

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

April 7-11, 2008

Sawyer 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*

March 9, 2009

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 Sawyer County during the week of April 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 SAWYER COUNTY REVIEW

A. REVIEWERS

In the Sawyer County review, one State Adoption Quality Assurance Specialist, two CQI Specialists, two current and three retired child welfare professionals, participated in reviewing the eight cases selected. Four reviewers served as both a lead case reviewer and a mentor to their review partner who were observed and coached in their development as a lead case reviewer. The lead case reviewers/mentors have extensive experience in child welfare.

B. CASE SAMPLE

Eight cases were randomly selected for review in Sawyer 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 Sawyer County review, 75 persons were interviewed. Of the eight cases, two children were residing with their parent(s) prior to the review period (November 1, 2007 to the review week), two children returned home during the review period, and four children resided in out of home care. Of the four children in out of home care, one child was temporarily placed in a psychiatric hospital, one child resided in a treatment foster home and two children were living in licensed foster homes (one foster parent was a relative to the child). One child was in the 0-4 age range, one child in the 5-

9 age range, one child was in the 10-13 age range, and five children were over the age of 13. There were four males and four females in the sample.

It should be noted that two cases in the review had primary case management assignment with Lac Courte Oreilles (LCO) Child Welfare, and Sawyer County Health and Human Services (SCHHS) was assigned as a secondary role. SCHHS had requested two LCO Child Welfare cases be reviewed in order to gain additional knowledge regarding their collaborative working relationship with LCO and how it impacts shared families. The scores for these two cases were included in the SCHHS aggregated scores in Section IV.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Bridget Chybowski, Site Leader, 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 provided 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

Sawyer County is a rural community with a population of 17,080, comprising of 83.3% Caucasian and 15.5% Native American (2006). Focus group participants shared that there is a high percentage of county land that is non-taxable. In addition, focus group participants voiced that this impacts the county's ability to fund programs and services. There is an increase in the working poor and 12.9% 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 the LCO Convention Center and Casino, County of Sawyer, Hayward Community School District, Hayward Area Hospital and Wal-mart (*Department of Workforce Development March 2007*). Focus group participants shared that the community has a more transient population due to the high tourism. The tourism in the community is financially beneficial, yet it is very dependant upon the weather.

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 has 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

The staff across the agency was viewed as being knowledgeable, accessible, and responsive to families' needs. The staff was described as going "above and beyond" working to keep families together. Agency workers are described by focus group participants as genuinely caring about the families. Partners and stakeholders viewed agency workers with positive regard. There is a stable workforce within SCHHS with a balance of experienced and newer workers that are able to operate independently and seek support from each other. It was apparent that agency staff supported foster parents by answering questions, establishing services when needed or requested, along with just being available to listen when frustrations get to be too much or to celebrate in successes.

SCHHS was recognized for their outreach and collaborative efforts within the community. There is regular collaboration between SCHHS and community stakeholders for "*Working Together for a Better Community.*" Focus group participants expressed appreciation for the open and regular communication between service providers, community partners and SCHHS. There were numerous positive descriptions of the relationships SCHHS has established with community partners. There is a solid working relationship between the LCO Child Welfare and SCHHS. There is regular communication between LCO Child Welfare and SCHHS staff. In addition, the relationship between SCHHS and law enforcement was described as collaborative and positive. There is a willingness on both sides to participate in joint investigations related to Child Protection (CPS).

While there are growing challenges facing Sawyer County, the agency is currently evaluating the structure of their CPS and Juvenile Justice (JJ) Units to enhance the way it currently operates. SCHHS is evaluating how they can best meet the needs of shared clients between units while not duplicating services or overloading families. Furthermore, SCHHS is considering establishing specialized areas of practice within CPS to use the strengths of agency staff.

B. ORGANIZATIONAL – CHALLENGES

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 SCHHS. 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 documentation and completing paperwork. Some paperwork was seen as repetitive and cumbersome. Another challenge for SCHHS would be communication challenges between JJ and CPS Units with shared clients. As previously mentioned, SCHHS is evaluating agency structure to address such concerns. In addition, another suggested area to re-evaluate would be that of staff rotation in ACCESS. Focus group participants expressed frustration in the repetitiveness and confusion when calling ACCESS. When an individual calls ACCESS for a follow up telephone call, often the

original person that was spoken to is unavailable and the caller is asked to repeat all information and does not know whom to contact in the future, if needed.

While there were examples of positive collaboration between SCHHS and community partners, there appears to be an opportunity to improve collaboration efforts with some public or private local schools. There is a perception that some individuals have better relationships with SCHHS than others. SCHHS was recognized for its efforts in educating schools on mandated reporting laws each school year. However, it was shared that their feeling from some individuals is that the agency's response varies depending on the person or the person's role working within SCHHS. There appears to be confusion on when the SCHHS is involved with families and when the school can obtain information on families working with the county.

Another area of opportunity is clarifying and educating community partners on the roles and responsibilities of SCHHS Staff and LCO Child Welfare Staff, along with the differences between the two. Many focus group participants shared that the community's perception of SCHHS is to help families; yet others revealed perceptions that the budget dictates decisions of a child's possible placement and/or services. Lastly, there appears to be limited knowledge with partners that SCHHS is able to provide prevention services. This was specifically an area that was identified in many focus groups as an area of need.

C. RESOURCES – STRENGTHS

Compared to other counties, SCHHS has a comprehensive range of services to address parenting issues, drug/alcohol issues, and mental health issues, specifically with Impact Counseling, which offers day treatment and outpatient services. Within SCHHS, two staff members are advocates for domestic violence/sexual assault victims, the advocates are able to assist with filing for restraining orders. A valued and appreciated resource are the two parent aides who are able to assist with transportation, supervised interaction, parenting education and support, along with basic home management. The parent aides were seen as critical in helping families by being able to give families individual attention rather than having the client participate in a service in the classroom setting. In addition to services available through the county and community, there is an array of tribal services available for tribal families and some services available for non-tribal families such as the LCO Domestic Violence Shelter. Many services offered within the county can be accessed without having an open CPS case.

The Independent Living Program, for older youth (15-21 years old), prepares the older youth for independence via individual and group work. The program is designed to assess the youth's current level of functioning as it relates to independent living skills, and develop a plan on what the youth needs for successful independence. The assignment of a police liaison in local schools is viewed as helpful and it has assisted with the communication between SCHHS and schools. Additional strengths are the SCHHS Resource Directory, early education programs, the recent expansion of the transit system and efforts to collaborate with local churches for additional resources for families. Foster parents were identified as being experienced and well trained. All foster parents licensed

by SCHHS must complete the state Partners in Alternative Care Education (PACE) training. It was apparent that foster parents felt supported by SCHHS and appreciated the ability to access respite care when needed.

D. RESOURCES – CHALLENGES

While there were numerous services available to children and families within Sawyer County, individuals are in need of specialized services, such as trauma informed, responsive assessments and services. Specialized services needed for Sawyer county were programs for sexual perpetrators, transitional living for incarcerated persons and 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. Sawyer County's need for specialized services is a struggle shared among many counties within the state. The state, along with counties, is facing budget cuts which prevent counties from providing additional services. For example, in one case reviewed, the focus child was being held under a Chapter 51, and the facility where she was receiving immediate treatment was outside of the county. The recommended plan to the courts by the case manager was to place the focus child at an institution in another state for her specialized needs. It was shared that there were no resources available in the immediate area and that all other resources within the state had been exhausted.

There is a need to expand the capacity of several services and programs to meet the needs and demands of the families in Sawyer 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, daycare for all shifts of employment, 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 (the latter of which licensed through local private agencies). Several focus group participants shared that the recent elimination of the in-home counseling program was a great loss for families. Additional concerns were raised regarding the fear of losing other county staff and programs, such as the parent aide position and the lack of local training opportunities for foster parents and SCHHS staff due to budget constraints.

E. PRACTICE – STRENGTHS

The 161 Agreement between LCO and SCHHS was described as a “blueprint” for other counties in the state to use in efforts to enhance working relationships with Indian Child Welfare (ICW) and county child welfare. The LCO and SCHHS meet every year to review the 161 Agreement. There is early identification of Indian children when CPS referrals are received by SCHHS and there is appropriate notification of the LCO Tribe. A SCHHS initial assessment worker and a LCO case manager conduct a joint investigation and if the case is opened for formal services (e.g. out-of-home placement), there will be a SCHHS ongoing case manager assigned with the tribal case manager. There is joint planning and teaming between SCHHS and LCO with shared families.

