

Continuous Quality Improvement Quality Service Review

EXECUTIVE SUMMARY

July 16 -20, 2007

Rusk County Human Services

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

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

September 1, 2007

I. INTRODUCTION

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

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

The Continuous Quality Improvement Team conducted a Quality Service Review in Rusk County during the week of July 16, 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 RUSK COUNTY REVIEW

A. REVIEWERS

In the Rusk County review, six reviewers participated in reviewing the six family cases selected. A total of 58 persons were interviewed. Three "shadow 2" reviewers were observed and coached in their development as lead case reviewers. All the lead case reviewers who provided coaching have extensive experience in child welfare: one as a CQI specialist, one retired CPS supervisor, and one state adoptions worker.

B. CASE SAMPLE

Six cases were randomly selected for review in Rusk 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. Of the six cases, five were out-of-home and one was in-home. One child was in the 0-4 age range, two children in the 5-9 age range, one child was in the 10-13 age range, and two children were over the age of 13. There were three males and three females in the sample.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. CQI Specialist Michael Casali conducted these sessions. In addition, Bridget Bauman of the Children’s Court Initiative conducted sessions jointly with the Site Leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of perspective, insight, and feedback about how all the systems with whom families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

D. DEMOGRAPHICS

Rusk is a small, close-knit, rural county with a stable population base of about 15,000¹. Ninety-eight percent of the population is Caucasian, with almost 18% age 65 and older. The median income in Rusk County is considerably lower than the state average, and there is a shortage of higher-wage jobs. In terms of education, the county is also behind the state average in percent of high school graduates and those residents with bachelor’s degrees.

The county has suffered considerable financial and emotional losses due to the 2002 tornado and the closing of Mount Scenario College that same year. One focus group participant commented that the college and related services were estimated to generate close to 20 million dollars in spending to the county. On a more optimistic note, the county is showing some growth with the opening of a Wal-Mart and Country Kitchen in Ladysmith.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

The Children and Family Services (CFS) unit is comprised of six staff members with considerable child protective service experience. Despite wages that lag behind other counties, the staff turnover rate is low. Positive working relationships within the agency and a value on the returning education needs of employees have contributed to the stability and strong professional knowledge-base in the unit. All the staff lives in the area, and many have family roots in the county. They are also active in the community, contributing to a “local knowledge” and familiarity with many residents and institutions. The CFS staff was described by focus group participants as dedicated, compassionate and hard-working.

Operationally, CFS functions with an “open door policy” in terms of communication with management, who prefer to be kept up to date on front-line casework. This organizational style allows them to remain informed and to be in a position to support workers when concerns arise with external partners. In general, workers feel they are not alone when confronted with larger systems issues. With a 5 to 1 staff to supervisor ratio, supervision

¹ All statistics from Census Bureau, 2000

and case consultation occur regularly and are felt to be productive. In terms of unit coverage, the workers rotate “access” daily and someone from the unit is on call nights and weekends. In addition, the agency places priority on social worker presence in the schools, which is valued by education partners. The overall accessibility of the unit staff was recognized by most focus group participants, typically allowing for processes to “move along smoothly.”

B. ORGANIZATIONAL – CHALLENGES

Shrinking funding has led to cuts in staff and increased pressure in managing workloads. Besides the ongoing challenge of meeting the needs of families with chronic and complex conditions, the staff is also stretched in terms of meeting state workload demands (e.g., policies, memos), as well as related computer work in the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS). Specifically, there is a frustration with what is seen as “duplication” in terms of case forms. Also, because there is no support staff designated solely to the unit, the unit workers routinely perform clerical functions like data entry. All of these demands ultimately take away from the face to face time workers can spend with families.

Another organizational factor that impacts the unit is that all front-line CFS staff have job responsibilities (e.g., kinship care, foster care coordinator) beyond their primary duties as direct caseworkers. The supervisor also has a considerable range of responsibilities which includes staffing cases in child protection and juvenile justice, making screening decisions, performing budgetary and financial tasks, program development, and even co-facilitating a group for juveniles. This array of duties requires working long hours and occasional weekends to keep up with meeting deadlines. It also presents a challenge in terms of being available to workers outside scheduled staffing and consultation times.

The function and responsibilities of CFS are not always clear and at times misunderstood by those in the community. One staff member commented, “People just don’t know what we do.” In terms of child protection this takes the form of perceptions that the agency is either too punitive (e.g., “baby stealers”) or too lax (e.g., “doing nothing”) in its efforts provide assistance to children and families in need. Confidentiality laws are viewed by some as limiting case-specific understanding of the agency’s responsibilities, leading to frustration, and creating barriers in system collaboration, especially between CFS and the schools. There is also a perception that the work CFS provides is not always seen as a priority to the county board, leaving some to feel undervalued. Many focus group participants voiced the related need to educate the community on the role and limitations of child protective services, in particular the specific safety threshold criteria associated with abuse and neglect.

C. RESOURCES – STRENGTHS

The CFS unit has at its disposal a number of in-house resources that assist in meeting the needs of the children and families with whom they work. It has on staff a family aide worker who was described as skilled, respected, and an integral part of the family case

process, performing such duties as safety checks, parenting education, and family interaction. The unit also works closely with agency colleagues from economic support, public health, and birth to three. Funding via family preservation is viewed as “invaluable” in providing respite care for at risk families.

The county also utilizes a variety of contracted and other purchased “generalist” services which includes intensive in-home therapy, day treatment, sex offender programming, Alcohol and Other Drug Abuse (AODA) counseling, mental health services, and “Nanny 911”, an intensive parent education program. Unlike most areas, there is a dental practice available that serves Title 19 patients. Also, the county has a number of support groups such as ADHD (Attention Deficit Hyperactivity Disorder), AA (Alcoholics Anonymous), Alzheimer’s, and cancer. There is also an assortment of community groups looking at issues such as high school dropouts, domestic violence, various youth topics, methamphetamine abuse, and safety awareness.

D. RESOURCES – CHALLENGES

There are a limited number of local providers in the county, especially agencies that offer services such as inpatient AODA treatment, children-specific psychotherapy, child and adult psychiatry, and trauma-related therapy (domestic violence, sexual abuse). Many specialized services, if available, necessitate travel of 45 minutes or more out of the county, which can be challenging to both families and the agency. The agency is also finding overall limited access to treatment for eating disorders, sexual offenders, and kids or adults with cognitive disabilities. Additionally, there is difficulty securing services for “special needs” adoption children, especially an accessible service provider that treats children with Reactive Attachment Disorder (RAD). These difficulties locating needed services coincide with a recent increase in failed adoptions in the county. In general, the inability to secure needed community services for children can lead to more restrictive and costly placements. With a limited budget, use of higher-cost services such as day treatment and Residential Care Centers (RCC) can quickly strain spending capacities.

Apart from limited availability, decreased funding has affected the ability to create and secure resources. The county struggles to build and maintain a local resource base, because of budgetary constraints and the fluctuation in service needs in a small system of care. For these same reasons some valuable grant-funded services have not been sustainable past the allotted funding period, contributing to what one person deemed a general “loss of enthusiasm” for kids’ programming that was apparently once prevalent. Recruiting and maintaining local foster care capacity has also been difficult. County foster homes are commonly lost to private agencies who reimburse at a higher rate. Finding respite for county homes was noted to be difficult and may contribute to the loss of homes. In terms of non-treatment related services, participants in focus groups spoke of a need for programs that offer youth informal social connections, such as mentoring, after school activities, and a community drop-in center.

E. PRACTICE – STRENGTHS

The CFS staff are highly skilled and experienced, with half having 10 or more years of child welfare experience. There is a sense of support among the staff and a willingness to “pick-up the slack” when others are in need. Workers are also viewed as functioning effectively as a team, possessing an open-minded attitude towards casework and having an ability to challenge each other. The staff was especially recognized for their effective engagement with both families and community partners, willing to “go above and beyond” to obtain positive outcomes for children and families. Specifically, their empathic and non-judgmental approach often leads to a strong working alliance with families and a related faith in the change process.

