

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

*September 21-25, 2009
Sheboygan 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*

February 10, 2010

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Office of Performance and Quality Assurance (OPQA), of the Wisconsin Department of Children and Families (DCF), uses the Quality Service Review (QSR) protocol to evaluate the case practice models of Wisconsin's county child welfare programs. The QSR generates useful information for county staff and community stakeholders as to outcomes for children and families served, strengths of local practice, and opportunities for improving system performance.

The QSR process also provides an opportunity to gather additional information the Department will use in reporting some federally required information, which is part of the Child and Family Services Reviews (CFSR). The Continuous Quality Improvement Team conducted a Quality Service Review in Sheboygan County during the week of September 21-25, 2009.

II. THE SHEBOYGAN COUNTY REVIEW

A. REVIEWERS

In the Sheboygan County review, 12 reviewers participated in reviewing the 12 cases selected. Four "Shadow Two" 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. The group of reviewers was comprised of three CQI specialists, a state Adoption Quality Assurance Specialist, a Vice President of Performance & Quality Improvement for a state contracted agency, a retired county child welfare manager, a Wisconsin Works (W-2) Quality Assurance Specialist, and five individuals who work in the Ongoing case management role for other county child welfare systems in Wisconsin. One individual from the Wisconsin Department of Administration served as a Shadow One, a role created to allow child welfare stakeholders to experience a QSR review.

B. CASE SAMPLE

Twelve cases were randomly selected for review in Sheboygan 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 of information for participants to be interviewed by the review team, or the case is not selected. Of the twelve cases, four were in-home cases and eight were out-of-home cases. Four children were in the 0-4 age range, four children were in the 5-9 age range, three children were in the 10-13 age range, and one child was over the age of 13. There were seven males and five females in the sample. In the Sheboygan County review a total of 120 persons were interviewed regarding the 12 individual cases.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Site-leaders Kimberly Kelly and Carrie Finkbiner conducted these sessions. The external perspectives that were gathered provide a valuable source of insight and feedback about how the systems with which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are described in Section III.

D. DEMOGRAPHICS

Sheboygan County is on the western edge of Lake Michigan approximately 50 miles north of Milwaukee and 50 miles south of Green Bay. The U.S. Census Bureau estimated the 2008 population at 114, 561 which is a 1.7% increase since 2000 compared to a 4.9 percent increase in the state population during this same time period. The county is comprised mostly of Caucasian persons (93 percent) with Hispanics making up 3.5 percent of the population while Asians make up 3.9 percent of the population. More recently there has been an increase in Bosnian persons. The State of Wisconsin's Department of Workforce Development reports that Sheboygan County has one of the highest percentages of workers employed in the manufacturing sector in the state of Wisconsin. Over 39 percent of the workers are employed in this sector, compared to just under 19 percent for the State of Wisconsin. Generally, this sector sees a lot of growth, but in the last three years manufacturing employment has decreased. This has had a major impact on the local economy. According to the Department of Workforce Development, the unemployment rate in Sheboygan County was at 8.9 percent in August 2009 compared to 4.2 percent a year earlier.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

One of the greatest assets that the Sheboygan County Health and Human Services (SCHHS), Division of Social Services (DSS) has to offer is the quality of their caseworkers. There are several workers who have longevity in their positions which has led to good knowledge of the families with whom they work. Focus group participants also recognized strong teamwork amongst DSS individuals who are willing to cover for one another and help problem solve situations as they arise. The staff at DSS are perceived as dedicated and caring workers who have a passion for their work. Many stakeholders noted the positive experiences they have had working with DSS and found the workers to be responsive. DSS supervisors were described as experienced and available to their staff and to each other. The Child Protective Services (CPS) supervisors approach practice uniquely and; therefore, they each have a different strength to offer the agency. The Division Manager was described as approachable, flexible, and as having an easy-going style of management. Having worked in the field himself for

many years he knows and understands child welfare practice and issues. Sheboygan County Health and Human Services recently hired a new Director who offers new perspectives and is committed to teamwork within the agency and with its community partners.

Focus group participants spoke of the recently created Child and Family Resources Unit in DSS as a strength to the organization. The unit was developed to provide extra support for individuals and/or families with special needs and offers wraparound services as well as evaluations for the Birth to 3 program, Long Term Support Service, Family Support and Children's Long-Term Support Waiver. Focus group participants noted that this unit has very experienced workers who focus on family strengths. Focus group members recognized how SCHHS has established strong community support for their programs. For example, community members donate to a holiday giving tree as well as for back to school supplies and clothing for children and youth. Through generous donations of various corporations, organizations and individuals a "Child Abuse and Neglect Fund" has been created. This operates as a catchall fund for families that work with DSS. Case workers are able to request money from this fund to help families with a variety of services and goods. This fund has been used to provide gas, food, shelter and other tangible items for individuals and families that are struggling to make ends meet.

Numerous focus group members recognized that the Sheboygan County Human Services Board is supportive of the agency and that members of the board make efforts to stay abreast of the work being done by DSS. Some of the positive work being accomplished by the Division is attributed to a shift in agency philosophy with regard to out-of-home placements. Stakeholders noted greater efforts to place children in close proximity to their home, to explore potential relative placements before non-relative placements, and to place children in local homes instead of using out-of-county residential care facilities, especially for children with higher special needs.

B. ORGANIZATIONAL – CHALLENGES

As with many child protective agencies across the state it was noted by stakeholders that Sheboygan DSS is continually facing more challenging cases with families who have high special needs and require numerous services or intense intervention. Adding to the intensity of cases is the influx of families with Alcohol and Other Drug Abuse (AODA) issues; in particular there is a perception of rise in prescription drug abuse. Families are also experiencing the affects of a weak local and national economy. Sheboygan County is known as a manufacturing community but recently several large employers have either shut down or laid off employees. The state of the economy has also affected ongoing budget cuts in various programs, which can add to the challenges of providing services to the families most in need.

Focus groups participants expressed a need to enhance communication among stakeholders. The Division of Social Services has historically had a good relationship with local law enforcement; however, it was noted that there is a need to re-establish the collaborative relationship and efforts between the two agencies. Outreach and

engagement efforts with other agencies were also noted to be in need of some refreshing. Stakeholders noted that though there isn't a strained relationship with DSS, there is the need and desire to be in contact on a more continual basis to update each other about procedural and policy changes (e.g. schools, service providers, law enforcement and DSS).

While DSS has delineated units that specialize in an area of practice, there appears to be confusion by focus group members about the role and responsibilities of the workers in the Ongoing and Initial Assessment units. Focus group members explained that there is inconsistency in certain areas of organizational procedures such as the transfer of a case from one unit to the other. Clearly defining roles and working collaboratively appears to be a challenge for not only the Division of Social Services but for the organization as a whole. There are families who work with more than one division in SCHHS and stakeholders expressed that information sharing across divisions could be stronger to enhance outcomes for families.

Overall, stakeholders noted a need for more providers who specialize in child and adolescent mental health. Of particular concern is a shortage of child psychiatrists. There is a qualified and experienced unit of mental health providers at SCHHS; however, the unit primarily serves adults with limited service to children. Focus group participants said a barrier for some adults who seek services through the Clinical Services unit is the required fee. Persons seeking AODA or mental health assessments through SCHHS have to pay an initial fee, which many clients cannot afford. Sometimes this fee is provided for the client through another division in the agency and stakeholders questioned the rationale of one division of SCHHS paying another to access their services.

C. RESOURCES – STRENGTHS

Sheboygan County is fortunate to have an abundance of dedicated and caring service providers who are willing to collaborate with the agency to achieve the best outcomes for families. Sheboygan County Health and Human Services offers many services in addition to the Division of Social Services including the Division of Economic Support, Division of Community Programs and Elder Support and the Division of Public Health. As mentioned above, the Child and Family Resources unit offers many programs including wraparound services, integrated services, as well as Coordinated Services Team meetings. Other services in the community include the Children's Service Society of Wisconsin which offers therapy, supervised family interactions, parenting classes, parenting educators and aides as well as treatment foster care. Focus group participants overwhelmingly recognized the Deland Home, a receiving home for children, as a positive service to the community. This 24 hour facility offers short term care for children needing shelter and protection due to abuse or neglect.

Bridgeway and Beyond Transitional Living is a unique home that focus group participants recognized as a helpful service. This facility provides housing to women and their children who are transitioning from a recent crisis in their life. Safe Harbor is a domestic violence shelter that has a crisis line as well as in-house support and

information/resources for victims. Other helpful community agencies that provide services to children and families include the Head Start program and the STRIVE Program, which is an alternative educational school, and the Family Resource Center which provides an array of services to families including family interactions. Progressive Beginnings is an agency that offers speech therapy and follow up services to a child once screened in to the Birth to 3 program. The Family Training Program is a service that provides in-home education and training to parents and children with the goal of building better relationships.

Several other resources were recognized by stakeholders as supports to DSS. Sheboygan County has a pool of dedicated and caring foster parents. There is also a Volunteer Driver Program within SCHHS that assists all of the divisions. Focus group participants expressed their appreciation for the AmeriCorps services volunteers who assist families with transportation needs and supervised family interactions. Sheboygan County Health and Human Services also has a Home Consultant who was described by focus group members as a “jack of all trades” and a great help to families. The Home Consultant also provides budgeting and parenting assistance to families in their homes.

D. RESOURCES – CHALLENGES

Focus group participants identified many challenges with regard to the accessibility and availability of resources in Sheboygan County. This was specifically noted with concern to mental health as well as AODA assessment and treatment services. While focus group participants acknowledged the presence of some resources, they advised that it is not enough to meet the current demand. For example, there is an identified need for more providers that can assess and treat sexual abuse victims and offenders and for AODA providers who work during non-peak hours to serve clients who work during the day. As mentioned earlier in this document there is an overall need for more providers who service juveniles. There was a recognized shortage of child psychiatrists within the agency and in the greater community. Another challenge, lack of public transportation, makes it more difficult for children and families to access mental health and AODA services, as well as other resources that may help families progress toward independence from the agency. Focus group participants stated that public transportation does not serve all the communities within the county. While the volunteer driving program addressed some of the deficit, individuals noted that transportation continues to be an unmet need for many families.

