

**The Bureau of Milwaukee Child Welfare
Qualitative Service Review
Conducted October 19 - 29, 2009**

**Review Conducted by:
Wisconsin Department of Children and Families**

Report Issued February 5, 2010

Acknowledgements

The review team expresses its appreciation to the Bureau of Milwaukee Child Welfare, its partners and community members who contributed to the collection of information contained in this report.

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Executive Summary

Since 2005 the Wisconsin Department of Children and Families has used the Qualitative Service Review (QSR) to assess the performance of its child welfare operations. In October 2009 the Department conducted the third review in Milwaukee, with the first having been conducted in October 2006. In this review twenty-four cases were reviewed, eight from each of the three regions. In each region, three safety services cases and five ongoing case management cases were reviewed. All cases were selected randomly. The review process is organized around analysis of two areas of system functioning. The first is child and family status, regarding current outcomes among indicators such as safety, stability and permanency. The second is system performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning. In addition, interviews were conducted with twenty-one stakeholder groups and key informants, representing Bureau staff, providers, foster parents, legal partners and others.

Bureau of Milwaukee Child Welfare Performance

The executive summary contains one table displaying the Bureau's performance relative to the percentage of cases scoring in the range of Minimally Acceptable (4) to Optimal (6). Identifying the percentage of cases scoring from minimally acceptable to optimal sharpens the identification of performance challenges by dividing cases between those scoring in that range (4-6) versus those needing concerted action (1-3).

The QSR protocol contains three (3) general groupings of indicators. The first grouping enables assessment of child status in the areas of safety, permanency and well being, for the previous 30 days to 3 months. The second grouping enables assessment of parent/caregiver status in relevant domains such as basic necessities, parent care-giving challenges, etc. The third grouping enables assessment of practice performance in areas such as engagement, assessment, planning etc.

The scores on child and family status and system performance for the 2008 and 2009 Milwaukee review are presented in the following table. It should be noted that only scores varying by 10 percentage points or more are regarded to have any statistical significance and are indicated by a cell highlighted in green for positive change and red for negative change. Please note that the criteria within an indicator may preclude some of the 24 cases from being rated for that indicator. The numbers in the N columns indicate how many of the 24 cases could be scored for that particular indicator.

Milwaukee County Quality Service Review 2008 and 2009					
Two Point Scale Comparison					
	2008		2009		
Name of Indicator(s)	N=	Acceptable	N=	Acceptable	Delta
Child Status:					
Safety & Permanency-					
Exposure to threats: birth home	18	72%	17	82%	10%
Exposure to threats: subst. home	14	93%	15	100%	7%
Exposure to threats: school setting	18	94%	18	100%	6%
Exposure to threats: other setting	11	82%	12	83%	1%
Stability: home	24	63%	24	79%	16%
Stability: school	18	67%	18	83%	16%
Permanency	24	38%	24	71%	33%
Living Arrangements: current	24	96%	24	100%	4%
Living Arrangements: alternative	7	43%	10	80%	37%
Well Being-					
Physical Health	24	100%	24	100%	0%
Emotional development	19	42%	19	68%	26%
Behavioral functioning	19	63%	19	79%	16%
Behavioral risk: self	19	68%	19	89%	21%
Behavioral risk: others	19	58%	19	68%	10%
Learning & development	23	70%	24	75%	5%
Parent/Caregiving Status:					
Safety and Capacities-					
Safety of: mother	21	76%	24	75%	-1%
Safety of: father	8	88%	15	73%	-15%
Safety of subst. caregiver	10	100%	14	100%	0%
Caregiving capacities: mother	22	36%	24	58%	22%
Caregiving capacities: father	8	38%	15	47%	9%
Caregiving capacities: subst. caregiver	11	100%	14	100%	0%
Caregiving capacities: congregate care	3	100%	1	100%	0%

Necessities/Challenges/Support-					
Basic necessities: mother	20	60%	24	46%	-14%
Basic necessities: father	8	63%	15	53%	-10%
Basic necessities: subst. caregiver	10	100%	14	93%	-7%
P/C Challenges: mother	20	30%	24	46%	16%
P/C Challenges: father	8	63%	15	40%	-23%
P/C Challenges: subst. caregiver	10	90%	14	100%	10%
Informal support: mother	21	29%	24	46%	17%
Informal support: father	8	75%	15	47%	-28%
Informal support: subst. caregiver	10	100%	14	100%	0%
Progress Towards Independence					
Family of origin	21	43%	19	53%	10%
Guardianship/Adoption	6	50%	7	43%	-7%
Older youth	2	0%	5	40%	40%
Practice Performance:					
Engagement/Role and Voice-					
Child/Youth	14	86%	18	94%	8%
Mother	24	67%	24	71%	4%
Father	18	44%	22	32%	-12%
Subst. Caregiver	11	91%	15	93%	2%
Role & Voice: child/youth	13	77%	13	85%	8%
Role & Voice: mother	24	54%	24	67%	13%
Role & Voice: father	18	33%	22	23%	-10%
Role & Voice: Subst. caregiver	14	93%	15	93%	0%
Core Practice Functions-					
Coordination	24	63%	24	88%	25%
Team Formation	24	75%	24	58%	-17%
Team Functioning	24	54%	24	54%	0%
Assessment & understanding: safety	23	78%	24	96%	18%
Assessment & understanding: overall	24	50%	24	75%	25%
Long-Term view	24	38%	24	58%	20%

Planning Change Process-					
Safety management	23	61%	23	78%	17%
Permanency	19	63%	18	56%	-7%
Behavior outcomes: child/youth	17	76%	11	64%	-12%
Behavior outcomes: parent/family	24	63%	24	46%	-17%
Sustainable supports	24	42%	24	50%	8%
Core Practice Functions-					
Resource & support: Child/youth	19	89%	18	83%	-6%
Resource & support: parent/family	24	67%	24	75%	8%
Resource & support subst. caregiver	12	75%	15	93%	18%
Intervention adequacy	24	58%	24	71%	13%
Tracking	24	71%	24	83%	12%
Adjustment	24	50%	24	54%	4%
Specialized Practice-					
Transitions & Adjustments	12	58%	11	73%	15%
Family interactions: birth mother	14	79%	15	67%	-12%
Family interactions: birth father	11	55%	13	46%	-9%
Family interactions: siblings	13	85%	11	73%	-12%
Quality relationship: birth mother	13	62%	15	60%	-2%
Quality relationship: birth father	11	64%	13	46%	-18%
Quality relationship: siblings	13	85%	11	73%	-12%
Cultural accommodations	1	100%	6	67%	-33%
Overall Patterns-					
Overall Child Status	24	100%	24	92%	-8%
Overall P/C Status mother	21	63%	24	54%	-9%
Overall P/C Status father	8	100%	15	47%	-53%
Overall P/C Status: Subst. caregiver	10	100%	15	100%	0%
Overall Progress to Permanency	23	50%	24	54%	4%
Overall Practice Performance	24	63%	24	79%	16%
Legend					
N = The number of cases scored for each indicator. (24 Total)					

It should be noted that the improvement in Overall Practice Performance indicator from 63% in 2008 to 79% in 2009 is highly significant. The founders of the QSR, Human Systems and Outcomes, have noted that once a system achieves a score of 85% or higher in Overall Practice Performance it serves as a tipping point, indicating sufficient practice improvements and momentum has been reached to achieve scores in the 90th percentile in future reviews.

In the few cases where the reviewers identified the need for immediate action to address urgent challenges, the Bureau followed up with the child and family without delay during the week of the review.

Stakeholder Interviews

This review involved stakeholder interviews with 21 key informant and stakeholder groups totaling 135 individuals. Stakeholders reported a number of common themes, which are highlighted below. A more detailed description of stakeholder comments is found in Appendix 3.

Organizational Issues – Strengths

- There is significant support and high expectations for the new BMCW leadership team
- There is widespread support for the training team approach amongst Initial Assessment, Ongoing and Safety Services case workers and supervisors
- Initial Assessments are now required to be completed prior to making a referral to Ongoing and Safety Services
- Many vacant administrative positions at the BMCW have now been filled
- Many stakeholders believed that DCF leadership was focused and committed to achieving better outcomes for children and families as evidenced by new strategies to meet performance standards
- Case managers and service providers felt procuring services through Care Manager to be more efficient than the prior system
- Many persons felt the launch of the Training Academy in March 2010 will result in new workers being better prepared and increase worker retention

Organizational Issues – Challenges

- A number of workers find e-WiSACWIS time consuming due to extensive documentation requirements and redundant data entry
- Safety Services workers want a mentoring program similar to Ongoing Case Management workers
- Many cited the reduction in BMCW staff turnover but still felt it was too high
- Seasoned workers need additional training and coaching to bring the Comprehensive Assessment Process (CAP) into their practice
- Workers cited negative media stories impact morale and retention
- There are no clear guidelines on how permanency consultants should be used
- Some workers expressed concern for workload re: implementation of new licensing level system
- Many stakeholders believe the various systems within BMCW perform in silos

Resource Issues – Strengths

- The addition of a full time nurse practitioner to the BMCW is regarded as a valuable resource
- Children’s Service Society of Wisconsin (CSSW) working with regional ongoing units in screening and assessing relative placements
- The new Family Find grant was viewed as an asset in locating family members who may potentially serve as permanency options for children
- The mobile dentist offers options to children receiving Medicaid
- The “Special Forces” initiative regarded as a valuable coach/mentor resource
- The Meta House grant was viewed as a valuable resource for mothers with trauma history
- The CSSW canvassing initiative and meet a foster parent night are new initiatives to attract potential foster parents

Resource Issues – Challenges

- There continues to be a need for additional placement resources in Milwaukee
- Many stakeholders perceive Safety Services as an underutilized resource
- BMCW staff cited the disparity in provider quality resulting in waiting lists for the better services
- Many mentioned the difficulties in accessing trauma informed assessment resources
- Many cited only a few providers capable of providing trauma informed treatment services
- Staff feel the need to increase use of mentor resources following training
- Users feel the phone system at Access is inadequate
- Some stakeholders felt the responses of the Mobile Urgent Treatment Team (MUTT) were often too slow

Practice Issues – Strengths

- The change in the case transfer process from Initial Assessment to Ongoing and Safety Services was perceived as helpful
- There is widespread support for the CAP
- Many stakeholders voiced their expectation that parents will be more involved in CAP and plans will be individualized
- CSSW joining Ongoing case managers in the assessment and approval of relative caregivers
- Several stakeholders cited the increased visitation between parents and children in O-H-C
- Increased attention to safety of children in O-H-C ages 3 and under (case workers are now required to make two visits per month)
- The Family Engagement Pilot Program was cited as innovative and promising

Practice Issues – Challenges

- Coordinated Service Teams (CST): parents, providers and informal supports do not consistently attend; there is a lack of fidelity to the model; and it is poorly supported by training and coaching

- Many case managers felt the CAP model does not meet their needs of assessment and case planning for kids with non-safety issues
- Visitation of children in out-of-home care once or twice a month will be a challenge based on caseload size
- The requirement for increased visitation consumes significant resources (\$5.3 million or 43% of all service expenditures)
- Issues that challenge practice: domestic violence, untreated mental health needs in parents and teens; parents with Alcohol and Other Drugs of Abuse (AODA), dually diagnosed clients, children and parents with significant trauma experiences
- Families with few or no informal supports are less capable of sustaining the changes made while receiving formal supports
- Concurrent planning not being used to advance permanency outcomes for children
- BMCW needs a clearer policy on respite for foster parents
- Many BMCW workers felt caseloads are high and exacerbated by turnover

Legal Issues – Strengths

- BMCW leadership commended for bringing the CAP to the court
- Support for the CAP
- Court likes having orders more behaviorally specific
- Settlement conferences are a promising initiative
- Some legal partners have a new sense of urgency about permanency
- Found the permanency counselor assigned to the court to be an asset
- Assistant District Attorneys (ADA) appreciate getting e-mails with updates from workers
- Dedicated Termination of Parental Rights (TPR) court seen as an asset for advancing permanency

Legal Issues - Challenges

- Some voiced concern about caseworkers and supervisors having the skill and ability to write clear, effective and measurable goals
- Mechanisms needed to ensure fidelity to CAP model; development of measureable goals true to the CAP framework; maintaining situational awareness; and ongoing tracking and adjustment of case plan
- Almost all involuntary TPR findings are appealed with one third moving to the Court of Appeals, thereby lengthening the time to permanency for those children
- Workers still spend a significant amount of time in court waiting for their cases to be heard

Recommendations

The following recommendations were made in response to QSR scores and case story content primarily, with some utilization of information from stakeholder interviews.

1. Strengthen the CST Process

Prior QSR reports and the BMCW Study of Service, Support and Placement Needs report have identified the uneven and at times poor quality of Coordinated Service Team meetings as a

significant barrier to achieving desired outcomes for children. Key stakeholders and staff have also noted that the CST process does not fulfill its potential to strengthen practice. Parents and providers do not participate consistently and there is little or no training or coaching to assist staff in mastering the facilitation process. Numerous staff reported that there is not clear structure or guidance to the desired facilitation process. Rather than offering the intended setting for family engagement and participation, team coordination, assessment planning, in many cases CSTs have become another agency professional staffing, required every ninety days.

It is recommended that the Bureau:

- Develop a formal facilitation process and handbook that guides staff in the appropriate process for facilitating a CST;
- Through the training partnership or other suitable entity, provide formal CST training and coaching by skilled facilitators for all staff; and
- Develop and implement a simple fidelity tool with which quality assurance staff and supervisors can determine and strengthen the fidelity of the CST process to its original intent.

2. Increase Training and Coaching in the Comprehensive Assessment Process (CAP) for Seasoned Staff

Stakeholder interviews consistently revealed that while there was broad support for the CAP among staff and stakeholders, the level of training and coaching available for new staff was not available for seasoned staff, some of whom report struggling with the concept and its application. It was apparent to the review team that for the CAP to reach its potential in improving outcomes, developing mastery of the process by experienced staff is critical. Supervisory development is especially important in this regard.

Staff also reported that while the CAP is valuable in assessing safety issues, it has considerably less applicability to well-being issues such as emotional well-being, learning and development and permanency challenges not caused by safety concerns. These issues affect many children in out-of-home care.

It is recommended that the Bureau:

- Expand training and mentoring resources available to support CAP implementation to permit additional training in the process for experienced staff and supervisors; and
- Develop another conceptual approach to assessment and planning that addresses child well-being and permanency issues unrelated to safety.

3. Review the Child/Family Visiting Process and Ensure That Resources and Best Practice Are Aligned

According to Bureau financial information, nearly half the Bureau's contract service expenditures are for support of visiting. A large majority of visits are in a neutral setting other than the parent or caregiver's home, such as a visiting center. In such cases, transportation must be provided to the children, which falls to the foster parent/caregiver or a paid transportation provider. There were frequent complaints among staff and stakeholders about the frequency of court ordered visits, the fact that children are transported in vans, driven by individuals they often do not know, the length

of time spent in transportation for some children, the unpredictability of parents in meeting visit opportunities and the lack of opportunities to utilize visits to assess and strengthen parenting capacity. The review team observed that the percentage of visits in these supervised settings, compared with unsupervised visits in the parent's home or visits in the foster caregiver's home appeared to be high, compared to other systems.

It is recommended that the Bureau undertake a thorough study of:

- The appropriateness of use of supervised visits relative to current safety concerns in the out-of-home population;
- The functionality of the current supervised visit structure relative to potential of visits to enhance bonding, demonstrate parental capacity and strengthen parental capacity; and
- Alternatives to the current process of costly van transportation by strangers that would offer shorter travel distances, reasonable timetables and intrusion on caregiver schedules and a more nurturing environment. Also in this analysis, attention should be given to the extent to which parent/child visits can occur in the placement setting, a solution many systems find superior in appropriate cases.

4. Improve Engagement of Fathers

There is a continuing pattern of lack of father engagement in QSR reviews in Milwaukee, a challenge Milwaukee shares with other systems in the country. The potential of fathers to contribute to better outcomes for children appears to be underestimated in many cases, which results in outreach and engagement efforts being limited and/or tardy.

It is recommended that the Bureau:

- Provide additional training to staff in approaches to strengthen engagement of fathers;
- Provide supervisors with supervisory case consultation tools that will help case managers focus more skillfully on engaging fathers; and
- Increase accountability for performance in this area.

5. Develop and Support a Clear Approach to Concurrent Planning

There is a widely held perception in Milwaukee County that concurrent planning is alternately not required by policy, not permitted by statute and/or not acceptable to the court. As a result, its use in case planning and goal setting is infrequent. In stakeholder discussions, several judges indicated that they held no such objection to the use of concurrent planning when it was used correctly. Regardless of the reasons for the belief that concurrent planning is not an option, clarity is needed about its use.

It is recommended that the Bureau:

- Review current statutes and policy to determine expectations about the use of concurrent planning and if it chooses to incorporate it as a routine part of permanency planning, issue clear policy about utilization;
- Confer with judges and other legal partners before issuing policy on this approach; and
- Develop training to support implementation of new policy.

The Bureau of Milwaukee Child Welfare Qualitative Service Review Conducted October 19 – 29, 2009

I. Introduction and Background

Since 2005 the Wisconsin Department of Children and Families has used the Qualitative Service Review (QSR) to assess the performance of its child welfare operations. In October 2009 the Department conducted the third review in Milwaukee, with the first having been conducted in October 2006. In this review twenty-four cases were reviewed, eight from each of the three regions. In each region, three safety services cases and five ongoing case management cases were reviewed. All cases were selected randomly. The review process is organized around analysis of two areas of system functioning. The first is child and family status, regarding current outcomes among indicators such as safety, stability and permanency. The second is system performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning. In addition, interviews were conducted with twenty-one stakeholder groups and key informants, representing Bureau staff, providers, foster parents, legal partners and others.

II. The Qualitative Service Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records and determining if deadlines were met. Quantitative evaluation methods have also been a primary approach for reviewing the performance of the Bureau of Milwaukee Child Welfare. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that significantly informs the strategies for strengthening frontline practice.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative, process-oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now common, not only in business and industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the system performance essential to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

Process Measures	Qualitative Measures
Is there a case assessment on file?	Does the team understand why the child’s aggressive behaviors are escalating?
Was the case plan signed by the parents?	Do the parents feel like they had

	meaningful input into the plan?
Is the child receiving therapy?	Is the child's emotional and behavioral functioning at home, school and other life domains adequate?

The QSR was developed by Human System and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system, where it was used to assess the quality of practice in the R. C. Consent Decree. Wisconsin has developed its own version of the QSR, adapting it from protocols used in other systems in the country. The Wisconsin version reflects the unique features of the State's system. The QSR process is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from "Poor or Adverse Status/Performance" to "Optimal Status/Performance." The judgment is quantified and combined with all other case scores to produce overall system scores.

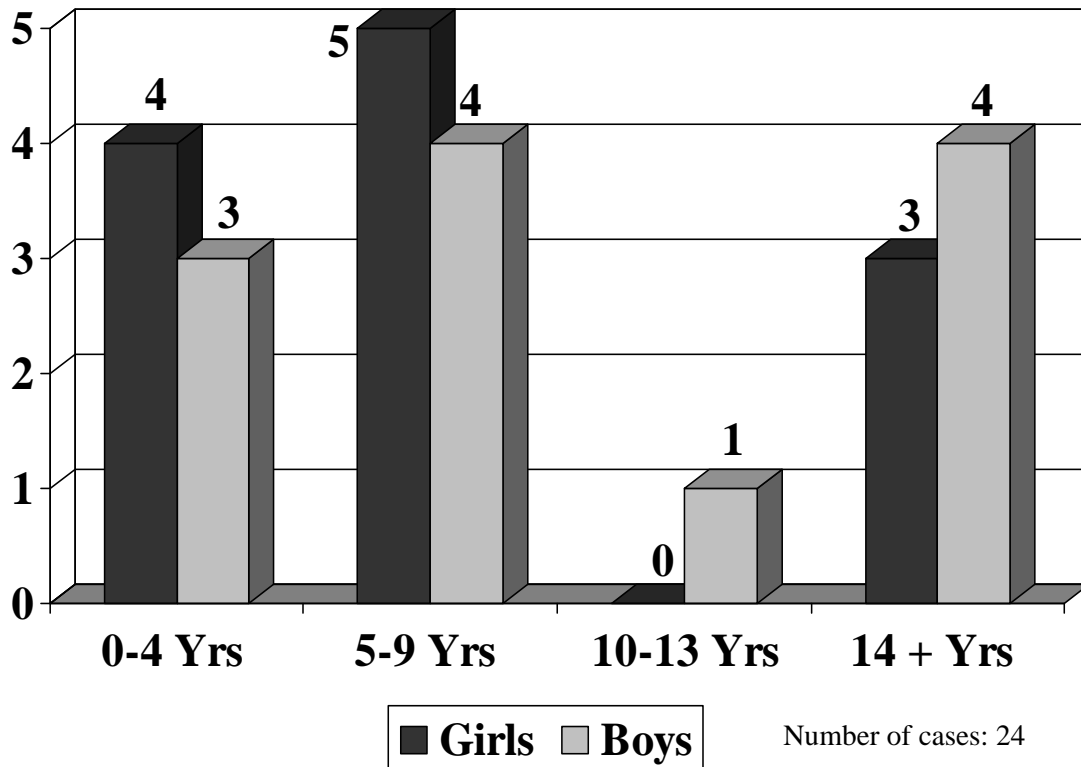
The fundamental assumption of the QSR model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently or have recently been unsafe or at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than in the matter of child safety.

The strength of the QSR approach is that it helps reveal where and how system improvement efforts can be directed. Over time, results have shown that practice and outcomes can be significantly improved when these areas are addressed strategically. This report offers guidance on the means to strengthen outcomes and performance, leading to the reflection of that improvement in QSR scores.

III. Methodology

The review sample consisted of twenty-four cases, including three in-home safety services cases and five ongoing case management cases from each of the three regions. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. One hundred and eighty-four interviews were conducted with respondents in the twenty-four cases reviewed. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in the Appendix IV.

OSR/Child Status and Performance Profile - Current Placement Frequency



Type of Current Placement	Number	Percent
Birth home	11	46%
Adoptive home	0	0%
Foster Family home	5	21%
Relative/Kinship home	3	13%
Licensed Relative Foster home	0	0%
Therapeutic Foster home	4	17%
Group home/Congregate care	1	4%
Residential Treatment Center	0	0%
Independent Living	0	0%
Detention/Shelter	0	0%
Hospital/MHI	0	0%
Juvenile Correction Facility	0	0%
Other	0	0%
	24	100%

Age Group	Number	Percent
0-4 Yrs	7	29%
5-9 Yrs	9	38%
10-13 Yrs	1	4%
14+ Yrs	7	29%
	24	100%

QSR/Child Status and Performance Profile - Gender Frequency

Gender	Number	Percent
Female	12	50 %
Male	12	50%
	24	100%

Reviewers included a combination of State level CQI staff and certified State and County reviewers. The review was conducted over a two-week period, from October 19 – 29, 2009.

IV. Stakeholder Interviews

The review team conducted stakeholder interviews with twenty-one different groups totaling 135 individuals. Because a recent review of stability and placement needs included interviews with a broad array of legal partners and foster parents, these stakeholders were not interviewed during the QSR review. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
CEOS's/Managers and Bureau Management	18
Ongoing Workers and Supervisors	30
Safety Services Supervisors	12
Access/Crisis Intervention Team Workers	6
Initial Assessment and Supervisors	8
Adoption Workers and Supervisors	16
Permanency Consultants	8
State Program Evaluation Managers	6
University of Wisconsin-Milwaukee Training Partnership	4
Service Providers	11
Judges/Commissioners and Assistant District Attorneys	16
	135

The following summarized comments reflect the input of the aforementioned stakeholders.

