

Continuous Quality Improvement Quality Service Review

Final Report

*August 13-17, 2007
Buffalo County Department of Health
and Human Services*

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

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

May 15, 2008

I. INTRODUCTION

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

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

The Continuous Quality Improvement Team conducted a review in Buffalo County during the week of August 13, 2007. During the same week staff from the Children's Court Initiative (CCI) in the Director of State Courts Office conducted a review of the Juvenile Court. CCI is an ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE BUFFALO COUNTY REVIEW

A. REVIEWERS

In the Buffalo County review, six case reviewers in teams of two participated in reviewing the six families' cases selected. The case reviewers included two county employees and four CQI specialists. Three of the reviewers served as both a lead case reviewer and a mentor to each of their review partners or "shadows," who were observed and coached in their development as lead case reviewers. The lead case reviewers who provided coaching have extensive experience in child welfare.

B. CASE SAMPLE

Six cases were randomly selected for review in Buffalo County. In each case, one child was selected as the "focus child." Every attempt is made to stratify the case sample across workers, 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 Buffalo County review, a total of 49 persons were interviewed. Of the six families' cases, two children (both toddlers) were living at home with one or both of their parents, one youth was living with a relative in a kinship care placement, and three youth were in foster care (two youth in treatment foster care). There were two females and four males in the sample. Two children were in the 0-4 age range and the remaining four were over the age of 14.

C. STAKEHOLDER INTERVIEWS

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Site leader Monica Booe conducted these sessions. In addition, Bridget Bauman of the Children's Court Initiative conducted sessions jointly with the CQI site leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of insight and feedback about how the systems with which families are involved interface and perform with the child welfare agency, thereby affecting and influencing outcomes.

D. DEMOGRAPHICS

Buffalo County is a small, rural county noted for having a single stoplight in the entire county. Over the past several years, grocery stores have closed and there are now only three left in the county. In the county seat, Alma with a population of 942, the grocery store closed five years ago and very recently the pharmacy closed. Attempts by the pharmacist to keep the store open to meet community needs were unsuccessful. There are two clinics but no hospital in the county. Residents living near the border with Minnesota seek services and assistance in Wabasha and Winona, although there is difficulty with acceptance of Wisconsin's medical assistance program.

The majority of the population in Buffalo County is poor. There is no primary industry in the county and residents struggle with unemployment, low-paying jobs, and transportation. In addition to working second and third shifts, parents are traveling sometimes great distances for work in other communities and counties. The free and reduced lunch program is up from 35 percent in 2005 to 56 percent this year. There are a significant number of households headed by single parents and more families are struggling with subsistence issues. Participants in several focus groups identified absentee parents, parents without support and "broken families" as one of the greatest challenges for families in their county. Also identified is that residents are less educated and mothers are in "survival mode" when it comes to ensuring that their children's basic needs are met. One mother in our sample who is a victim of domestic violence in her home believes her current situation is preferable to that of living in a shelter in a distant community.

Focus group participants identified that in recent years, there has been an increase in persons from Mexico, primarily men, living in the county. Although little to no impact is felt at this time, focus group participants view this as having a potential future impact on the agency's services when spouses and children join them.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Without exception, the quality of the Children and Family Services' (CFS) staff is described by focus group participants as being one of the substantial strengths of the agency with many participants using the word "awesome" to summarize their attributes. The social workers (front-line staff) are described by participants as being "seasoned" in that they each have several years' experience in child welfare and are professional in their communication and interaction. The CFS supervisor and the director are described as being strong, effective leaders. Words used to describe the supervisor are: "available," "accessible," "hard-working," and "hands-on" in that she is willing to do what is needed, when it is needed, whether that means making a home visit or assisting in an investigation. Likewise, the director is described as being supportive and interactive as she is also available and accessible within the agency.

Another significant strength of the agency identified by focus group participants is the supportive work environment. There appears to be a high level of trust among staff. They are supportive of one another and openly express a desire to work together as a team. For example, all staff share knowledge of the family's cases and can step in when the need arises. When deemed necessary, family's cases may be transferred to another worker who at the time may be determined to be better suited to working with a particular family. The environment also supports continual learning and staff members report feeling safe about asking questions when needed. Both the director and supervisor share a "family first" philosophy with respect to staff; they believe that staff cannot take care of others if they are not taking care of their own needs.

Organizationally, the Department of Health and Human Services' (DHHS) agency structure is also described as being positive for the county. The staff assigned to units within the agency share a collaborative relationship. For example, staff from the various units assist and provide back up for one another during staff absences or shortages. To ensure adequate coverage for statutory and emergency after-hours situations, two staff persons from the long-term support unit assist the CFS unit in sharing the on-call responsibilities.

The agency invests in training for their staff. While much of the training is provided through the Partnership, leadership is committed to ensuring that other or additional training is provided or sought as needed such as the recent agency-wide strength-based training. All but one unit has completed this training and agency staff commented about the efficacy of it. An unintended positive outcome for the team is that the training increased staff recognition and appreciation of strengths in each other. The effect of this training has also resulted in a targeted approach by management in matching worker strengths to job function or responsibility. In the past, the social worker who completed the initial assessment (IA) kept the family's case throughout the case process (ongoing). Now, one person is responsible for IA and the family's case is transferred to the ongoing worker once the IA and safety assessment are completed.

Agency leadership recognizes the importance of involvement in other systems to stay fresh, informed, and dynamic. The working relationship between the agency and the state is described as cooperative. To facilitate a smoother transition to Wisconsin's Statewide Automated Child Welfare Information Systems (WiSACWIS), Buffalo County DHHS began using paper WiSACWIS forms a year prior to implementation. Once they were on-line, the transition occurred without incident or difficulty.

Over the last two years, agency staff have been working on increasing their presence in the community. For example, the agency has sponsored a booth at the county fair, there is now a "live person" answering the phones (no automated system; their front desk staff is also highly regarded), and their services have been featured positively in community newspaper articles.

B. ORGANIZATIONAL – CHALLENGES

A few factors were identified as challenges to frontline practice in Buffalo County DHHS. Because of the lack of resources (see *D. Resources – Challenges* section), there is a need for additional front-line staff to carry out the responsibilities of the agency. In addition to their case management roles, front-line workers are providing much of the direct service to the children and families served by the agency. This translates into higher, more intense caseloads. This intensity appears to be increasing as workers are seeing an increase in the complexity of family needs. Like other counties in the state, more families are presenting with co-occurring conditions such as alcohol and other drug abuse (AODA), mental health (MH) concerns, developmental disabilities and concerns related to subsistence living or poverty. In the sample of six cases, 83 percent of parents had two or more of these conditions.

Like the agency, law enforcement appears to be understaffed, too, and this may be one contributing factor to a concern raised in focus groups about fewer joint investigations with CPS staff and law enforcement. Participants talked about what they view as a possible result of fewer joint investigations and that is the need for involved parties to be re-interviewed. Although there is a memorandum of understanding (MOU) regarding their work together, its implementation was described by focus group participants as being impeded by an apparent conflict between the persons carrying out the investigations. In addition, there appear to be some philosophical differences between the agencies regarding the decision to remove the child or maltreater from the home. Best practice suggests that when there is a parent or caregiver available in the home to carry out caregiving responsibilities, children should remain in their homes. Agency leadership is also concerned with worker safety when workers go on investigations without their law enforcement partners when indicated.

As with other Child Protective Services (CPS) agencies in the state, Buffalo County DHHS is challenged to find ways to communicate the role, responsibility and scope of CPS to their community partners and stakeholders. In Buffalo County, the agency's

relationship with the schools appears to be improving as participants talked about a growing awareness of the respective roles the agency and the schools have in keeping children safe in the community. Nevertheless, school personnel appear to continue to struggle with understanding how decisions are made, specifically regarding why referrals for abuse and neglect are sometimes not investigated (screened out). When asked if workers are participating in school meetings, such as individual education programming (IEP), one focus group participant said, “no” and added, “but they are not invited.” There are opportunities here to increase communication and collaboration. As one focus group participant said, “I wish the social worker would ask the teacher about how things are going for a particular child.”

Buffalo County DHHS, Pepin County DHHS and the Western Wisconsin Partnership are co-sponsoring a one-day training opportunity in September on “Why Children’s Services Doesn’t Do Its Job!!” This training was designed to help community partners understand the statutory authority and limits of the law on how decisions are made. It will also explore the importance of a collaborative relationship, of working together, to keep children safe. Several focus group participants suggested the need for a multi-disciplinary team to improve communication and collaboration among community partners.