This is seen as an asset because it keeps all case participants informed and on the same page. There are regular meetings between LCO and SCHHS management. SCHHS took an active role in the LCO implementation of the Coordinated Service Team (CST) meetings with LCO families. SCHHS was approved for CST funding to support a teaming model for families within Sawyer County as well as tribal families living off the Reservation. It is expected that additional planning will be occurring throughout 2009 to implement the CST model with Sawyer County families.

SCHHS was recognized for their creative ways and diligent efforts to keep children in the parental home when safety can be managed. There is a philosophy in the agency to search for non-custodial parents and utilize relative placements when at all possible. In addition, there is a strong use of community and informal supports to help keep children safe in the parental home and/or in the least restrictive placement.

F. PRACTICE – CHALLENGES

As mentioned in the *Organizational Challenges*, SCHHS is 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.” While agency staff participate in training offered through the Wisconsin Training Partnership covering all areas of practice (Access, Initial Assessment and Ongoing), focus group participants voiced concerns that it is unclear what guides agency staff in their work with families. It was revealed that the SCHHS does not have an explicit practice model on how to engage, assess and plan with families. It appeared that once the court order is in place, it becomes the case plan and the driving force as to how agency staff works with families. Many individuals stated that the county does use the “strength based” approach when working with families. SCHHS was recognized for their active role in the implementation of the CST model with tribal families and requesting CST funding for SCHHS. Yet, these are only parts of what is needed in truly implementing a practice model that guides the daily practice for agency staff in their work with families. 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 continued to challenge our system due to the severity of their needs.

Focus group participants voiced that there is a perception that there is varying practice among departments and agency staff. While there is some expectation that practice would differ between JJ and CPS Departments, the difference voiced between agency staff within their respective departments is an area to develop more uniform policies and procedures when applicable. 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. Another area of opportunity is the consistent implementation of a practice model that supports supervisors in their daily work of teaching, coaching and mentoring front-line staff. Lastly, one-on-one supervision between the supervisors and the agency workers could be an area of development. Currently, there is an “open

door” philosophy where agency workers are able to ask questions when needed. This philosophy appears to be appreciated by staff, especially in times of emergencies. The workers may need more support and guidance from their respective supervisor and having a regular structured supervision schedule may help them be more proactive with families in planning for and preventing crises.

G. LEGAL – STRENGTHS

Agency workers were viewed as active participants in court hearings. Their daily work with families was seen as critical for children being able to achieve permanency. Agency workers were seen as well prepared and knowledgeable about their families. Their recommendations in court were both valued and respected. There is a good relationship and open communication between the District Attorney Office and SCHHS.

Sawyer County’s Judge was viewed as being respectful to individuals and generally providing opportunities for all parties to be heard. The court does follow the provisions of the Indian Child Welfare Act and provides appropriate notices to parties regarding non-tribal court hearings. Guardian ad litem (GALs) in Sawyer County are seen as knowledgeable and caring for the children they represent. GALs are regularly appointed for children early on when petitions are filed related to Children in Need of Protection and Services petitions (CHIPS) and take an active role. They were seen as an independent body, working on behalf of the children. Across Wisconsin, this is an area of inconsistency regarding GALs’ level of involvement with cases. The relationship between legal parties and SCHHS is viewed as collaborative and that all individuals work quickly to resolve matters. There are no requests for delays or continuances for court hearings.

H. LEGAL – CHALLENGES

There appears to be confusion as to when older youths should be appointed adversary counsel. An older youth, 12 and older, will have a GAL appointed rather than adversary counsel. The appointment of a GAL for an older youth can create a conflict for the courts. The GAL role is to act in the best interest of the child; while the adversary counsel represents the older child’s own interest.

Focus group participants shared that at times, procedures related to court can be informal and cause confusion regarding who is responsible for specific tasks such as completing specific court documents. This relaxed atmosphere may be contributing to the inconsistent documentation of two Adoption Safe Families Act (ASFA) findings that must be entered on court orders to be in compliance with federal laws. Only 65 percent of Contrary to Welfare findings and 71 percent of Reasonable Efforts to Prevent Removal findings were made from 2006 to April 2008. Lastly, it was revealed that there are many unanswered questions for youth, unrepresented biological parents and foster parents regarding the court process. Clearing up this confusion often falls to the case manager, which again, may create a conflict of interest.

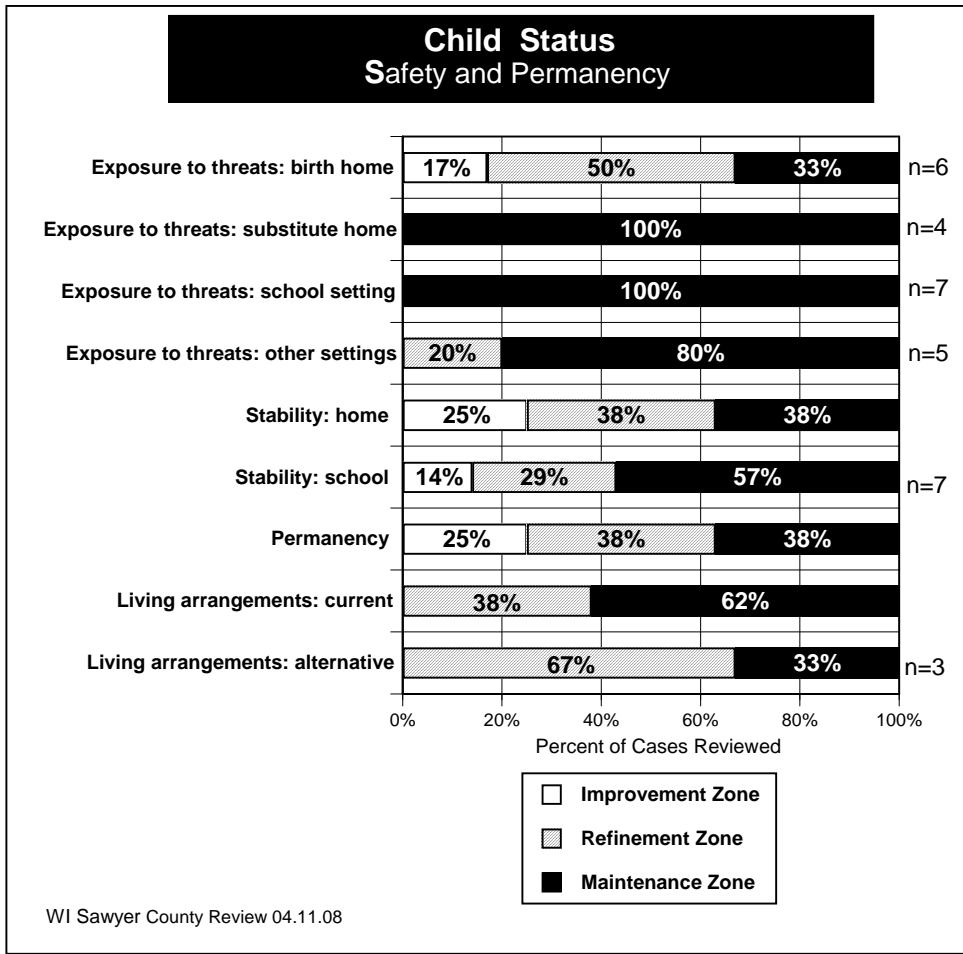
As previously mentioned there is a perception that budget dictates decisions. There some thought that petitions may not be filed or charges are reduced in order to save money. There appears to be a perception among focus group participants that juveniles committing offenses are not receiving adequate consequences or rehabilitation services. Focus group participants shared that there needs to be more efforts done prior to a youth turning 17. It was suggested that the focus be on rehabilitation and accountability of the individual rather than waiting until the individual is the age of majority and has oversight provided through the Department of Corrections.

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.

QSR Interpretative Guide for Child Status		
<p>Maintenance Zone: 5-6</p> <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>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <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 #000;"/> <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>	
<p>Improvement Zone: 1-2</p> <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>	<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.