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- There is significant support and high expectations for the new BMCW leadership team
- There is widespread support for the training team approach amongst Initial Assessment, Ongoing and Safety Services case workers and supervisors
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- Safety Services workers want a mentoring program similar to Ongoing Case Management workers
- Many cited the reduction in BMCW staff turnover but still felt it was too high
- Seasoned workers need additional training and coaching to bring the Comprehensive Assessment Process (CAP) into their practice
- Workers cited negative media stories impact morale and retention
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- The requirement for increased visitation consumes significant resources (\$5.3 million or 43% of all service expenditures)
- Issues that challenge practice: domestic violence, untreated mental health needs in parents and teens; parents with Alcohol and Other Drugs of Abuse (AODA), dually diagnosed clients, children and parents with significant trauma experiences
- Families with few or no informal supports are less capable of sustaining the changes made while receiving formal supports
- Concurrent planning not being used to advance permanency outcomes for children
- BMCW needs a clearer policy on respite for foster parents
- Many BMCW workers felt caseloads are high and exacerbated by turnover

Legal Issues – Strengths

- BMCW leadership commended for bringing the CAP to the court
- Support for the CAP
- Court likes having orders more behaviorally specific
- Settlement conferences are a promising initiative
- Some legal partners have a new sense of urgency about permanency
- Found the permanency counselor assigned to the court to be an asset
- Assistant District Attorneys (ADA) appreciate getting e-mails with updates from workers
- Dedicated Termination of Parental Rights (TPR) court seen as an asset for advancing permanency

Legal Issues - Challenges

- Some voiced concern about caseworkers and supervisors having the skill and ability to write clear, effective and measurable goals
- Mechanisms needed to ensure fidelity to CAP model; development of measureable goals true to the CAP framework; maintaining situational awareness; and ongoing tracking and adjustment of case plan
- Almost all involuntary TPR findings are appealed with one third moving to the Court of Appeals, thereby lengthening the time to permanency for those children
- Workers still spend a significant amount of time in court waiting for their cases to be heard

A more complete summary of these interviews can be found in Appendix 3 of the report.

V. Performance Analysis

A review of the stakeholder interviews, status and performance scores and the twenty-four case stories that were completed yields a rich description of practice within the Bureau and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. It is important to remember that the 2009 review examined twenty-four cases. A separate sample consisting of six adoption cases was also reviewed, but those results are reported separately from this report. Because the sample for this report involves only twenty-four cases and because the rating reflects primarily current status and performance, readers should be conservative in generalizing scores from this review to the entire Milwaukee child welfare case population. Readers should also note the number of cases applicable to each indicator, signified by the letter “n”. There are some indicators where only a small number of cases were applicable and reviewed. In these areas, generalization of findings to the entire child population cannot be seen as representative.

The following section examines the Bureau’s QSR trends in key areas of status and system performance. For reference and clarity, the analysis will address the percent of cases that scored in the 4-6 range, Minimally Acceptable to Optimal.

For further analysis of the comparison between 2008 and 2009 performance using this distinction, a comparative table is provided in the Appendix VII.

Child and Family Status

Child Exposure to Imminent Threats (Home)

Eighty-two percent of cases scored in the 4-6 range related to threats in the home environment. The Bureau was equally attentive to threat issues in other settings. Scores for this indicator were somewhat higher than in 2008.

In one case of sound child protection practice, the worker paid attention to both transitional issues and safety issues. The reviewer noted, *“Furthermore, the reunification of the focus child and his sister was a good transition with few difficulties. Prior to the reunification, the mother’s interactions with the children gradually increased from a few hours unsupervised, to a full day unsupervised, and finally to overnights unsupervised. In addition to the unsupervised family interactions, the mother was having daily contact with the children in their maternal grandmother’s home. Once the focus child was reunified with the mother, the case manager increased visits to the*

home to assess safety and to check in with the children, who have been encouraged by all, including their mother to talk to an adult if they did not feel safe in the home.”

In another case where some safety threats exist, the reviewer found, “There are concerns about the focus child’s safety and his exposure to threatening behavior in his home. His father’s mental illness is not under control and his mother is withdrawing from methadone. As such, it appears the family dynamics are changing because the mother is maintaining her sobriety and seems to be gaining strength in her commitment to remain sober and improve her care giving capacities. This may have the effect of altering the relationship between the father and mother, and the focus child as well who has often stepped in to parent and protect his mother. Although the father grew up on the same block, the family feels the neighborhood is not safe. Recently there was a suspected domestic abuse episode and in another separate incident, the mother reported someone attempting to kick in the front door when she was in the house alone with the baby.”

The Bureau has expectations that the full implementation of the Comprehensive Assessment Process will sustain the progress made in keeping children safe and improve its safety response over time.

Stability

Seventy-nine percent of children were currently stable in home settings and eighty-three percent of children were in stable school settings. Scores for these indicators were somewhat higher than in 2008. About one child who was being provided stability, the reviewer wrote, “The focus child appears to be doing well, has no known behavioral or emotional problems, is not a risk to himself or others, and is physically healthy, all of those status indicators were considered in the maintenance zone. Because his current living arrangements are stable, he has attended one school and lived in one foster home since being removed from his biological mother and because he has been with his biological sister throughout the time he has been placed, the stability of the home and living arrangements were also considered in the maintenance zone.”

In another case involving a child who had a history of instability, the reviewer found, “The focus child has not experienced stability in her past placements and there is concern that she is just in the honeymoon phase in her current placement. It is unclear what intervention has occurred to help the focus child understand her options for permanency or to plan with her to achieve a permanency goal. No adoptive family has been identified. The focus child is just 15, has cognitive limitations and some emotional immaturity which makes working on independent living skills more challenging. However, there are opportunities to help her to learn the resources in her community, and to develop interests and future goals.” This case reveals opportunities to strengthen assessment related to the reasons for frequent moves as well as to increase supports in the current placement to prevent another disruption.

Permanency

Seventy-one percent of children reviewed were currently making satisfactory progress toward permanency in the 4-6 range, a considerable improvement over 2008. In one reunification case where progress toward permanency was occurring, the reviewer observed, “Given that the child was reunified two months ago and continues to remain in the home this permanency area was rated high. The team and family has made a lot of progress in this area-- mom connected with appropriate services to cease her drug use and secured housing for her and her family.”

In another case with significant progress toward permanency and family independence, the review found, *“Progress Toward Independence for the family of origin rated in the maintenance zone. The child has remained at home and there have been no incidents of violence. The case was ready for closure; however, the mother requested that the case remain open for support since the recent change in the family’s situation. Mother is willing to continue actively participating in services. The services and supports that are in place can continue with mother after the case closes.”* In this case the system wisely agreed to the mother’s request to continue services and assured that there were supportive services available after case closure, both actions intended to sustain permanency for the child.

In another case where recent progress was occurring, the reviewer found, *“Mother appears to have made good progress in the last month, after initial resistance to services offered. It appeared that mother lacked the motivation to follow through with services; however, that has changed recently, as evidenced by her being an active team member with the CST program, completing a substance abuse and mental health assessment and psychiatric evaluation. Mother is nearing completion of parenting classes and has maintained a regular and consistent visitation schedule. She is now attending medical appointments with the children. Mother is expected to begin domestic violence programming in the near future. All this appears to have increased her ability to demonstrate positive parenting skills.”* In this case the mother’s CST participation and attention to her substance abuse and mental health issues are strong indicators of progress not only toward permanency, but also toward family independence.

Several other cases reflected the need for additional work toward permanency. They are included below. The first underscores the need for early and consistent engagement with fathers. The second underscores the need for a realistic long-term-view and the third underscores the threat that frequent moves have on permanency and the importance of selecting a proper foster parent match for children without permanency.

“That permanency plan however, could be in jeopardy of changing due to the recent contact from the focus child’s father. During the reviewers’ telephone conversation with him, the father indicated his determination to be released and do what is needed to gain custody of his son. Although from the information gathered it appears that he is not yet been adjudicated. Thus, permanency for the focus child is not yet clear and established.”

“The biggest area of concern for this child’s well-being is the lack of clarity around her permanency plan. Although the stated goal is adoption, this was described as a “pipe dream.” Her current placement is new and her foster mother stated that at this time she is willing to commit to caring for the focus child through high school graduation and to possibly maintaining some relationship beyond that. It is unclear if the child is open to the idea of adoption or if this issue has been explored with her. She also maintains daily phone contact with her mother.”

“An area that the team might want to look at is the focus child’s permanency. She has been placed outside of the home for three and a half years and although the goal on paper is adoption and the agency staff’s sincere wish is for a permanent home for this focus child, little progress has been made towards realizing this goal. The focus child has not been maintained in any of her foster home placements for any length of time and has only been in her current placement for two months. Her

current foster parent isn't in a position to make a permanent commitment and no other adoptive resource has been identified. The focus child's thoughts regarding her future are also unclear."

Emotional Development and Behavioral Functioning

Regarding child emotional and behavioral functioning, sixty-eight percent scored in the 4-6 range for emotional development and seventy-nine percent were rated in the 4-6 range for behavioral functioning. Scores on these indicators are commendably high and notably improved over the 2008 review.

In a case where emotional development and behavioral functioning were positive, the reviewer found, *"(M) is a happy child who enjoys school and seems to be performing at grade level. She enjoys peer relationships with classmates and children in her neighborhood. (M) is not known to exhibit behaviors that put her at risk of harm or put others at risk. Despite an occasional tantrum, individuals noted that (M) exhibits good behavioral functioning that is age appropriate. Her emotional well-being also seems to be consistent with her age and cognitive abilities. She presents as a happy child who is able to adequately regulate and express her emotions."*

Another case revealed recent progress, but continuing challenges that the Bureau was seeking to address. *"Emotional status and behavioral risk to self both scored in the refinement zone. Though the focus child does at times struggle with some emotional and behavioral issues, he has recently demonstrated an ability to control himself better. He was struggling with maintaining self-control in school at the beginning of the year; however, after a recent mid-year grade change from first grade back to kindergarten, he has shown great improvement. A psychological evaluation was completed on the focus child, and at this time he was not given a mental health diagnosis, though there were concerns that he may be displaying some signs of Attention Deficit Hyperactivity Disorder (ADHD). The focus child's behavioral risk to others also scored in the refinement zone, but he does have a history of participating in physical altercations with older boys at his school. It would not faze the focus child to engage in a fight with a much older and bigger child. He also has been "kicked out" of a daycare for his aggression towards other children, though it is reported that he is doing better in his current daycare."* In this case, additional attention to the child's underlying needs will be critical to assisting him to address his emotional and behavioral challenges.

Another case reflected a need for urgent attention to emotional issues. In this case, separation and loss issues have significantly impaired the child's ability to connect with people, the review found, *"The focus child's emotional development and behavioral functioning is suffering. The focus child has been greatly affected by his parents' abandonment of him. Moreover, the parents are regarded as higher functioning capable parents and thus their refusal is even more difficult to comprehend than it might otherwise be if they had extensive needs of their own. Most persons describe the focus child as unmotivated and disengaged from services, people, his life and his future. He appears to have given up and has been described as being drawn to homeless people and the displaced lifestyle of those who are homeless or roam the streets."*

Learning and Development

Learning and development status was at seventy-five percent in the 4-6 range, slightly higher than in the last review. The Bureau's scores on learning and development are encouraging, even though improvement is still needed. The instability of many children in ongoing in-home and foster care

cases can have a significant impact on learning and development and in many cases reviewed children were achieving acceptable learning and development status.

For example one reviewer reported, *“The focus child is currently in first grade and described as a very bright child who is on target academically and reading at the first grade level. The focus child also is involved in afterschool programming in the Boys and Girls Club and looks forward to spending time with friends and participating in the different activities that are provided at his afterschool program. There have been no concerns reported regarding the child's behavior at the afterschool program.”*

However in another case, the reviewer found, *“His school situation is tenuous; he has no interest in school and the school has no interest or investment in maintaining him there. The focus child is not meeting with his independent living worker and shows very little interest, motivation or urgency in setting goals for his future and seeing them to fruition.”* This status did not occur overnight, and illustrates the need to attending to school issues at the earliest involvement with children and families. Engaging this youth in school will be very challenging at this point.

Parent/Caregiver Capacities and Progress Toward Independence

Along with safety and permanency, this group of indicators is among the most important in child welfare practice. Adequate parent caregiving capacity is essential to achievement of safety and permanency for children and a major system challenge because of the combination of past trauma, financial deprivation, social isolation and substance abuse present in many child welfare families. Performance on these indicators is consistently slow to change and they are considered lagging indicators compared with some areas of functioning more easy to attain.

The following table reflects a group of indicators that are relevant to parent/caregiver capacity and independence from the system. As the table indicates, considerable progress is needed in all these areas of parent status.

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	58%
Caregiver Capacities: Father	47%
Parent Caregiver Challenges: Mother	46%
Parent Caregiver Challenges: Father	40%
Informal Support: Mother	46%
Informal Support: Father	47%
Family (of origin) Progress Toward Independence	53%

There were some cases, such as the following example, where parent strengths and resilience, along with a high degree of engagement with the system and effective services has provided considerable progress in parent capacity. *“The parent status scored overall in the maintenance zone for both parents. Both are responsible, hard working, very caring individuals who have strong values. They are supportive of each other and also have good family supports. They have no mental health or substance abuse difficulties. Mother, at this point, has learned new parenting techniques and is able to better communicate with her children. Father has a history of stable employment; however, he is currently laid off, but expecting to go back to work soon. He is very involved with both children even though the focus child’s brother is not his biological son and will take both of them*

for weekend home visits. He also is able to provide child care during the week if that is necessary. The divorce between the mother and father was finalized very recently, but they seem to have resolved most of the important issues and get along well.”

However there were other cases where past life experiences and current challenges had left parents with little capacity to care for their children or in some cases, themselves. Past trauma, joblessness, and substance abuse played a major role in impairing parental capacity in many cases reviewed, as illustrated by the following examples.

“Unfortunately his history of mental illness has resulted in a poor work history, drug abuse and criminal activity. He is currently on probation. One of his convictions was for intimidating a witness and threatening force. He was incarcerated for several years in a maximum security prison and subjected to severe trauma. He stated his grandfather was beaten to death as part of a robbery attempt and described his father as being verbally abusive. His current diagnoses are Post Traumatic Stress Disorder (PTSD) Depression and Bipolar Disorder. His behavior is described as being unpredictable, having the potential for violence and self harm. He appears to have made suicidal threats in the past. At times he isolates himself in the basement that is accessed by a trap door in the floor. There he maintains a room that is like a prison cell. After a recent inpatient hospitalization, he was referred for day treatment and discharged on medication. He struggles with managing his medication and did not follow through with the recommendation for day treatment. The focus child’s mother is attempting to help him manage his medication, though this appears to be an additional challenge for her. Therefore, it appears he presents a fairly significant threat to himself and a safety risk for his family.”

“While the mother seems able to manage her use at the present time, it appears that her use and her drug of choice have become progressively more serious every few years (e.g. alcohol, marijuana and then cocaine). Thus, her substance use could potentially challenge the mother’s capacity to parent her children in the future.”

“Mother is diagnosed with fibromyalgia which affects her ability to work. Mother has a lot of pain with this illness and at times is unable to get out of bed. She is enrolled in W-2 and receives some child support from the other children’s fathers. Mother has applied for Social Security Disability Income (SSDI) and that application is still pending. The mother struggles financially and is behind on some her bills; however her landlord has been willing to work with her regarding her rent payments.”

“Historically, the mother has not maintained consistent contact with her case manager so little is known about how she supports herself. It was revealed that the mother does not have employment or a consistent place to live. It was reported that she will often rely on the older children to support her and it is alleged she is currently residing with one of the older children. It is unknown who her informal supports are currently; however, she has in the past had abusive boyfriends as her main support.”

Substitute Caregiver Functioning

As was the case in 2008, substitute caregiving capacity is quite high, at one-hundred percent in the 4-6 range.

Informal Support

The QSR acceptable scores of forty-six percent for mothers and forty-seven percent for fathers related to informal support reflects the fact that many parents reviewed had few informal supports, which can seriously undermine a family's ability to achieve and sustain parental capacity. Their isolation left many parents without personal (as opposed to professional) allies in addressing their daily challenges.

“Her informal supports are fairly strong. She is very close to her sister and her sister's children. She is close to her adult children and is motivated to be the very best grandmother she can possibly be. She also has a boyfriend who is seen as an appropriate support to her and her children. Nonetheless, she is somewhat isolated and not very well connected to her community. Although quite spiritual, she is not connected to a local church and it is unclear if she has friends through work or other means.”

“Both parents clearly lack any informal supports. When asked if there was anyone whom they would want as a support at team meetings they replied that there was no one. The only family member they mentioned was the child's maternal grandmother. She was described as having substance abuse and mental health issues of her own. The parents reported feeling like they are in this by themselves. 'It is us against them. Even our lawyers are on their side.'”

“He appears to have almost no informal supports. His brother facilitated his inpatient treatment, but something happened between them so he is currently no longer involved with the family. Other than his mother, who is in the home during the week helping with the children, he seems to be very isolated.”

“Nonetheless, she is not involved in any community or extracurricular activities and hasn't developed many friends. However, she is described as loving basketball and as “lighting up” when she is on the court.”

Trauma

There is no indicator in the protocol to rate the existence of prior trauma; however the review process does collect information about cases reviewed relative to trauma in the demographics section. Because the effects of trauma are so harmful and pervasive to parents and children, this report will address it specifically in this section. In the 2009 review, sixty-seven percent of parents had exposure to past trauma, which presents a daunting challenge for parents, their children and the system. The following case examples illustrate the impact and effects that trauma presents.

“The mother has a long history of trauma. She reported she was sexually assaulted by a caregiver as a child. Her mother was a substance abuser who neglected her. She was “gang raped” as a teen. She has lived with abusive partners and has had her parental rights terminated on four children.”

“Mother was a victim of sexual abuse by her stepfather, which she did not report until she was an adult. Mother has not adequately addressed this and is not willing to seek help at this time.”

“However, she has a long history of trauma to overcome. The mother grew up in the foster care system. Records reflect that the grandmother was physically abusive towards the mother as a child and at times even refused to provide care for her. The mother lived for many years with a paternal grandmother, but was returned to her mother’s care, only to be subsequently kicked out a later time.”

“Though the mother is currently functioning well in all areas of her life, she does struggle with unresolved trauma. The mother reported being sexually abused by both her father and a family member as a child. When the mother was thirteen years old, she found her mother dead with a bottle of pills lying next to her. The mother acknowledged that she has experienced significant trauma that she has never fully dealt with.”

System Performance Indicators

Outreach and Engagement

Engagement of children/youth scored quite high, at ninety-four percent in the 4-6 range. Engagement of the mother was at seventy-one percent and engagement of the father was at thirty-two percent. Compared with 2008 scores, performance was slightly improved for children/youth and mother and was slightly lower for fathers. Nationally, engagement of fathers remains a significant challenge.

There were excellent examples of engagement with family members. This capacity is a commendable strength of the Bureau. In one example, the reviewer wrote, *“The assigned ongoing worker did an excellent job in engaging the mother and maternal grandfather. She was described as respectful and available to both the mother and maternal grandmother. She was also described as supportive and a good listener. It was reported by an interviewee that with the help and encouragement of the assigned ongoing worker and parent aide the mother was able to find housing and employment.”* Similarly, another reviewer found, *“Engagement of the caregiver, the child and the mother was strong. The Social Worker sees the focus child in the foster home on a regular basis and during some of the visits he has with his mother. He recognizes and interacts well with the Social Worker. The foster mother feels that she has a good relationship with the Social Worker. The foster mother is very positive about her contact with this agency as well as with the foster care agency. She has an effective role and voice in the case planning and decision making process.”* Fortunately, examples like these were common in the review.

However where engagement did not occur, case progress suffered, as the following examples reveal. *“The parents do not trust the agency, their providers were selected for them by their lawyers and the court. Repeatedly the parents indicated that they had no one they can trust. They stated that even their lawyers side with the agency. When asked if there was anyone they could add to their team that would support them they responded with, “no one.”*

“One area of practice identified that could use some enhancement is engagement of both the mother and father. It should be noted that the mother has recently re-engaged in the process and appears to be building a relationship with the new case manager. The mother has not maintained consistent contact with the case manager over the time period of this review.”

“Engaging the father in the change process has been a challenge. When (the child) was taken into temporary physical custody, the father expressed interest in caring for his son full-time and attended a parenting class at the request of the case manager. The father has maintained phone communication with the case manager to receive updates regarding the family’s progress and has scheduled interactions with the focus child once a week. However, this seems to be the extent of his involvement and he has not taken advantage of opportunities to become more engaged in the process.”

“The presumptive father declines to participate in case planning and has told the Bureau and Court that he does not believe he is the father. While other individuals have been named as possibly being the father, the Bureau has not moved forward with efforts to determine paternity. This issue presents a significant challenge to other areas of practice and affects the permanency for the focus child.”

Role and Voice

Role and voice reflect the degree of parent, child and substitute caregiver involvement and influence in case planning and decision-making and are related to engagement. Eighty-five percent of (older) children and youth were in found to have involvement in decision planning and decision-making in the 4-6 range, sixty-seven percent of mothers, twenty-three percent of fathers and ninety-three percent of substitute caregivers. Scores for children/youth and mothers were slightly higher than in 2009, slightly lower for fathers and the same for substitute caregivers. There is evidence in other QSR patterns over time that a high level of parent involvement in planning and decision-making is correlated with successful achievement of other case goals. A few examples of meaningful parental role and voice and minimal role and voice are provided as illustration of the importance of this indicator.

“Strengths in practice include Engagement and Role and Voice of the focus child and caregivers. The focus child and caregivers are vocal members of the team for planning and decision making.”

“As the mother made progress and demonstrated her commitment to working with the agency, she was provided greater opportunity to exert her role in the planning process and voice in the decision making process. For example, the court order requires the mother to complete a nurturing class. The case manager made a referral for the mother to participate in a class located in a neighborhood that the mother thought to be unsafe. The mother spoke with the worker not only regarding concerns for her safety, but also for her sobriety, while noting that she had previously gone to this area to purchase drugs. The case manager trusted the mother’s reasons for not wanting to attend this specific class and effectively adjusted the plan, so that the mother could participate in a class located in a different neighborhood.”

“For this reason, it has also been a challenge to establish the role and voice of the mother and her boyfriend in decisions and planning. The mother will talk with the case manager about concerns with the family’s finances, yet does not see an issue with her substance use or other goals for her family. The mother has not taken the opportunity to come forward and say how she wishes to take advantage of working with the agency to benefit her family. The mother appears to be a passive participant who acknowledges the presence of the agency in her life because they assist her financially and she does not want her children removed from her care. The mother’s boyfriend generally removes himself from the situation, further challenging any role that he could have in voicing opinions that he may have and that could benefit his family.”

“One area of practice identified as needing improvement is the engagement of the father. The father has been completely reluctant to engage with the case manager and it appears that she has stopped engagement efforts with him. Yet, the father’s willingness to be assessed as a respite home and the overnight visits that occur with the focus child show that he is willing to be active in the process. The reviewers did not have the opportunity to interview the father and were unsure if he was asked to be part of the process. The case manager has displayed an ability to work with and connect with the focus child, mother, and siblings and could potentially make this same type of connection with the father with more outreach efforts. These efforts could also lead to the father having a more active role and voice in the process and could potentially lead to a permanence option for the focus child.”