An additional strength is the staff’s ability to function effectively in the “familiar” practice environment of a small county, where residents generally know each other, see each other in the community, and feel a sense of responsibility to help their neighbors. For workers who also live in the community, this means having to negotiate professional boundaries (e.g., accepting gifts, seeing clients on the street, being friendly) while remaining part of the community fabric. Their aforementioned empathic engagement style and general affability lends itself to building positive working relationships with families and community partners alike in this familiar environment. Also, the CFS’s overarching practice philosophy of servicing children in their home and community or reunifying them after a removal also seems to fit well in a community that values the intact family unit and personal responsibility.

F. PRACTICE – CHALLENGES

As found in other counties, families with long-term, multiple and complex needs frequently put to the test social work practice. Workers and community partners outlined some general characteristics that most challenge the system of care: families who are part of an intergenerational “culture of poverty”; socially and sometimes geographically isolated families; families that do not always value education, and; families who have “burned bridges” in the community. These families were reported to frequently struggle with untreated mental health and AODA conditions, cognitive deficits, domestic violence, and sexual abuse.

As mentioned, securing certain specialized services for children and families can be difficult, placing a greater emphasis on how the available people in their lives work together in the effort to achieve positive outcomes. In this regard, it was found that despite efforts at meeting with families for case planning and progress evaluations, CFS can benefit from more formalized teaming that routinely includes children and families, providers, school personnel, and others in the development of strategies and goals. County foster families in particular would like to be more involved in planning for the children for whom they provide care. Families’ informal support people, who are often crucial to the long-term success of plans, were also noticeably absent in the planning process. This lack of utilization of informal supports was somewhat surprising in light of the community’s close-knit nature and willingness to help each other.

A related challenge workers face in a small practice setting is negotiating boundaries and remaining firm and resolute in case decision-making. While on one hand a strength, the community's "local knowledge" of children and families was found to create challenging situations for workers that require some delicate maneuvering. Often, details of a family's history and personal struggles are intimately known to many in the community. This requires extra attention to confidentiality and tact, especially if planning involves informal non-professional individuals from the community. It also at times requires taking stands on both case-specific and general issues that go against more popular opinions. For example, it was learned that commensurate with the community's propensity reach out to families, there is at times a tendency to "close doors" on those families who are deemed to have made mistakes and "burned bridges." Many focus group participants spoke of how difficult it can be for such families to overcome not only their personal conditions and circumstances, but also the community perceptions that reinforce the modes of functioning they are seeking to alter. Examples of how this can play out are the inability of a parent to get a local job, or a child's misbehavior being judged as more serious than it might be.

Lastly, the more hands-on managerial style that protects workers from outside system pressures can also limit the workers' ability to function independently and decrease their sense of professional competence. Often the need to keep management abreast of case details ("no surprises"), as well as to receive permission for such decisions as changes in family interaction plans or the temporary placement of a child, is at times perceived to influence outcomes by delaying decisions that need to be more immediate. This can create a loss of credibility with both families and service partners and leave otherwise skilled and seasoned workers feeling powerless. It is noteworthy that in the CFS unit structure there is no intermediary position, such as a lead worker, that could alleviate some of the supervisory burden and provide more continuity in day-to-day operations. Internal teaming of cases by having more than one worker manage a family case has been considered by management and may help to improve continuity and an increased sense of worker ownership in overall practice with families and providers.

G. LEGAL – STRENGTHS

Workers were described as prepared for court and knowledgeable about the children and families with whom they work. Court reports are completed in a timely manner, and legal partners also expressed confidence in workers' judgments and decisions about their cases. Productive and collaborative working relationships that include solid court preparation with legal partners lead to most cases being uncontested. The district attorney's office is viewed as knowledgeable about the cases and the law. In general, foster parents and caregivers are attending court hearings.

H. LEGAL – CHALLENGES

While some good preparation occurs between the district attorney's office and the agency, some would like to see efforts to be more consistent and within timeframes. In a

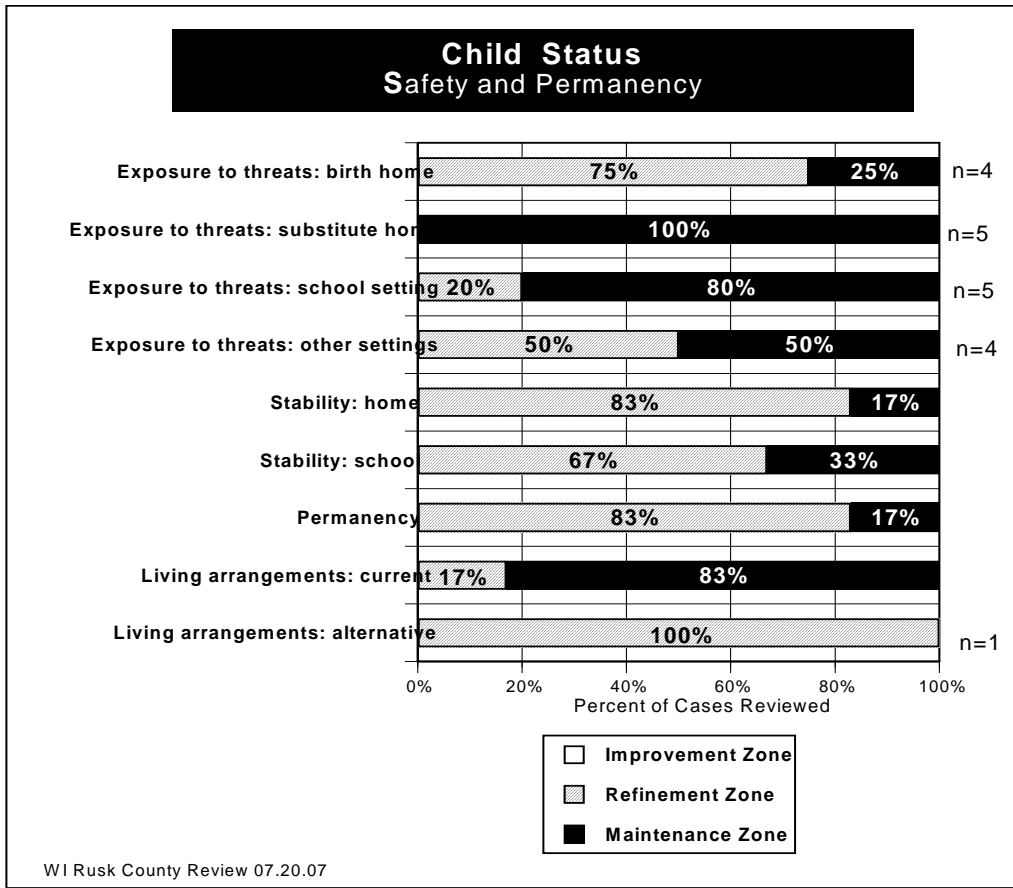
similar way, there is a desire to have regular meetings between the agency workers and the court staff and judge to discuss how to maximize collective efforts at having a system that runs smoothly. One specific area that needs to be examined is the lack of representation of parents in Child in need of Protection or Services (CHIPS) cases, which was found to limit the parents' understanding of court proceedings, as well as the specific conditions for the return of their children. Also, though some GAL's are doing exceptional work, others do not routinely see children.

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 eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the six months prior to the review. As a way to more accurately depict results, “high refinement zone” (4) and “low refinement zone” (3) will occasionally be used to refer to scores that fall above or below the middle point of the scale below.

QSR Interpretative Guide for Child Status		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Maintenance Zone: 5-6 </div> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p>6 = OPTIMAL STATUS. 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>5 = GOOD STATUS. 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>	<div style="border: 1px solid black; padding: 10px;"> Acceptable Range: 4-6 </div>
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Refinement Zone: 3-4 </div> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p>4 = FAIR STATUS. 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 gray;"/> <p>3 = MARGINAL STATUS. 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>	<div style="background-color: black; color: white; padding: 10px;"> Unacceptable Range: 1-3 </div>
<div style="background-color: black; color: white; padding: 5px; text-align: center;"> Improvement Zone: 1-2 </div> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p>2 = POOR STATUS. 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>1 = ADVERSE STATUS. 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>	

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



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

Comments: The children rated in this sample are substantially free from imminent threats of harm in both substitute homes and in school. Threats in their birth homes were higher, with 75% scoring in the refinement zone. Some particular circumstances that challenged parents' protective capacities were untreated mental health conditions, domestic violence, AODA concerns, and the lack of necessary skills for providing care to special needs children.