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 in the review are safe from abuse and neglect. Two children rated in the maintenance zone, three children scored in the refinement zone and one child fell in the improvement zone for *Exposure to Imminent Threats of Harm in the Birth Home*. This was similar to the first 30 counties reviewed with children residing in the birth home, in this indicator 41 percent of children scored in the maintenance zone, 54 percent fell in the refinement zone and five percent scored in the improvement zone. In accordance with the QSR guidelines, two children were not scored because the children were not having unsupervised family interactions in the home nor was reunification the permanency plan

goal. Four children rated for *Exposure to Imminent Threats of Harm* for the substitute home scored in the maintenance zone.

Seven out of eight children scored in the maintenance zone for *Exposure to Imminent Threats of Harm* in the school setting. One child was not rated because the child was not of school age. Her daycare setting was rated under “*Other Settings*.”

Four of the eight children rated for *Imminent Threats of Harm in Other Settings* scored in the maintenance zone and one child scored in the refinement zone. Other settings include home of a non-custodian parent with home visit privileges, summer camp, after school setting and anywhere the child regularly spends time.

While the state uses the QSR scoring previously mentioned. The federal Child and Family Services Review utilizes “unacceptable range” (1-3) and “acceptable range” (4-6). All children scored for the above indicators fell in the acceptable range with the exception of one child scored in the unacceptable range for *Exposure to Imminent Threats of Harm in the Birth Home*. A reviewer wrote “[The focus child] resides with her mother in an apartment. The neighborhood is safe for both the focus child and mother. Though the apartment has adequate space for the focus child and mother, service providers are concerned that the physical condition of the home may have reverted to the same condition that the court previously found was unsafe for the child. The parent aide has observed a knife that the mother uses at work to open boxes laying on a table that the focus child has access to. The mother’s medication, for bipolar disorder, was also observed in a location accessible to [the focus child].”

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. Three of the eight children scored in the maintenance zone, three children scored in the refinement zone and the two remaining children scored in the improvement zone. According to federal scoring, six of the eight children scored in the acceptable range.

Stability in the school setting was rated for only seven of the eight children and six of the children scored in the acceptable zone. In one case reviewed, a 10-year-old child, who was removed from his biological home and is currently residing in foster care is expected to return home soon. Through this entire time, the focus child has attended the same school and it is expected that he will attend the same school upon reunification. The one case that scored in the unacceptable range is that of a 14-year-old female who has not attended any form of private or public school since 2005 due to the high level of care

needed for her mental health concerns. She has been in and out of group homes and inpatient facilities.

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?

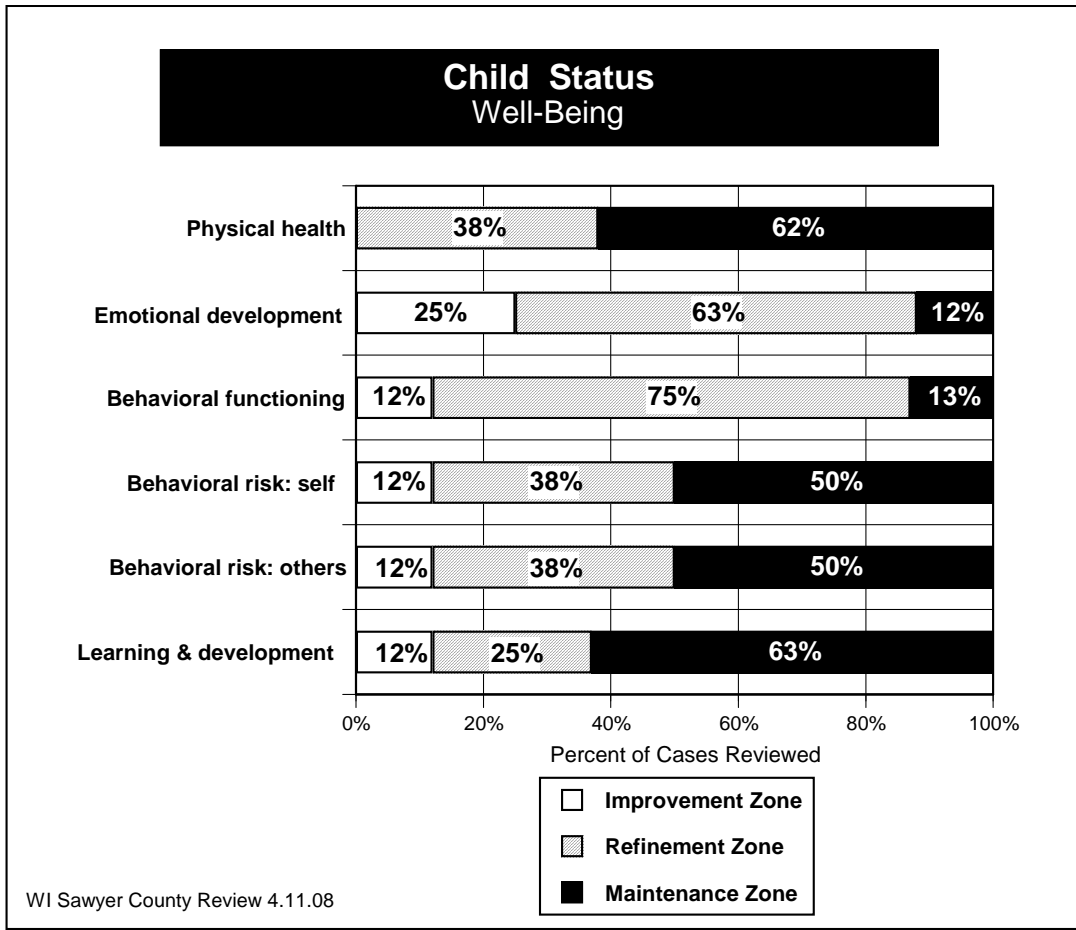
Comments:

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. Three children scored in the maintenance zone, three children fell in the refinement zone and two scored in the improvement zone. Six of the children scored in the acceptable range for permanency.

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 a child who was residing in a psychiatric hospital, which at this time was the most appropriate setting to ensure her safety. Five of the eight children scored in the maintenance zone and two children scored in the refinement zone. Only one child that scored in the refinement zone was also in the unacceptable range. With regard to the children's "alternative" settings, two of the eight children were rated and they fell into the acceptable range.



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

Comments:

All eight children in the review 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. Five of the eight children scored in the maintenance zone and three scored in the refinement zone. In the first 30 counties reviewed, 88 percent of children scored in the maintenance zone and 12 percent scored in the refinement zone. Like the children in the first 30 counties reviewed, no children in Sawyer County scored in the improvement zone for physical health.

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, 90 percent of families are dealing with co-occurring conditions. Of the children in the review, 75 percent were seen as trauma exposed and 50 percent of the children reviewed were found to be diagnosed with a mental illness. Co-occurring conditions are additional factors that the individual is dealing with along with their involvement in child welfare as is evidenced in the following excerpt.

The reviewer for this case wrote, "The focus child is functioning at seriously low levels both behaviorally and emotionally. She has diagnoses of PTSD [Post Traumatic Stress Disorder], Reactive Attachment Disorder, Major Depressive Disorder, Mood Disorder NOS, Disruptive Behavioral Disorder, Conduct Disorder, Personality Disorder with Borderline Features, Chronic Sleep Disorder, and Eating Disorder NOS. She has exhibited distress in areas of eating, sleeping, self harm, aggressiveness toward others and overall maladjustment in all settings. She is not on any medications at this time. Some of the many professionals who have seen her have recommended medications, some have not."

All eight children were rated for this indicator. Two children scored in the improvement zone, five children fell in refinement zone and one child scored in the maintenance zone. However, five of the eight children rated fell 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 scored and the majority of the children, (six) scored in the refinement zone. One child scored in the maintenance zone and one child scored in the improvement zone. Of all eight children, six scored in the acceptable range. The focus child, whose emotional status was described in *Emotional Development*, also scored in the improvement zone for *Behavioral Functioning*.

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:

While there are some concerns for the children's behavioral functioning, there is little concern regarding the children's behavioral risk. Seven of the eight children rated scored in the acceptable zone for risk to self. Six of the eight children rated for risk to others scored in the acceptable zone. The focus child that fell in the unacceptable range and improvement zone for this indicator also scored in the unacceptable range for *Emotional Development* and *Behavioral Functioning*. A reviewer wrote that "[The focus child's] most destructive behaviors to date have been cutting, and threatening to hang herself. She is relentless when she begins to harm herself. She has told people she sees her dead sister

in recurring dreams, and that in these dreams, her sister tells her to kill herself.” The reviewer further shared, “Recently, she was in a temporary placement and started cutting. The sheriff was called several times, and she would settle down only to start up again. They could not stop her as she had pieces of broken glass hidden all over her room. They thought they had confiscated it all, and she would get more that she had hidden.”