Coordination

Coordination performance was quite high, at 88 percent in the 4-6 range, which is over twenty percent higher than 2008 scores. For example, a reviewer noted, *“Coordination is another practice strength. The workers provide a single point of coordination and leadership for services and the family is clear on who to contact.”*

Another wrote, *“Coordination is the most notable area of strength. The worker is clearly identified by case participants as the central point of contact. She effectively and regularly communicates with the family, parent assistant, AODA counselor and other case participants. She is available in person, by phone or by email and is responsive to the input provided by case participants. The family has had the same worker and parent assistant since case inception, both offering an abundance of experience and skill.”*

It appears likely that like the use of Coordinated Service Teams has contributed significantly to the high level of coordination performance in the Bureau. The fact that families and other team members have a regular schedule in which to meet face-to-face and coordinate activities is a system strength. In cases where coordination needs improvement, several case examples illustrate the effects of poor coordination.

“This lack of a common understanding extends to those providing services to the family. Interviews with two in-home providers who have never shared information about the family with the other illustrate this point.”

“Coordination scored in the refinement zone. The mother was court ordered to complete a psychological evaluation but the ongoing worker had little information as to why this would be needed, therefore the referral had not been completed. Referrals for services for the child had recently been made but there had been no planning to ensure that the mother had the resources and supports to be able to deal with the focus child’s behaviors at home. Although the mother is currently involved with AODA treatment, there is little to no communication between the therapist and the assigned ongoing worker. It is unknown at this time what progress the mother is making in treatment; therefore there is no planning for safe case closure.”

“Coordination was seen as needing some attention. There is not one, single point of leadership on the team—some cited the bureau case manager as the coordinator and others cited the wrap around worker as the coordinator of this case. The set up of having two agencies involved makes

this a little complicated, yet it's important to decide who that person will be so that the flow of information is seamless and efficient."

Family Teamwork

Teamwork is divided into two areas, team formation, primarily related to the creation of a team consisting of all the relevant individuals and team functioning, which precludes regular team meetings, a high degree of family involvement, case coordination and collaborative planning and decision making. Team formation scored at fifty-eight percent in the 4-6 range and team functioning scored at fifty-four percent in that range. Team formation scores were somewhat lower than in 2008 and team functioning scores were about the same. These are areas where the Bureau needs to achieve significant improvement. Teams do not consistently have the right people on the team and frequently when teams convene, key family members are not consistently present and important providers may not attend. When teams are well-formed and functioning, however, progress occurs. The following examples illustrate this point.

"There is a Coordinated Services Team in place through the Bureau and a team through the Wraparound Program as well. The focus child and his mother are invited and attend all meetings which provide them a role and voice in planning and decision making. Both report feeling comfortable expressing their opinions and that the providers listen to them and consider what they have to say."

Another area of strength on this case is the case manager's coordination efforts in the Coordinated Service Team Meetings (CSTS). These meetings occur every 90 days and are attended by all service providers, TFC worker, foster mother, focus child, mother, siblings, and independent living staff. All CST meeting participants identified the case manager as the centralized point of contact for these meetings. The case manager successfully facilitates the meetings and encourages open communication that leads to all participants feeling that they have a true "voice" in the process. The focus child even stated that while she does not always get her way she knows that she will be heard and feels comfortable expressing what she wants."

In cases where team formation and function is insufficient, opportunities for family involvement in decision-making (role and voice), information sharing and assessment were likely to be significantly impeded, as the following examples reveal.

"Although there are excellent service providers working with this family, they are not all talking and meeting on a regular basis. Though the focus child continues having issues at school there has been little or no contact between the assigned ongoing worker and school staff. It was reported by an interviewee that the mother's AODA counselor is not having regular contact with the assigned ongoing worker. This has made it difficult to get a clear picture of what progress mother is making in her AODA treatment."

"Successful teaming has not been a component in the work with this family. There has been a small team that meets periodically which has included the social worker, the mother, the maternal grandmother and most recently the foster mother. Providers have been missing from the team which has limited the team formation and ultimately the team functioning. The lack of providers is primarily due to the mother's poor follow through with services. The father is also missing from the team."

“Family teamwork is another area that could benefit from attention, both in formation and functioning. Based on information received, it appears the family was unclear that Coordinated Service Team (CST) meetings were occurring regularly. This valuable process would have been more evident if the team were expanded beyond the mother, worker and parent assistant and included a family-driven agenda. Involving individuals such as the mother’s boyfriend, school personnel, mental health counselors, and informal support persons in this process would increase the level of information shared and promote more unified decision-making and balanced ownership of the process among case participants.”

“Regarding family teamwork, while a team was formed and began meeting early in the case, not all of the significant service providers were invited to meetings. This includes Birth to Three, the parent advocate and therapist. And of those invited, some did not participate in the process. The strength in team functioning was not present, resulting in different levels of understanding regarding the case among those who are involved.”

“The lack of a functioning team also impacts the quantity and quality of information gained. A well-functioning team would provide a venue to learn more about the mother and the case, and to establish a long term view. Moreover, a long term view has not been developed, in part, because of the unwillingness of the mother to routinely participate but also due to the changes in the case manager and supervisor. Additionally, individuals may have their own, independent ideas on the long term view for this case, but a single long term view shared by all participating parties has not yet been developed.”

Assessment and Understanding

Like teamwork, assessment and understanding indicators also address two areas of practice, safety assessment and overall assessment. Safety assessment scored at ninety-six percent in the 4-6 range and overall assessment was at seventy-five percent in the 4-6 range. Both indicators showed measurable improvements over the 2008 review. There were numerous examples of appropriate assessment, which may reflect early results from the Comprehensive Assessment Process. Several case examples that illustrate effective assessment are provided below.

“The worker demonstrated an extraordinary understanding of safety assessment. She was able to differentiate between safety threats and imminent risk and plan accordingly. The worker evaluated safety during each contact with the focus child and mother. The worker used effective problem solving skills in maintaining the mother and focus child’s safety by not disclosing their whereabouts to the mother’s boyfriend during a critical period. Case participants recognized that the two main safety challenges were the boyfriend’s violent tendencies and the mother’s inability to protect. The worker and parent assistant appear to have a clear understanding of domestic violence.”

“The Birth to Three Program was contacted and an assessment was conducted. Speech services were found to be warranted and were provided. With the assistance of speech services the delay disappeared in a matter of a few months.”

“Another area that is working well is Safety Assessment and Understanding. The assigned ongoing worker and other service providers are all aware of the mother's previous struggles with AODA issues and her continued effort to maintain her sobriety. The assigned ongoing worker recognized

that it was very important for the mother to continue in individual AODA therapy and made a referral to a bilingual counselor who was able to engage the mother in treatment.”

“Assessment and intervention were also very strong. The strategies adopted, based on the assessment, were very well targeted and effective; producing quick change in large part because the mother was engaged and quickly made the decision that she needed to change her parenting practices.”

There were a smaller number of cases where assessment was incomplete, failing to fully understand risk, family functioning and specific challenges like substance abuse. Assessment is vital to achievement of safety, permanency and well-being and because the human dynamics are so complex, assessment and understanding are among the most difficult to improve systemically.

“It does not appear that there is a shared assessment and understanding of safety. Everyone agreed that the father was a risk to himself, but there were varying opinions on whether he was a risk to the mother and the children. One interviewee said the father had told her he had thoughts of murdering his family and then taking his own life while others did not see him as dangerous to anyone other than himself. Although the long term view for case closure is fairly reasoned, there appears to be an opportunity to more fully and clearly identify and implement the protective provisions that must be present for the case to safely close.”

“The overall assessment and understanding could benefit from further attention. The child continues to exhibit some unusual behaviors and to be fascinated by explicit pornography. A psychological assessment dated a few years back indicated that his maternal grandmother suffered from delusions and probable schizophrenia and it is believed that the focus child may have been sexually abused by a maternal uncle. Further exploration of family mental illness and past trauma exposure would greatly enhance the overall assessment and understanding and provide valuable information on how to best help the focus child and plan for his future.”

“There was information that is critical to case assessment and planning that was absent which has resulted in challenges. First, there is no social history or needs assessment for the father. There does not appear to be an understanding of his parenting capacities, caregiving challenges or access to supports.”

Planning a Change Process

Planning has two components, safety management and permanency planning. Planning for safety management was at seventy-eighty percent in the 4-6 range and permanency planning was at fifty-six percent in the 4-6 range. Safety management planning improved over 2008 performance and permanency planning declined somewhat.

In a case where planning was part of an overall skillful approach to practice, the reviewer found, *“Long-Term View, Planning a Change Process for the focus child, Resource and Support Use for the focus child and caregiver, and Tracking and Adjustment all are working well. This appears to be the direct result of the effective teaming that is taking place in this case. All of the team members are on the same page in terms of the plan for this child and they are all part of the decision making and planning process. They communicate effectively which allows for all members*

to have a good situational awareness of the child's strengths and needs and in turn they are then able to adjust the focus child's plan as needed."

Several other cases revealed challenges in planning related to safety, protection and specificity. *"Finally, there is no mutually understood plan for behavioral change. This family came into the child welfare system at a time when compliance was all that was expected from them to get their child back. Now the agency and the court are looking for sustained behavioral changes before returning (the child) and her brother. The parents don't understand the shift in thinking and clearly believe it is unfair."*

"Although the worker had a comprehensive understanding of safety, planning for safety management appeared to be a challenge. Safety issues were identified but there were no clear plans in place to provide for protection particularly with regard to the factors that contributed to safety risk—the mother's protective capacities and the boyfriend's use of violence."

"The current plan seems vague. It appears the case participants have a general understanding of what needs to occur in order to achieve safe case closure but would benefit from more clearly defined, measureable goals. This would clarify the "long term view" and help key members to understand the anticipated case end point. The current plan also appears to be more compliance based than skills based, limiting progress and the parents' ability to sustain any changes."

For maximum effectiveness, plans should be based on solid family engagement and involvement in planning, crafted by the family team and highly individualized.

Long-Term View

The long-term-view indicator reflects the team's ability to understand and address long-term goals for the case while still addressing immediate issues and crises. The long-term-view is highly dependent on assessment to support ultimate family independence from the system. Family role and voice, planning and teaming are also highly relevant to achievement of an effective long-term-view. All of the states using the QSR have struggled to improve this indicator. The Bureau's scores for 2009 were at fifty-eight percent in the 4-6 range, twenty percent higher than in 2008, which is a meaningful improvement.

This case example reflects the importance of assessment to the long-term-view and reveals its impact on case outcomes. *"Assessment and intervention were also very strong. The strategies adopted, based on the assessment, were very well targeted and effective, producing quick change in large part because the mother was engaged and quickly made the decision that she needed to change her parenting practices. There were sustainable supports from the family and the church already in place, but the parenting assistant also became an informal support after she discontinued formal services. The plan from the beginning was for closure within the first six months and that will be happening. This demonstrates that the original Long Term View for the case was accurate and the practice elements necessary for achieving the Long term View were in place."*

However there were other examples where long-term-view, which is a very challenging indicator for systems, has not yet been achieved. For example, as reviewer found, *"The Long Term View scored in the refinement zone. Some of the issues that still need to be addressed include: The*

mother completing a psychological evaluation to assess her mental health needs and whether or not other services are needed. Identifying what support the mother is going to need to maintain her sobriety. The mother is currently concerned about her child's behaviors at home and school. A psychological evaluation has not been completed for the focus child who would be beneficial in identifying mental health issues, treatment or further evaluations that may be needed. All of these issues need to be addressed in order for permanency for the focus child and safe case closure."

In another case where a need for refinement was noted, the reviewer stated, *"Although the long term view for case closure is fairly reasoned, there appears to be an opportunity to more fully and clearly identify and implement the protective provisions that must be present for the case to safely close. The plan to ensure the safety of the mother relies on her ability to go to a shelter with the children. She does not appear comfortable with that plan and the plan she shared is that the father will leave the house if their arguments become heated. There may be other options the team can plan for in the event he refuses or is unable to leave the house. The mother is determined to remain drug free and seems unwavering in her commitment to do so though she may benefit from some relapse planning as well."*

In another case, the long-term view was impeded by the lack of a shared vision within the team of the path to family independence. Most important, the mother has a different vision that was not in unity with the team's. The reviewer wrote, *"There were several areas of practice working well but in need of further refinement. The long-term view for safe case closure is not clear. The permanency goal is TPR with adoption but there are some stumbling blocks due to recent events, namely the contact from the father, that are clouding the long-term view for safe case closure. Moreover, key players involved in the case do not have a shared vision or understanding of the long-term view. The mother's understanding of what is expected of her is unclear. In her interview with the reviewers she indicated that there are no conditions that she must fulfill for the return of her children. When asked how her life will look in six months she indicated that the focus child and his younger sister would be home with her and the new baby. She did not indicate just where that home would be. She said that her oldest child would be returned to the maternal grandmother. Finally, securing sustainable supports has been a struggle, particularly more recently, given that the long-term view has recently changed and is unclear."*

Several other examples where long-term-view is a challenge reveal impacts on permanency and progress toward independence and underscore the importance of assessment.

"The permanency goal is TPR with adoption but there are some stumbling blocks due to recent events, namely the contact from the father, that are clouding the long-term view for safe case closure. Moreover, key players involved in the case do not have a shared vision or understanding of the long-term view."

"The long term view for safe case closure is not clearly defined and may not be realistic given the focus child's current needs. On paper the goal is independent living, but it appears the team and key players are still operating from a hope that reunification might occur. The mother still attends meetings, but it is unlikely that she has a role in supporting the child with gaining independent living skills. Based on progress notes there continues to be an interest in assessing mom's openness towards reunification despite her clearly stating on numerous occasions that she is not taking the focus child back into her care."

“A final area that has been identified with a need for immediate improvement is long-term view. This indicator also scored in the improvement zone. Up to this point the long-term view was to ensure the safety of the focus child and his brother with their grandmother. This case initiated as a risk case, and was only kept open for the length of time it was because of the ongoing court involvement. However, it is now evident that there was crucial family information coming to fruition, and the thought that the case would have closed without knowledge of sustainable supports is frightening. Given the very recent court decision, which ultimately led to an official out of home placement and subsequent transfer of the case to ongoing services, parties must gather to create a vision for the ultimate long-term view and permanency.”

These cases illustrate the need for the entire team to continuously focus on what success will look like and strategically, how it will be achieved.

Resource and Support Use

There are three elements to resource and support use, youth/child use, which was at eighty-three percent acceptability, parent/family use, which was at seventy-five percent in the 4-6 range and substitute caregiver use, which scored at ninety-three percent in that range. Resource use for children/youth and substitute caregivers improved somewhat and declined slightly for parent/family. These scores are comparatively high relative to other systems. Examples of good resource availability follow.

“The resources that were located and provided for (the child) is a strength in this case. The foster parents found and utilized a pediatrician that they felt understood and could treat (the child). When it was believed that (the child) had a speech delay, Birth to Three was contacted. They assessed her needs and provided services which corrected the problem within six months.”

“The use of resources and supports was very good. The parents were provided and participated in numerous services including the agency’s voluntary program, an addiction management program, in-home therapy, employment and training program, FoodShare, and county mental health services. Interventions were adequate for change and the intensity and duration of services changed as needed. For example, the workers increased their home visits to as many as three a week when the family was in crisis.”

“Lastly, the focus child and family have been provided a wide variety of services. There have been extraordinary efforts made to arrange the proper resources and supports. The family has had access to a prenatal/infant nursing program, WIC, Food Share, medical services through Badger Care, safety services case management, in-home parent assistant, coordinated service team meetings, individual, family and group AODA services, crisis nursery care, and Early Intervention services.”

Tracking and Adjustment

Tracking and adjustment anticipates routine monitoring of case progress and revision of plans and interventions when circumstances change. Tracking scored at eighty-three percent in the 4-6 range and adjustment scored at fifty-four percent in the 4-6 range. The high tracking score is commendable, but if regular tracking doesn’t result in adjusting case plans regularly, the tracking performance doesn’t contribute much to improving outcomes. It is possible that Coordinated

Service Team meetings have helped strengthen tracking, because at least some case participants communicate regularly about case progress. Without strengthening the functioning of these teams, however, their potential to revise (adjust) plans that are not working is compromised. There were examples of good practice in this area such as the following.

“Tracking and Adjustment also rated well. The worker meets with at least the mother weekly and has a good awareness of the changing family situation. She has also adjusted the plan and focus of resources as the family’s needs have changed.”

“The case manager’s weekly visits and communication with the AODA provider have allowed her to track the family’s progress since they have become involved with the agency. The case manager monitors whether the mother is meeting with the AODA counselor and the counselor’s recommendations based on these contacts. These contacts and interactions have also proved beneficial in tracking how often the mother reports to be using drugs and to evaluate the mother’s level of functioning.”

“Throughout the duration of this case, the case manager has been diligent in her effort to monitor the safety of the focus child. The case manager made valiant attempts on a weekly basis to see the focus child. Often times, the case manager was out assessing for safety very early in the morning, or late at night. She also went to the focus child’s school and daycare to ensure that on a weekly basis his needs were being met by his caregiver. The case manager also had an awareness of the difference between impending danger and safety threats, this understanding and the regular safety checks provided an assurance that the focus child was indeed safe.”

The following case examples from the review reveal the effect of ineffective tracking and adjustment on progress and outcomes.

“Tracking and adjustment is another area that could be enhanced with this case. The foster parents identified the need for therapy services when the focus child was first placed; this service still has not yet been secured. The case manager has referred the child for therapy; however, it is important to consider the therapist’s specialty when referring the focus child. It does not appear this was a factor in the referral. Given the child’s traumatic history of sexual, physical and emotional abuse and her alleged codependency issues with her twin, it would be important for the therapist to be trauma informed. The father recently was arrested on drug charges; treatment was not identified (i.e. through a drug and alcohol assessment) as a concrete need. Records do indicate an alleged history of alcohol and/or drug use as an issue with the father. However, it was reported that alcohol and drug treatment was not a requirement on the father’s court order. This is definitely an issue that needs to be explored and adjusted in order for the father’s needs to be met.”

“Although the tracking on the case has been fair, responding to information or challenges has been lacking; therefore, adjustment was an area seen as needing some attention. Some examples of this include the team neglecting to develop new or different strategies in response to the focus child’s lack of progress and continued difficulties with mental health concerns, failing to respond to the challenges in the school environment or allowing the focus child’s interest and follow-up with the Job Corp to diminish. There has been little planning around the next transition (case closure) and arranging for sustainable supports.”

“It is unclear if the Bureau is aware that the foster mother is reconsidering her decision to provide long term care (for the child) because of what is viewed as the Bureau’s lack of response to her voiced concerns. Although this was a new development at the time of the review, it was a crisis and illustrates the need to adjust the plan or strategies to changing circumstances.”

Cultural Accommodations

Cultural accommodations are an area of specialized practice focus that in which the QSR looks at the degree to which specialized accommodations are made in response to cultural issues within the family. The system scored at sixty-seven percent in the 4-6 range among the six applicable cases. In addressing this issue, two specific cases stand out as examples of superior practice and are referenced here. In one, the reviewer noted, *“The agency provided excellent cultural accommodations for this family. The assigned ongoing worker, the Parent Aide, both AODA counselors and the focus child's current therapist are all bilingual. The assigned ongoing worker has been very proactive in making sure that services that are being provided to this family are culturally sensitive. The mother, boyfriend and grandfather are Spanish speaking only.”*

In the other, the reviewer found, *“Special cultural accommodations were also considered in the maintenance zone. The focus child was placed in a Native American home. The tribe and the Bureau worked together to come up with a plan that would allow the focus child to remain attached to his heritage while in foster care. The tribe had both a licensing worker and a social worker coordinating services with the Bureau worker to ensure that the focus child’s cultural identity and customs were preserved and respected.”*

Maintaining Relationships

The review examined the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves supports such as visits, other forms of contact and communication, family involvement in decisions affecting children and planning.

As the scores below reveal the Bureau is challenged in developing and maintaining high quality relationships for a significant number of children in out-of-home care. As is the case with other indicators related to the role and involvement of fathers, scores for father relationships were quite low. Scores in the relationship maintenance area for the 2009 review were somewhat lower than scores in the 2008 review.

Maintaining Relationships	
Family Member	Percent scoring 4-6
Family interactions: birth mother	67%
Family interactions: birth father	46%
Family interactions: siblings	73%
Quality relationship: birth mother	60%
Quality relationship: birth father	46%
Quality relationship: siblings	73%

Several cases illustrate the dynamics involved in findings related to this indicator. In one case, there had been minimal involvement of the child's incarcerated mother in case decision making, but according to the reviewer, *"The focus child also received the opportunity to visit his mother while incarcerated through a special program that transports children to and from the prison and supervises these visits as well."* This accommodation represents a commendable effort to maintain family connections.

Another case reflects the challenges of maintaining connections. The reviewer found, *"Supervised visitation has been coordinated through the Bureau. A contract agency provides visitation supervision according to a visitation plan established by the Bureau. The mother's attendance has been sporadic. The mother's priorities appear to not be focused on participating in the planning and care of her children. This has been demonstrated by her inconsistent contacts with the Bureau and her children."* The Bureau makes extensive and costly use of supervised visiting, such as referenced above. This report and other analyses of Bureau practice have raised questions about the cost and lack of normalcy for children and parents of such frequent use supervised visits in formal agency settings. While some parents need supervision during visits for reasons of child safety, the consequence of such arrangements is a lack of private personal time with children, constant intrusive observation by strangers and at times rigid, fixed limits on location and visit duration. Such environments can be upsetting to children and a deterrent to parents who would find a more family-like setting more nurturing.

Another case illustrates the importance of family relationships even when reunification is not likely. The reviewer found, *"Although the case plan has changed and the agency is not looking to reunify the child with either of his parents, there appears to be the need for the team to look at how to facilitate some type of relationship with the focus child and his parents. The focus child wants to have a relationship with both parents and there are many issues that could be addressed. Possibly assessing the appropriateness of family therapy to help the focus child explore what a relationship with his parents might look like as he enters adulthood."*

Sibling relationships are also critically important. A reviewer commented on a case with little sibling interaction by saying, *"Looking further at extended family, it was noted by the reviewers that the focus child has no contact with her siblings. Historically, all the siblings have been placed in separate homes because of their extensive needs and challenging behaviors. Visits have been attempted in the past, but currently the focus child doesn't wish to have contact, although she does have phone contact with her younger sister. She also has two older sisters who are successfully working and raising children and may be good role models for her. It might be possible to build some connections for her with some of her siblings. In addition, she may benefit from exploring what level of contact she would like with either of her parents."*

In a case where there was a strong relationship with a father figure to the child, the reviewer described a case where father involvement with the child significant (although additional outreach and engagement efforts were needed related to role and voice). The reviewer wrote, *"The father has been working with the social worker despite the fact that he is not the biological father. He has regular visits with the children. When the family was meeting regularly with the social worker, he was able to voice his opinions about the care of the children and was even sometimes an advocate for the mother's rights during the meetings. He was an active member of the team at one time. However, he is no longer a part of the team meetings that take place between the foster home, tribe*

staff and Bureau. Therefore the current outreach and engagement for father was considered in the refinement zone.”

Case Prognosis Forecast

Reviewers project the status of each case based on current circumstances and performance – improve, status quo, decline in the next six months. Collectively, the cases in this review were projected to have the following status six months from the review.

Six month Prognosis	Percent
Improve	8%
Status quo	71%
Decline	21%

VI. Recommendations

Any Qualitative Service Review reveals a number of areas of system performance that could be strengthened by focused attention. However, these often require attention at the system, practice, supervisory and accountability level, meaning that there are limits to the number of practice development opportunities organizations can attend to at one time. This report will identify a few strategically selected areas for attention to permit quality improvement to have the necessary intensity and depth.

