

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

*August 13-17, 2007
Pepin County Human Services*

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

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

November 12, 2007

I. INTRODUCTION

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

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

The Continuous Quality Improvement Team conducted a Quality Service Review in Pepin County during the week of August 13, 2007. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE PEPIN COUNTY REVIEW

A. REVIEWERS

In the Pepin County review, six reviewers participated in reviewing the six cases selected. Two "Shadow 2's" were observed and coached in their development as lead case reviewers: one is a retired Child Protective Services (CPS) supervisor and the other is a current CPS supervisor. All the lead case reviewers who provided coaching have extensive experience in child welfare: one CQI specialist, one a retired county director, and a state adoptions specialist. Also, two individuals served as "Shadow 1's", a role created to allow child welfare stakeholders to experience a QSR review.

B. CASE SAMPLE

Six cases were randomly selected for review in Pepin County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers and ages and genders of children. A family must agree to participate in the review process and sign releases for participants to be interviewed by the review team, or the case is not selected. In the Pepin review, a total of 53 persons were interviewed. Of the six cases, two were classified as in-home with the child residing with his or her family and four cases were out-of-home, with the focus child remaining or having been placed outside the home at least once in the six months preceding the review. No child was in the 0-4 age range, one child was in the 5-9 age range, two children were

in the 10-13 age range, and three children were over the age of 13. There were five males and one female in the sample.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. CQI Specialist Michael Casali conducted these sessions, serving as Site Leader for this review. In addition, Michelle Jensen-Goodwin and Bridget Bauman of the Director of State Court’s Office sponsored Children’s Court Initiative conducted sessions jointly with the Site Leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how all the systems in which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are outlined next.

D. DEMOGRAPHICS

Pepin County is a small rural farming community located in west-central Wisconsin, with strong German Catholic and Scandinavian Lutheran roots. Census data indicate that the county is ¹98.9% white with an elderly population above the state average. Though the median income in Pepin County is only slightly lower than the state average, there was a perception of a wide gap between the “haves and have nots.”

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Focus group participants reported that the Children’s Unit staff is hard working and committed to the families they serve. Workers were also found to be supportive of each other and dedicated to the agency, with an openness to teaming across caseload area (e.g., child welfare, juvenile justice, foster care) and a willingness to cover cases when a position was vacant. The importance placed on supporting families and each other corresponds to the agency’s larger philosophy of “reaching out” and “keeping the door open” with families in need. A related strength is the emphasis put on working with families under voluntary agreements in child welfare cases, which many felt contributed to better working relationships and improved outcomes. In addition, families and community partners alike viewed the Foster Care Coordinator as an excellent asset and ambassador to the community, with many years of experience and a wealth of knowledge of the agency and the county.

The supervisor/director was described as “open-minded” and highly “approachable” in terms of discussing ways to meet families’ needs. One community partner said, “There

¹ 2000 Census data

are no turf wars...When we have differences, we can agree to disagree.” There was an acknowledgement of the supervisor/director’s willingness to pay for more intensive and costly services like a 30-day assessment, when the complexity of a child’s needs requires a more in-depth evaluation and treatment. In terms of supervisory style, the approach was characterized as “flexible” in terms of availability and in being open to ideas about how to best achieve desired outcomes. There was also an appreciation for being more “hands-on” when needed, with a close attention to detail in the provision of case consultation. Community partners also acknowledged the value that the supervisor/director puts on workers’ presence in the schools, which many feel has served a crucial preventative function (e.g., decrease in law enforcement reports) and models a shared community responsibility for children and families. Along those lines, one participant stated that agency social worker presence in the school has allowed education personnel to feel they were “not floating out there by ourselves.”

B. ORGANIZATIONAL – CHALLENGES

With two workers relatively new to the agency (one less than a year, the other a bit over a year) and to the social work field itself, there was, understandably, an atmosphere of a unit-in-training, where various skills were in the process of being mastered. The training environment that seemed to pervade at the time of the review was found to be part of a recurrent pattern in the life of the Children’s Unit. It was discovered that the unit positions have historically served as an entry level “stepping stones” to better paying jobs in larger communities, thereby limiting the longevity for front-line positions. With the small number of personnel, turnover in just one position has tended to create a substantial work force vacuum and increased responsibility for the remaining staff. The time and effort required to recruit, hire, and train new staff is considerable and has had significant effects on the functioning of the unit.

A common theme that is voiced in many reviewed counties is balancing computer time with face-to-face time with families. Along with learning other aspects of their jobs, workers were struggling to find the time to meet state paperwork demands while performing casework required outside the office. In particular, there was a perception that the eWiSACWIS system of reporting and method of organizing case material was difficult to complete and not always easily “incorporated” into the responsibilities of daily practice.

In terms of the organizational configuration, restructuring in the agency some years earlier led to a loss of a management position and the subsequent need for the director to supervise the Children’s Unit, which includes training of new workers and covering cases when positions are vacant. The demands placed on the director/supervisor have increased over the years, most recently requiring a significant portion of time spent on the state’s long-term care initiative. Such roles outside the unit reduces time available to workers and seriously limits the capacity to provide the coaching and mentoring required for new worker training on more routine tasks (e.g., paperwork, court), as well as more advanced professional practice competencies. Many interviewed from both the agency and

community shared the belief that there needs to be a separate supervisory position to fill these gaps. Overall, the current supervisory structure creates an increased state of liability for the agency, due to the workers' level of experience coupled with the supervisor/directors' limited availability.

C. RESOURCES – STRENGTHS

The Children's Unit has access to a decent array of services available to children and families in the following areas: outpatient Alcohol and Other Drug Abuse (AODA), individual, family and in-home counseling, 30-day inpatient assessments, sexual abuse counseling, day treatment, juvenile justice programs, and a local alternative school. The agency itself provides transportation, supervised visitation, respite, parent aide services, and foster care. The county foster parents were praised for their level of knowledge and compassionate attitude towards the kids for whom they care. Many voiced respect for the professional competency of the Foster Care Coordinator and an appreciation for the willingness to go beyond typical duties to be an integral part of the case process. One participant said that she is often "the glue that holds things together." Finally, participants spoke of the variety of community-sponsored activities for kids including drama, sports such as swimming, baseball, tennis, and golf, hunter, boating, and snowmobile safety, and summer camps.

D. RESOURCES – CHALLENGES

In terms of local services, the agency struggles with recruiting and maintaining local providers. Often services are created through grants that are not sustainable beyond the funded time period. One example is a highly regarded school-based grant that provides after-school programming and an on-site social worker. The program is in its final funding year, and it is not clear to what extent the services can be continued. Many interviewed who were knowledgeable of the program and the local system of care not only wanted it continued, but desired even more worker presence in the schools for "prevention" and "triaging." Other resource challenges include the need for more local foster homes, a mentoring program for youth at risk, and transportation for kids and families who require services outside the county.

Inpatient mental health and AODA services for children with more acute needs are difficult to secure, as well as outpatient counseling with a child-focus (e.g., play therapy). The subsequent frequent necessity to have children receive services outside the county was reported to create barriers to effective collaboration and a general loss of control in the case process. Long-distance services and placements can affect outcomes by limiting the coordination capacity among the child, family and professionals. The lack of coordinated plans lead to, among other things, the agency and family having a reduced or absent voice in more immediate decisions regarding the child. Finally, like most other systems in the state there are a limited number of dentists who accept Medical Assistance.

E. PRACTICE – STRENGTHS

The small community and agency size allows for a practice environment that is familiar and easy to navigate. Many staff personally know and have access to the community partners (e.g., law enforcement, schools, local providers) with whom they share cases. Not surprisingly, communication between the agency and local partners is viewed as very solid. One provider said, “I like that they (workers and management) are usually easy to get a hold of...They are good about returning calls.” Within the agency, interdepartmental collaboration with the mental health and substance abuse units was also found to function smoothly. The overall sense is that there is an ease of access to quality consultation in these specialty areas.

The aforementioned agency value of “reaching out” to families in a strength-based way is related to the workers’ demonstrated effective engagement, especially with children. More than any other practice element, focus group participants recognized the staff as demonstrating solid skills in terms of building relationships with families and providers. Outcome measures from the micro-view section point to evidence of solid working alliances with parents and children. Averaging about seven families per worker, the low caseload size appears to allow time to build these quality relationships.

F. PRACTICE – CHALLENGES

While beneficial for its familiarity and ease of collaboration, working in a small agency can at times feel isolating and offer fewer opportunities to professionally grow into the position. Unlike larger agencies where a worker might have numerous colleagues sharing the same title and job responsibilities, in Pepin County there is only one staff per program area in the Children’s Unit (e.g., one child welfare worker and one juvenile justice worker), which can limit the extent of emotional support and peer-facilitated experiential learning opportunities. The size of the unit also necessitates a sharing of investigation and initial assessment responsibilities, at times creating challenges to effective engagement and trust when a worker is required to transition into an ongoing role with the family. Overall, these limitations associated with peer training and support are exacerbated by the limited availability of the supervisor/director due to other demands.

