

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

August 24-28, 2009

Waukesha County Health and 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 26, 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 Waukesha County during the week of August 24, 2009.

II. THE WAUKESHA COUNTY REVIEW

A. REVIEWERS

In the Waukesha County review, two Continuous Quality Improvement Specialists, an Adoption Quality Assurance Specialist, a Permanency Consultant, a Human Service Area Coordinator, a Children's Court Permanency Counselor, four county staff, and two retired child welfare professionals served as reviewers. Three reviewers were observed and coached in their development as lead case reviewers. The lead case reviewers who provided coaching have extensive child welfare experience.

B. CASE SAMPLE

Twelve cases were randomly selected for review in Waukesha County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers and ages and genders of children. A family must agree to participate in the review process and sign releases for participants to be interviewed by the review team, or the case is not selected. In the Waukesha County review, a total of 100 persons were interviewed. Of the twelve cases, five children are residing with one or both of their biological parents. The other seven children are residing in out-of-home care where three children were residing with a relative (kinship), two children were placed in foster homes and one child resided in an unlicensed out-of-home care placement. Four children were in the 0-4 age range, four children in the 5-9 age range, two children in the 10-13 age range and two children were over the age of 14. There were five girls and seven boys in the sample.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Michelle Garnette and Bridget Chybowski 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

Waukesha County is a growing community with the United States Census Bureau reporting a population of 380,629 (2008). Similar to other counties in Wisconsin, Waukesha County is experiencing an overall increase in their population. It is reportedly the third largest county in Wisconsin with a 5.5 percent growth in population compared to the state's increase of 4.9 percent and was described by stakeholders as a community that genuinely cares for their children and families. Although Waukesha County's Latino population is lower than the state's average of 5.1 percent, they have seen an increase over the years and Latino families now make up approximately 3.5 percent. The county is largely comprised of Caucasians (95.8 percent) with less than one percent each for African-American and Hmong persons.

Waukesha County's median income is approximately \$72,432 which is considerably above the state median of \$50,567. Poverty is significantly lower in Waukesha County at 4.1 percent, compared to the state's average of 10.9 percent, however, it was noted in focus groups that there is a growing population of "working poor" as well as underinsured individuals. It was also noted that there is a growing population of multi-generational involvement in the child welfare system, as well as an increase in prescription drug usage both in the parent and youth populations. The largest employers in Waukesha County are Kohl's Department Stores, Inc., Quad Graphics, Waukesha Memorial Hospital, General Electric Medical Systems, Waukesha County School District and the County of Waukesha.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Many organizational strengths were identified by focus group participants from both within Waukesha County Health and Human Services (HHS) and outside the agency. Community partners viewed the experience of working with the agency as positive and referred to staff as knowledgeable, competent, respected and committed to going above and beyond expectations. Waukesha County's upper management was mentioned by numerous focus group participants as available for consultation and problem solving, as well as involved and advocating for both staff and clients alike. Upper management's commitment to the mission of the agency and collaboration with local and state partners allows for considerable creativity in meeting organizational challenges as well as meeting needs within the community. For example, to meet the cultural needs of the African-American youth, Waukesha County has partnered with Carroll College to provide mentors and offer their juvenile justice youth additional support. It was also reported that upper management is very cognizant of recognizing successes of the agency and the staff. It appears that there is open dialogue and communication between all levels of the agency which results in a mutual feeling of support despite the demands of the job.

Minimal turnover across all levels within the agency was noted as a considerable strength and allows for clients to have consistency in the provision of services they receive. The agency philosophy is one in which all divisions function under one umbrella, available to assist those in other areas if necessary. This allows for open communication and problem solving across the various divisions in the agency. It also allows for cross training and understanding of various roles and departments within HHS. Additionally, Waukesha County's Human Services Board was described as invested and involved. This promotes an atmosphere that allows the workforce to feel valued and an opportunity to have a role and voice in improving and enhancing agency practice.

Waukesha County's relationship with community partners was described as both positive and collaborative and often involves teaming which promotes improved outcomes for children and families. The agency and staff were reported to be very supportive of foster parents and available when needed in emergency situations. The agency has worked diligently to build strong relationships with local law enforcement, as well as school districts which appears to be a challenging task given the number of districts located within the county. It was reported that regular meetings occur between management and the Waukesha Police Department and investigations conducted jointly by law enforcement and county staff are considered successful. Schools reported a strong relationship with the agency, as well as good communication with front-line staff.

Waukesha County also has strong representation on workgroups and committees at both the local and state levels. Adding to that, the agency shows considerable enthusiasm for piloting new initiatives to include the QSR and trauma-informed trainings. HHS's involvement in new initiatives reveals their strong commitment to both professional development of staff and improving the agency as whole. HHS was also described as

being “invested in the community” and challenges were viewed by the agency as an opportunity to examine existing needs and improve services for the community.

B. ORGANIZATIONAL – CHALLENGES

Although the agency has many organizational strengths, it also faces some challenges. One challenge that Waukesha County faces is budget constraints and its impact on both the workforce and the ability to provide services to families within the county limits. Currently HHS is able to meet the needs of their clients but the question remains at what point will they will no longer be able to meet the demand of providing quality services and performing adequately. Waukesha County has lost a number of positions across the system that include services for alcohol and other drug abuse (AODA), mental health and child welfare positions to name a few. Additionally, over the past seven years various prevention and early intervention services have been reduced or eliminated. It was reported that one child welfare supervisor position will be unfunded in 2010, and this will likely increase workload for the remaining supervisors and could impact morale for the workers being split up and assigned to different units. Front-line staff has had to take on additional tasks such as supervised interaction in order for the families needs to be met. The loss of positions puts additional pressure on the agency to stretch more work among fewer people. Due to their constraints, the out of home care and in home safety supervisor to worker ratio will be increasing to 1:10-12, which is considerably in excess of the recommended 1:6.

Another challenge not unique to Waukesha is the change in relationships associated with new policies and laws regarding sharing of information. The inability to share information with individuals outside of the agency can be misinterpreted as lack of communication. There appears to be an opportunity for ongoing training between child welfare and the schools so they share an understanding of their roles as well as expectations of each other in regard to mandated reporting and Individualized Education Plans (IEP).

C. RESOURCES – STRENGTHS

Waukesha County has a comprehensive range of services to address parenting issues, drug/alcohol and mental health issues, domestic violence, homelessness and crisis counseling. Waukesha County also has in-house mental health and AODA outpatient services available to clients. The Child Advocacy Center offers a place for forensic interviews and medical exams and was viewed as a considerable asset to both law enforcement and the agency. Birth to Three services are readily available to children in the county and for those who are the subject of a substantiated abuse or neglect claim required referrals are being made for these assessments. The Mental Health Association provides the 211 line which allows individuals in the community to immediately be connected to valuable resources. The Intensive Family Development Services (IFDS) through St. Charles was reported to offer children and families additional support by providing them with advocates and therapy. These advocates were essential in guiding families through the complex system of child welfare. Parents Place and the Prevention

and Protection of Abused Children (PPAC), Catholic Charities, Dr. Amy Schley, and Dr. Gary Kendziorski were also viewed as an essential support to ongoing workers because they provide supervised interaction with clients, as well as parent support groups. A very unique service offered to Waukesha County families comes through volunteers who “adopt a family” each month and provide services such as furniture or other necessary household items. There is also a volunteer coordinator who arranges for volunteer drivers to help clients access services.

A considerable resource strength for Waukesha County is their pool of quality foster homes. Foster parents were described as dedicated and appear to be well trained for their role in working with foster children. HHS offers pre-service, foundation and ongoing training to foster parents which prepare them for understanding and working with the unique challenges of children in the foster care system. Respite care is also available to foster parents and there appears to be informal support between foster parents throughout the county. This can positively impact the experience of fostering; knowing that other foster parents are able to offer support and advice. In addition, Waukesha County contracts with St. Aemilian-Lakeside for additional support for foster parents if needed to include home visits and crisis management and intervention. Unique to Waukesha County is their ability to license foster homes for both child welfare placements and long-term care. This offers children needing continued care and support after they reach the age of majority the opportunity for a seamless transition to the adult system. Allowing foster parents to be dually licensed allows children the ability to remain in their current placement as they transition from foster care to adult services. HHS is also able to offer children needing a higher level of care the opportunity to remain in the county due to the availability of local group homes and residential treatment facilities.

D. RESOURCES – CHALLENGES

Many focus group participants talked about the need to expand the capacity of several services and programs to meet the needs and demands of the families in Waukesha County. One service that was discussed by the majority of the focus group participants is that of transportation. Waukesha County is spread over a large geographic area and because the agency is housed in downtown Waukesha it is difficult for individuals and families who live in the outlying areas to be able to get to the agency. Transportation is not available to clients who live in neighboring towns or cities and this makes it exceptionally difficult for them to get the services they need.

The availability of long-term intensive services to address AODA and mental health issues was viewed as a considerable challenge for Waukesha County. The recent closing of the Lawrence Center was mentioned by many participants as a significant loss in the availability for clients to access inpatient alcohol and drug treatment. In addition, it was reported that there are waiting lists for both AODA and mental health services and unless emergency situations arise, clients have to wait in order to get appointments. Budget cuts have resulted in reduced availability of prevention and early intervention services. This can have a significant impact on both clients and agency staff when trying to successfully keep the family unit intact. Prevention and early intervention services have the ability to

support children safely in the parental home and offer the possibility of not breaking up the family unit.

It was reported that there is a growing population of “working poor” which has resulted in more homelessness and underinsured individuals living in Waukesha County. Affordable housing for adults and older youth was viewed as a significant issue by focus group participants. In addition, programs designed to assist older youth in achieving independence as they prepare to leave the foster care system appear to need some enhancement. While Waukesha County does in fact have an independent living program for older youth, it was reported to not fully meet the needs of this population. This is a challenge not unique to Waukesha County and one with which counties across the state continue to struggle. The availability of placements for older youth to include general foster homes was also identified as an area for struggle for HHS.

The growth in Waukesha County’s Latino population has presented a unique challenge related to the availability of appropriate service providers who are both culturally sensitive and bilingual. HHS has more bilingual and undocumented persons in need of services and because of this there is a greater need to search and find providers who are able to appropriately meet the needs of this population. Bilingual providers are in high demand in many areas of the state and this makes it difficult to locate and retain them in all areas of service provision.

E. PRACTICE – STRENGTHS

Focus group participants recognized many strengths in Waukesha County’s practice. Each case is viewed as an agency case, not a “division case.” This intra-agency collaboration sends the message to all employees that they are working together and that assistance is always available when needed. Regular supervision for staff was a common theme throughout many of the focus groups, as was the fact that supervisors had an “open door” policy and were available and accessible when needed. Waukesha County has embraced the “teaming model” which can be seen not only on casework, but also within the agency as a whole. The agency worked with a mentor/coach on the teaming model and appears to have put their training into practice. Scores from the case reviews reveal promising work in the area of teaming and HHS had no cases scoring in the improvement zone for teaming indicators.

