

**Continuous Quality Improvement  
Quality Service Review**

**FINAL REPORT**

*November 7-11, 2008  
Richland County Human Services*

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

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

**September 8, 2010**

## **I. INTRODUCTION**

The Continuous Quality Improvement (CQI) Program, within the Office of Performance and Quality Assurance (OPQA), of the Wisconsin Department of Children and Families (DCF), uses the Quality Service Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The QSR generates useful information for county staff and community stakeholders 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 Richland County during the week of November 7, 2008. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

## **II. THE RICHLAND COUNTY REVIEW**

### **A. REVIEWERS**

In the Richland County review, three Continuous Quality Improvement Specialists, two DCF employees, the Area Coordinator, and current and retired child welfare professionals participated in reviewing the eight cases selected. One reviewer was observed and coached in her development as a lead case reviewer. The lead case reviewers who provided coaching have extensive experience in child welfare.

### **B. CASE SAMPLE**

Eight cases were randomly selected for review in Richland County. In each case, one child was selected as the "focus child." Every attempt was made to stratify the case sample across workers and children's ages and gender. 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 Richland County review, 73 persons were interviewed. Of the eight cases, four children were residing with their parent(s) during to the review period (May 1, 2008 to the review week) and four children resided in out of home care. Of the four children in out of home care, one child resided in a treatment foster home, one child resided in a licensed foster home and two children lived with a relative under Kinship. One child was in the 0-4 age range, three children were in the 5-9 age range, three children were in the 10-13 age range, and one child was over the age of 13. There were three males and four females in the sample.

## **C. STAKEHOLDER INTERVIEWS**

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. The Site Leader, Bridget Chybowski, conducted these sessions. In addition, John Strange of the Children's Court Initiative conducted sessions jointly with the Site Leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of insight and feedback about how the systems with which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are described in Section III.

## **D. DEMOGRAPHICS**

Richland County is a rural community with a population of 18,341, comprising of 98.3 percent Caucasian (2006). There is an increase in the working poor and 11.3 percent of the community is living below poverty (2004). It was acknowledged in focus groups that there is an increase in the number of individuals and families in the community living in poverty. The largest employers in the county are Rockwell Automation, Richland County, Richland Hospital, Richland School District, S and S Cycle, Inc. and Wal-mart (*Department of Workforce Development 2008*). In addition, families in the area are dealing with personal challenges; such as domestic violence, trauma exposure, mental health needs and alcohol and drug addictions. The community as a whole was seen as resourceful. However, like many counties in Wisconsin, there appears to be a need for more services to provide transportation, accessible mental health and alcohol and drug treatment, along with an increase in dental providers who accept Medicaid.

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

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

Agency workers were described by focus group participants as “thinking outside of the box” when meeting the needs of children and families. Workers were identified as being resourceful and creative when working with families. Partners and stakeholders viewed agency workers with positive regard. It was shared that the staff have developed positive working relationships with service providers, and the workers were described as having “open communication” and are “accessible” to service providers. The workforce within the agency has been stable for about a year and the staff is “growing in experience.” It appears that workers are able to operate independently and seek support from each other. The weekly team meetings were seen as beneficial and the plan to establish weekly supervision for all levels of staff is a positive move. In addition, another strength identified by focus group participants is that all services interfacing with children and families are under one department, Children Services. Children Services encompasses Child Protective Services (CPS), Juvenile Justice, Birth to Three Services, Children’s Disabilities, Comprehensive Community Services, Independent Living, Foster Care Licensing and Kinship.

Richland County Health and Human Services (RCHHS) was recognized for its efforts to establish positive relationships with community partners, specifically with law enforcement departments across the county. Joint investigations between RCHHS and law enforcement are seen as a strength and working smoothly. Furthermore, relationships between some local schools and RCHHS were seen as an area that is improving due to the ongoing outreach efforts by RCHHS with the schools. The re-establishment of monthly meetings with Richland Center Schools and RCHHS is seen as helpful.

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

There appears to be a feeling of a decrease in face time with clients and an increase in the amount of time in the office documenting and completing paperwork. There is a perception that the new federal and state policies (e.g. Access, Initial Assessment, and Ongoing Standards) have changed the work environment at RCHHS. It appears that the agency is doing more with less; they lost a parenting educator and recreational programming for families. This loss has caused frontline staff to have multiple job responsibilities and has limited their ability to attend trainings offered through the Wisconsin Child Welfare Training Partnership. Another challenge, yet viewed as a short term challenge, is the learning curve for staff new to CPS. While the staff turnover has stabilized, there is fairly new frontline and management staff. Focus group participants identify the learning curve of staff within the agency, specifically staff learning CPS when their backgrounds may be in other areas of social work. Furthermore, the need to establish written policies and procedures to ensure consistent daily practice was something already being addressed by the agency.

While there were examples of positive collaboration between RCHHS, community partners and Richland Center Schools, there appears to be an opportunity to improve collaboration efforts with other local schools. The relationships between RCHHS and a few school districts were

described as “strained.” A challenge revealed by focus group participants, that may partially explain why the relationships between some schools and RCHHS are strained, is there appears to be confusion by community partners when making a follow up call to an earlier referral for child abuse and/or neglect. Access responsibility rotates each day; therefore, callers are talking to a different person each day. It appears unclear how information flows through the internal channels and who is responsible for the referral or the new information. Lastly, there is a perception from some stakeholders that the budget dictates decisions of a child’s possible placement and/or services.

### **C. RESOURCES – STRENGTHS**

While Richland County is viewed as a small rural community, it does have a wide range of resources available to children and families. RCHHS has services to address parenting issues, drug/alcohol issues, and mental health issues; specifically with Hidden Spring, Paquette Center, Orion Family Services. Within RCHHS, there is the ability to offer mental health and alcohol and other drug outpatient treatment. Also within RCHHS is Comprehensive Community Services (CCS) which is an in-home therapeutic service for families, as well as Birth to Three Services for children under the age of three to receive developmental and educational services. Children participating in Birth to Three programming are able to transition to Headstart or more formal education through local school districts (Individual Education Plan) based on their developmental and educational needs.

Additional strengths are that foster parents licensed by RCHHS must complete the state Partners in Alternative Care Education (PACE) training. It was apparent that foster parents felt supported and that they could access the county through the Foster Parent Coordinator. Richland County has resources for the homeless population through the Salvation Army, A Child’s Place and food pantries. There are domestic violence services through Passages Domestic Violence Shelter. Lastly, there is a free health clinic available to the community.

### **D. RESOURCES – CHALLENGES**

There is a need to expand the capacity of several services and programs to meet the needs and demands of the families in Richland County. There are limited resources and activities for older youth, such as after-school activities or mentoring programs. There appears to be a need to expand the capacity of dental and mental health providers who accept Medicaid, county-wide transportation and housing and employment assistance programs. The county would also benefit from increasing their pool of licensed county foster homes and local treatment foster homes. Another resource needed is bilingual service providers who can provide mental health and alcohol and other drug abuse treatment without an interpreter present. Several focus group participants shared that the recent elimination of the parenting educator was a great loss for families. Additional concerns were raised regarding the fear of losing other county staff and programs, and the lack of local training opportunities for RCHHS staff due to budget constraints.

Individuals in need of specialized services, such as trauma informed, responsive assessments and services must travel out of county. Specialized services needed for Richland County were sexual assault (victim and perpetrator), inpatient alcohol and other drug abuse and psychiatric treatment

for youth and adults and lastly services for clients dealing with multiple issues from mental health, drugs and alcohol, poverty, etc. Services not available within the county are inpatient psychiatric and alcohol and drug services for children and adults. Individuals must travel outside of the county for these particular services. Richland County's need for specialized services is a struggle shared among many counties within the state. The state and other counties are facing budget cuts which prevent counties from providing additional services, and counties are having to eliminate or reduce the amount of services available to families, such as preventative services, which may help families from entering CPS.

## **E. PRACTICE – STRENGTHS**

RCHHS has shown a commitment to helping children maintain relationships with family whenever possible. By promoting and utilizing relative placements, children are able to have a sense of stability by remaining with familiar caretakers. At the time of the review, half the children in placement were with relatives. When children are removed from the home, RCHHS encourages communication between the parents and the caregivers of the children. There is an expectation that family interactions will be conducted on a regular basis in the least restrictive environment with parents and caregivers handling the scheduling of family interactions. Focus group participants shared examples of foster parents serving as mentors and supports for parents through the reunification process and after by helping with respite care when needed

Front-line staff was viewed as knowledgeable about community resources. Despite previously mentioned challenges with funding and resources being cut, the front-line staff were recognized for their creativity and thinking outside the box to meet the needs of Richland County families. Another area of strength was the ability to use Coordinated Service Team Meetings (CST) for specific families involved in the CCS program.