As with many other counties in Wisconsin, there is a lack of dental providers in Sheboygan County who accept Medical Assistance (MA) or Title 19 payment. This puts the burden on caseworkers and foster parents to meet the needs of children by either transporting them to neighboring counties or coming up with creative ways to pay for dental care. The independent living services provided to older youth was seen by stakeholders as not adequate enough to meet the needs of youth in the county. There is a part-time contracted position that provides independent living services to youth involved in foster care; however, focus group participants stated that these services are underpowered and could benefit from a more hands-on approach. Many stated that there

is enough of a demand for this position to be full time. Lastly, stakeholders recognized a need to meet the growing diversity in Sheboygan County. More culturally sensitive services are needed in particular for the Hmong, Hispanic and newly settling Bosnian population.

E. PRACTICE – STRENGTHS

Overall many stakeholders described the Ongoing units of DSS as helpful, dedicated and compassionate and the Initial Assessment workers as strong and knowledgeable in their field. Focus group participants perceived DSS caseworkers as attempting to establish trust-based working relationships with families. SCHHS as a whole was said to have strong relationships with their providers. Many of the community stakeholders recognize the stress that caseworkers can be under to provide the services that they do and expressed an appreciation for the challenge of child welfare work. Stakeholders were pleased that DSS makes good use of the community resources they offer; with many persons noting that they are receiving referrals for their programs at a steady rate.

According to focus group participants caseworkers in DSS are receiving regular supervision and there is usually a supervisor available when needed for consultation. Focus group members highlighted that in the ever changing world of child welfare practice it is necessary to keep informed on numerous topics. While some participants pointed out the need for more specialized training on specific topic issues (e.g. prescription drug abuse), generally caseworkers are able to access the necessary training through the Northeastern Wisconsin (NEW) Partnership for Children and Families. There is also availability to attend trainings through teleconferencing and local workshops.

One of the greatest strengths in practice mentioned by focus group participants was the use of Family Interaction or Primary Care Team meetings. It was noted that this meeting is called by both names according to different members within the agency. For the sake of this report this meeting will be called the Primary Care Team meeting. There is a designated position within DSS charged with facilitating Primary Care Team meetings. The meetings are initiated within the first week of a child being moved to an out-of-home placement and then are conducted on a continual basis every 60-90 days. The purpose of the meeting is to bring all the members of a family's team together to set goals and plan for the family's independence. Focus group participants said that DSS makes efforts to place children with family members as early on in the process as possible and to place siblings together when possible. The Primary Care Team meetings help to facilitate these and other "good practice" efforts.

F. PRACTICE – CHALLENGES

One challenging issue in practice that focus group participants highlighted was the transfer of cases from the Initial Assessment units to the Ongoing units. There is no uniformity followed when transferring a case and particular job tasks are not clearly prescribed creating frustration between the units. For example, sometimes the Wisconsin

Statewide Automated Child Welfare Information System (WiSACWIS) work along with court plans and dispositional recommendations are done in Initial Assessment and sometimes they are done in Ongoing. Others noted that the case transfer process can become vague not only to the workers, but also to the families they are serving. Participants also advised that role confusion coupled with four separate units involved in case transfers, each with its own supervisor, contributes to a lack of consistency. Focus group members noted a discrepancy in how decisions are made in the Initial Assessment and Ongoing units. Each unit in Initial Assessment and Ongoing was described as having its own philosophy or approach to case work and; therefore, participants felt this has led to different practice decisions. One focus group member added some clarity by saying that supervisors' practice ranged from a clinical approach to a more pragmatic approach in working with families.

In addition to focus group participants noting a need for more collaboration amongst the CPS units, there was also a need for greater enhancement of teamwork between the divisions in SCHHS as a whole. There is an ever growing push statewide for members of child welfare, economic support, public health and mental health to team on cases they have in common. Focus group members noted a particular importance in developing and sharing case plans between the Divisions of Social Services, Economic Support and Community Programs and Elder Support. This information sharing and case planning can also be extended to outside stakeholders and one group in particular, the school system, was noted in focus groups. In addition to using more teaming as a core case practice element, stakeholders also noted that they are not always receiving the letter sent to mandatory reporters to receive information on a report of abuse or neglect made. This letter is helpful as it gives mandatory reporters feedback if their report was either screened in or out for an initial assessment.

Some focus group participants related that the Ongoing workers have many roles to fulfill resulting in workers not always being able to perform their duties to the highest standards. For example, Ongoing workers are required to complete their own initial assessment if there is a child abuse/neglect report on a family with whom they are already working. The Ongoing worker can also be asked to complete a juvenile intake on a youth for whom they are already providing services. Focus group participants noted that this can be challenging for Ongoing workers because they are not specialized in these practice areas and are not always aware of policy or procedural changes. Moreover, participants recognized how the dynamic of completing an investigation on a family can compromise the trust an Ongoing worker may have built with a family and negatively alter the working relationship due to the sensitive nature of completing an initial assessment.

Lastly, focus group participants expressed frustration with the amount of paperwork duplication that is required. For example, the same documentation in WiSACWIS must also then be documented in the CMHC system, which is used as the county chart tracking system. Focus group members felt the time spent doing data entry competes with the necessary face-to-face time with children and families to perform high quality work.

G. LEGAL – STRENGTHS

All of the legal partners appeared to have a good working relationship with SCHHS. Many focus group participants described a familiarity between the legal partners and SCHHS due to longevity in positions and because of this each side has a respect for some of the challenges the other may be facing. Focus group participants unanimously acknowledged that the Deputy District Attorney of Sheboygan County is an asset to the system. Besides being knowledgeable of the law and of child welfare issues, he was also described as caring, experienced and good at what he does. Focus group members felt that case workers are prepared for court and that they usually complete and distribute their court reports to all necessary parties in a timely fashion. It was noted that parents, case workers, children and foster parents are given the opportunity to speak and provide input during court procedures.

Starting in the fall of 2009 (after the QSR review) a contract was set to be in place for Guardian Ad Litem (GAL) appointment. This will give those interested in doing GAL work the opportunity to continue doing so and, also give those who are currently doing the work under the court's appointment the ability to no longer serve as a GAL. Focus group participants also noted that the ongoing communication between SCHHS and its legal partners is positive. The Circuit Court judges have designated one judge to be a liaison to DSS and this helps to bring any issues to light and keeps the line of communication open. The Deputy District Attorney speaks with case workers on an ongoing basis and has a positive working relationship with the management at SCHHS.

H. LEGAL – CHALLENGES

As noted in the Legal Strengths section, the Deputy District Attorney is an experienced and well utilized resource; however, focus group participants said he is overworked and this sometimes makes it difficult to consult with him due to time constraints. The Deputy District Attorney handles all of the Child In Need of Protection or Services (CHIPS) cases and this has proved to be a daunting amount of work for one person. Unlike many other counties in Wisconsin, Sheboygan County's Corporation Counsel does not assist with CHIPS work. Recently this is proving to be even more problematic as there is a backlog of cases that are ready for a Termination of Parental Rights (TPR) trial. The backlog is partly due to an appellate court decision of a Sheboygan case in which the original TPR was overturned because of an error on a dispositional order in which a required checkbox regarding services offered to the parent was not checked when it should have been. This case is now heading to the Wisconsin Supreme Court. This error was strictly a paperwork issue and not a practice issue, and is now being corrected on several other cases.

Focus group participants cited a lack of consistency in GAL performance with each offering a different level of involvement in the children they represent. As mentioned above, some participants felt this issue will be resolved with the reinstatement of the GAL contract. Consistency could be resolved with those who are motivated to do GAL work. Another legal challenge that focus group participants noted was that parents with a

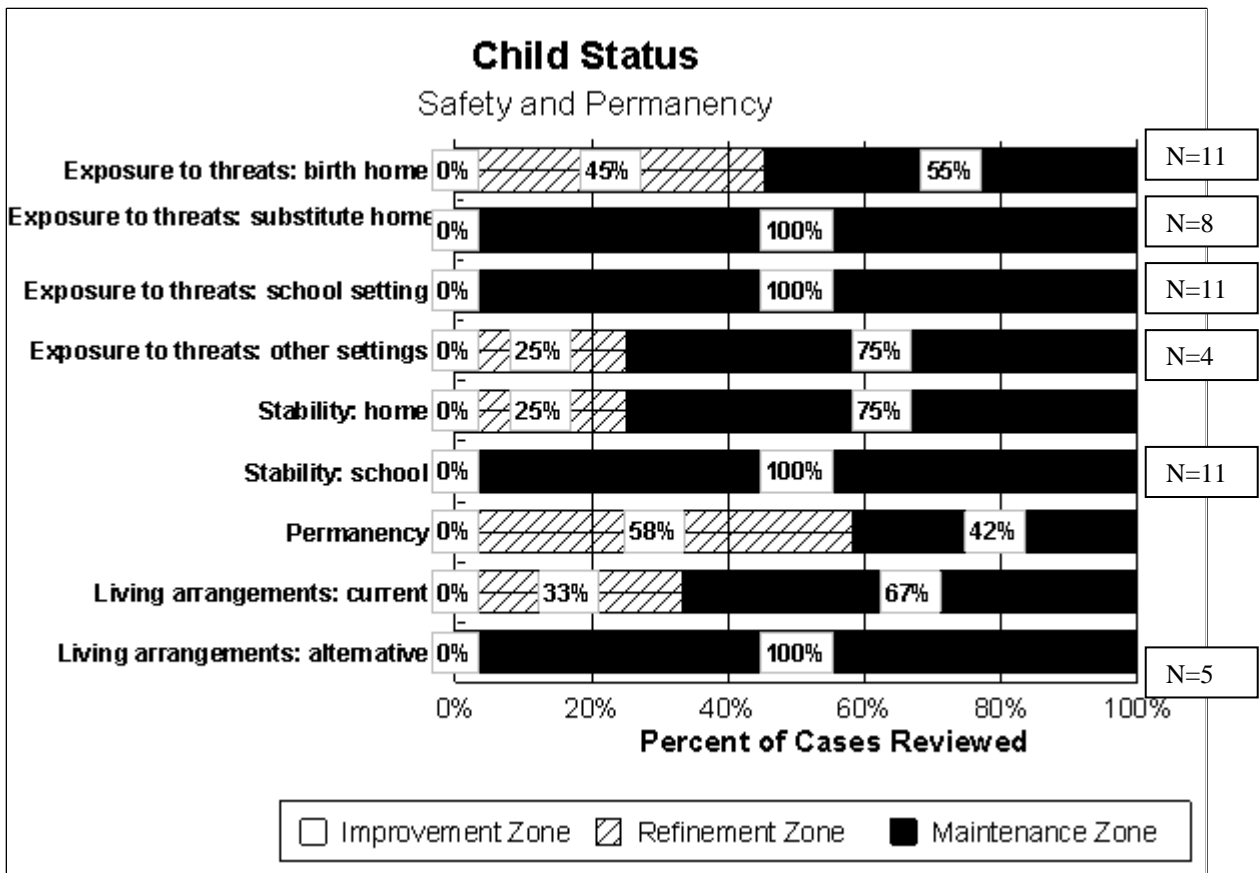
CHIPS order are not appointed legal representation. If they are appointed an attorney, it is typically not happening until the TPR is filed, at which point the family may have been involved with child welfare and the court system for several months.