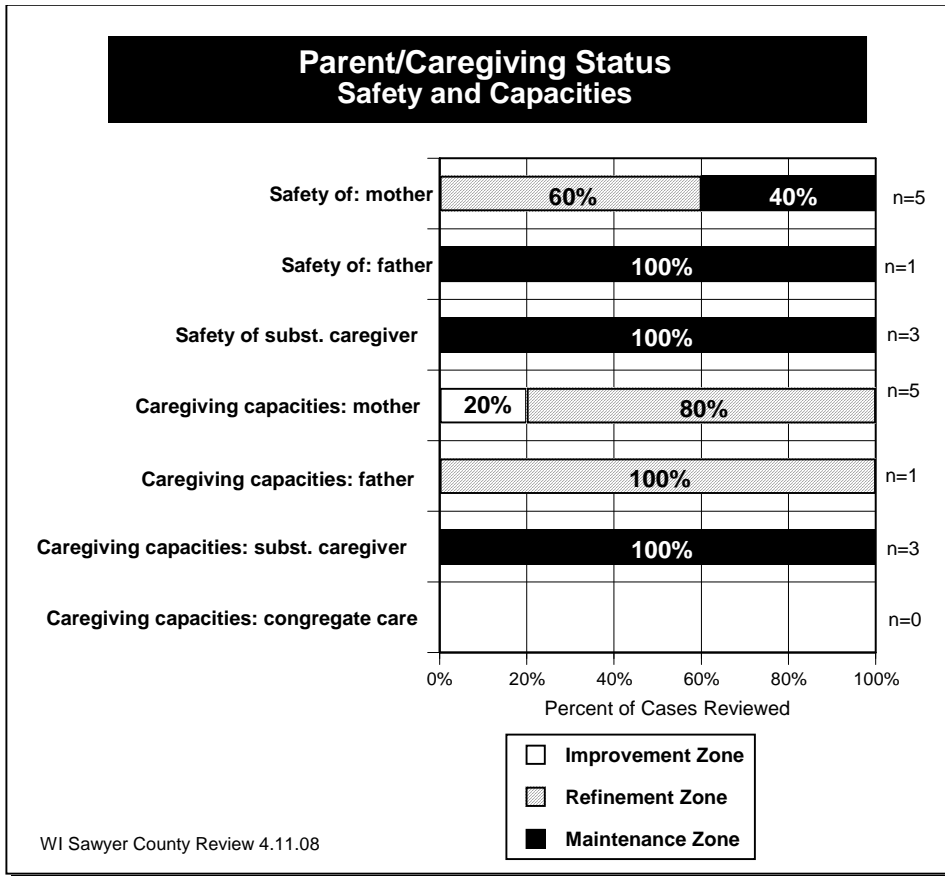
Early Learning & Development (Under Age 5): To what degree is the young child’s developmental status commensurate with his/her age and developmental capacities? Is the child’s developmental status in key domains consistent with age-appropriate expectations?

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, one scored in the refinement zone and one case fell into the improvement zone for this indicator. Regarding the case that scored in the improvement zone, a reviewer wrote, that due to the focus child’s emotional and behavioral needs “... focus child has had [individual education plan] at all the mental health facilities and in a recent day treatment program. She has not attended a public school since 2005. She has a learning disability and is approximately three years behind grade level in math. She has not had the opportunity to develop peer relationships or participate in normal school experiences since her services began.”

The first 30 counties reviewed scored 68 percent in the maintenance zone for meeting children’s educational needs. Sawyer County was similar in that 63 percent of the cases scored in the maintenance zone. Information obtained regarding Sawyer County’s children’s reading levels revealed that three children were reading at grade level and one child was reading two levels above his assigned reading grade. One child’s reading level was unknown and two children were three or more years behind their assigned reading grade.



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 and three scored in the refinement zone for *Safety*. Only one father was scored and he scored in the maintenance zone. Only three substitute caregivers were rated and they all scored in the maintenance zone. These scores indicated that the parents and caregivers in the sample are generally safe and free from intimidation and fear of domestic violence in the home and community.

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)?

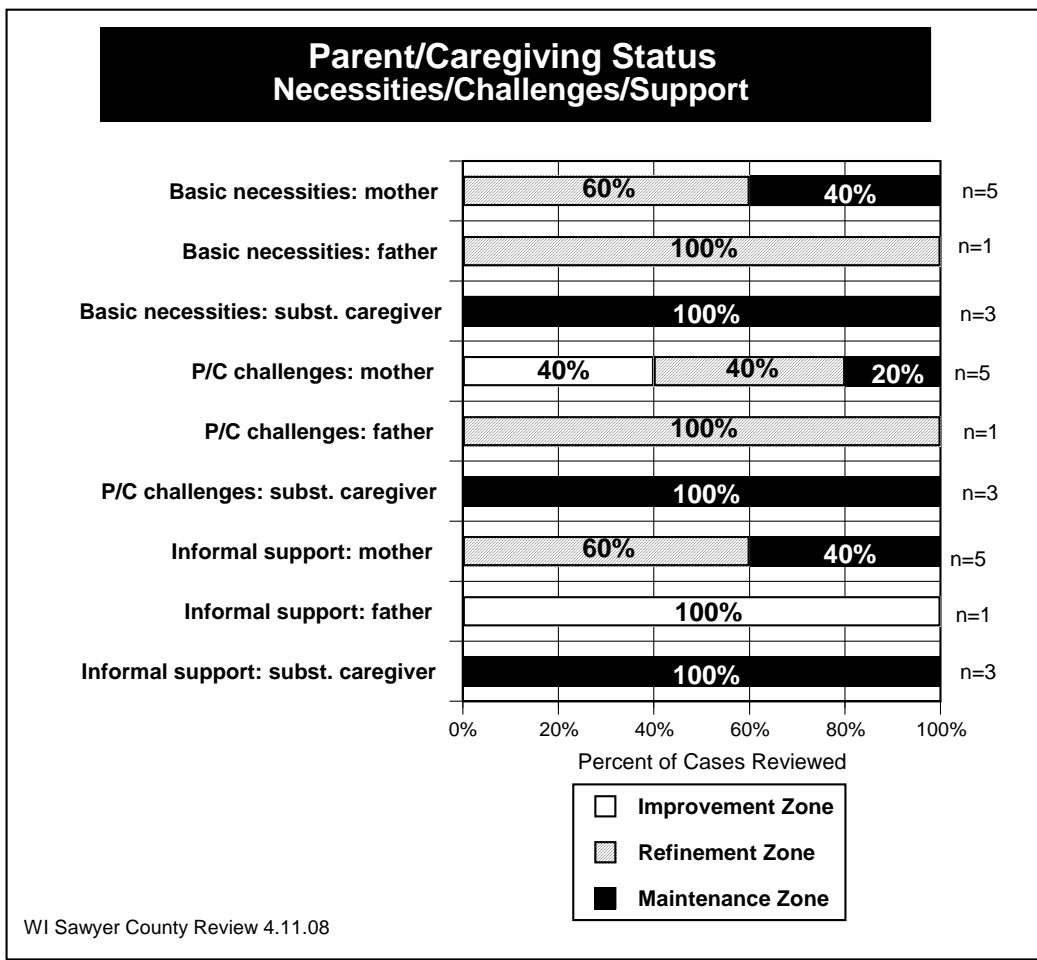
Caregiving Capacities (Congregate Settings): To what degree are the child’s/youth’s primary caregivers in the group home or facility supporting the

education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments:

Five of the eight mothers were scored for this indicator and four scored in the refinement zone and one scored in the improvement zone. One father was scored and he rated in the refinement zone. Three substitute caregivers were rated and they scored in the maintenance zone. A reviewer wrote regarding a substitute caregiver, “The foster mother is an experienced foster mother who has a good understanding of the challenges facing [focus child]. The foster mother has worked with [focus child] to develop a list of questions she should ask potential landlords for signing a lease. The foster mother is also aware of the emotional stress [focus child] is experiencing as she moves closer to transitioning to independent living.”