## **F. PRACTICE – CHALLENGES**

Similar to other counties across the state, RCHHS appears to be learning how to balance the evolution of Child Welfare practice. Like many agencies today, the agency staff is balancing the historical aspect of social work of being more “hands on” and out in the field with families with the present day feeling that child welfare practice is more like a “business” with more focus on “accountability.” The agency, similar to other agencies across the state, has regular challenges in understanding and implementing new federal and state policies that, at times, may be either too vague or too explicit in giving direction to the agency on how to proceed on CPS matters. For example, the struggle with balancing state criteria for abuse and neglect with community beliefs. There appears to be a community expectation that a contact will be made with every family that has been referred to the agency. In addition, when a CPS referral is received on a RCHHS licensed foster home, there appears to a belief that the investigations are handled internally by RCHHS; rather than by another agency. RCHHS practice is to refer to another agency for independent investigations. Enhanced outreach and education around this issue would alleviate any misunderstanding. While it was shared by some focus group participants that RCHHS is planning with families through their CCS and CST initiatives. There is an opportunity to implement an explicit practice model on how to engage, assess and plan with families involved in child welfare.

It appears that once the court order is in place, it becomes the driving force as to how staff works with families and, ultimately, the family's case plan. An explicit practice model not only provides guidance and consistency for agency staff, but it also provides the same for families and partners working with the system. The implementation of a practice model would help in developing practice strategies that engage families who struggle with daily subsistence along with those families that continue to challenge the system due to the severity of their needs.

## **G. LEGAL – STRENGTHS**

Richland County's Judge was described as considerate, thoughtful and knowledgeable. Focus group participants voiced appreciation for the Judge's "round table" and described it as a way for open communication with legal partners and RCHHS. The court was recognized for its efforts to make oral and written Title IV-E findings in accordance with federal and state statutes. It was shared that the Judge seeks input from parties at court hearings. Agency staff was described as being prepared for court and it was stated that workers are filing Change of Placements with the court as it relates to children in foster care. Guardians ad Litem (GALs) are appointed to a case when a Child in Need of Protection or Services (CHIPS) petition is filed and are present at Temporary Physical Custody Hearings; there are no delays in GAL appointments. Additionally, the county has made efforts to help children reach permanency when reunification is not an option. The county has contracted with attorney Henry Plum to handle some specific Termination of Parental Rights (TPR) cases.

## **H. LEGAL – CHALLENGES**

While contracting with attorney Henry Plum to handle TPR petitions is an area of strength, there is a challenge in maintaining the funding for this specific service. Focus group participants revealed concerns for the future funding of this contract, and if there is no funding, who would be responsible for filing TPR petitions? However, although some participants are unclear about future TPRs, the agency does have an understanding with their District Attorney that he will be responsible for most, if not all, future TPRs. Also, related to permanency planning for children, there appears to be varying understanding of permanency options for children among all legal parties. There were examples given of the agency recommending alternative permanency options, such as Transfer of Guardianship (TOG), and other parties being against it due to the perception that TOG is not a reliable permanency option.

Another challenge that was shared throughout legal focus groups was the overwhelming court calendar and workload for the judge and district attorney. When asked, focus group participants shared that there were delays in scheduling court hearings and when this occurs, all parties agree to waiving timeframes and "Tolling Time Limits". It was also identified that there is a delay in obtaining court orders which are needed for federal funding, and all parties are not receiving appropriate Notice of Court Hearings. Lastly, challenges shared with other counties across the state were the lack of appointment of attorneys for parents in CHIPS petitions and the varying practice amongst GALs. It appears that there are varying perceptions of GALs' practice of seeing or not seeing children prior to a new petition being heard before the court.

## IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

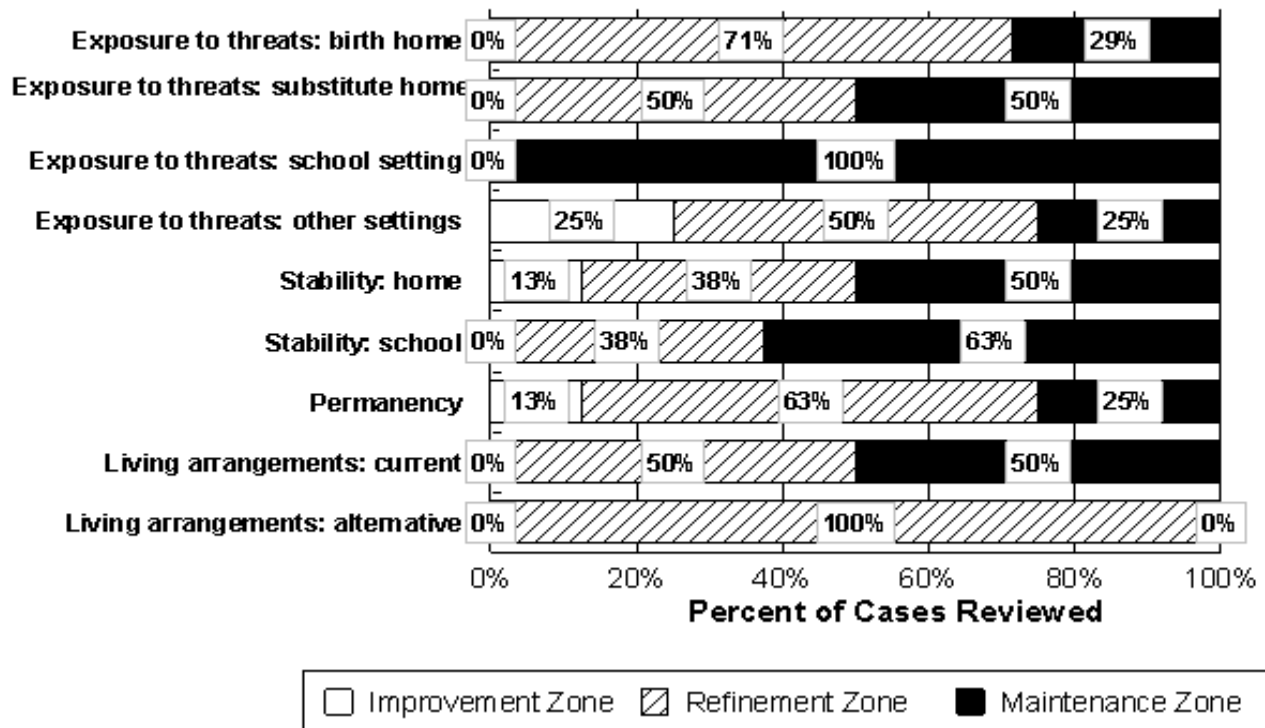
The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 180 days prior to the review.

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

**Note:** n = (x) next to a bar in a graph signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.

## Child Status

### Safety and Permanency



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

**Comments:**

This indicator is assessing if the child is free from abuse and neglect in every setting; birth home, substitute home, school or alternative settings. Overall, the children residing in out of home placement are safe from abuse and neglect. Two children rated for *Exposure to Imminent Threats of Harm for the Substitute Home* scored in the maintenance zone and two children scored in the refinement zone. In accordance with the federal scoring, of 1-3 unacceptable and 4-6 acceptable range, all four children rated for *Exposure to Imminent Threats of Harm for the Substitute Home* scored in the acceptable range.

Two children rated in the maintenance zone and five children scored in the refinement zone for *Exposure to Imminent Threats of Harm in the Birth Home*. In accordance with the QSR guidelines, one child was not scored because the child was not having unsupervised family interactions in the home nor was reunification the permanency plan goal. A reviewer described “The lower score is reflective of safety concerns while in the home of his mother which was rated under “other settings” under *imminent threats to harm* given that the focus child has some overnight visitation in the mother’s home. Of specific concern are the issues of domestic

violence, inability to protect the focus child from abuse and the lack of resolution of the abuse issue.”

**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:**

Stability examines the child’s current placement at the time of the review, in the birth home or an out of home setting; the stability over the last twelve months and the likelihood of this stability continuing to be status quo, improving or deteriorating over the next six months. Four of the eight children scored in the maintenance zone, three children scored in the refinement zone and the one child scored in the improvement zone. According to federal scoring, five of the eight children scored in the acceptable range.

Stability in the school setting was rated for all eight children and six of the children scored in the acceptable zone.