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

<div style="border: 1px solid black; padding: 5px; text-align: center;"> Maintenance Zone: 5-6 </div> <p style="font-size: small;">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 style="font-size: small;">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 style="font-size: small;">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>	<div style="background-color: black; color: white; padding: 10px;"> Unacceptable Range: 1-3 </div>

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: *Exposure to Imminent Threats of Harm* assesses various factors that may put the child at risk of maltreatment in the different settings where he or she spends time, such as the birth home, substitute home, school or other settings. Children in the sample are generally safe and free of imminent risk of harm in their different settings. The school and substitute home settings scored 100% in the maintenance zone. Foster homes generally are scored as substitute homes. There were four cases scored for other settings, which could be a relative home or parent home when parents are not living together, and of these 75% were in the maintenance zone. Finally, 55% of the eleven cases scored for the birth home were in the maintenance zone.

The case stories provide some insight into what increases the risk of exposure to imminent threats in the birth home. For example, one reviewer wrote: “The focus child’s behaviors seem to indicate a need for more structure and consistency in her life,

primarily at home, as she can demonstrate some challenging behaviors. The reviewers wondered if the focus child's exposure to domestic violence may be a contributing factor to the focus child's behavioral challenges. She seemed to feel relatively safe and stable in her mother's home however some participants expressed concerns regarding her mother's unresolved AODA issues which may put the child at future risk for stability or safety concerns."

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: When evaluating a child's *Stability*, reviewers consider the number of disruptions or unplanned moves that the child has had in the home and school settings over the past twelve months. Reviewers also make a prediction as to the likelihood of any disruptions in the next six months. Children in the Sheboygan County sample appear to have few disruptions in their home and school environments. All of the cases scored for school stability were in the maintenance zone. Regarding home stability, 75% were in the maintenance zone, the remaining 25% scored in the refinement zone and all scores were 100% acceptable according to federal Child and Family Services Review (CFSR) guidelines, in which scores four and above are considered acceptable.

The following examples from the cases stories illustrate good stability. In one story, "The day care setting and foster care placement have remained the same over the past year; thus, stability for the focus child was seen as good." In another story, "(The focus child) was able to remain in the same school when he was placed in foster care, providing stability in his educational setting." And finally, "The focus child has been with the same foster parents for almost three years and he has bonded with these foster parents."

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* is rated for children in out of home care and for children who live with their parents. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the caregiver, and the achievement of stability in the child's home and school settings. Here might be an opportunity to improve outcomes for the children in Sheboygan County: 42% of cases scored in the maintenance zone; the remaining cases scored in the refinement zone—67% of those cases were acceptable according to federal guidelines.

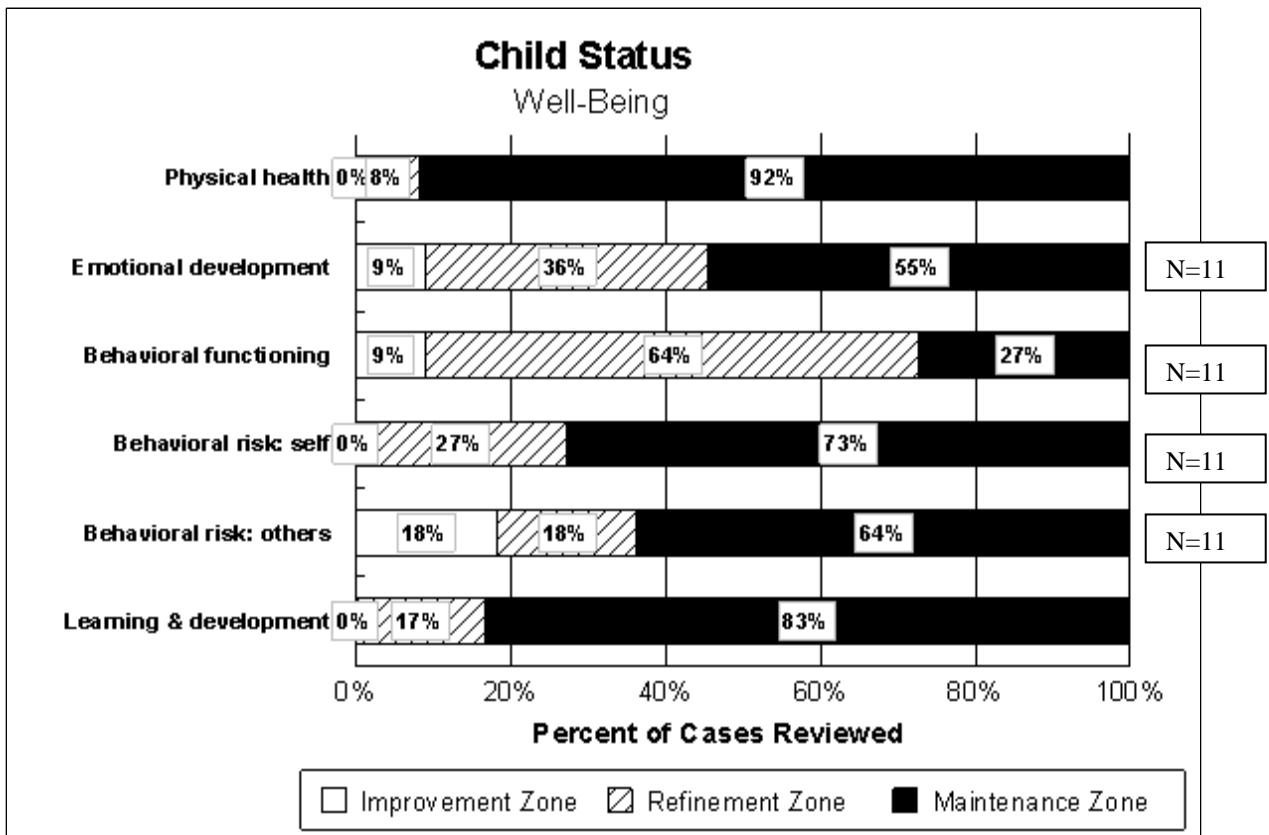
Often permanency is affected by the progress made by parents in resolving their challenges and improving their protective capacities. For example, "The biological

parents have made only marginal progress towards improving their protective capacities. . . It has been three years since the focus child's move from his biological parents' home and there is still uncertainty as to when he will be able to achieve permanency." In another story, "The child currently resides with his biological father; however, it is not completely clear if this will endure until age 18."

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: *Living Arrangement* considers the present living arrangement in which the child resides and any other setting where the child has slept and received care within the past 90 days. Reviewers evaluate the current living arrangement and alternative settings where applicable. For the child's current living arrangement, 67% scored in the maintenance zone and 33% scored in the refinement zone. Alternative living arrangements scored 100% in the maintenance zone.

In one story, "The current living arrangement meets the focus child's emotional, social and supervision needs and she has responded well to the structure and routine offered in the foster home. She has made tremendous progress due to this level of stability." In another case story, "The current living arrangement, at the foster home, is optimal. The foster parents provide a safe, structured and stable environment for the focus child that he responds to very well. The foster parents are involved with his schooling, therapy and current assessment of his needs."



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: The health status of children in Sheboygan County is optimal or nearly so. Ninety-two percent of the twelve cases under review scored in the maintenance zone. The only case that scored in the refinement zone involved a child who was experiencing pain related to tooth decay that had not yet been attended to, otherwise, children in the sample were quite healthy and any physical health issues were well managed.

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

Comments: *Emotional Development* addresses the child's ability to appropriately express feelings, cope with different circumstances, regulate their emotions, connect with others and form relationships. Eleven of the twelve cases were scored for this indicator, 55% fell in the maintenance zone; 36% fell in the refinement zone and 9% fell in the improvement zone. In many of the cases there was a relationship between the number of co-occurring conditions and scores in the area of emotional development. In two of the cases that scored lower in the area of emotional development, both children had a

behavioral disorder of a serious nature in addition to mental health diagnoses and trauma exposure. Both of these children were also exposed to substances in utero.

In this example the child was neglected, exposed to an impaired caregiver and experienced seven different placements before the age of four. Despite this, emotional and behavioral health was rated high. “The focus child was described as ‘better able to express herself’ and ‘less likely to shut down’ than she had been previously. She also has shown a decrease in temper tantrums over the past several months. She is not a behavioral risk to herself or to others as reported by persons interviewed.” Factors that appeared to mitigate some of the effects of being exposed to trauma and multiple placements include a safe and stable placement with the child’s sibling where her needs were being met and strong attachment to her mother and father, with whom she routinely visits.

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: Children in the Sheboygan County sample appear to be struggling somewhat to maintain acceptable levels of functioning with regard to their behaviors. Eleven cases were scored: 27% fell in the maintenance zone; 64% were in the refinement zone and 9% were in the improvement zone. Similar to the previous indicator, the presence of co-occurring conditions appears to affect scores in this area.

Some of the case stories demonstrate how behavioral issues often manifest in the school environment, possibly due to the extra challenges of managing emotions related to learning, performance and peer relationships within a structured environment. For example, “The focus child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and Mood Disorder and the resulting behaviors have created a set of challenges that appear in the school setting. One person interviewed shared that the focus child is paranoid about how others perceive him, so much so that he sometimes gets into physical confrontations to avoid rejection from his peers.” In another case story, “The focus child has recently started Head Start and challenges with group activities have been observed, such as the focus child biting other students.”