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?

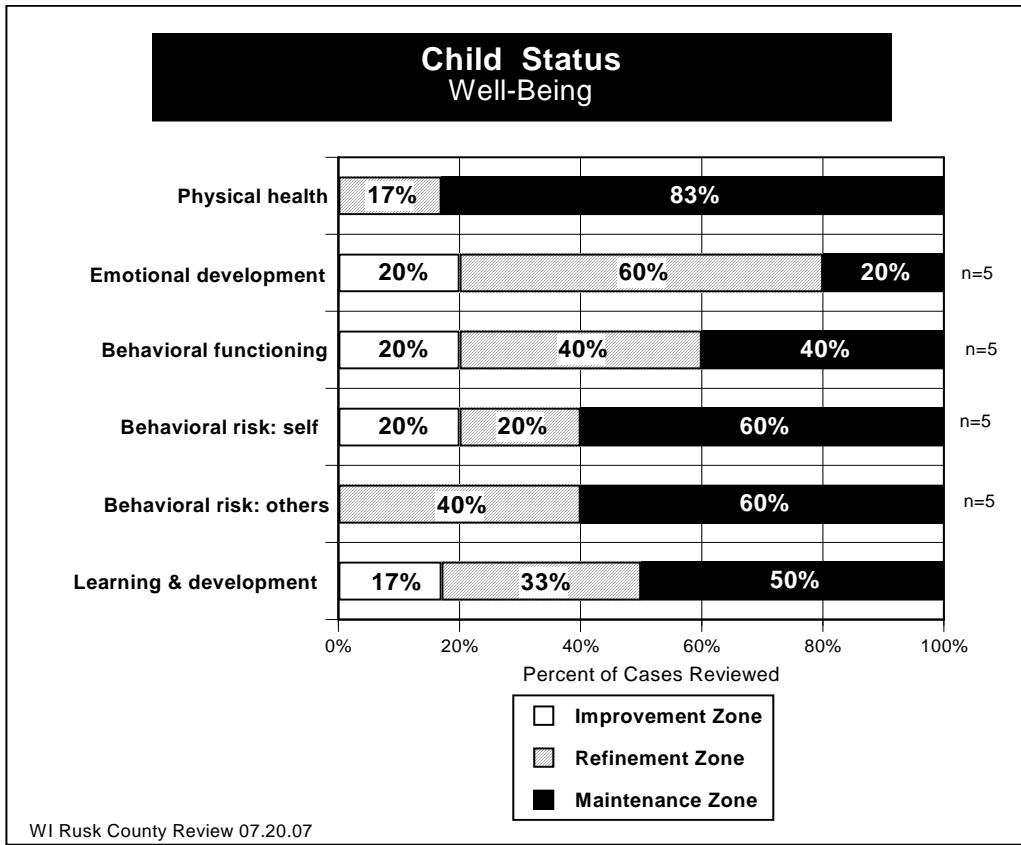
Comments: Overall, stability is reflected in the continuity and consistency in a child's relationships and routines and are related to, among other things, a sense of security, identity, and permanency. Of the six children scored for this indicator, only one child rated in the maintenance zone for stability in the home and two for school stability, indicating the presence of disruptions in the lives of these children. In terms of number of placements, two children in the sample had between 6-9 and one between 3-5. One rating that reflected school instability was due to the focus child's aggression, which required a more secure educational setting.

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: Three of the six children scored in the high refinement zone or above for permanency, with one falling in the maintenance zone. Some of the common impediments to permanency in the sample cases include vague or indecisive case plans resulting in a poorly articulated long-term view, a lack of informal supports for biological parents, and recent changes in goals to independence or guardianship/adoption with little or no previous concurrent planning. One case example illustrates how some of these practice elements affect permanency: "More specific planning needs to be done to bring everyone to a decision about permanency for this child. Although the permanency goal is for Long Term Foster Care, no home for placement has been identified. In addition the concurrent goal was recently changed to independent living, but independent skills training at the RCC has been the only work done on this goal."

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: The children in the sample scored particularly well for this indicator, with five of six currently having optimal living situations that met their need for social and familial connections, which generally contribute to a sense of belonging, identity, and affiliation. In the one case scored for "alternative" living arrangement, the focus child's complex emotional, physical and intellectual deficits (Intermittent Explosive Disorder, Pervasive Developmental Disorder, Oral Facial Digital Syndrome, mental retardation) contributed to an adequate (refinement zone) though less than optimal arrangement during overnight home visits.



Physical Health: To what degree is the child achieving and maintaining his/her optimal 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: Consistent with QSR scores in other counties in Wisconsin and with scores in the 2003 Federal Child and Family Service Review, one hundred percent of children in the sample rated in the high refinement zone or above, indicating overall good physical health and provision of necessary care when there is a chronic physical health condition. Two of the six children had physical impairments but nevertheless scored in the high refinement range or above.

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

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

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

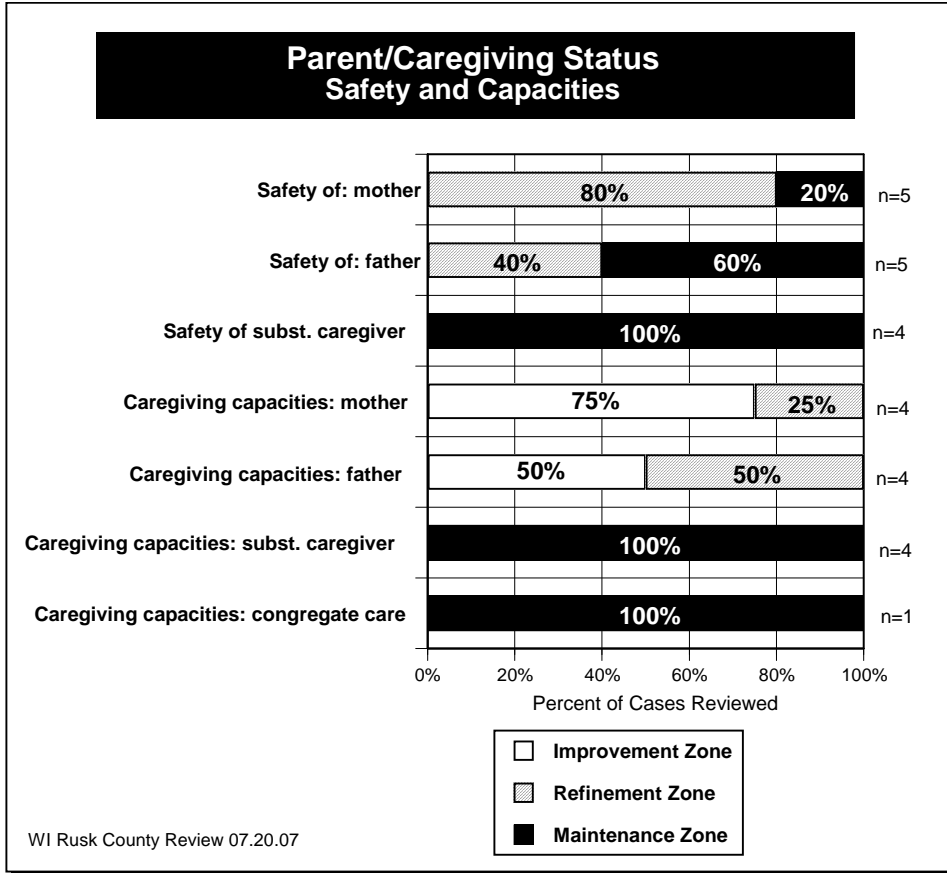
Comments: Though separate measures in the QSR, a child's emotional and behavioral status are mutually reinforcing and encompass a significant portion of overall development. Impairments or deficits related to physical health, mental health, and learning can be made manifest in measures of emotional and behavioral functioning. Of the six children in the sample, three had a behavior disorder, three had a developmental disorder; three were trauma victims, two were diagnosed substance exposed at birth, and one had a chronic health condition. Despite these challenges, 80% of the children rated scored in the high refinement zone or above for emotional development and behavioral functioning, suggesting above-average emotional well-being and sense of belonging, coping skills and overall behavioral self-regulation.