C. RESOURCES – STRENGTHS

Focus group participants identified a benefit to being small and rural – it forces agency staff to be more creative and to find alternative ways to meet families’ needs. In addition to the agency staff, focus group participants identified the local intensive in-home counseling program as a good resource. They also identified the crisis mental health program that was just initiated, the Coordinated Services Program (wrap-around) begun last year that is expected to begin serving families this year and the intensive supervision program that is keeping youth in their communities. The foster care network newsletter was described as being a helpful resource in that it alerts foster parents to training opportunities.

As mentioned, the structure of the agency encourages some teaming within the agency with other units such as long-term care and economic support. There is also some teaming occurring with service providers, although this is hampered somewhat by the geographical distance between parents, foster parents, providers and the agency. Focus group participants spoke about the relative ease of communicating with one another and expressed a desire to work together.

D. RESOURCES – CHALLENGES

Not unlike other rural counties in the state, Buffalo County lacks many of (and funding for) the vital resources to meet families’ needs. These include mental health (MH) services (especially for youth as they reportedly have only Winnebago or Mendota

Mental Health Institutes for in-patient behavioral health services), domestic violence shelter/programming, dentists who accept medical assistance, treatment foster homes and transportation. Since resources are limited, some services are extended beyond their limits or underpowered such as counseling and AODA services – there is one of each in Alma and in Mondovi. In response to nutritional concerns for children, schools recently started a breakfast program.

Other identified resource needs include respite foster care, mentoring programs for youth and adults, community service opportunities, low-cost housing, job assistance, job shadowing, after-school programs, volunteer drivers and other community organizations that can provide informal support to children and families. When asked about challenges facing youth and families in Buffalo County, one focus group participant commented that, “kids seem to lack a positive vision for the future.”

E. PRACTICE – STRENGTHS

Agency staff embrace and adhere to a practice philosophy of keeping children with their families when there is not an imminent or present safety threat. Whether this practice evolved out of concerns about the number of adoptive placements that disrupt or due to the aforementioned shortages of resources available to children in out-of-home care is not known. Both may be contributing factors to the trend that focus group participants described as an “incredible reduction” in out-of-home placements in recent years. According to one focus group participant, there were as many as 30 to 40 children in care in the 1980s in this county as compared to current number of five. If families indicate a willingness to work on the concerns that brought them to the agency, there is less likelihood a Child in Need Of Protection or Services (CHIPS) petition will be filed. The CFS staff share a commitment to helping parents succeed and ask them, “What can we do to support or help you?” in their case planning with families. In concert with this, social workers continually work at being strength-based with families, helping them to identify things that are working well in their lives.

Focus group participants said there is some “teaming” occurring with families, usually on a case-by-case basis, where people get together, discuss and evaluate what is working/not working in any given child and family’s situation. One participant said they felt supported by the agency in having families set up their own goals.

The community perceives the agency staff to be responsive, in that they always respond to abuse and neglect reports in a timely manner. Social workers are described as being diligent about finding relatives and absent parents. Because of their efforts to find relatives and assess them as potential resources, they are able to comment on the suitability of relatives as placement possibilities. Social workers are said to be knowledgeable and prepared for court. Court reports are timely. (See *G. Legal – Strengths* section.)

Additionally, the CFS social workers are described as being “above average” regarding their communication of accurate or honest information about the family’s situation that is provided to foster parents when exploring placement options. According to one focus group participant, workers “do not sugar-coat the information” in order to get cooperation. Foster parents value the agency’s efforts at expressing appreciation in the form of birthday cards, etc., for them and their foster children.

F. PRACTICE – CHALLENGES

Focus group participants identified a few areas where the agency may want to focus their refinement efforts. There was discussion of the need for all children to achieve lasting permanency, whether it is with their parents, family members or alternate caregivers. On the one hand, there were some concerns expressed about keeping children with families where some helping professionals expressed doubts as to whether the parents could ever develop the needed protective capacities. For children in placement, participants talked about the need for more concurrent planning to ensure that children achieve permanency in a timely manner. On the other hand, it appears the agency is trying to balance this need for permanency with the children’s need for maintaining connections with their parents and siblings. Our practice model suggests that we approach this with a flexibility that promotes or supports both the child’s need for permanency and for maintaining connections with family.

Contact with siblings was identified by focus group participants as another refinement area. One principle in our practice model emphasizes the importance of maintaining connections with family members, including siblings, to sustain or improve the child’s well-being when in a placement situation. This principle suggests that children in placement do better when connected with home and neighborhood. Another area is that of “teaming” or collaborating with other persons who are also involved with the family. Although there is some teaming going on, it is hampered somewhat by the relative distance between the families, the agency and the providers (foster parents). Teaming is particularly beneficial because as a practice method, responsibility for outcomes is shared among everyone involved, including the family. Often, someone not included on the team holds a key piece of the “knowledge puzzle” or has an idea for a particular strategy that may work well with the child or family. It seemed apparent from the focus groups that the agency’s partners want to increase collaboration and teaming. Several individuals discussed the need for all helping professionals to collaborate with one another and the family so that everyone is “on the same page” and they are able to discuss differences of opinion regarding whether children should remain with their families, for example.

G. LEGAL – STRENGTHS

The court process overall was described as running smoothly and those involved are said to work well together. Participants said orders are prepared prior to court and are revised

if needed but signed that day. The Judge was described by many focus group participants as caring about children and that he carries out his responsibilities with children's best interest at the forefront. One focus group participant summed it up by saying, "He is knowledgeable about this area of the law and asks a lot of questions to fully understand each family's situation." For example, he will ask about worker efforts to locate absent parents. Several focus group participants put it simply, "He taught us to do it right [when he was the district attorney]." The Judge is described as being mindful of due process and provides parents the opportunity to participate in the process. The district attorney/corporation counsel is described as being "good about listening, questioning, and respectful." The juvenile clerk, too, is described as knowledgeable and helpful.

H. LEGAL – CHALLENGES

Information gathered from focus groups suggest that the Judge's transition from district attorney/corporation counsel to his new position two years ago when the former judge retired created some struggles for agency staff as they negotiate their way through the change. What was once comfortable and familiar is now different and has necessitated adjustments or changes in the way people relate to one another.

As with other counties reviewed thus far, the amount and quality of contact Guardians ad Litem (GAL) have with the children to whom they are appointed appears to be inconsistent or varies depending upon the attorney. In many cases, the GAL is meeting the child or youth for the first time just before court. In Buffalo County, according to focus group participants, there is "more positive than negative" as some GALs are described as being diligent and focused on the best interests of the child while others are seeing children just before court for the first time and are not developing a relationship with the child.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

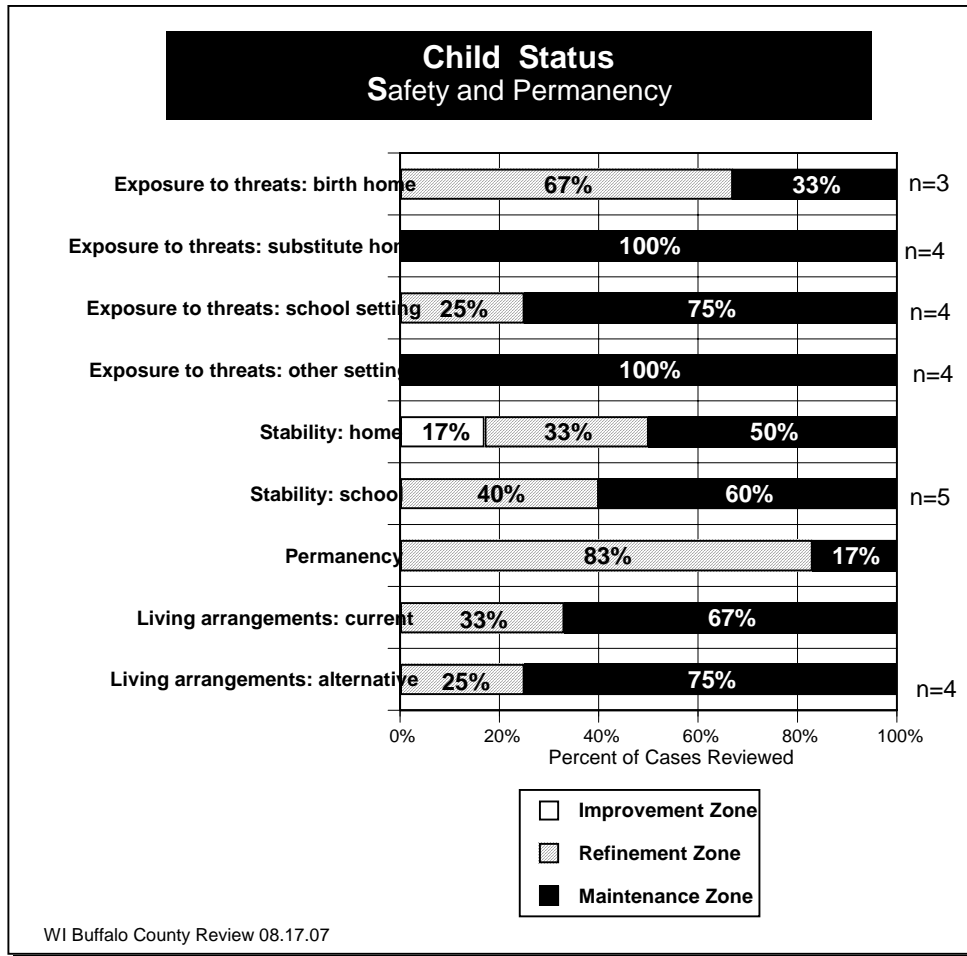
The QSR uses eight indicators to assess a child's status and five indicators to assess parents and/or caregivers. The results for the eight indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 30-90 days prior to the review.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element (Scores 5 & 6)
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element (Scores 3 & 4)
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element (Scores 1 & 2)