Front line staff was viewed as experienced and committed and had frequent contact with the children on their caseloads. They were also considered knowledgeable about community resources. There appears to be considerable creativity in meeting the clients’ needs, both by front-line staff, as well as upper management. Agency staff was described as solution focused and willing to look at all possible avenues for a successful outcome for families. It was reported that staff are gaining a better understanding of concurrent planning and are working diligently to incorporate it into daily practice. Waukesha County is also committed to improving outcomes for children and families which is evidenced by their examination and commitment to finding trauma-informed trainings for staff and services for clients. There is a strong commitment in HHS to continue to

develop and grow, both as an agency and as individuals. The agency is committed to professional development of staff through in-house training, as well as those offered through the Wisconsin Training Partnership.

Waukesha County has shown a commitment to helping children maintain a relationship with family whenever possible. By promoting and utilizing relative placements, children are able to have a sense of stability by remaining with familiar caretakers. When children are removed from the home, Waukesha County has a unique approach to foster care in their shared parenting program—a collaborative relationship of parenting between foster parents and biological parents. This approach empowers biological parents to have a significant role in caring for their child once removed from their home. It is also a way for parents to get additional support in developing strong parenting skills and learning how to appropriately care for their children.

F. PRACTICE – CHALLENGES

A common challenge to child welfare workers across the state is balancing increasingly high and intense caseloads with documentation and screen-time demands of the Wisconsin Statewide Automated Child Welfare Information System (e-WiSACWIS). Recent budget cuts and elimination of positions, requires front-line staff to accept more responsibility in regard to serving families, as well as managing higher caseloads. This is especially evident in workers being responsible for supervised family interactions when contracted providers do not have the needed capacity.

There is a community perception that the Access staff is not always available or helpful when receiving calls. It appears that this may be due in part to confusion about the roles of Access and Initial Assessment in the agency. There is an opportunity for communication between HHS and the community about the roles of the different parts of the agency (Access, Initial Assessment and Ongoing) and how these differing roles are involved in working with children and families.

Communication as a whole was seen as a strength within the agency, however, there is an opportunity to enhance communication between the Initial Assessment and Ongoing units as it relates to the case transfer process. While it was reported that there is an official transfer policy, it was not always followed uniformly and there was considerable variation among teams and workers. It was unclear to both Ongoing and Initial Assessment staff as to when the case was “officially” transferred and at what point the case was transitioned from one area of the agency to the other. This lack of clarity can cause confusion to clients and professionals knowing who to contact when a case is essentially in transition. A policy that is adhered to by both Ongoing and Initial Assessment may alleviate miscommunication and allow for a more seamless transition between the units. There is also a question of consistency regarding decision making as it relates to removal of children from the home. While Initial Assessment staff is more often responsible for making decisions regarding removing children from the home, the Ongoing units conduct new abuse and neglect assessments on cases they are currently managing. However, it was reported that the threshold for removal may not be consistent

across these two areas of the agency and there is an opportunity to explore and refine practice in this area.

The older youth population is a challenge for many counties across the state and Waukesha County is no exception. Understanding the needs of this population of youth and being able to offer services to meet those needs is a challenge. Independent living programs are available; however, it appears these programs may not be adequately meeting the needs for youth aging out of the foster care system. There is an opportunity to examine this population and how to better prepare youth for their entry into adulthood and living independently in the community.

G. LEGAL – STRENGTHS

There were many strengths identified by participants with regard to the legal process of Waukesha County. Agency staff were reported to be knowledgeable about their families and well prepared when attending court hearings. Documentation submitted by agency staff to the courts was not only timely, but also thorough which assisted legal partners in understanding the current status of each case. Focus group participants reported that despite having little time to read the reports submitted by agency staff, they would often take them home to review. The reports were seen as valuable in sharing of updated information on the family to help guide the case in the legal process. There is a mutually respectful relationship between the Courts and the agency.

Waukesha County's court commissioner was described as having a great deal of experience in the field of juvenile court and as genuinely caring for the children involved in the child welfare system. The judge was described as someone who knows juvenile law exceptionally well and follows it strictly in order to ensure due process. It was also reported that all parties are given an opportunity to participate in court hearings. Corporation Counsel was mentioned by a number of focus groups and reported to be competent, knowledgeable and extremely helpful. She was described as a "crown jewel." The Corporation Counsel has made herself available to all levels of the agency for staffings and consultation.

Another strength found in Waukesha County is that children are assigned a Guardian ad Litem (GAL) at time of detention. GAL performance has reportedly improved since the last QSR and more GALs are visiting with children and coming to court prepared to report out on their own findings.

Lastly, a judicial committee in Waukesha County was formed after a statewide child welfare summit in 2008. Representatives from all areas are part of this committee to include GAL, juvenile court, advocate counsel and agency staff. The committee has helped improve ongoing communication as well as enhanced the working relationship between court personnel and the agency. It has also resulted in training for GALs that assists in preparing them for their role and expectations of working with children.

LEGAL – CHALLENGES

Counties in Wisconsin have established their own schedules for judicial rotation. While focus group participants shared the pros and cons of rotating judges, the overall consensus was that the rotation of judges can be challenging especially as it relates to a learning curve each time a new judge takes over and the difference in the way judges communicate with agency staff. New judges appear to need time to become acclimated to Children's Court and its challenges, as well as becoming proficient with Wisconsin State Statutes Chapter 48 and 938. Communication with the current judge has been described as challenging at times and this may be due in part to the differing opinions on how much contact there should be outside of direct court hearings. It was reported that in the past judges held "Buzz Sessions" which allowed for more communication between the court and the agency on procedural matters; however, recently there has been a decrease in the number of these sessions. This was viewed by focus group participants as affecting the efficiency of serving families.

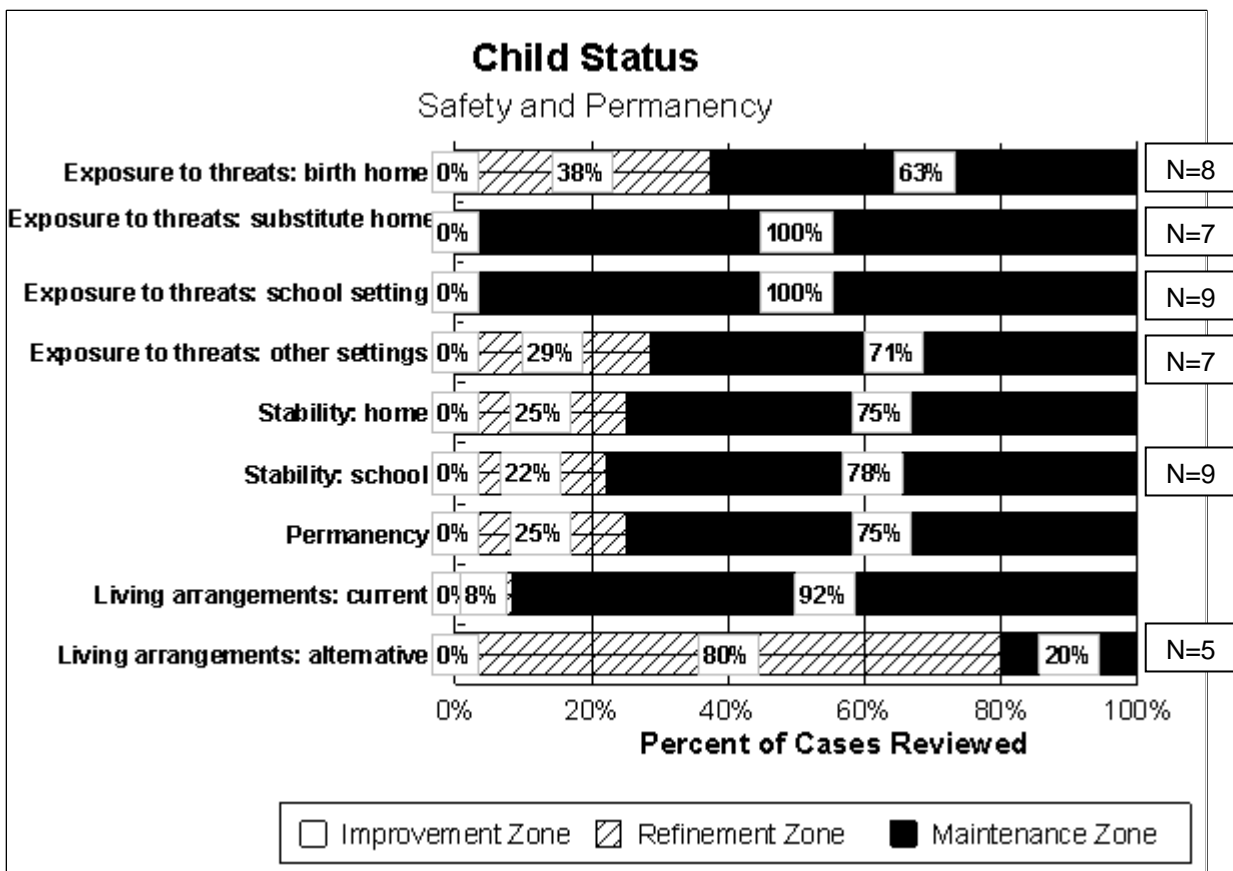
The court calendar was reported to be exceptionally heavy and was viewed as a significant challenge by various focus group participants. In addition, the Corporation Counsel's workload was also viewed as excessive and in order to be available and assessable to staff, she was required to work long hours to meet the demand. Focus group participants shared that despite some improvement in GAL performance, there still appears to be some challenges in this area. It was reported that GAL performance remains inconsistent and that some GALs are not seeing their minor clients prior to court hearings. This is a theme that is common throughout the state of Wisconsin.

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> <p>.....</p> <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:

The scores in this area encompass the daily living settings for each child and whether children were found to be free of abuse, neglect and exploitation in their homes, substitute care placements, school, and in other settings. The findings indicate that the cases of the seven children who are or were in substitute care settings scored in the maintenance zone (100 percent). Likewise, the nine cases rated for exposure to threats in the school setting also scored in the maintenance zone (100 percent) indicating that children in this sample are safe from exposure to threats of harm in both of these settings.

Exposure to threats in the birth home was rated in eight family’s cases and is rated when children are living in their birth home or are spending time there. Five of the eight cases (63 percent) scored in the maintenance zone and this compares to 44 percent from the combined scores of the first 42 reviews. In five of the eight cases each focus child is living in his or her birth home and three are living in a substitute care placement. In the

five cases where children are living in their birth home, four cases scored in the maintenance zone indicating that the majority of children who are living in their birth home in this sample are safe from exposure to threats in that setting. These findings support Waukesha County's commitment to and efforts at maintaining children in their homes whenever possible. Of the three cases scored in the refinement zone, one child is currently living in the birth home, one child is in family foster care and the other is in kinship care.

“Other settings” refers to other places the child may spend time and is often the home of a relative (the other parent), but may also be a childcare provider. Seven cases were rated for this and five of the seven cases scored in the maintenance zone. Although the remaining two cases scored in the refinement zone, all seven cases scored in the acceptable range. The “acceptable range” refers to the scoring convention used by the Child and Family Services Review and means that QSR scores of four through six are in the “acceptable range” and scores of one to three are in the “unacceptable range.” In one of these cases, the reviewer wrote that, “The extended family network has acted as a secondary caregiver to [the focus child] most of her life.”