The reviewer continued, “While the foster mother voiced some frustration with [focus child’s] stubbornness, she was able to describe appropriate skills in handling this behavior. She recognizes that [focus child] enjoys verbal arguments and she avoids these situations. In addition the foster mother has worked with her on budgeting skills.”



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:

Two mothers scored in the maintenance zone and three scored in the refinement zone. All five mothers scored in the acceptable range. A reviewer wrote of a mother who scored in the refinement zone that "She has sufficient income to provide for her and [focus child's] basic needs. She works on an average of 24 to 30 hours per week as an assistant manager in a retail store. In addition to income from her employment, mother receives food stamps, financial assistance, housing assistance, medical assistance and day care services." One father was scored and he rated in the refinement zone. Three substitute caregivers were rated and they scored in the maintenance zone.

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:

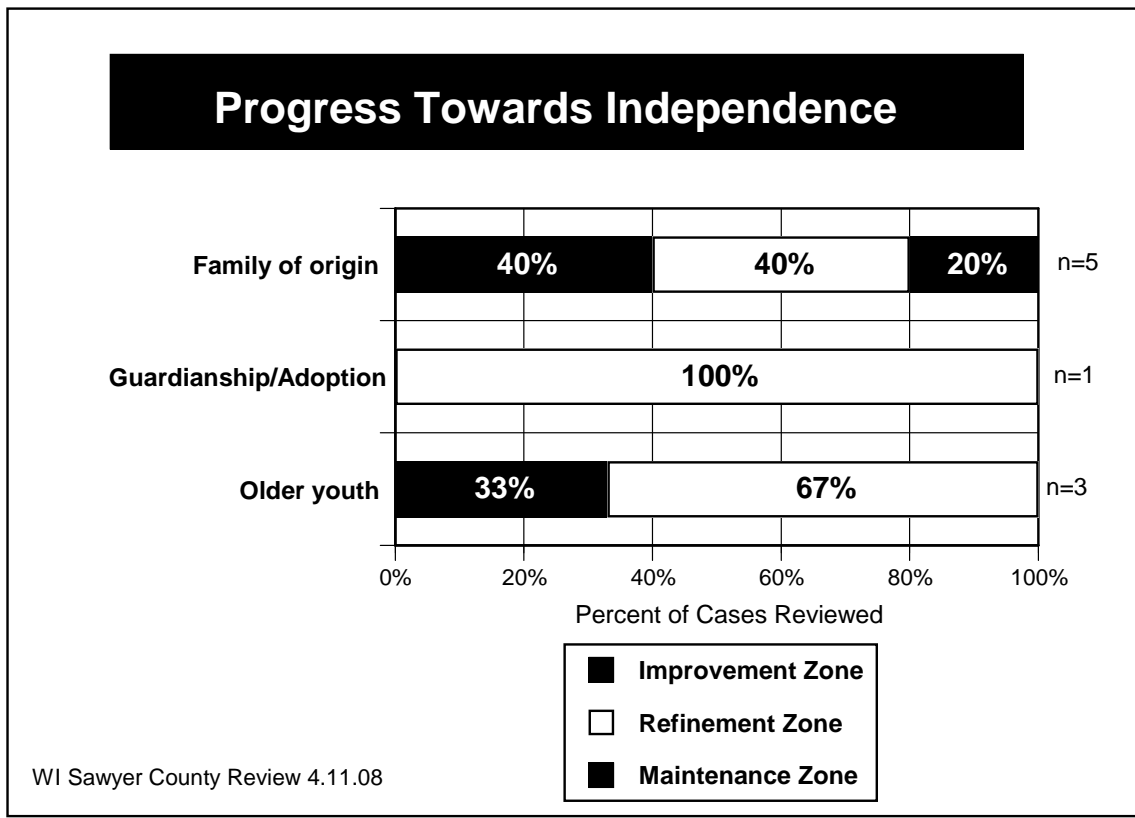
Three substitute caregivers were rated and they scored in the maintenance zone. One mother scored in the maintenance zone, two mothers fell in the refinement zone and two mothers scored in the improvement zone. One father was scored and he rated in the refinement zone. These scores support statements shared in focus groups that families are dealing with numerous, more challenging issues. Of the families reviewed, seven of the eight sets of parents were found to have co-occurring conditions. Sixty-three 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. A reviewer wrote regarding the father for a case reviewed, "He presents with a number of parenting challenges that in turn affect his parenting capacities. These include: a history of unlawful behavior and incarceration, limited cognitive abilities, some personality issues that get in the way of functioning, immaturity and a lack of skills and judgment necessary to provide adequate care to his children, polio and what has been described as "post-polio syndrome," grief-related symptoms due to the loss of his wife and finally, he is isolated and has a history of hostile relations with family members, providers and others, limiting his informal support network."

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:

Two of the five mothers scored in the maintenance zone and three mothers scored in the refinement zone. Four of the five mothers scored in the acceptable range. One father was scored and he rated in the improvement zone. Three substitute caregivers were rated and they scored in the maintenance zone.

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:

Four children had reunification as their permanency goal. One child with a permanency goal of reunification scored in the maintenance zone, two children scored in the refinement zone and one child scored in the improvement zone. Three of the children had permanency goals that scored in the acceptable range indicating that the majority of families are making sufficient progress toward permanency and safe case closure. Sawyer County scored 75 percent in the acceptable range for this indicator compared to the combined findings from the first 30 counties where 62 percent scored in the acceptable range.

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

Comments:

One child who scored in the refinement zone had the primary permanency plan goal of Termination of Parental Rights (TPR) or Transfer of Guardianship. A reviewer wrote, “[The focus child] has been living in his pre-adoptive home since November of 2005 and has established stable relationships there. It is an appropriate permanent placement for him and most people agree on this. However, the paternal grandmother [his adoptive resource] stated that [the focus child] still wonders what will happen to him and whom he will be living with long term because nothing has been finalized legally. There is frustration expressed regarding the delay in achieving permanency for [the focus child]. There appears to be some system barriers in achieving permanency. The petition for terminating the maternal grandmother’s parental rights has not yet been filed as the agency is waiting for the adoption study to be done (by an outside agency). Once the adoption study is done, [the focus child] can be legally adopted immediately following the termination of parental rights hearing rather than lingering in care without a legal parent. However, [the focus child’s] case is being impacted due to prior tribal court cases that have not reached legal permanence due to the backlogged adoption studies...”

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?

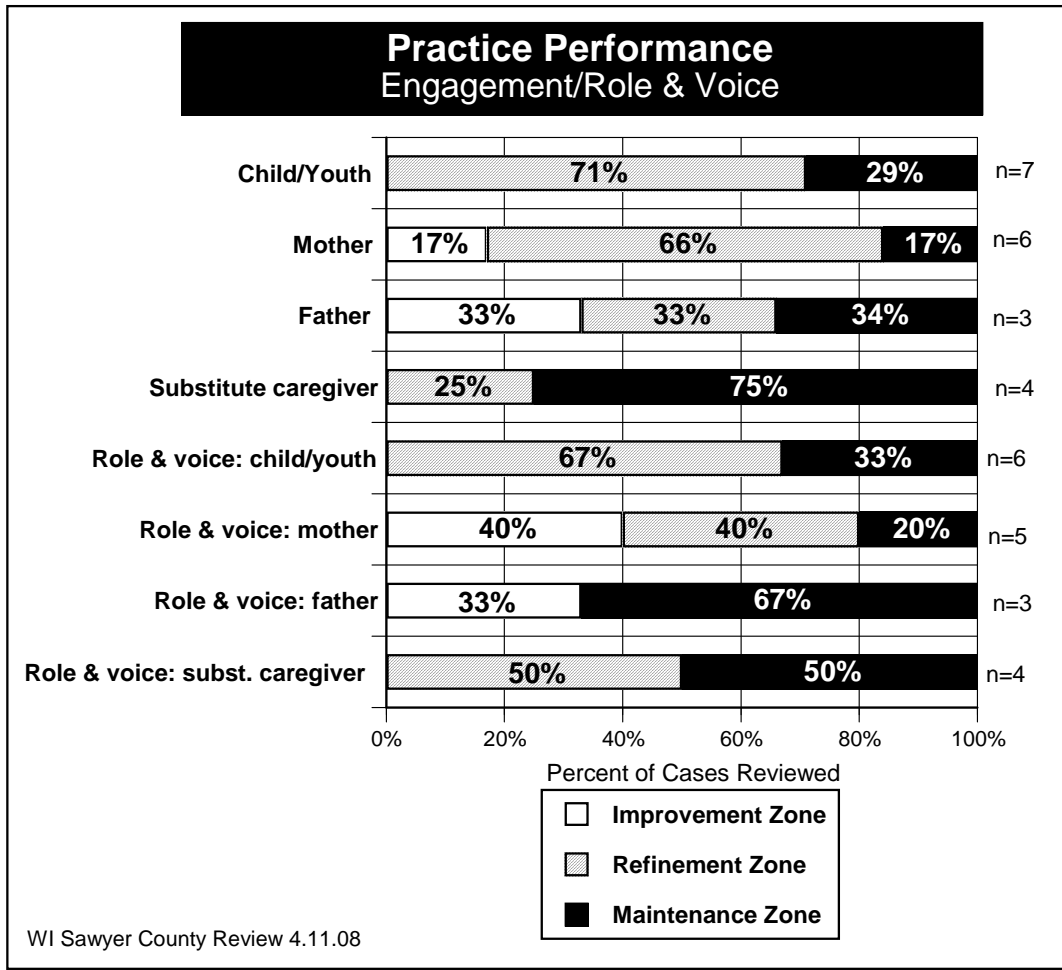
Comments:

