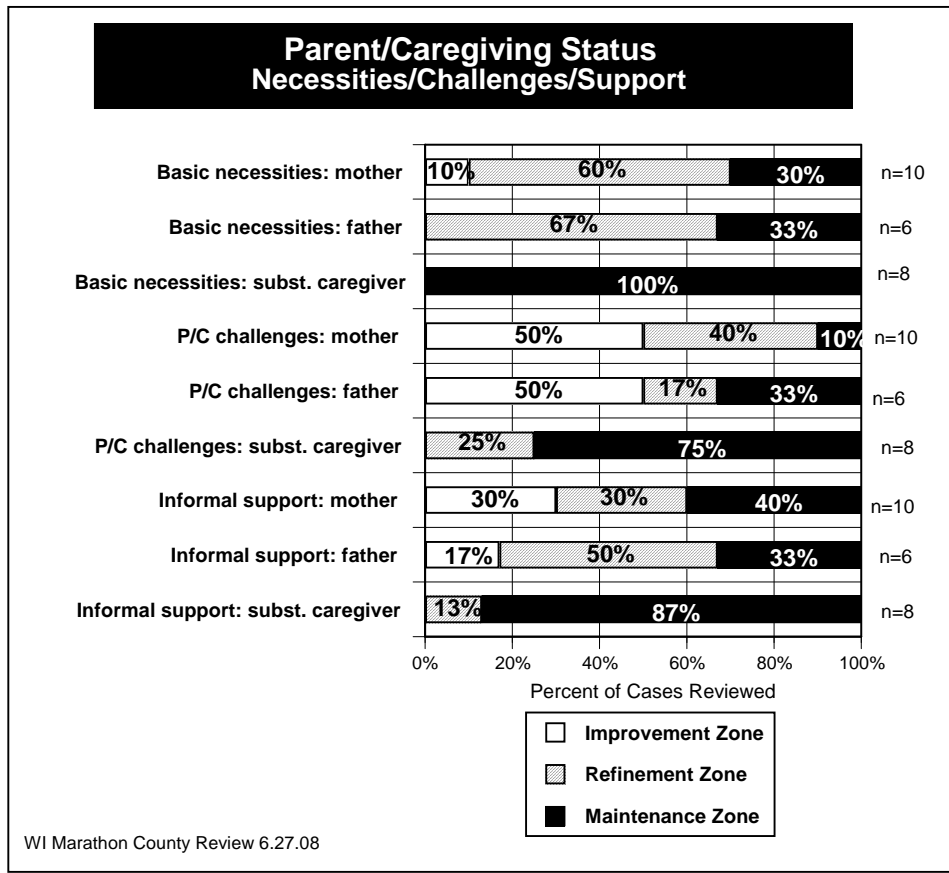
**Caregiving Capacities (Home Settings): To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) 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)?**

**Comments:** Parents in the sample showed significant deficits in caregiving capacities, with only 40% of mothers and 50% of fathers rating in the acceptable range. In contrast, all eight of the substitute caregivers scored as acceptable and in the maintenance zone.

In one case in which the focus child was diagnosed as "failure to thrive" and removed from his parents' care at six weeks of age, the child still showed the effects of inadequate parenting capacities at nine months old during visits with his parents, despite having made significant developmental gains in foster care: "Both parents have difficulty identifying the needs of the child, especially as it relates to his physical reactions to the stress they induce. On numerous occasions the focus child has significant physical reactions relating to the stress of the interactions. Initially the physical reactions displayed were the child having significant issues with vomiting during the visits. In recent interactions it has also been noted that when the focus child becomes stressed by the parents, he will begin to hum to himself. He also crawled away from his parent and isolated himself in a corner with some toys."

**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:** No cases were rated for this indicator.



**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 all eight caregivers and five of six fathers scored in the acceptable range, only 50% or five of the ten mothers rated were found to be meeting basic needs. One case reflects the challenges AODA recovery and legal problems can have in a parent’s ability to meet basic daily needs: “The mother does not have income at this time

and often must rely on her mother and her son's uncles for assistance in providing for her son's basic needs. The mother is unemployed and has had a difficult time securing a steady job. She had previously worked as a bartender, yet recognizes that this would not be a good job choice if she were to remain sober. In addition, the mother is on probation for a recent theft charge that has impeded her ability to find employment."

**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:** Parents in this sample were shown to have significant and ongoing challenges that impede their ability to adequately care for their children. Only forty percent of mothers and fifty percent of fathers fell in the acceptable range. Also, one of the eight substitute caregivers did not rate as acceptable.

The case quoted below illustrates the range and intensity of challenges present in the life of a mother who was unable to adequately care for and protect the focus child: "The mother presents with a history of childhood trauma, including emotional and physical abuse by her father and sexual assault. She spent time in foster care as a child, and has a history of suicide attempts. Most recently she was diagnosed with Post Traumatic Stress Disorder (PTSD) with anxiety and depression, borderline to low average intellectual functioning, and a dependent personality disorder. At an evaluation in the fall of 2007, she was described to be a psychologically absent parent. She was recently hospitalized for a perceived anxiety attack, and during our interview the mother acknowledged that she struggles with anxiety and depression. These untreated mental health issues lead to poor decision making."