1. Strengthen the Coordinated Service Team Process

Prior QSR reports and the BMCW Study of Service, Support and Placement Needs report have identified the uneven and at times poor quality of CST as a significant barrier to achieving desired outcomes for children. Key stakeholders and staff have also noted that the CST process does not fulfill its potential to strengthen practice. Parents and providers do not participate consistently and there is little or no training or coaching to assist staff in mastering the facilitation process. Numerous staff reported that there is not clear structure or guidance to the desired facilitation process. Rather than offering the intended setting for family engagement and participation, team coordination, assessment planning, in many cases CSTs have become another agency professional staffing, required every ninety days.

It is recommended that the Bureau:

- Develop a formal facilitation process and handbook that guides staff in the appropriate process for facilitating a CST;
- Through the training partnership or other suitable entity, provide formal CST training and coaching by skilled facilitators for all staff; and
- Develop and implement a simple fidelity tool with which quality assurance staff and supervisors can determine and strengthen the fidelity of the CST process to its original intent.

2. Increase Training and Coaching in the Comprehensive Assessment Process (CAP) for Seasoned Staff

Stakeholder interviews consistently revealed that while there was broad support for the CAP among staff and stakeholders, the level of training and coaching available for new staff was not available for seasoned staff, some of whom report struggling with the concept and its application. It was apparent to the review team that for the CAP to reach its potential in improving outcomes, developing mastery of the process by experienced staff is critical. Supervisory development is especially important in this regard.

Staff also reported that while the CAP is valuable in assessing safety issues, it has considerably less applicability to well-being issues such as emotional well-being, learning and development and permanency challenges not caused by safety concerns. These issues affect many children in out-of-home care.

It is recommended that the Bureau:

- Expand training and mentoring resources available to support CAP implementation to permit additional training in the process for experienced staff and supervisors; and
- Develop another conceptual approach to assessment and planning that addresses child well-being and permanency issues unrelated to safety.

3. Review the Child/Family Visiting Process and Ensure That Resources and Best Practice Are Aligned

According to Bureau financial information, nearly half the Bureau's contract service expenditures are for support of visiting. A large majority of visits are in a neutral setting other than the parent or caregiver's home, such as a visiting center. In such cases, transportation must be provided to the children, which falls to the foster parent/caregiver or a paid transportation provider. There were frequent complaints among staff and stakeholders about the frequency of court ordered visits, the fact that children are transported in vans, driven by individuals they often do not know, the length of time spent in transportation for some children, the unpredictability of parents in meeting visit opportunities and the lack of opportunities to utilize visits to assess and strengthen parenting capacity. The review team observed that the percentage of visits in these supervised settings, compared with unsupervised visits in the parent's home or visits in the foster caregiver's home appeared to be high, compared to other systems.

It is recommended that the Bureau undertake a thorough study of:

- The appropriateness of use of supervised visits relative to current safety concerns in the out-of-home population;
- The functionality of the current supervised visit structure relative to potential of visits to enhance bonding, demonstrate parental capacity and strengthen parental capacity; and
- Alternatives to the current process of costly van transportation by strangers that would offer shorter travel distances, reasonable timetables and intrusion on caregiver schedules and a more nurturing environment. Also in this analysis, attention should be given to the extent to which parent/child visits can occur in the placement setting, a solution many systems find superior in appropriate cases.

4. Improve Engagement of Fathers

There is a continuing pattern of lack of father engagement in QSR reviews in Milwaukee, a challenge Milwaukee shares with other systems in the country. The potential of fathers to contribute to better outcomes for children appears to be underestimated in many cases, which results in outreach and engagement efforts being limited and/or tardy.

It is recommended that the Bureau:

- Provide additional training to staff in approaches to strengthen engagement of fathers;
- Provide supervisors with supervisory case consultation tools that will help case managers focus more skillfully on engaging fathers; and
- Increase accountability for performance in this area.

5. Develop and Support a Clear Approach to Concurrent Planning

There is a widely held perception in Milwaukee County that concurrent planning is alternately not required by policy, not permitted by statute and/or not acceptable to the court. As a result, its use in case planning and goal setting is infrequent. In stakeholder discussions, several judges indicated that they held no such objection to the use of concurrent planning when it was used correctly. Regardless of the reasons for the belief that concurrent planning is not an option, clarity is needed about its use.

It is recommended that the Bureau:

- Review current statutes and policy to determine expectations about the use of concurrent planning and if it chooses to incorporate it as a routine part of permanency planning, issue clear policy about utilization;
- Confer with judges and other legal partners before issuing policy on this approach; and
- Develop training to support implementation of new policy.

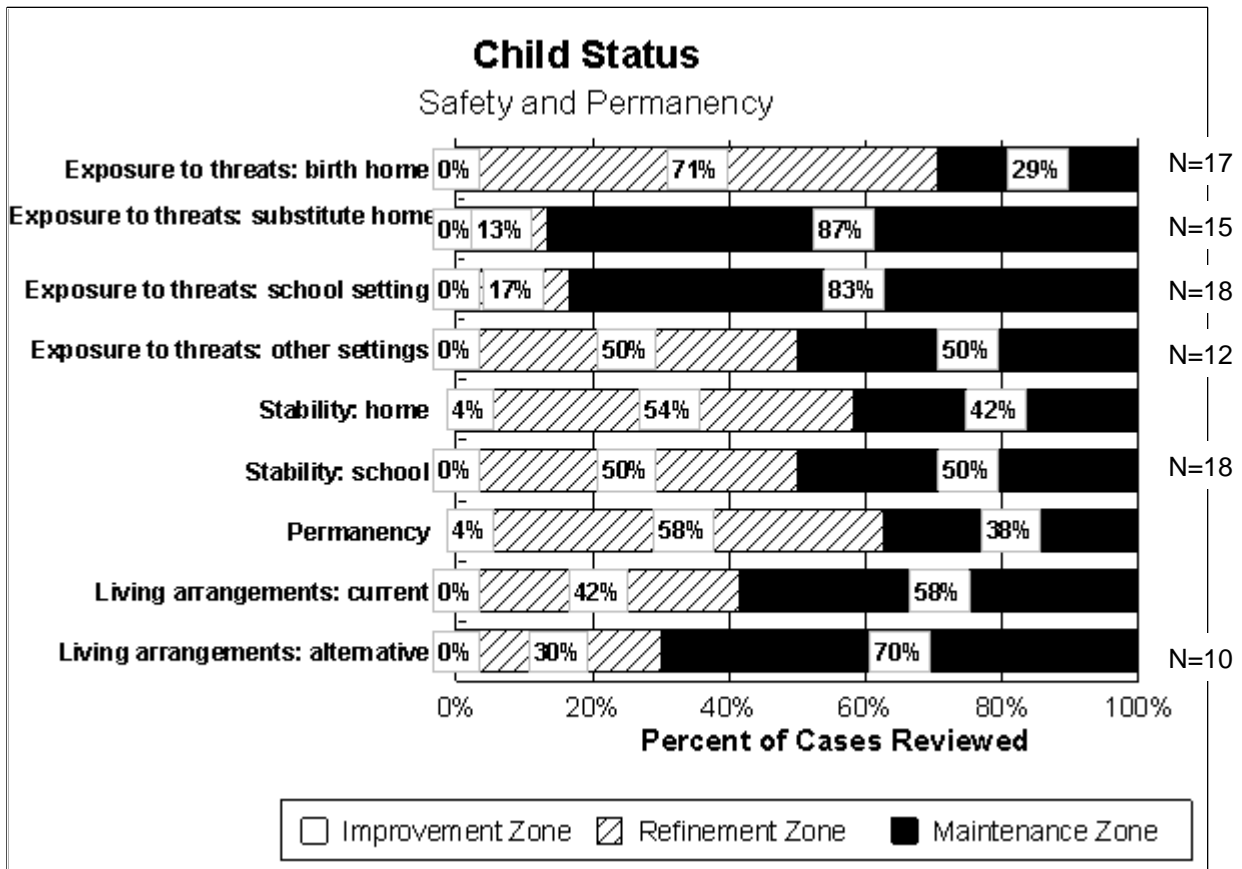
VII. Appendix 1

Review Findings

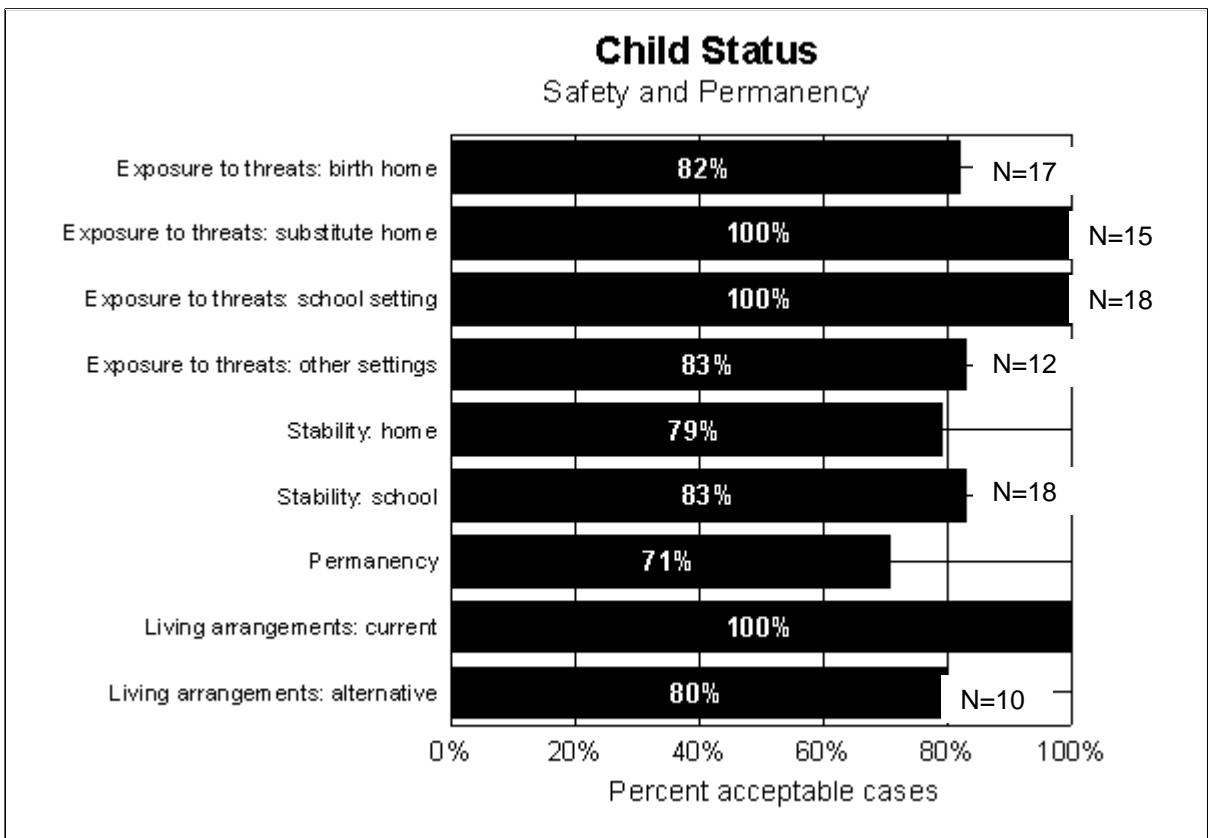
In the following, QSR data are reported in two ways. On each of the following pages related to scores, there are two different charts for each indicator. The first chart on each page uses a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement Zone, meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone, meaning that status/performance range from minimally unacceptable to minimally acceptable. Scores 5-6 are in the Maintenance Zone, meaning that performance is good to excellent and superior work should be maintained.

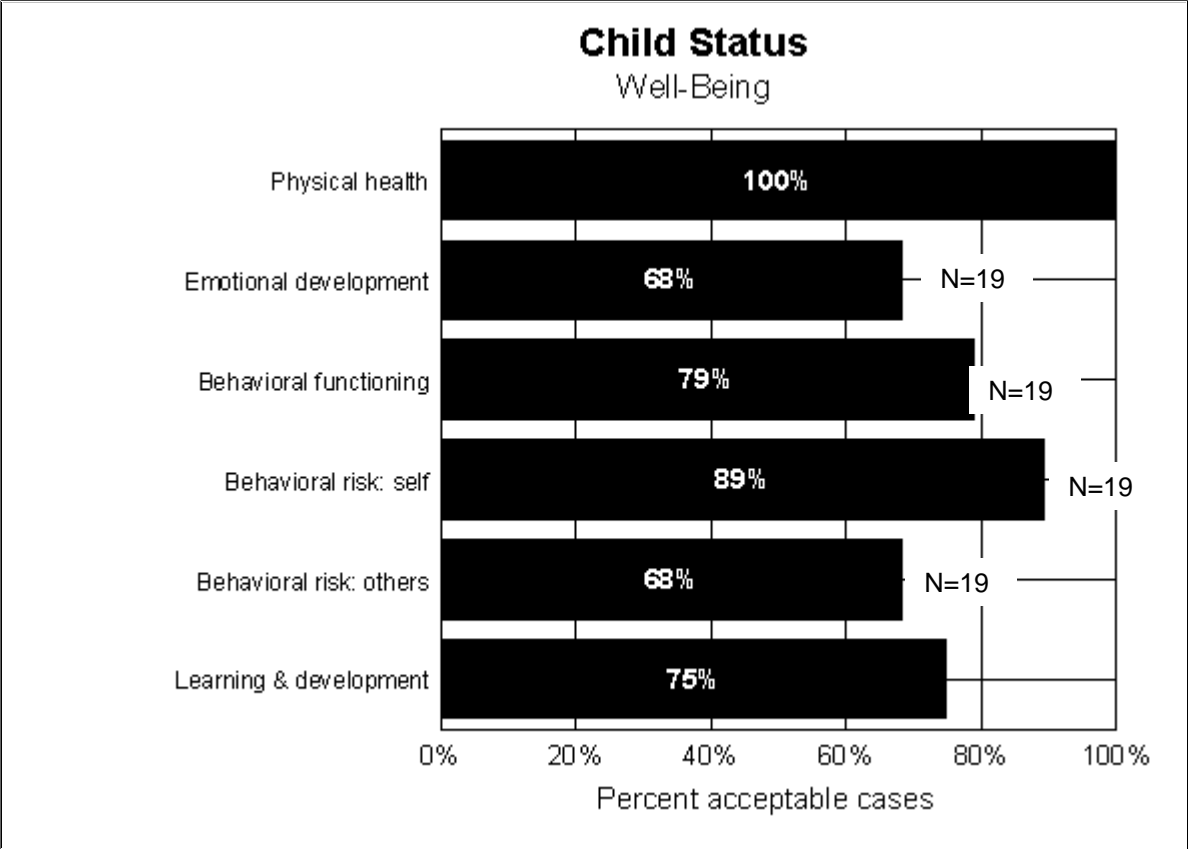
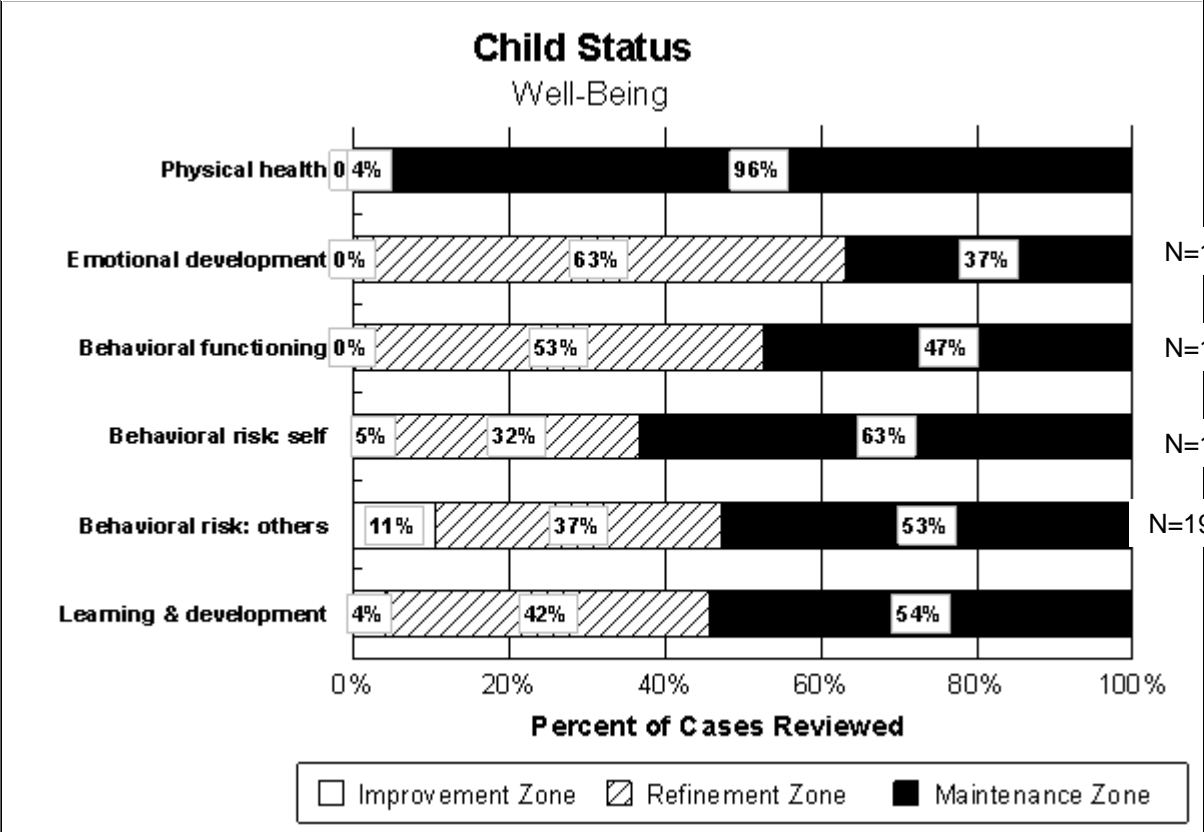
The second table for each indicator distinguishes status and system performance based on the percentage of cases that fall in the Minimally Acceptable to Optimal range, meaning cases that score between 4 (minimally acceptable) and six (optimal performance). This presentation of data sharpens the distinction between those cases needing still needing concerted action (3) and those that have moved into the fully acceptable range (4), reducing the blurring of performance when 3 and 4 are combined in a single band.

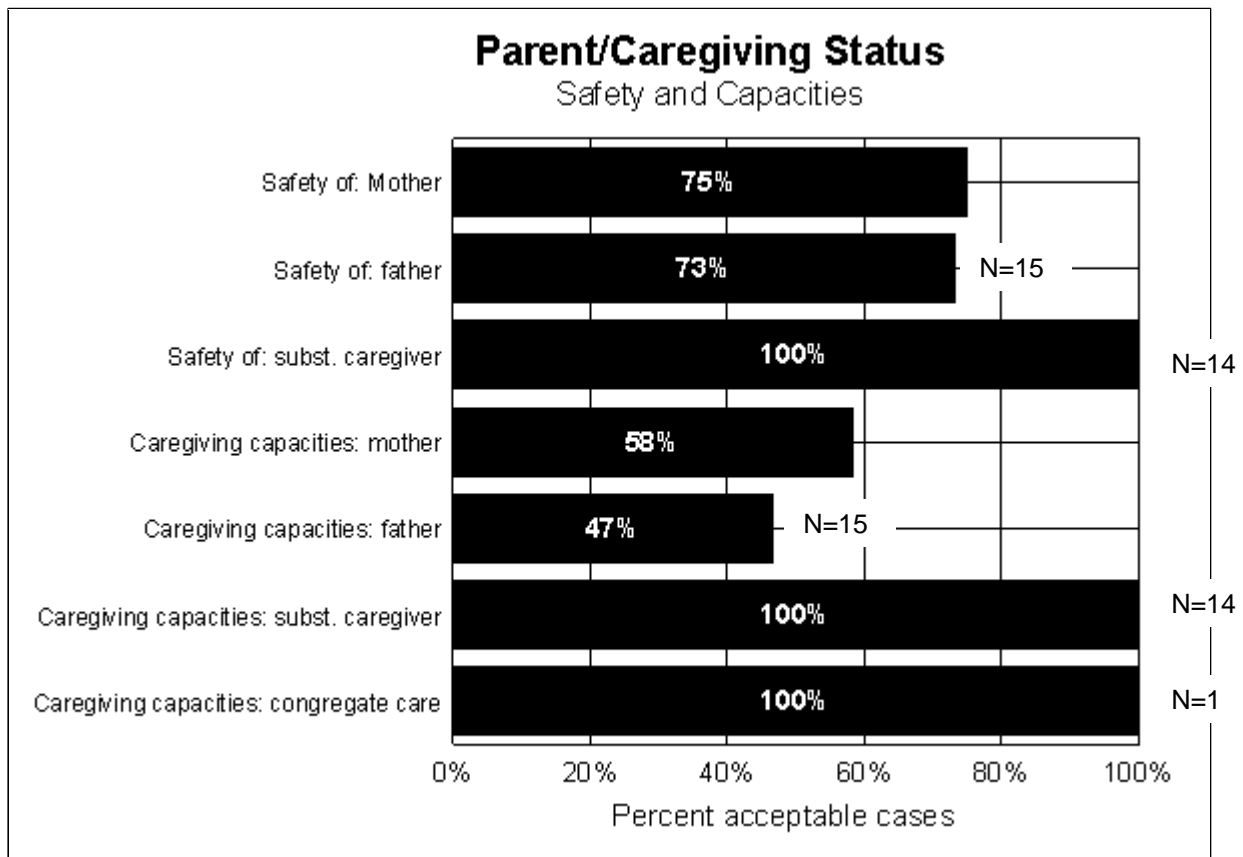
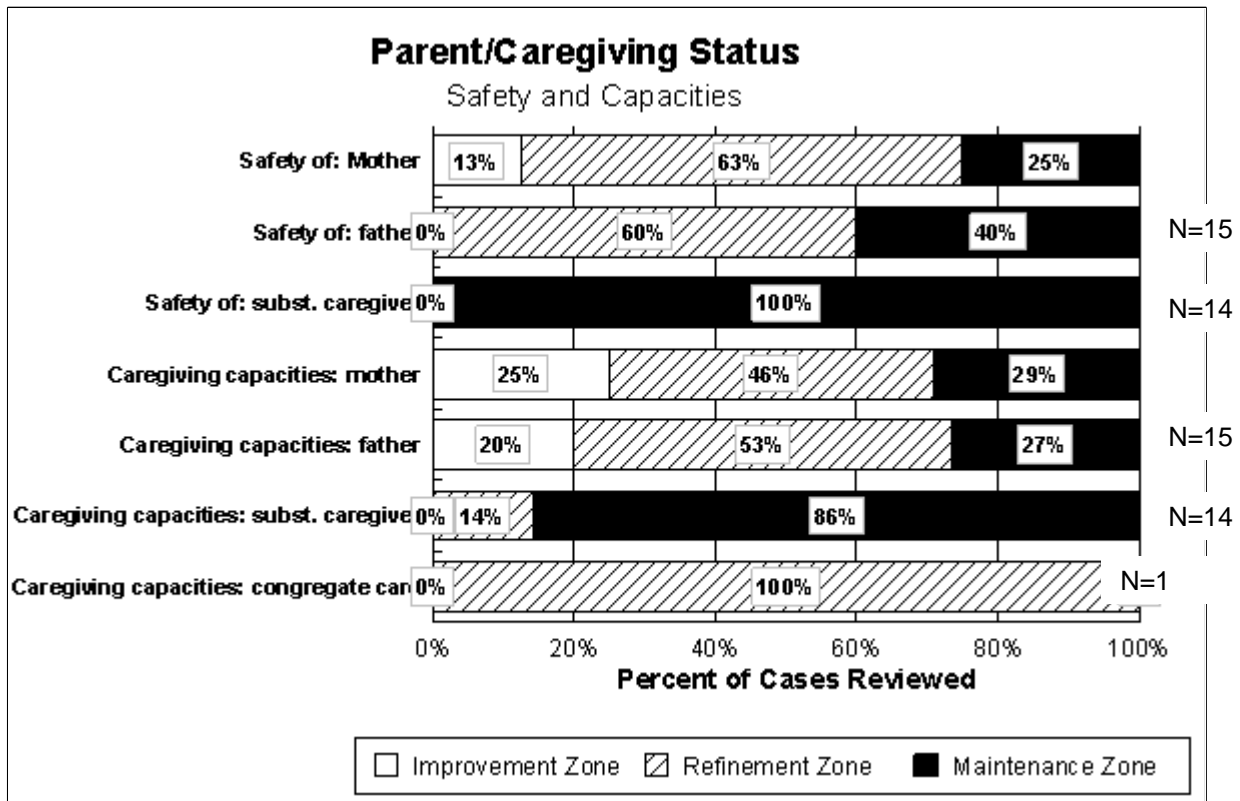
The scores on child and family status and system performance in the Milwaukee review are presented in the following tables.

