

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

*September 29-October 03, 2008
Oconto County Human Services*

**Child Welfare Continuous Quality Improvement Program
Office of Performance and Quality Assurance
Department of Children and Families**

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

April 10, 2009

I. INTRODUCTION

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

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

The Continuous Quality Improvement Team conducted a Quality Service Review in Oconto during the week of September 29-October 03, 2008. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

II. THE OCONTO COUNTY REVIEW

A. REVIEWERS

In the Oconto County review, four pairs of reviewers participated in reviewing the eight cases selected. The case reviewers included two child protective services (CPS) staff from other counties, one retired human services professional, one state adoption regional supervisor, one state Adoption Quality Assurance Specialist, one Human Services Area Coordinator and two CQI Specialists. One of these reviewers served as a coach and mentor to their review partner who was in the role of a "Shadow 2". The lead case reviewer who provided the coaching has extensive experience in child welfare and was a CQI Specialist. The "Shadow 2" was observed and coached in her development as a lead case reviewer.

B. CASE SAMPLE

Eight cases were randomly selected for review in Oconto 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 Oconto review, a total of seventy-four persons were interviewed. Of the eight cases, one focus child was living at home with one or both of their parents and seven were residing in a foster care situation. Three children were in the 5-9 age range, three children were in the 10-13 age range, and two children were over the age of 13. There were five males and three females in the sample. Two of the eight

focus children were involved in the Juvenile Justice system and were placed in Title IV-E reimbursable placements.

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 Kimberly Kelly conducted these sessions. In addition, Bridget Bauman of the Children's Court Initiative conducted sessions jointly with the Site Leader for many of the focus groups. The external perspectives that were gathered provide a valuable source of 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

Oconto is a geographically large rural county located in northeastern Wisconsin. Due to its location on Green Bay, Oconto has excellent fishing, hiking and hunting opportunities for the outdoors aficionado. Nicolet National Forest and the Oconto County Forest together offer 182,000 acres of outdoor recreational activities to local residents and vacationers. According to the U.S. Census Bureau, the 2006 population of the county was reported at 37,958, with a growth of 6.5 % since 2000. In 2006 the county's ethnic population was 98% White persons, and the other two percent was a mix of Black, Asian and American Indian.

With no large cities or major industry in the county many Oconto residents are commuting to employment in a neighboring county. Oconto is seen as a "blue collar" community and some residents are employed in the boating industry, including a local factory that manufactures boats; however, with the recent economy problems there have been layoffs. In 2004, Oconto County had 8.6% persons below the poverty level as compared to 10.9% statewide. There was a perception by those interviewed of the "working poor" in this county and, as one participant put it, many families are "only one crisis away" from needing formal interventions. It was reported that forty-three percent of the children in the public schools access the "free and reduced" lunch program which provides meals to children who qualify under the income based program. The average median household income in Oconto County was \$45,592 in 2004, which is comparable to \$46,142 statewide.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

One of the greatest assets that the Family Services Division of the Oconto County Health and Human Services (OCHHS) has to offer is the quality of their caseworkers who have longevity in their positions. Many participants felt that this longevity led to good local

knowledge of the families and children as well as the community they work in. Caseworkers were described by focus group members as concerned about the families they work with, “supportive”, “hardworking”, “sincere” and “dedicated”.

Focus group participants reported that there is a good working relationship established amongst the different Family Services Division units, specifically the child protective services (CPS) and the juvenile justice units, and this then leads to greater collaboration. OCHHS is a small office and participants noted that this makes it easier for the units to pull together and help each other out. One focus group member said that because of the size of the office and the length of time that members have been working together they are able to maintain a good working relationship by sometimes “agreeing to disagree”. This cooperation extends into the management team who is supportive of each other and offers to help each other out when necessary. Focus group participants said the management team meets twice a month and there is open and up front communication between management members. They respect each other and cover for each other when one is not available. The management team allows flexibility in the caseworkers’ schedules as they have trust that tasks that need to be accomplished will be completed in a timely manner. The caseworkers appreciate this flexibility in their working hours as this helps their job to be more manageable and in turn, leads to greater worker retention.

Focus group participants felt that the agency staff is receiving adequate training to do their jobs. Staff members at OCHHS are kept up to date on policy and agency agenda items at a mandatory monthly division staff meeting. The caseworkers are also able to be kept abreast of current child welfare practice by attending agency in-services twice a year. This time is used to bring in outside speakers (e.g. nurses, economic support) to network and provide training on relevant issues and topics. Caseworkers are able to attend trainings on child welfare subjects through the Northeastern Wisconsin Training Partnership and often caseworkers are given the opportunity to attend a training of their choice outside of the network per year.