One story illustrates how elements of practice, such as engagement and resource use, correlate with emotional/behavioral functioning: "The worker's engagement with the focus child, adoptive parents and substitute caregiver is very good. The focus child has acquired some coping skills through his therapy. He has been progressing in his ability to handle his anger and apply appropriate sexual restraint. Instead of acting out, he expressed that he is now seeing great value in assertively talking out even the smallest of feelings."

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 out of six of the sample children rated in the high refinement zone or above for how on track they are for areas such as cognitive and social capacities, language, and self-care skills, indicating fair to good overall status. Of the five school-aged children rated, three were reading at below grade level and two were in at least part-time special education classes. The one child that rated in the improvement zone had developmental delays, significant emotional and behavioral deficits (including suicide attempts), and an IQ of 65. Disruption in the classroom and a decrease in funding led to dismissal from an alternative school the child was attending.



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?

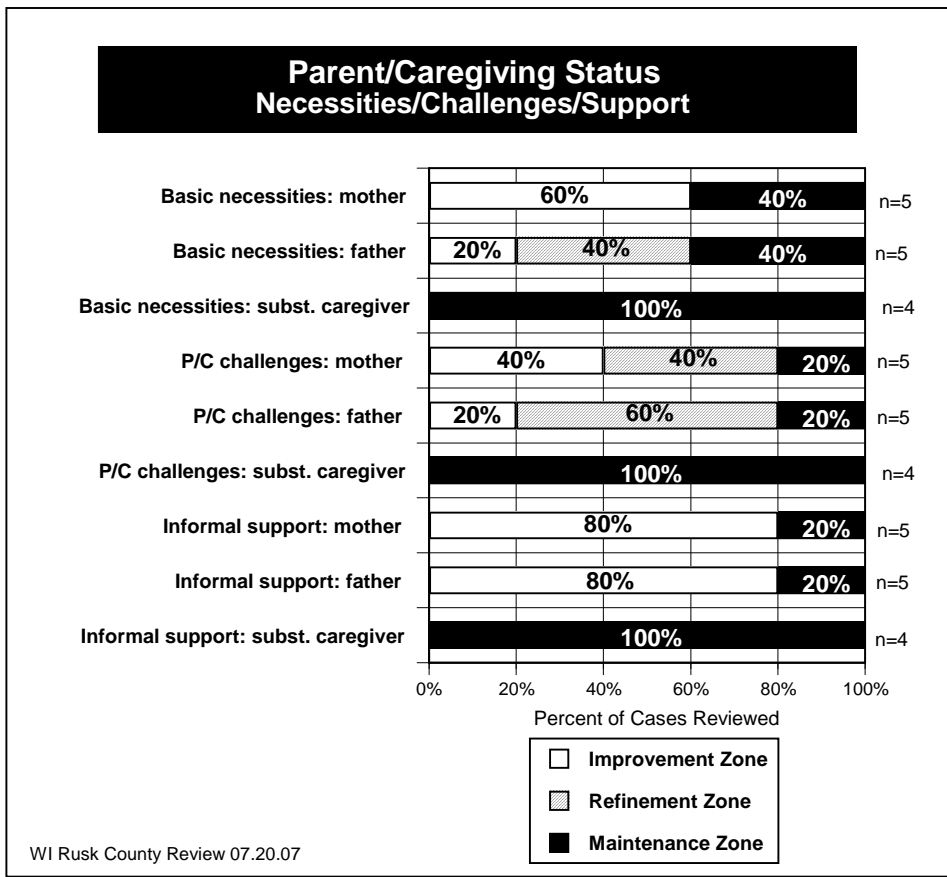
Comments: Substitute caregivers in the sample were safe to a very adequate degree, with 100% rating in the maintenance zone. On the other hand, only 20% of mothers scored in maintenance zone for safety, though 80% were in the high refinement zone or above. Three of the five fathers in the sample were found to be safe to an above average degree. None of parents in the sample scored in the improvement zone, indicating a lack of substantially unsafe living conditions. In the one case that scored in the low refinement zone, both mother and father had significant mental health concerns as well as ongoing bouts with alcoholism. There was also a history of domestic violence and a lack of informal supports in the family, which contributed to the rating.

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: None of the eight biological parents rated for this indicator scored in the maintenance zone. Three mothers and two fathers fell in the improvement zone, indicating some serious deficits in those parenting behaviors that provide nurturance, guidance, and protection to children. In contrast, 100% of substitute and congregate caregivers were rated to have those capacities to a good or optimal degree. One story highlights how meeting the needs of certain children requires not only specialized skills, but time and energy: “There have been concerns regarding the adoptive parents’ capacity to handle the demands of special needs children on a full time basis. The experience of trying to raise the focus child, his siblings (through adoption), another set of foster children, and their own children has been taxing.” The full range of conditions and factors associated with low ratings in parenting capacities will be discussed in the Special Caregiving Challenges section below.



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 hundred percent of substitute caregivers had adequate economic resources to meet the basic needs of the family. In contrast, only 40% of mothers and fathers rated in the maintenance zone. Three of the five mothers fell in the improvement range, indicating some serious deficits in the finances needed to provide their children basics such as food, shelter, and clothing. One reviewer wrote: “The mother’s home is checked weekly for cleanliness, and she requires frequent reminders to perform such routine tasks as taking out the garbage. Moreover, even now with the direct assistance of the agency, her ability to provide basic necessities for her family is marginal at best. The mother also is challenged in that she is the sole parent in the home with four children.”

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: While all four substitute caregivers were found to have no significant barriers to providing care to the children in the sample, biological parents did have significant challenges that impeded their ability to meet the needs of their children. Only 20% of mothers and fathers rated in the maintenance zone. Some of the identified factors in the sample found to negatively affect caregiving capacity included untreated mental illness, domestic violence or other trauma, suicide risk, alcoholism, chronic health issues, lack of informal supports, and marital/relationship conflict.

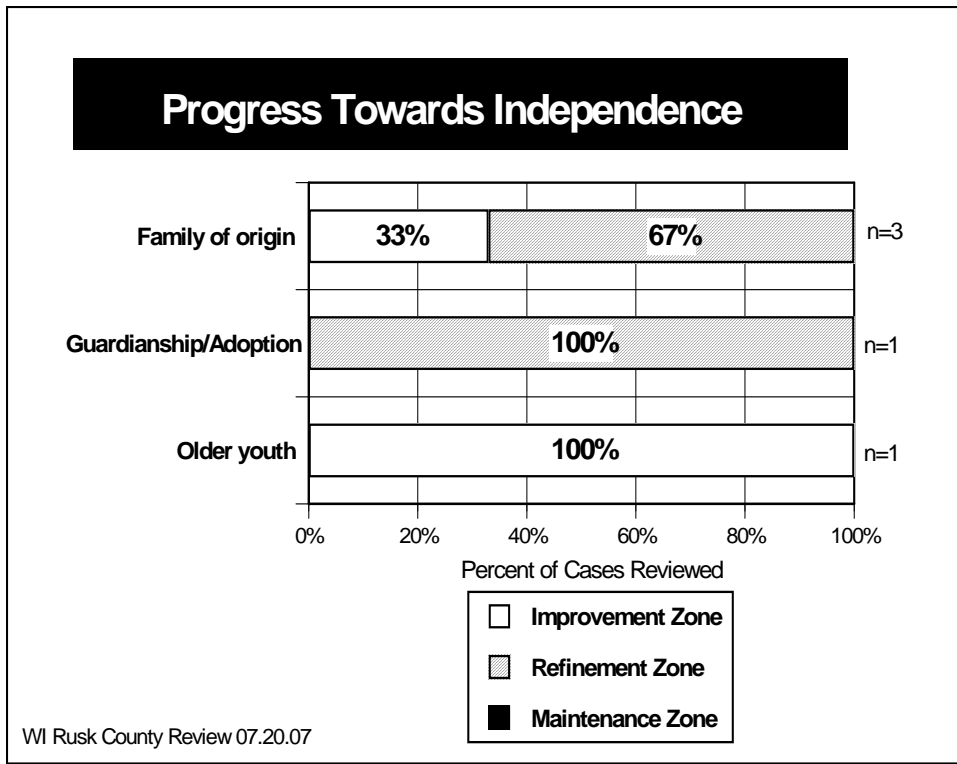
One case illustrated the co-occurrence of factors that can impact the ability to parent effectively: “An assessment by her AODA Counselor revealed the mother as having Post Traumatic Stress Diagnosis (PTSD), AODA dependency, and he felt there was a need to continue to diagnose for a possible Personality Disorder. The mother openly admitted that her alcoholism and actions when drinking that resulted in jail time were the main reasons she hadn’t been available to her children. Her own mother recently committed suicide and also had a history of AODA issues.”