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

**Comments:**

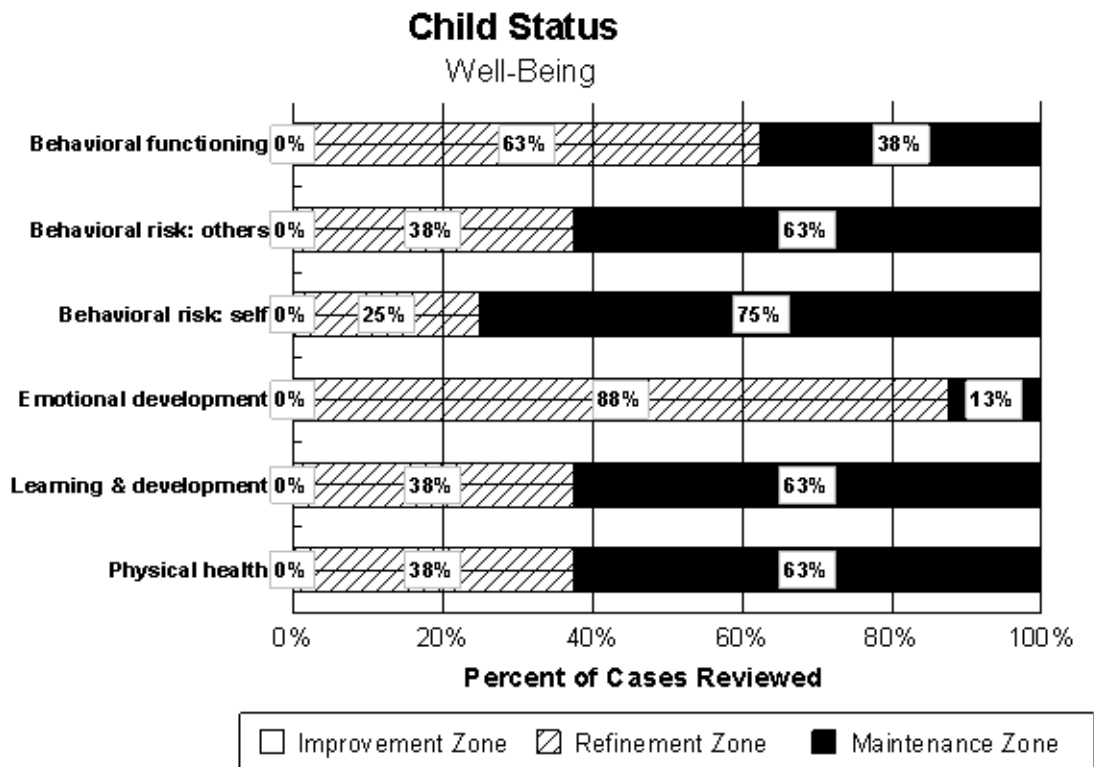
Permanency applies to all children in an out of home placement as well as with children residing in their biological home. The permanency indicator is critical for all children. It is assessing how effective the efforts are in achieving and sustaining a permanent placement for the child following safe case closure. Two children scored in the maintenance zone, five children fell in the refinement zone and one child scored in the improvement zone. Five of the children scored in the unacceptable range for permanency.

RCHHS scores for permanency were comparable to the rest of the state. Whereas the first 32 counties reviewed scored 32 percent of children in the maintenance zone, 60 percent of children scored in the refinement zone and eight percent rated in the improvement zone.

**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:**

This indicator examines if the child’s current setting is the least restrictive environment and is providing appropriately for his or her needs, as well as any alternative setting where the child has slept and received care in the past 90 days. Overall, the majority of children are in the least restrictive setting. There was no child residing in a restrictive setting such as a residential treatment facility or psychiatric hospital. Seven of the eight children rated for *Living Arrangement* in their current setting scored in the acceptable range. Four of the eight children scored in the maintenance zone and four children scored in the refinement zone. With regards to the children’s “alternative” *Living Arrangement* settings, three of the eight children were rated and all three children scored in the acceptable range.



**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:**

All eight children were rated for their *Behavioral Functioning*. Three children scored in the maintenance zone and five children scored in the refinement zone. Five of the eight children scored in the acceptable range.

It should be noted that two of the children in the review sample have diagnosed behavioral disorder and one of these two children has multiple mental health diagnoses. A reviewer wrote, “Focus child’s emotional development and behavioral functioning were scored in the refinement zone because of his significant mental health challenges and behavioral issues. His diagnoses of Reactive Attachment Disorder (RAD), Mood Disorder NOS, Post-Traumatic Stress Disorder

(PTSD) by history, Attention Deficit Hyperactivity Disorder (ADHD) and encopresis make it difficult for focus child to obtain stability in various areas of his life. He is currently on four different psychotropic medications.” The reviewer later wrote about the same child that “Some descriptors of focus child’s behavior as reported by those interviewed and documented in the record is aggressive with peers, argumentative, fighting with grandparents, lying, soiling himself (daily), uncontrollable temper tantrums and pulling a knife on the grandparents. “

**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:**

Seven of the eight children rated scored in the acceptable zone for *Behavioral Risk to Self*. Six children scored in the maintenance zone and two children rated in the refinement zone. All eight children rated for *Behavioral Risk to Others* scored in the acceptable zone where as five children scored in the maintenance zone and three children scored in the refinement zone. Overall, the children in Richland County do not possess a *Behavioral Risk to Self or Others*, no child was rated in the improvement zone.

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

**Comments:**

There are a number of factors that need to be considered when assessing a child’s emotional development. In this review, all the families are dealing with co-occurring conditions. Of the children in the review, 100 percent were seen as trauma exposed. Co-occurring conditions are additional factors that the individual is dealing with along with their involvement in child welfare. All eight children were scored and seven children scored in the refinement zone. One child scored in the maintenance zone for *Emotional Development*. Of all eight children, six scored in the acceptable range.

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

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

**Comments:**

Five of the eight cases scored in the maintenance zone and three children scored in the refinement zone for the focus child’s *Learning and Development*. Seven of the eight children scored in the acceptable range. One child who scored in the acceptable range for *Learning and*

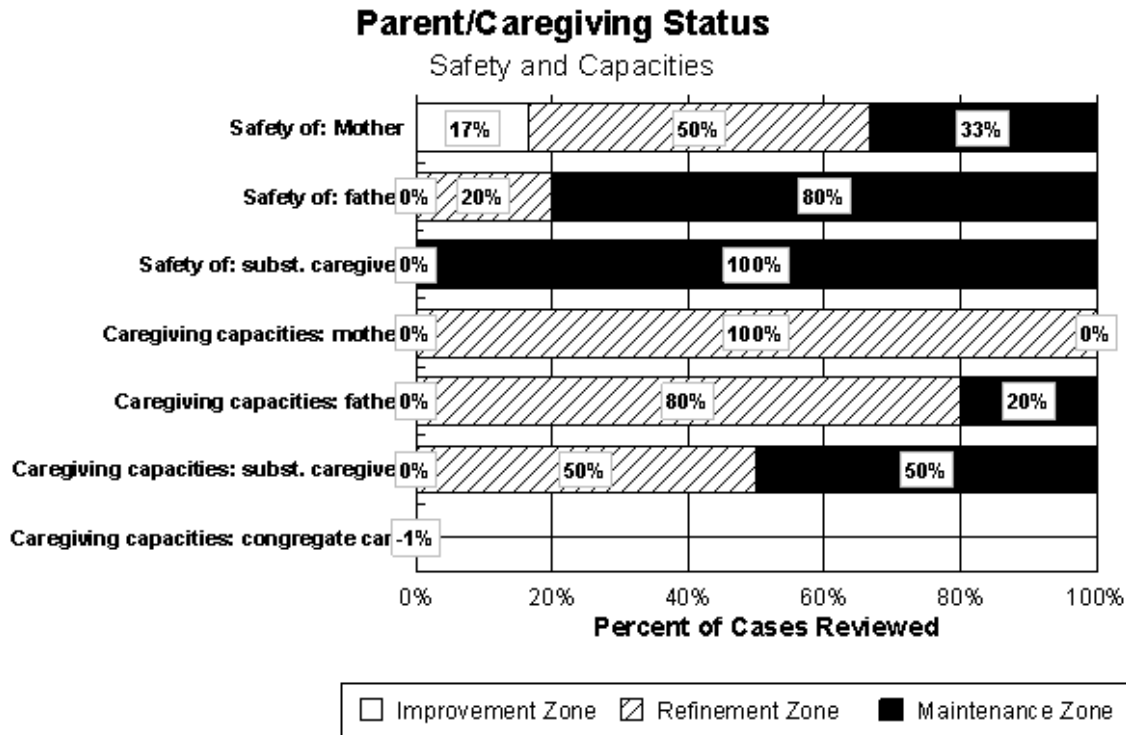
*Development* a reviewer wrote "...he is described as currently doing very well and making good progress on his Individual Educational Plan goals. The focus child has very limited verbal skills and his teacher says that his IQ is unknown. He is described to be reading at the lower first grade level. He is able to type words, ABC's and numbers on the computer and spelling appears to be excellent." The reviewer continued, "The teacher reports that they have made great progress on his "running away" issues and he is now able to go to recess and is teamed with another child who has autism and they help one another. The focus child is described as having a great need to exercise, run and play and to develop his gross motor skills."