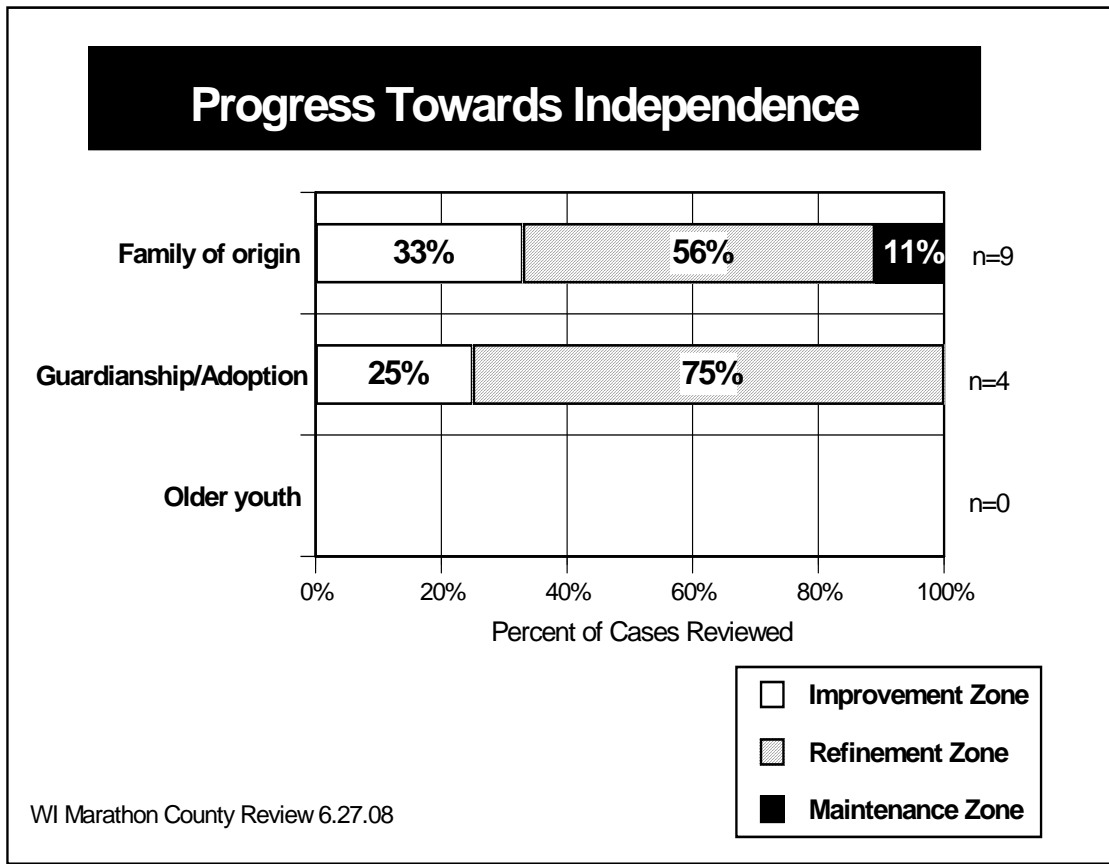
**Informal Support System:** To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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:** While 100% of substitute caregivers were found to have an adequate level of informal supports, only 50% of both mothers and fathers were scored in the acceptable range. One maintenance zone case illustrates an example of a solid informal support system: "Mother has a good and dependable informal support system. She relies on her boyfriend for both emotional and some financial support. She also has family in the area

that has supported her by caring for the children when she needed them to, by allowing her to live with them when needed and also by giving her additional emotional and financial support. Mother also has support with the local church.”

In contrast, the following quote is from a case in which the parent, who suffers from a serious mental health condition, was found to have few if any people he could count on to assist him in caring for his children: “The father can identify no informal supports except for his girlfriend. The relationship with his girlfriend has been unstable in the past and there have been separations. He is no longer using a sponsor from AA and so the father scored a two in this area.”

## 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:** Only four of the nine cases scored for this indicator fell in the acceptable range. In the five cases that rated as unacceptable, there were a number of common factors present related to caregiver status. Specifically, one or both of the biological parents had a history of trauma exposure and/or victimization, AODA history or current recovery, current diagnosed mental illness, diminished and challenged parenting capacities, and a lack of informal supports.

In one case in which all these factors were present the reviewer wrote: “The mother is not acquiring and demonstrating behavioral changes necessary to safely parent the focus child. Although the focus child is 15-years-old and better able to protect herself, she is not able to protect herself from the choices her mother makes. For instance, the mother continues to deny drug use and associating with people who are dealers or users of drugs. She does not appear to be able to identify that these people could be harmful to her children. In addition, the focus child does not see these individuals as harmful to her safety.”

**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:** Two of the four cases scored for progress to permanency with a goal of adoption rated in the acceptable range. One case demonstrates how a pre-adoptive home’s commitment and persistence coupled with support from the agency led to adequate progress toward adoption: “One of the most effective aspects of this case has been resource and support use by the focus child, especially related to the skills and commitment of this foster family. They are experienced and trained by the agency. Though foster mom has admitted that at first ‘the children’s intense needs consumed them,’ the extraordinary needs of the focus child and his siblings are being addressed through an in home parent aide hired by the agency. The agency recognizes that the intense needs of these children present quite a challenge even to experienced parents.”