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: This indicator is broken down into two separate areas: *Behavioral Risk to Self* and *Behavioral Risk to Others*. Children in the sample do not appear to be at risk of harming themselves. Of the eleven cases that were scored, 73% scored in the maintenance zone, while 27% scored in the refinement zone. Behavioral risk to others did not score as well, likely due to the challenges of co-occurring conditions that were discussed earlier. Whereas 91% scored acceptable according to federal guidelines for behavioral risk to self, 73% scored acceptable for behavioral risk to others.

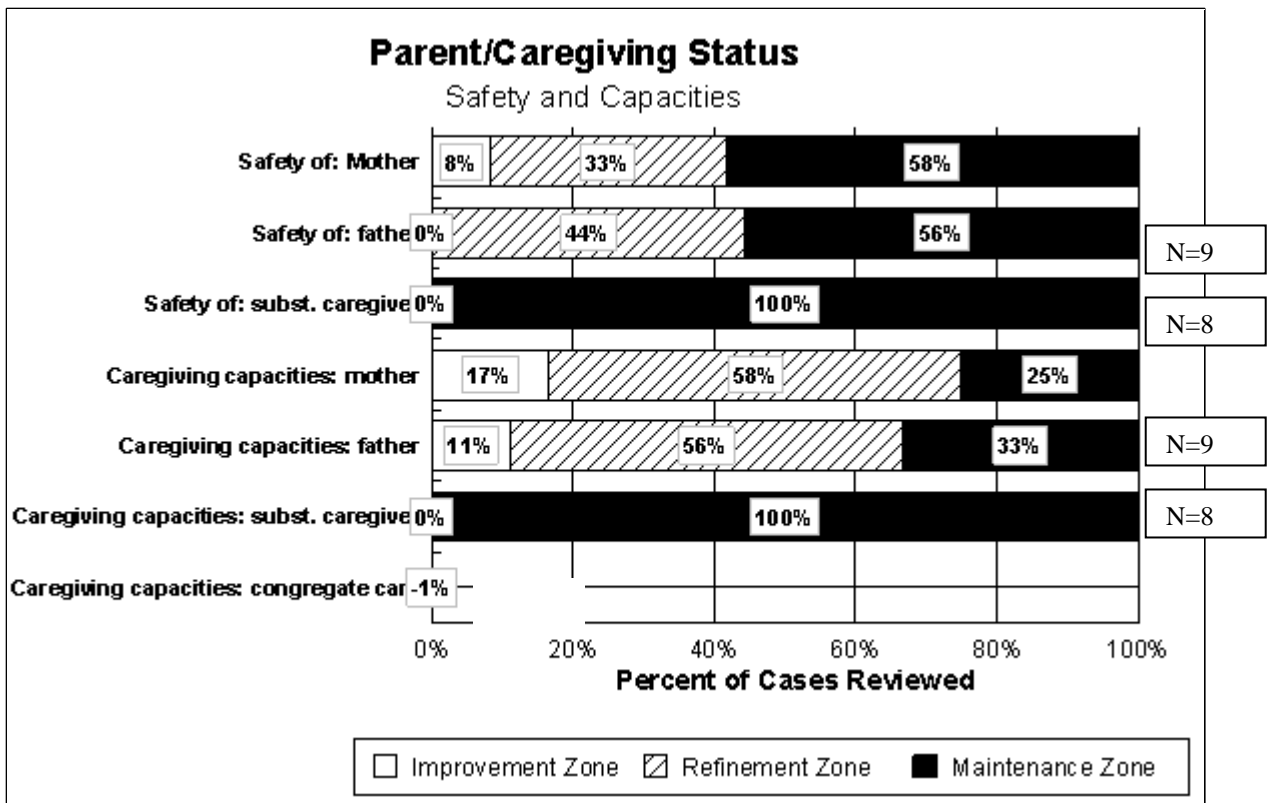
In one case where the focus child was suffering from attachment issues, he was also seen as a behavioral risk to others. Visitation and respite care seemed to prompt severe behaviors. “He protests going to the interactions with his parents; he runs away, kicks, punches and climbs trees in order to avoid being transported to the interactions. When left in respite care he reportedly can become aggressive with providers and it can be challenging to control his behaviors. The focus child also reportedly acts up more in the foster home after being in a respite home.”

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: *Learning and Development* focuses on the child’s current learning and academic status relative to the child’s ability and special needs. Scores were quite good in this area; 83% scored in the maintenance zone and 17% scored in the refinement zone.

In the following example the school really worked hard to provide an optimal learning environment to a child with emotional and behavioral problems. “Future stability at this school was seen as good because rather than expelling the focus child for his behavior, the school personnel had a meeting to develop safety strategies to meet his intensive needs....Despite his poor behavior at school, reviewers learned that he is on target academically and even viewed as a bright student.”



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: *Safety of the Parent or Caregiver* assesses the parent’s or caregiver’s exposure to risk of harm in their home and community. Various risk factors affecting parental safety also increase the likelihood that children who live or stay at the home will be vulnerable. Substitute caregivers were viewed as safe; 100% scored in the maintenance zone. Mothers and fathers are seen as relatively safe, but could benefit from some attention in this area. Scores for mothers and fathers were very similar, although there was one case that scored in the improvement zone for mothers, whereas this was not the situation for fathers.

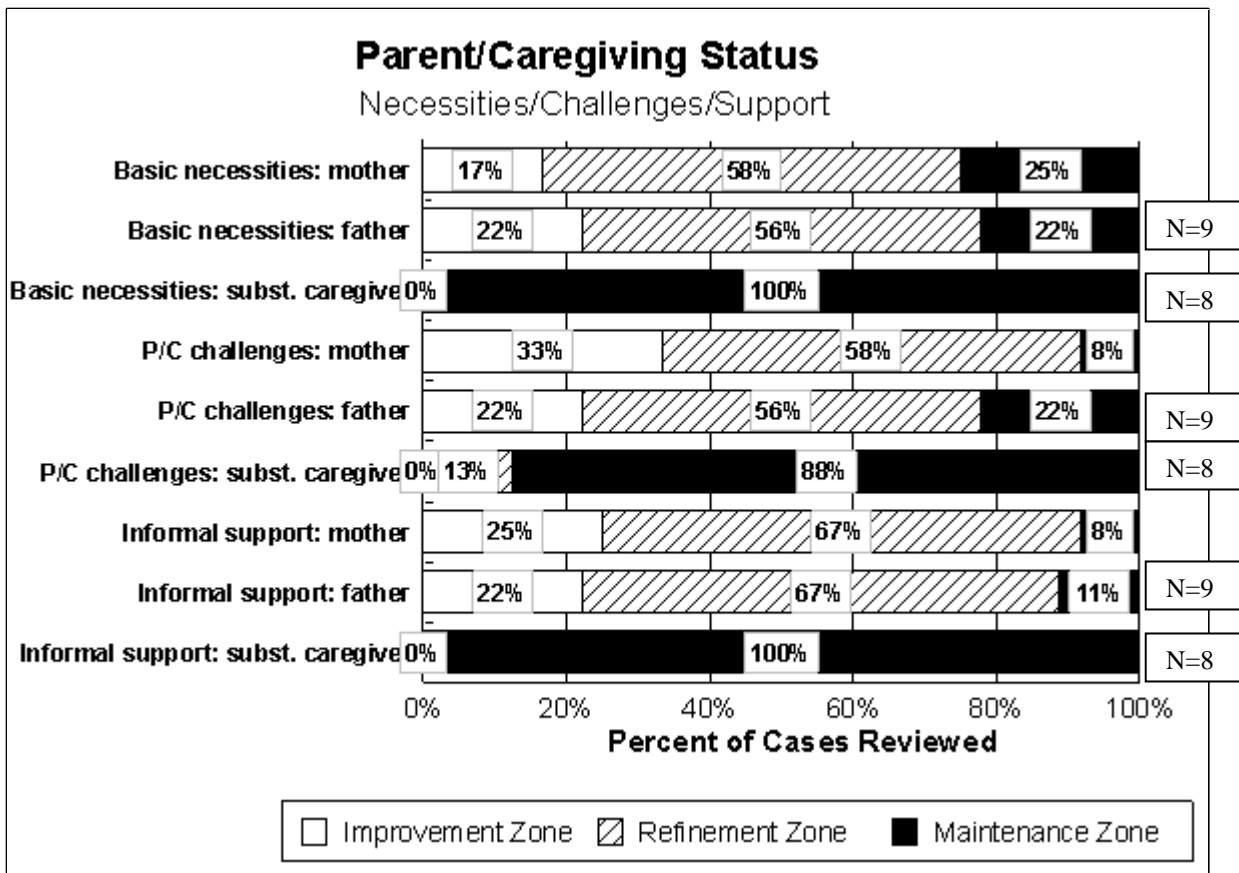
In one case story the mother was homeless, had few supports in her life and suffered from alcohol and other drug problems, mental health issues and had been exposed to trauma including domestic violence. Reviewers viewed her as relatively unsafe. Fathers were mostly safe, yet there were a few who were seen as not completely risk free. For example, in one story, “The focus child’s father faces some challenges regarding his AODA, possible mental health, and criminal activity.” These challenges appeared to put the father at greater risk for safety threats.

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: *Caregiving Capacities* considers the extent to which parents and caregivers are able to provide guidance, nurturance, supervision and age-appropriate discipline to the children in their care. While substitute caregivers scored 100% acceptable according to federal guidelines, mothers and fathers, according to the same federal guidelines, scored 58% and 44% respectively.

In the next example, despite the mother having a number of challenges, her capacity to parent was viewed as strong. "Extended family members indicated that prior to her involvement with illegal substances, the focus child's mother was an attentive, nurturing and effective parent...she has worked very hard to maintain a relationship with her children despite her incarceration...The mother articulated a sense of empathy for the focus child to the reviewers in discussing how hard this ordeal has been for her children...She has been able to recognize and appreciate the care the focus child has received from her current foster parents."



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: Meeting *Basic Necessities* appears to be a challenge for biological parents in the Sheboygan County sample. The scores for mothers and fathers were almost identical, with the majority of scores falling in the refinement zone and a few in the maintenance and improvement zones. Both mothers and fathers were 67% acceptable according to federal guidelines. Substitute caregivers scored 100% in the maintenance zone; therefore, all scores were acceptable according to federal scoring guidelines.