B. ORGANIZATIONAL – CHALLENGES

The Deputy Director is a valuable member of the OCHHS team; however, focus group participants noted that his numerous roles require him to be stretched thin in each of his job duties. Not only is the Deputy Director responsible for providing management duties to the agency as a whole, but he directly supervises ten full time employees and two part time employees in the Family Services Division, all of whom provide direct services to clients. The child protective services workers are only able to have “staff development” time or direct case staffing time with him once a month for one hour. Focus group participants felt the Deputy Director is hard to access for the day-to-day activities of supervision, e.g. signing court reports, as he is often unavailable tending to management responsibilities or in meetings.

Like many small counties, Oconto does not offer a public transportation system and there is a lack of transportation options in general for persons attempting to access services in the county. There are two county aides available to assist, but their schedules are often

full long in advance, and they are not able to fulfill all of the transportation needs. Many of the services, e.g. mental health and alcohol and other drug abuse (AODA), are located in a neighboring county and this makes them challenging to access. Oconto is large geographically and some focus group participants pointed out the challenges of traveling to services, or even the court house, which is located in the southeastern part of the county, can be a stressor due to the current economy and high gas prices.

Like many other counties in Wisconsin, focus group participants stated a need for continued education to the community and agency partners on the roles and responsibilities of child protective services. Stakeholders described a collaborative multi-disciplinary team that had met in the past, but indicated that this group is no longer meeting on a regular basis. Focus group participants found this meeting to be a good avenue to utilize in looking at community services and brainstorming on how to help families the agencies have in common. Focus group members expressed a desire to learn more about policy and procedures as it pertains to child welfare issues, specifically around child abuse and neglect reporting. Some community partners expressed a concern with the change in the policy of allegations made regarding non-caregiving offenders that has been in effect for the past couple of years. Specifically, the concern was around the fact that reports are now assessed by law enforcement and not by trained child welfare professionals.

C. RESOURCES – STRENGTHS

OCHHS is fortunate in that it has several internal resources to rely on. There are dedicated and experienced foster parents who are committed to the children they provide care for. The foster parents have a monthly meeting in which they are able to lend support to each other and receive on-going training. There are two part time service aides who assist and support caseworkers with family interactions, home visits and other duties as needed. The agency has a Home Visitor position that helps families with budgeting, parenting, bill paying, financial concerns, and scheduling of appointments. Focus group participants were grateful for this position and feel the person in that job is skilled at what she does; she was referred to as a “godsend”. OCHHS has a Community Services Division that provides mental health, AODA and long term support services. There is also an Economic Support Division that can help with medical, food, and child care assistance. The Public Health Division provides services such as the Car Seat Safety program, pre-natal visits to pregnant mothers, Family Support and the Birth to Three program.

Oconto County may have a small population; however, focus group participants cited many community resources available to its residents. There are domestic violence services, including an advocacy and outreach center. Though there is not a domestic violence shelter in the county itself, the outreach center can offer shelter to Oconto County residents in a neighboring county if necessary. A localized sexual assault center provides advocacy services and support. There are food pantries, two Headstart programs, money management classes for the unemployed, and NEWCAP (Northeast Wisconsin Community Action Program) which helps provide assistance and a variety of

support and advocacy for low income persons. A Parent Resource Center through the University of Wisconsin Extension program offers education, resources and support to families through classes, workshops, play groups, consultation and a lending library. Parenting classes (including the Love and Logic curriculum) are presented four times a year free to the public. There are also agencies that provide intensive in-home therapy to families, autism services, treatment foster care and outpatient counseling.

D. RESOURCES – CHALLENGES

Overwhelmingly, focus group participants recognized a chronic and generational problem in the community with AODA issues, specifically with alcohol. As a result, Oconto County does not have enough preventive or rehabilitation options to service this population. There are no inpatient facilities that would allow a person who needs treatment to stay and receive this within their own community. Focus group participants not only recognized the need for inpatient, but also for more localized outpatient AODA assessments and treatment for both adults and juveniles. There is a need for more mental health assessment and treatment services for adults and juveniles, with the greatest deficit being mental health providers for younger children. Not only are there a lack of providers to administer mental health assessments and services, but the number of providers who accept medical assistance is even more limited making wait lists long for evaluations or forcing persons to drive long distances for these services. Focus group members noted that there is a lack of child psychiatrists; the part-time consulting doctor with OCHHS does not treat any patients under the age of sixteen. This has led to an increase of general practitioners, who are not specialized in the effects of behavioral medicines on children, prescribing anti-psychotic and other medications. Focus group participants also noted a lack of mental health providers who are performing trauma informed assessments, for both children and parents, which are specific to child abuse issues. These assessments are necessary in helping to identify and address underlying needs when working with a family. There is a lack of dentists that accept medical assistance in the county, once again forcing families and foster parents to commute long distances or pay out of pocket for these services.