**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**

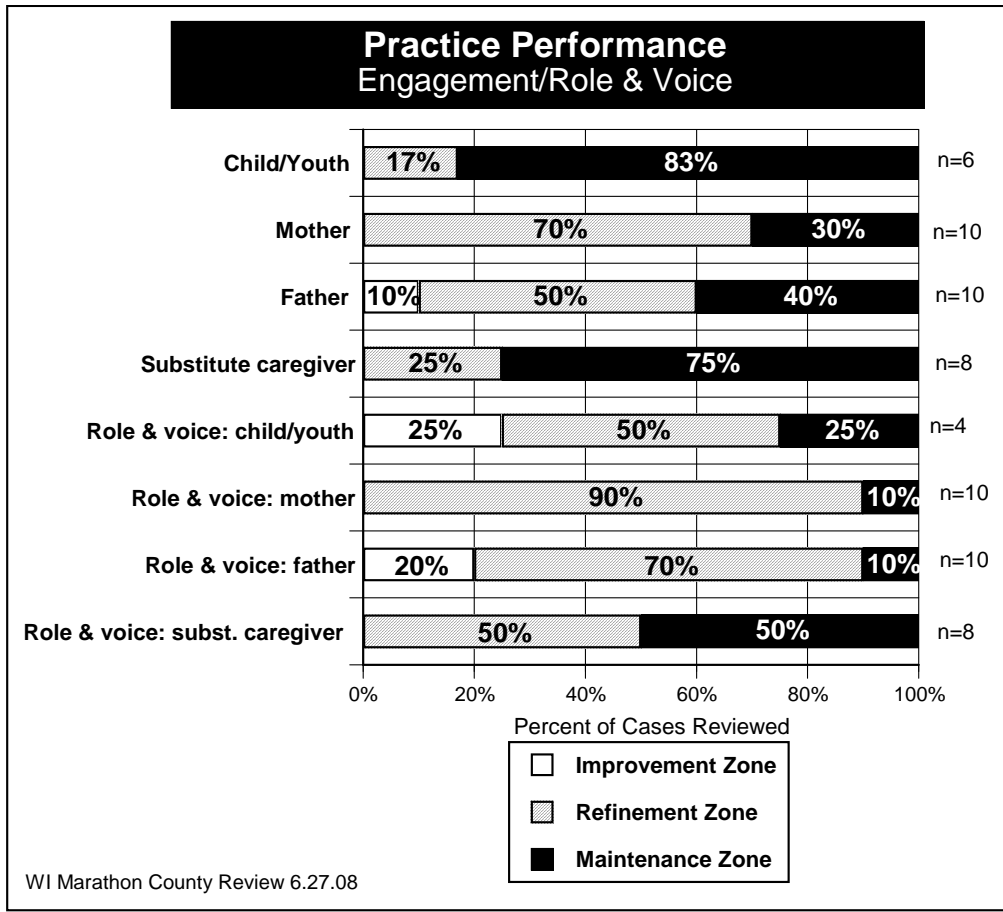
that any necessary supports continue after reaching the age of majority? Is the youth developing long-term connections that will support him/her into adulthood?

**Comments:** No children were rated for this indicator.

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

The Quality Service Review (QSR) case practice model contains evidence-based elements of best practice. The elements are found in the QSR protocol and were applied in rating the 11 cases that were reviewed. The scores on practice performance are presented to point out strengths in case practice that should be maintained, as well as opportunities where the agency can focus efforts in improving outcomes for children and families served. As with child and caregiver status data above, both scoring systems will be used in the narrative to examine the quantitative results.

QSR Interpretative Guide for Practice Indicator Ratings		
<p><b>Maintenance Zone: 5-6</b></p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p><b>6 = OPTIMAL PERFORMANCE.</b> <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><b>5 = GOOD PERFORMANCE.</b> At this level, the system function is <u>working dependably</u> for this person, <u>under changing conditions and over time</u>. Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p><b>Acceptable Range: 4-6</b></p>
<p><b>Refinement Zone: 3-4</b></p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p><b>4 = FAIR PERFORMANCE.</b> 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><b>3 = MARGINAL PERFORMANCE.</b> 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><b>Improvement Zone: 1-2</b></p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p><b>2 = POOR PERFORMANCE.</b> 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><b>1 = ADVERSE PERFORMANCE.</b> Practice may be <u>absent or not operative</u>. Performance may be <u>missing (not done)</u>. - OR - Practice strategies, if occurring in this area, may be <u>contra-indicated or may be performed inappropriately or harmfully</u>.</p>	<p><b>Unacceptable Range: 1-3</b></p>



**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-three percent or five of the six children rated fell in the maintenance zone for engagement. For parents, three of ten mothers and four of ten fathers also attained the maintenance zone. Three mothers and two fathers rated as unacceptable in this area. Six of the eight substitute caregivers in the sample scored in the acceptable range.

The following case provides an example of a simple yet effective technique of engagement which aided in the building of an effective working relationship. Specifically, the worker was able to immediately set the tone of the case by framing the mother's actions in a way that highlighted her protective capacities and concern for her

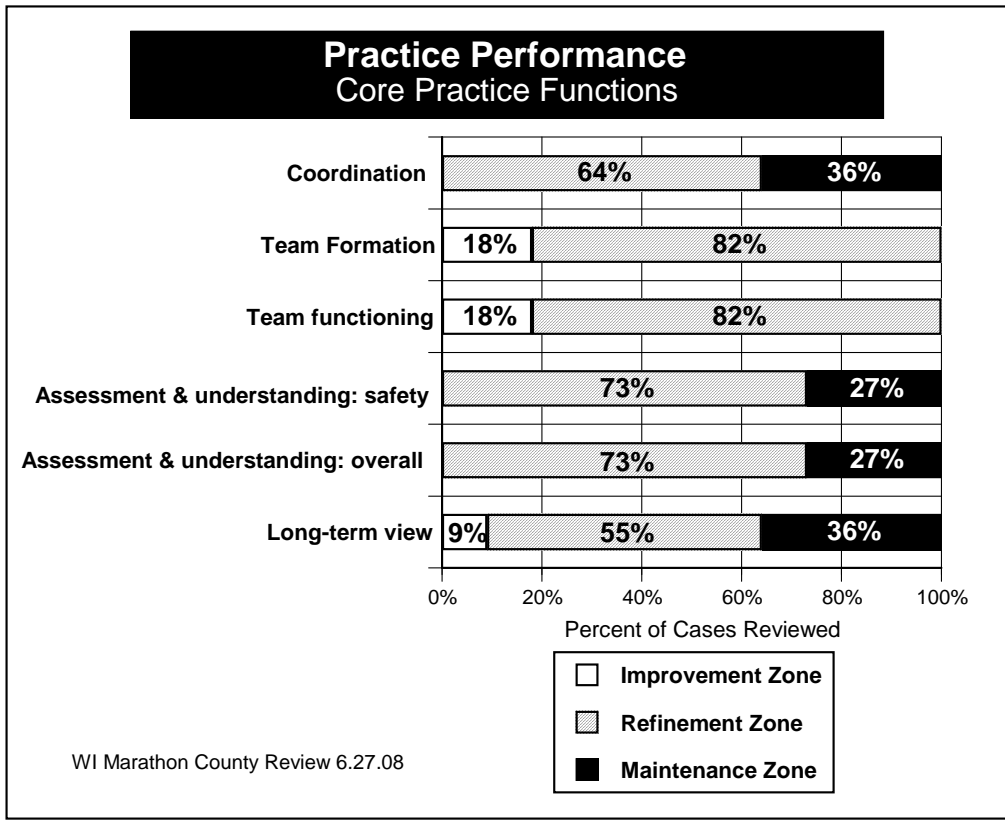
child: “The initial point of engagement for this mother was when she attended the first court hearing after a substantial absence. Instead of condemning the mother for leaving her child, the worker commended the mother for leaving her child in a safe place and recognizing that she was not able provide for his needs at that time. The worker also did not focus on the past, but on the future and how they could work together on their common goal of returning Jack to his mother’s care.”