Many parents were attempting to meet their basic needs through employment or community resources, but were not completely secure. For example, “The mother has maintained her employment as a waitress for over one year. Unfortunately, she has recently experienced a loss of income due to business being slower. She has expressed

concern about meeting her financial obligations; however, she has recently begun seeking other employment opportunities that would yield additional earnings. She also receives supportive services that include medical assistance and FoodShare and she has recently applied for Energy Assistance to help with energy bills as the winter approaches.”

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: *Parenting Challenges* such as alcohol and other drug abuse, mental health concerns and lack of parenting skills can impede progress towards reunification and safe case closure. Substitute caregivers appear to have very few challenges—88% scored in the maintenance zone and 13% scored in the refinement zone. Biological parents appear to be struggling with various challenges. Mothers scored 8% in the maintenance zone; 58% in the refinement zone and 33% in the improvement zone. Fathers scored 22% in the maintenance zone; 56% in the refinement zone and 22% in the improvement zone.

The case stories illustrate the myriad challenges facing parents. For example, “The father faces other challenges in addition to his criminal and high risk behaviors. The father reported that the death of his own father when he was six years old was a traumatic loss for him. The reviewers also learned that he was diagnosed with Bi-polar Affective Disorder as a child but is not receiving treatment for this as an adult. . . Due to his pattern of habitual criminality and extended periods of incarceration he has not been available to parent.”

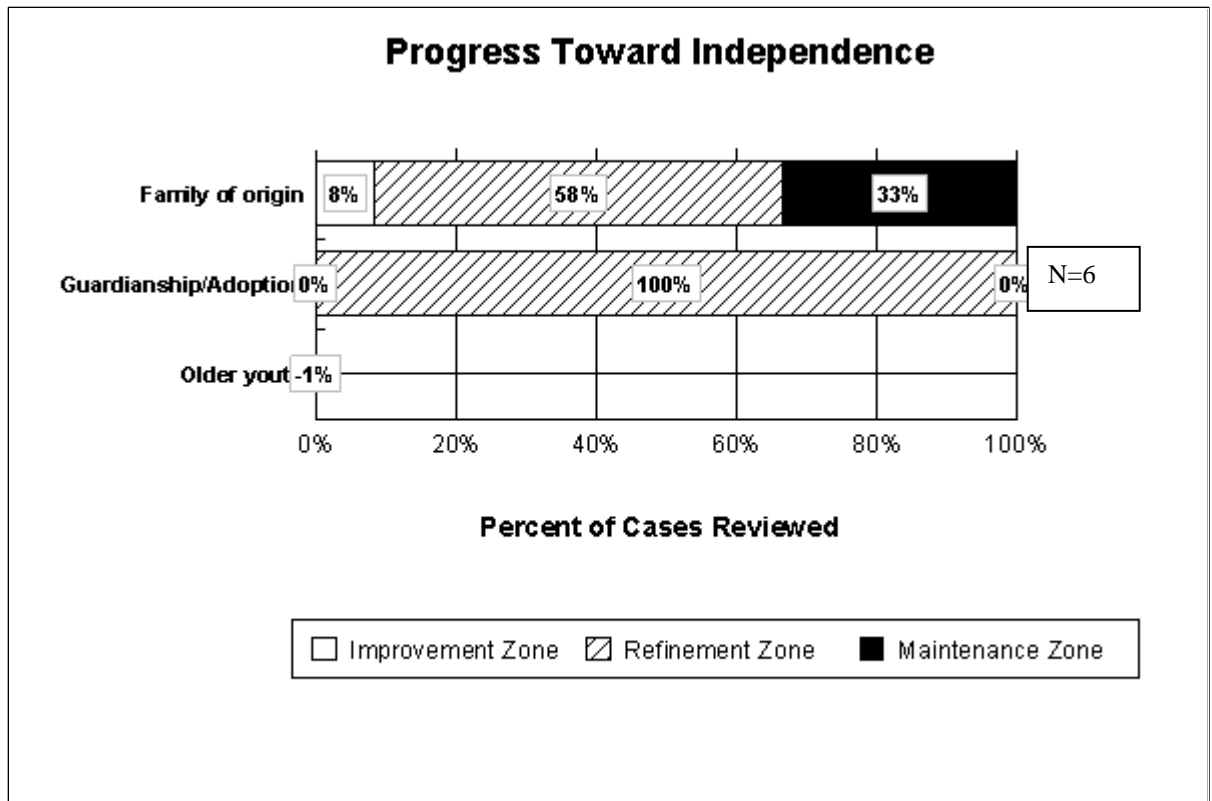
Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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: *Informal Supports* looks at the quality, quantity and range of supports that surround caregivers and their families. Substitute caregivers appear to be adequately connected to supports and scored 100% in the maintenance zone. Mother and fathers however could benefit from some development in this area. The scores for mothers were 8% in the maintenance zone; 67% in the refinement zone and 25% in the improvement zone—67% were acceptable according to federal scoring standards. Scores for father

were as follows: 11% were in the maintenance zone; 67% were in the refinement zone and 22% were in the improvement zone—44% of these cases were acceptable according to federal guidelines.

The next example illustrates not only the range of supports for this family, but also how they were effectively utilized. “The mother has a very committed informal support system. Extended family members have demonstrated this commitment through attendance at agency scheduled team meetings, as well as maintaining visitation with the focus child and her brother. Family members are clear on their roles and responsibilities to the mother in the future and were able to articulate plans for supporting this family after the mother is released from prison.”

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: The progress indicators assess the movement towards achieving permanency. Permanency goals of reunification or maintaining the child safely in the home; guardianship or adoption; and preparing for adulthood when the child is nearing the age of eighteen are scored where applicable.

Scores for progress to independence for “family of origin” were as follows: 33% were in the maintenance zone; 58% were in the refinement zone and 8% were in the improvement zone. This is an area that could benefit from some attention. In many instances there was a lack of progress with regard to parental behavioral outcomes and/or no clear path or guideline in place to achieve permanency. In the following example; however, progress toward permanency was strong: “This area rated in the maintenance zone because the child has successfully remained in his mother’s home. Both parents’ parental protective capacities have been enhanced due to their involvement with in-home services. The parents are able to co-parent better and have a better understanding of their child’s behavioral needs.”

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: Six cases in the review had a primary or concurrent goal of guardianship or adoption and all six cases scored in the refinement zone. As noted in the “macro” section of this document, some of the cases in the sample with a permanency goal of guardianship/adoption were affected by the TPR case that was appealed; thus, cases that were progressing nicely towards permanency were affected by this legal matter which is reflected in some of the scores.

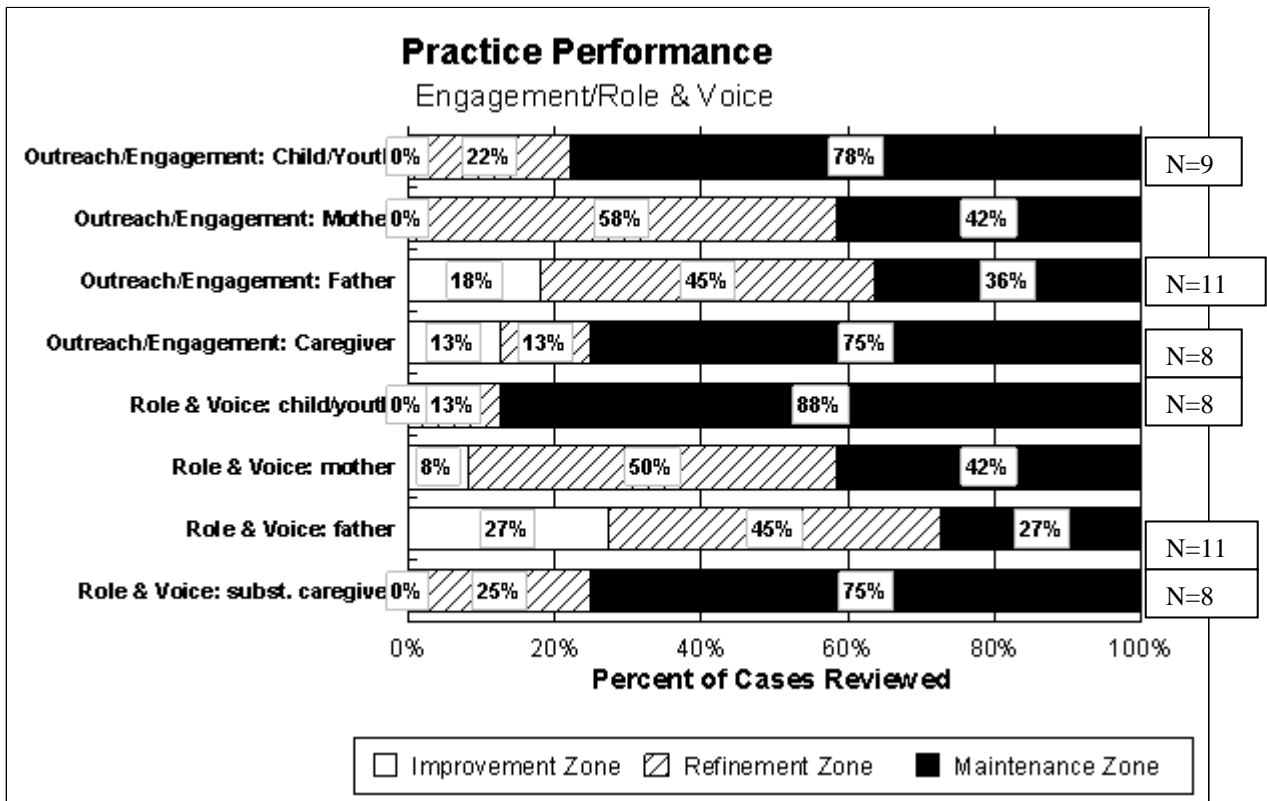
The following examples illustrate factors that contributed to slow progress toward the permanency goal. In one case story the reviewer writes, “The TPR/adoption plan scored in the refinement zone. The focus child is in a safe and appropriate adoptive resource; however it is not certain that she would remain there because the team is also exploring the option of finding a new home that would be able to adopt all of the siblings.” In another case story, “A concurrent plan for Guardianship/Adoption was never truly developed. Although adoption was listed as a concurrent plan, and a meeting with the ADA (Assistant District Attorney) was held to discuss the possibility of a TPR (Termination of Parental Rights), no long term placement option was ever identified for the focus child.”