Three children were rated for this indicator. For one child this was a concurrent goal and for two children, this was a primary permanency goal. SCHHS is similar to the rest of the state, in that engaging and providing services with older youth can be a challenge in order for the youth to be successful. Slightly more than half of the cases in the first 30 counties reviewed were found to be in the acceptable range, which is similar for Sawyer County. A reviewer wrote for a case that scored in the refinement zone, “The focus child, department and service providers are making fair progress toward permanency. [Focus child’s] support team (worker, treatment foster mother, treatment worker, independent living coordinator, etc.) is in place and has both formal and informal means of communication. The team has regularly scheduled meetings and team members communicate with each other and with [focus child], as needed, between meetings. The team is working to provide [focus child] with the information and resources she will need to successfully transition to independent living. The Independent Living Coordinator has information regarding grants that would assist [focus child] in continuing her education and is available to assist her in the application process.”

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 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, <u>under changing conditions and over time.</u> Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p>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>-----</p> <p>3 = MARGINAL PERFORMANCE. Practice at this level may be <u>under-powered, inconsistent or not well-matched to need.</u> Performance is <u>insufficient for the person to meet short-term needs or objectives.</u> [With refinement, this could become acceptable in the near future.]</p>	
<p>Improvement Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>2 = POOR PERFORMANCE. Practice at this level is <u>fragmented, inconsistent, lacking necessary intensity, or off-target.</u> Elements of practice may be noted, but it is <u>incomplete/not operative on a consistent basis.</u></p> <p>1 = ADVERSE PERFORMANCE. Practice may be <u>absent or not operative.</u> Performance may be <u>missing (not done).</u> - OR - Practice strategies, if occurring in this area, may be <u>contra-indicated or may be performed inappropriately or harmfully.</u></p>	<p>Unacceptable Range: 1-3</p>



ENGAGEMENT OF CHILD & FAMILY: 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:

All eight children were scored as it relates to their *Engagement* with interveners in the change process. Six of the eight children rated for this indicator scored in the acceptable range. Two children scored in the maintenance zone and six children scored in the refinement zone. The first 30 counties reviewed for this indicator scored 85 percent in the maintenance zone and in comparison; Sawyer County was at 86 percent. All four substitute caregivers scored in the acceptable range.

Six of the eight mothers were rated for this indicator and three mothers fell into the acceptable range for *Engagement*. 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. Only three fathers were scored for this indicator and one each was scored in the maintenance zone, refinement zone and improvement zone.

A reviewer wrote regarding positive engagement with all key case participants, “The focus child is engaged with the service providers as well as the ongoing social worker from the department. While [focus child] voices frustration with not being able to reach the ongoing social worker immediately when she calls and with having to wait for a return call, she states that she looks forward to their meetings and enjoys scheduled conferences. [Focus child] views the ongoing social worker as someone she can rely on. The father states that he has a voice in decision-making and reports that the social worker keeps him regularly informed by sending all court notices and through regular phone calls. The substitute care provider reports that the department and services providers are responsive and that she receives support and training as needed.”

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). Two of the children were not scored for *Role and Voice* due to their age and/or development. Five of the six children scored for this indicator scored in the acceptable range. Two children scored in the maintenance zone and four children scored in the refinement zone.

Five of the eight mothers were rated for *Role and Voice*. One mother scored in the maintenance zone, two mothers scored in the refinement zone and two mothers scored in the improvement zone. Four mothers scored in the unacceptable range. *Role and Voice* indicates that participants feel they have been heard and that goals and plans are developed collaboratively with the family and team members.

Three of the eight fathers were scored for this indicator. Two fathers scored in the maintenance zone, and one father scored in the improvement zone. There were a few cases reviewed where the fathers did not have an active role in the child’s life prior to CPS involvement and it remained unclear about efforts to locate the fathers and assess the role the father could have in his child’s life which contributed to low scores for the *Engagement and Role and Voice* indicators.

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:

Three cases scored in the maintenance zone, four cases scored in the refinement zone and one case rated in the improvement zone. Six of the eight cases scored in the acceptable range. In comparison with the first 30 counties reviewed, SCHHS is comparable with 75 percent of cases for the agency scored in the acceptable range. The first 30 counties reviewed scored 87 percent in the acceptable range for *Coordination*. A reviewer wrote “The county worker is a solid coordinator to the successes of this family. She is seen as invested, empathic, respectful, and positive. [The focus child], his mother, and the principal knew to call her if there were concerns. The county worker did have a leadership role and the coordination was good.”

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 demonstrates that this is an area of development for SCHHS. 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 refinement zone, a reviewer wrote that “...there is more than one team operating ([focus child’s] mental health providers meet together outside of the school) and most of the members of the team are the family’s formal supports. The family may feel more independent and confident to carry on without the agency if more of their informal supports were involved in the teamwork.”

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, are 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 formed quickly, and continues to function with a long-term view toward safe case closure. The team is utilizing change processes through well-developed plans agreed

upon by the team. Tracking and adjustment efforts by the team are evident. When the family situation changes it is recognized by the team and the focus or goals may be adjusted to fit new needs. For example, it was discovered that [focus child] needed regular supervision due to his limited cognitive abilities. A male community member was identified by the team and set up as a “daycare provider.” This provider has also become [focus child]’s mentor.”

The reviewer continued to write, “The focus and goals of the team have changed to include helping the family control and budget their finances and help the children with major upcoming life transitions such as high school graduation. These future transitions are anticipated when possible and are planned for appropriately. The team monitors service delivery and outcomes and adjusts if needed. The team realizes that learning “what works” is a continuous process.”

Four cases scored in the acceptable range for *Team Formation*. Two cases scored in the refinement zone and two cases scored in the maintenance zone. Four cases scored in the improvement zone and unacceptable range. As it relates to *Team Functioning*; three cases scored in the improvement zone, three cases in the refinement zone and two cases in the maintenance zone. As for team functioning, four of the eight cases reviewed scored in the acceptable range.

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:

One case was not scored because it was not open for child protection services or reasons. Two cases scored in the maintenance zone and five in the refinement zone. No cases scored in the improvement zone; only two cases scored in the unacceptable range and the remaining cases scored in the acceptable range. A reviewer wrote “Safety and overall assessment and understanding occurred quickly and there is continued assessment to develop new strategies. After [the focus child’s] report concerning his sister and stepfather, arrangements were made to protect the children and mother from stepfather. They were transported to a nearby shelter. A warrant was put out for stepfather’s arrest and he was detained that evening. By the end of the first day, temporary restraining orders were put in place for all family members. The children were placed in foster care for a period of two weeks. Once suitable housing was located, the family was reunited.”

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. 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. A reviewer wrote, "*Overall Assessment and Understanding* could be slightly improved; there are some unanswered questions and areas that are inconsistently understood or recognized. There seems to be a good, basic understanding, but it may be helpful to explore some issues more thoroughly. Some areas that may benefit from further exploration are: the focus child's goals and wishes for herself independent of her father, what drives the father's criminal behaviors, the father's mental health needs and medication treatment, the father's understanding of boundaries or lack thereof and how this may affect safety management in the home, how dad was able to function quite effectively during periods of his life and then drastically 'go off track.'"