Notes: Commensurate with the federal Child & Family Services Review Scores, 4-6 reflect an “acceptable” rating and 1-3 “unacceptable.”

n = (x) 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. All four children rated for this indicator were found to be free of abuse, neglect and exploitation in their substitute care placements and in other settings. For the four children included in the sample who live in out-of-home care, the case review findings show a good and generally risk free living situation for the child.

Three cases were not rated for the *family home* because reunification is no longer the permanency goal of record. In the three cases where the family home was rated, one scored in the maintenance zone while the remaining two scored in the refinement zone. In the refinement zone cases, one or both parents were developmentally disabled and had experienced or were currently experiencing trauma in their lives. These challenges or co-

occurring conditions require a higher level of support and services, perhaps longer-term, to help parents develop and maintain their protective capacities. In the case that scored in the maintenance zone, the children were placed outside of the home while the parents went into in-patient AODA programs. Following this, the focus child's father responded positively to family therapy in that he became more motivated, his self confidence improved and he demonstrated his commitment to his children and his family by being more available to them while still working 50-plus hours a week.

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 indicate whether the child 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 because it helps to promote or support family interaction when reunification is the goal. As illustrated in the graph, three of the six cases scored in the maintenance zone for stability in the home, and three of five children rated for stability in school scored in the maintenance zone. These children appear to be enjoying relative stability in their living situations and can expect only planned moves in the foreseeable future. In the one case that scored in the improvement zone for the home setting, the focus child has been living with his grandmother off and on for the past eight years without benefit of any legal arrangement. He was placed outside his grandmother's home several times, apparently due to trauma-related behaviors associated with early abandonment by his mother. His most recent return to his grandmother's, while believed to be ultimately in the youth's best interest, happened rather quickly with little in the way of strategic planning. As a result, the reviewers see great potential for his return to care.

Placement stability is also reflected in the data collected and provided by the Office of Program Evaluation and Planning (OPEP) where no child in placement for the past year has had more than one or two placements.

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 does not improve until practice activities, such as assessment, planning and long-term view, begin to capture the underlying needs, identify the desired goal or outcomes, and sufficiently identify and power change-oriented strategies. As can be seen in the graph, five of the six cases

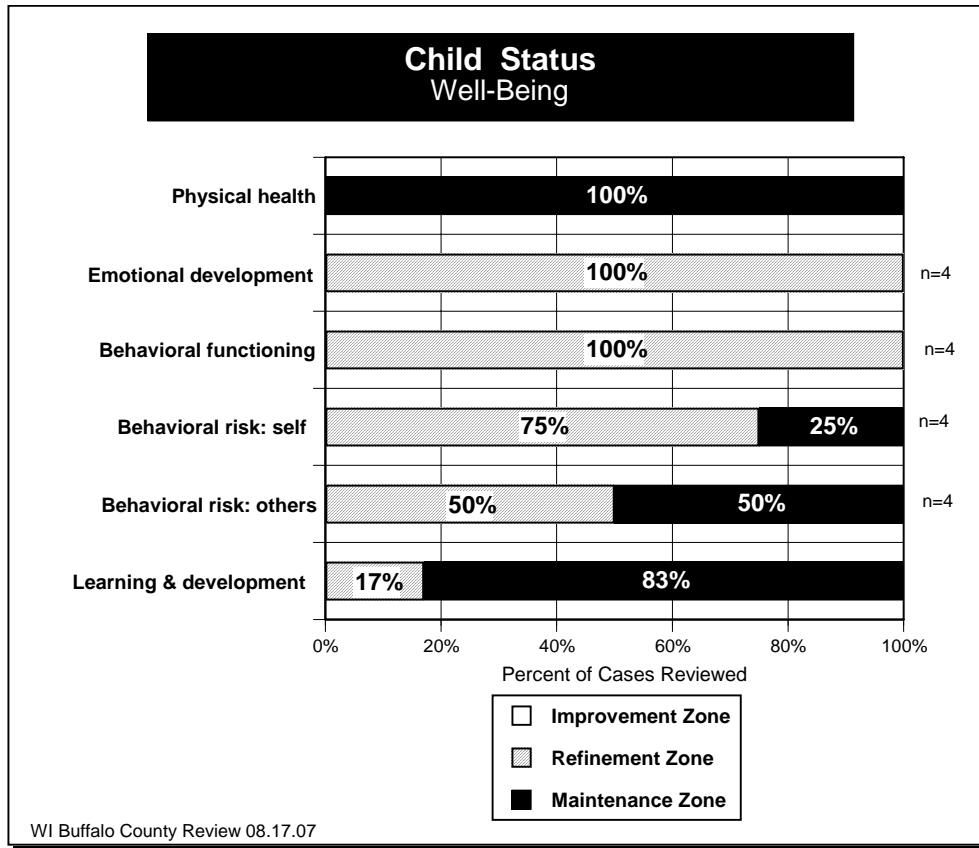
reviewed scored in the refinement zone and one scored in the maintenance zone. In the latter case, the focus child was in placement while the parents completed in-patient AODA treatment but returned home fairly quickly after the parents made improvements in their individual protective capacities. While the focus child's mother's recovery remains a little less certain, everyone seems to agree that the child will have a permanent home with his father should he become the primary parent. Since involvement began, the father "has been gainfully employed at a local factory, where it is projected that he has the potential to be promoted" and he has secured stable housing for the family.

In two of the three cases with a score of three, the permanency goal is transfer of guardianship. In one of these cases, where everyone seems to share a long-term view of guardianship, the youth seems to be in "limbo" because the foster parents who have expressed a desire to become his guardian are "presently involved in a legal battle involving minor family members that is consuming their time and energy. Until this issue is resolved, [the family] will not address taking guardianship of the focus child."

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:

While the four cases involving older youth in placement scored in the maintenance zone, the two young children who are currently living in their birth homes each scored in the refinement zone. Among other things, it appears the youth in placement are in fairly optimal situations regarding their need for maintaining family relationships and social connections and that their caregivers are a good match for their emotional and behavioral health needs with respect to necessary supervision and support. In both of the cases with the younger children, concerns were expressed about domestic violence in the home. In one of these, the focus child's mother has physical and mental health issues, and alcohol and other drug abuse (AODA). Some participants "observed that the father is committed to the domestic partnership, [but] he is aware of the fact that the mother may decide to leave the relationship."



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

Comments:

All the children in our sample are in good physical health, with all six cases scoring in the maintenance zone. This is consistent with scores in other counties in the state and with scores in the Child and Family Services Review.

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. All four youth rated for these indicators were identified as having one or more condition or diagnosis, such as a serious behavior

disorder or mental illness, and two of the focus children were identified as having experienced trauma in the form of physical and sexual abuse. One youth has autism. As indicated in the graph, all four cases scored in the refinement zone. In addition to co-occurring conditions and mental health diagnoses, other concerns such as permanency or stability also impact children's well-being. The case stories seem to indicate that two of the youth appear to be making gains emotionally and developing appropriate coping skills and self-control. In one, the fifteen year old is described as making "great strides" in the last six months. She has developed good supports in her treatment foster home and with her workers/therapist. One participant reported that "she is slowly reaching out to peers and recently went to a school dance with a friend."