The first 32 counties reviewed scored 67 percent in the maintenance zone for meeting children's educational needs. Richland County was similar in that 63 percent of the cases scored in the maintenance zone. Information obtained regarding Richland County's children's reading levels revealed that four children were reading at grade level and three children were demonstrating some reading struggles with being a half grade or more behind their assigned reading grade. One child's reading level was not applicable due the child being under the age of three.

**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:**

Five of the eight children scored in the maintenance zone and three children scored in the refinement zone for the focus child's *Physical Health*. Seven of the eight children scored in the acceptable range. The children in the sample are physically healthy and if there are health conditions, they are being treated timely and appropriately. In the first 32 counties reviewed, 89 percent of children scored in the maintenance zone and 11 percent of children scored in the refinement zone. Like children in the first 32 counties reviewed, no child scored in the improvement zone for *Physical Health* for RCHHS.



**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:**

Two mothers scored in the maintenance zone, three mothers scored in the refinement zone and one mother scored in the improvement zone for *Safety*. Five fathers were scored for *Safety* and all five fathers scored in the acceptable range where as four fathers scored in the maintenance zone and one father rated in the refinement zone. Four substitute caregivers were rated and they all scored in the maintenance zone for *Safety*. These scores indicated that the fathers and substitute caregivers in the sample are generally safe and free from intimidation and fear of violence in the home and community. However, there are areas of concern relating to the mothers in the review sample. A reviewer wrote, “The lower scores were in the areas of safety and parenting challenges due to the history of domestic violence and abusive parenting on the part of her husband. These issues have not been resolved and significantly impact the mother’s ability to protect her child from harm. Currently, there is no domestic violence occurring in the home likely due to the maternal grandparents residing in the home. However, it appears that the abuse has shifted to being emotional in nature. It is of concern that the grandparents will be soon moving out which may change the current dynamics.”

**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

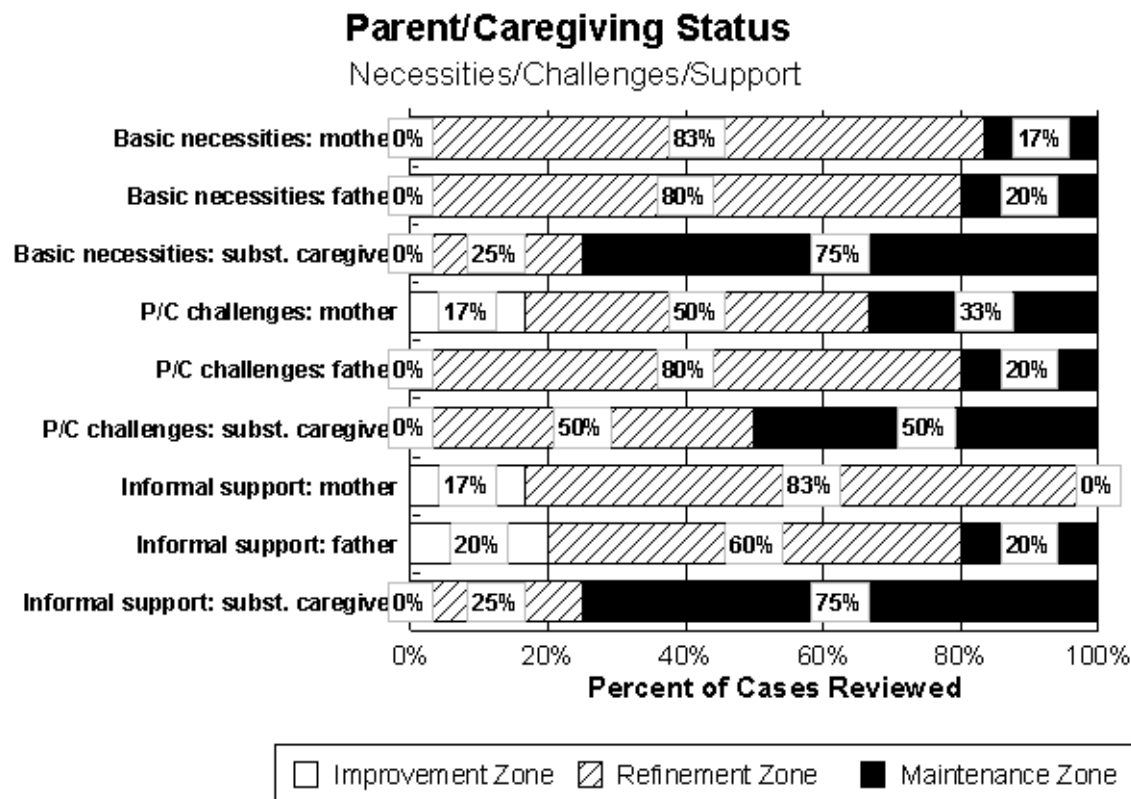
**developmental needs, does the caregiver have and use any special knowledge, skills, and supports that may be required to meet the needs of the child(ren)?**

Six of the eight mothers were scored for this indicator and all six mothers scored in the refinement zone with four mothers falling in the acceptable range and two mothers rated in the unacceptable range. Five fathers were scored for *Caregiving Capacities* where one father scored in the maintenance zone and four fathers scored in the refinement zone. Four substitute caregivers were rated and two scored in the maintenance zone and two substitute caregivers scored in the refinement zone with all four substitute caregivers rating in the acceptable range.

**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:**

There was no child living in a congregate care setting during our review period, therefore this indicator does not apply.



**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:**

One mother scored in the maintenance zone and five mothers scored in the refinement zone. Four of the six mothers scored in the acceptable range. Five fathers were scored for *Basic Necessities* and one father scored in the maintenance zone and four fathers were rated in the refinement zone. Three of the five fathers scored in the acceptable range. Four substitute caregivers were rated and they all scored in the acceptable range. It should be noted that 50 percent of families in the review were identified as having functional limitations with economic self-sufficiency.

**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:**

Four substitute caregivers were rated and they scored in the acceptable range with two scoring in the maintenance zone and two substitute caregivers scoring in the refinement zone. Six of the eight mothers were rated for *Special Parenting/Caregiver Challenges* whereas two mothers scored in the maintenance zone, three mothers fell in the refinement zone and one mother scored in the improvement zone. Five fathers were rated for this indicator; one father scored in the maintenance zone, and four fathers scored in the refinement zone. Four of the five fathers rated in the acceptable range. These scores support statements shared in focus groups that families are dealing with numerous, more challenging issues. Of the families reviewed, all eight sets of parents were found to have co-occurring conditions. Seventy-five percent of parents were found to have a mental illness, while 88 percent of parents were found to be exposed to or a victim of trauma. Lastly, 50 percent of parents were dealing with substance abuse issues and/or had a chronic health impairment.

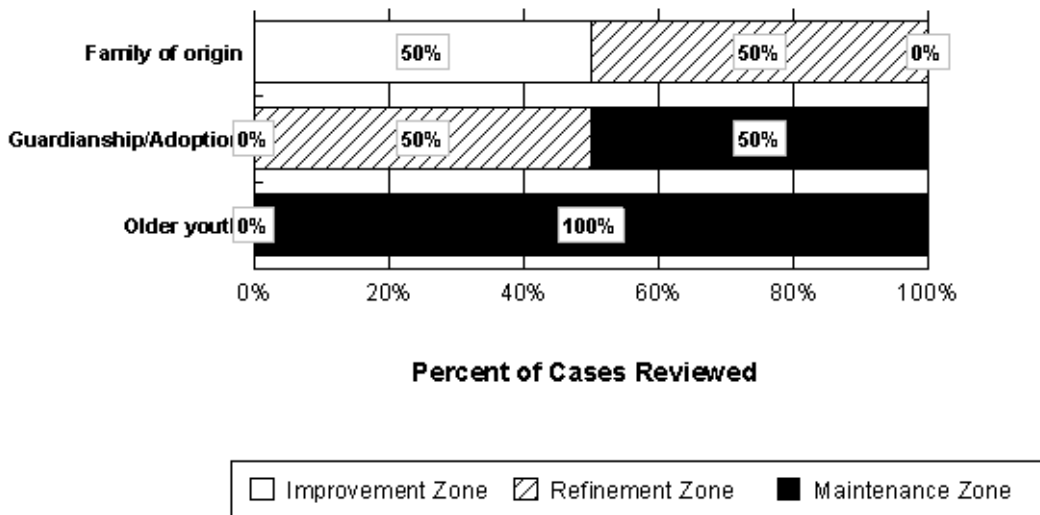
A reviewer wrote about a mother facing challenges, "She is admittedly an alcoholic who is currently using. Her alcohol use limits her parental protective capacities and ability to provide supervision for her child. Her situation is complicated by her mental health issues including depression, anxiety and post traumatic stress disorder (PTSD) from past and current domestic violence. She is not employed and isolates herself to the house." In another case story a reviewer wrote, "Additionally, the mother is suffering from some health concerns that may be related to her mental health and have caused her to be unable to work. She is suffering from depression, sleep disturbance and low self esteem. She is passive and has a childhood history of physical and sexual abuse which may further limit her ability to recognize and respond appropriately to varying degrees of abuse."