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:

The stability scores help us to identify whether the child has had and is likely to have any unplanned moves (disruptions) in their current living arrangement or school setting. Stability is important for the child's emotional and behavioral health and it helps to promote or support family interaction when reunification is the goal. Eight of the twelve (75 percent) cases rated for this indicator were scored in the maintenance zone with the remaining four scoring in the refinement zone. This compares to 67 percent from the previous review. All twelve cases are in the acceptable range, indicating that all of the children and youth in the sample are enjoying relative stability in their current living arrangement and are not expected to experience any disruptions in the near future. Only one child had more than one or two placements and she had moved from among relatives for a short time until the recent, more permanent placement with her aunt and uncle who share a co-parenting arrangement with the child's mother.

Nine cases were rated for stability in the school setting. Stability in school can be affected by moves or placement changes when it is not feasible for the child to remain in the school. Evidence is mounting that when children have stability in their educational setting, they have improved academic performance, fewer behavior struggles, lower drop-out rates, and more successful transitions to employment or higher education. Seventy-eight percent scored in the maintenance zone with 22 percent in the refinement zone, and 89 percent in the acceptable range, indicating that eight of the nine children are experiencing relative stability in school. This is a slight decrease from the previous

review and is due in part to one focus child's significant struggles related to mental health and trauma.

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:

This indicator is termed a "lagging indicator" because it generally improves when core practices such as *assessment, planning* and *long-term view* begin to capture the underlying needs, identify the desired goals or outcomes, and sufficiently identify and power change-oriented strategies. As can be seen in the graph, eight cases (75 percent) scored in the maintenance zone and four were in the refinement zone. This compares quite favorably to the previous review where 42 percent of the cases scored in the maintenance zone and 25 percent scored in the improvement zone and also to the aggregated scores from the first 42 reviews where 32 percent scored in the maintenance zone.

It appears relative care and placement is contributing to permanency for children. In one case the focus child and his mother had been living with the maternal great grandmother when the mother was no longer able to care for her child due to her drug addiction. The great grandmother became the placement resource while mother completed intensive inpatient treatment and a three-month stay in a halfway house to overcome her addiction. The mother is now resuming her role as mother/caregiver and is working toward living on her own with her children.

In another case the focus child, a sixteen-year-old male whose mother could no longer provide for him, found a suitable placement that would allow him to stay in the same school and remain connected to his family. The permanency goal, transfer of guardianship, was achieved earlier this year and he is living with his friend's family.

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?

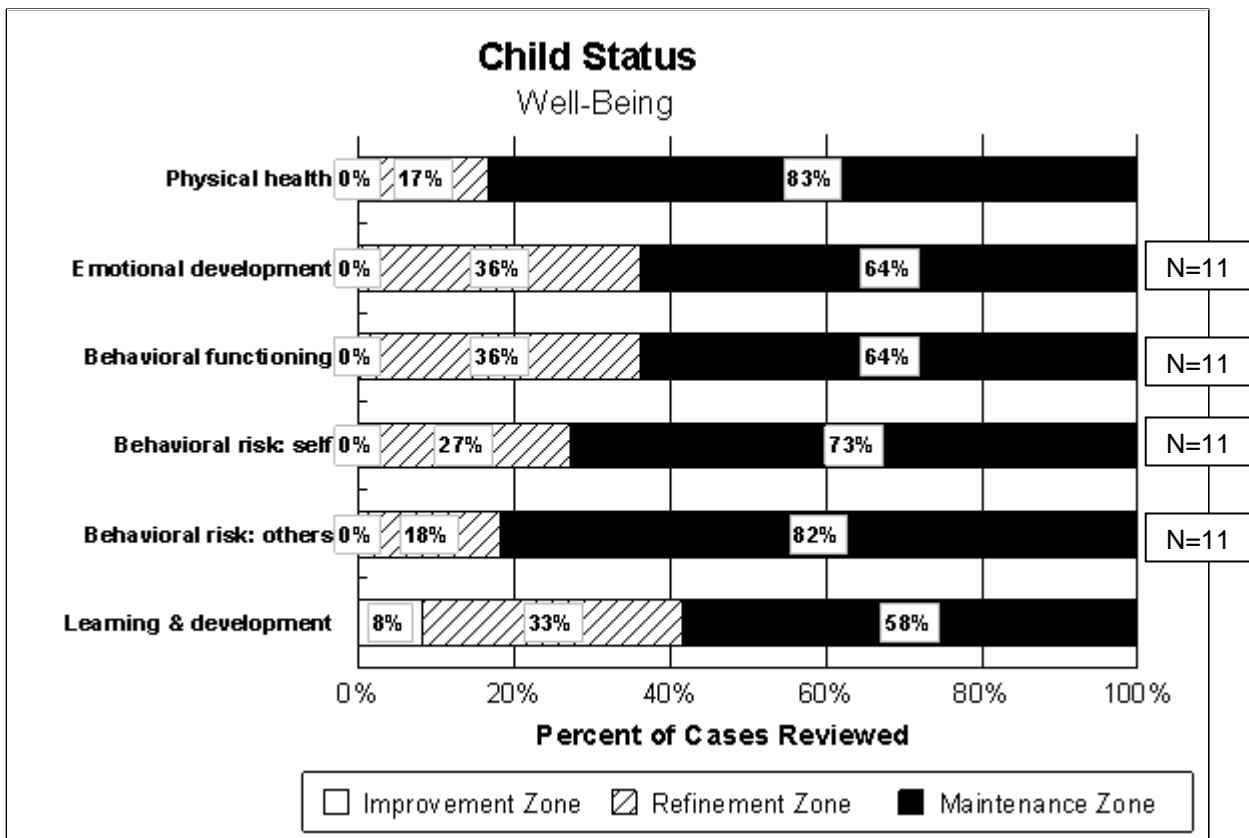
Comments:

Living Arrangement considers the present living arrangement in which the child resides and any other setting (alternative) where the child has slept and received care within the past 90 days. Eleven of the twelve (92 percent) cases reviewed for this indicator were scored in the maintenance zone and compares favorably to the previous review. Children

in the Waukesha County review sample, whether in the birth home or a substitute care setting, are living in environments that are the least restrictive and are seen as appropriately meeting their needs in terms of family relationships, social connections, and special needs.

An example of this is a developmentally disabled eight-year-old boy who has resided in a foster home for the past two years. When he was first placed, he had significant physical and behavioral health needs. According to the reviewer, “The foster parents have extensive experience caring for medically needy and [developmentally disabled] children. The foster parents provide the constant supervision he needs and the home is viewed as child-focused with toys and activities that are appropriate for his level of development. Since placement, his physical well-being has improved and some of the earlier behaviors have diminished.

Four of the five cases rated for alternative living arrangements scored in the refinement zone. Nevertheless, all five (100 percent) cases scored in the acceptable range compared to 77 percent acceptability in the aggregated scores from the first 42 reviews. More often than not, the alternative arrangement is with a non-custodial parent or with a parent from whom the child was initially removed and speaks to the agency’s commitment to preserving family connections. It may also illustrate why the home may not be a suitable permanency option at the present time. For example, the focus child in one case is recovering from a brain injury and spends overnights with his father. The child’s father appears to be developing the needed capacities to care for a special needs child. He has expressed a desire to become more involved in the child’s life and the agency is supporting this. In another case, the focus child has lived with her maternal relatives for much of her young life and they provide her with the nurturance and care she needs. The alternative living arrangement in this case was rated because she occasionally stays with her mother who lives in close proximity and struggles with a number of chronic health concerns. She appears to love her child very much and is working at becoming more consistent in meeting her child’s well-being 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:

Ten of the twelve (83 percent) cases scored in the maintenance zone and indicates that the majority of the children in the sample were found to be in good physical health and that their nutrition, exercise, sleep and hygiene needs are being substantially met. This is consistent with the findings from the aggregated scores of the first 42 county reviews.

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

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

Comments:

Trauma, abuse, neglect, and family instability can seriously impact children's emotional development and behavioral functioning. One child was identified as having no conditions co-occurring to the abuse or neglect and three of the children were identified as struggling with mental health concerns. The majority of the children in the sample were identified as being exposed to trauma, possibly a result of the abuse or neglect that precipitated their involvement with the agency. In general, the children in this sample are faring better than the children whose cases were reviewed in the first 42 counties. Seven of the eleven (64 percent) cases rated for these indicators scored in the maintenance zone for both. This compares to 45 percent (emotional development) and 39 percent (behavioral functioning) of the aggregated scores from the first 42 reviews.

One of the practice principles underlying the QSR is that children in placement do better when connected with home and neighborhood. In two of the six out-of-home cases, the children are placed with relatives. Both of these cases scored in the maintenance zone for emotional development and behavioral functioning. While both children were identified as "high energy" and "active," each was believed to be meeting emotional and behavioral developmental milestones. In one, the reviewers noted that extended family members have provided the needed structure and consistency for the child while at the same time supporting the strong attachment between the child and her mother who struggles with a number of mental health concerns. This has apparently gone on for most of her young life.

In a case where the focus child is living in out-of-home care and his emotional development and behavioral functioning scored in the maintenance zone, the focus child is described as being mature and aware beyond most 16 year olds. He is open to guidance and feedback from adults in his life and is on target to graduate with his class even though he has had some struggles with school attendance and performance.

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:**

The majority of the children in this sample are not seen as a risk to themselves or others. Seventy-three percent (9 of 11) of the cases rated for risk to self scored in the maintenance zone compared to 67 percent from the previous review and 60 percent from the combined scores of the first 42 county reviews. For risk to others, 82 percent scored in the maintenance zone and this compares to 67 percent from the previous review and 58 percent from the combined scores. One case that scored in the refinement zone illustrates how co-occurring conditions—the sexually abused six-year-old child has been diagnosed with Post Traumatic Stress Disorder (PTSD) and Attention-Deficit/Hyperactivity Disorder (ADHD)—impacts the family and scoring. The child is described as being impulsive and lacking boundaries which put her at risk of harm. Her mother's cognitive limitations may compound this. For example, she also often runs from her home and

school and apparently will knock on strangers' doors asking to be let in. Similarly, while in the doctor's office with her mother the focus child was seen sitting on the lap of a male stranger.