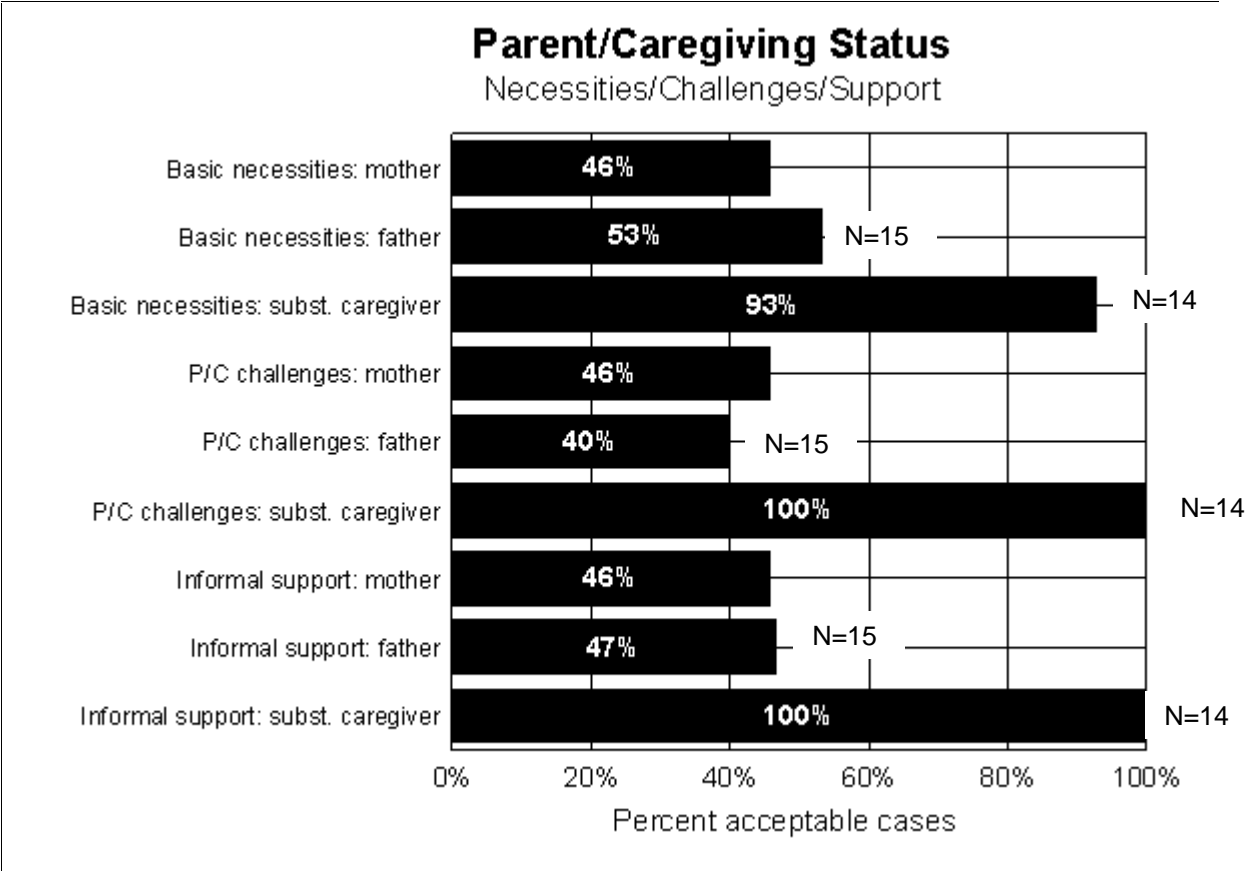
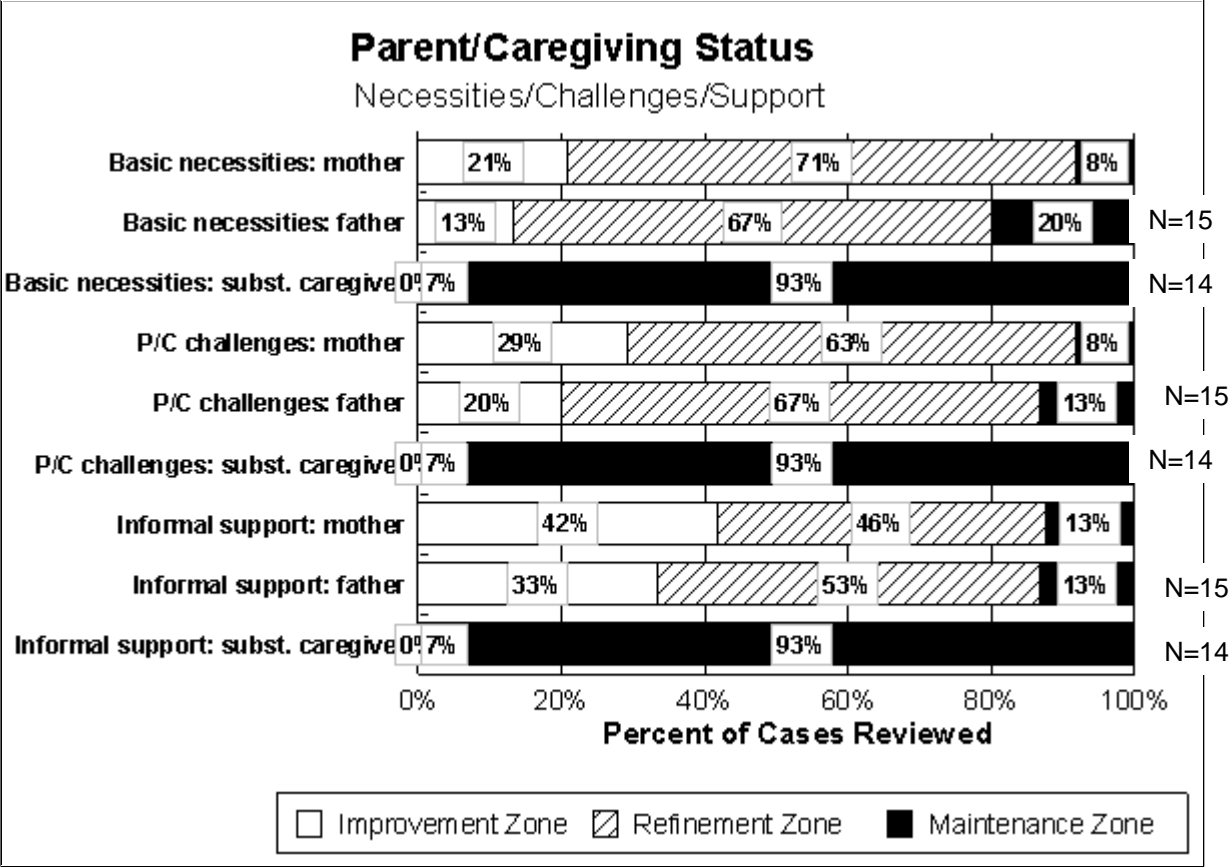


N= The number of cases scored in the indicator. If no N present that means all 24 cases were scored.

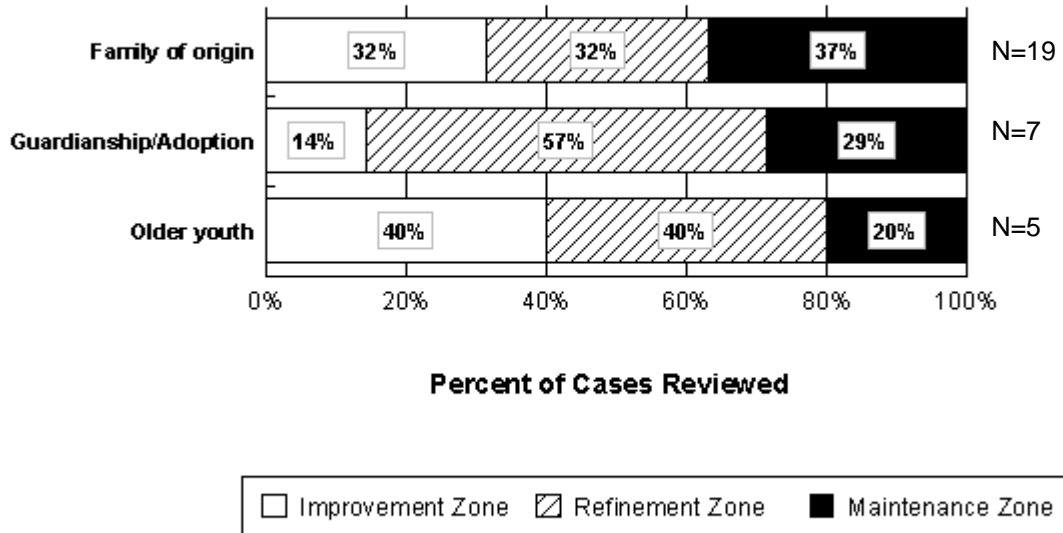




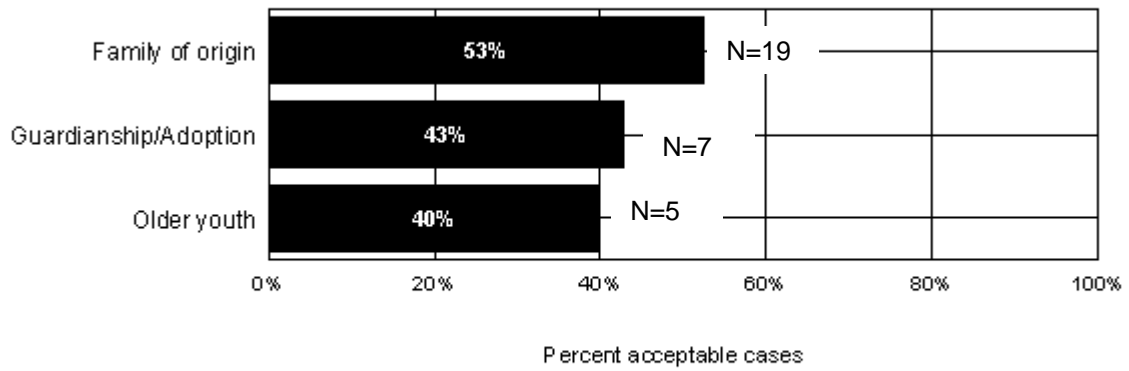


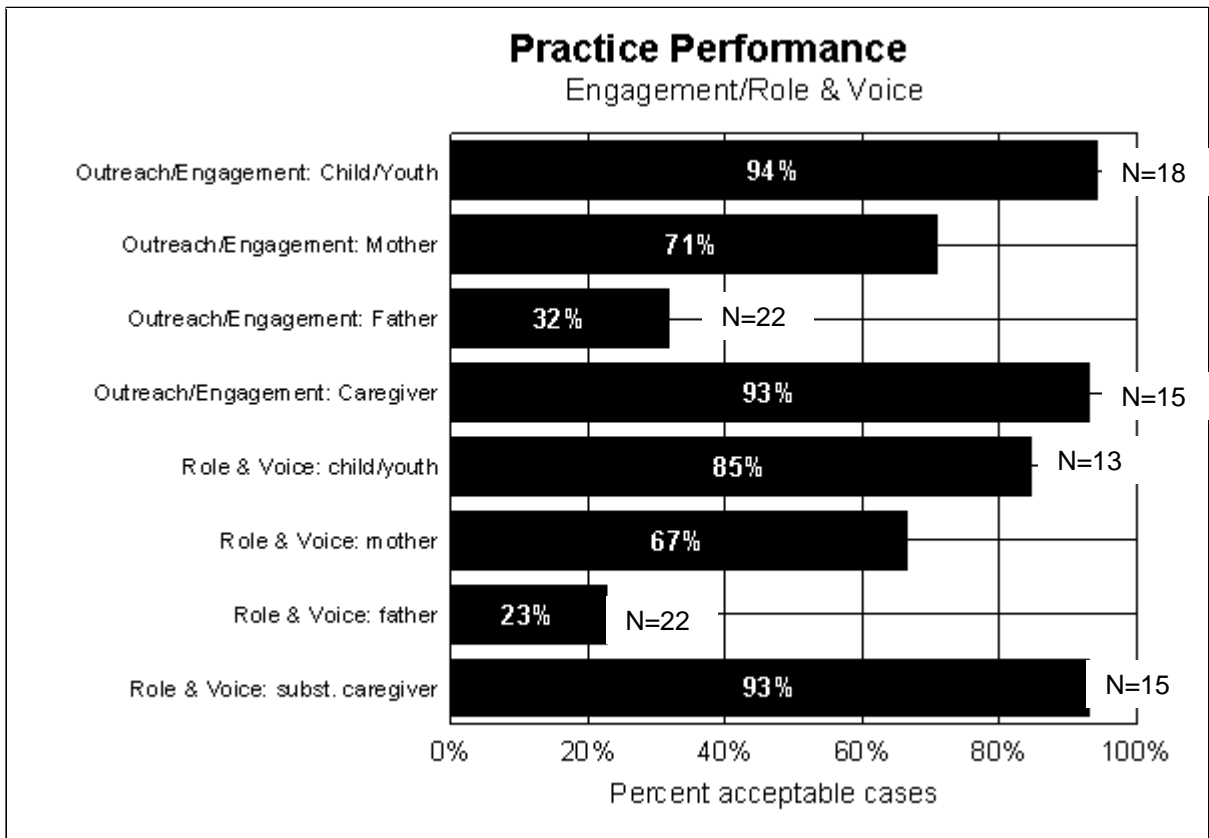
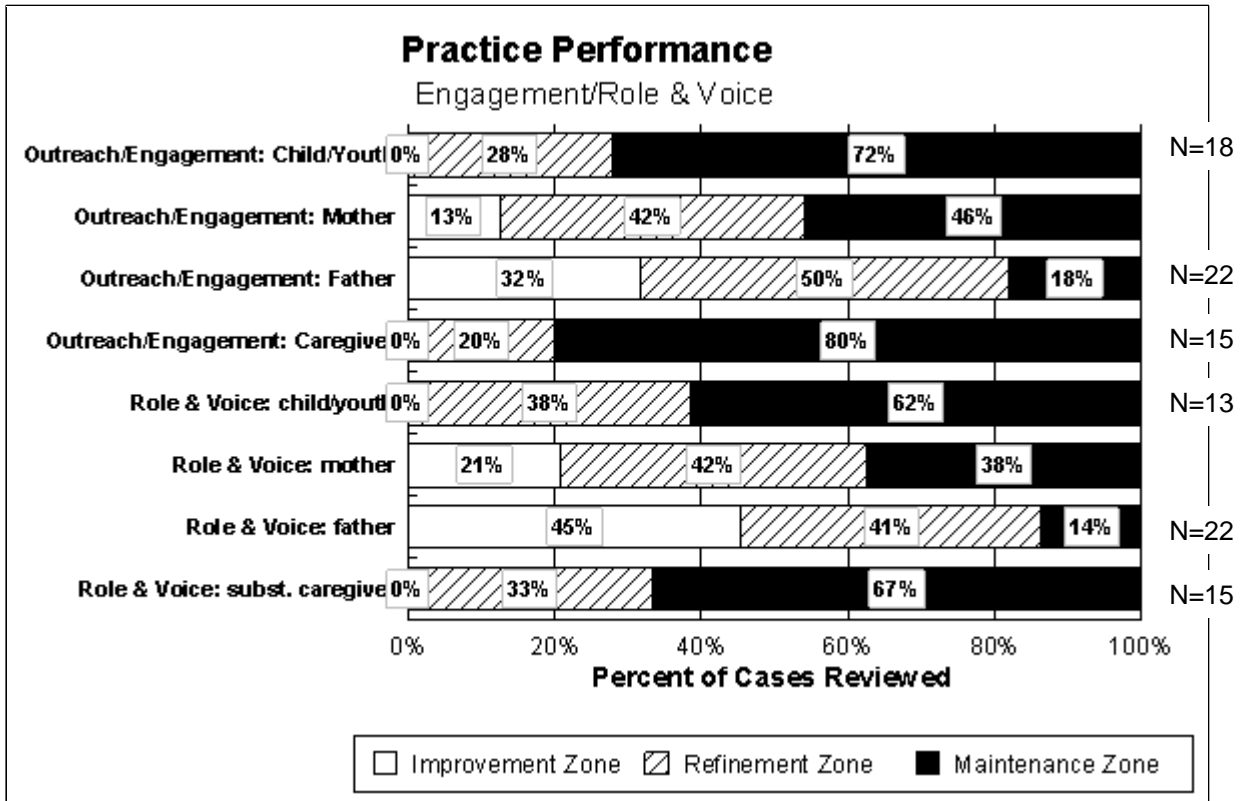


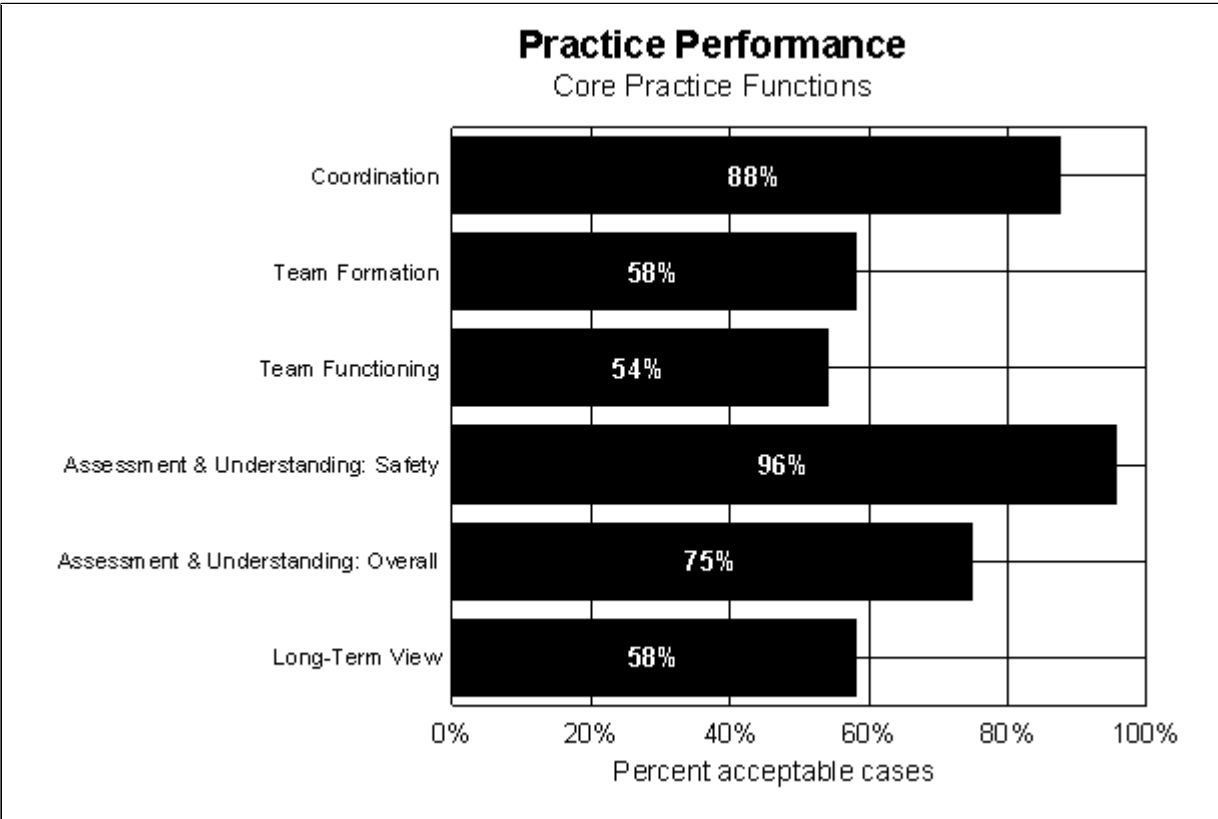
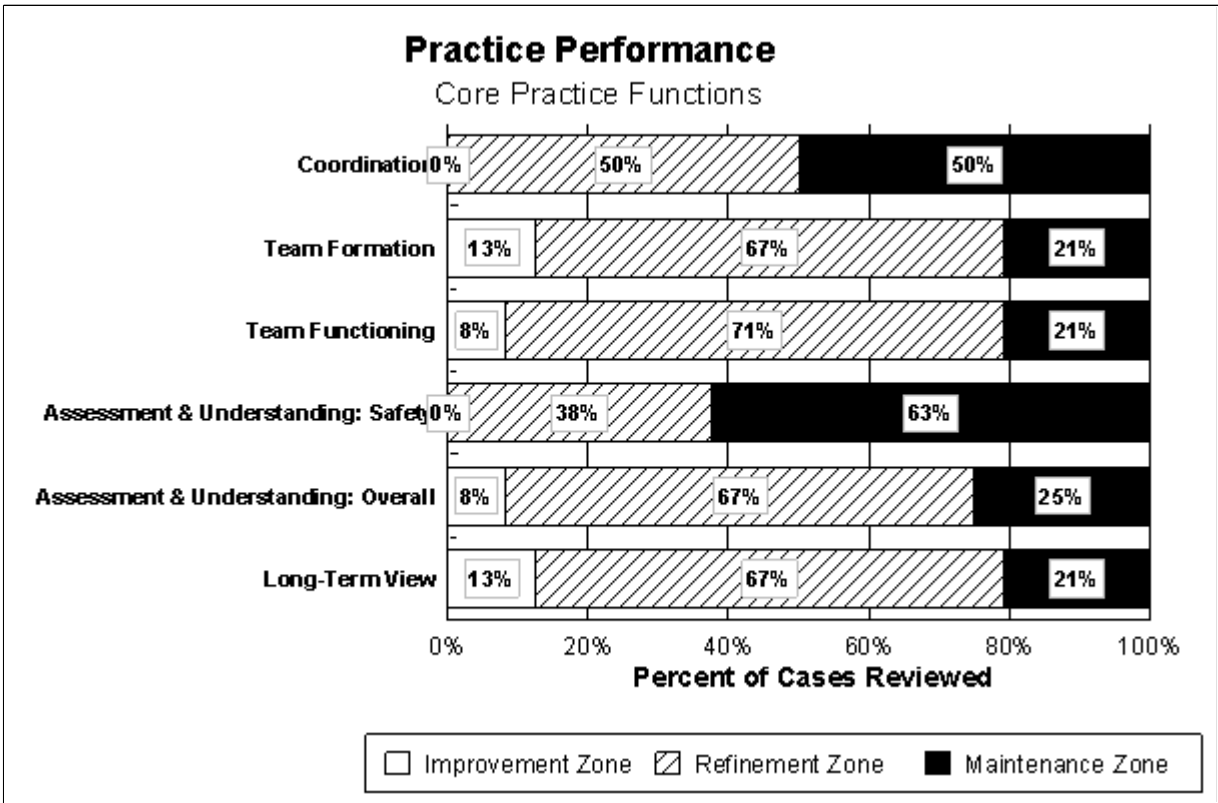
Progress Toward Independence