**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:**

Six of the mothers were scored for this indicator. Of the six scored, five mothers scored in the refinement zone and one mother scored in the improvement zone. Three of the six mothers scored in the acceptable range. Five of the eight fathers were scored for this indicator where one father scored in the maintenance zone, three fathers scored in the refinement zone and one father scored in the improvement zone for *Informal Support System*. There were four substitute caregivers rated, and they scored in the acceptable zone with three substitute caregivers scoring in the maintenance zone and one substitute caregiver rated in the refinement zone.

**Progress Toward Independence**



**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:**

Six of the eight children were rated for *Progress to Permanency to Family of Origin*. Three children scored in the refinement zone and three children scored in the improvement zone. Only one of the six children scored for this indicator scored in the acceptable range. A case that scored in the improvement zone a reviewer wrote, “Minimal progress has been made toward permanency for focus child, in large part due to his significant challenges and mental health issues. The permanency plan on record is reunification with the grandparents with a concurrent plan of sustaining care (TPR). It is clear from interviewing the grandmother that she is committed to remaining involved and connected to focus child but that she does not plan any time in the future to take placement of him again. It was obvious that focus child’s mental health and behavioral issues were simply too much for the grandparents to handle. Given the focus child’s significant challenges which make it difficult to place him, adequate time will be needed to secure the most appropriate placement for him. The treatment foster home in which the focus child is currently placed does not appear to be a long term resource. It is anticipated that the focus child will eventually need to be moved again to another placement in order to achieve permanency. The current home is willing to retain placement of him until the end of the school year as was indicated during the interview.”

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

**Comments:**

Two out of the eight children were scored for this indicator where one child scored in the maintenance zone and one child scored in the refinement zone. A reviewer wrote for the case that scored in the maintenance zone “[The focus child] was placed into her grandparent’s home by birth mother for an entire year prior to agency involvement. Therefore, when there was not sufficient progress for her to be returned to her parental home, in the fall of 2008, the agency petitioned the court to change [focus child’s] permanency plan to that of guardianship. There has been significant progress toward the attainment of this goal.”

**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?**

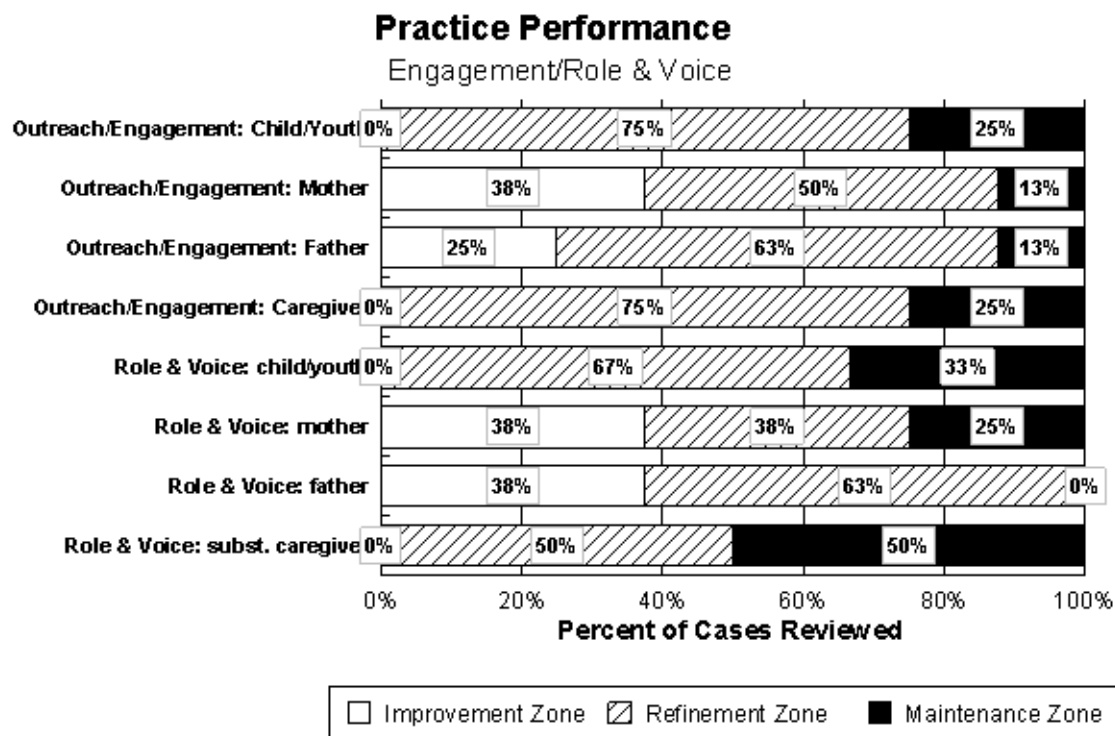
**Comments:**

One child of the eight children was rated for this indicator. The child rated for this indicator scored in the maintenance zone and this was the child's sole permanency plan goal of record. Of the child that scored in the maintenance zone, a reviewer wrote, "The focus child and foster family have made excellent progress toward independence from the agency; however, it does appear that the focus child is ready for some enhanced independent living program activities. During the interview with the foster parents they expressed interest in what programs were available to help prepare the focus child for college, including identification of scholarship opportunities." A reviewer continued to write, "The county agency's recent appointment of an independent living coordinator should enhance movement towards permanence in this case; however, with the age of the focus child it appears that she will remain in the foster home until she ages out of care."

## 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 eight 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 strengths in case practice that should be maintained, as well as opportunities where the agency can focus efforts on improving outcomes for children and families served.

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



**ENGAGEMENT OF CHILD & FAMILY:** To what degree are those interveners involved with the family using 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 children were scored as it relates to their *Engagement* with interveners in the change process. Three of the four children rated for this indicator scored in the acceptable range. One child scored in the maintenance zone and three children scored in the refinement zone. Four children were not scored in accordance to the QSR protocol guidelines that they may be unable to participate due to age or development.

All eight mothers were rated for this indicator. One mother scored in the maintenance zone, four mothers scored in the refinement zone and three mothers fell in the improvement zone. Six out of the eight mothers rated in the unacceptable range for *Engagement*. All eight fathers were scored for this indicator, two fathers scored in the improvement zone, five fathers rated in the refinement zone and one father rated in the maintenance zone. Once again, six of the eight fathers scored in the unacceptable range for *Engagement*. These scores indicate there is an opportunity to enhance practice. A core principle of the QSR is engagement. This is viewed as a critical piece in successfully working with families. Engagement is building a trusting

collaborative relationship with families in order to promote behavioral changes in a nonthreatening manner. While many family stories revealed several efforts by the interveners to engage the mother and/or father, the QSR protocol measures the overall achievement of engagement between all interveners and the respective parent. The family cases reviewed revealed different levels or stages of engagement between families and their interveners.

A reviewer wrote regarding positive engagement with all key case participants, “One of the most favorable practice considerations in this case is the case manager’s strong engagement and relationship with the mother. The mother emphatically expressed that she likes but, more importantly, trusts the case manager. The mother views the case manager as supportive and “on her side.” The mother stated that she feels the case manager is committed to helping her and working in her best interest. This is most impressive in that the case manager was also the initial assessment worker who substantiated the abuse and removed the focus child. This indicates a high level of skill on the part of the case manager and will be a spring board toward moving the case toward successful case closure. Additionally, the mother has a positive and trusting relationship with the therapist.