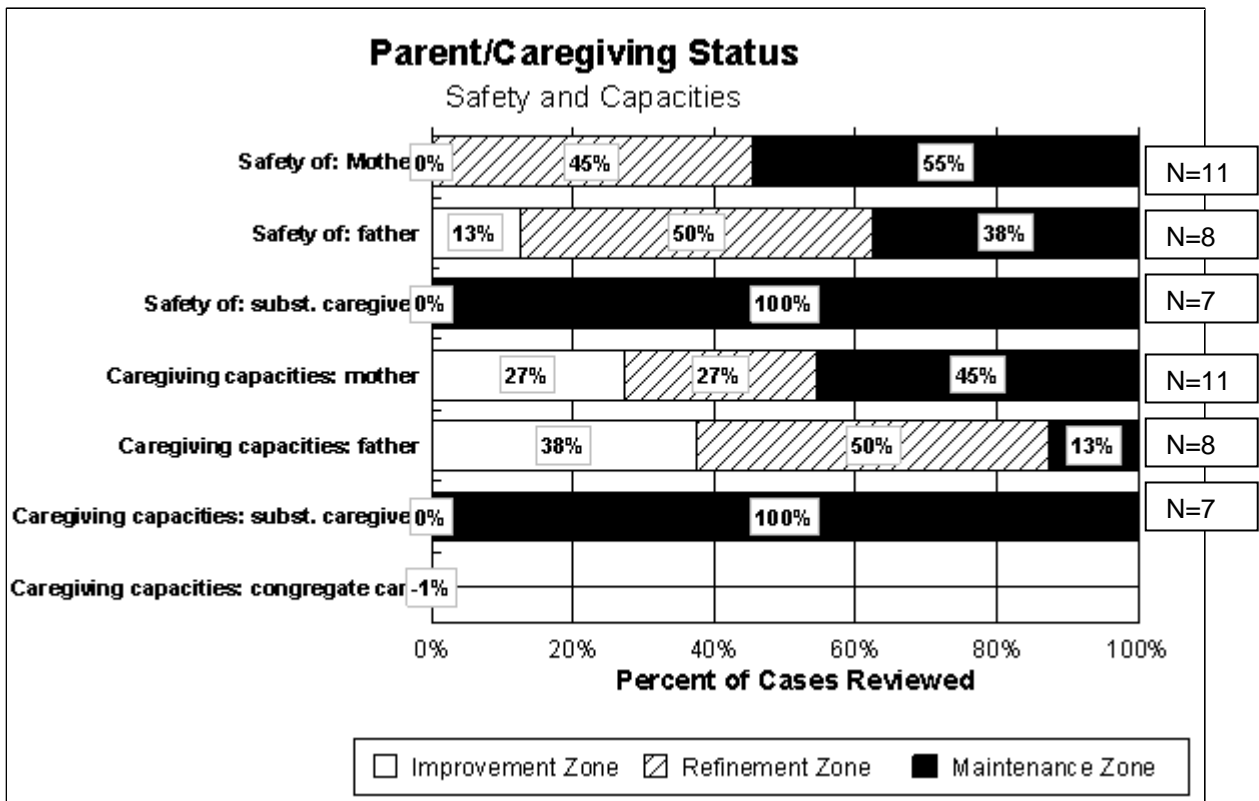
Early Learning & Development (Under Age 5): To what degree is the young child's developmental status commensurate with his/her age and developmental capacities? Is the child's developmental status in key domains consistent with age-appropriate expectations?

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:

Although consistent with the previous review (58 percent compared to 59 percent in the maintenance zone) this appears to be an area where children in this sample are struggling somewhat compared to the combined scores from the first 42 county reviews (67 percent). In one case scoring in the refinement zone, the focus child struggled with attendance but has remained in the same school and is on track to graduate with his peers. The reviewers wrote, "He completed a truancy program and recently began an alternative education program that counts work hours toward his academic credits." This same focus child also recently achieved permanence in terms of a home setting.

In another case scoring in the maintenance zone, the focus child is in regular education classes and while she struggles some in math, she is described as a good communicator, artistic, and making friends easily. It appears she is enrolled in an educational program that is consistent with her age and ability.



Note: The parent/caregiver status indicators were revised since the previous review. With the exception of caregiving capacities for the substitute caregivers, there will be no comparisons to the previous review. Also, one mother and five fathers were not rated for the status indicators because reviewers were unable to gather information related to their safety, caregiving capacities and challenges, basic necessities, and informal supports. This was because the parents are absent or uninvolved in the child’s life often due to their own challenges and co-occurring conditions—incarceration, no contact order, not adjudicated, etc. The mother in one case is deceased; the father in another is deceased. In one case the mother’s significant other is serving as a father figure so his status was rated.

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:

With its focus on domestic violence, this indicator assesses the safety of the parents and caregivers in the home and the community. Scores for the 11 cases rated for mothers’ safety were consistent with those from the combined scores of the first 42 county reviews. In terms of acceptability, 100 percent of the mothers were seen as being relatively safe and in acceptable situations in terms of their homes and communities. Very little was heard about parents experiencing domestic violence though it seems that

several parents in the samples make decisions that may not be in their best interest in terms of personal safety. For example, concerns were expressed about one mother's relationship choices. A previous roommate of hers reportedly sold drugs from the home.

The scores for the eight cases rated for fathers' safety present a little different picture and may merit some exploration. Fathers' safety scored at 38 percent in the maintenance zone compared to 66 percent from the combined scores of the first 42 counties. One case scored in the improvement zone and appears to be related to his history of and ongoing struggles with drug and alcohol. He was reported to also struggle with the effects of fetal alcohol syndrome and multiple placements in foster care during his early years and severe mental health concerns, including a recent "suicide attempt for which he was hospitalized."

Safety of the substitute caregiver was scored in the maintenance zone for all of the seven cases rated for this indicator. On the whole, substitute caregivers in this sample fared very well with respect to safety 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:

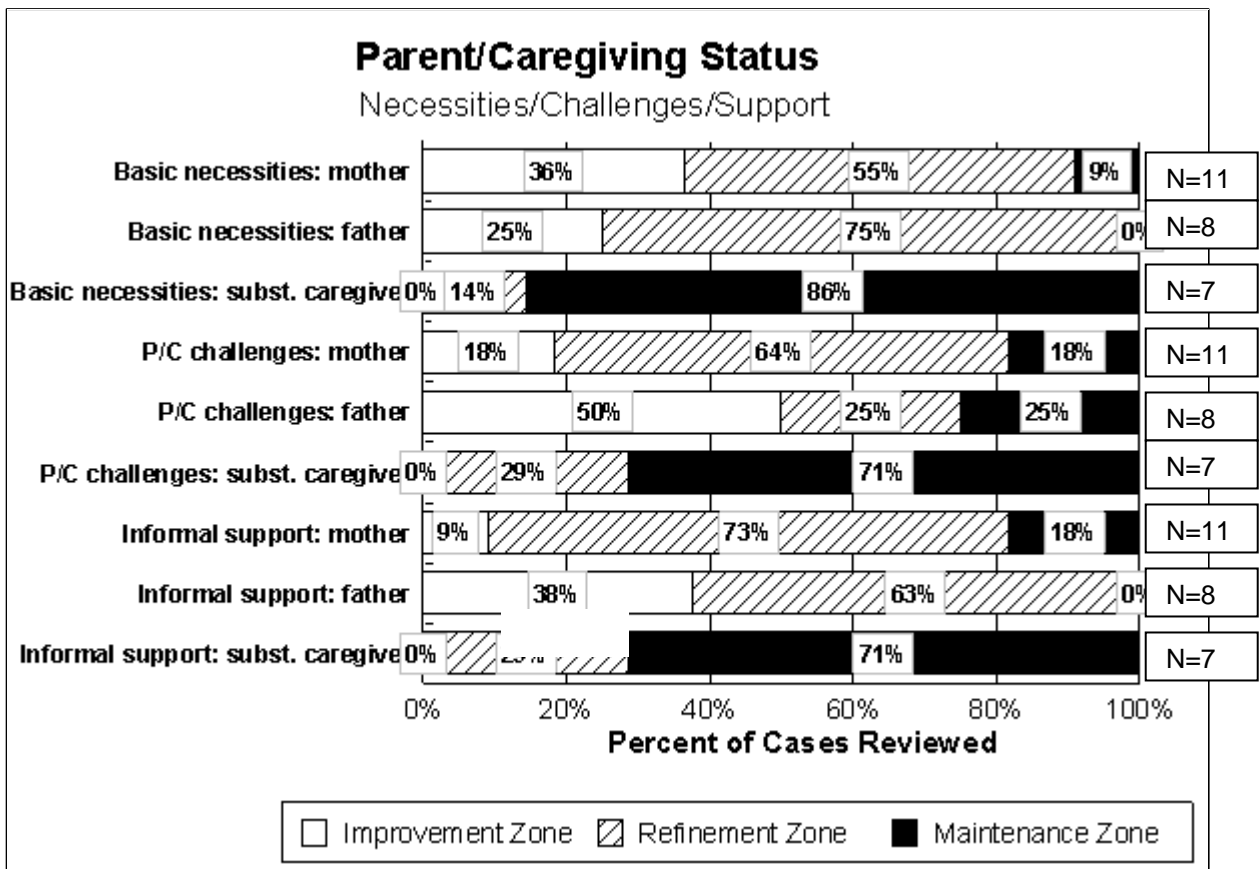
This indicator evaluates a caregiver's capacity to provide nurturance, structure and supervision to children in their care. Many of the scores for this indicator fell into the refinement and improvement zones for both mothers and fathers. However, more mothers than fathers were seen as providing the necessary guidance, care and protection (45 percent compared to 13 percent in the maintenance zone). A mother in one case is early in her sobriety but is back in the family home and she and her husband are working together to meet their children's needs. As we will see in the indicator on caregiving challenges, it is likely that fathers in this sample are viewed as having more needs and challenges related to caregiving.

Another struggle for parents is meeting the needs of children with special needs, especially given the parents' own challenges. In one case reviewed, the focus child has significant needs as a result of sexual abuse and her care would challenge any parent. The child's mother has "limited cognition and judgment" due to her borderline intellectual functioning and although she has had a parent mentor since the focus child's

birth, there is a concern that the mother is “unable to detect grooming practices by a perpetrator.”

Reviewers heard about the quality of the foster parents and substitute caregivers (all seven cases scored in the maintenance zone). Several substitute caregivers were identified as really working for and in children’s best interests. In one of these cases, the foster parents were described as being relatively new to foster parenting with no experience related to raising teens. As there were no foster homes for teens available at the time the focus child needed placement, the worker approached the prospective foster parents. Agency staff said they were apprehensive as to whether the placement would work but were relieved to learn very early on that it was a good match. The foster parents have been able to manage the focus child’s and his brother’s behavior well and “are assisting the focus child with gaining needed independent living skills by involving him in cooking and meal planning.” Most importantly, the foster parents were able to recognize the focus child’s strengths and support his continued growth.

There were no children in the sample living in a congregate care setting.



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:

This indicator is intended to capture whether parents have sufficient income through employment or economic supports to meet the basic needs of their family. Families in this sample appear to be “living on the edge” with respect to their financial situations. In the combined scores from the first 42 counties, 31 percent of the cases rated for mothers scored in the maintenance zone compared to the nine percent in Waukesha’s review. None of the cases rated for fathers in Waukesha’s review scored in the maintenance zone compared to 41 percent in the combined scores. This raises questions as to how families can meet higher level needs when they struggle with meeting basic needs which may be further compounded by challenges to their protective and caregiving capacities.

In one case where this indicator was rated in the refinement zone, the focus child and her three siblings live with their mother who “recently lost her \$20/hour job that she maintained for the past 11 years. The mother is currently supporting her children on child support and unemployment.” Reviewers went on to say that the mother has concerns about her long-term ability to provide for her family if the children’s father is incarcerated and she loses the monthly child support. In another case, the mother is unemployed, was without electricity all summer, and planned to move from her one-bedroom apartment into her sister’s home and as such has been unable to meet her or her children’s basic needs. In a case where the father’s status scored in the improvement zone, the father is unable to meet his own basic needs due to his ongoing mental health struggles. He is currently unemployed and living in a shelter.

Six of the seven substitute caregivers (86 percent) scored in the maintenance zone compared to 98 percent in the combined scores from the first 42 reviews.