Focus group participants were asked to identify the characteristics of the families who challenge case practice. Responses included: inter-generational poverty, lack of education, cognitive delays, single-parent households, untreated mental health and substance abuse conditions, parents with family of origin issues related to sexual abuse (incest), alcoholism, domestic violence, and families living in rural areas where already difficult to access services are further challenged. Also, a number of these families with chronic debilitating conditions were reported to move in and out of the county, creating an additional barrier to helping them meet the needs of their children.

Along with the aforementioned difficulties associated with collaboration and loss of control when service provision occurs outside the community, achieving desired outcomes with complex families without a coherent practice model and related best

practice approaches to casework, like teaming and family-driven planning, was also found to be difficult. In particular, there are missed opportunities to improve outcomes by utilizing the influence the agency does have by increasing collaboration and teaming with partners, which promotes sharing case-related responsibilities and the decision-making process.

G. LEGAL – STRENGTHS

Legal partners communicated that Children’s Unit workers are prepared for court, meet timeline requirements, and submit reports that are thorough with information useful to the court process. The corporation counsel was generally viewed as helpful and available in collaborating on cases. As mentioned, the approach of working with families under voluntary agreements was also found to work well overall. Most participants said they have the opportunity to participate in hearings and reported that they felt respected and heard in proceedings. The judge was described as a “student of the law,” attentive to explaining rights and the legal process to participants. Lastly, the Peer Teen Court is viewed as a highly effective way to handle certain juvenile cases.

H. LEGAL – CHALLENGES

Small caseload sizes and occasional turnover in the agency allows workers to generally have less courtroom experience, which can prolong the learning period for mastering court-related tasks. The judge’s split-time between two counties was cited as occasionally leading to continuances, delays, and difficulty in scheduling. In terms of participation in proceedings, there is some confusion about foster parent’s need to be in court. There is a perception that training requirements limit Guardian ad Litem availability in the county. Also, some felt that children need to have an increased “voice” and be taken more seriously in legal process.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

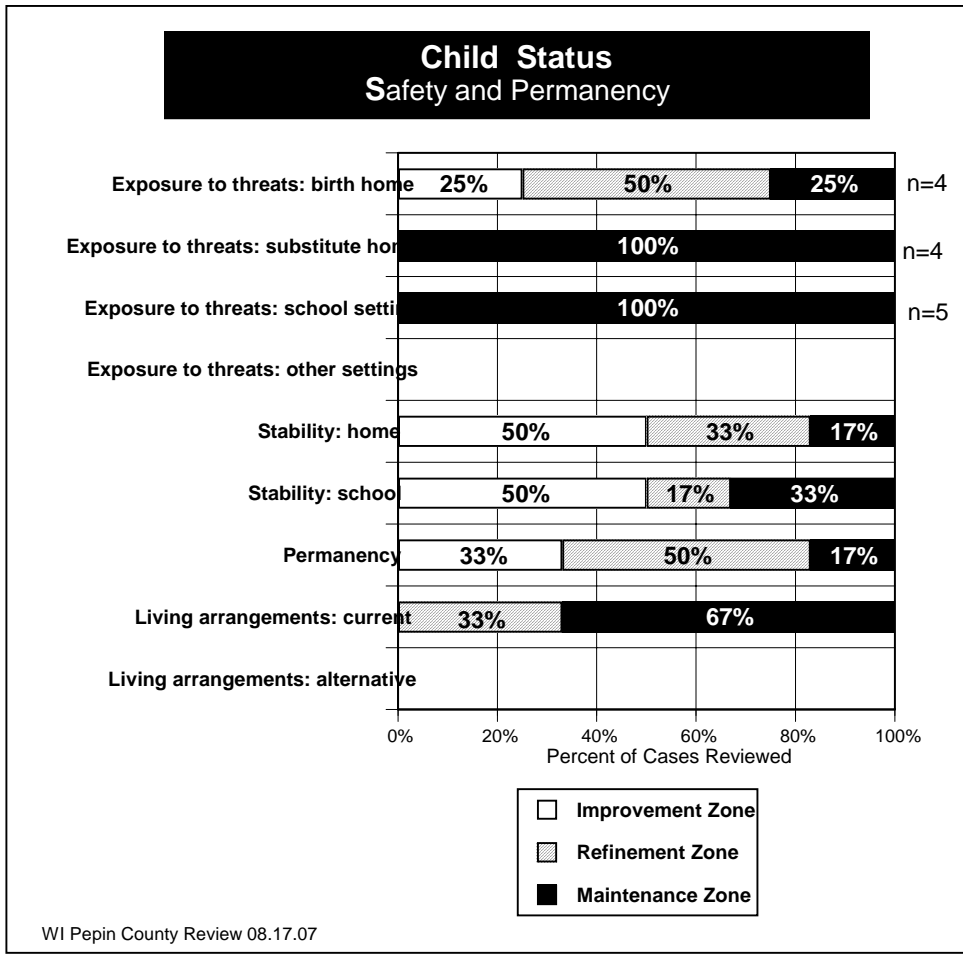
The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 30-90 days prior to the review.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element (Scores 5 & 6)
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element (Scores 3 & 4)
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element (Scores 1 & 2)

Notes: Commensurate with the federal Child & Family Services Review Scores, 4-6 reflect an “acceptable” rating and 1-3 “unacceptable.”

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



Exposure to Imminent Threats of Harm: To what degree is the child free of abuse, neglect, and exploitation by others in his/her place of residence and other daily settings? Is the child free from injury caused by others in his/her daily home, school, and community settings? Do parents and caregivers provide the attention, actions, and supports necessary to protect the child from known threats of harm in the home?

Comments: With 100% of cases in scoring in the maintenance zone, children rated for this indicator showed good to optimally threat-free situations in substitute homes and in school settings. Exposure to threats in the birth home showed more variability, with only one case falling in the maintenance zone and three below. In the case that scored in the improvement zone, the lack of planning for supervision after-school and on weekends for a 16 year old boy with a serious behavior disorder coincided with a “chaotic” household and frequent physical fights with his brother.

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

Comments: Only one of the six children in the sample was found to have a living arrangement that was stable enough to meet the criteria for the maintenance zone. Three of the remaining five cases scored in the improvement zone, indicating instability due to multiple changes in the home setting. In one of these cases the inability to manage and effectively treat the focus child's serious emotional disturbances in the home led to numerous disruptions. The reviewer wrote: "Since October of 2006 he has been in seven placements, including a treatment foster home and three residential treatment centers."

Unlike the previous case, the focus child in the next example had no mental health or behavioral concerns, which considerably simplified the planning process: "The foster parents are able to meet all of the focus child's basic needs. She has had great stability since being placed with the foster parents in 2005 and has not lived elsewhere since that time. Her school placement has also been stable, and she has adjusted well in both settings."

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

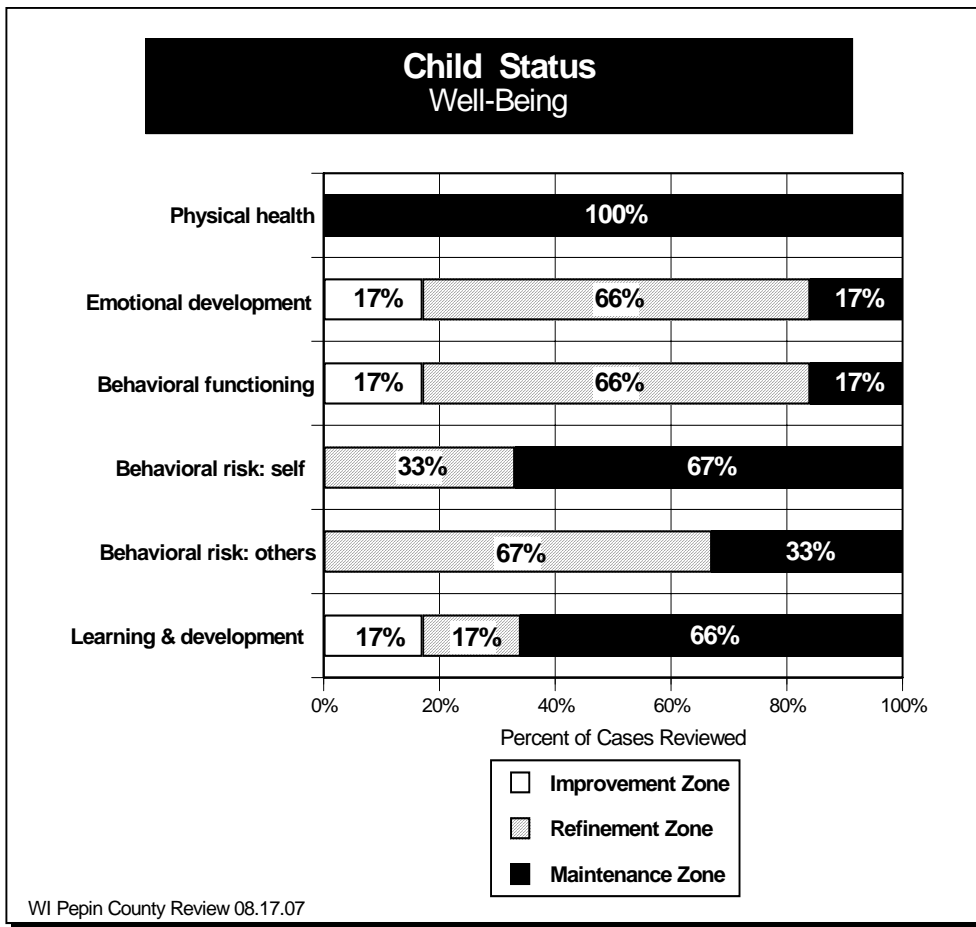
Comments: Scoring indicates a struggle in the six cases to meet those conditions that allow for achieving permanency, which involves not only securing a permanent living arrangement but also having the availability of supportive relationships and resolving legal issues in a timely manner. In the only case that did rate above the low refinement range, it was revealed that: "The permanency goal was achieved early this year with the transfer of guardianship to the stepfather. At the point the focus child had been in care for 15 months, plans were made to transfer guardianship and the hearing was held at approximately 18 months. The placement is meeting the focus child's needs for permanency, as she is with her half-siblings and has thought of the stepfather as her father."