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: There were no children in the sample who were at an age where preparing for adulthood was imminent.

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 twelve 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.



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: *Engagement* is a critical component of the QSR practice model and serves as the foundation for working with children and families. Reviewers evaluate the ability

of interveners to engage the child and family in a trust-based relationship that fosters behavioral change. Reviewers consider not only the caseworker's engagement skills, but the skills of other professionals who are involved with the family. The focus child, mother, father and substitute caregiver are rated for this indicator. Substitute care providers and children are mostly engaged with interveners as reflected in the scores, which were mostly in the maintenance zone. Generally, mothers and fathers are more difficult to engage for a variety of reasons, and this was reflected in the scores for parents in the sample. Mothers scored 42% in the maintenance zone and 58% in the refinement zone; while fathers scored 36% in the maintenance zone; 45% in the refinement zone and 18% in the improvement zone.

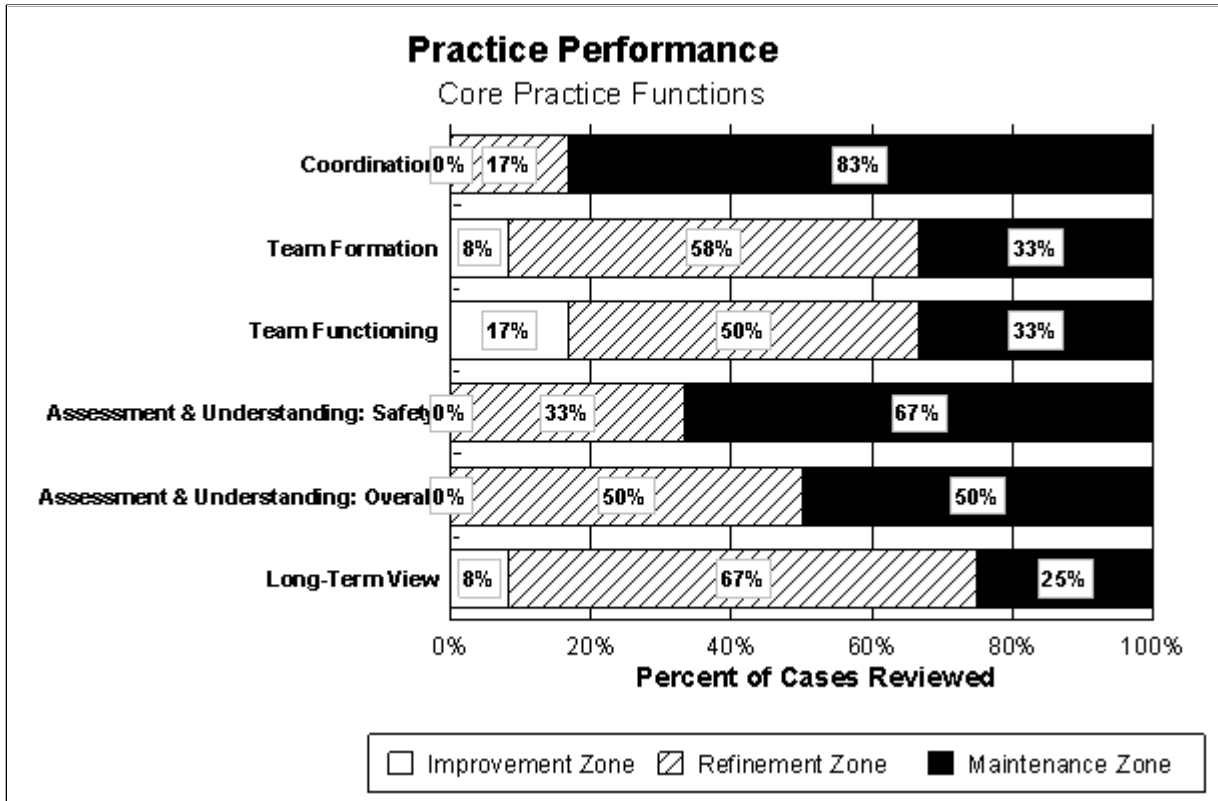
The following example illustrates strong parental engagement: "Both parents were engaged in the services. They both consistently participated with in-home therapy. The mother and the father were able to build trust-based relationships with the in-home workers and effectively implemented the learned skills. . . The case manager was able to maintain a good balance between being supportive and assertive; her transparency in the process likely contributed to her ability to maintain this balanced approach and engage the family in services."

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: The QSR model teaches us that families are much more motivated to support and participate in plans or decisions that they have had a "role and voice" in creating. Overall, the children and substitute caregivers in the Sheboygan County sample appear to have a "role and voice" as evidenced in the strong scores which primarily fell in the maintenance zone. Biological parents, however, were less likely to have a role and voice in the planning and decision making process. For mothers, 42% scored in the maintenance zone; 50% in the refinement zone and one case (8%) scored in the improvement zone. For fathers, 27% scored in the maintenance zone; 45% scored in the refinement zone and 27% scored in the improvement zone.

Engagement and Role & Voice often work in tandem with one another. The next example demonstrates the importance of building trust and genuine relationships with families in order to foster a strong role and voice. "The caseworker immediately involved the father following the adjudication process and allowed him to be part of the case. The caseworker took the time to get to know the father, understand his needs and build the father's trust. He took the time to understand the father's personality, his avoidance of social situations and was careful not to overwhelm him. He approached the father in a non-threatening manner and kindly and gently guided him through the change process. The caseworker reflected with the father on his own childhood and empowered the father to decide what parenting techniques of his parents he would keep and which techniques he would not use with his own children. The caseworker's skilled approach to this father allowed him to have a role and voice in the process while at the same time

allowing him space to digest and understand the complexities of being involved in the child welfare system.”



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: It’s important to have one identified person among the key players involved with a child and family responsible for managing the case. *Coordination* tasks include making necessary referrals, setting up services and resources and responding to questions or concerns. Oftentimes, the coordinator is the agency social worker, but not always. Eighty-three percent of cases scored in the maintenance zone; 17% scored in the refinement zone. Coordination was viewed as strong and effective in most of the cases.

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: Teaming is a core practice value of the QSR practice model and considered essential to successful case practice and outcomes. Many areas of practice are enhanced by good team formation and functioning, including engagement, role and voice, coordination, and tracking and adjustment. At first glance, team formation and team functioning scores look quite similar, but whereas 92% of team formation scores were considered acceptable according to federal guidelines, only 58% of team functioning scores were considered acceptable. Although teams are being formed, they are not functioning as optimally as they could be. The following example illustrates this phenomenon, “The placement specialist facilitates and schedules family team meetings and invitations are extended to all involved parties including service providers, the mother and the foster parents. The reviewers learned that the mother is encouraged to bring informal supports as well (however) the functioning of the team meetings could benefit from some enhancement. There appears to be some confusion regarding the purpose of team meetings. One suggestion is to make them more family-driven.”

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: *Safety Assessment & Understanding* is considered an ongoing process throughout the life of a case. Safety plans should reflect changes and progress, and inform safe case closure. In the Sheboygan County sample, assessment and understanding of safety scored well. Sixty-seven percent of the cases scored in the maintenance zone and 33% scored in the refinement zone. One reviewer writes, “The worker appears to have a great understanding regarding the difference between imminent threats to safety and safety risks. The worker expressed her understanding that the mother’s home has been observed to be somewhat marginal at times without rising to the level that the children were unsafe.”

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)?

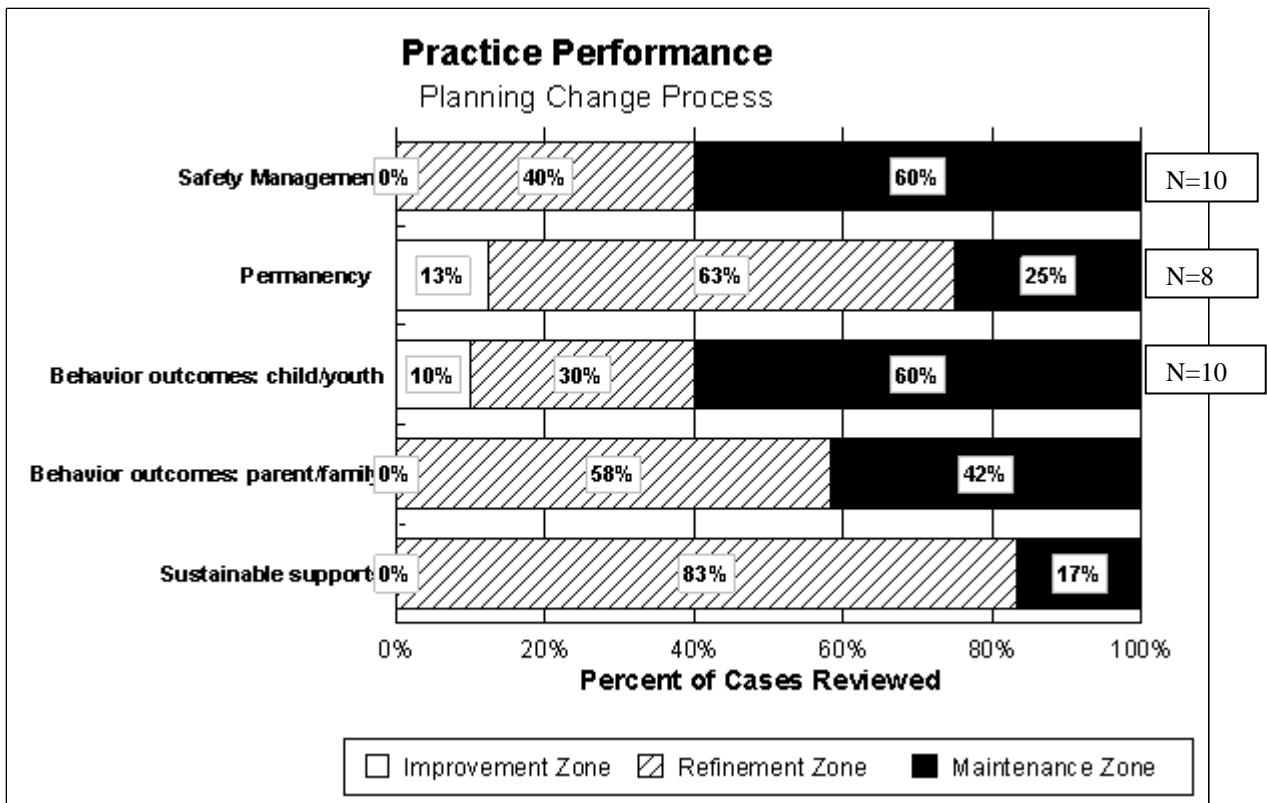
Comments: *Assessment & Understanding – Overall* expands even further and considers the efforts to understand the strengths, needs, risks, underlying issues, and future goals of the child and family. Scores reflect an opportunity to hone practice in this area: 50% of cases scored in the maintenance zone and 50% scored in the refinement zone. Seventy-five of these cases were acceptable according to federal scoring guidelines.