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:

This indicator assesses whether a parent or caregiver has significant, ongoing challenges that affect the ability to adequately and safely care for the child. Reviewers consider the previously mentioned co-occurring conditions, such as mental illness, AODA and cognitive limitations, when evaluating the status of caregivers in this area. The majority of the cases rated for mothers (64 percent) scored in the refinement zone indicating that

many of the mothers in this sample are identified as experiencing fairly significant challenges to their caregiving. This is consistent with the combined scores from the first 42 reviews where 63 percent were in the refinement zone. Several mothers in the sample have mental health struggles, some were identified as being exposed to trauma in their youth. Reviewers wrote about one mother's struggle with a Mood Disorder, anxiety, depression and insomnia that impact her caregiving. Her insomnia and resulting sleep pattern in particular "causes concerns in the home...and appear to limit her functioning as a parent to a significant extent" in that she is not available during the day to provide her children the needed supervision. In another case, the focus child's mother struggles with physical ailments that appear to "limit her ability to parent fulltime...there are numerous medical appointments, ongoing pain and lack of energy for mom as a result of these issues."

While two of the eight cases rated for fathers scored in the maintenance zone, four scored in the improvement zone indicating that the fathers in this sample are experiencing significant challenges to their caregiving capacities. The reviewers in one case wrote, "[The father's] major challenges are [his] use and sale of prescription drugs and his denial that this is presenting any problems for him. He has been arrested on several occasions and spent several months in jail." Also notable is the multi-generational involvement with child protective services for some of the families in the sample. A father in one case was diagnosed with Fetal Alcohol Syndrome and had many placements before the age of three and has had ongoing struggles of his own with the use and abuse of alcohol since his teens.

Six of the seven cases rated for substitute caregivers scored in the maintenance zone.

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

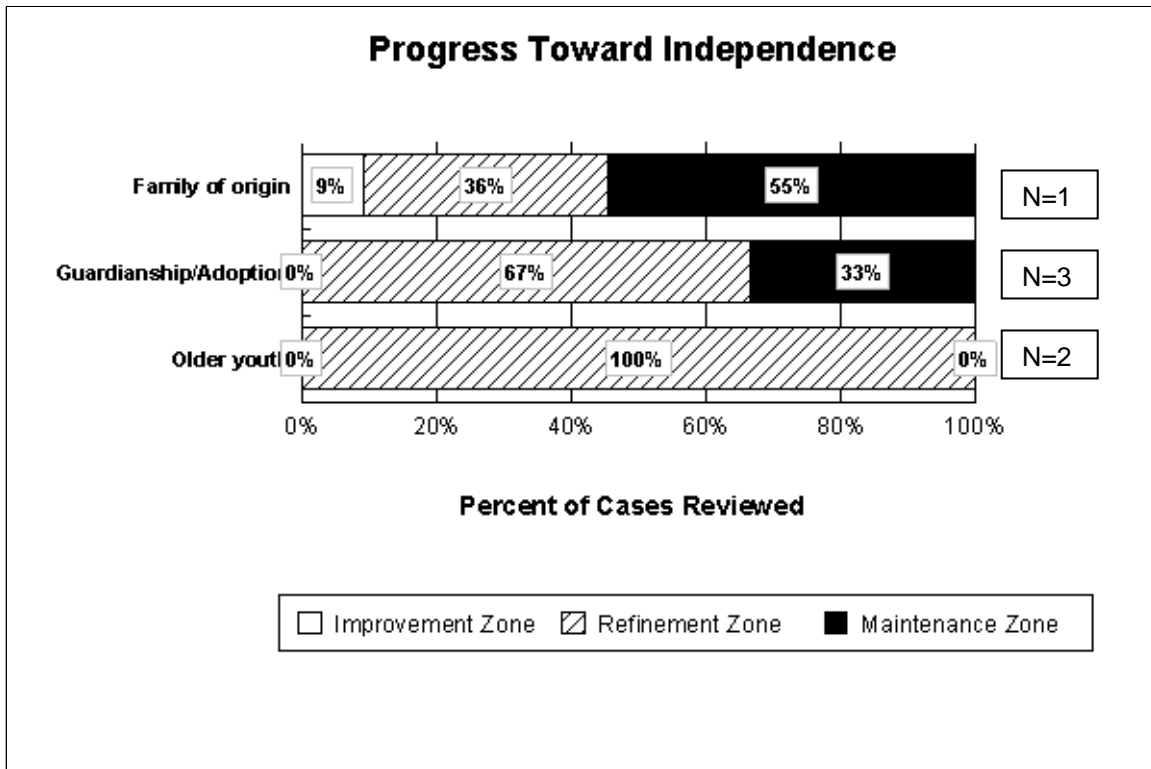
Comments:

The practice model suggests the need for informal supports to be identified and available to help sustain any changes the parents make in their protective and caregiving capacities. When the agency has closed the family's case and formal supports are fewer in number or no longer in place, informal systems of support can influence whether the family remains independent of the agency. This is especially important when parents have long-term needs, such as ongoing mental health concerns or cognitive limitations. The majority of the cases rated for mothers and for fathers scored in the refinement zone although three of the eight (38 percent) cases rated for fathers scored in the improvement zone. These scores appear to indicate an area of need for many of the parents in this

sample. It is often the situation that parents look to their formal supports to help them through difficult times and do not pursue or develop informal support systems. In one case, the reviewer wrote, “The mother would appear to benefit from additional informal supports. She has few friends in the immediate area and is not connected to social groups in the community.” Although she has daily contact with her mother, the maternal grandmother, relationships with her siblings have “dwindled” over time. She believes she will someday “repair those bridges.”

In a case scoring in the maintenance zone for mothers, the focus child’s mother appears to have strong family support. One family member gave her a vehicle; her sister (maternal aunt) lives very close and her mother (maternal grandmother) lives in a nearby town. The focus child who has some fairly significant needs due to a physical injury “visits his maternal grandmother at her apartment, sometimes for several days in the summer, and the maternal aunt provides childcare as needed for all the children.”

Five of the seven cases (71 percent) with substitute caregivers were scored in the maintenance zone though all scored in the acceptable range, using the CFSR scoring convention, indicating that substitute caregivers appear to have and utilize needed informal supports.



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:

This indicator assesses whether families are making sufficient progress to move to safe case closure, or independence from the agency, when the goal is keeping the child in or returning the child to the parental home. In progress toward independence with the family of origin, fifty-five percent of the 11 cases scored in the maintenance zone which is significantly better than the combined scores from the first 42 counties, where 28 percent were in the maintenance zone. This was also an improvement over the first QSR where 44 percent of the cases scored in the maintenance zone. In terms of the CFSR scoring convention, progress toward independence scored 82 percent in the acceptable range compared to 61 percent from the combined scores of the first 42 reviews. This signifies that many of the families in the sample are making some progress toward reunifying with or maintaining their child in their home.

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 of the three cases (33 percent) rated for this indicator scored in the maintenance zone and compares favorably to the 30 percent from the combined scores of the first 42 reviews. Moreover, all three cases (100 percent) scored in the acceptable range compared to 53 percent from the combined scores of the first 42 reviews. None of the four cases from the first QSR scored in the maintenance zone. The scores in the refinement zone reflect what appears to be a need for greater clarity and a shared understanding about what permanency looks like for the focus child and how best to achieve this in a timely manner.

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:

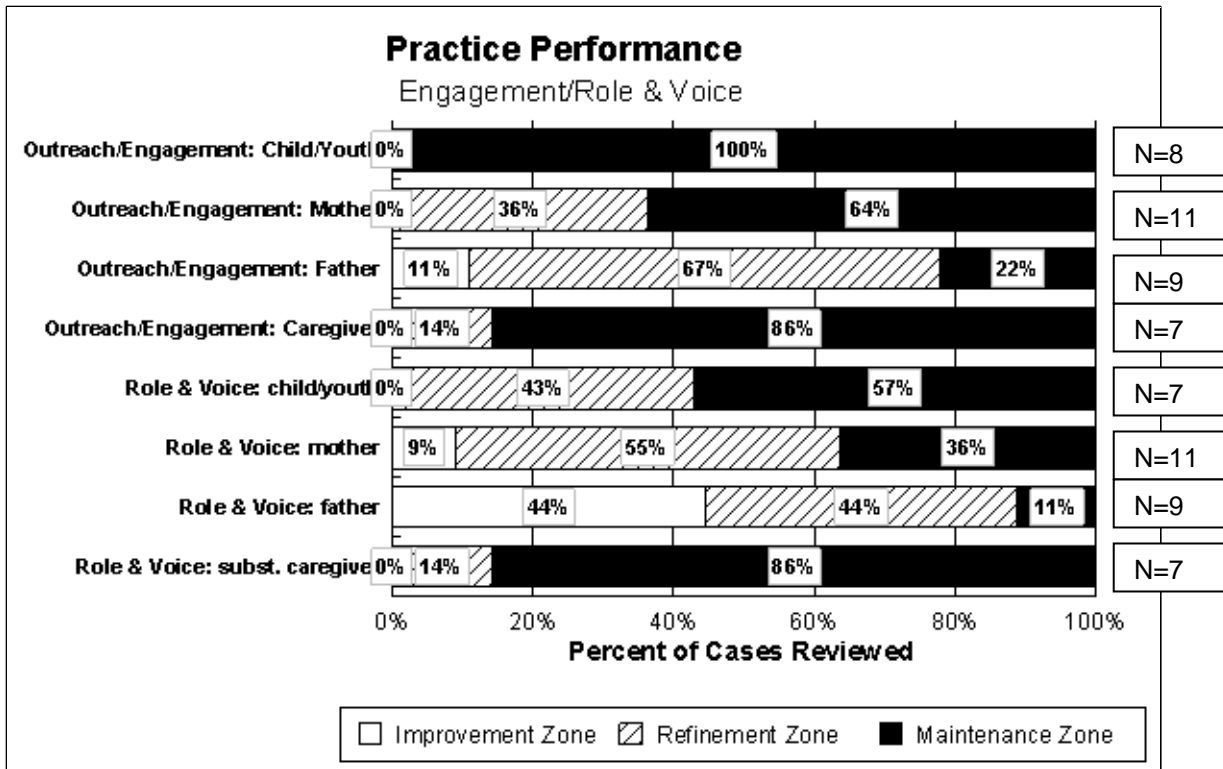
This indicator is for youth 15 years of age and older. Both cases rated for this indicator scored in the refinement zone and appear to be an opportunity to explore and refine practice in this area. In both cases, the focus child is quickly approaching his 18th birthday and may benefit from some planning and assistance around this upcoming transition to independent living.

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.

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>

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.



Note: When the protocol was revised the year after Waukesha’s first QSR, the *Role and Voice* indicator was added to capture whether agencies are providing the opportunity for families to fully exercise a role and voice related to their involvement with the agency. This relates to all parts of the process but is seen as particularly important in ongoing assessment, planning, and tracking progress and adjusting the plan.

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?