From a case that rated in the improvement zone, it was learned that the focus child's extreme deficits in relationship capacity associated with Reactive Attachment Disorder, along with related serious behavioral challenges and a failed adoption, left finding a community placement difficult: "There has been little progress towards permanency the past six months. The focus child has no family that has been identified as a placement resource, and it is doubtful that a resource can be found until his behavior changes substantially and consistently. Currently he cannot be in a community setting."

Living Arrangement: To what degree is the child in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, age, ability, special needs, and positive peer group affiliation? If the child is in temporary out-of-home care, does the living arrangement meet the child's

needs to be connected to his or her language and culture, community, faith, extended family, tribe, social activities, and peer group?

Comments: Four of the six sample cases rated in the maintenance zone for this indicator, pointing to living situations for children that met many of their emotional and social needs. One of these cases illustrates how aspects of a high quality living arrangement can be achieved in a residential setting: “The parents are committed to the focus child’s return and do visit him at the treatment center as frequently as they can. At this center he enjoys a relative degree of freedom, including keys to his room and "apartment" living. He works during the day in a sheltered workshop. In the afternoons he attends school where he is focused and working at the level required in his IEP. He is viewed as the ‘super star’ of the unit and is seen as helpful with lower functioning members.”



Physical Health: To what degree is the child achieving and maintaining his/her optimum health status? If the child has a serious or chronic physical illness, is the child achieving his/her best attainable health status given the disease diagnosis and prognosis?

Comments: All six of the focus children rated in the maintenance zone for physical health, mirroring an established trend among QSR-reviewed counties for high scores on this indicator. Quality physical health status was even found in one focus child who had a chronic, progressive, congenital bone disease. Effective and careful management along with the child's cooperation with the required diet and medication led to good overall physical health.

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

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

Comments: Emotional and behavioral status are mutually reinforcing and comprise a significant portion of overall child development. Impairments or deficits related to physical health, mental health, and learning can be made manifest in measures of emotional and behavioral functioning. Of the six children in the current sample, four were diagnosed with behavior disorders, three with a mental illness, and four were victims of some trauma.

With only one of the six cases falling in the maintenance range for each indicator, the results indicate that most of these children are struggling in areas such as having a sense of belonging and personal worth, affect regulation, and overall coping with anxieties. One reviewer wrote the following about a child who rated in the improvement zone on both indicators: "His emotional development is poor. He has no real understanding of the triggers that precede his rages. He displays a sophisticated level of self-harm by encouraging others to abuse him. Others are at risk when he needs controls and intervention."

Another case revealed marked gains the focus child had made in terms of emotional and behavioral status: "Since the removal from his home in 2005, the focus child has improved both behaviorally and emotionally. His unpredictability, violence and unsafe play in his interactions with others have abated. He responds favorably to structure and is more accepting of parental limits. Early speech problems have been corrected, and his social skills have improved to the point of being age appropriate."

Behavioral Risk: To what degree is the child/youth consistently avoiding self-endangerment situations and refraining from using behaviors that may put him/herself or others at risk of harm?

Comments: Four of six children fell in the maintenance zone for avoiding behaviors that raise the risk of self-harm, while only two were found to pose little or no risk of harm to others. One of these cases revealed that despite the 24-hour care of a secure facility and

an intensive medication regimen, the focus child continued to be a risk to others: “Still there are weekly incident reports, including punching staff and throwing chairs. Staff needs to restrain him and he requires isolation. He also seeks to provoke others by calling them offensive names and inviting abuse. In fact, if the other resident moves away, as instructed by staff, the focus child has been known to pursue the resident.”

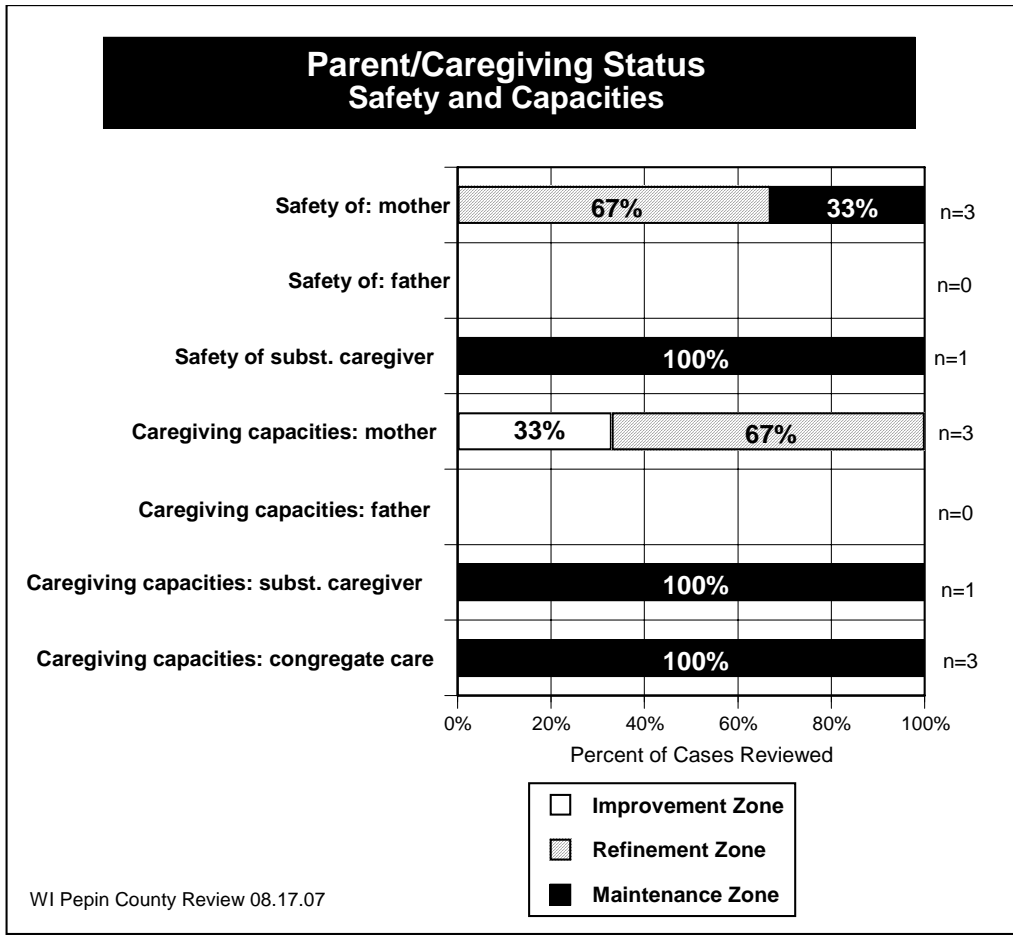
Another case found behavioral characteristics in stark contrast to the previous example: “The focus child is functioning well behaviorally and emotionally at this time. She has no behaviors at home or at school that are abnormal for an adolescent. The focus child has good social skills and her friends appear to be a positive influence. She follows the rules of the home and is able to accept consequences for her behavior.”

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

Comments: There were no children in the sample under the age of five.