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:

With one of the four cases in the maintenance zone for risk to self and two in the maintenance zone for risk to others, ratings in this area are somewhat higher than the indicators for emotional development and behavioral functioning. This may suggest that, overall, the four youth rated for this indicator are responding to the interventions in a way that reduces the risk to self and/or others. One example from the low refinement zone illustrates, nevertheless, how difficult it can be to sustain behavioral stability in children with complex needs. The youth is autistic, was sexually abused and has been diagnosed with Attention Deficit Hyperactivity Disorder and Reactive Attachment Disorder. He is described as having "extremely good days and extremely bad days" and can be threatening and aggressive to others on the "bad days."

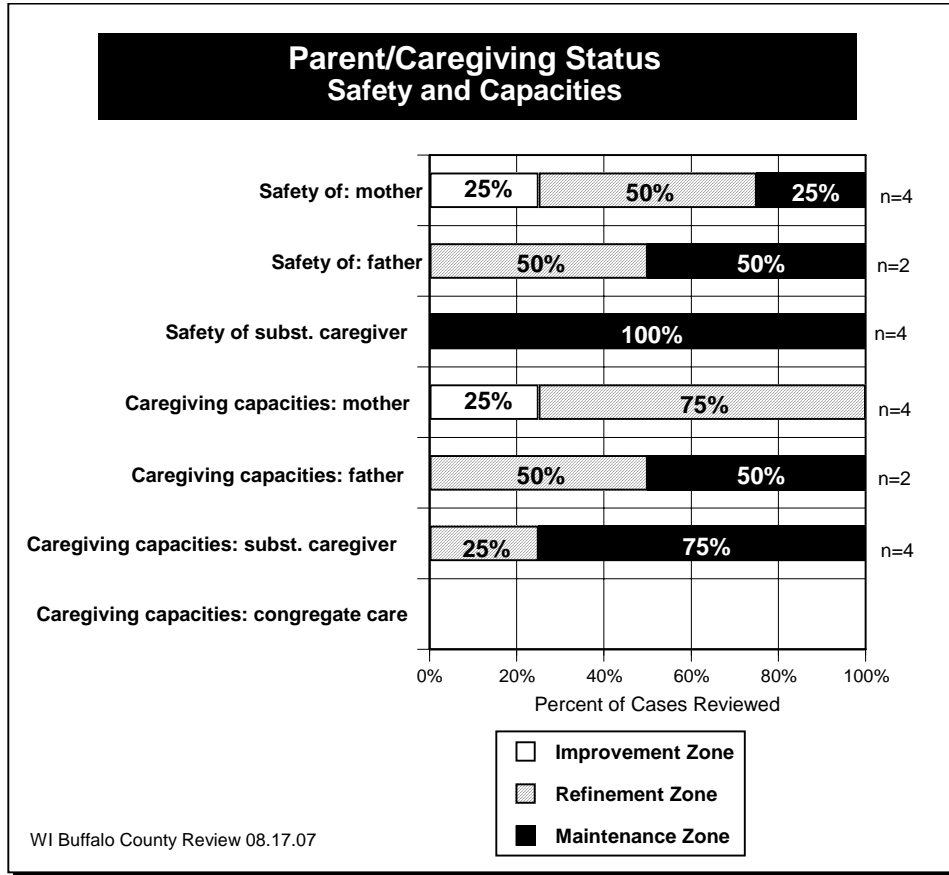
Early Learning & Development (Under Age 5): To what degree is the young child's developmental status commensurate with his/her age and developmental capacities? Is the child's developmental status in key domains consistent with age-appropriate expectations?

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:

Both of the cases with preschool age children were scored in the maintenance zone, indicating that both are meeting developmental milestones and age-appropriate expectations. Of the four cases with school-aged children, three were scored in the maintenance zone and one was scored in the refinement zone. In the latter, the focus child has had "inadequate stability over the past twelve months in both home and school"

and it was learned during the review that the focus child will repeat the ninth grade when he begins a new school in the fall.



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. As illustrated in the graph there were four cases where mother’s safety was rated and results ranged from improvement to maintenance, with three of the four scoring a three or below. In the case rating in the improvement zone, the score reflects concerns by the reviewers regarding the “high probability of physical harm to our focus child’s mother in the family home.” Due to episodes of past domestic violence, the focus child’s mother expressed that she does not feel safe in her home but believes she is able to protect her children from the violence. She is also seeking counseling services to assist her and indicated she would prefer to remain in this situation rather than seek shelter and services in a distant community.

In the two cases where the father's safety was rated, one scored in the maintenance zone and the other scored a three, in the refinement zone. In the four cases where the safety of substitute caregivers was rated, all were scored in the maintenance zone.

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)?

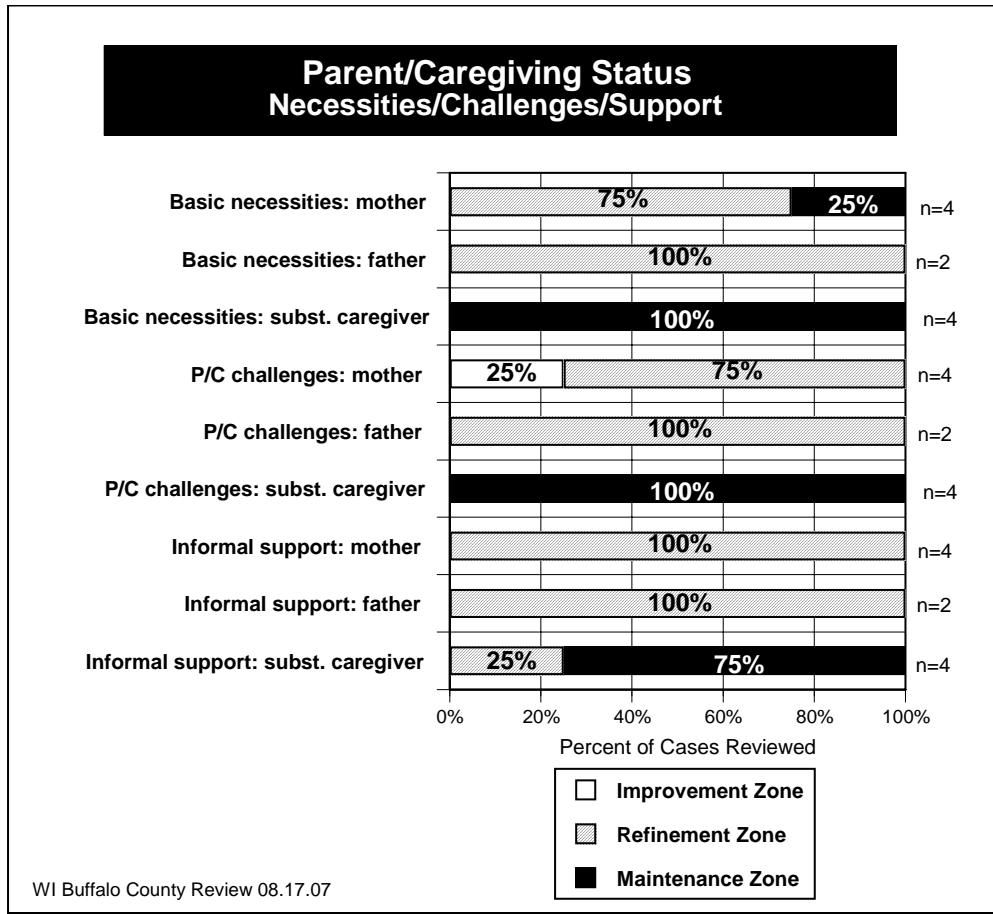
Caregiving Capacities (Congregate Settings): To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments:

This indicator takes into account informal supports (see *Informal Supports*) and the existence of co-occurring conditions (see *Parent/Caregiver Challenges*). With respect to mother's caregiving capacities, two of the three cases in the refinement zone scored a four, one scored a three and the remaining case scored in the improvement zone, at a two. Two cases were rated for the father's caregiving capacities. One scored in the maintenance zone (five) and one scored in the refinement zone (three).

The scores for mothers seem to indicate that co-occurring conditions, such as cognitive limitations and mental health/AODA concerns, are resulting in scores in the refinement and improvement zones. In one case, a mother with cognitive limitations is described as being appropriately protective of her children and displaying affection and age-appropriate discipline techniques, such as time-outs. However, because she is the primary caregiver and lacks other needed supports, she is not able to get an adequate amount of sleep and may not be able to sustain this without informal supports. In an improvement zone case in which the mother is also cognitively limited, she has support from her brother for meeting basic needs but does not have the needed support and assistance for appropriately parenting her teenager.