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:

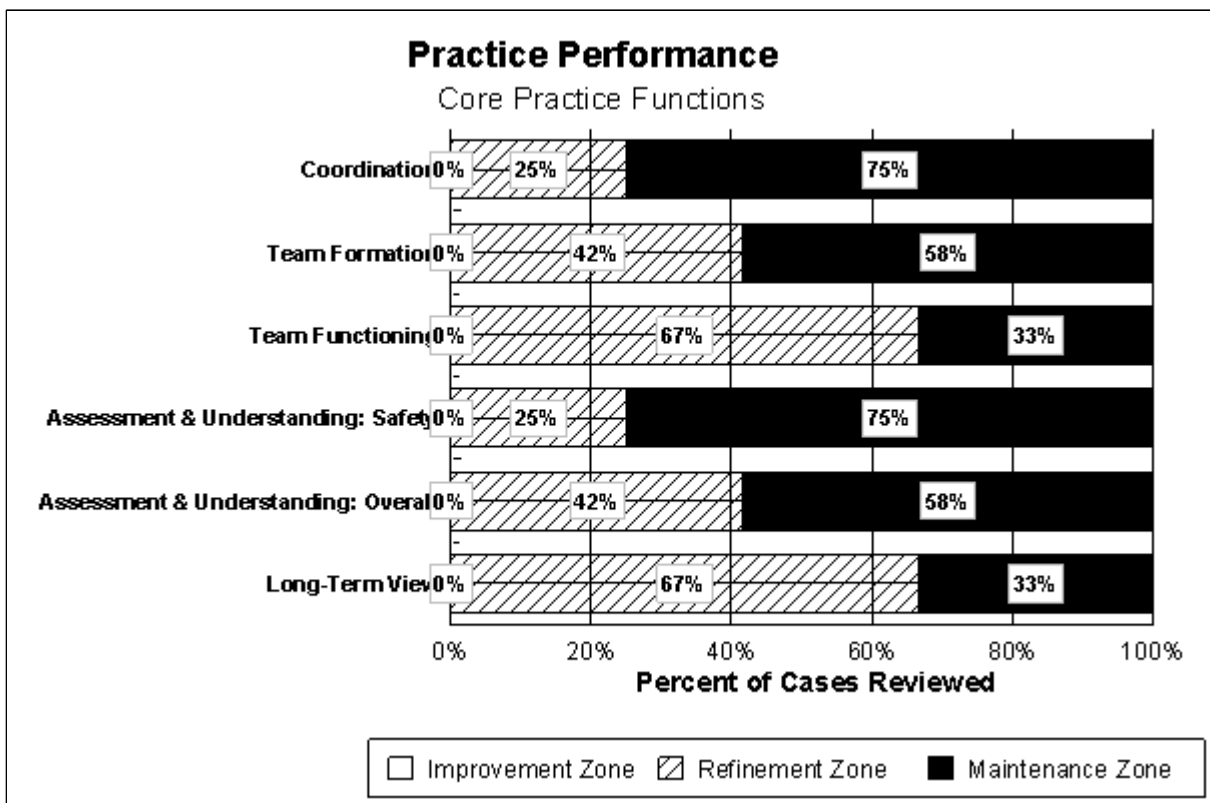
Engagement in the change process means that family members are actively involved in assessing their own needs, determining how best to meet those needs, and planning for

change. *Engagement* is a core practice principle underlying the QSR and crucial in helping families through the change process. As important as the nature of the helping relationship is, effective engagement goes much deeper than friendly, appreciative relationships. Effective engagement means developing and maintaining a level of trust sufficient for the helping persons to fully understand underlying needs and engage the family in identifying change strategies. *Engagement* with focus children, mothers, and substitute caregivers are viewed as relative strengths in Waukesha County. Of the eight cases rated for children, all of them scored in the maintenance zone (100 percent). This compares to 59 percent from the combined scores of the first 42 reviews. Fifty-seven percent or four of the seven cases scored in the maintenance zone for *Role and Voice*. This compares to 44 percent from the combined scores of the first 42 reviews. In a case where the focus child, an older youth, sought out his own placement which resulted in a transfer of guardianship, the reviewer wrote that the worker heard, supported and helped the focus child realize his goal.

Similarly, 64 percent, or seven of the eleven cases, rated for mothers' engagement scored in the maintenance zone, with 82 percent scoring in the acceptable range. Of the eleven cases scored for *Role and Voice* of mothers, four scored in the maintenance zone, six scored in the refinement zone and one case scored in the improvement zone. It appears that many mothers in the sample are feeling as though they have a role and voice in the process. Engagement and role and voice were viewed as instrumental in moving one case to closure. The reviewer wrote, "The parents stated the worker came into the family meeting them at the point they were at. He engaged and empowered them, and provided them with a role and voice. The worker knew when to back off from the plan and trust the family's decisions. The family was empowered in driving the plan. Together they built a trust-based working relationship and the family felt they were heard." This seems to reflect a practice in Waukesha County that workers *ask* families how they want to address concerns and involve them in the process from the outset.

Substitute caregivers appear to feel engaged (seven of the eight cases scored in the maintenance zone for *Engagement* and *Role and Voice*) resulting in acceptability ratings of 100 percent for both. One caregiver in the sample frequently called and paged her worker. The worker responded timely and provided the additional support the mother needed. This was viewed as helping to support the placement and achieving permanency for the focus child. In this particular case, both the focus child and his guardian "believe their voices are heard and influence decision-making."

Nine of the twelve cases in the sample were rated for fathers indicating that the majority of the fathers in this sample have been identified or located which appears to support Waukesha County's efforts to locate fathers. Sixty-seven percent of the scores for engagement fell into the refinement zone and it appears for the most part that fathers do not feel they are full participants in the process; four cases (44 percent) were scored in each of the refinement and improvement zones for role and voice. As has been found across the state, there is an opportunity to explore and refine practice in the area of *Outreach and Engagement* and *Role and Voice*.



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:

Coordination is also viewed as a strength in Waukesha County’s case practice. Eight of the twelve cases (75 percent) rated for this indicator scored in the maintenance zone with the remainder in the refinement zone. This compares favorably to the combined scores from the first 42 counties where 46 percent of the cases scored in the maintenance zone. This also compares favorably to the findings from the first QSR, where 50 percent of the cases scored in the maintenance zone, and indicates that agency staff in Waukesha County are continually working at coordinating services and supports for children and families. The reviewer wrote in one case that the worker “maintained regular contact with the formal and informal supports, updated them on the family’s progress, listened to their suggestions...and linked the family with informal supports that can be independently mobilized by the family.”

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

Well-functioning teams are child and family-driven, include all helping persons (formal and informal), and meet on a regular basis or as determined to be needed by the team. The main topic of the meetings is to assess progress toward outcomes but also to ensure everyone is aware of and communicating with one another about the strategies and progress. This may require “tweaking” of the plan at times or shifting direction altogether when new information is brought to the meeting. Waukesha County has worked to more fully implement teaming into their practice model and *Team Formation* with 58 percent of the cases in the sample scoring in the maintenance zone and *Team Functioning* with 33 percent in the maintenance zone indicates progress since the first QSR. At that time maintenance zone scores were 25 percent and 8 percent respectively. These also compare favorably to the scores from the combined scores of the first 42 reviews (29 percent and 22 percent).

Apart from the obvious benefits of teaming, having everyone regularly communicating with one another can also make coordination a little less time intensive for the worker. In a case where coordination was scored in the maintenance zone, the reviewer wrote that although the worker was very successful in maintaining a connection with individual team members, “team participants reported feeling somewhat disconnected from one another...and there was a feeling that people were working with the family in relative isolation” rather than as a cohesive group. Teaming may have bridged what appears to be a communication gap among participants.

In another case where teaming scored in the maintenance zone, the reviewer described the family as at times wanting the agency to make the plan but the team maintained the focus on a family-developed and managed plan that will continue beyond agency involvement.

Often there are several “smaller” teams operating and sometimes individuals who are viewed as critical to the process are not included. The QSR promotes bringing together everyone involved with the family, including the family, to talk, plan, coordinate and make decisions, basically carry out the core practice functions that will promote safety, permanency, well-being and case closure.

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:

Compared to 52 percent in the combined scores from the first 42 county reviews, eight of the twelve cases (75 percent) rated for this indicator scored in the maintenance zone and this is viewed as a strength in Waukesha County's case practice. This equated to 92 percent acceptability according to the CFSR scoring convention. Just as engagement is an ongoing process, assessing for safety should occur throughout the duration of the agency's involvement. It was evident from the case stories that Waukesha County has a strong focus on safety and staff appear to have a good understanding of what constitutes a risk and what constitutes an impending or imminent threat to safety.

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:

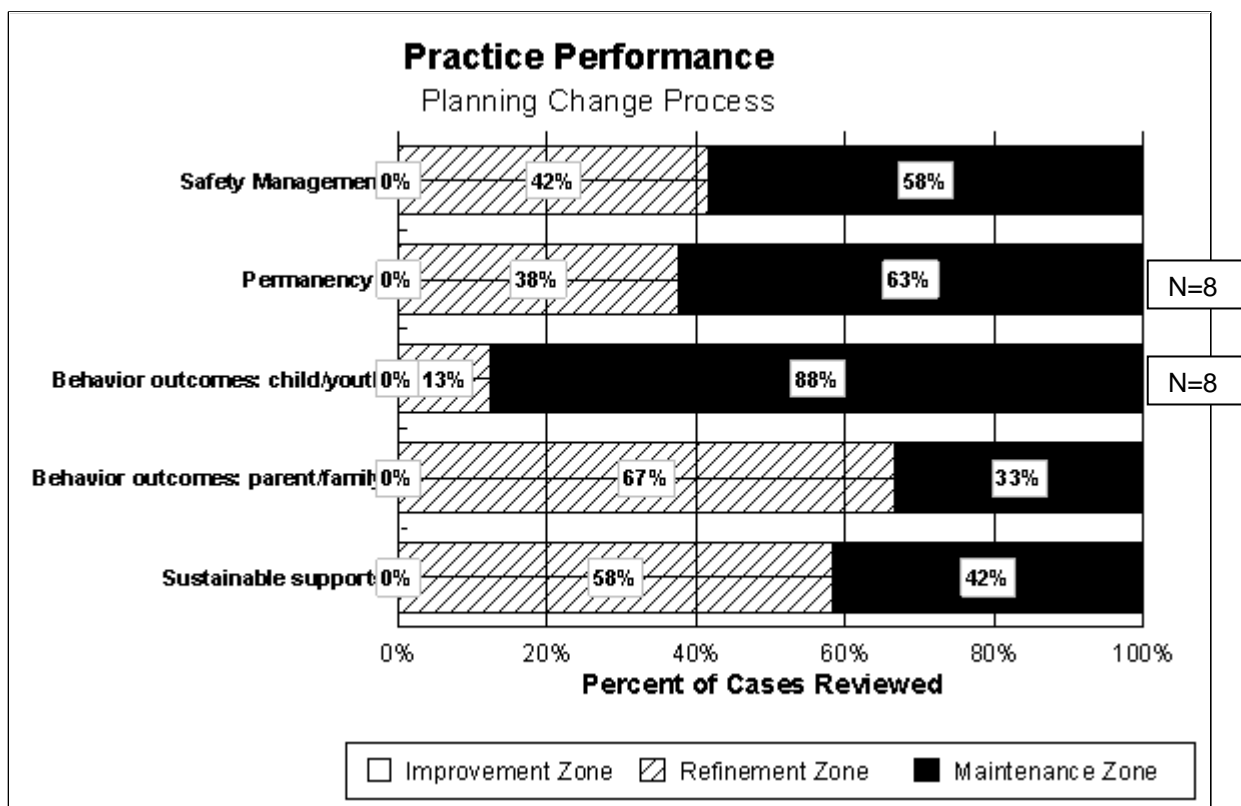
Waukesha County's scores (58 percent in the maintenance zone and 42 percent in the refinement zone) appear to indicate an area where review and refinement of current practices may be beneficial. As has been mentioned, families in the sample presented with significant co-occurring conditions and the scores may reflect the need for a deeper understanding of the underlying needs of the parents, and possibly the children. This involves looking beyond or beneath the symptoms to the root causes to better understand the family strengths, needs, risks and underlying issues that must be resolved for progress to occur. Reviewers heard about ongoing assessments and agency staff facilitating identification of family strengths and working to gain a deeper understanding of underlying needs.