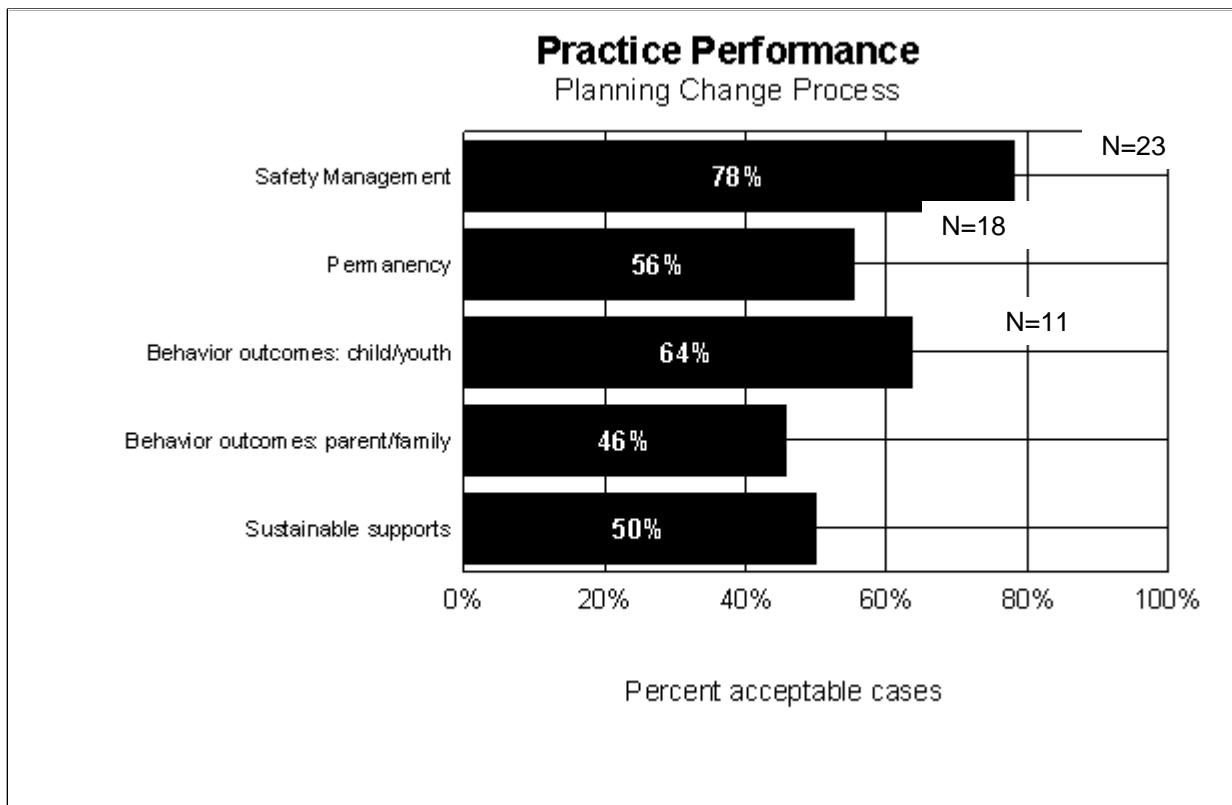
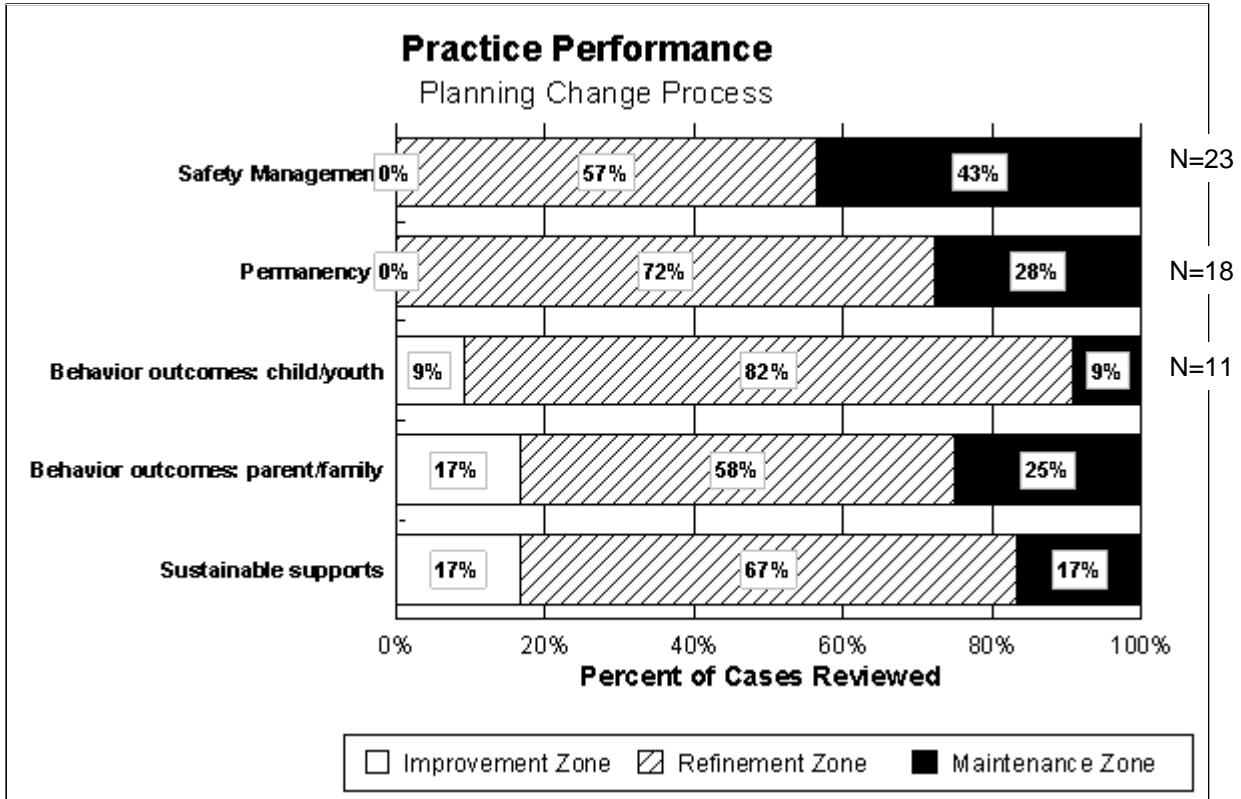


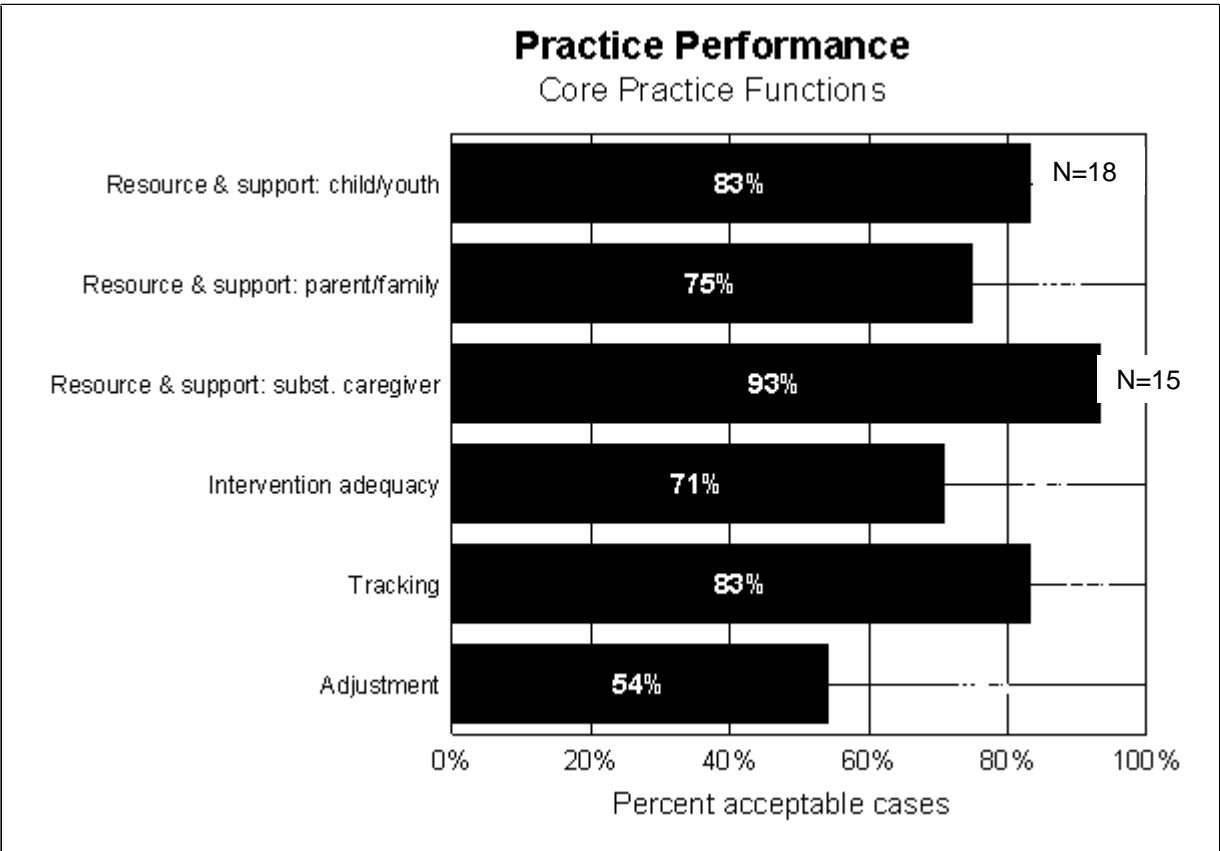
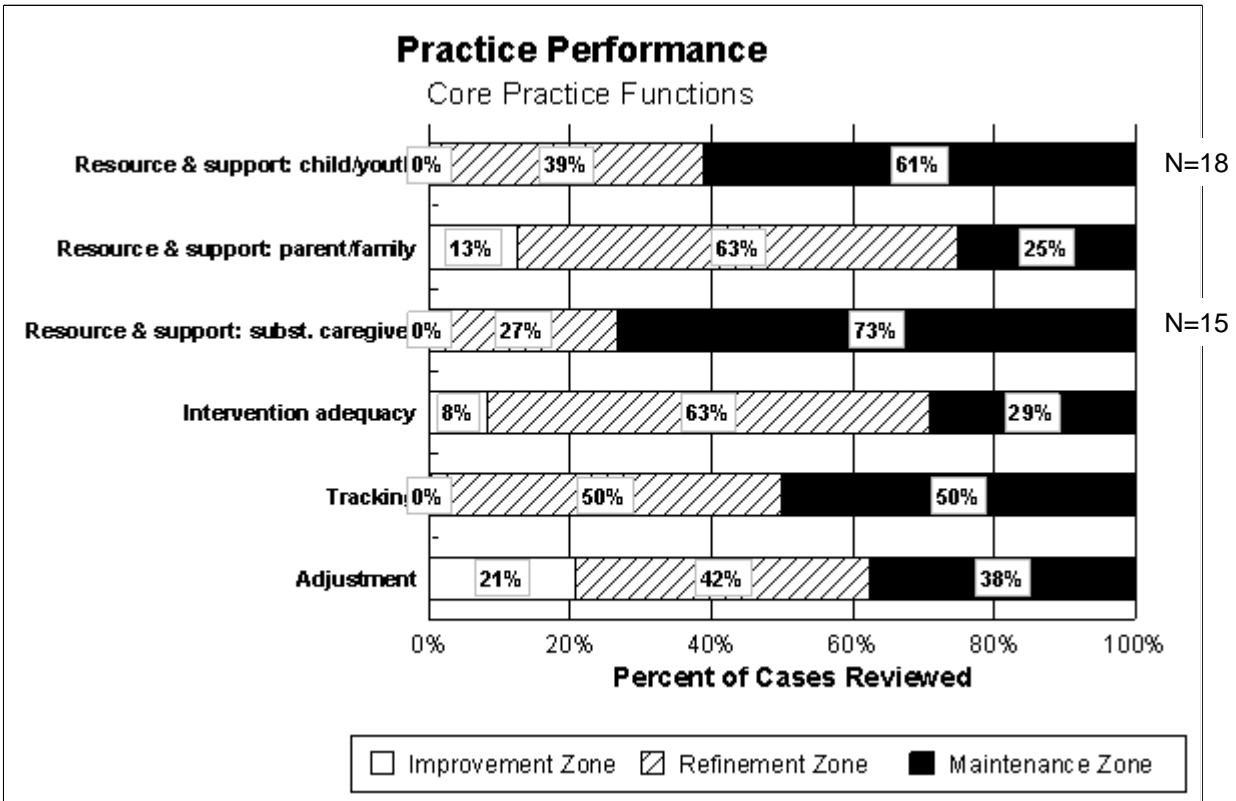
Progress Toward Independence

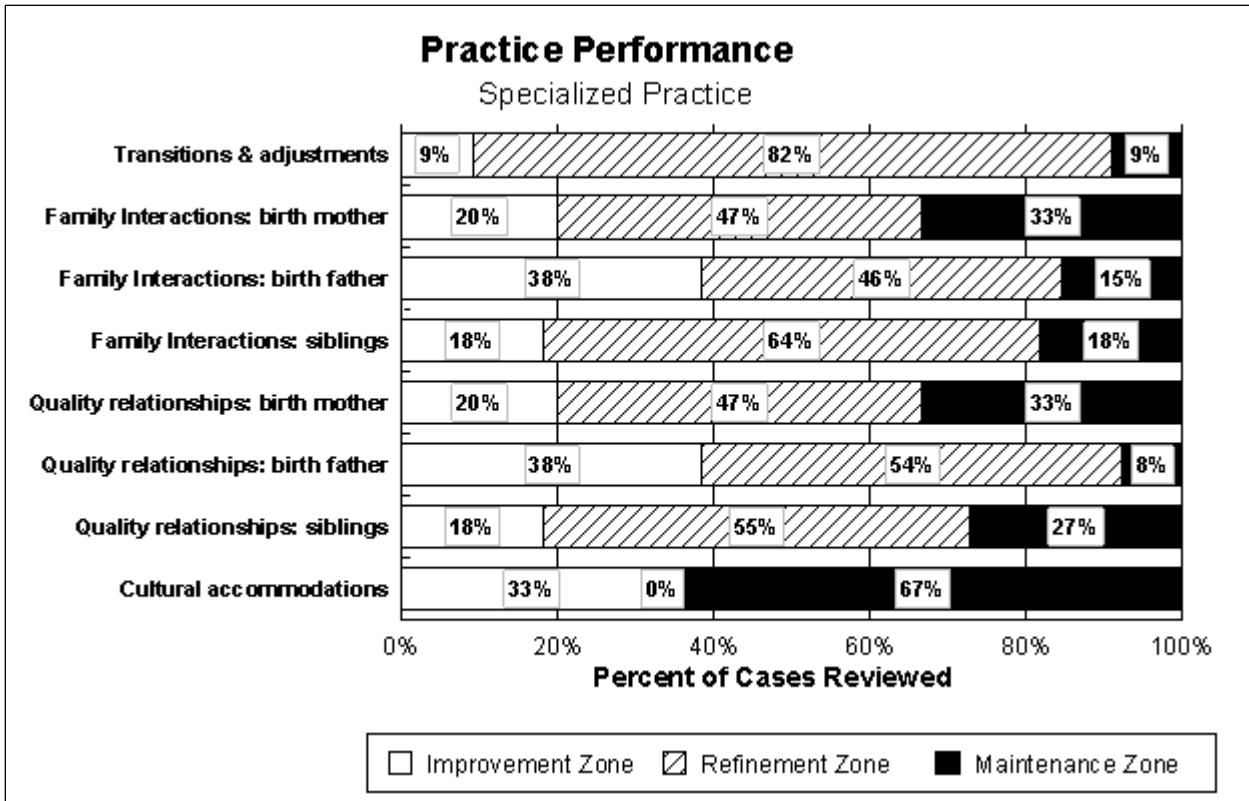




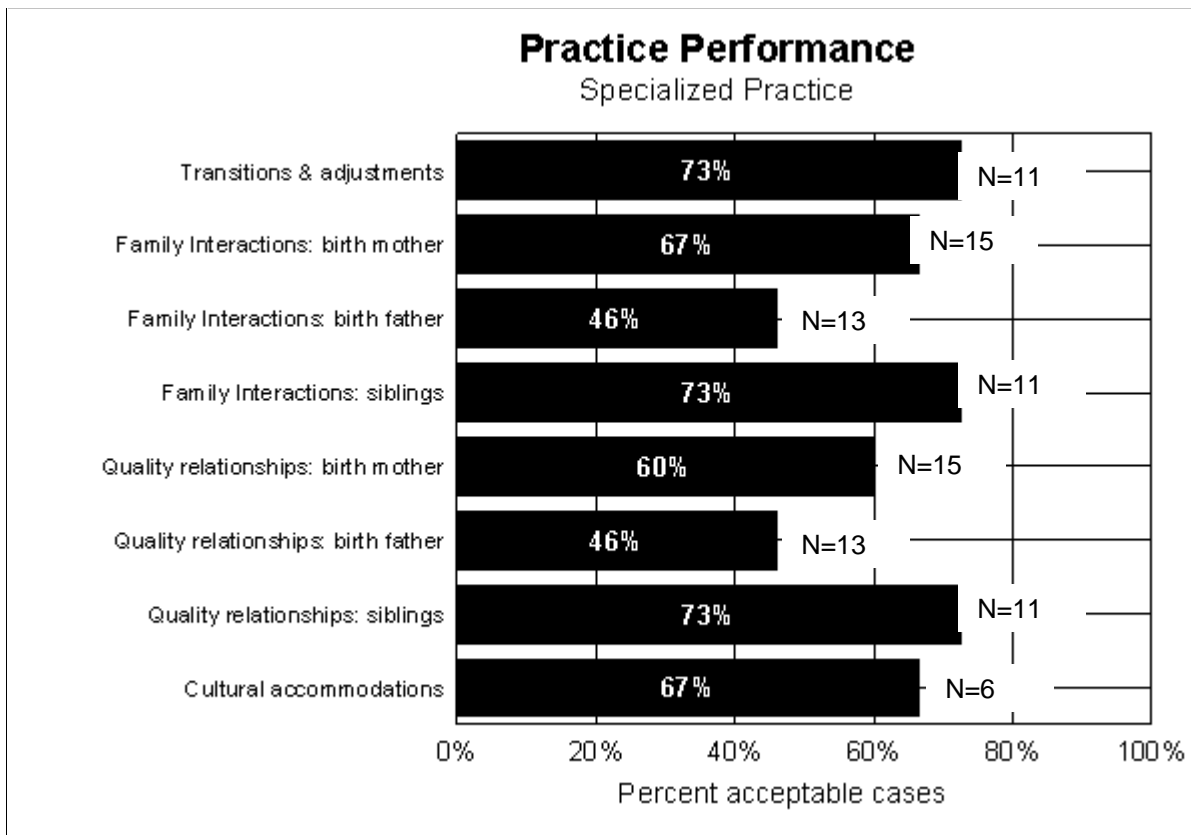


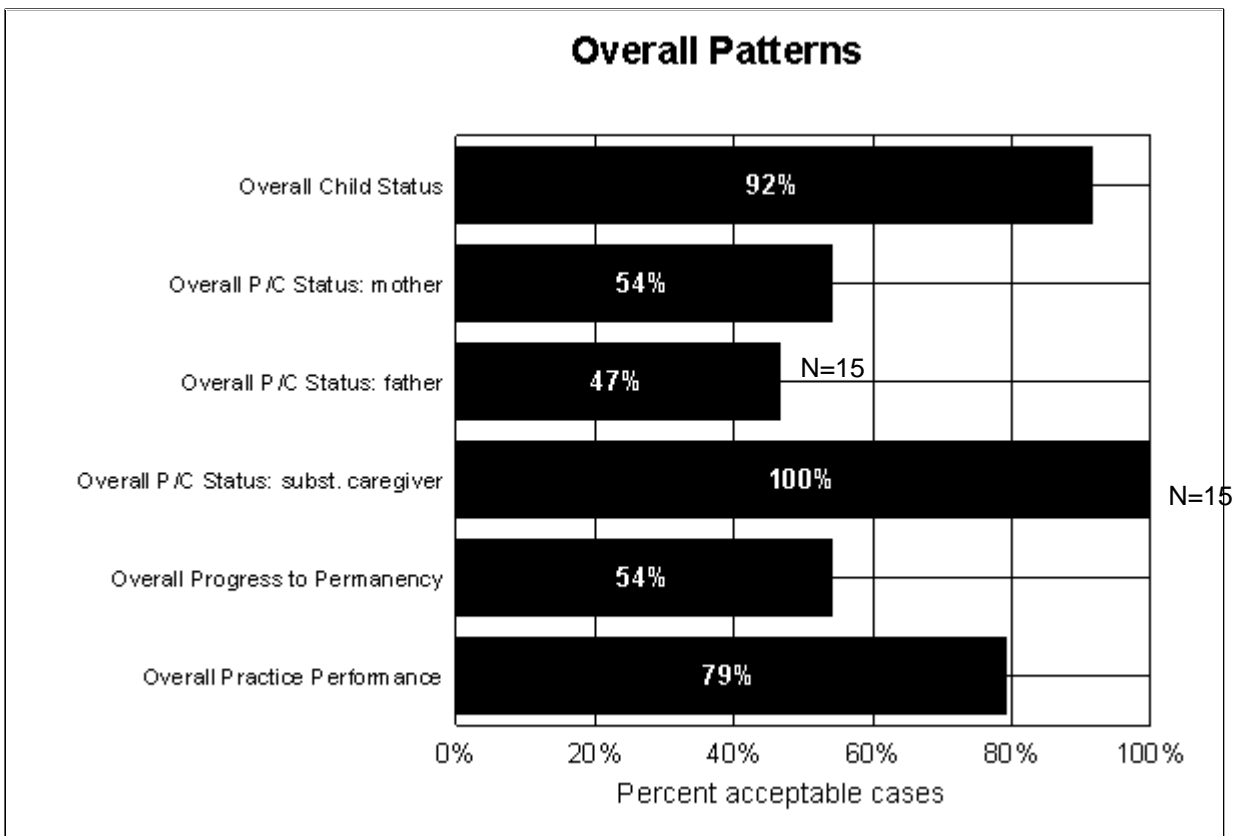
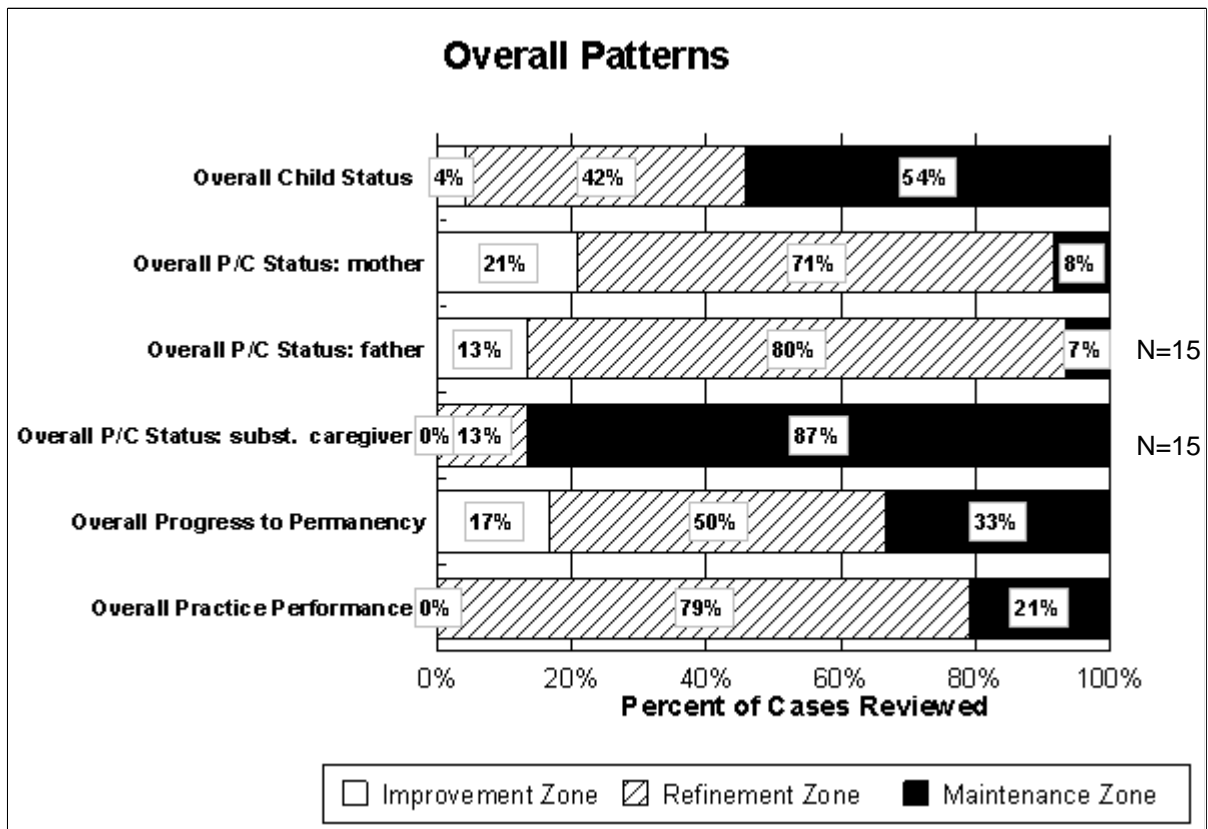