As mentioned previously, the father in the one case who has become sober and has responded positively to interventions is also described as "being a stabilizing factor for the [focus child's] mother and is a nurturing and attentive parent to [focus child]. Finally, in the four cases where substitute caregivers were rated, three scored in the maintenance zone and the fourth scored a four, in the refinement zone. In this latter case, the child's grandmother and his foster parents were scored together.



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, healthcare/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:

Except for one case in which the mother’s basic necessities were believed to be sufficient to meet the family’s needs, the remaining cases were scored in the refinement zone, or marginally acceptable range. This seems to support information gathered in the focus groups that parents are struggling to provide for their own and their families’ basic needs.

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:

As pointed out in the graph, the majority of the scores for this indicator are in the refinement zone. However, of the four cases rated for mothers, one case was scored marginally acceptable with the remaining three cases scoring in the unacceptable range. Both cases rated for fathers were in the refinement zone, with one of them in the marginally acceptable range and one in the marginally unacceptable range. This supports the finding that parents in our sample are struggling with a number of challenges related to their caregiving capacities, most notably their co-occurring conditions and lack of supports.

All substitute caregivers in the four cases rated for this indicator scored in the maintenance zone.

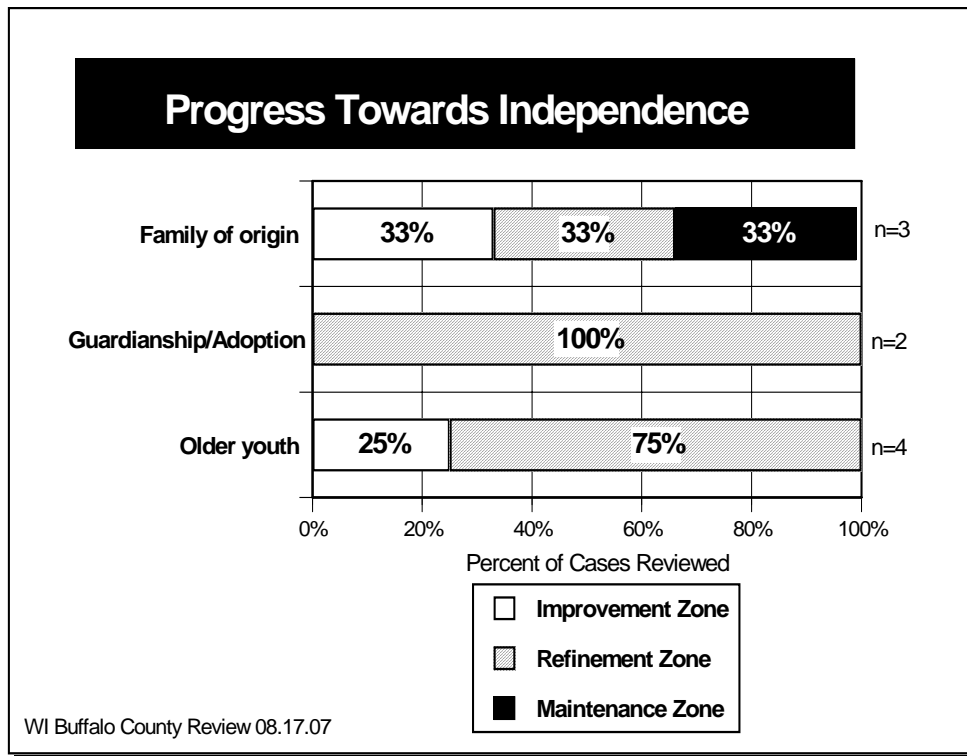
Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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:

Informal supports are critical to helping families make and sustain the behavioral changes needed for meeting children's needs for safety, permanency, and well-being. 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. As can be seen in the graph, all four cases rated for mothers were scored in the refinement zone, with three in the marginally unacceptable range. In the one case scoring in the marginally acceptable range (four) for the mother, it was because the focus child's mother "has a substantial and dependable informal support system with her parents. Her parents will give her a break two to three times per week from the children as they will provide care for them."

All four cases where the substitute caregivers were rated for this indicator scored in the acceptable range, with two of them scoring a six.

VI. 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 addresses whether families are making sufficient progress to move to safe case closure, or independence from the agency. Each of the three cases rated for this indicator scored in a different zone. In the case scoring in the maintenance zone, the reviewer wrote, “The parents have been able to maintain sobriety, secure housing, and the father has been gainfully employed at a local factory, where it is projected that he has the potential to be promoted. The parents have participated with in-home therapy and are working on ways to communicate with each other in a non-threatening manner. The focus child achieved permanency in February of 2007 and the county is planning to close the case in late 2007.” In the case scoring in the refinement zone, the parents also responded well to in-home services and the parenting education and assistance provided by the parent aide. In the remaining case, where reunification is identified as the primary

permanency goal, the reviewer discusses the focus child's progress toward making healthy behavioral changes but indicates there has been no progress toward reunification. In addition, the focus child's mother recently moved to a distant county so facilitating interactions to support reunification will be much more challenging.

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

Comments:

In the two cases rated for this indicator, both scored a three, in the refinement zone. The case where the foster parents are involved in legal proceedings related to minor family members has been discussed previously. In the other, where the grandmother who has cared for the focus child for nine years and has not pursued guardianship, the reviewer wrote that "when [focus child] was formally placed in foster care, a condition of the court order stated that the grandmother would apply for guardianship prior to [his] return [to her] home." As discussed previously, the return to her home happened rather quickly and guardianship was not established prior to this return. Questions remain about whether it is accurate to view this as a return home or a placement change within a placement episode.

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:

Four cases were rated for this indicator. Three of these cases were scored in the refinement zone, with a four for each one, and the remaining case was scored in the improvement zone with a two. These scores are similar to the scores for permanency and appear to suggest that when permanency is not yet achieved, agencies have an opportunity to promote or assist youth in gaining needed independent living skills. The scores in this area are also consistent with the findings from the Preliminary Report-Combined Reviews of the first 17 counties that participated in Wisconsin's QSR where 26 of the 36 (72 percent) cases reviewed were scored in the refinement and improvement zones indicating an opportunity for child welfare agencies across the state to review and refine practice in this area.

VII. THE ELEMENTS OF CASE PRACTICE (THE MICRO VIEW)

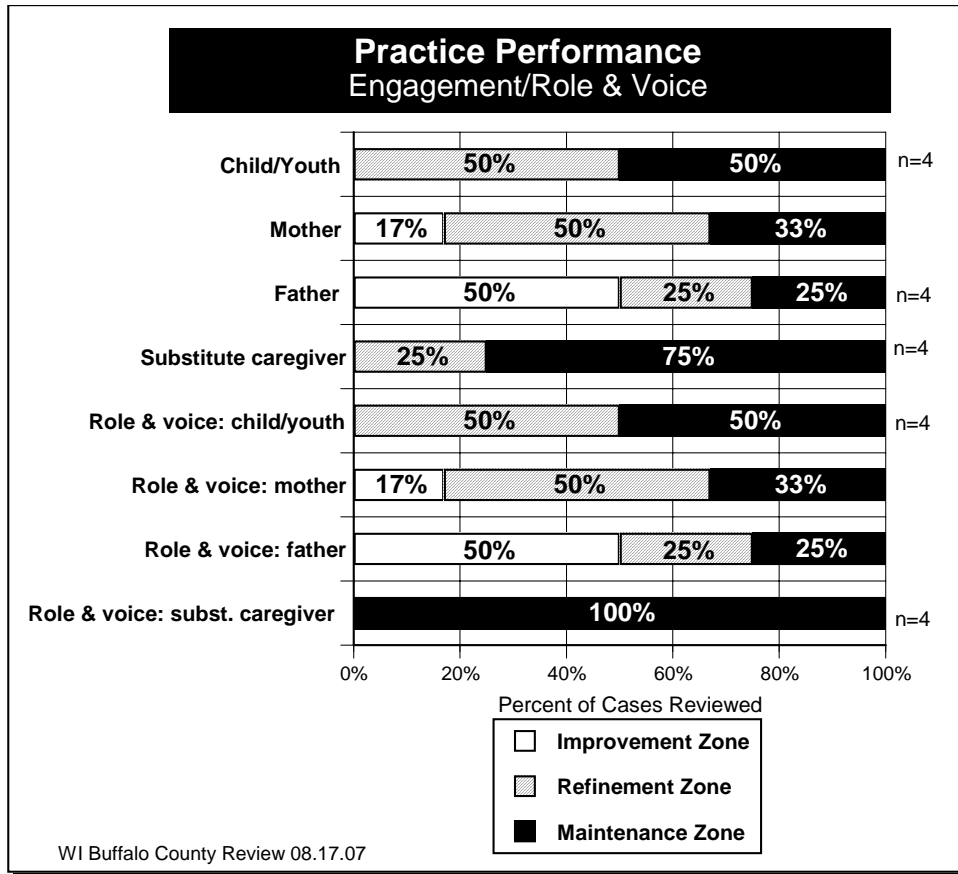
The QSR case practice model contains evidence based elements of best practice. The elements are found in the QSR protocol and were applied in rating the six cases that were reviewed. There is an ample body of research that documents the efficacy and contribution in helping families develop, pursue, and complete successful strategies of change. The scores on practice performance are presented to point out opportunities where the agency can focus efforts in improving outcomes for children and families served.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element (Scores 5 & 6)
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element (Scores 3 & 4)
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element (Scores 1 & 2)