Another case demonstrated that the interveners were at a point where engagement with the family could enter into a deeper, more trusting relationship if acted upon by all. A reviewer wrote “Another opportunity with this family is to engage them in the process in ways that help them take ownership for the outcomes. Our focus child’s mother and stepfather expressed appreciation for the information and support provided by the worker. However, they seem to perceive themselves as more passive in the process and perhaps view their involvement as one of complying with what is asked rather than being active participants in the choices and decisions. They seem to be capable and willing to make the needed changes to provide and care for their children and could benefit from having a discussion about their needs, and possible goals to meet these.”

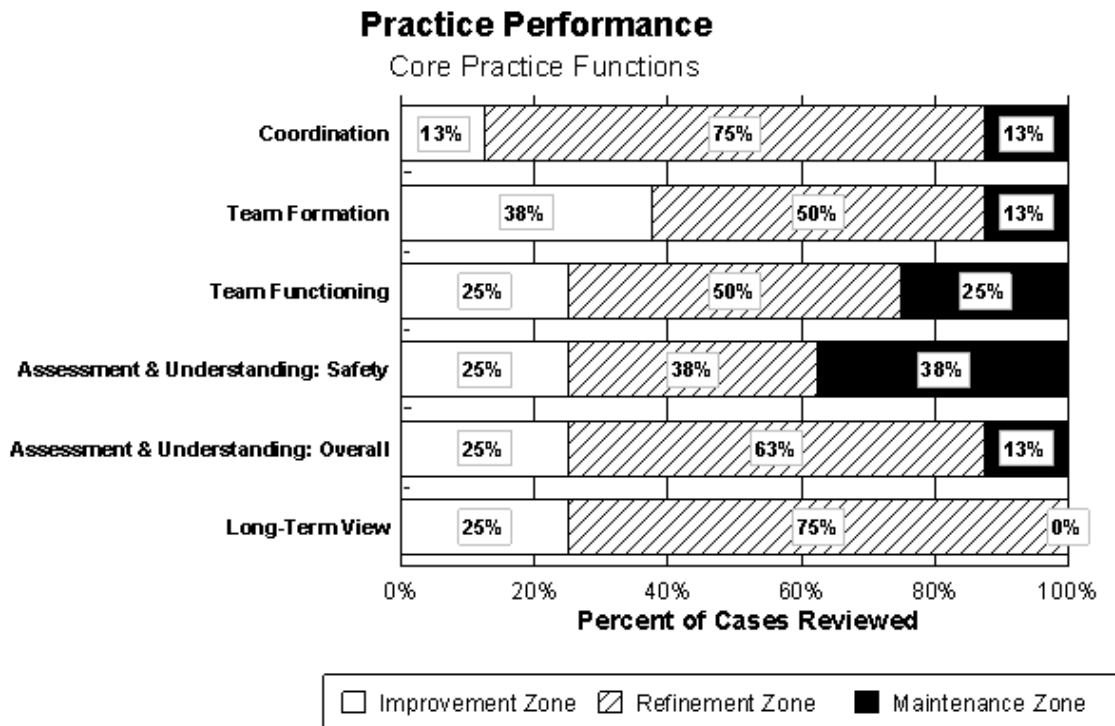
**ROLE & VOICE IN DECISIONS:** To what degree are the child’s parents significant, ongoing participants (e.g. having a significant role, voice, influence) in decisions made about child/family change strategies, services, supports, and results? (Role and voice in recent meetings).

**Comments:**

All four substitute caregivers scored in the acceptable range (two substitute caregivers scored in the maintenance zone and two substitute caregivers scored in the refinement zone). Five of the children were not scored for *Role and Voice* due to their age and/or development. Two of the three children scored for this indicator scored in the acceptable range. One child each scored in the maintenance zone, refinement zone and improvement zone. A case reviewed that scored in the maintenance zone for the child’s *Role and Voice* was that of a 16-year-old focus child that was able to have strong *Role and Voice* in shaping the direction of the case in that she initiated the filing of her court petition and set up the structure of her family interactions with her mother.

All eight mothers were rated for *Role and Voice*. Two mothers scored in the maintenance zone, three mothers scored in the refinement zone and three mothers scored in the improvement zone. Five mothers scored in the unacceptable range. *Role and Voice* is asking if the parent has a voice in the direction and decision making related to the family’s case. Are all case participants

collaborating with family members in development of the family plan? All eight fathers were scored for this indicator. Five fathers scored in the refinement zone and three fathers scored in the improvement zone.



**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:**

One case scored in the maintenance zone, six cases scored in the refinement zone and one case rated in the improvement zone. Four of the eight cases scored in the acceptable range.

**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 for 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:**

The mixed results from this indicator demonstrate that this is an area of development for RCHHS. Teaming is a core principle and value of the QSR model. When there is strong team formation and functioning, other areas of practice are enhanced such as assessment, planning, tracking and adjustment. Effective teaming improves outcomes for children and families. Formation is examining if all key participants in the family's life are present at the team meeting and include formal and informal supports. For a case that scored in the improvement zone, a reviewer wrote that "Team formation and functioning were an opportunity for growth in this case. Few persons who provided services to this child and family met together, planned, or evaluated services. One provider said "I'm having trouble catching up." They were all comfortable calling the ongoing worker if issues came up but did not feel like they were a part of service provision and planning. Any meetings were more staffing models with information being shared in isolation from other service providers. Few service providers were aware of the long-term view for [the focus child]."

Functioning is inquiring if the team is operating together; is there a shared big picture understanding of the goals and needs of the family and are the strategies in place? The team, not only the case manager, is assessing, planning, tracking and adjusting as needed to assist the family in achieving desired outcomes. A case that scored in the maintenance zone for *Team Formation and Functioning*, the reviewer wrote, "The team is openly and regularly communicating with each other in order to service the high needs of the focus child appropriately. The team communications include weekly emails to all involved, monthly team meetings and frequent phone calls if there are changes in child's behavior or plan. The grandparents are very much involved in future planning for the child and attends team meetings regularly." The reviewer continued to write about the same family teaming that "The team appropriately responds to the changing needs of the focus child. The team has a good understanding of the focus child's needs as well as the importance and value of his relationship with his grandparents and sibling."

One case scored in the maintenance zone, four cases scored in the refinement zone and three cases scored in the improvement zone for *Team Formation*. As it relates to *Team Functioning*, two cases scored in the improvement zone, four cases in the refinement zone and two cases in the maintenance zone.

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

All eight cases were scored related to the *Assessment and Understanding Safety* indicator. Three cases scored in the maintenance zone, three cases scored in the refinement zone and two cases scored in the improvement zone. A reviewer wrote, "Another area of strength is the quick response to the immediate crisis that the grandparents were having with the focus child. An in

home safety plan was immediately put in place in order to try to keep the child in placement with his guardians and although he eventually would be moved to out of home care it shows the quick efforts of the agency to respond to concerns.”

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

**Comments:**

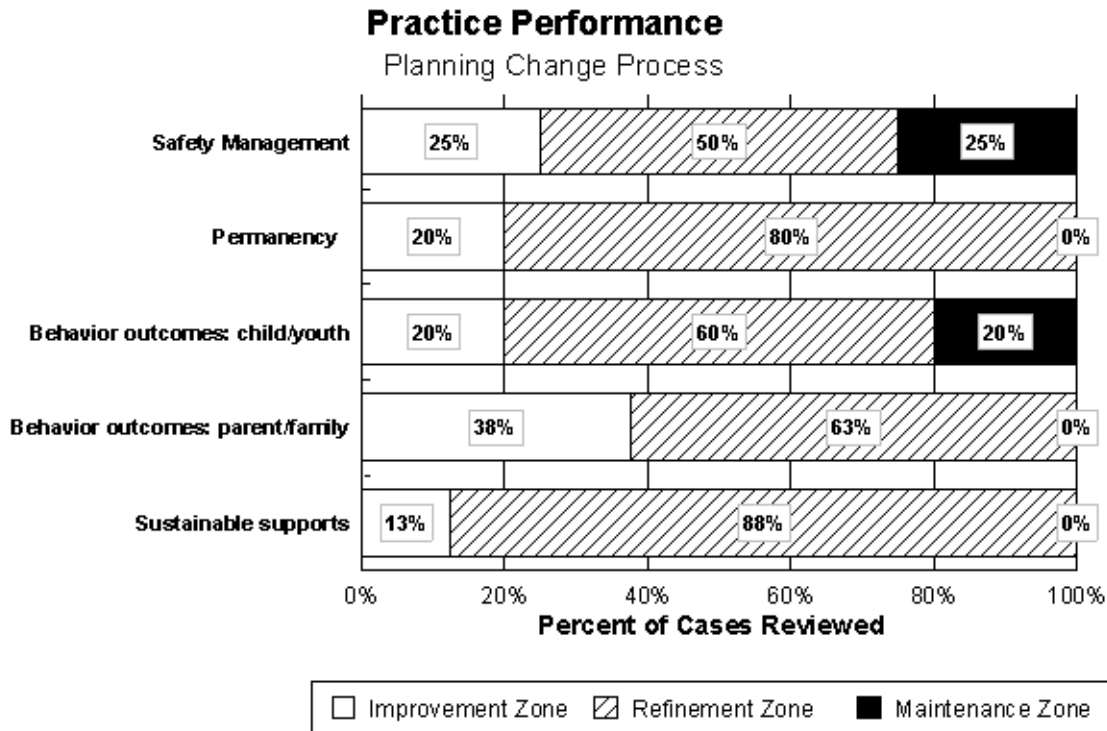
It is critical when working with children and parents to complete a comprehensive assessment of the family's strengths and underlying needs. In addition, assessing is an ongoing process, not only completed when a family first enters the system. Families are dealing with numerous external and internal challenges that greatly impact their everyday functioning. The family team needs to have a clear understanding of the family's underlying needs to implement the most appropriate, least intrusive intervention to sustain behavioral changes.