**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:** Though scores in engagement revealed an overall strength in practice, role and voice, essentially a sub-function of engagement, showed room for improvement. Only 50% of children and mothers were in the acceptable range and found to be provided the opportunity to significantly participate in decision-making. Fathers rated only slightly better, with 60% attaining acceptability. In contrast, four of the eight substitute caregivers were scored in the maintenance zone, showing their higher level of opportunity to participate in the decision-making process.

In a case that scored in the maintenance zone for both engagement and role and voice the reviewer wrote: “The case manager’s relationship with the father, focus child and foster parent were excellent and built on mutual respect and trust. The case manager was willing to offer the father necessary supports to ensure that he was successful and helped him believe that it was possible for him to parent his son. For example, confidence in his abilities and judgment was demonstrated when the case manager supported, and did not critique, the father’s decision not to enroll the focus child in summer school.”

Another case showed the challenges of maintaining an effective working relationship and involvement when parents are divorced or separated: “Once the focus of reunification efforts shifted from the mother to the father, the mother’s participation and engagement fell apart. The mother reported that she felt she had minimal role and voice in the direction of reunification. Though she has been having consistent phone contact with the focus child, the mother’s visits with him have been on hold for the last eight months, and a plan has not yet been identified to determine if and when supervised visits will begin. Due to the lack of case planning that directly involved the mother, especially the identification of what behavioral changes need to occur in order to re-establish visits and/or services that would be helpful, she has felt unheard and gave up.”



**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:** With 91% of the sample cases attaining the acceptable range, scoring on coordination suggests that this is another effective area of case practice. A reviewer noted that: “Each individual who was interviewed knew of the worker and would not hesitate to contact the worker with questions or concerns regarding the family’s situation. The worker is very accessible, both to the family and to the service providers involved with the family. Coordination has been effective because the worker has been the single point of leadership, who plans, monitors and adapts the supports and services that have helped the family to make the progress that they have thus far.”

**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:** Scoring results for team formation and team functioning indicate a practice area in need of refinement. None of the eleven cases reviewed scored in the maintenance range, and only 36% reached acceptability for team formation and 45% for team functioning.

One sample case demonstrates how effective coordination can in certain situations have a limited impact if key participants are not meeting and planning face to face: “Though the ongoing worker did an exceptional job of coordination and keeping in touch with all the service providers, team functioning rated in the refinement zone because service providers were not always working together. For example, father’s therapist had no contact with mother’s therapist and neither had involvement with the parent aide. There were some questions that service providers had as to the roles of others on the team. Overall, there were missed opportunities to meet more often together, which could have enhanced communication and kept members up to date as case situations changed.”

Another example shows the potential consequences of not including parents in the team decision-making process: “At the present time the parents are not included in the team meetings. Even though the parents present with certain attributes that could make face to face meetings in group settings challenging (e.g., deficits in attention and communication, an inability to stay on track for any length of time and presumed ‘defensiveness’ or inability to recognize the effects of their behaviors), efforts at including them in decision-making have been limited. As a result, the parents feel they are not part of the process and just do what is asked of them.”

**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:** With 3 of 11 cases in the maintenance zone, and 100% in the acceptable range, the sample showed effective practice with respect to safety assessment and understanding. In one case the use of a specialized service aided in clarifying safety concerns and in making necessary adjustments to the plan: “In terms of assessment and understanding, for both safety and overall, everyone seems to know the family’s strengths and challenges. When family interaction went from supervised to unsupervised a relatively short time after agency involvement, the focus child began acting out sexually. After consulting with an expert on sexualized behavior, family interaction became supervised and continues today.”

**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:** Practice related to the larger understanding of a child and family's underlying issues showed similarly encouraging scores, with 91% attaining acceptability and 3 of 11 cases reaching the maintenance zone.