Notes: Commensurate with the federal Child & Family Services Review Scores, 4-6 reflect an “acceptable” rating and 1-3 “unacceptable.”

n = (x) signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



ENGAGEMENT OF CHILD & FAMILY: Are those interveners involved with the family used engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the service process? Are interveners building a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Are interveners relying on a mutually beneficial partnership with the child, family, and/or others that is sustaining their interest in and commitment to the change process?

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).

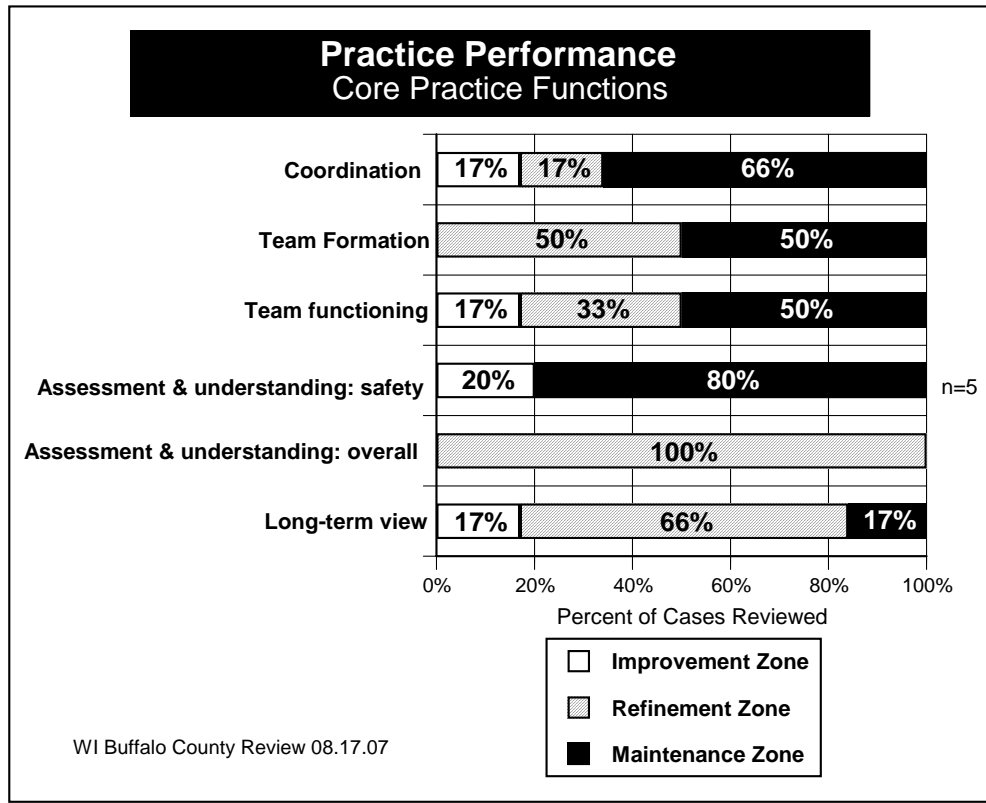
Comments:

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 in 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 the underlying needs and engage the family in identifying change strategies. The scores for engagement and role and voice were identical for focus children, mothers and fathers. Although some refinement is indicated by the scores, for mothers and fathers especially it should be noted that the results may have been skewed somewhat by the sample itself. Four of the six children in our sample are also four of the five children/youth who are currently in placement and who have been in placement longer term.

As was discussed in the first section of this report, the number of placements in this county has gone down significantly in recent years. We also learned through both the case reviews and the focus groups that these youth and their families are struggling with some very difficult issues, not the least of which are the substantial co-occurring conditions or needs. These cases suggest the need for advanced or specialized skills at engaging families in the change process, especially for those parents and children with longer-term needs and family situations with absent parents. It is important to note that a significant focus of the QSR is on the outcomes produced by effective engagement and not only on “engagement” itself (e.g., qualities of the relationship like friendliness). In any event, several focus group participants spoke of respectful, trusting relationships and a general tone of helpfulness on the part of agency staff to engage families in the change process.

Engagement with substitute caregivers was rated in the maintenance zone in three of the four cases rated for this indicator and in all four cases rated for role and voice. For the purposes of this review, as discussed previously, the grandmother in the one case scoring in the refinement zone was scored as a substitute caregiver and accounts for the lower score.



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:

In four of the six cases reviewed (sixty-seven percent), scores were in the maintenance zone as compared to the forty-six percent in the combined scores from the first seventeen county reviews. Data from the first seventeen reviews was aggregated and presented in the preliminary report, “Combined Reviews ~ Pierce through Milwaukee,” in December 2006. In one of the four cases, the reviewer wrote, “Effective service coordination has also resulted in favorable outcomes. Throughout the interviews, it was clear...that the agency case manager was the single point of coordination and [provides] leadership for the team. The worker was well informed of the various individuals and service providers involved and maintained regular communication with each of them.” In another, the reviewer wrote, “The caseworker is described as the epicenter of the team and coordinator of services.”

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

abilities necessary to organize effective services a child and family of this complexity and cultural background?

TEAM FUNCTIONING: To what degree: (1) Do members of the family team collectively function as a unified team in planning services and evaluating results? (2) Do actions of the family team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family?

Comments:

Well-functioning teams are child and family-driven, include all helping persons (formal and informal), and meet in person 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 services and progress toward outcomes. This may require “tweaking” of the plan at times or shifting direction altogether when new information is brought to the meeting.

Although the scores in team formation and functioning indicate opportunities for the agency to refine practice, the scores overall are higher than the combined scores from the first seventeen reviews. As one reviewer observed, “Teaming was one aspect of case practice that has led to positive outcomes for [focus child]. Both he and his mother are included in the team meetings and are considered to be members of the team by service providers. The team meets regularly to discuss any progress or challenges for [focus child]...due to the frequency of their meetings, team members are able to work in collaboration when addressing problems or developing services plans.” Another participant commented that this was the “best functioning team” in which she’s ever participated.

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

Comments:

Compared to fifty-six percent in the combined scores from the first seventeen reviews, eighty percent of the cases rated for this indicator scored in the maintenance zone. Just as engagement is an ongoing process, assessing for safety should occur throughout the duration of the agency’s involvement. In one of the cases the reviewer discussed the worker’s understanding of the family’s needs and how these impact the child’s safety. The worker has continued to assess the focus child’s safety and the parents’ progress through regular home visits and phone contacts. The reviewer in another case wrote about how the team approach was used to manage any potential safety threats for the focus child and for the community. In another, the worker was familiar with the family and worked to prevent an out-of-home placement but when it became the only option to

ensure the child's safety, the agency sought an appropriate resource to meet the child's need for supervision.

In the one case scoring in the improvement zone the reviewers identified safety as one of the areas of concern. The concerns related to the birth of a second child and the reviewers' concern "about the interaction between the two children not being closely monitored by the parents as [focus child] may accidentally cause injury to her younger sibling."