Learning and Development (Age 5 and Older): Is the child (according to age and ability): 1) regularly attending school; 2) in a grade level consistent with age; 3) actively engaged in instructional activities; 4) reading at grade level or Individual Educational Plan (IEP) expectation; and 5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent?

Comments: All but two children scored in the maintenance zone for learning status, indicating an overall attainment of educational and functional capacities. In the one case in the refinement zone, serious emotional and behavioral deficits as well as a diagnosed developmental disability were associated with less than optimal educational outcomes: “The focus child has an average IQ but is only testing at a third grade level. Though he does focus well in school and has a good IQ, his academic progress is poor.”



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

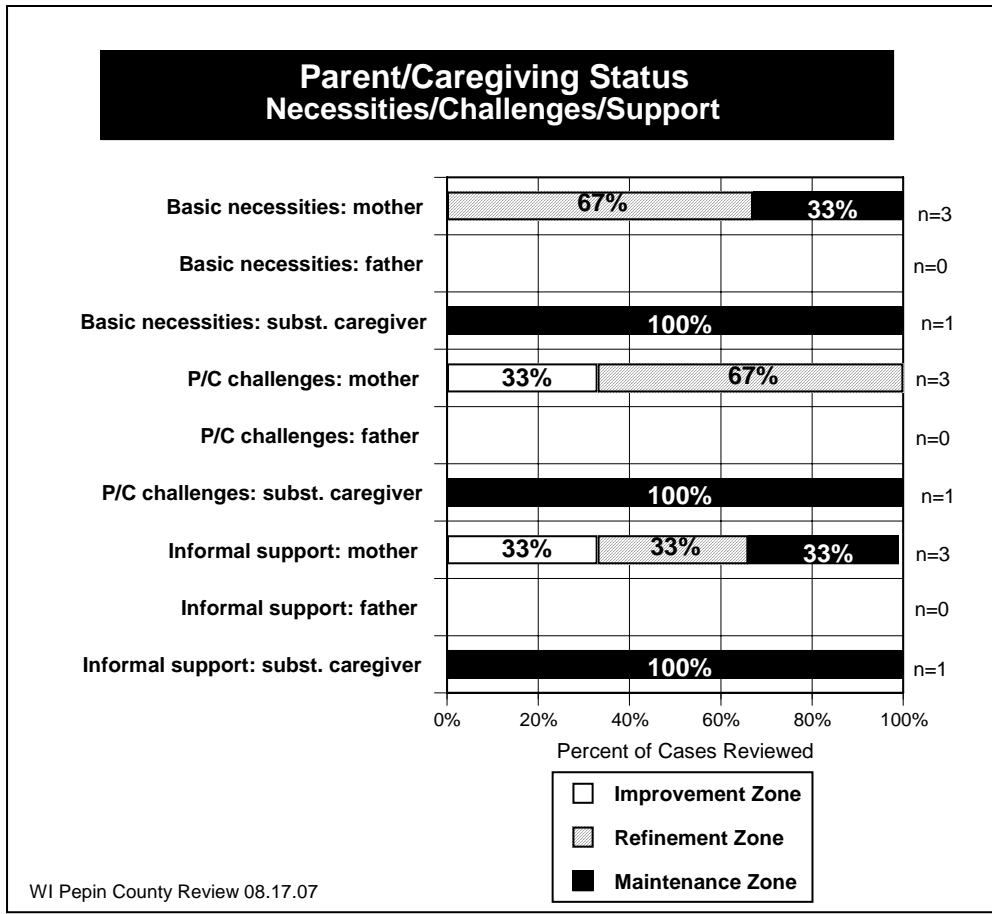
Comments: Three mothers, no fathers and one substitute caregiver were rated for this indicator, as it only applies to caregivers where the child lives or has unsupervised family interactions. Two of the three mothers rated fell in the refinement zone, suggesting the presence of some threats to safety. In the case that scored in the low refinement zone, the reviewer wrote: “Mother is not very safe in her home. She is almost totally overwhelmed by the chaotic comings and goings of all the people currently living there. She has no ability to say “no” at this point. She becomes frightened when the focus child becomes angry but does not seem to be able to back off before the situation explodes. Her defense and ‘safety plan’ is to call the sheriff’s department for help.”

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

caregiver have and use any special knowledge, skills, and supports that may be required to meet the needs of the child(ren)?

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

Comments: Like the previous indicator, three mothers, no fathers, and one substitute caregiver were scored for caregiving capacities. In addition, ratings were applied to three children who lived in congregate settings (one in a group home and two in residential treatment facilities). Caregiving capacities for substitute and congregate caregivers were optimal, with 100% falling in the maintenance zone. In contrast, none of the three birth mothers scored above the refinement zone. In one of these cases, a mother with significant emotional challenges struggled in her role as a caregiver: “The mother’s parenting capacities are poor. She has treated the focus child as if she were a friend rather than having a parent-child relationship. The focus child basically took care of the mother and worried about her as a parent would. It does not appear the mother is aware of what is “normal” for children developmentally. The mother has just begun to say, ‘No,’ to her children during visits.”



Basic Necessities: To what degree are the family’s earned income and/or economic supports adequate to cover the family’s basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, childcare)? Is the parent/caregiver accessing, receiving, and adequately managing the economic supports to which he/she is entitled? Does the parent/caregiver have economic security and skills sufficient for meeting the family’s basic needs and maintaining a stable living arrangement for the children? Does the current living arrangement provide the family with adequate space and living conditions?

Comments: While the one substitute caregiver rated fell in the maintenance zone, only one of three mothers were found to have a substantially acceptable and dependable situation for basic necessities. In one case, it was reported that: “The parents’ economic situation is precarious and at times this couple will work weekends at the family tavern to supplement their income.”

Special Parenting/Caregiving Challenges: To what degree do parents/caregivers, with whom the child is currently residing or has a goal of reunification, present or experience a pattern of significant, ongoing challenges that limit or adversely affect the parent/caregiver’s capacity to function successfully as an adequate caregiver for this child? Does the family have any special life challenges that interfere with or prevent them from living together safely and functioning successfully?

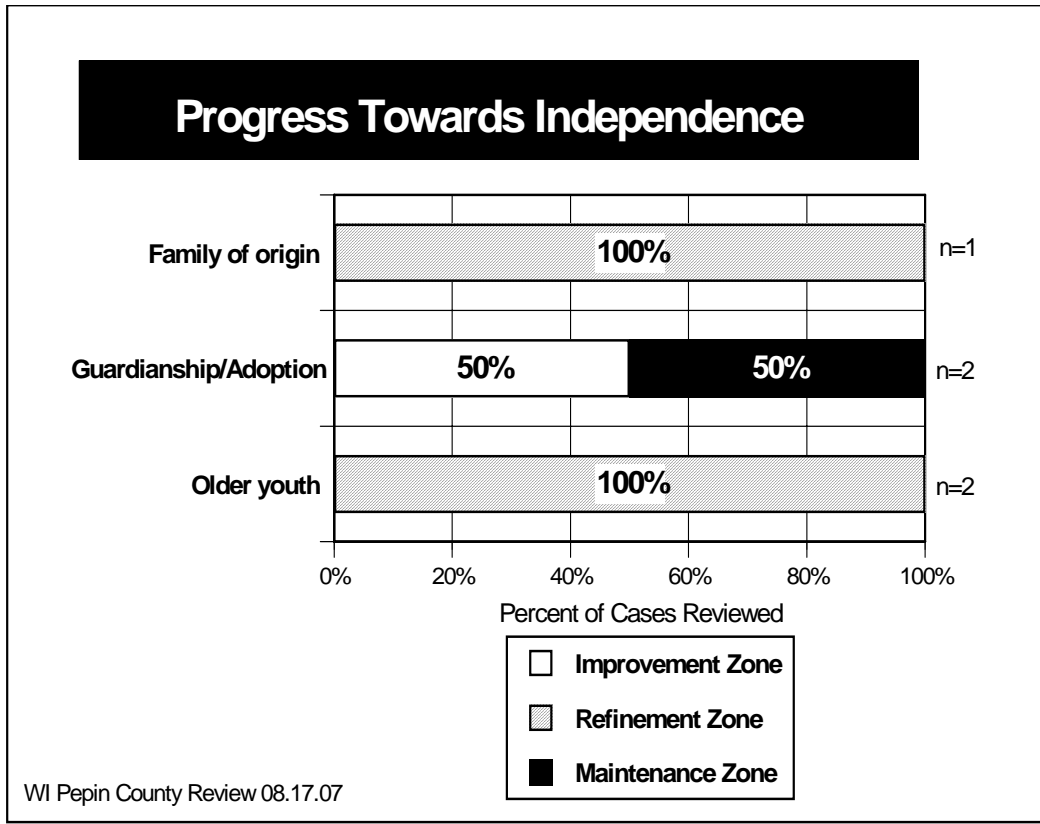
Comments: All three of the mothers rated for this indicator scored in the refinement zone and below. Some of the challenges that limited caregiving capacities include: exposure to domestic violence, legal issues, alcohol and/or drug abuse, trauma history, and untreated mental health conditions. One case illustrated some of these conditions that impact the ability to provide nurturance, guidance, and support: “The mother has a lengthy history of instability, including mental health and substance abuse issues, domestic violence as perpetrator and victim, and homelessness. She is learning to set limits and provide structure and nurturing, but has much more to learn and implement.” In another case: “Mother has also had multiple Driving Under the Influence charges and criminal charges for issuing worthless checks. She was on probation and served jail time for probation violations while the focus child was in foster care.”