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: The availability of informal supports is another area that highlights the disparity between parents and substitute caregivers. While all of the substitute caregivers were found to have an adequate support network, parents in the sample had significantly less access to an informal support system that assisted them in caring for their children. Only one mother and father were rated in the maintenance zone for this indicator, with the remaining eight in the improvement zone. A few of the case stories painted a picture of biological parents coping with AODA and mental health issues that left them quite isolated from those that could be of help in parenting. As will be illustrated in the practice section, effectively involving families in a change process can be enhanced by the accessibility of those non-professional individuals that are part of the family’s day to day 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: All three of the sample cases that had a permanency goal of reunification scored in the refinement zone or below. Some of the common practice elements that were associated with less than optimal scores for permanency were an absent or unclear long-term view, limited coordination and teaming, planning for safety management, and sub-par planning in behavioral outcomes for parents. In these same cases, factors related to status that coincided with limited permanency included: deficits in and challenges to parenting capacities, limited financial ability to meet basic needs, and a lack of informal supports.

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

Comments: In the one case scored for this indicator, the pace of progress toward permanency fell behind timelines because of a delay in concurrent planning: “Although there is an appropriate concurrent goal in place, it was only recently established. Due to the newness of this goal few strategies and timelines are currently in place (i.e. a possible permanent family for the focus child has not yet been identified). Preparing the focus child for transitioning is difficult without an identified family.”

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: Delays in concurrent planning were also evident in the one case in the sample that involved an older youth. “There has been a recent change in the concurrent goal to independent living with the permanency goal of long term foster care continuing. There is however no plan that identifies strategies, timelines, and conditions needed to implement these goals. Progress to independence is rated in the improvement zone due to

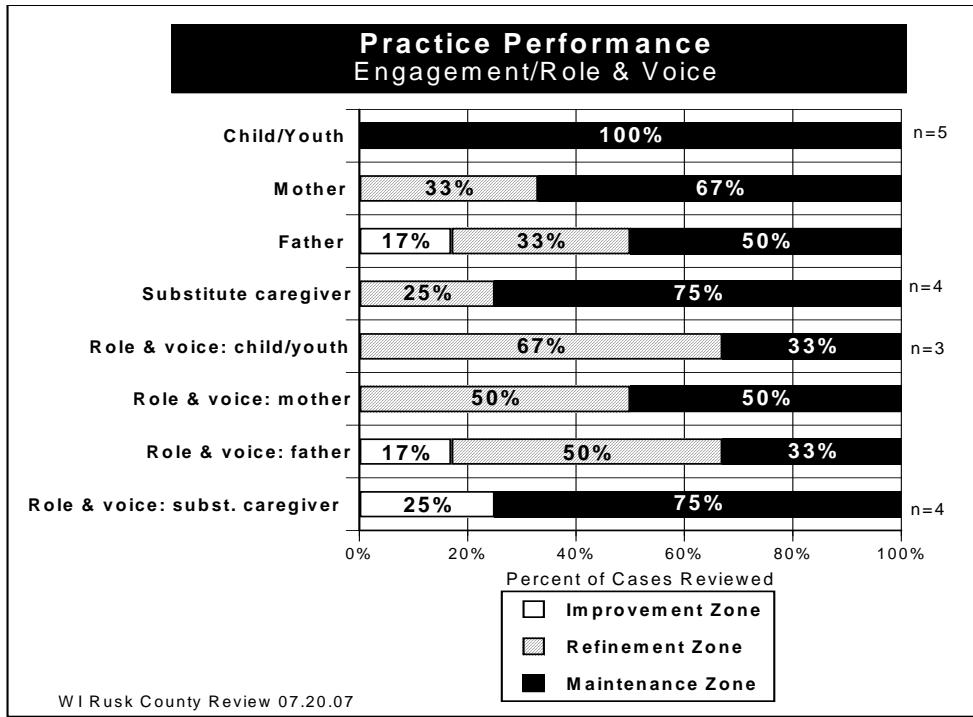
the absence of strategies toward the practicalities of life: a job, housing, needs, car, food, etc.”

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>

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.



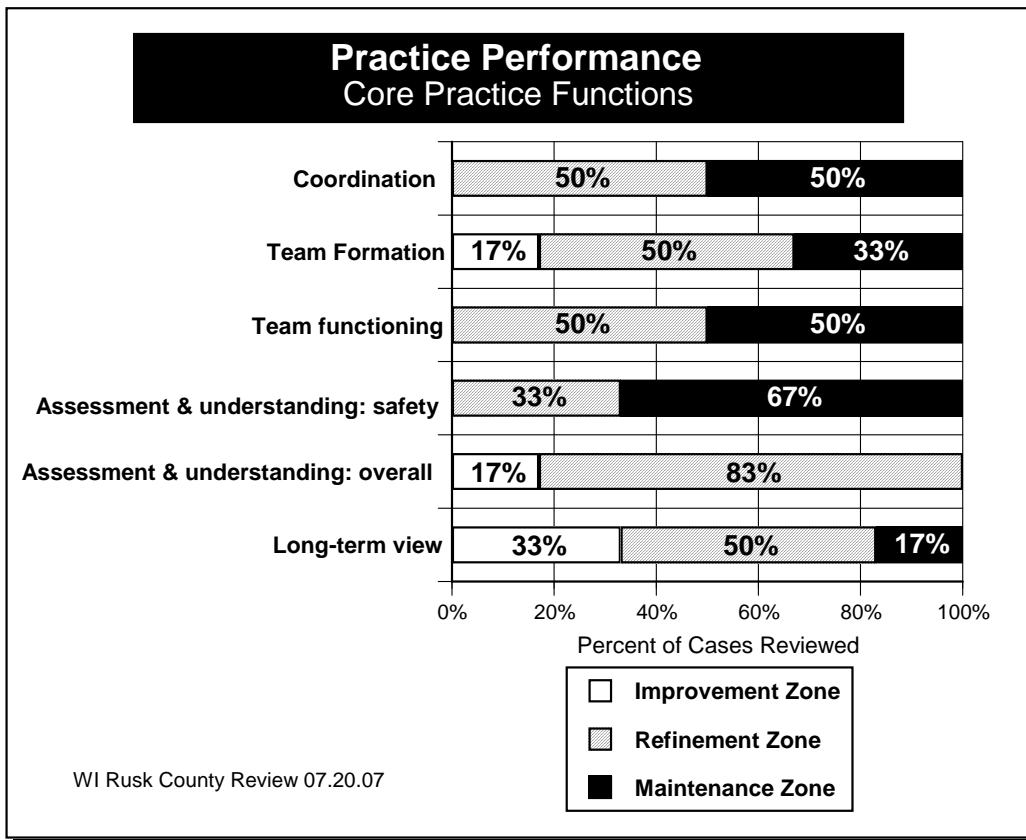
ENGAGEMENT OF CHILD & FAMILY: Are those interveners involved with the family used engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Are interveners building a trust-based working 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: In the Preliminary Report of 17 QSR's conducted in 2005-06, 54% of youth rated in the maintenance zone for engagement. In this sample, 100% of the children scored in the maintenance zone for engagement, indicating a high level of attention and skill by workers and teams to get kids involved in the change process. In addition, 67% of mothers, 50% of fathers, and 75% of substitute caregivers were found to be benefiting from engagement strategies built on trust, empathy, and individualized problem solving. One reviewer wrote about how effective engagement can contribute to positive outcomes: "The social worker's engagement with two emotionally challenged parents has been great. She was influential in convincing mom to give guardianship of her eldest son to a relative. The mom and dad are not only engaged with the worker, but feel their issues are somewhat heard and understood by her. The mother and children rated the case manager a '10'."