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:

While scoring improved over the last review, *Long-term View* remains an area of case practice to explore and refine. Four of the twelve cases scored in the maintenance zone and the remainder scored in the refinement zone with one case scoring in the unacceptable range (according to the CFSR scoring convention). The *Long-term View* is the goal or outcome being sought as a result of strategies and interventions. Questions to be answered include, “How will we know when we are done?” and “What do we need to get there?” Both overall assessment and long-term view are crucial in helping families move through the change process so that permanency for children can be achieved and cases can be safely closed. In one of the cases where *Long-Term View* scored in the refinement zone the reviewer wrote that the goal is for the focus child to remain with her mother. The reviewer went on to write that everyone involved may benefit from more clearly defining the strategies for ensuring that the focus child’s mother “continues on her medications, practices what she has learned about domestic violence and maintains stable housing” (protective provisions and behavioral patterns).



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 in general relies heavily on full and accurate functional assessments that provide a clear understanding of and direction for needed changes and sustainable supports. The long-term view also plays a critical role in the planning process. With respect to planning for safety management, seven of the twelve cases rated for this indicator (58 percent) scored in maintenance zone. This compares to 33 percent from the first QSR and indicates improvement over the last review. This is likely related to the strong focus on safety in Waukesha County. Safety planning and management were evident in a case that scored in the maintenance zone. In this case, the mother was struggling to make progress toward needed behavioral change that would help her adequately manage the focus child's increasing needs. The reviewer wrote that when unsupervised interaction began, participants agreed to move with caution and decided to maintain the interaction at an agency where someone would be available should the need arise.

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:

As one of the key elements of the QSR, an outcome-focused practice model, the permanency planning indicator is closely linked to long-term view and crucial to achieving permanency outcomes for children. A child's permanence is likely to improve once the planning process improves and there is a clear, shared understanding of the long-term view or the goals of and for the family. Five of the eight cases (63 percent) rated for this indicator scored in the maintenance zone and three of the eight cases scored in the refinement zone. In terms of acceptability, the scores for Waukesha County are higher (100 percent) than the combined scores from the first 42 county reviews (68 percent) and appears to be a relative strength in Waukesha County. In one case the team is credited with helping to achieve permanency for the focus child. The reviewer wrote about the substantial progress toward permanency and that "having everyone around the table" has helped to hasten the move toward permanency.

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:

Successful planning is built on accurate assessments of family strengths, needs, and underlying issues or challenges, such as mental illness and alcohol and other drug abuse. Similar to planning for permanency, planning for behavioral outcomes is closely linked to other core practice principles, such as the development of a trust-based relationship between the family and other team members and a long-term view.

Not all children are identified as having behaviors that need to be changed. These are often infants or young children and most of the time it is their parents or caregivers whose behavior needs to change to meet the child's basic and developmental needs. In this sample, eight of the twelve cases were rated for children. Seven of the eight were scored in the maintenance zone and planning for children was seen as strength in Waukesha County's case practice.

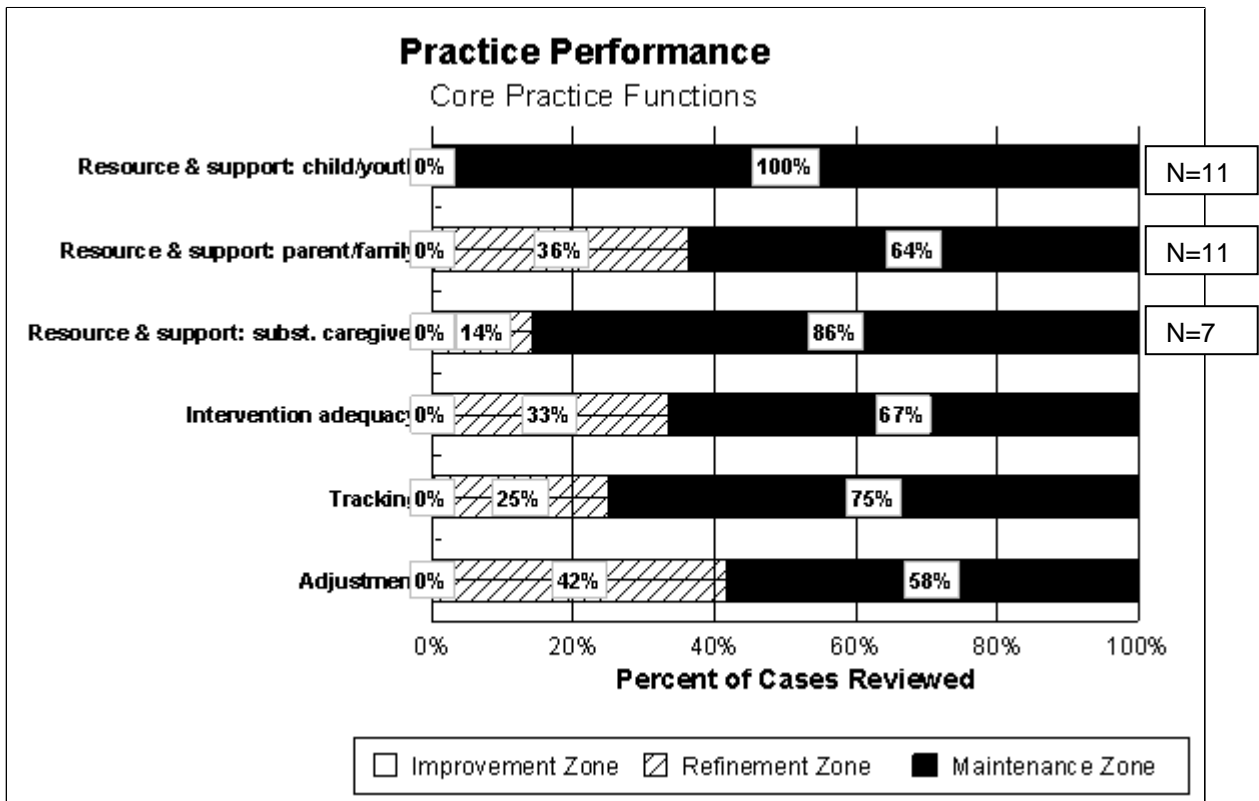
Four of the twelve cases rated for parent/family scored in the maintenance with the remainder scoring in the refinement zone. Although this was identified as an area to explore and refine practice, reviewers found that plans seemed to be more behaviorally focused in that the goals reflected needed behavioral changes. One of the practice principles is that the families pursue plans they help to develop and this was illustrated in the following. The reviewer wrote, "[the worker] encouraged the family to create the goals that became the family's plan..." and the family has made great progress with these. The likelihood of future referrals seems low and the family's case is expected to close shortly.

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 who have strong informal systems of support, particularly for families with long-term needs, are better able to sustain positive changes made as a result of the provision of formal services. Many of the families with whom we work are isolated and are not utilizing some of their informal or natural supports. This may be for a variety of reasons. Without these critical supports in place at the time of case closure, there is evidence suggesting a higher probability that the family will become involved again with CPS. This is especially important for parents of children with special needs. Just under half or five cases scored in the maintenance zone while seven cases scored in the

refinement zone. Like the rest of the state, this is an area where exploration and refinement of practice may be indicated. In one case that scored in the maintenance zone, the reviewer indicated that the worker has helped to engage the mother's supports in the process to help gauge their involvement for the long term (sustainability). The reviewer wrote that the worker "maintains phone contact with other family members, like the grandmother and sister, to assure they are aware of the plan and any changes that need to be made in their roles."



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:

It appears that for the most part families, particularly children and substitute caregivers, in this sample are receiving and utilizing the services and supports provided to them. This is an area of strength in Waukesha County. For children in the sample, all eleven cases (100 percent) scored in the maintenance zone compared to 59 percent in the maintenance zone from the combined scores of the first 42 county reviews. For parent/family, seven of the eleven cases (64 percent) scored in the maintenance zone and four (36 percent) scored in the refinement zone (91 percent in the acceptable range) compared to 31 percent in the maintenance zone, 59 percent in the refinement zone and three percent in the improvement zone (69 percent acceptability) from the combined scores of the first 42 county reviews. Six of the seven cases with substitute caregivers

scored in the maintenance zone (100 percent in the acceptable range) compared to 76 percent from the combined scores of the first 42 county reviews (92 percent acceptability).

Waukesha County has a wide array of services and it seems that many of the parents in the sample are utilizing, some more fully than others, the available services and supports. The reviewer in one case rated for parent/family wrote, “The worker arranged for mental health and alcohol counseling for the mother, provided her with information regarding weatherization of the home and services offered by the agency’s economic support unit.” The focus child’s mother was described as working well with all of her providers and everyone seems to “feel good about her motivation and progress.”

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:

While the indicator *Resource and Support Use* addresses the availability and provision of resources necessary to help meet the needs of families, *Intervention Adequacy* asks whether the frequency, intensity, duration, and “power” of intervention strategies are sufficient to bring about needed change. It is also about whether everyone is headed in the same direction in terms of the desired outcome or shares an understanding of the long-term view for the family. In Waukesha County, 67 percent of the cases scored in the maintenance zone (100 percent acceptability) compared to 31 percent in the maintenance zone (and 72 percent acceptability) from the combined scores of the first 42 county reviews. This is also viewed as a relative strength in Waukesha County’s practice. This is particularly evident for in-home cases where much effort is put into maintaining the child in his or her home whenever possible and reflects the agency’s commitment to keeping families together when possible.

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?

Note: While this was a single indicator in the previous version of the QSR it was separated into two indicators in the current QSR.