In the following example, an adolescent male had been experiencing numerous behavior problems that were not well understood. The reviewer writes, “A better understanding of the focus child’s needs and what is driving some of his behaviors would enhance the overall understanding and assessment of this case. It would also put the key players in a position to better address these issues and teach (him) functional life skills, subsequently improving his behavior outcomes.”

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: *Long-term View* for Safe Case Closure encourages the team to visualize an end result when initiating the change process. This is an area that could benefit from some attention: 25% of cases scored in the maintenance zone; 67% in the refinement zone and 8% in the improvement zone. Fifty percent of these cases were acceptable according to federal scoring guidelines.

The following examples from the case stories capture a variety of elements that contribute to a strong long-term view. In one story, “It was clear to the reviewers that everyone (including the teacher) was on board with the plan of reunification with the mother, demonstrating a strong long term view.” In another story, “It was reported that everyone involved with the family team shared the same goal and vision for this family. Thus, the long term view for this case was considered to be a strength in case practice.” And finally, “In order for safe case closure to occur the family will need to continue their economic and housing stability, maintain informal supportive relationships and continue to learn and practice parenting techniques that match the focus child’s developmental stages.”



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: *Planning a Process for Safety Management* considers the strategies utilized by key players to keep children safe while staying or visiting at home. Effective planning for safety management is subsequent to a solid assessment and understanding of safety. Both of these areas—assessment and understanding of safety and planning for safety management—were strong areas of practice in Sheboygan County. Sixty percent of the cases were in the maintenance zone and 40% were in the refinement zone; 90% were acceptable according to federal scoring guidelines. The next example demonstrates the strong planning that went into safety management, “The caseworker evaluated safety in all settings, including the foster family and relatives. He used family interaction to safely introduce the focus child to his father. He continued to actively assess safety while transitioning the focus child to the father’s home. The caseworker also requested a psychological assessment for the mother in order to address areas of her functioning that may affect safety.”

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: The efforts in planning for a child’s permanency are also considered. First it’s crucial to identify the primary and concurrent permanency goals, and then it’s necessary to begin the planning process to reach that end. Many areas of practice influence the planning stages including long term view, teaming, and tracking and adjusting. This is an area that could benefit from some attention: 25% of the cases scored in the maintenance zone; 63% in the refinement zone and 13% were in the improvement zone.

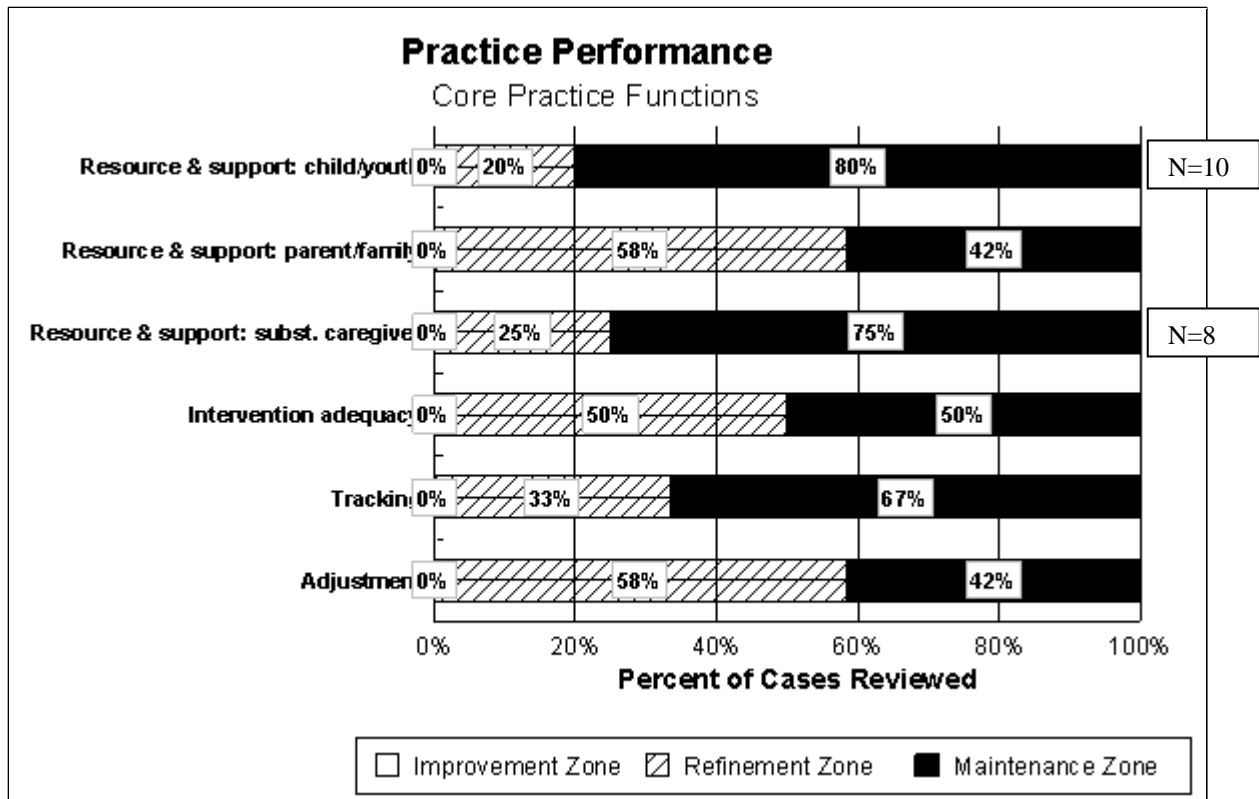
PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES: To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction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

Comments: This indicator is separated into two parts: one considers planning for child behavioral outcomes and the other considers planning for behavior outcomes for the parent(s). Scores were similar for children and parents with children scoring 80% acceptable according to federal scoring guidelines and parents scoring 75% acceptable.

The next example illustrates strong planning for parent behavioral outcomes. “(The mother) currently has a therapist with whom she trusts and has built a good working relationship. She takes her medications as prescribed and feels they help her. In addition, after taking a parenting class and working with a parent aide, the mother has been trying very hard to make the parenting changes she sees as needed by implementing what she has learned. For example, as mentioned earlier, mother has been using a re-bonding technique with the focus child. Another example of positive change is mother’s ability to act like a parent rather than a friend to her children.” It should be noted that this mother was also strongly engaged with her worker, her providers and the overall change process.

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: Families generally require supports to maintain their independence from the system; consequently, *Planning a Change Process for Sustainable Supports* is important in reaching that end and may be helpful in preventing re-entry into the system. Scores in the Sheboygan County sample were as follows: 17% in the maintenance zone and 83% in the refinement zone. The next example demonstrates effective planning for sustainable supports. “In planning for sustainable supports, family members were brought on board from the beginning on this case. Relatives who had not been able to maintain placement of the children were still encouraged to stay involved through visitation and team meetings. These relatives have been invited to and encouraged to continue to provide support for the mother.”



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: *Resource and Support Use* is rated separately for children, parents and substitute caregivers. All three scores were fairly strong in the Sheboygan County sample. Children and substitute caregiver scores were 90% and 100% acceptable according to federal scoring guidelines. Parents were 83% acceptable using these same guidelines—42% scored in the maintenance zone and 58% in the refinement zone using QSR scoring guidelines. Many of the case stories talked about excellent resource and support use. For example, one reviewer writes: “Resource and support use for both the mother and focus child was a significant practice strength. The case manager arranged for the focus child to have weekly therapy after she displayed behavioral issues indicating a need for this service. The case manager also sought interventions for the mother in order to assist her in maintaining her sobriety and obtaining adequate housing for her family. The case manager sought a psychosocial assessment for the father in order to gain a better understanding of his functioning and his needs related to his care and treatment of his children.”

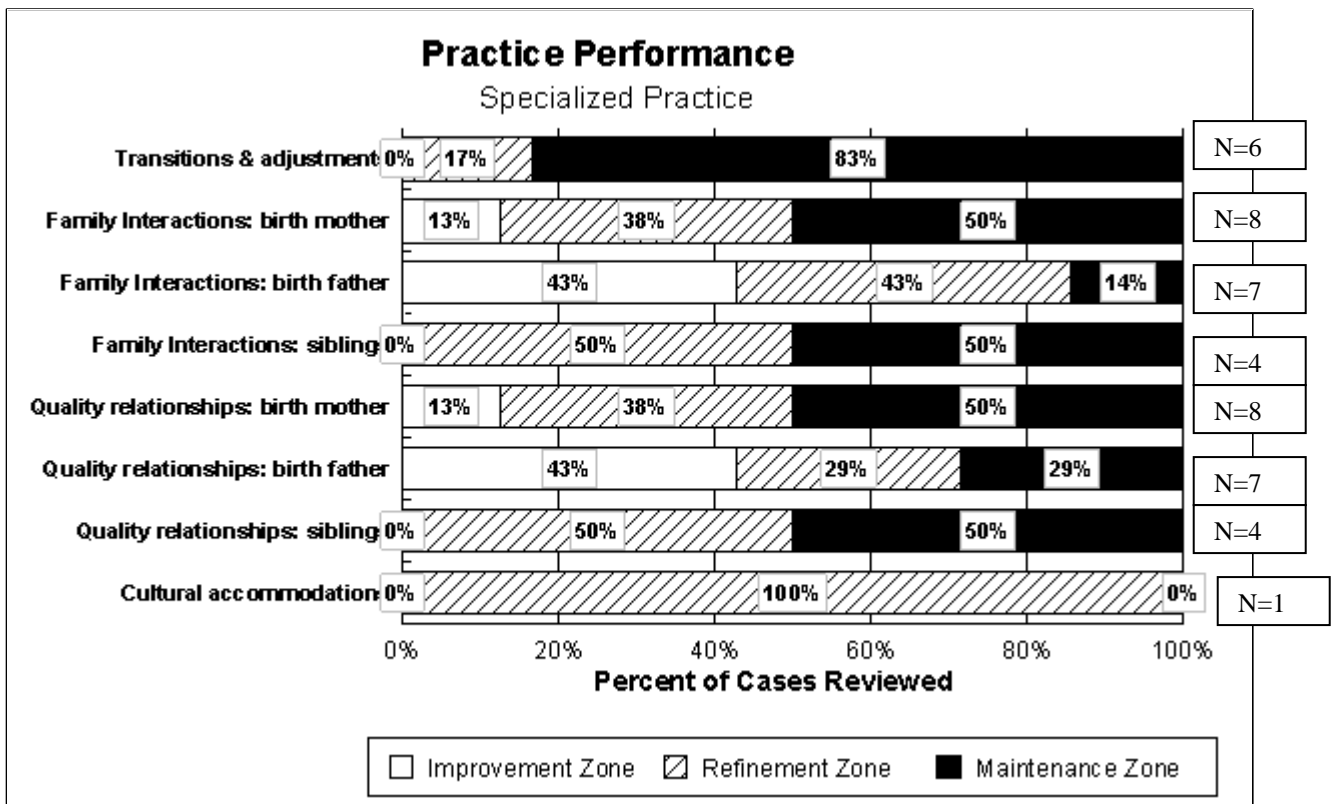
INTERVENTION ADEQUACY FOR CHANGE: To what degree are the change-related interventions, actions, and resources provided to the child and family of sufficient power (precision, intensity, duration, fidelity, and consistency) to produce desired results and make timely progress necessary to meet Safe Case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