The one substitute caregiver rated was found to have no special caregiving challenges and many strengths: “The foster parents have demonstrated good caregiving capacities for all their children. They provide a structured environment for the focus child and her siblings with clear rules and limits in place. They communicate with the school and attend all conferences, activities, and special events. The foster parents are supportive of the focus child and encourage her to do well in school and participate in various activities. They have been accepting of help available to them and are cooperative with interveners.”

Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support provided by family, friends, neighbors, or other supporters involved who will help them manage adequately on an enduring basis? When a family has a child with special needs (physical, developmental, emotional, behavioral), do parents/caregivers have opportunities to exchange experiences, strategies, and successes with parents/caregivers of similar circumstances?

Comments: Scores measuring the informal support system of the three mothers rated were varied, with one case falling in each of the three categories. In the case that was in the maintenance zone, relatives comprised a significant portion of the mother's support system: "She (mother) lives in her mother's house so grandma can look after the focus child and his sister from time to time. Mother's fiancé has helped the family financially and has instituted some sense of order and cleanliness in the home. Her sister lives around the corner. She has been supportive in providing child care and assistance in securing employment." In contrast, another case revealed that: "The mother has virtually no support system. As with many people struggling with addictions, she appears to have 'burned bridges' with her extended family and has little contact with them. Her only support appears to be her significant other, who by most accounts is a calming, stabilizing influence in her life."

V. PROGRESS INDICATORS



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

Comments: In the one case rated for progress to independence family of origin, the focus child showed some significant behavioral and emotional improvements. However, the low refinement zone score was attributed to a less than adequate assessment of the family system and the resulting inability to determine service needs related to conditions for returning the focus child home. These “unknowns” led to a poorly articulated long-term view and overall case stagnation.

Progress to Permanency (Guardianship/Adoption): To what degree is the child living in an environment that supports achievement of permanency through guardianship or adoption? Has the permanent family been identified? To what extent has this child and family: 1) accepted new members and formed realistic expectations; 2) moved through family formation and adaptation stages with necessary adjustments made, demonstrated, and sustained; 3) established sustainable conditions and supports within the home and family situation (e.g.,

childcare, health care, respite, crisis support, in-home assistance) necessary to meet any special care requirements that the adoptive child presents in the home and family situation?

Comments: One case scored in the maintenance zone and one in the improvement zone for progress to independence (guardianship/adoption). The timely achievement of the permanency goal and a placement that was adequately meeting the focus child's needs led to a maintenance zone score. Above average practice scores in planning for safety and permanency, as well as resource and support use, were also evident. In the improvement zone case, the reviewers found: "There has been little progress towards permanency the past six months. The focus child is in a safe place and is progressing in school. However, no family has been identified as a placement resource, and it is doubtful that a resource can be found until the focus child's behavior changes substantially and consistently."

Progress to Independence (Older Youth): To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue after reaching the age of majority? Is the youth developing long-term connections that will support him/her into adulthood?

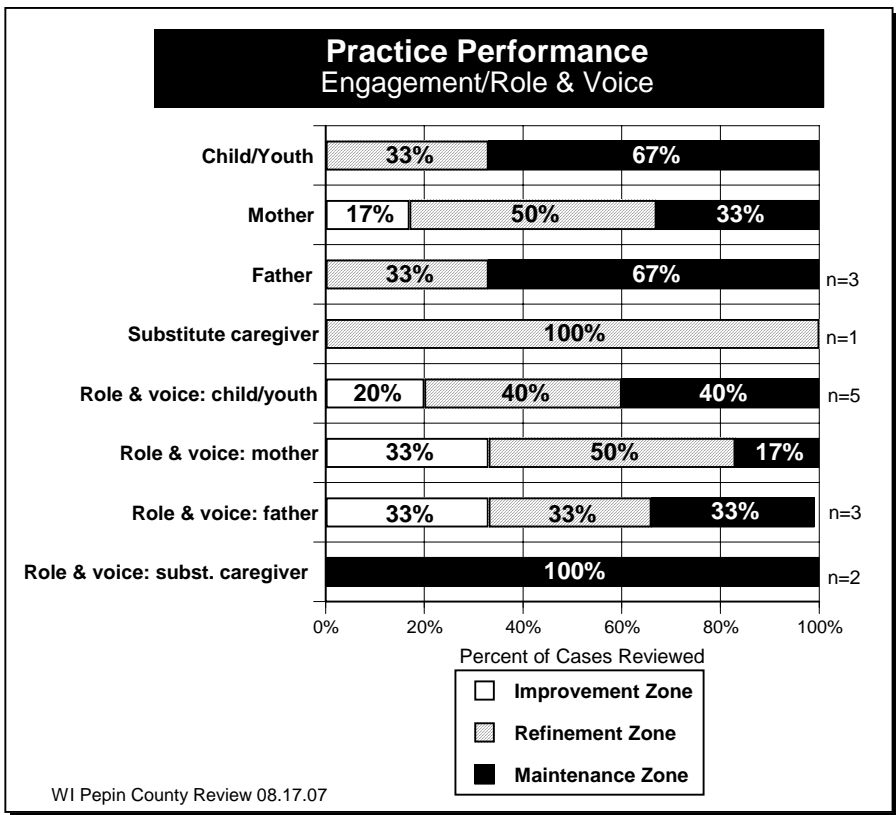
Comments: The two cases involving older youth with a permanency goal of independence were scored in the refinement zone. In both cases there were opportunities to improve practice in terms of assessment and long-term view. One case found that though the focus child was gaining some skills in the area of independent living, more experience and practice was needed: "The reviewers felt that successful progression towards independent living was contingent on a number of factors that have yet to be put in place for the focus child. He will need to sharpen his social skills and better manage his emotions and behaviors. The focus child needs to be given opportunities, coaching and mentoring around how to deal with an array of different people, which would be a realistic skill for him to acquire in order to be successful as an adult."

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

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

QSR Interpretative Guide for Practice Indicator Ratings

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



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

Comments: Four of the six cases were found to have practice elements that indicated good to optimal engagement of children in the change process. An integral part of relationship building involves a focus and ongoing dialogue about strengths, hopes, and aspirations, as illustrated in the following: “Good relationships have been built between the focus child and persons involved in the case. The caseworker, visitation coordinator and group home director all commented on the focus child’s sense of humor and personal interests making it clear that they have taken the time to get to know and understand him.”

Successful engagement of fathers in the change process has been found to be challenging both nationally and in Wisconsin. For example, in QSR data of the first 17 counties reviewed, only 16% of fathers rated in the maintenance zone and 36% in the improvement zone. Though a small sample, two of the three cases in the current review showed practice in the maintenance zone, demonstrating some effective strategies with this difficult to reach population. In contrast, mothers scored lower than fathers with only two rating in the maintenance zone and one in the improvement zone. The one substitute caregiver rated for this indicator scored in the refinement zone.