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 fairly consistent across participants. Sixty seven percent of children/youth, mothers, and fathers scored in the high refinement range or above, suggesting a good level of inclusion in important decisions about their lives. One case that scored in the maintenance zone revealed that, “Mother and the children have a strong voice and role and participation in decision making involving this family, especially via a weekly meeting that includes the mother, stepfather (until his recent absence), all four children, caseworker, and family aide.”

One father rated in the improvement zone, due in part to poor engagement and a resulting refusal to participate in case planning. Three of four substitute caregivers fell in the maintenance zone and one in the improvement zone. In the case rated in the improvement zone, the perceived inability of the substitute caregivers to understand the nature of mother’s alcoholism was related to their reduced participation in overall planning and 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: One half of the sample cases rated in the maintenance zone and the other half in the refinement zone for coordination. In one case that scored in the maintenance zone the reviewer noted that: “There is a single point of coordination and communication for this case. There are a number of individuals involved and the case manager communicates often with each person (i.e. Birth to Three Coordinator and the parent aide).” In another: “Everyone interviewed identified the case worker as the leader of the team and looked to her to coordinate the meetings and services.”

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: Well formed and effectively functioning teams usually correlate positively with many other practice areas. In this sample, half the cases rated in the maintenance zone for team functioning and one third for team formation. In one case that scored in the maintenance zone for both team formation and functioning, as well as coordination, the reviewers found: “Coordination and teamwork has been a strength. This is a very large team that seems to share a sense of accountability for what is being planned. The worker is seen as the primary coordinator but team members do call each other and keep in touch to update and make changes as necessary.”

Another case shows the relationship between teaming and role and voice: “The lack of a comprehensive team including all providers and appropriate family members contributed to the parents feeling that they have no voice in the planning for the focus child and to not having an overall understanding of the plan.”

The next example illustrates how team formation and functioning can diverge: “The agency has done a fair job in forming a team to work with this family; however, the functioning of all providers has been marginal and some members have been out of the loop. For example, when the focus child was discharged from the treatment center, the discharge meeting to discuss the in-home therapy plan did not include some key team members, such as the child’s individual therapist and the in-home family therapist.”

ASSESSMENT & UNDERSTANDING - SAFETY: To what degree: Is there a shared big picture understanding of the child and family’s strengths, needs, risks, and diminished parent/caregiver protective capacities that must change to assure child safety? Are these understandings reflected in the process used for helping the family achieve a safe home (via protective provisions in the home,

demonstrated parent/caregiver protective capacities, and sustainable family supports)?

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

Comments: With 67% of cases scoring the maintenance zone and a full 100% in the refinement range or above, these results point to the workers' considerable professional experience and effective skills to assess safety. One case example demonstrates these skills in action: "There is a good assessment and understanding of safety, specifically identifying strengths and needs for the family and putting in strategies to address their needs. The county sought out second opinions and additional evaluations to gain a further understanding of the mother's underlying needs."

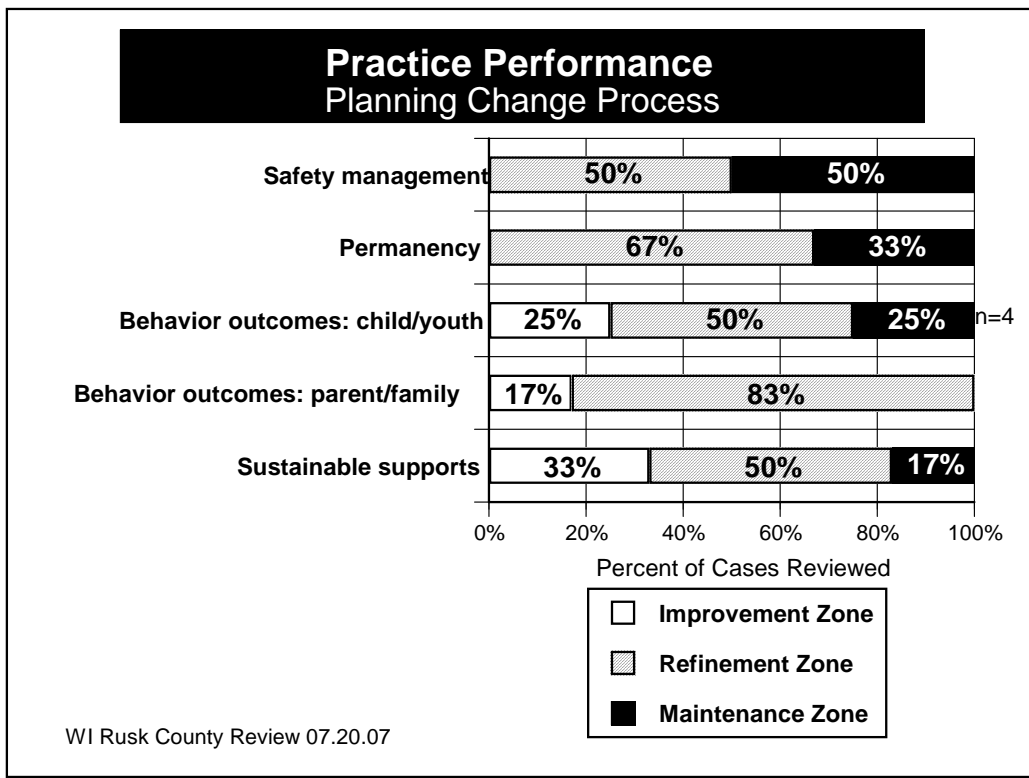
Scores for overall assessment and understanding were lower, however, with no case rating the maintenance zone. The following excerpt points to the need for a more accurate and in-depth understanding of trauma-related conditions that could impact safe case closure: "(Though) there was a good understanding of the family and child strengths and risks, the agency may have underestimated the impact of some of the underlying issues that need further exploration prior to finalizing a plan for safe case closure. All of the following have a significant impact on the families ability to make a decision they can be comfortable with: Mother's past trauma and current depression and ambivalence, the older brothers depression and need for further therapy to understand more deeply the sexual assault, the emotional impact on the other children of years of fear and trauma with their sister."

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

Comments: Long-term view is a foundational element in the QSR practice model, and it is 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 to focus on immediate crises. Because it is a new concept to most agencies and systems, these scores are usually low on initial reviews.

In the current sample only one of six cases fell in the maintenance zone, with only two rating in the high refinement zone or above. This case example demonstrates the connection between long-term view, assessment, and the engagement of the family in the change process: “The providers have been unsuccessful in developing a long-term view with the family that includes their understanding of the rationale behind the recommended therapies and respite care. This has resulted in the parents showing minimal participation by not following through at home on developmental, educational, or therapeutic interventions, as discussed earlier, for this special needs child. The parents are (also) not encouraging and supporting the child’s participation in academics, extracurricular, and recreational activities that build social support.”



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: While 100% of the cases for safety assessment and understanding rated in the high refinement range or above, only 67% reached that same level for the current indicator of safety planning. These scores suggest that even though there is a thorough and accurate understanding of safety threats related to such factors as parenting capacities and sustainable supports, the information is not always being utilized to construct well-reasoned plans that focus on conditions for safe case closure. One case hinted at this disparity between safety assessment and planning: “There are reported safety concerns regarding the stepfather’s sexual offender status and the potential for his again moving in the home that is also the residence of a 15-year-old stepdaughter with whom he has engaged in a flirtatious and seductive relationship (i.e. sitting on his lap and being very affectionate physically).”