Comments: Whereas the previous indicator considers the efforts of the team to assist the family in acquiring the necessary resources and supports, *Intervention Adequacy for Change* addresses the power and precision of the intervention to obtain the desired outcomes. In the Sheboygan County sample, cases scored as follows: 50% were in the maintenance zone and 50% were in the refinement zone. Obtaining a thorough assessment of the child and family's needs contributes to better referrals and individualized services, which is easier to do and more effective when children and families are engaged in trust-based relationships.

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: *Tracking and Adjustment* measures the extent to which interveners are aware of changing circumstances and modifying their strategies accordingly. Tracking scores were slightly better than adjustment scores with 92% of tracking scores acceptable

according to federal guidelines while 83% of adjustment scores were acceptable. The following is an example of good tracking and adjusting: “All key players seem to know what’s going on with this family and case. In turn, there was appropriate adjusting of strategies as new information was gained. For example, it was the understanding of the placement specialist that initially the father was viewed as a reunification resource. However, when it became clear that he was not invested in that goal, a plan was sought and developed for reunification with the mother. Also, visits with the birth father were decreased or expanded around his ability to demonstrate a safe environment for visitation.”



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: It is important to prepare families for any upcoming transitions and ensure that they have the necessary skills and supports to carry them through their next phase. There were six cases in the review that had an upcoming transition, eighty-three percent of these scored in the maintenance zone and 17% scored in the refinement zone. Most transitions were well planned for, but in one case reviewers pointed out that there could have been better preparation for a child's move into kindergarten, particularly because the child had behavioral problems that ultimately became an issue in the school environment.

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?

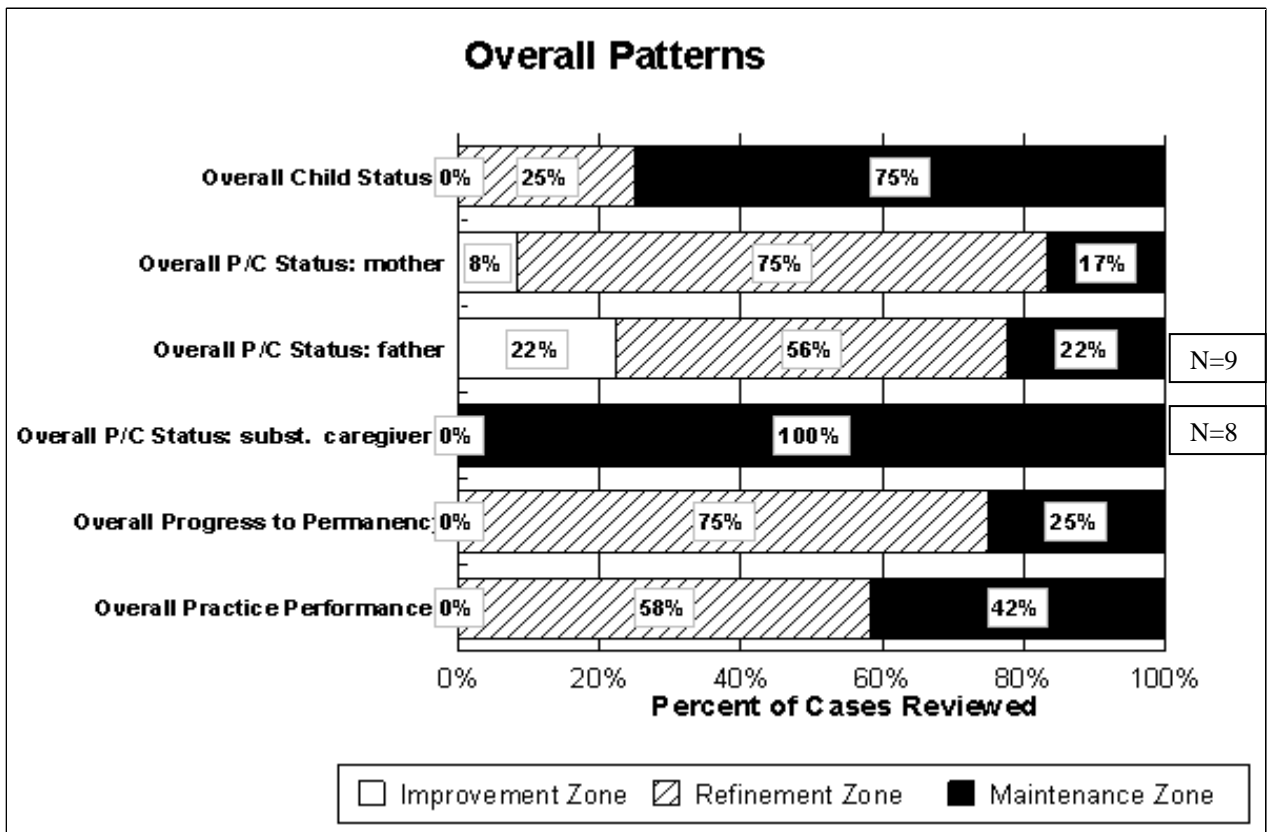
QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for 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: These indicators look at both the frequency of contact between family members who do not live together and the quality of these contacts and relationships. Mothers, fathers and siblings are considered. Overall, this is an area of practice that could be enhanced. Fathers seem to require the most attention: 29% of fathers scored acceptable according to federal guidelines with regard to the frequency of family interaction and 43% scored acceptable with regard to the quality of family interactions. Family interaction scores for mothers were 63% acceptable for the frequency of contact and 75% acceptable for the quality of those family interactions. Siblings were about 75% acceptable with regard to both frequency and quality of contact. The next example highlights the positive family interaction that is taking place. "The team understands the strong relationship the mother has with her children and has planned family interactions to maintain this relationship. The plan includes opportunities for family and sibling contact in multiple natural settings. There is opportunity for the focus child to have her own time with her mother. The interaction is long in duration and allows the mother to independently plan for activities and meals."

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: There was one case scored for specialized cultural accommodations and this case scored in the (high) refinement zone. The reviewer writes, “(The case manager) also recognizes the cultural background of the family. The focus child and the foster parents do not share the same race or ethnicity. However, the foster parents are able to involve the focus child in his own culture by taking him to significant Hmong ceremonies, cook traditional Hmong food in the foster home, and educate themselves about Hmong culture on a continual basis.”



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

1. Find ways to provide for the mental health needs of our clients—including AODA services and trauma-informed services
2. Better define roles of Initial Assessment and Ongoing workers
3. Offer training to workers on the impact of trauma on children and families
4. Explore ways to improve our relationship with law enforcement
5. Establish permanency goals including how concurrent permanency goals are used; increase consistency around practice and use and interpretation of eWiSACWIS and state forms
6. Help families to develop their informal supports and then bring these informal supports into case planning, meetings, etc.
7. Re-evaluate services to ensure that they are aligned with the needs of families
8. Strengthen teaming; continue to evaluate and improve upon teaming
9. Look at ways to eliminate the fee for clients to use the AODA and mental health services within the agency and look into ways these services can be used for clients who do not have insurance
10. Explore how Corporation Counsel can assist with TPR cases or other legal matters
11. Increased strategizing around how to engage fathers and provide them a role and voice in the planning process
12. Evaluate the Independent Living Program—what’s missing? How could it be improved? Could a more “hands on” approach be utilized to mentor adolescents out in the community for “in the moment” coaching and mentoring? –an increased team approach with this program could be beneficial too.
13. How to increase face-to-face time with clients—better manage documentation time.

VIII. SUMMARY

The results of the Sheboygan County Quality Service Review identified several strengths in practice which the agency can build upon, as well as opportunities to enhance case practice. Overall practice performance in Sheboygan County scored 83% percent in the acceptable range according to CFSR standards, which is notably higher than the combined scores of the first 42 Quality Service Reviews conducted, which had a 71 percent acceptable score. It should be noted that the overall scores for child status and for substitute caregivers in this sample were 100 percent acceptable according to federal standards. Strengths in case practice include: Outreach and Engagement with children and caregivers; Role and Voice of children and caregivers; Coordination; Team Formation; Safety Assessment and Understanding; Planning for Safety; Resource and Support Use for children, parents and substitute caregivers; and Tracking. Areas of consideration for enhancement in case practice include: Outreach and Engagement with mothers and fathers; Role and Voice of mothers and fathers; Team Functioning; Overall Assessment and Understanding; Long Term View; Planning for Permanency; Planning for Sustainable Supports; Adjustments and Family Interactions.

The agency is encouraged to adapt the QSR practice model in daily work with children and families. Along with the changes that will likely occur with the development of an action plan, improved outcomes for children and families with whom the system works should be seen as a result.