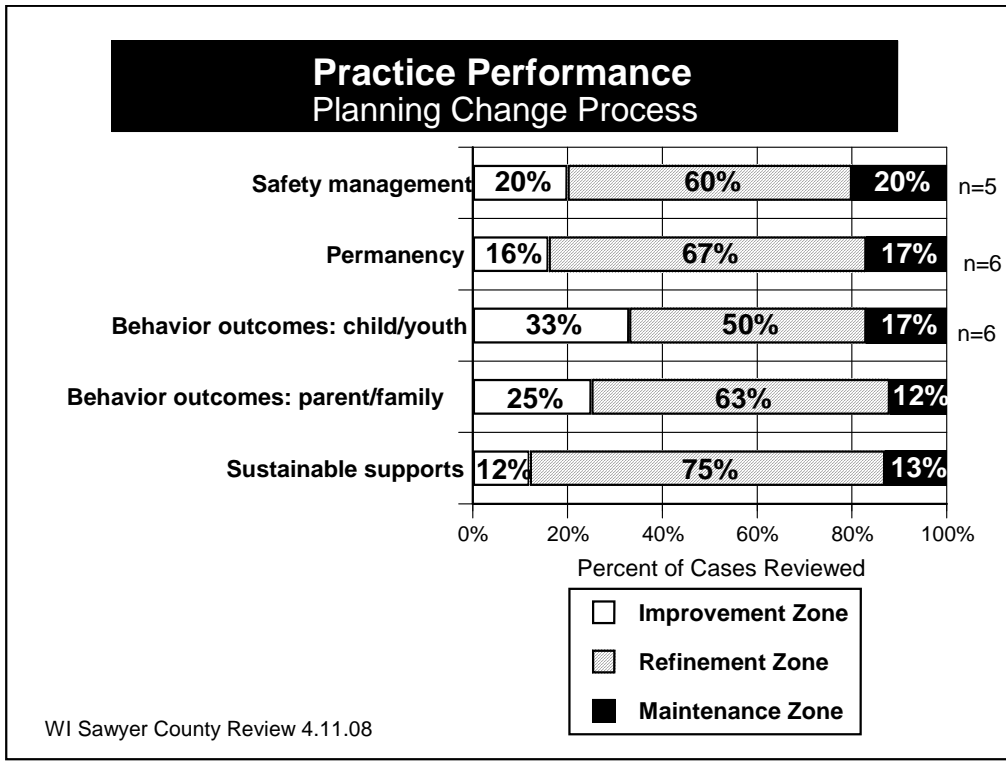
In general, four of the eight cases were scored in the acceptable range for *Overall Assessment and Understanding*. Three cases scored in the maintenance zone and in the refinement zone with the remaining two cases falling in the improvement zone.

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. One case scored in the maintenance zone, four cases scored in the refinement zone and three cases scored in the improvement zone. Four cases scored in the acceptable range and four cases scored in the unacceptable range 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.

A reviewer wrote, “Long term view for safe case closure was rated as needing improvement. The family and service providers have a basic understanding of the plan for reunification and safe case closure, but these plans need to be clear and specific. For example, while the court order has been updated, the providers and mother were unclear about what the current plan for reunification means. The court order previously stated that mother needed to obtain her own housing prior to reunification, but not all involved (including mother) believe this is a realistic goal for her. They are now looking at allowing her to stay in the maternal grandmother’s home with the children. Mother appeared worried and concerned that she still may need to work toward independence from her mother at some point. The workers with the family need to make a decision on which track they are taking. This plan could then be clearly outlined for the whole team in order to achieve the goal of reunification. Without a clear plan on what this family needs to sustain the progress they have shown, stability could suffer after reunification to the maternal home.”



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. Three cases scored in the refinement zone. Two cases scored in the unacceptable range and three scored in the acceptable range. One case did not meet protocol guidelines and therefore was not rated for this indicator. In relation to the first 30 counties reviewed, SCHHS scores are somewhat lower with 60 percent of cases scoring in the acceptable range. Comparatively, the combined cases from the first 30 counties reviewed scored higher for safety management at 73 percent in the acceptable range.

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:

Six of the eight cases were rated for this indicator. Two 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, one case scored in the maintenance zone and one case fell in the improvement zone. Four cases were in the acceptable range.

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:

Of the six cases scored, four of the cases were identified as needing to address behavioral changes for children. Four cases scored in the unacceptable range and two cases scored in the acceptable range. Two children were identified as having no behaviors targeted for change at this time, therefore they were not rated for this indicator and this is in accordance with the QSR protocol. One case scored in the maintenance zone, three scored in the refinement zone and two scored in the improvement zone.

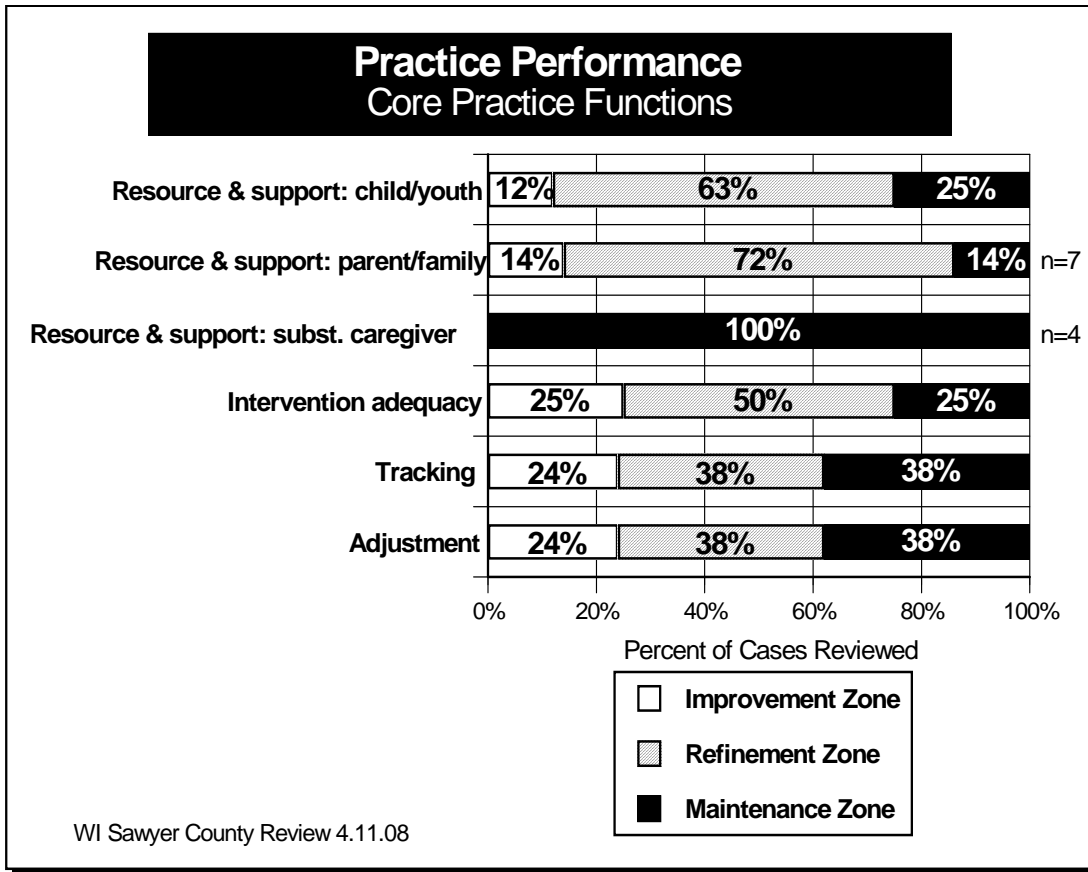
All families were scored for the parent/family addressing behavioral changes. One family scored in the maintenance zone, five families scored in the refinement zone and

two families scored in the improvement zone. Five families scored in the unacceptable range and three families scored in the acceptable zone.