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:

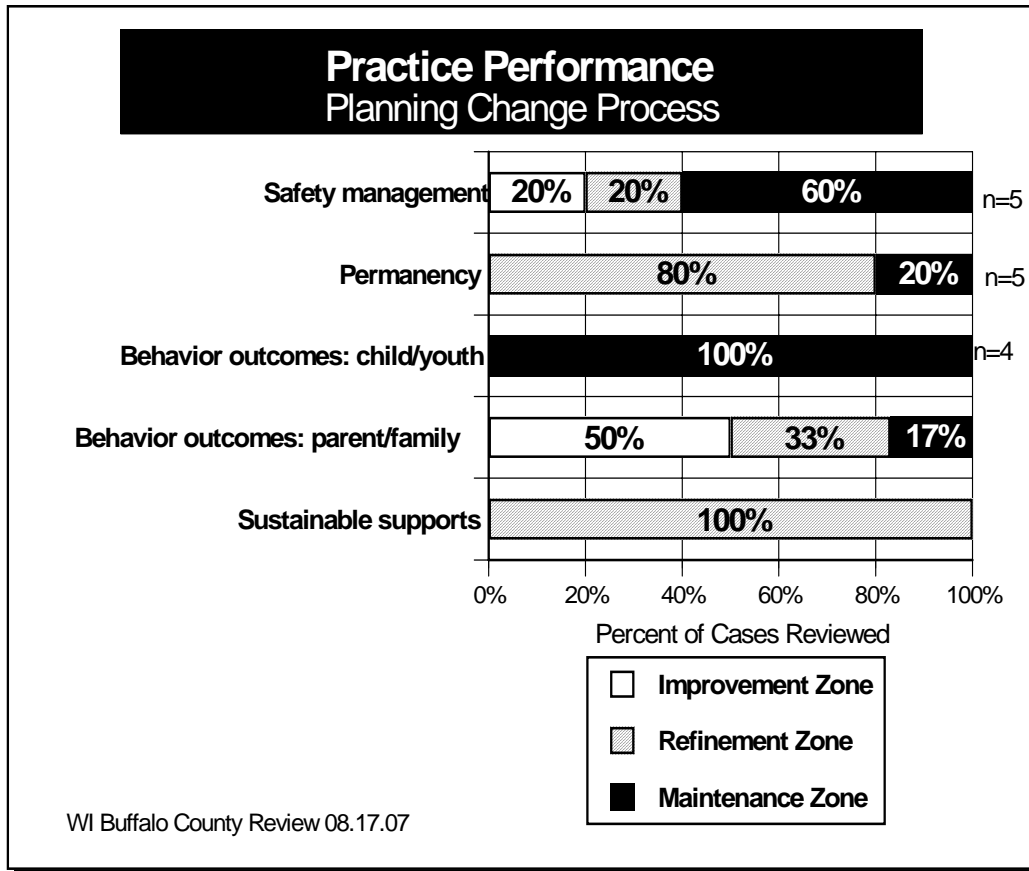
This is an area where the scores indicate an opportunity for the agency to further examine and refine practice, as all of the cases scored in the refinement zone (four were in the marginally acceptable range). As has been mentioned, families in our sample presented with significant co-occurring conditions and the scores may reflect the need for a deeper understanding of the underlying needs of the parents, and possibly the children. As one reviewer wrote, "There are concerns regarding the mother's continued refusal to participate in individual therapy for her mental health. This is seen as essential in gaining an overall assessment and understanding of the mother's needs. There has been little follow up on exploring the mother's reason for refusal and how to resolve it." As mentioned under *Engagement/Role and Voice*, this may also indicate the need for more advanced engagement skills.

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

Comments:

Essentially, the long-term view is the goal or outcome being sought as a result of interventions. Questions to be answered include, "What does the team want this family to look like when 'we're done'?" or "How will we know when we are done?" and "What

do we need to do to get there?” Development of a long-term view is also crucial in helping families move through the change process so that permanency for children can be achieved and cases can be safely closed by the agency. Long-term view is an area that warrants further exploration by the agency. Of the six cases, two cases only scored a four or above. In the case that scored in the maintenance zone, having a shared long-term review of reunification seemed to support the parents’ efforts at achieving sobriety, remaining together and improving their protective capacities.



PLANNING A PROCESS FOR SAFETY MANAGEMENT: To what degree is a well-reasoned, ongoing process being used for controlling and managing impending danger threats to child safety while strategies and actions are developed and implemented for the family change process via enhancing parent/caregiver capacities that lead to: Attainment of protective conditions for safety in the home? Acquisition/demonstration of required parent behavior changes? Securing sustainable family supports?

Comments:

Three of the five cases rated for this indicator scored in the maintenance zone (sixty percent) and compare favorably with the combined scores of forty-one percent from the

first seventeen reviews. In one of these, “The caregivers have utilized a neighbor as part of the safety plan and the youth is aware that he can call this neighbor when he needs someone to talk to...both he and the caregivers feel [the neighbor] is a positive support to the family.”

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. Permanency 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. This is an area in which the agency has an opportunity to explore and refine practice in that all four of the cases with older youth scored in the refinement zone. It appeared the agency is balancing the desire to maintain family connections (and respect the need to not sever these) between focus children and their families with the need for achieving a more permanent situation for the youth. In one of the cases where permanency (transfer of guardianship) appears to be on hold due to the caregivers’ need to resolve permanency issues with minor children in their own family, the reviewer wrote, “The goal of transfer of guardianship may likely not occur before the child reaches the age of majority and other options have yet to be clearly evaluated or addressed...and this could impact his stability and behavior.”

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:

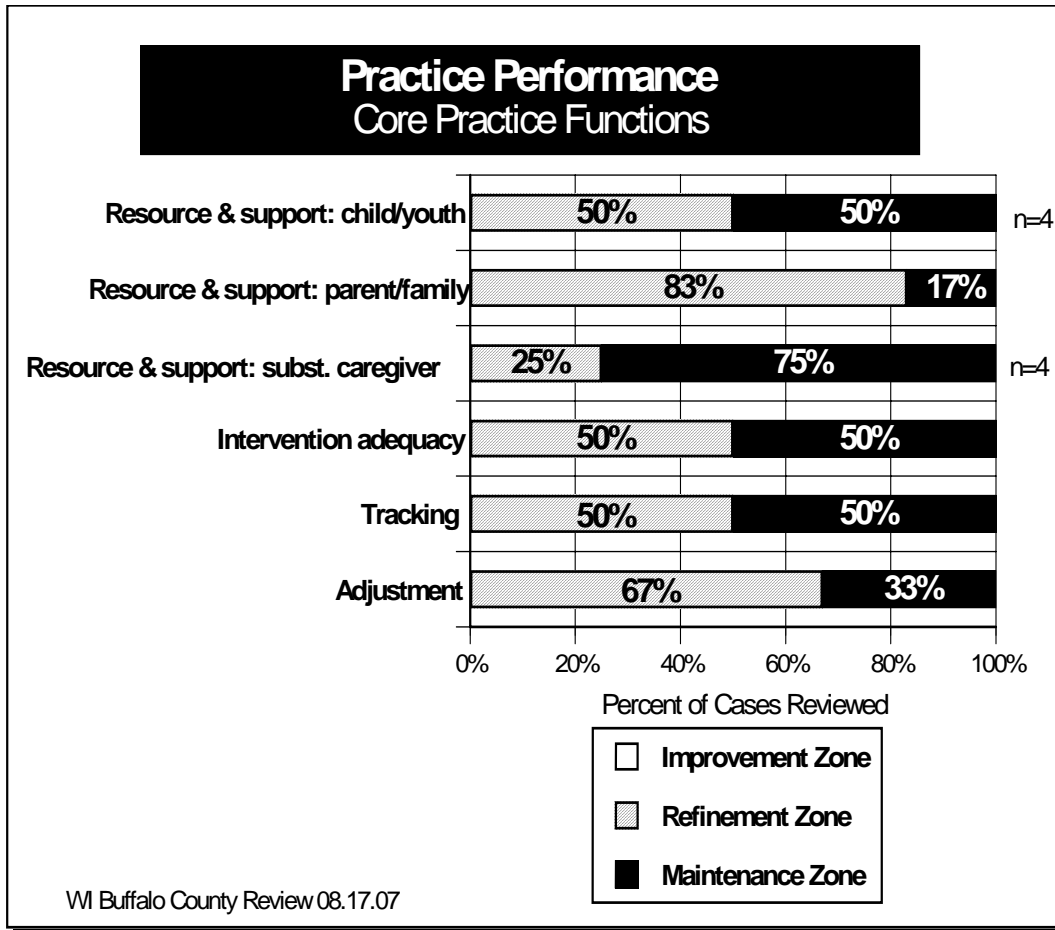
The results for this indicator once again illustrate situations in which children are able to make needed changes, while their parents struggle to alter undesirable behavioral patterns. The scores for parents may reflect the significant co-occurring conditions with which they struggle. Successful planning is built on accurate assessments of family

strengths, needs, and underlying issues like 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. It is possible that planning in general may be more incident-focused and the scores for parents are reflective of the need for advanced engagement skills and for a better, perhaps shared, understanding of the underlying needs.