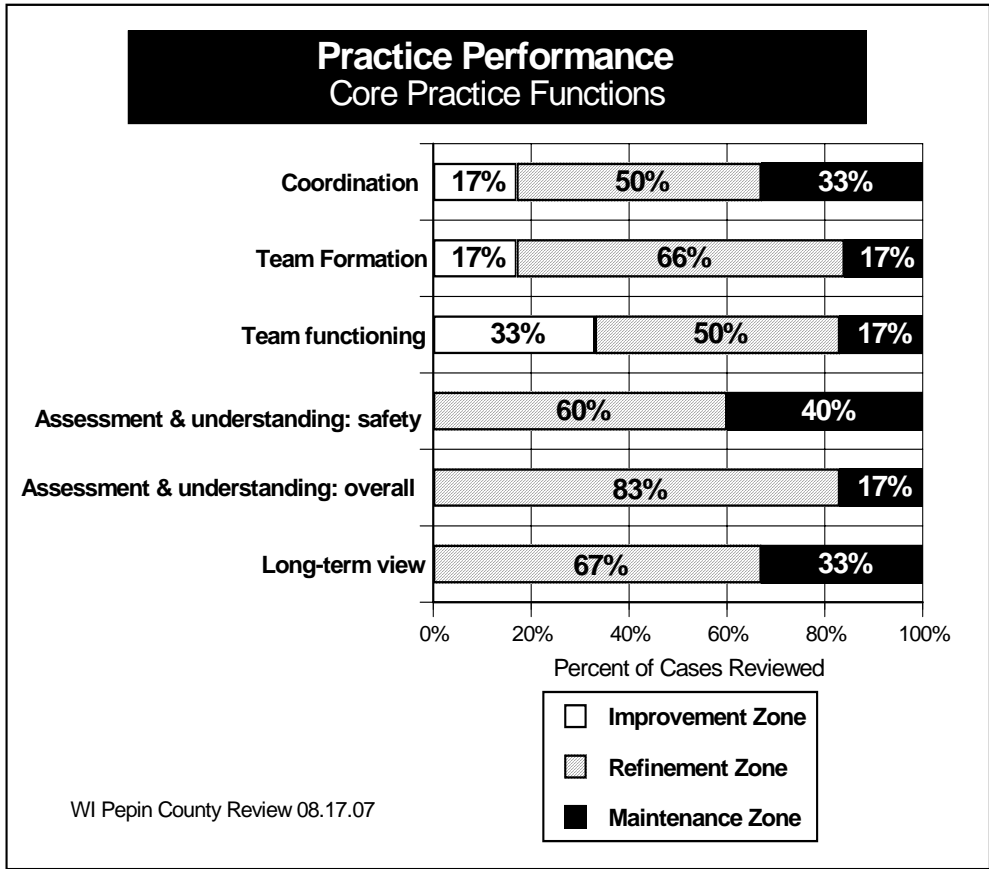
Though rating in the refinement zone, one case demonstrates effective engagement under extremely challenging circumstances: “Even though mother's family has a history of generational poverty, an isolationist mentality, and a distrust of public agencies, her relationship with the county agency has improved significantly over time. Mother has voiced very adamantly her displeasure with the county intervening in her family's life, but with a new social worker managing the case the angst toward the agency is subsiding. Now mother does minimally view the county department as a resource. She has become more and more engaged with the Department and sees the social worker as a resource for her. Mother is meeting the conditions of the CHIPS order and is anticipating her case to close in October 2007.”

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

Comments: Ratings for role and voice were slightly lower than overall engagement, suggesting a need to more actively involve participants in the change process. For example, only two of five focus children, one of six mothers, and one of three fathers

were rated in maintenance zone. There were also a combined four cases showing a need for improvement. On the other hand, the two substitute caregivers who were scored rated in the maintenance zone.

In one case that did mirror the effective practice found in engagement, the reviewer wrote: “The focus child reported that the people he works with listen to him and that eventually things get done. The focus child feels understood by persons he works with and feels that his opinions and ideas matter and are considered in decision making.”



COORDINATION: To what degree are there: A single point of coordination and leadership necessary for convening and facilitating effective family change planning and service decision processes for this child and family? Effective coordination, integration, and continuity in the assessment, planning, organization, and provision of services to this child and family?

Comments: Of the six cases rated, two fell in the maintenance zone, three in refinement zone, and one in the improvement zone. As illustrated in the above graph, elements of effective coordination relate to other practice areas such as assessment, planning, long-term view, and teaming. One case illustrated how a lack of teaming can directly influence coordination, communication and planning: “The caseworker seemed to function as the single point of coordination, integration and leadership; however, there was not a clear-

cut team to support coordination. Coordination efforts appeared to be a reaction to events as opposed to an ongoing process. In addition, communication among team members seemed inconsistent and did not always include key members.”

Although important and typically valuable to the change process, the next quote shows that formal teaming is not a prerequisite for effective coordination: “While no officially identified team exists, a tremendous amount of coordination, planning, and cooperation, both within the Department and between the Department and other service providers has been successfully utilized to bring this case near closure. Coordination and cooperation between the county Department and the private provider supported an intervention that was not only adequate but a major factor in the reunification of this family.”

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

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

Comments: Scoring for team formation and functioning were almost identical, with one of six cases falling in the maintenance zone and the remaining five in the refinement zone and below for each indicator. In one case that scored in the maintenance zone for both team formation and functioning, the teaming process was viewed as crucial in planning and obtaining needed services, as well as preserving some stability during the focus child’s numerous placements: “The team consisted of all of the service providers, and the worker was established as the leader. Overall they found (the worker) to be responsive. The focus child was invited to portions of the regular staffings. During a ten month time period there were seven placements, all of them necessary and appropriate. Efforts were made to assist the focus child in the least restrictive environment, though when more restriction was needed these higher-level placements were secured.”

In a case that scored in the refinement zone for team formation and the improvement zone for team functioning, the reviewer wrote: “There seemed to be a loosely formed team that lacked definition. For example, the reviewers noticed that some persons considered themselves part of the team, while other persons may not have included that person on the team. In the last six months, there were infrequent team meetings and a lack of consistent communication to guide planning and long-term view. The last three months would have been an ideal time to get everyone together to discuss planning and future teaming.”

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs,

risks, and diminished parent/caregiver protective capacities that must change to assure child safety? Are these understandings reflected in the process used for helping the family achieve a safe home (via protective provisions in the home, demonstrated parent/caregiver protective capacities, and sustainable family supports)?

Comments: Two cases scored in the maintenance zone and four in the refinement zone for assessing and understanding safety. In one case the focus child, an older adolescent, was supported by the worker in his efforts to feel safe in his community: “On a visit home, the focus child was frightened when his half brother (a former abuser) appeared at the local fishing hole and watched him from a distance. As a result, he does not feel safe in his community. However, the focus child independently developed a safety plan for himself, which included carrying a copy of a restraining order and using his cell phone to call the police if he feels threatened. His caseworker agreed to support this plan and assisted the focus child by coordinating with the parole officer and the police.”

ASSESSMENT & UNDERSTANDING - OVERALL: To what degree: Is there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child and family of origin or adoptive family to live independent of agency supervision? Are these understandings reflected in the family change process used for helping the family achieve permanency and well-being (via demonstrated parental behavior changes, sustainable family supports, and concurrent alternatives pursued for achieving permanency with another family, if necessary)?

In the measure for overall assessment and understanding, only one case rated in the maintenance zone while the remainder fell in the refinement zone. One case from the refinement zone highlighted the need for more than a superficial understanding of how a child’s behavioral and emotional deficits play out in actual day to day situations and relationships: “Though there was a general understanding of the focus child and how his experiences have shaped his behaviors, emotional development and relationships, the assessment needed to be more in depth. For example, the adoptive parents could have greatly benefited from a better understanding of the focus child’s history and how it might affect his behaviors, self-concept and ability to form relationships.”

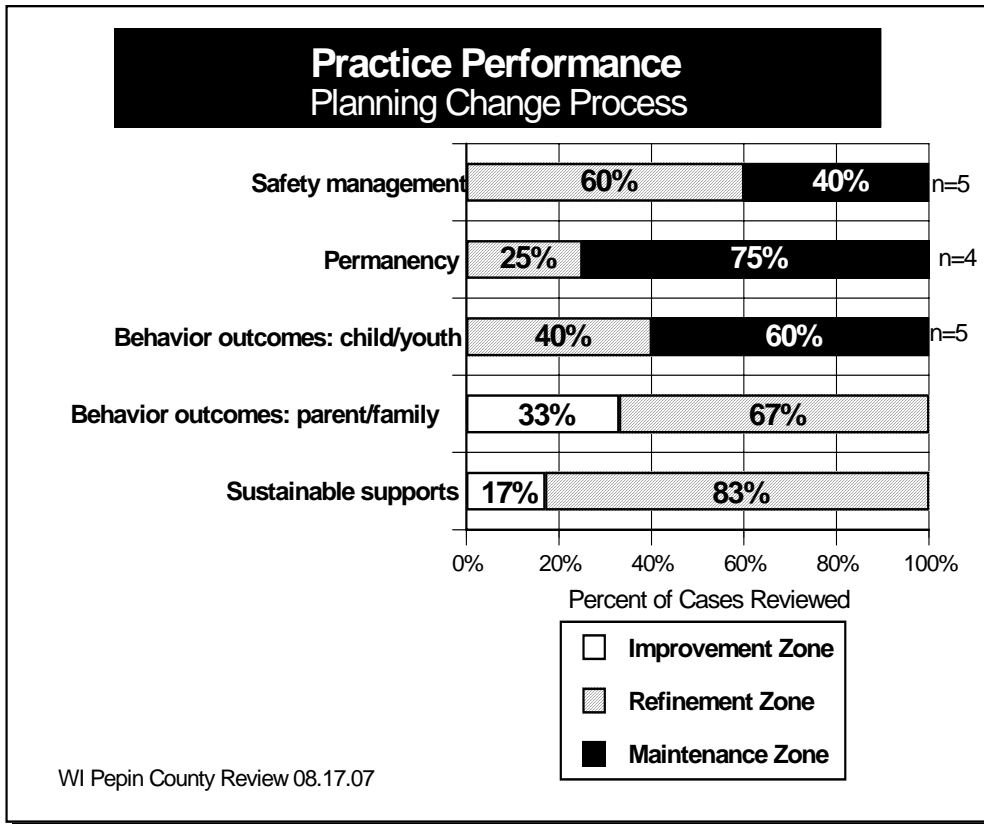
This same case revealed the simultaneous need for accurately and thoroughly understanding caregivers’ characteristics in relation to children, especially when confronted with severe symptoms that challenge their parenting capacity: “A more thorough assessment and understanding of the adoptive mother was also needed. Though an important factor in the focus child’s return home, she was basically not well understood in terms of her behaviors and (caregiving) responses to the child, as well as her underlying perceptions that may have been driving these behaviors and perceptions.”