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:

Six cases scored in the refinement zone, one case scored in the maintenance zone and one case fell in the improvement zone. Five cases scored in the acceptable range and three cases scored in the unacceptable range. *Planning for Sustainable Supports* throughout the case is critical in ensuring long term success and independence from the agency. While Sawyer County was recognized for promoting the use of community and informal supports with their 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 and solid scores with sustainable supports tends to lead to strong practice scores in the *Long-Term View* indicator. In comparison with the first 30 counties reviewed, Sawyer County scored higher at 63 percent in the acceptable range for this indicator. The first 30 counties reviewed scored 47 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 children were rated as needing additional *Resources and Supports*. Two children scored in the maintenance zone, five children scored in the refinement zone and the remaining child scored in the improvement zone. Five children scored in the acceptable zone.

Seven of the eight parents were scored for this indicator. Three cases scored in the acceptable range and four parents scored in the unacceptable range. One set of parents was not scored as *Resources and Supports* were determined not to be needed. Five families scored in the refinement zone and one family each scored in the maintenance zone and improvement zone.

Four substitute caregivers were rated for this indicator and they all scored in the maintenance 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:

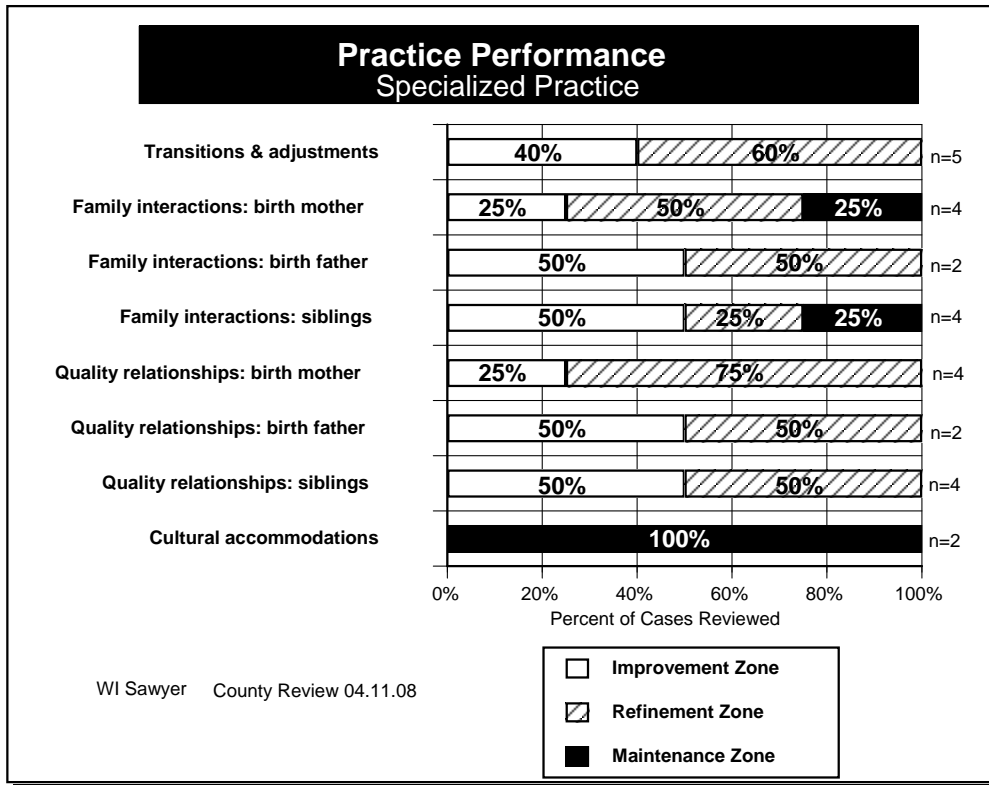
Intervention Adequacy for Change is examining if all of the interventions needed for the family are available within the community. This indicator also assesses whether the resources are being accessed and used at the appropriate frequency and intensity. Two of the six cases fell in the maintenance zone, four cases scored in the refinement zone and two cases scored in the improvement zone. Four cases scored in the unacceptable range and four 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:

Three cases scored in the maintenance zone, three cases scored in the refinement zone and two cases scored in the improvement zone for *Tracking and Adjustment*. 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. Four cases scored in the acceptable range and the four rated in the unacceptable range. A reviewer wrote “*Tracking and Adjustment* was strong throughout the case but is best represented by the response of the county to a Thanksgiving incident back in 2007 during a visitation at home that disrupted. An immediate meeting was held with the family, and [the focus child] was asked to develop his own plan to assure incidents like this would not happen again on a visit home.”



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. Five of the eight cases were scored as having a *Transition* occurring in the near future or had a transition in the last 90 days. Three cases scored in the refinement zone and two cases scored in the improvement zone with only one case scoring in the acceptable range.

The reviewer wrote in a case that scored in the refinement zone, “One area of concern is that in the very near future there will be a significant transition for the focus child. She will be transitioning to independent living. While the department and service providers have developed a good plan for this transition, the next six weeks will be critical for the focus child to succeed in this transition. The level of contact with the focus child has been appropriate up to this time, but due to potential problems that may develop, increased face to face contact by the ongoing worker and Independent Living Coordinator is

recommended to support [focus child's] successful transition. The focus child's learning style supports the need to present information to her and then for the ongoing social worker or Independent Living Coordinator to be available, at a later time, to answer questions."

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:

Four of the eight cases were scored for the focus child's *Family Interactions* with his/her mother. Two cases scored in the refinement zone and two cases, respectively each scored in the maintenance and improvement zone for frequency of family interactions. *Family Interactions* were occurring for children and mothers and it was also assessed that the quality of the family interactions promoted emotional connections. Three cases scored in the refinement zone and one scored in the improvement zone as it relates to the promoting, strengthening and improving the quality of their relationship with one another.

Only two fathers were scored for *Family Interactions* with the focus child. One father scored in the refinement zone and one in the improvement zone for frequency and quality of the family interactions.

Four cases were scored for *Family Interactions* between the focus child and his or her siblings not residing in the same home. As it relates to *Frequency of Family Interactions*, one case scored in the maintenance zone, one case scored in the refinement zone and two cases scored in the improvement zone. There was a slight decrease in *Quality of Family Interactions* between the focus child and his or her sibling. Two cases scored in the refinement zone and two scored in the improvement zone. One case reviewed demonstrated the struggles of setting up family interactions between siblings and the focus child when the siblings in another state and are not part of any formal interventions. Agencies across the state struggle on how to implement family interactions between the

siblings where there is a great distance from each other; multiple adults involved and limited funds.

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:

In the two cases reviewed with an assigned tribal case manager, the tribal and SCHHS scored in the maintenance zone for *Specialized Cultural Accommodations*. For the first case, the reviewer wrote, “[The case manager] and the maternal grandmother also feel positively that the services that [focus child] is receiving are culturally appropriate. He is attending the LCO School. [The focus child] receives mental health services through the LCO health clinic. [The focus child’s] Native American drawings are also encouraged and supported, and he has a mentor through the program with the tribe. This is a very positive way to show him the good side of his community and his culture. It was reported that the ICW agency and the County have a good working relationship and a mutual respect for each other’s jobs. The two workers have a willingness to work together and play off each other’s strengths. The county worker has been key in interpreting the State rules and regulations to make sure that [the focus child]’s case keeps on track with timelines and requirements.”

The reviewer for the second case wrote “The agency was thoughtful about the foster home placement. They took into account [the focus child’s] culture and school placement. The foster parents are supported and well trained. They offer [the focus child] a culturally appropriate living environment. They are willing to work with the mother and service providers to transition the skills they have found work well with [the focus child] into the parental home.”

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

- Develop and implement a best practice model.
- Implementation of team meetings with families and their formal and informal support
- Create specialized services such as youth mentoring and an in-home counseling program

- Identify one Organizational, Resource, Practice and Legal challenge to be included in the action plan
- Review caseload sizes and the impact of Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) on case managers' abilities to meet the needs of the families
- Enhance communication with LCO Tribal Child Welfare
- Outreach and educate community and education partners on SCHHS roles & responsibilities
- Explore additional funding for parent aide positions
- Collaborate with adoption agencies to streamline communication to prevent delays (e.g. completion of timely adoption home studies)
- Formalizing roles and responsibilities of all parties through legal process (e.g. court orders completed by court)

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. William Orth, Sauk 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 Mr. Orth 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 Sawyer 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 engagement strategies in every case and utilizing a team model. The list is ambitious but addresses many 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.