In general, five of the eight cases were scored in the acceptable range for *Overall Assessment and Understanding*. One case scored in the maintenance zone, five cases scored in the refinement zone with the remaining two cases falling in the improvement zone.

**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 transitioning to independent living so that external supervision may be safely concluded with the family or youth being independent of the system?

**Comments:**

Identification of what needs to be present in order to safely close the case improves the likelihood of achieving those outcomes. Six cases scored in the refinement zone and two cases scored in the improvement zone for *Long Term View*. Several cases were working towards the permanency goal of the child and could verbalize what was needed for the child to either remain in the home or to be returned to the home. However, there were a few cases reviewed that when asked, “What does the end look like?” or “What needs to happen for the case to close with the county?” few individuals could offer specific answers. Six cases scored in the refinement zone and two cases scored in the improvement zone. According to federal scoring, only one of the six cases scored acceptable for *Long Term View*.



**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, and securing sustainable family supports?

**Comments:**

Two cases respectively each scored in the improvement zone and in the maintenance zone. Four cases scored in the refinement zone for *Planning for a Change Process: Safety Planning*. A case that scored in the maintenance zone, a reviewer wrote, “The agency worker had a good understanding of what was needed to keep our focus child and his sibling safe in the family home. Although options were discussed with respect to keeping the children safe from any further abuse, it was determined at the outset that the children would remain in their home with their mother; their stepfather would move out. As a condition of his bond he was to have no contact with the two older boys. The worker continued to make unannounced visits to the family home to monitor safety on a weekly basis.” The reviewer continued “...it seemed evident the worker recognized the family’s desire to make the changes needed to keep the children safe from harm. After six months of being away from the family home, the worker developed a plan for stepfather’s return to the family home. The safety plan clearly stated that techniques other than physical discipline needed to be employed and outlined steps for helping our focus child’s mother and stepfather gain the needed skills and supports for using non-physical discipline.”

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

**Comments:**

Five of the eight cases were rated for this indicator. Three cases were not rated for this indicator because the focus child was not removed from his or her home for CPS reasons, which is in accordance with the QSR guidelines. Four cases scored in the refinement zone and one case fell in the improvement zone.

**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:**

Five of the eight cases were scored for *Planning a Change Process for Behavioral Outcomes for Children*. Five of the eight children were identified as needing to address behavioral changes for children. Two cases scored in the unacceptable range and three cases scored in the acceptable range. Three children were identified as having no behaviors targeted for change at this time, therefore they were not rated for this indicator; this is in accordance with the QSR protocol. One case scored in the maintenance zone, three cases scored in the refinement zone and one case scored in the improvement zone.

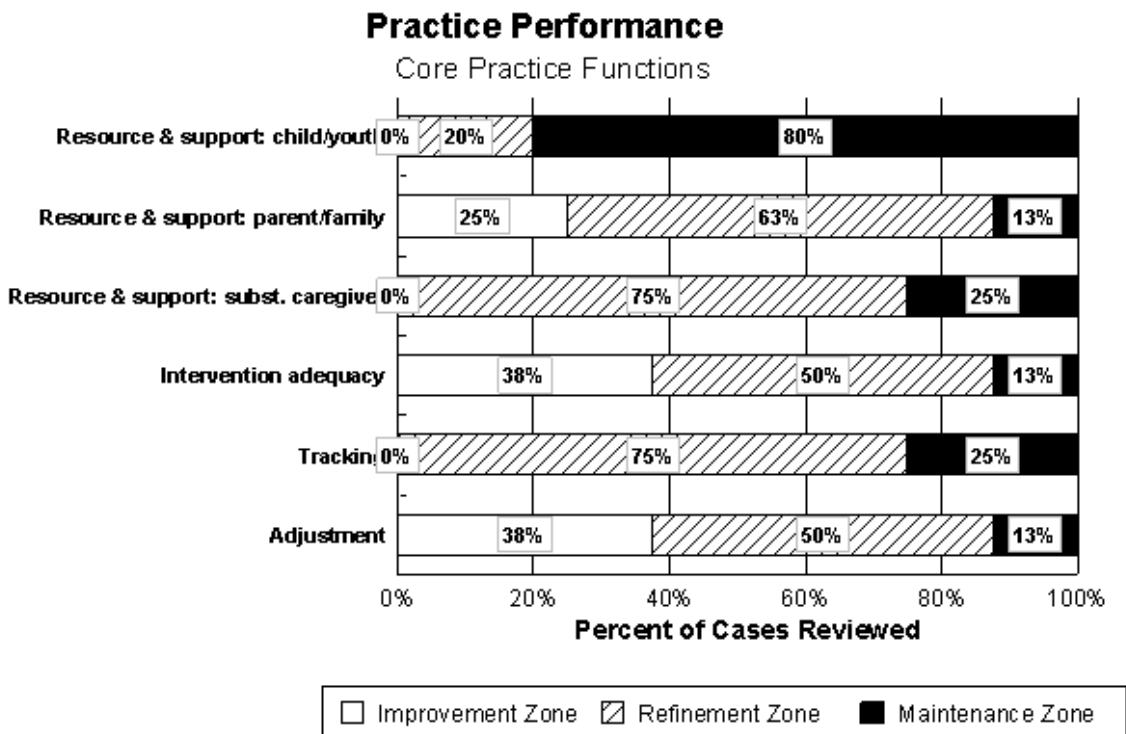
All families were scored for *Planning a Change Process for Behavioral Outcomes for Parents/Family*. Five families scored in the refinement zone and three families scored in the improvement zone. A reviewer wrote for a case that scored in the refinement zone, “One of the struggles in this case is that no one seems able to identify what needs to be in place or what needs to be different for the family to end their involvement with agency. Until the safety plan was developed, the court report, with its numerous conditions, was viewed as the case plan. While it recommends that our focus child’s mother and stepfather maintain “a residence that shall be free of incidents of domestic violence or other forms of violence,” it does not identify measurable behavioral outcomes or changes that are needed to maintain a safe residence. The report speaks primarily to the need to “participate,” “cooperate,” and “comply” in or with services and recommendations with little to no indication as to what is to be accomplished for this family to become independent of the agency.” Often, the questions we want to be asking

when thinking about the long-term view and case planning are: “What do we want to achieve?” “How will we know when we’ve reached our goal(s)?,” and “What will it take to do this?”

**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:**

Seven cases scored in the refinement zone and one case fell in the improvement zone. *Planning for Sustainable Supports* throughout the case is critical in ensuring long term success and independence from the agency. Overall case success for families promotes the use of community and informal supports with families; there are always opportunities with families to build a structure for obtaining more informal supports. In addition, planning and obtaining sustainable supports for families is good practice. Solid scores with sustainable supports tends to lead to strong practice scores in the *Long-Term View* indicator. In comparison with the first 32 counties reviewed, Richland County scored higher at 63 percent in the acceptable range for this indicator. The first 32 counties reviewed scored 51 percent in the acceptable range in *Planning for Sustainable Supports*.