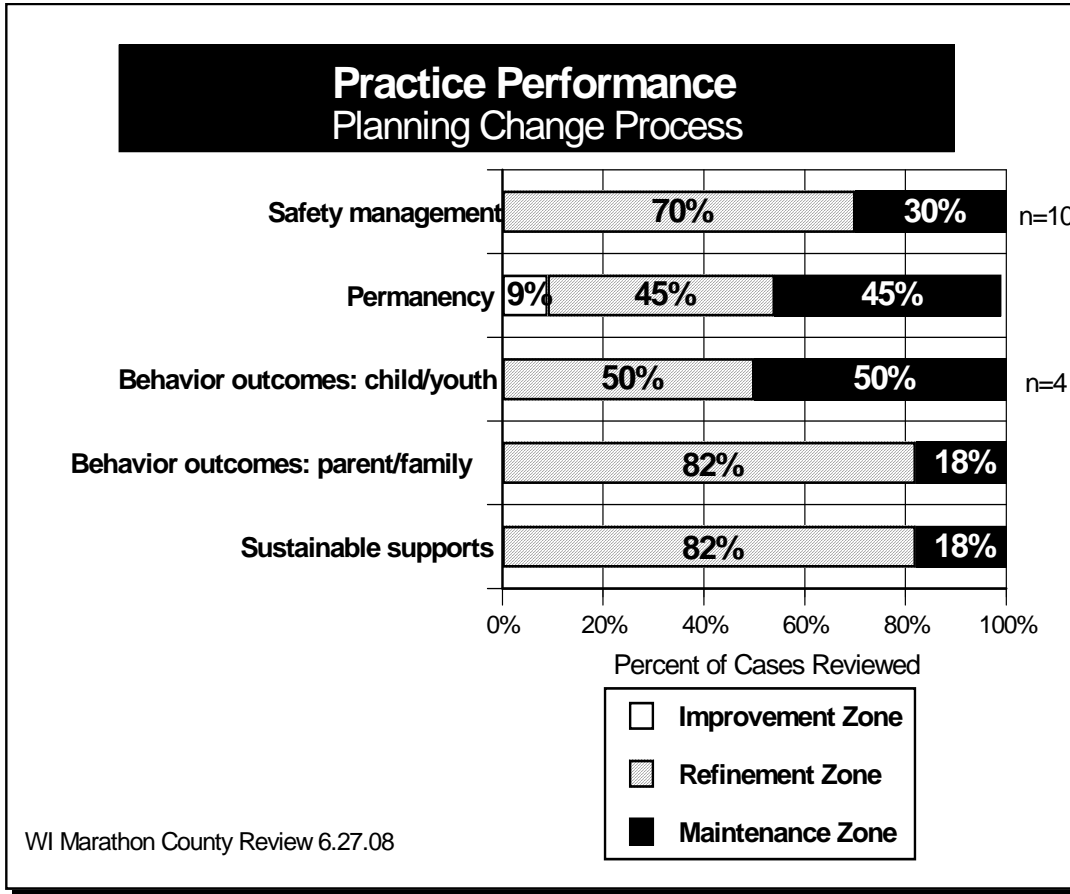
The following example illustrates how an accurate assessment that goes beyond global presumptions and clearly identifies when and how a particular strength or deficit occurs can lead to sound case decisions leading to permanency: "Everyone understood that the mother's capacity to safely care for her son were diminished when she was using drugs, yet recognized that her abilities are more than adequate when she is sober. Therefore, much of the planning centered on addressing the mother's substance abuse issues and potential triggers that could result in the mother's future use. With continued sobriety and support to enhance the parental capacities the mother already possesses, the focus child was returned to the mother's care, where everyone feels he should remain until the age of majority."

**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:** Results in long-term view point to well-delineated and shared understanding of the conditions necessary for safe case closure. In this sample, 4 of the 11 cases were scored in the maintenance zone and 73% overall were found to be acceptable.

One example from the refinement zone shows a case having already attained certain conditions for safe case closure while in the process of working to achieve others. As is often a challenge in cases at this stage, the sustainability of current supports and/or finding new ones remains a barrier to participants feeling secure in closing a case: "Progress has been made toward achieving independence from the agency by establishing permanency for the focus child; however, case closure is a goal that the mother is not

very eager to achieve. As previously noted, the mother has developed a strong, trust-based relationship with the agency worker, as well as other professionals involved with her family. She relies on them for emotional support and would ‘feel lost without social services’ in her life. Individuals recognize that the mother is still gaining confidence in her skills as a parent, especially in setting limits for the focus child. Some also acknowledged the need to start planning strategies to secure sustainable supports for the family that they could turn to in place of the formal supports on which she currently relies so much.”



**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:** Three of 10 cases scored for this indicator rated in the maintenance zone, with 90% overall achieving acceptability. The following case from the maintenance zone illustrates how planning for safety in particular, and all elements of QSR practice in

general, do not occur in isolation but are mutually dependent: “After the focus child was removed from his birth home, the agency continued to assess his safety during visitations, which seemed traumatic for him. The parent aide and ongoing worker had excellent communication and coordination during this time so that situational awareness was maintained. A psychological evaluation assisted the agency in obtaining a court order to end visitation. The ability of the agency to track case progress throughout this period of time and make adjustments in strategy was pivotal in keeping the focus child safe and in promoting healthy emotional growth.”

**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:** Five of 11 cases rated in the maintenance zone, and 82% overall fell in the acceptable range. Only one case rated in the improvement range. The following quote shows how permanency planning needs to be individualized and attentive to the overall emotional well-being of a particular child when attempting reunification: “This case manager and team carefully thought out and devised a plan for the return of the focus child to the father’s home. Not only did they account for his physical safety, but also took into special consideration his cognitive issues. The team transitioned appropriately from supervised to unsupervised visits between the focus child and the father, with the help of an in-home parent aide who utilized teachable moments to build parenting capacities and improve the parent-child relationship. Attention was closely paid to the emotional safety of the focus child, given his fragility when he entered foster care.”