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

Comments: Planning related to the various elements of achieving permanency (legal, behavioral, necessary supports) was found to be strong, with 33% of cases scoring in the maintenance zone and 83% overall in the high refinement zone or above. The following is an example of effective permanency planning: “Permanency scored well in that the agency worked quickly with the family in identifying safety concerns and needs, establishing appropriate intervention at the level needed which led to behavioral changes and the return of the focus child and his siblings to the parent’s home in about five months.”

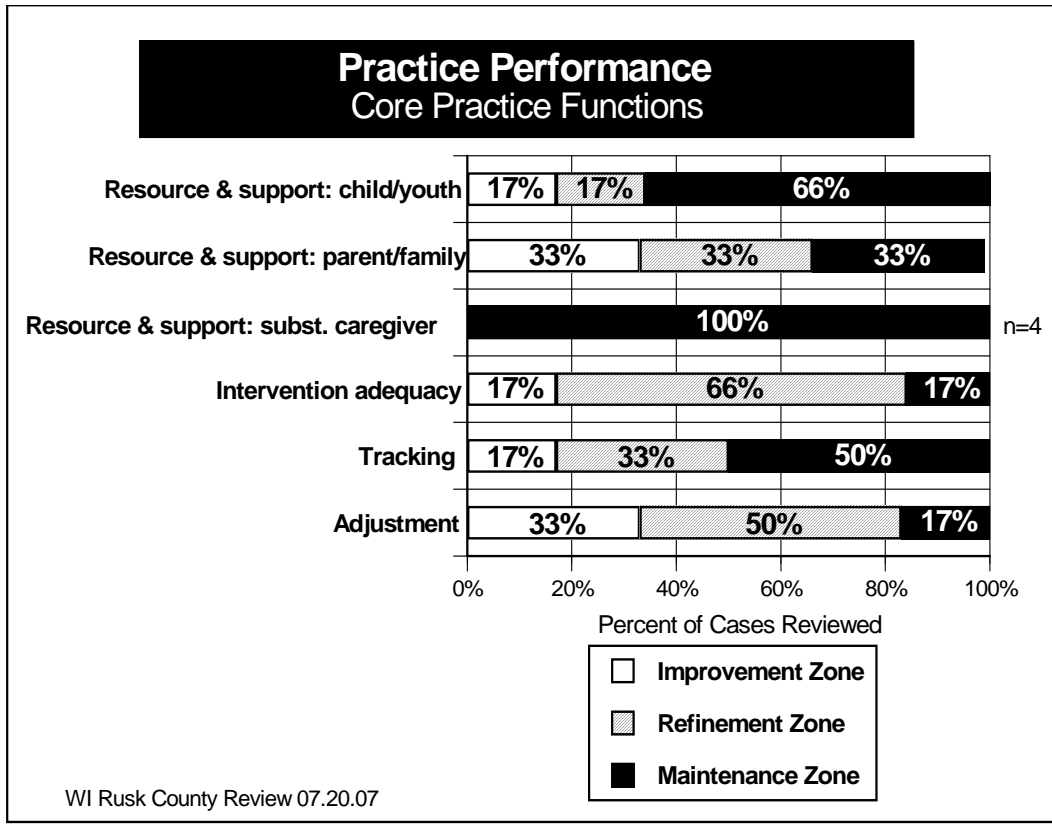
PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction 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: While one of the four youth rated scored in the maintenance zone, none of the parents achieved a score beyond the refinement zone for planning that includes

measurable and timely behavioral outcomes in areas such as parenting knowledge and skills, protective capacities, and reducing debilitating behaviors/symptoms. Overall, 50% of both the child/youth and parent/family sample rated in the high refinement range or above. One reviewer noted: “There are serious questions existing about whether or not the family can sustain behavioral changes independent of county involvement. No one involved with this family expresses belief in permanent change. Secondly, there is an absence of alcohol assessment and relapse planning related to mom’s history of inappropriate use of alcohol. The mother’s current status of being sober must be recognized, yet does not minimize the likelihood of relapse.”

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: One of six case scored in the maintenance zone, with 67% overall in the high refinement zone or above for planning that includes those supports necessary for family independence beyond Department involvement. This case example illustrates the need for both formal and informal supports for safe case closure: “Planning for the future of the focus child needs work. Currently there is no transition plan that identifies an appropriate placement (treatment home/foster home/relative placement), and there are no support services in place for when the focus child gets out of treatment (i.e. specialized counseling to help prevent possible relapse, child mentor as a possible informal support, training for foster parents, and a conceivable visitation schedule to maintain a connection with the adoptive parents).”



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

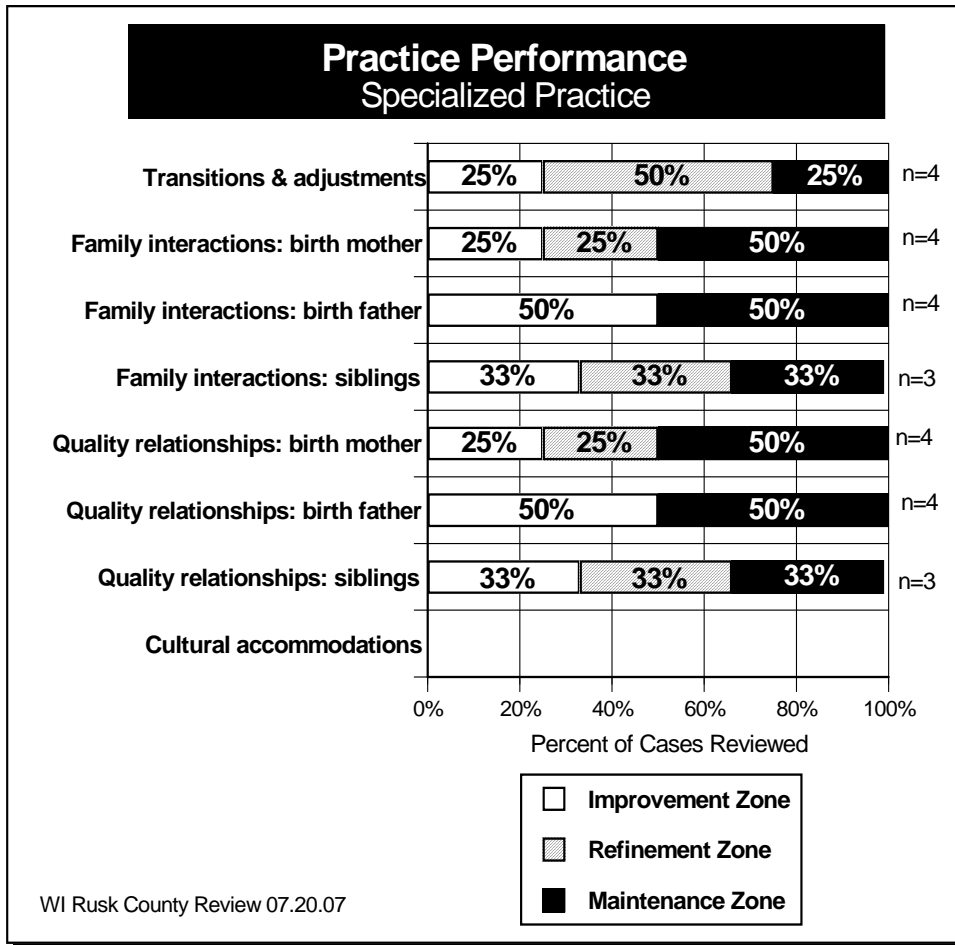
Comments: Scoring for this indicator was mixed, with four of six children and two of the six parent groups scoring in the maintenance zone. On the other hand, one child and two parent groups were found to need improvement. In a case that achieved the maintenance zone, “The child and her family have reached a place that did not seem possible when the process first started. The focus child is blossoming in her foster home and school. She is happy when she visits at home. The provision of resources and supports has been good and continue to be appropriate to meet the needs of the child and family.”