**RESOURCE & SUPPORT USE: To what degree is/are the family and/or out-of-home caregiver actively being provided the training, in-home support, supervision, resources, support-development assistance, and relief necessary to provide a safe and stable**

**living arrangement for the child that meets the child’s daily care, development, and parenting needs? If the child presents special needs with more extensive care requirements, to what degree is the family/out-of-home caregiver provided specialized support commensurate with that required to meet the child’s needs while maintaining stability of the home and family commitment to the child?**

**Comments:**

All of the families in the review had involvement with at least one other agency beyond the child welfare agency. Specifically, all families had a mental health provider working with an individual from the family or all family members. Four of the five children scored for this indicator scored in the maintenance zone and one child scored in the refinement zone. One parent/family scored in the maintenance zone for *Resource and Support Use*, five parents/families scored in the refinement zone and two parents/families scored in the improvement zone. Of the four substitute caregivers scored, one scored in the maintenance zone and three scored in the refinement zone.

**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:**

*Intervention Adequacy for Change* is examining if all of the interventions needed for the family are available within the community. This indicator also assesses whether the resources are being accessed and used at the appropriate frequency and intensity. A reviewer wrote “The intervention strategies indicator score is in the improvement zone. The intervention strategies in this case appear to lack sufficient “power” to produce desired results and timely progress toward safe case closure and independence from the agency. Certain critical services such as Alcohol and Other Drug Abuse (AODA) counseling were not provided timely due to the medical leave of the counselor and other services appear to have not been considered or utilized such as domestic violence and employment services. For example, everyone in the case agrees that the mother was doing the best when she was employed but no clear strategies have been utilized to assist the mother with employment. Although the mother is attending mental health treatment and has a positive relationship with the therapist, there has been little significant behavioral change.”

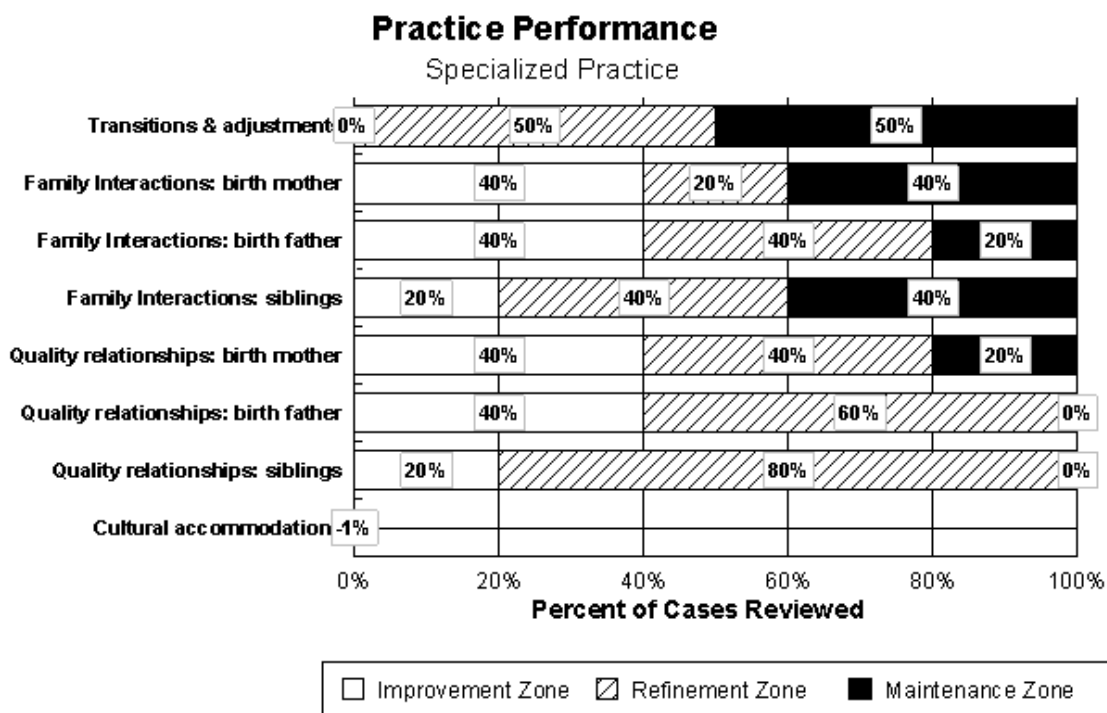
One case scored in the maintenance zone, four cases scored in the refinement zone and three cases scored in the improvement zone. Overall, half of the cases scored in the acceptable range.

**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:**

Two cases scored in the maintenance zone and six cases scored in the refinement zone for *Tracking*. Effective *Tracking* requires maintaining ongoing situational awareness of the child and family. Is all the information that is available being obtained and used in the assessment and planning?

Effective *Adjustment* depends upon understanding and acting on what is working and not working for the family to meet the conditions for safe case closure. How well is the service team finding out what works for the child and family and then using the information appropriately? It is expected that the case plan created with the family at the start of a case will not be the same case plan at the time of reunification or closing. One case scored in the maintenance zone, four cases scored in the refinement zone and three cases scored in the improvement zone for *Adjustment*.



**TRANSITIONS & LIFE ADJUSTMENTS:** To what degree: 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:**

*Transitions* are expected for families regardless of their involvement with CPS. However, due to the nature of their involvement, additional planning for transitions is required to minimize the likelihood of disruption. Four of the eight cases were scored as having a *Transition* occurring in

the near future or had a transition in the last 90 days. Two cases scored in the refinement zone and two cases scored in the maintenance zone with three of the four cases scoring in the acceptable zone.

A case that scored in the maintenance zone, a reviewer wrote, “Transitions in this case were identified and plans were made to ensure the transition to the home from the treatment foster home were successful. Transition issues for the focus child going to the new school were adequately identified and the new special education teacher was able to successfully transition the child in a short time. The current school appears to be better able to meet the focus child’s special needs and the mother and teacher have been able to discuss the needs of the focus child with the mother.”

**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 visitation 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:**

Five of the eight cases were scored for the focus child’s frequency of *Family Interactions with his/her Mother*. Two cases scored in the maintenance zone, one case scored in the refinement and two cases scored in the improvement zone. Two of the five cases scored for *Family Interactions* were in the acceptable range. Family interactions were occurring for children and mothers and it was also assessed that the quality of the family interactions promoted emotional connections. The indicator related to assessing the focus child’s *Quality Family Relationships with his/her Mother*, one case scored in the maintenance zone, two case scored in the refinement zone and two cases scored in the improvement zone.

Five children were rated for *Family Interactions with his/her Father*, which one child scored in the maintenance zone, two children scored in the refinement zone and two children scored in the improvement zone. *Quality of Family Interactions with his/her Father*, five of the eight children were rated and three children scored in the refinement zone and two children scored in the improvement zone.

Five children were scored as it relates to their frequency and quality of family interactions with his/her sibling. Two children scored in the maintenance zone, two children scored in the refinement zone and one child scored in the improvement zone as it relates to the the focus

child's *Frequency of Family Interactions with his/her Sibling*. The indicator related to assessing the focus child's *Quality Family Relationships with his/her Sibling*, four children scored in the refinement zone and one child scored in the improvement zone.

In comparison with the first 32 counties reviewed, Richland County shares the same struggles across the state of Wisconsin as it relates to the children participating in frequent and quality family interactions with their parents and siblings. For example, the focus child's *Frequency of Family Interactions with his/her Father* for the first 32 counties reviewed, 34 percent of the fathers scored in the maintenance zone, 32 percent of the fathers scored in the refinement zone and 33 percent of the fathers scored in the improvement zone. In addition, for the other indicator, focus child's *Quality of Family Interactions with his/her Father*, 27 percent of the fathers scored in the maintenance zone, 42 percent of fathers scored in the refinement zone and 30 percent of fathers scored in the improvement zone. These scores clearly show that family interactions with fathers is an area of opportunity across the state of Wisconsin.

**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 children were scored for this indicator.

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

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

- Prioritize Action Plan: What can be worked on immediately and what is more long term?
- Expanding Teaming with all CPS families
- Increase the development of Community Resources (e.g. accessing other community partners for possible resources)
- Training of parents in Coordinated Service Team model and develop strategies to increase participation
- Human Services and County Board to be educated on importance of Child Welfare, advocacy for programming
- Increased implementation of behavioral changes or outcomes in case plans and court orders rather than service based
- Training in recovery model for clients with mental illness, help with recovery process, achieving goals/strengthening (State of Wisconsin Training)

- Continue using eWiSCAWIS documents in the process/planning for safety and case closure
- Richland County very interested in the developing Access and Initial Assessment protocol

The final “next steps” meeting of the review was used by the *director, manager, supervisors, and agency leadership* to identify areas in which the agency should first focus on improving. Carol Wright, Marquette County Director of 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 Ms. Wright scheduled their first meeting to begin to more thoroughly examine the data and to begin formalizing the action planning process.

## **VIII. SUMMARY**

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

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