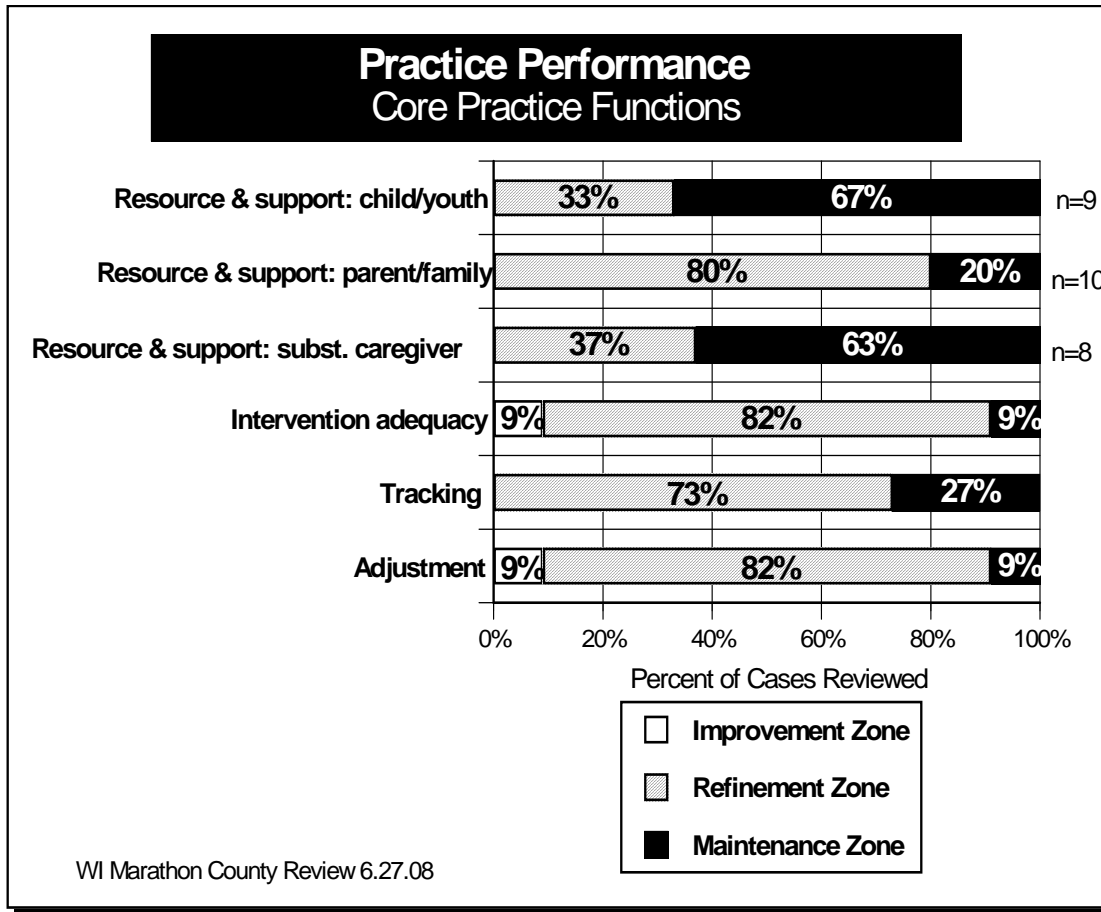
**PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES:** To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction 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:** Four youth were rated for this indicator, with two falling in the maintenance zone and all four attaining acceptability. Results for parents/family were slightly lower, with 2 of 11 in the maintenance range and at 64% overall in the acceptable range.

In one case it was found that the need for refinement of behavioral planning was closely related to engagement: “The service providers appear frustrated and unsure of what direction to take next. The mother’s minimum engagement in the process is preventing the team from being able to assess and plan with the mother regarding needed behavioral changes to achieve safe case closure.”

**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:** Seventy-three percent of the cases were found to be in the acceptable range, with two in the maintenance zone and nine in the refinement zone. In a refinement zone case the reviewer wrote: “While mother is connected to a counselor that can work with her beyond safe case closure, mother has not been open regarding the extent of her mental health or substance use issues and therefore is not taking full advantage of the service. Further assessment and understanding is necessary to create a well reasoned plan for sustainable behavior change. Also, this family’s need for communication around the area of co-parenting will last far beyond safe case closure, and further assessment of those needs would benefit in creating a far reaching plan for services and supports.”



**RESOURCE & SUPPORT USE:** To what degree is/are the family and/or out-of-home caregiver actively being provided the training, in-home support, supervision, resources, support-development assistance, and relief necessary to provide a safe and stable living arrangement for the child that meets the child’s daily care, development, and parenting needs? If the child presents special needs with more extensive care requirements, to what degree is the family/out-of-home caregiver provided specialized support commensurate with that required to meet the child’s needs while maintaining stability of the home and family commitment to the child?

**Comments:** Eight of the nine children rated for this indicator scored in the acceptable range, with six of nine rating in the maintenance zone. Only two parents reached the maintenance zone, though eight of the ten were found to be acceptable. Six of eight or 75% of the substitute caregivers fell in the acceptable range for how well they are benefiting from resources and supports provided to meet the needs of the children in their care.

One high needs focus child in the sample benefited from an agency-provided specialized service which, among other things, allowed her to live in her community and maintain

contact with her family: “The high level of care she received in what the county calls their ‘Level II’ foster homes was effective. With a social worker directly assigned to the home to provide additional support to the foster parents, this level of care and support has allowed the focus child to remain in the county with access to local treatment services and interactions with her parents. This provided the focus child with structure and safety, and she did very well in school and in the home during her latest placement. In addition, the mother has sought assistance and guidance from one of the foster mothers on parenting the focus child.”

In the same case the mother was found to have one support in particular she was using in a constructive way: “The parent aide from the intensive in-home program is viewed as a strong support for the mother. The mother feels the parent aide has helped her to set limits not only with the focus child but her other children as well. The mother openly stated that all of her children have ‘walked all over her’ and that the parent aide is helping her to be more consistent and resolved in saying ‘no.’”