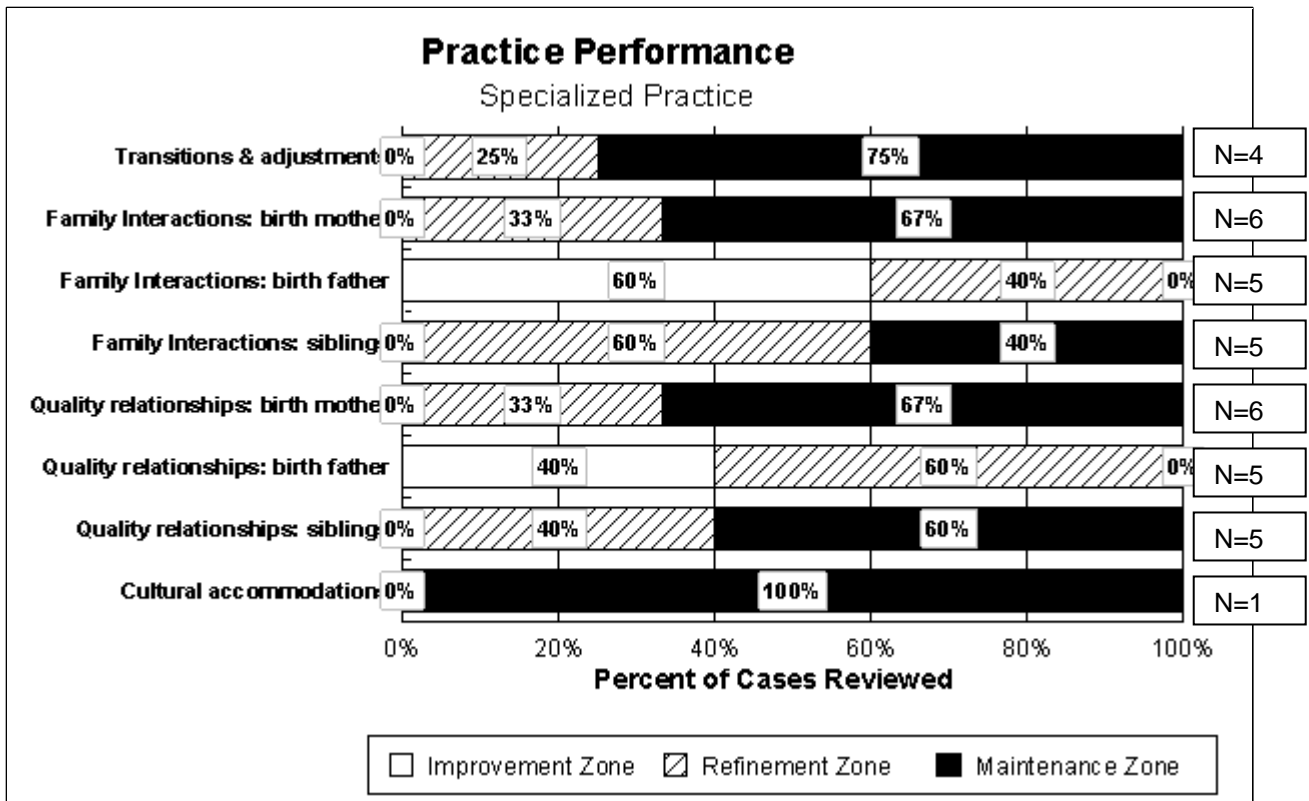
Comments:

Tracking and Adjustment asks us to periodically review our strategies and supports to ensure they are responding to changing needs and circumstances. When ongoing assessment or tracking informs team members of needed changes to strategies and

supports, the plan is revised to reflect these. The plan itself is characterized as being a “living document,” one that is incremental and will change as some goals or objectives are achieved and other needs are identified. The practice model suggests that the plan at the end will be different from the plan at the beginning of agency involvement. When goals are achieved, it is a time to help the family identify the strengths they possess that made success possible. This also provides a strong basis for additional progress.

Tracking in particular was found to be an area of strength in Waukesha County’s case practice and it appears that workers are maintaining good situational awareness. Eight cases or 75 percent scored in the maintenance zone. This compares to 46 percent from the combined scores of the first 42 reviews and represents improvement over the previous QSR where 58 percent of the cases scored in the maintenance zone. The scores for *Adjustment* appear to provide an opportunity to explore and refine practice with respect to keeping plans consistent with progress toward meeting needs. The score (58 percent in the maintenance zone) compares favorably to the combined scores from the first 42 reviews where 31 percent of the cases scored in the maintenance zone.

In one of the cases where both tracking and adjustment scored in the maintenance zone, the reviewer wrote, “The worker is involved in regular monitoring of service areas, planning and maintaining regular contact with service providers. Despite the worker’s sense that one provider did not agree with his decisions, or view the situation the same as the worker’s, she had high praise for the worker’s adjustment of [the plan] necessary for the [focus child’s] mother to accomplish her goals.”



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:

Three of the four cases (75 percent) rated for this indicator scored in the maintenance zone and an acceptability rating of 100 percent. This compares to 28 percent from the combined scores of the first 42 reviews and 25 percent from Waukesha's first QSR. In one case the reviewer wrote, "The focus child's transition plan is solid." The focus child has had regular interaction with his parent and told the court that he wants to return home. There are supports in place for both the parent and the focus child, including the foster family for respite if needed.

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:

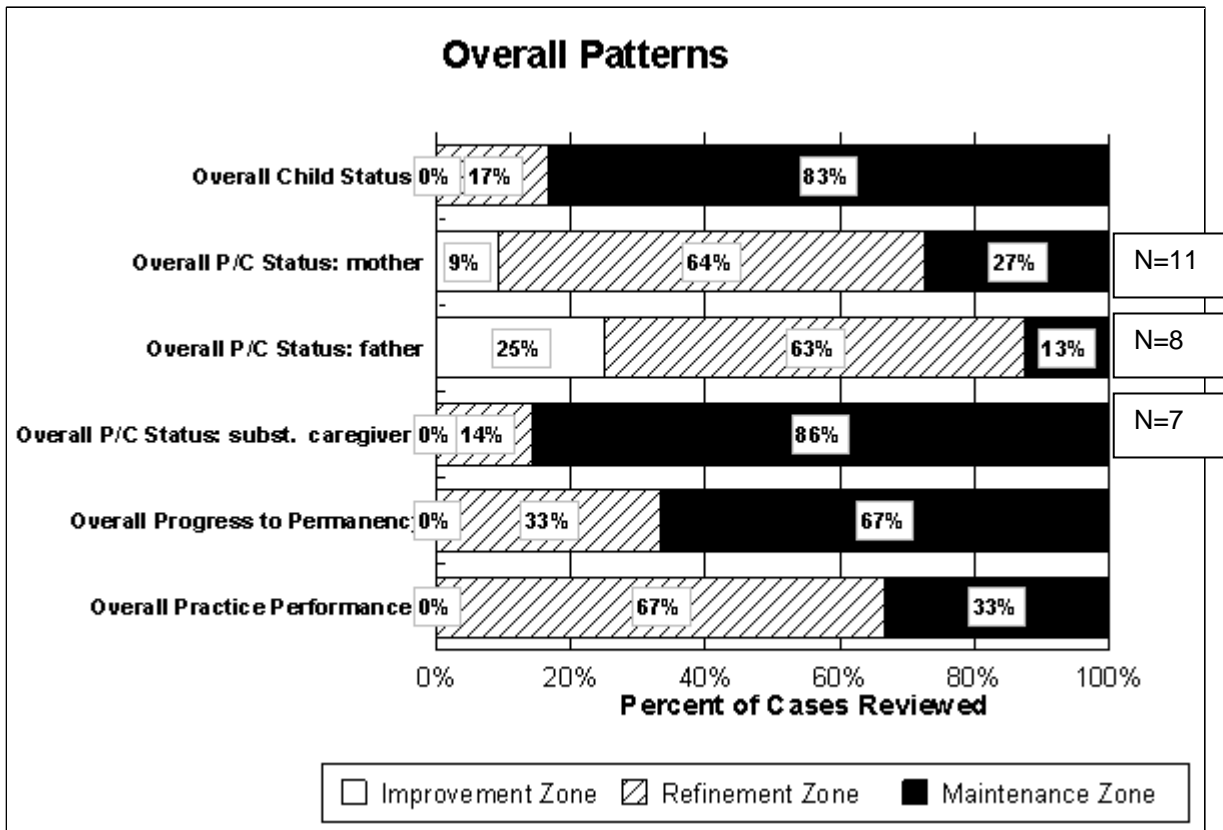
These indicators measure the frequency and the quality of the relationships between children and their parents when children are living outside the family home. They also reflect the planning and strategizing necessary to ensure that interaction is meaningful for children, parents and siblings when a child is living apart from his or her family. In the Waukesha County sample, six cases were rated for mothers and five cases were rated for fathers and siblings. In terms of *Family Interactions* and *Quality of Family Relationships* for mothers, 67 percent scored in the maintenance zone and 33 percent were in the refinement zone for both indicators. Similarly, the scores for the quality of sibling interactions were 60 percent in the maintenance zone indicating that while the means for preserving connections between siblings could be enhanced, the time they spend together is viewed as promoting the maintenance of connections among siblings. These scores compare to 44 percent (interactions) and 29 percent (quality) in the maintenance zone for mothers and 31 percent (quality) in the maintenance zone for siblings from the combined scores of the first 42 reviews and these are viewed as a relative strength in Waukesha County's practice.

The scores for fathers reflect an opportunity to explore and refine practice in this area. Two of the five cases (40 percent) scored in the refinement zone with the remainder scoring in the improvement zone with respect to interactions. The quality of the interactions scored slightly better though also remains an opportunity for Waukesha County to explore and refine practice. Scores from the first 42 reviews indicate 34 percent in the maintenance zone for interactions and 27 percent in the maintenance zone for quality. In all five cases the scores for interactions mirrored the scores for engagement and role and voice indicating a possible relationship between the father's engagement/role and voice and his interactions with his child.

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:

One case was rated for this indicator and it was scored in the maintenance zone. In this case, the focus child is African American and his guardian is Caucasian. The guardian's son is bi-racial, a friend of the focus child and they live in a predominantly Caucasian community. As mentioned earlier, the focus child sought this placement when it became apparent his mother would not be available to care for him and the agency supported this.



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

- Stronger partnership with some of the landlords in the community
- Focus on working with community block grants for transportation
- Opportunity with Aging and Disability Resource Center (taxi cabs) – transportation
- Re-evaluate everything we are doing around independent living
- Focusing on communication with the Court; identify and communicate concerns with the Court
- Communication with MH and AODA (in-house)
- Strengthen relationships with community partners
- Map out impact to services/resources resulting from cuts (funding cycles) and what is needed once the economy turns around
- Combining teaming with workload increase
- Provide additional information to relative caregivers and foster parents on how to access resources such as W-2 and daycare.
- Transition of cases from IA to Ongoing
- Continuing to explore opportunities for trauma-informed services
- Workgroup for improving communication with schools
- Create better opportunities for engaging fathers in process (parents in prison – access to computer system for locating parents)
- Dialog with partners to address recommendations from review
- Review/identify family interaction/visitation needs
- Educating community on agency/unit roles/responsibilities
- Explore implication of decisions regarding juvenile justice
- Look at technology to enhance workload (reduce impact)

VIII. SUMMARY

The results of Waukesha County's second QSR offer information about the strengths and opportunities to enhance child protective services case practice. As was learned during the first review the best practice model underpinning the QSR raises the bar for evaluation case practice. In many areas the scores during the second QSR marked a significant improvement over the scores from the previous review. The second QSR also identified areas, such as engagement of fathers and services and supports to older youth, where further refinement is needed. The scores from both reviews serve to offer qualitative information that will assist the agency in measuring progress in the future. There is much to celebrate in Waukesha County's practice. The challenge will be to maintain and build upon that, especially in light of past and continuing budgetary pressures.