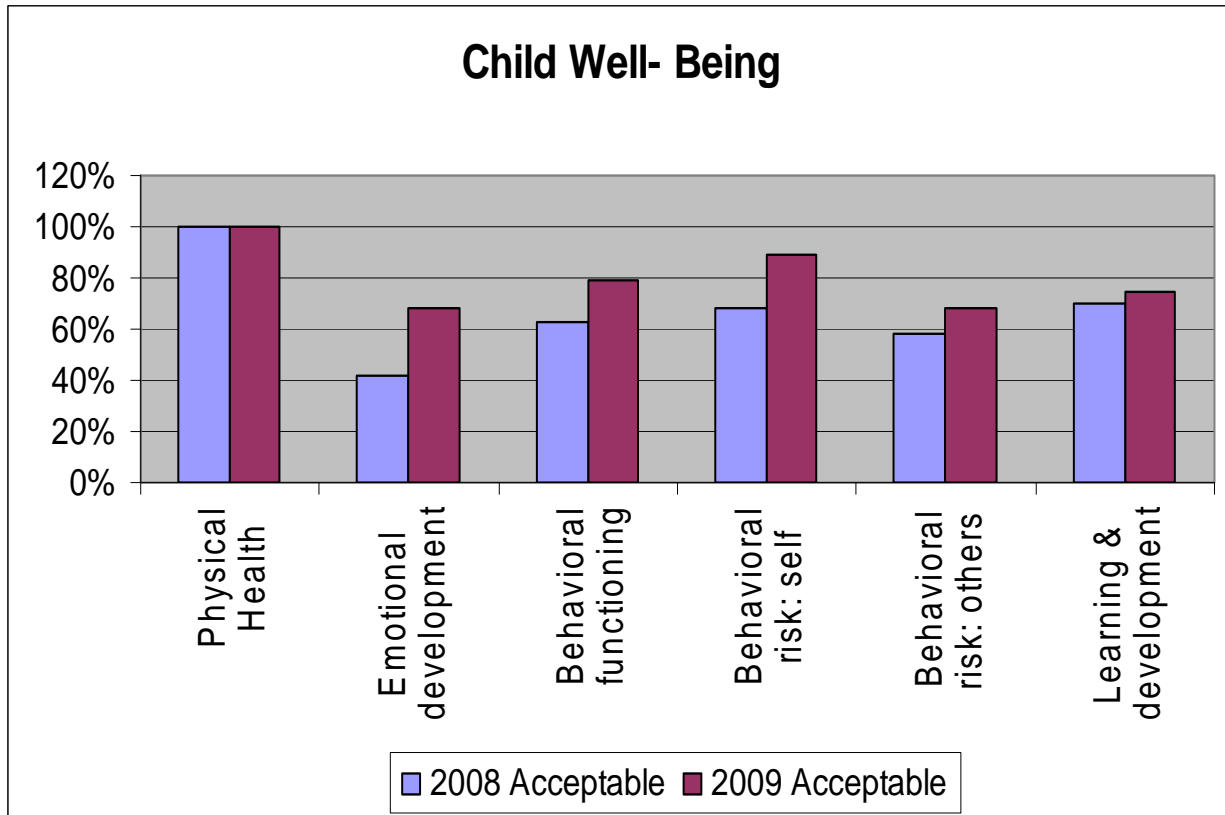
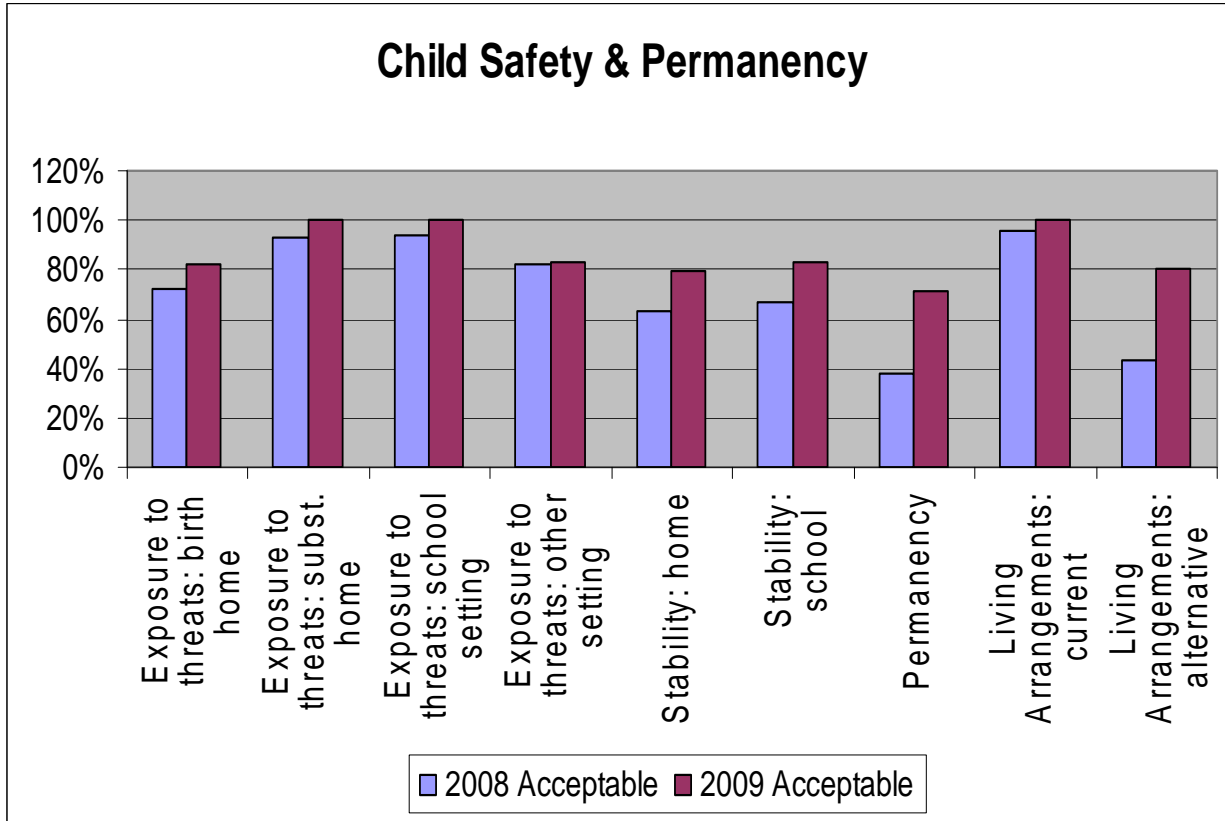
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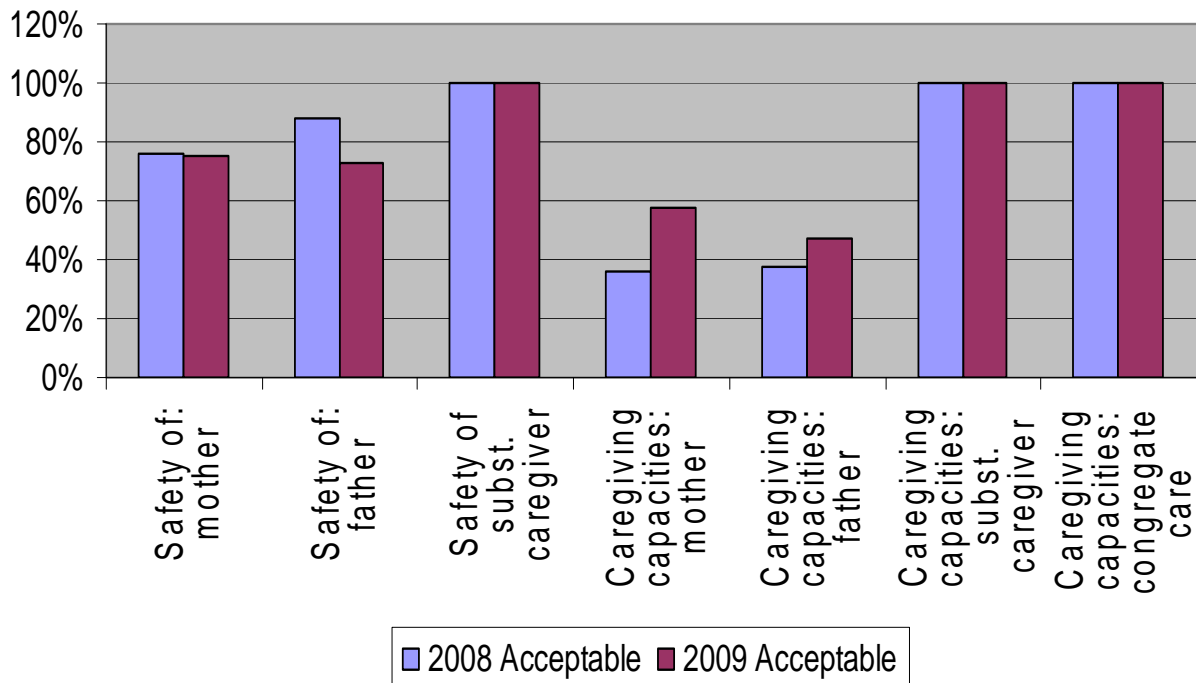


VIII. Appendix 2

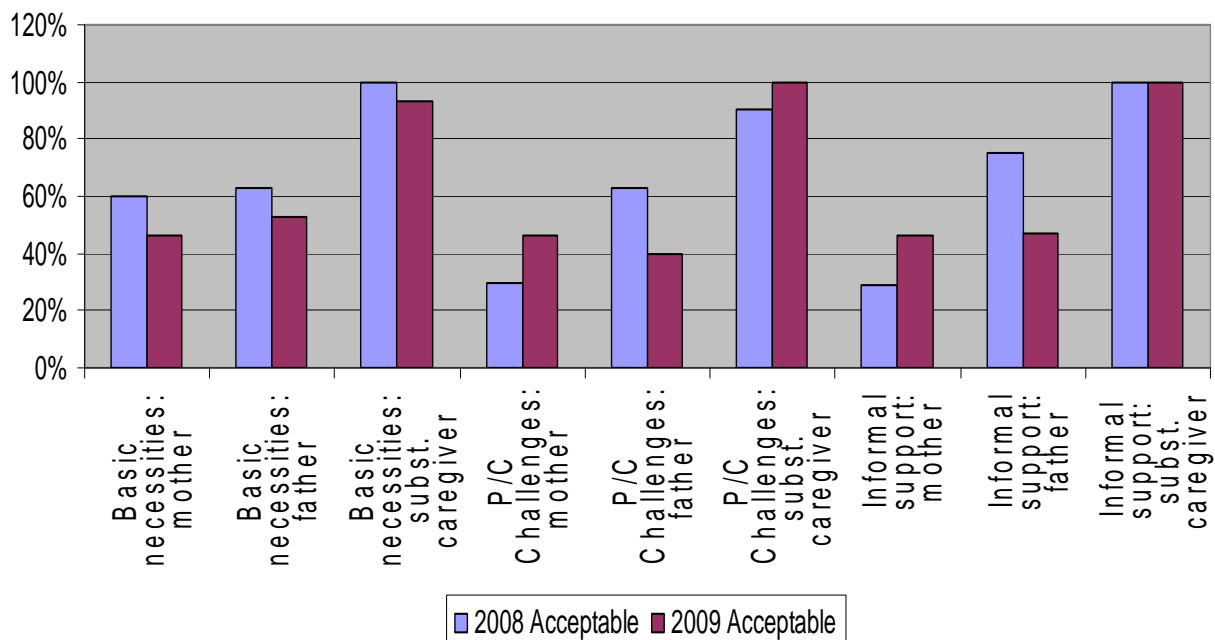
Comparison of 2008 and 2009 Bureau QSR Performance Percentage of Cases Scoring Acceptably



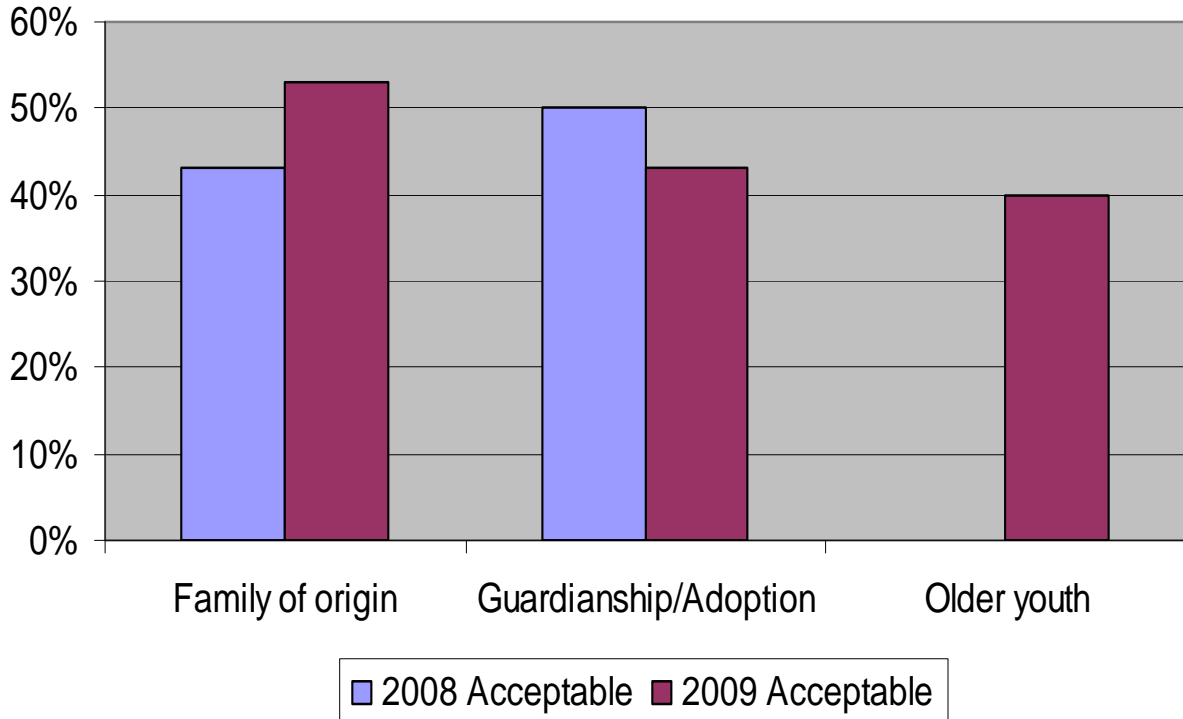
Parent/Caregiving Safety and Capacities



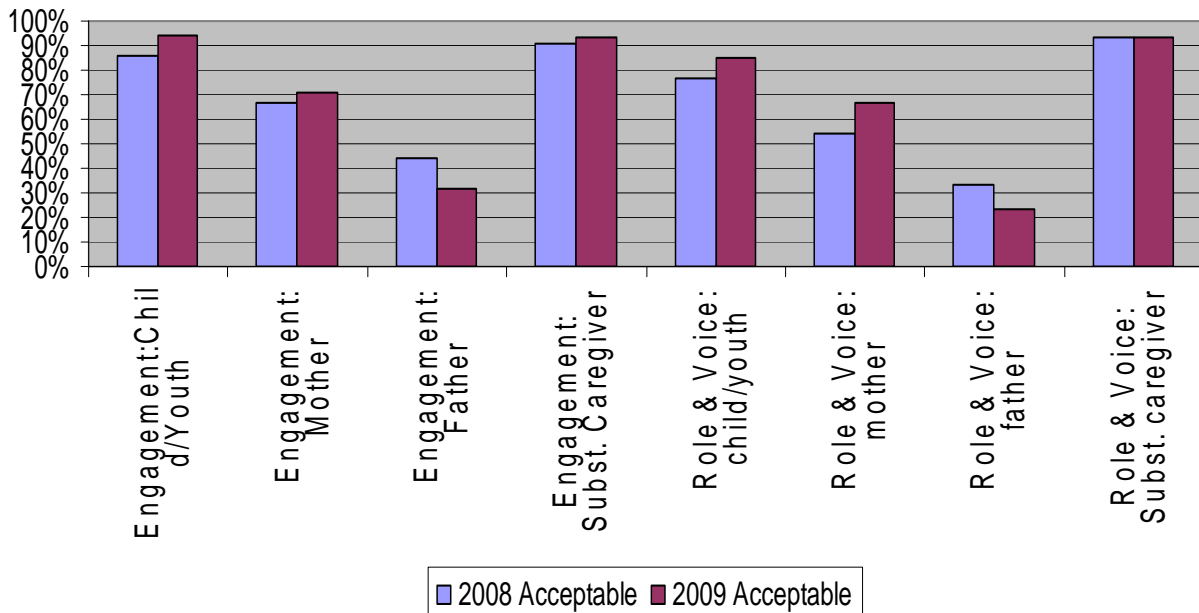
Parent Status: Necessities, Challenges and Supports



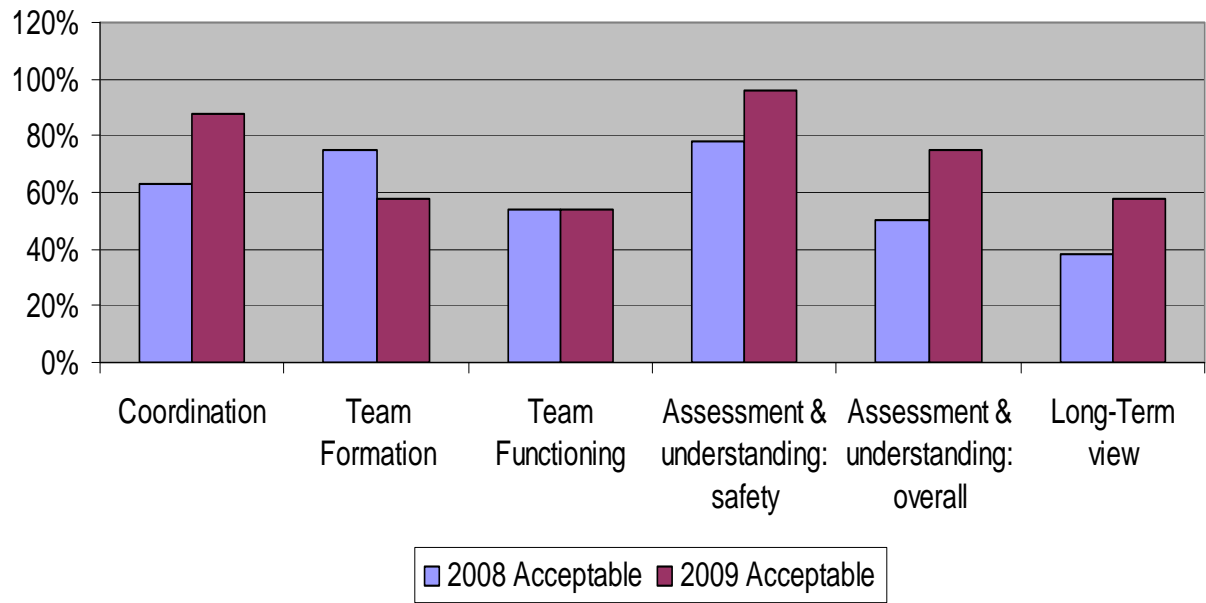
Progress to Independence



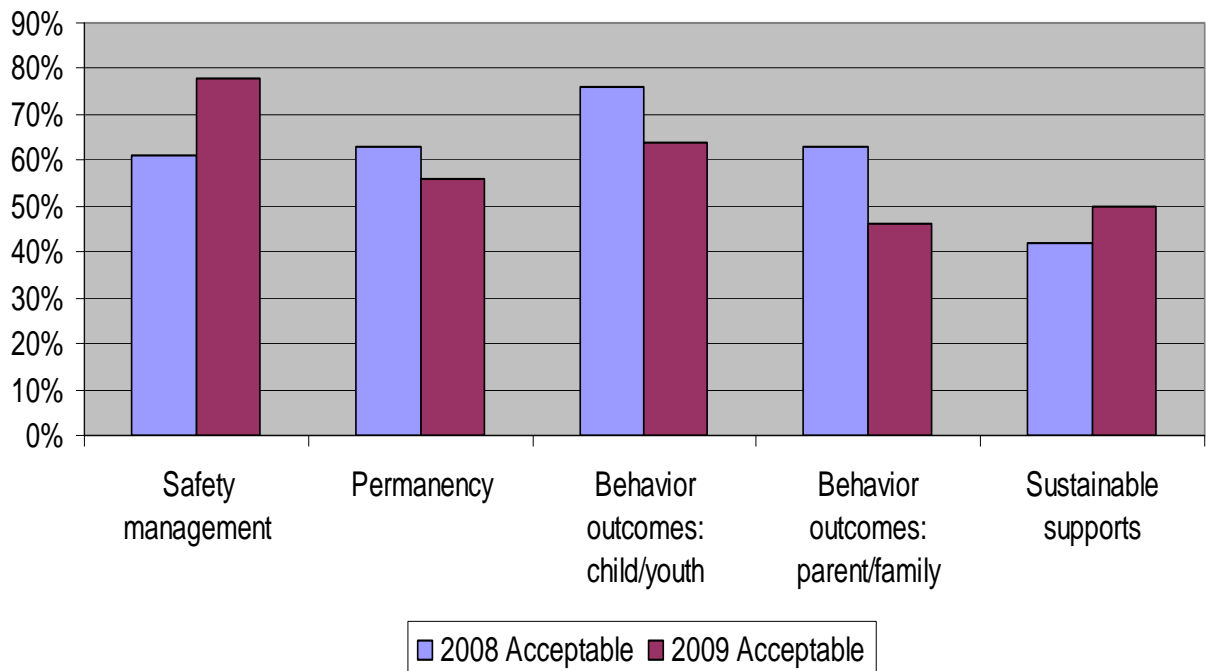
Practice Performance: Engagement and Role/Voice