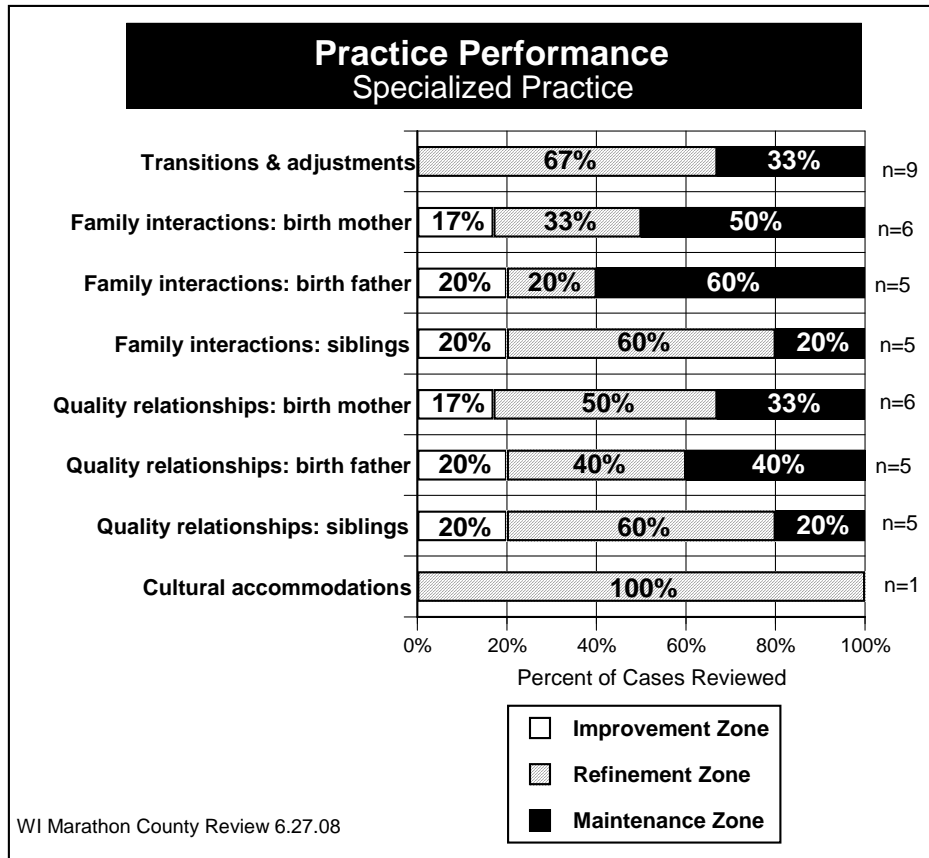
**INTERVENTION ADEQUACY FOR CHANGE:** To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe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

**Comments:** Of the 11 cases scored, one fell in the maintenance zone and one in the improvement zone, and 64% overall were found to be acceptable. One case highlights the importance of not only matching the quality of an intervention to a family’s needs, but also the level of intensity that will make a substantial difference: “Perhaps the biggest challenge noted in this case was planning for the change process and adequately powering the interventions that were utilized. For example, though the team is able to conduct quality assessments on the needs of the family and track the services being provided, there has been no significant change in the parents’ behaviors for over two years. At the present time the power of the interventions are not strong enough to promote the change that is needed for the focus child to be safely reunified with his parents.”

**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:** While 73% of the sample cases were rated as acceptable for tracking, only 36% were acceptable for adjustment. These results fairly closely mirrored the combined QSR data from the first 30 counties reviewed, where tracking and adjustment scored 77% and 55% respectively. One case that rated in the maintenance zone for both shows the inter-relationship of coordination to tracking and adjustment:

“After the focus child was removed from his birth home, the agency continued to assess his safety during visitations, which seemed traumatic for him. The parent aide and ongoing worker had excellent communication and coordination during this time so that situational awareness was maintained. A psychological evaluation assisted the agency in obtaining a court order to end visitation. The ability of the agency to track case progress throughout this period of time and make adjustments in strategy was pivotal in keeping Chris safe and in promoting healthy emotional growth.”



**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:** Three of 9 cases scored in the maintenance zone, and 67% were found to be acceptable overall. In a case that scored in the maintenance zone the reviewer wrote:

“The next identified transition for the focus child is the promotion to 11<sup>th</sup> grade. There is no realistic expectation by the majority of those interviewed that she would be returning to her mother’s care. The on-going worker has allowed for the grandmother to take the lead in planning for her education and transportation needs in order to prevent a change in schools.”

**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?

**Comments:** Five of six mothers and four of five fathers were found to be maintaining meaningful connections and interactions with their children living away from home. One mother and one father in the sample scored in the improvement zone. In terms of children’s interaction with their siblings, three of five cases were deemed acceptable, with one case rating in the improvement zone.

Frequent interactions in a maintenance zone case contributed to an improved bonding in the parent-child dyad: *“Family interactions are also working. Multiple service providers have reported that the focus child and his mother are becoming more bonded. Family interactions are scheduled throughout the week, and family members interact 3-4 times per week. The older sibling is allowed interactions with the focus child in very structured and secure settings in order for the two to establish a sibling connection.”*