LONG-TERM VIEW FOR SAFE CASE CLOSURE: To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children

and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral patterns must be demonstrated and sustained in the home by the parent? Sustainable conditions and supports must be present in the home and family situation to preserve the family, reunify the family, support the adoptive family or youth while transitioning to independent living so that external supervision may be safely concluded with the family or youth being independent of the system?

Comments: Long-term view is a foundational concept in the QSR practice model. A somewhat complex measure closely tied to assessment and long-term planning, it basically measures the extent to which ultimate objectives in a case are clearly understood and planned for, taking into consideration the common tendency in practice to focus on immediate crises. Because it is a rigorous measure and a new concept to most agencies and systems, these scores are usually low on initial reviews.

The current results indicated some examples of solid practice on this difficult indicator, with two cases scoring in the maintenance zone. In one of the four remaining cases in the refinement zone, a fairly well-established long-term view was thwarted by a sudden placement disruption and a subsequent breakdown in team communication: “Until May 2007, there was a long-term view that everyone was aware of and utilized in planning, but since this time there has been a lack of communication and coordination among members that has weakened the long-term view. Many of the providers were not aware that the focus child was scheduled to transition into a new foster home in the next week or two; subsequently, most of these providers were not able to speak of known sustainable conditions and supports needed or already in place to assist in this transition and future success.”



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

Comments: Two of the five cases scored for this indicator rated in the maintenance zone, with the other three in the refinement zone. One case example shows the relationship between tracking and adjustment and safety planning: “Safety planning was a positive factor in case practice. The mother had unsupervised visits until an incident early this year in which she was reported to have bathed with the focus child’s sister during a visit. It was also suspected at that time that the mother was abusing her partner’s prescription medications. The agency at that time determined the overall situation was unsafe for the children and reverted to supervised visitation. The safety plan has ensured for the girl’s continued safety during visits.”

PLANNING A CHANGE PROCESS FOR PERMANENCY [For a child removed from his or her home]: To what degree is a well-reasoned planning process used to drive strategies and actions for the family change process that provides, as needed, for: Reunifying the child and parent, replacing the entering

parent with another, or achieving independence for a youth? Searching for, findings, eliminating, and approving a relative or another replacement to be the permanent caregiver? Resolving any legal barriers to permanency? Supporting and evaluating the stability and success of the child and family in a potentially permanent home to ensure family sustainability as a condition for Safe Case Closure?

Comments: Results from this indicator illustrated some effective planning and strategizing in terms of achieving permanency, with three of four sample cases scored in the maintenance zone and one in the refinement zone. One case demonstrates the rewards of long-term contingency planning: “When the agency recognized the mother was not going to be able to parent the child, plans were implemented to transfer guardianship to the stepfather. The agency considered permanency for the focus child from the time of placement, when she was placed with the stepfather and his wife. The two were licensed by the county prior to the child needing placement, as they felt it was only a matter of time before the focus child would be removed from her mother’s care. The focus child’s half-sister was already residing with them as ordered in the divorce between the mother and stepfather. Adoption and Safe Families Act timelines were followed in establishing permanency for the focus child. She is in a setting that will endure beyond her 18th birthday and is able to meet all her needs.”

PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES:

To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction of behaviors and/or symptoms that interfere with protective and caregiving capacities? Demonstration that behavior changes are effective in parenting, protecting children, and maintaining stability of the home and family situation? Demonstration that behavior changes are sustainable over time and likely to continue following return and Safe Case Closure?

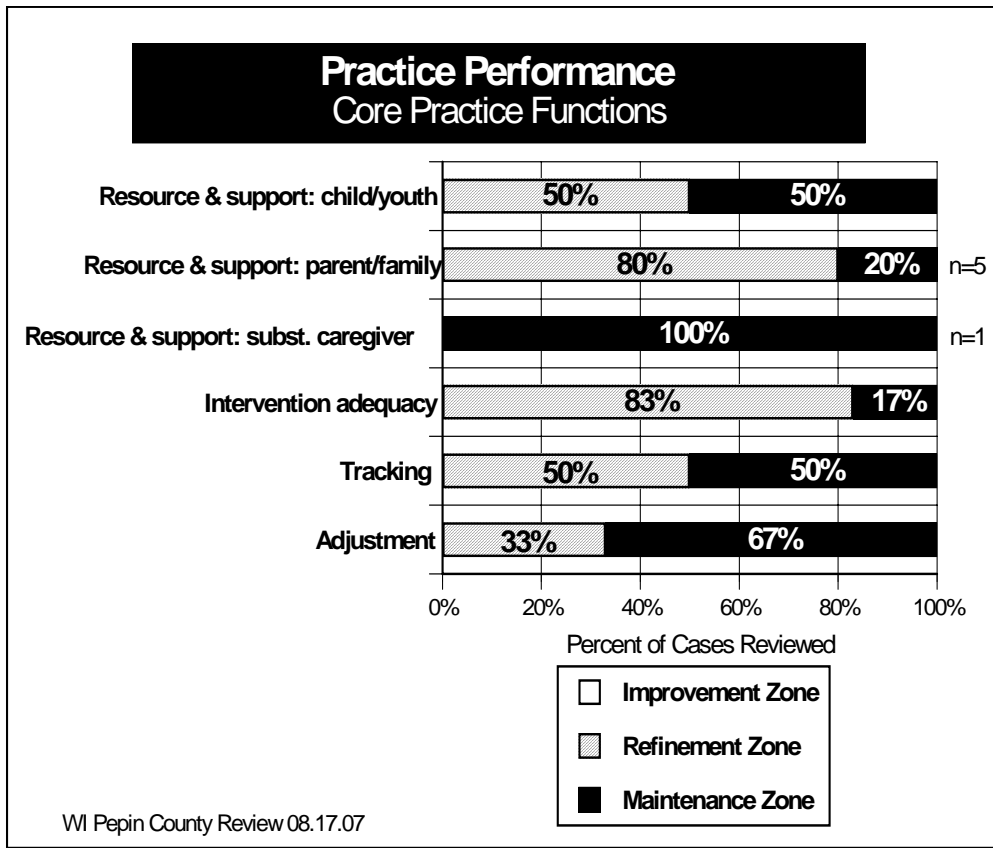
Comments: Results were mixed for planning that takes into account behavior outcomes for children. Three of five cases scored in the maintenance zone and two in the refinement zone. One case exemplified how using certain language and global categories of behavior can lead discussions away from finding practical strategies for altering unwanted patterns: “Not enough discussion and concrete planning has taken place to ensure that the new foster parents are supported and have the necessary tools to successfully manage and parent the focus child. For example, though there has been a focus on whether or not the focus child is a ‘threat’ to himself or others, there has been very little discussion around the focus child’s anger triggers, what coping strategies work for him, how adults/caregivers can support the focus child and who they can call for support, coaching or respite.”

Planning behavior outcomes for parents rated lower than the same measure for children. Of the six sample cases, none was rated in the maintenance zone and two showed a need for improvement. In one case that showed promising practice in this area, the reviewer

remarked: “The focus was placed on teaching, internalizing basic parenting practices, and empowering mother to take charge of her life and her children. It was reported that the mother's insight was limited, but over she time improved her parenting skills immensely. Rules, expectations, and limits were set and consistently enforced, and Mother responded favorably.”

PLANNING A CHANGE PROCESS FOR SUSTAINABLE SUPPORTS: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for sustainable supports for the family that provides, as needed, for: Meeting basic necessities of life? Ongoing supports necessary for recovery and relapse prevention? Informal social supports necessary to sustain the family following Safe Case Closure?