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: With four cases in the refinement zone, one in the improvement zone, and one in the maintenance zone, results for this indicator are also varied. In the one case that was found to need improvement: “The child’s individual therapist sees her only every two weeks, or less, because his schedule is full. At the time of the review, the therapist had not met the father, nor had he addressed any of the sexual education training that was recommended. It also seems reasonable to assume the other children could benefit from the education as well. The focus child continues to feel the effects of what happened and reports that it is very stressful for her.”

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: Fifty percent of the sample cases for tracking and seventeen percent for adjustment rated in the maintenance zone. One case for tracking and two for adjustment scored in the improvement range. In an example of effective practice in this area: “The tracking and adjustment by case manager is good, specifically in identifying what is working and not working for the family. For example, when the mother did not respond well to the number of individuals in the room during supervised visitations/Birth to Three sessions, the plan was modified in order to allow for the mother’s comfort. Now, the person from Birth to Three supervises only one interaction a week while working with the focus child and mother.”



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: Of the four cases scored, one fell in the maintenance zone, one in the improvement zone, and two in the refinement zone. In the one case that rated in the improvement zone, there was a need for more specific planning and preparation for the cognitively-delayed focus child's return to school in the fall.

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?

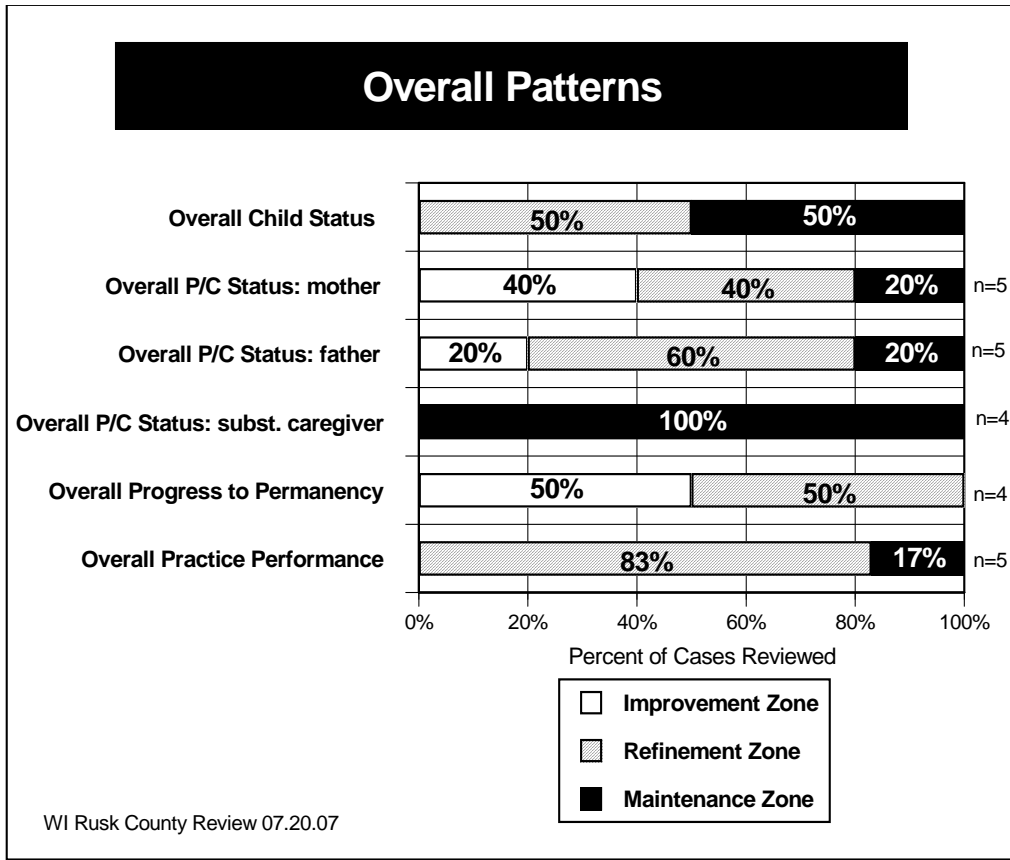
Comments: Family interactions and quality family relationships measure the planning and strategizing that goes into creating and/or maintaining an adequate frequency and quality of child's visits and relationships with the birth family when in an out of home placement. In this sample, fifty percent of cases scored in the maintenance zone for family interactions with birth mothers and birth fathers, with only thirty-three percent reaching that same level for interactions with siblings. All three categories had at least one case that rated as needing improvement. Not surprisingly, scoring for quality of family relationships exactly mirrored that of family interactions, illustrating how planning around visitation needs to be precise and individualized to meet unique needs of children and families.

One focus child showed excellent family interaction arrangements and a high quality of family connections: "She is happy in her foster home and loves to visit her family. She is bonded to both families and seems to transition from one to the other with no difficulty." And in another case: "Due to frequent visitation between the children and the parents, quality relationships have been maintained."

In one case that scored in the improvement zone for family interaction and the quality of family relationships, the mother's trauma history and less than adequate engagement led to the parent's overall lack of trust in the process and subsequent barriers to maintaining a quality relationship with the focus child: "The mother has a history of refusing to allow social services in the home. (Therefore) it was a struggle for the case manager to complete home visits to assess the possibility of moving the family interactions into the home and also for the family interactions to even occur."

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 in this area.



VII. NEXT STEPS AND ACTION PLANNING

County staff, the supervisor, 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 Rusk County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Locate “outcome” (e.g., measurable, behavioral goals/strategies) training to help planning for Long-Term View
- Look into staffing another position in the CFS unit
- Finding time to provide more education in community on defining agency role
- Ideas for incorporating teaming – how often, how to team, model of teaming
- Expose judges and legal partners to QSR model of practice

- Look into assigning worker to schools and establishing a Memorandum Of Understanding to outline working relationship
- Consider new ways to meet the following challenges:
 - 1) Managing increased responsibilities
 - 2) Finding time to do more creative/proactive case planning
 - 3) Expanding services to kids and families

The final “next steps” meeting was used by the director and supervisor to discuss the new post-QSR facilitation process that will use data from the review to build and action plan around improving case practice. John McMahon, Director of Washburn County Human Services, was assigned to function as the Department of Health and Family Services facilitator. The plan was to meet with the county to begin the action planning process once the six case stories were completed approximately three weeks following the review.

VIII. SUMMARY

The engagement of children and families was the practice element demonstrated by the workers that most reflected their capacity as seasoned and competent professionals. Families and providers alike acknowledged their strength-based understanding and outreach efforts that contributed to solid relationships with families. Decades of social science research shows that an effective working relationship based on empathy and trust is the variable found to be most associated with positive change. In this way, the CFS workers possess the important “raw materials” from which to enhance their level of practice to improve outcomes, especially with children and families with varied and complex needs.

Building on existing competencies such as engagement, as well as acquiring new skills, is a daunting undertaking without a coherent practice model with which to guide professional development. In this way Rusk County faces a similar challenge shared by most if not all child welfare systems in Wisconsin. Especially when it comes to altering debilitating behavior patterns of multi-need children and families, an effective practice model can, among other things, assist in conceptualizing the work being done and direct desired best practice approaches. Along these lines, a common theme among “stuck” cases in this review was the lack of a clearly articulated vision for ultimate outcomes the family was seeking to achieve. The QSR practice principle that most closely reflects this deficit is long-term view, or evidence of a clearly understood plan that spells out specific behavioral outcomes for helping a family attain safe case closure and independence from the formal service system. Because outcomes are often achieved through strategies that incorporate tasks accomplished by various individuals and agencies, adopting an approach that includes teaming with professionals and informal supports could assist in improving results and in building shared community-wide responsibility for difficult to reach families. Overall, a more intentional focus on long-term view within a family-driven teaming process can ultimately maximize the positive engagement with children and families that is already indicated in CFS practice.