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 are better able to sustain positive changes made as a result of more formal services provided. 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 child protective services. This is particularly important for parents of children with special needs and is an area where exploration and refinement may be needed, based on the review sample.



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:

Two of the older youth in our sample scored in the maintenance zone and two each scored a four, in the refinement zone. Compared to the scores for parents where one of six cases scored in the maintenance zone, this indicates that for the most part youth are receiving and utilizing the services and supports provided to achieve a safe and stable living arrangement and behavioral change (see *Intervention Adequacy*). Parent scores indicate an opportunity for the agency to examine and refine practice in this area. A reviewer wrote in one story, “The mother’s lack of engagement in the change process has made it challenging for the team to connect the mother with the necessary supports and resources to help her provide for [focus child’s] needs. Aside from the team meetings,

the mother is not currently participating in any services or training to enhance her ability to parent [focus child].”

In three of the four cases where substitute caregivers were rated, this indicator was scored in the maintenance zone.

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

Comments:

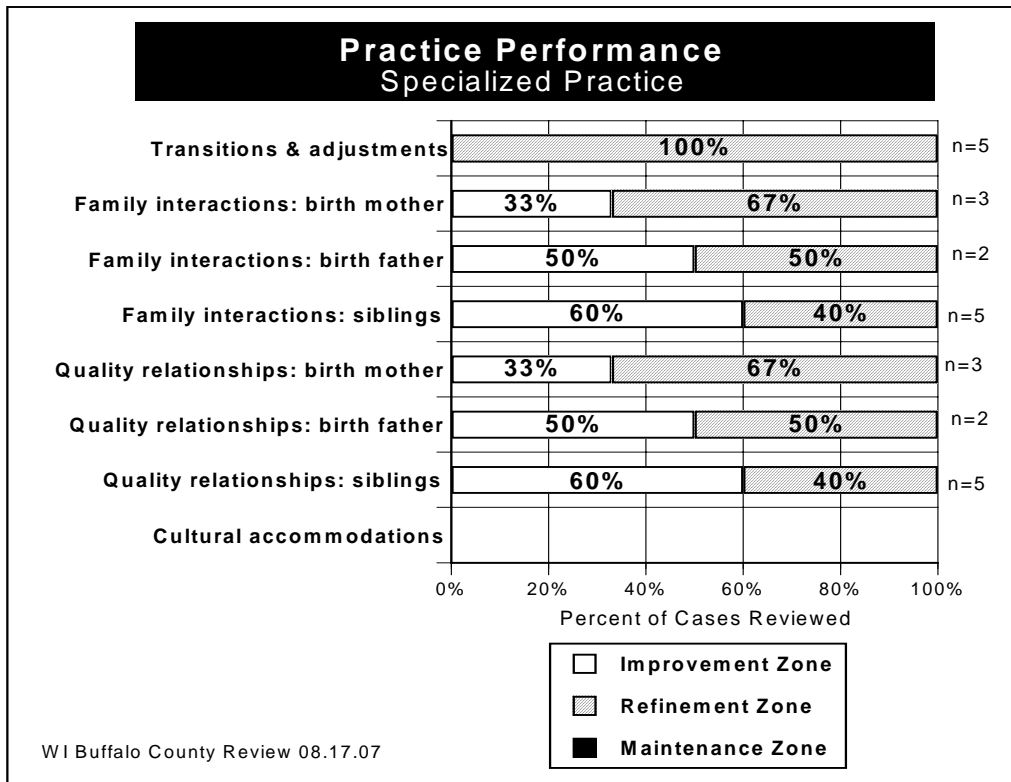
Intervention adequacy is not just about services and whether they are sufficiently powered to achieve safe case closure. It is also about whether everyone is headed in the same direction in terms of the desired outcome or shares an understanding of the long-term view for the family. In a case where teaming was identified as a strength, a reviewer observed that “the team has worked hard to identify appropriate service providers to address [focus child’s] many, complex needs. For example, [focus child] was working with an individual therapist regarding his sexual feelings, yet was struggling at home.” The team chose to have him work with an additional therapist and this proved beneficial, as his behaviors have improved and the second therapist will be closing his case shortly.

TRACKING AND ADJUSTMENT: Are the child and family status, intervention process, and change results routinely followed along and evaluated? Are strategies and services modified to respond to the changing needs and to apply knowledge gained about strategies and results to create a self-correcting service process for finding what works for the child and family?

Comments:

Tracking and Adjustment 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. Our 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, this is a time to celebrate progress with the family, helping the family identify the strengths they possess that made success possible and that will provide a strong basis for additional progress. These are areas where there is an opportunity for the agency to review and refine practice.

In one of the two cases that scored in the maintenance zone for adjustment, the reviewer wrote that the worker “has demonstrated situational awareness and adjusted the case planning and interventions throughout the case.”



TRANSITIONS & LIFE ADJUSTMENTS: Is the current or next life change transition for the child being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child and family after the change occurs? Are transitional staging plans/arrangements being made to assure a successful transition and life adjustment in daily settings? If the child is returning home and to school following a temporary placement in foster care, treatment, or detention, is the transition and life adjustment sequence working? Is there follow-along support for the adjustment period?

Comments:

The combined scores (twenty-eight percent) from the first seventeen reviews suggests that as a whole, transitions are not well-planned and implemented to assure a timely, smooth, and successful adjustment for the child after the change occurs. All of the five cases rated for this indicator are in the refinement zone, suggesting an area where the agency has an opportunity to explore and refine practice. In the one case that scored in the unacceptable range, it was due to the “recent abrupt move from his foster parents to his grandmother’s home” that resulted in a breakdown in communication between family members and service providers.

FAMILY INTERACTIONS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain family connections with meaningful interactions via frequent interaction and other means, unless compelling reasons

exist for keeping them apart? To what degree are strategies and efforts being implemented to support the following between the child and his/her family members for: (1) Supporting frequent interactions via visitation and other means? And (2) Using varied and creative opportunities for family members to nurture one another?

QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for keeping them apart? To what degree are current strategies and efforts enabling family members to improve and maintain the strengths and positive qualities of their relationships with one another?

Comments:

These indicators measure the frequency and the quality of the relationships between children and their parents. They also reflect the planning and strategizing necessary to ensure that interaction is meaningful for children, parents and siblings when a child is in an out-of-home placement. In this sample, one of the four cases rated for mothers scored in the maintenance zone and all others scored in the refinement and improvement zones. Of the five cases rated for siblings, two scored in the refinement zone and three scored in the improvement zone indicating a need to refine practice related to both parents and siblings.

In one case where it was reported that the mother does not wish to be a part of her son's life, the focus child "expresses a desire to see his father and siblings; however, this has not occurred. The focus child has stated that he worries about his younger siblings and these concerns remain unresolved with the lack of contact between him and his family. The focus child has been encouraged to write letters or call his siblings, which may be a struggle for a young male his age."

In a case where the mother is not participating in any services or training and there is no planning related to this, the reviewer observed that this has affected the frequency of interactions and the quality of the focus child's relationship with his mother and siblings. The reviewer wrote that, "Although the mother has been advised of why her interactions with [focus child] must be supervised, she does not have a clear understanding of what behaviors need to change in order for the interactions to become unsupervised."

SPECIALIZED CULTURAL ACCOMMODATIONS: How well have any major cultural issues of the child and family been identified and addressed in practice? If indicated, are specialized supports and services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

Comments:

No cases were rated for this indicator.

VIII. NEXT STEPS AND ACTION PLANNING

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

- Updated/working MOU with law enforcement (review current MOU)
- Teams for all families' cases
- Identify and team with informal supports
- Assess community service providers for quality – let them know what we want
- Sibling contact in all cases
- Planning around permanency (long-term view and concurrent planning)
- Functional assessments on underlying needs (co-occurring conditions) – need provider (and potential team members) [staff feel they possess knowledge of issues but not of strategies for achieving outcomes]
- Recruitment of local foster homes
- Follow-up with educators with in-service (with teachers)
- Set up meeting with Judge

The final “next steps” meeting was used to discuss the post-QSR facilitation process that will use data from the review to develop an action plan around improving case practice. Follow-up and action planning will be facilitated by Bill Orth, Director of Sauk County Human Services.

IX. SUMMARY

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

Agency staff identified several possible next steps. Among these, staff talked about the need for identifying and planning strategies for addressing the longer-term needs or co-occurring conditions. The list is ambitious but addresses many of the principles of the best practice model that underpins the QSR. Agency workers and management were encouraged to use the results of the review to formulate and implement an action plan to enhance case practice and address systemic issues which will ultimately result in improved outcomes for the children and families with whom the agency works.