Comments: The results of this indicator point to the economic hardship and social isolation that some families face and the related need for case planning to more intentionally focus on finding supports. The long-term viability of a case often depends on securing those individuals and systems that will assist in helping the family meet basic needs. In this sample, no case reached the maintenance zone and only three of six cases rated above the low refinement zone. One case revealed: “Both parents agree that they have no informal support system. The mother states she has always been without friends. In spite of the need to work occasionally in the family business because of precarious finances, they state they cannot turn to the family for support.”



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

Comments: Three of the six children and one of five families in the sample were found to be provided with a substantial level of training, assistance, and support commensurate with their individual needs. A quote from a case story illustrates the array of supports often required with special needs children: "The interventions in place are helping the child reach fair levels of functioning, but reviewers feel the child is capable of functioning at a higher level with additional supports. The reviewers felt that the focus child needed to have a mentor, individual therapist, school support and respite lined up for him in order to rate this area higher."

A maintenance zone score was also achieved in the one case rated for substitute caregiver: "The foster parents have received excellent support from the foster parent coordinator. They are provided information about trainings and other events in which they might be interested. The foster care coordinator has been available and helpful when they have questions or other issues arise."

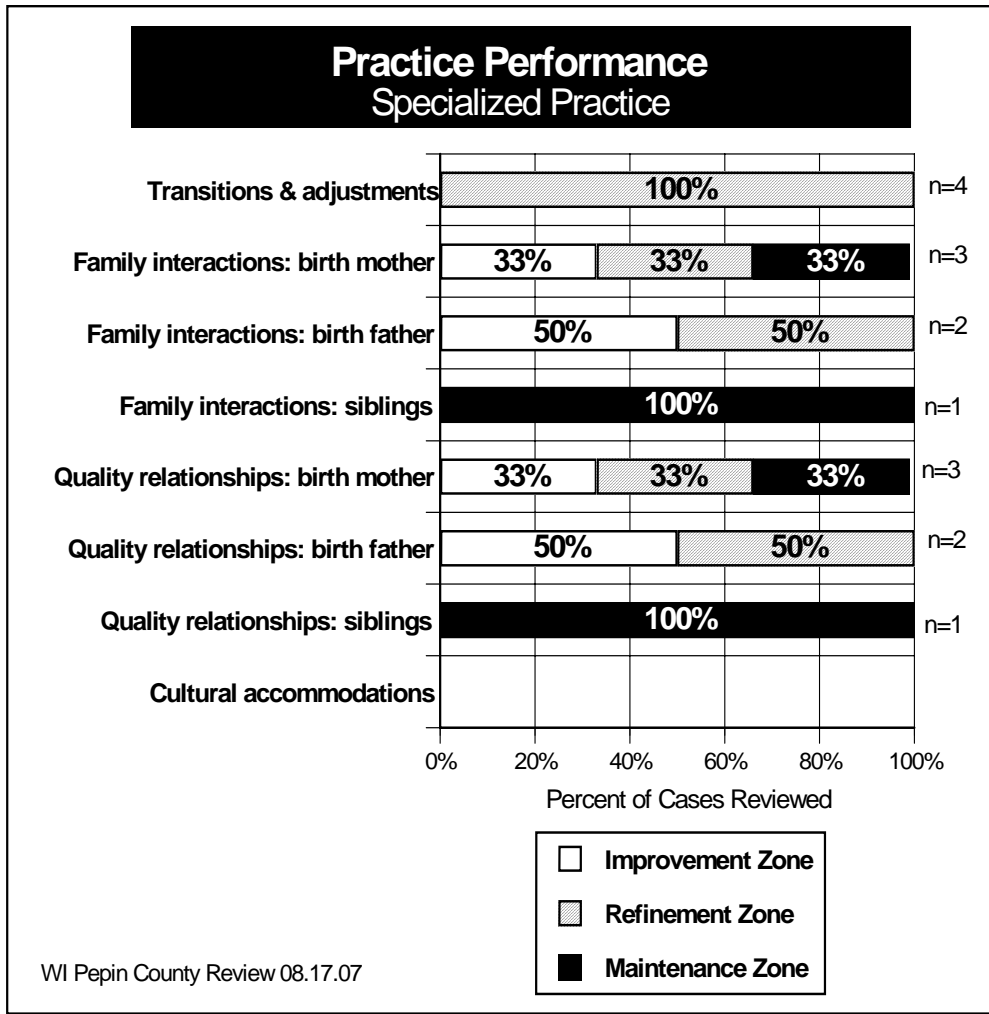
INTERVENTION ADEQUACY FOR CHANGE: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case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

Comments: Though only one case rated in the maintenance zone, the remaining five scored in the high refinement zone. One of the refinement zone cases revealed that though certain interventions led to some improvement in the focus child's behavior, more was needed: "The interventions that are in place are helping the child reach fair levels of functioning, but reviewers feel the child is capable of functioning at a higher level with additional supports. For example, he continues to present with a false bravado and many of the people we interviewed reported that the focus child continues to be argumentative, especially with authority figures. The reviewers did not feel that the level of intensity, duration, coordination and continuity of services already in place was adequate to ensure successful case closure."

TRACKING AND ADJUSTMENT: Are the child and family status, intervention process, and change results routinely followed along and evaluated?

Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting service process for finding what works for the child and family?

Comments: Scoring for tracking and adjustment were nearly identical, with three of six in the maintenance zone for tracking and four of six for adjustment. One case story demonstrates effective practice in this area: “The worker was responsive to changing conditions and circumstances, which was reflected in progress and permanency. An example of good tracking and adjusting occurred when the parents announced their decision to back out. The worker, after assessing the situation readjusted the plan, and continued things that were already working well, such as the weekly visits between the focus child and his brother.”



TRANSITIONS & LIFE ADJUSTMENTS: Is the current or next life change transition for the child being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change

occurs? Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? If the child is returning home and to school following a temporary placement in foster care, treatment, or detention, is the transition and life adjustment sequence working? Is there follow-along support for the adjustment period?

Comments: All of the four cases that were rated fell in the refinement zone. One case was found to have a demonstrated history of effective transition planning, though had another transition in progress that needed additional work: “The focus child has had numerous transitions the past 10 months. The two transitions within our time frame have been quite well planned and he has made a good adjustment. The transition plan from the treatment facility has not been completed, and the focus child has some questions and anxieties about his future and reports that he does know who to contact to get more information. Specifically, it is unknown if he will return home and reunification would be achieved, or if he will go to a foster home.”

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

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

Comments: These two indicators measure the planning and strategizing that goes into creating and/or maintaining an adequate frequency and quality of child’s visits and relationships with the birth family when in an out of home placement. The small number of cases rated show scoring across all zones for family interactions and quality family relationships. The following two case stories give a flavor of practice in these areas.

One case revealed how effective engagement positively influenced family interactions and quality relationships: “There has been effective use of supervised family interaction over the past six months. The person supervising visits had established a trusting relationship with the mother. The mother was able to make some progress in recognizing

boundary issues with the focus child and establishing limits during visits. Specifically, the visitation coordinator has assisted Mother to be in charge and providing for the children, allowing the focus child to get out of the parent role.”

Another case revealed the difficulty in maintaining relationships when a child is placed outside the community: “The difficulty with arranging regular visits has contributed to less than desired family interactions. Though the father stays in touch with the focus child by phone, the mother states her work keeps her from regular telephone contact. Both parents have been unable to arrange visits at the treatment center more than two times a month, and even some of these have been canceled when the parents have an opportunity to work on the weekend.”

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

Comments: No cases were rated for this indicator.

VII. NEXT STEPS AND ACTION PLANNING

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

- Develop a model of teaming with families and partners – within and outside the agency
- Find ways to assist families in building systems of informal support
- Increase “presence” in the town of Pepin through informal contacts and increased communication
- Continue to build partnerships with schools and other community partners
- Learn methods of engaging complex multi-need families, especially in the context of workers’ dual role of investigator and ongoing worker
- Develop a “culture” of case planning that includes behaviorally specific goals/outcomes based on functional assessments

In the final “next steps” meeting of the review, the director/supervisor and staff were provided an overview of the post-QSR facilitation offered by the Department of Health and Family Services. DHFS facilitator John McMahon, former Director of Washburn

County Human Services, provided a summary of the action planning process and ways the county could benefit from using the data from the review, especially the case stories. The county and Mr. McMahon scheduled their first meeting to begin to more thoroughly examine the data and to begin formalizing the action planning process.

VIII. SUMMARY

Like most other child welfare agencies in Wisconsin, Pepin County is faced with the considerable task of building a practice and service infrastructure that is reflective of best practice approaches designed to achieve desired outcomes with a wide range of children and families. At some point, this needs to take the form of adopting core practice principles that adhere to their organizational values and their unique system of care. The county's initial interest in pursuing teaming and engagement as first steps in this process is a reasonable strategy. However, the long-term success of establishing a solid practice base is incumbent on the ongoing availability of quality supervision, coaching, and mentoring that imparts and reinforces those principles and values.