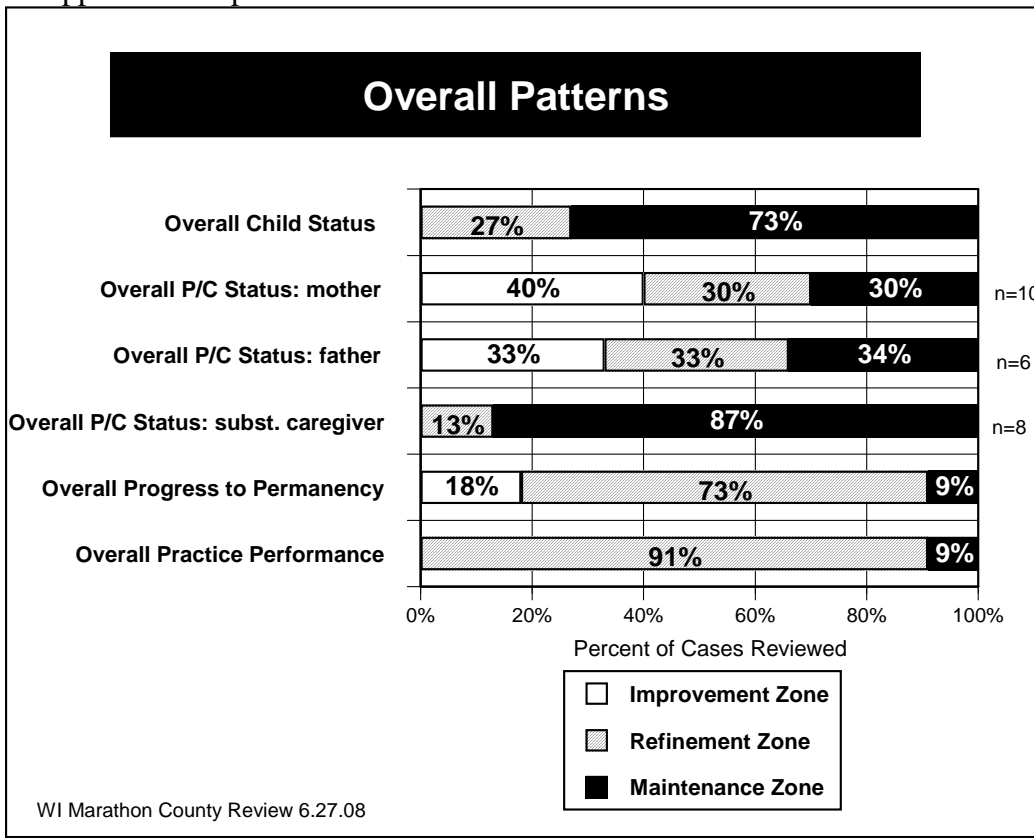
**QUALITY FAMILY RELATIONSHIPS:** When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist 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:** Three of five mothers and four of five fathers were rated as being provided acceptable opportunities to have quality relationships with their children who are in out of home care. One mother and one father were found to need improvement in this area. Siblings rated 60% acceptable, with one case reaching the maintenance zone and one in the improvement zone.

**SPECIALIZED CULTURAL ACCOMMODATIONS:** How well have any major cultural issues of the child and family been identified and addressed in practice? If indicated, are specialized supports and services provided being made

**culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?**

**Comments:** The one case rated for cultural accommodations scored as acceptable, in the refinement zone. The reviewers found that the agency and team did an adequate job helping mother and her parents balance traditional beliefs and customs with challenges inherent in raising a child as a single parent . One significant challenge was the ability of mother to both work and spend quality time with her daughter. The reviewer wrote: “Mother came from a traditional Hmong home, with parents who maintained strong cultural traditions and customs; however, mom is described as being ‘more Americanized.’ Trying to respect her parents’ traditional beliefs and customs raising her daughter contributed to strains in their relationship. However, the caseworker is also well aware that the grandparents play a significant role and that they have a strong bond with the child. The grandparents and mom have brainstormed on how mom was going to achieve the goals of the case plan (i.e. providing transportation to the medical appointments). It was not until fairly recently that their relationship changed to become more supportive and positive.”



Overall, the average of acceptable statewide QSR practice performance in the first 30 counties reviewed was 69%, with 24% scoring in the maintenance zone. While Marathon County only had 1 of 11 or 9% of cases reach the maintenance zone, 91% or 10 of the 11

of the cases scored as acceptable for practice performance. The cumulative results for the Marathon County QSR reflect evidence of quality practice in some challenging and complex cases.

## **VII. NEXT STEPS AND ACTION PLANNING**

County staff, supervisors, and the director were encouraged to use the results of the review to formulate and implement an action plan to address enhancement of case practice and systems issues, which will ultimately result in improved outcomes for children and families in Marathon County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Recognize the strengths of the agency & the community and how to build on these strengths to further improvement efforts
- Use QSR data/information to develop prevention initiatives
- Look into ways to improve family status/functioning i.e. parent education, services, programs to meet complex needs of families
- Identify available trauma-informed services in the community
- Learn more about family based teaming models
- Continue to educate community on agency roles/responsibilities
- Examine informal supports/non-professional individuals in an effort to improve long-term independence and family stability
- Explore ways to monitor and measure system performance, outcomes, and success

The final “next steps” meeting of the review was used by the director, manager, supervisors, and agency leadership to identify areas in which the agency should first focus on improving. Jodee Grailer-Liedtke, sponsored facilitator of the Department of Children and Families, was introduced and will aid the county in the development and implementation of an action plan.

## **VIII. SUMMARY**

The first Quality Service Review in Marathon County identified a number of strengths in case practice from which to build. Although the children and parents served by Marathon County Social Services have numerous challenges, as noted in the high percentage of co-occurring conditions, children are doing well. The high quality practice of workers and the dedication of community stakeholders contribute to the success of children in Marathon County. The workers are perceived as child and safety focused and well versed in the array of services and resources available, skilled at matching family needs to services and interventions. This was reflected in solid practice scores in the areas of safety assessment and overall understanding and assessment. Finally, a strong child-focused practice is reflected in the high scores in emotional development and behavioral

functioning under child status, which were impressive given the high number of challenges facing children who are involved in the system.

Overall, the review found that there is an opportunity in practice to more routinely use child and family teams to devise plans and establish a long-term view to guide the change process towards safe case closure. This opportunity to use child and family teams will also enhance role and voice scores, as the two often work in tandem. Finally, there is an opportunity to improve the parenting capacities of mothers and fathers while ameliorating some of the parenting challenges. Focused engagement of mothers and fathers in the change process will assist in alleviating parenting challenges and safety concerns, which will in turn strengthen children's safety and stability in the home, and their overall permanency.

The scores generated from this review are meant to serve as a baseline from which future practice can be measured. Marathon County is encouraged to use this information as a guide in the development of their action plan and to incorporate the QSR practice model in their daily work to further enhance positive outcomes for the children and families of Marathon County.