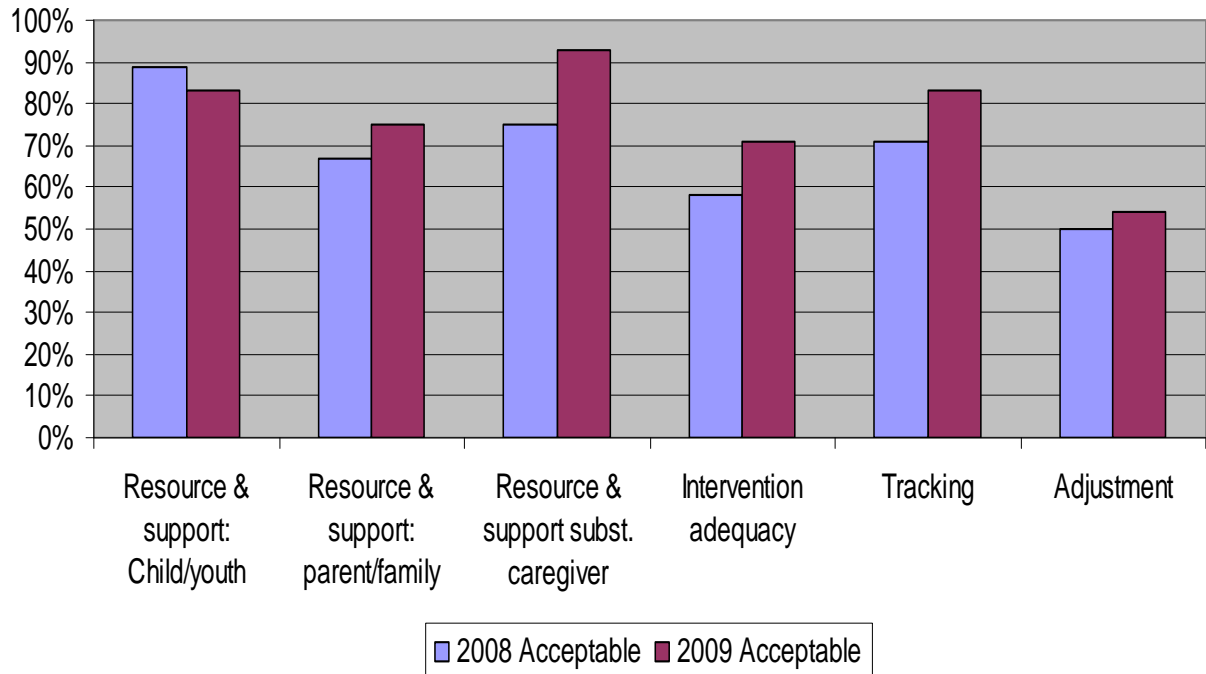
Practice Performance: Core Functions



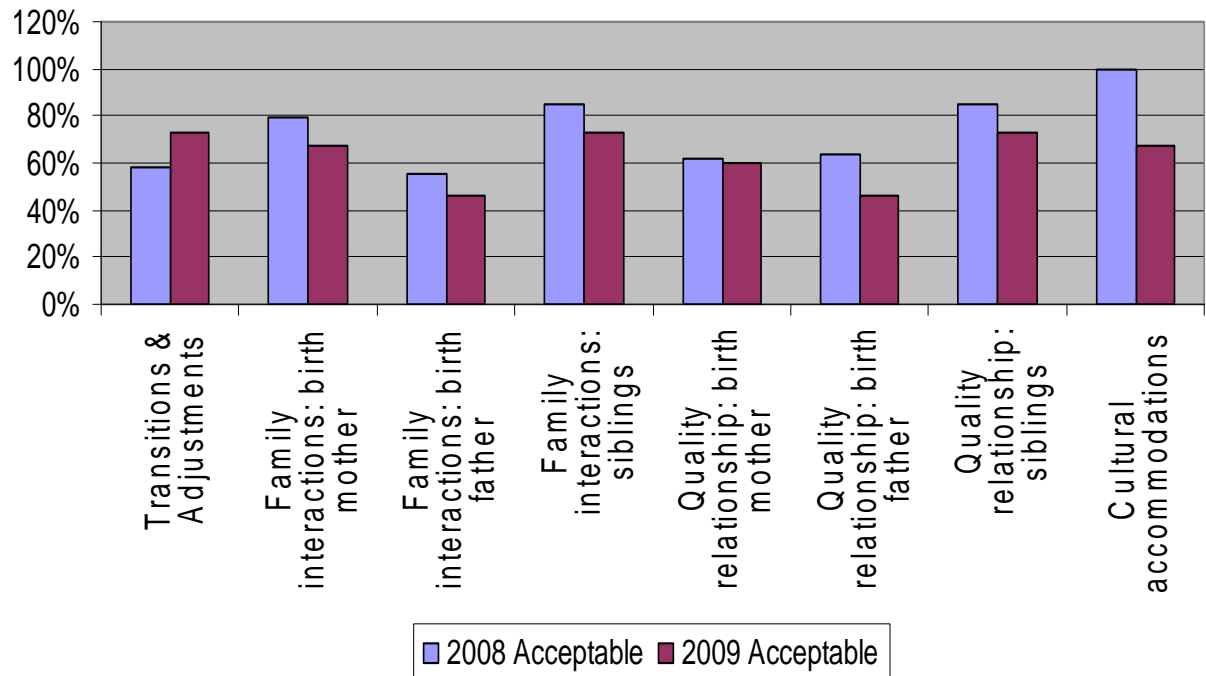
Practice Performance: Planning a Change Process



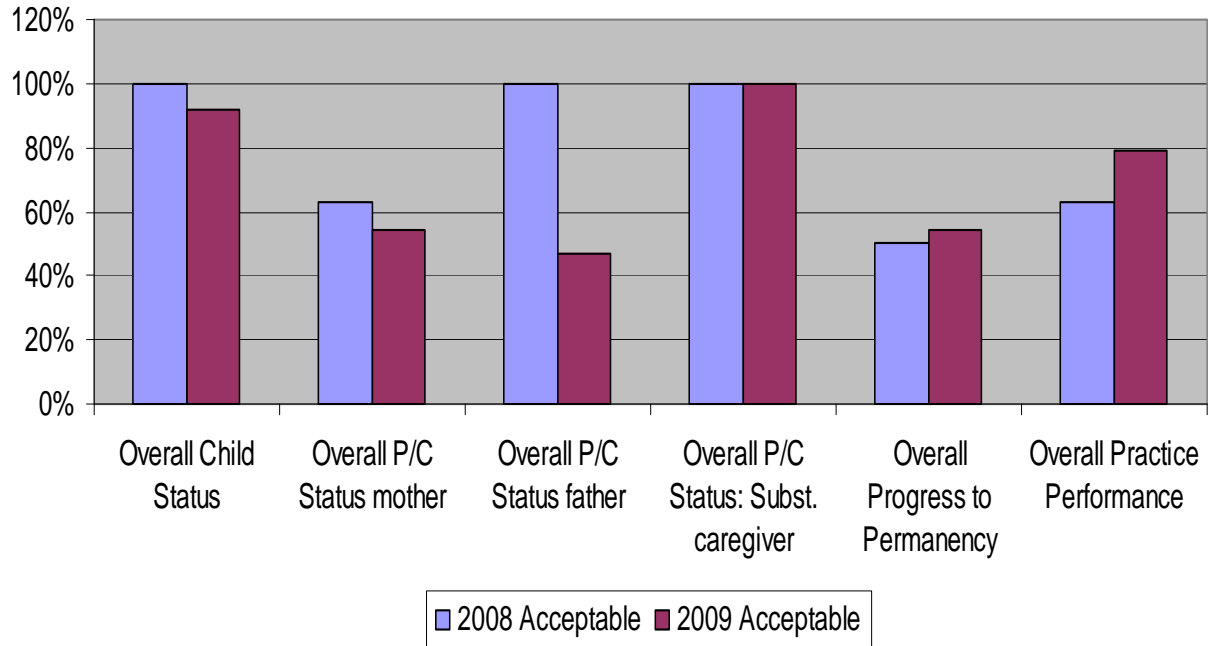
Practice Performance: Core Practice Functions



Practice Performance: Specialized Practice



Overall Patterns



IX. Appendix 3

Stakeholder Interviews

The interviews provided a broad assessment of how these different groups view the Bureau, their own organization and its role in relationship to the Bureau, the successes of the Bureau's operations and its weaknesses. There were some common themes and in some cases, widely disparate views about the same topics. The summary of findings will be organized among four themes: Organizational Issues; Practice Issues; Resource Issues and Legal Issues.

The stakeholder interviews are a valuable source of information about issues that the individual case reviews do not reach. The impressions and opinions expressed can point to larger issues in practice, organizational functioning and the child welfare environment that may be crucial to understanding and strengthening the Milwaukee child welfare system. Because of the nature of the interview process, some stakeholder input, while accurate from an individual perspective, may or may not reflect the opinions of many or be verifiable through data or other sources. Regardless, strongly held opinions are important to consider and therefore are reflected in the following summary.

Organizational Issues – Strengths

- There is support and appreciation for the Bureau's new leadership team, its openness to input and embrace of new ideas
- The Comprehensive Assessment Process (CAP) is improving practice and outcomes
- The new documentation process geared toward home visits is helpful
- The training teams have been a useful addition
- There has been some improvement in the relationship with W-2
- Safety services staff feel that they make a valuable contribution
- Safety services staff CST's have considerably fidelity to the teaming model
- Access staff are seasoned and work well as a team
- Each worker now gets a report card on their caseload, so they get feedback on how they are performing
- IA documents are improving in quality, comprehensiveness and timeliness
- Public health is becoming more accommodating and collaborative
- The overhiring of staff is helping the address the effects of turnover – replacement staff can be more quickly brought on board
- Some respondents noted feeling that turnover has slowed somewhat
- The Milwaukee Training Partnership is planning to launch a training academy in March 2010 that will provide more structure and consistency and will better integrate field instruction
- The Assessment Homes have been replaced by emergency foster homes
- CSSW has a community canvassing initiative that is producing an increase in parents coming to foster parent training
- The use of status conferences by judges is promising to speed up disposition and decision-making

Organizational Issues – Challenges

- High turnover was the most frequently mentioned organizational challenge, although some respondents believe that it has lessened somewhat
- More seasoned staff note that they do not get the benefit of training team mentoring on the new CAP like new workers do, lessening their mastery of the process, comparatively
- A number of respondents spanning a variety of functions noted that unless seasoned staff are fully trained and buy in to the CAP process, their unfamiliarity and resistance could prevent the process from reaching its potential
- There needs to be leadership training for Bureau managers

Resource Issues – Strengths

- Staff were enthusiastic about having a Bureau nurse practitioner available for additional medical guidance
- The Children’s Advocacy Unit has been established and is found to be helpful
- CSSW specialist in court is helpful in identifying relative resources
- Assessment homes are now providing after hours placements
- The Care Manager system now permits multiple referrals and involves less paperwork
- Having Integrated Family Services is an improvement

Resource Issues – Challenges

- There are not enough family foster homes
- Treatment foster care continues to be used for children that do not need that level of care
- Caseloads for seasoned staff go up while waiting for new staff to complete training
- The requirement for twice-monthly visits is hard to comply with due to all the other duties assigned case managers
- The phone system for ACCESS is antiquated and inefficient
- ACCESS does not have the privacy needed to conduct sensitive interviews
- A more diversified and high quality provider network is needed
- There are not enough mental health professionals skilled in trauma informed therapy
- Specialized services can be hard to access
- More bi-lingual staff and interpreters are needed
- There are not enough mentors for the training teams
- There are wait lists for the mobile dentist
- A facility is needed for an adult learning facility to better support Bureau training
- Some staff express safety concerns about the location of their office
- Large sums of money are spend on providers of visitation services, with questionable results
- The response time for Mobile Urgent Treatment Team (MUTT) can be too slow
- Mentors are in short supply
- The relationship with W-2 continues to need improvement
- It can be difficult to access needed services quickly, for example on new cases
- Unemployment and transportation are major barriers to family independence from the system

- There will be a new levels system for placement and reimbursement in 2010 which some providers worry will lessen their capacity
- It is difficult to access some Medicaid services in outlying areas

Practice Issues – Strengths

- The CAP has significant promise for improving practice and outcomes
- The more frequent visits with young children are enhancing the safety of the most vulnerable children
- When permanency consultants and ongoing case managers jointly assess relative caregivers, better placement decisions are made
- Changing the case transfer deadline to nine days has been helpful

Practice Issues – Challenges

- Coordinated Service Team (CST) meetings are losing their family voice and are turning into professional staffing
- CST meetings have little fidelity to the original model
- Providers and parents do not attend CST's consistently in many cases
- Because of its almost exclusive focus on safety, the CAP is not adequate as a tool for cases with child well-being issues
- Some seasoned workers are struggling with the shift to the CAP and there are less resources to assist them than new staff
- There needs to be more emphasis on early concurrent planning
- The Bureau needs to give attention to permanency issues at the earliest possible date
- A clear policy is needed on respite
- Effort is needed to get W-2 staff to CST meetings
- Examination is needed by the Bureau and court regarding continuing visitation after TPR as this is not in the best interest of some children

Legal Issues – Strengths

- Judges addressed the need to adopt a sense of urgency at detention hearings
- There is growing support for the CAP
- Judges see the new Bureau leadership team as a positive force for improvement
- Judges are pleased at the early positive results from settlement conferences
- Judges are pleased at having a permanency consultant assigned to the court
- Legal partners are seeing a push to achieve permanency sooner
- Legal partners expressed appreciation for getting case updates from Bureau staff by e-mail
- There is broad support for the TPR court

Legal Issues – Challenges

- It can still be difficult to get services initiated quickly
- Some seasoned workers are not adopting the CAP as easily as new staff
- The case transfer process from IA to ongoing workers is cumbersome, especially when IA workers do not complete the information gathering needed

- The private bar would like to have the case goals sooner than five days so they can meet with their clients about them
- Crowded court calendars result in too many postponements
- It is frustrating to see so many TPR rulings be appealed, which further delays permanency
- There needs to be more training for Bureau staff about court related issues
- There are too many case handoffs within the Bureau

X. Appendix 4

QSR Case Characteristics

QSR/Child Status and Performance Profile - Change of Home Frequency

Change Of Home	Number	Percent
Yes	2	8%
No	15	63%
NA	7	29%
	24	100%

QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	4	17%
No	20	83%
Unknown	0	0%
	24	100%

QSR/Child Status and Performance Profile - Case Open Frequency

Length of Time Case Open	Number	Percent
0-3 mos.	0	0%
4-6 mos.	5	21%
7-9 mos.	2	8%
10-12 mos.	3	13%
13-18 mos.	4	17%
19-36 mos.	5	21%
37+ mos.	5	21%
	24	100%

QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	7	29%
1-2 Placements	11	46%
3-5 Placements	3	13%
6-9 Placements	0	0%
10 + Placements	3	13%
	24	100%

QSR/Child Status and Performance Profile - Placed with Siblings Frequency

Placed with Siblings	Number	Percent
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Different Home	6	25%
Not Applicable	7	29%
Same Home with All	5	21%
Same Home with Some	6	25%
	24	100%

QSR/Child Status and Performance Profile - Full Scale Intelligence Quotient (IQ)

Full IQ Scale	Number	Percent
109	1	4%
65	1	4%
91	1	4%
93	1	4%
Unknown	20	83%
	24	100%

QSR/Child Status and Performance Profile - Educational Placement Frequency

Educational Placement	Number	Percent
Regular K-12 Education	13	54%
Full Inclusion	0	0%
Part-time Special Education	5	21%
Self-contain Special Education	1	4%
Adult Basic/GED	0	0%
Alternative Education	0	0%
Vocational Education	0	0%
Expelled/Suspended	0	0%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	0	0%
*Other	2	8%
	21	100%

*Other – children enrolled in daycare and not school age

QSR/Child Status and Performance Profile - Co-Occurring Condition Frequency

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	2	8%	2	8%
Autism Spectrum Disorder	0	0%	0	0%
Behavior Disorder	1	4%	0	0%
Sensory Disorder	0	0%	0	0%

Mental Illness	7	29%	9	38%
Mental Retardation	1	4%	2	8%
Neurological Impairment/Seizure	0	0%	1	4%
Specific Learning Disability	0	0%	0	0%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	0	0%	1	4%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	0	0%	0	0%
Physical Disability	0	0%	0	0%
Developmental Disability	0	0%	0	0%
Trauma Victim	0	0%	0	0%
Trauma Exposed	22	92%	16	67%
Suicide Risk	0	0%	1	4%
Pregnant	0	0%	2	8%
Substance Exposed	2	8%	0	0%
Substance Abuse/Addiction	0	0%	16	67%
HIV/AIDS	0	0%	0	0%
*Other	2	8%	5	21%

*Other child - suspected social and cognitive delays and pending learning disability.

*Other parents - un-diagnosed/suspected mental illness, possible learning disability, and physical pain.

QSR/Child Status and Performance Profile - Sensory Impairment

Sensory Impairment	Number	Percent
Vision – Child	0	0%
Hearing – Child	0	0%
Vision – Parent	0	0%
Hearing – Parent	0	0%
	0	0%

QSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	20	83%	10	42%
Self-Care	1	4%	0	0%
Mobility	0	0%	1	4%
Communication	0	0%	0	0%
Self-Direction	1	4%	3	13%
Economic Self Sufficiency	0	0%	13	54%
Diminished Capacity	0	0%	3	13%

Independent Living	2	8%	1	4%
Other	0	0%	0	0%

OSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	20	84%
1 Psychotropic Medication	2	8%
2 Psychotropic Medications	2	8%
3 Psychotropic Medications	0	0%
4 Psychotropic Medications	0	0%
5 + Psychotropic Medications	0	0%
	24	100%

OSR/Child Status and Performance Profile - Other Agencies Involved Frequency

Agency	Number	Percent
Child Welfare	24	100%
Mental Health	17	71%
Special Education	6	25%
Probation/Parole	0	0%
Developmental Disabilities	0	0%
Juvenile Justice	1	4%
Vocational Rehabilitation	0	0%
Substance Abuse	10	42%
Crisis Services	1	4%
Early Childhood	0	0%
*Other	5	21%
None	0	0%

*Other - Birth to Three, Domestic Violence Advocacy and W2.

OSR/Child Status and Performance Profile - Level of Functioning Frequency

Level of Functioning	Number	Percent
In Level 1-5	3	13 %
In Level 6-7	5	21%
In Level 8-10	10	42%
NA (Under Age 5)	6	25%
	24	100%

OSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	16	67%
Voluntary	8	33%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%

Delinquent	0	0%
	24	100%

OSR/Child Status and Performance Profile - Level of Functioning Frequency

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	0	0%
Physical Abuse	5	21%
Sexual Abuse	1	4%
Neglect	15	63%
Mental Health Issues	1	4%
Delinquency	0	0%
Truancy/Status Offense	0	0%
*Other	2	8%

*Other - child welfare (risk) and parent unable to care for child.

Reason for Case Opening-Family Issues	Number	Percent
Failure to Protect	2	8%
Absent Parent	4	17%
Substance Abuse	12	50%
Domestic Violence	4	17%
Neglect	13	54%
Mental Health Issues	6	25%
Housing	4	17%
*Other	4	17%

*Other reasons - physical abuse, cognitive delay, abandonment of child and diminished protective capacities.

OSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Remain at Home	11	46%
Reunification	6	25%
Adoption	3	13%
Long-term Foster Care	2	8%
Independent Living	1	4%
Permanent Placement with fit and willing relative	1	4%
Legal Guardianship	0	0%
Not Applicable	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	24	100%

OSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	15	63%
Adoption	2	8%
Legal Guardianship	2	8%
Reunification	2	8%
Independent Living	1	4%
Long-term Foster Care	1	4%
Permanent Placement with fit and willing relative	1	4%
Other	0	0%
Sustaining Care (TPR)	0	0%
	24	100%

QSR/Child Status and Performance Profile - Length of Stay in Current Program Frequency

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	10	42%
0-3 mos.	4	17%
4-6 mos.	1	4%
7-9 mos.	3	13%
10-12 mos.	3	13%
13-18 mos.	1	4%
19-36 mos.	2	8%
37 + mos.	0	0%
	24	100%

QSR/Child Status and Performance Profile - Outcome Frequency

Service Test Results	Number	Percent
1 + Status + Performance	19	79%
3 + Status + Performance	3	13%
4 + Status + Performance	2	8%
	24	100%

QSR/Child Status and Performance Profile - Level of Functioning by Age

Level of Functioning	Age	Number	Percent
In Level 1-5	14 + Yrs	3	13%
In Level 6-7	0-4 Yrs	1	4%
	5-9 Yrs	2	8%
	14 + Yrs	2	8%
In Level 8-10	5-9 Yrs	7	29%
	10-13 Yrs	1	4%
	14 + Yrs	2	8%
NA (Under Age 5)	0-4 Yrs	6	25%
		24	100%

QSR/Child Status and Performance Profile - Age by Outcome

Age	Outcome	Number	Percent
0-4 Yrs	1 + Status + Performance	6	25%
	4 + Status + Performance	1	4%
5-9 Yrs	1 + Status + Performance	6	25%
	3 + Status + Performance	3	13%
10-13 Yrs	1 + Status + Performance	1	4%
14 + Yrs	1 + Status + Performance	6	25%
	4 + Status + Performance	1	4%
		24	100%

OSR/Child Status and Performance Profile - Outcome by Level of Functioning

Outcome	Level of Functioning	Number	Percent
1 + Status + Performance	In Level 1-5	2	8%
	In Level 6-7	3	13%
	In Level 8-10	9	38%
	NA (Under Age 5)	5	21%
3 + Status + Performance	In Level 6-7	2	8%
	In Level 8-10	1	4%
4 + Status + Performance	In Level 1-5	1	4%
	NA (Under Age 5)	1	4%
		24	100%

OSR/Child Status and Performance Profile - Outcome by Prognosis

Outcome	Prognosis	Number	Percent
1 + Status + Performance	Continue – Status Quo	14	58%
	Decline/deteriorate	3	13%
	Improve Status	2	8%
3 + Status + Performance	Continue – Status Quo	2	8%
	Decline/deteriorate	1	4%
4 + Status + Performance	Continue – Status Quo	1	4%
	Decline/deteriorate	1	4%
		24	100%