Other resource challenges recognized by focus group members were regarding the absence of a homeless shelter and home visiting nurse program, which was recently cut from the county budget. Group members noted that this program, previously offered to families with newborns, is shown to be a preventive measure against child abuse. Focus groups members reported an overall shortage of foster homes skilled at working with special needs children, but particularly ones that work with the adolescent population. Recruitment of new foster parents was reported to be an issue and right now it is only happening by word of mouth. Adding to the resource pool of foster parents can only help relieve some of the burden for foster parents and assist with needed respite duties. The localized independent living skills program does not appear to be meeting the needs of the juvenile population at OCHHS. There are limited services available for older youth and there is a need for a transitional living programming. With no place for a transition from out-of-home care to adulthood, focus groups members stated that some of this

population ends up involved in the legal system or jail. Participants felt such a program could help youth to gain the skills they need to succeed.

E. PRACTICE – STRENGTHS

Several focus group participants said they enjoy working in a smaller county in that it is easier to develop working relationships and get to know the people they are networking with. It affords case participants better situational awareness and can break down many communication barriers. Some focus group members noted that they feel comfortable contacting caseworkers at OCHHS due to the familiarity with each other and they feel that OCHHS staff is readily available to assist them.

Focus group members noted several things going well in practice as it pertains to the CPS unit. The transfer of cases from initial assessment to the ongoing child protective caseworkers is a strength. The workers from each unit are able to meet on an ongoing and frequent basis to staff cases and share information. There is good collaboration amongst the units and this leads to a smoother transition from one caseworker to another. The entire child protective services team meets on a weekly basis. The juvenile court team meets weekly to staff cases and problem solve together. The management at OCHHS relies heavily on the decisions made by the team members, especially when management is not readily available. Focus group members felt that the child protective caseloads are manageable, much in part to the internal cooperation and the emphasis placed on providing voluntary and preventive services. For example, when a child protective service intake comes into OCHHS the case is staffed by CPS members who are able to make suggestions and offer family services on a voluntary basis outside of the court system if appropriate.

Case Monitor meetings slots are available every Tuesday to conduct a meeting with providers involved in a case. If a family is involved with more than one internal service provider then the case qualifies for entry into the Case Monitoring system. These meetings are utilized to develop an overall plan of care and then determine who is going to do what tasks on a case. The members then meet on a continual basis to track what is being done and ensure that timelines are being met. Case Monitor members generally consist of OCHHS internal providers; however, external providers are also invited to participate.

OCHHS does a good job of making efforts to locate absent parents, especially fathers. This was evidenced in the case sample that was selected and will be discussed in the second half of this report. A high percentage of fathers were rated in Section IV, the Parent/Caregiver status, and were actively involved in their children's lives. Focus group members also felt that there are good efforts being made by the department to identify relatives and assess them as a possible placement resource. The legal system in particular feels that there is good use being made of kinship placements to keep children connected with their families and in familiar settings when an out-of-home placement is required.

PRACTICE – CHALLENGES

Some focus group participants expressed frustration around after hours child abuse/neglect (CA/N) reporting and coverage. Currently the juvenile and child welfare after hours coverage is shared between the child protective services workers and the juvenile justice workers. The protocol is for all CA/N calls to go to the Sheriff's Department and then an on-call worker is paged if needed. However, some participants feel this system can be ineffective, especially if someone is calling about an ongoing child welfare problem or a child already involved in the system. It was reported that sometimes juveniles may end up in a situation involving the law when it was felt the situation could have been mediated by a trained caseworker from the child welfare system.

As mentioned in Section D: Resources-Challenges, there is a limited pool of qualified foster care resources in the county and some participants expressed a need for enhanced support and communication with this pool. With limited options for out-of-home placements and respite, the same resources are being used over and over. Some focus group members expressed frustration about there not being enough information given to these resources at the time of placement, or ongoing sharing of child specific information over time. Focus group members expressed concern that caregivers are not always included in the case planning. This sentiment was shared by other key care participants in that they are not always included or informed of case planning (e.g. schools, providers, relatives).

F. LEGAL – STRENGTHS

Overall good working relationships have been created between OCHHS and the legal professionals that work with them. The legal professionals credit some of this to the longevity of the caseworkers and once again, the familiarity of working together often due to the size of the county. Focus group participants described the caseworkers as being prepared for court hearings. The corporation counsel was described as “competent”, “thorough” and having good knowledge of the law. Many focus group participants acknowledged and appreciate that the judges' calendars are open to scheduling juvenile cases in a timely manner and that hearings are conducted in an efficient manner. Focus group participants also noted that they are receiving notice of hearings in a timely fashion and that all parties are being notified of court hearings.

Caseworkers, parents and attorneys are generally being given an opportunity to participate in court hearings. Focus group participants said that these participants are treated with respect in the courtroom. Title IV-E findings are typically made orally on the court record by the Corporation Counsel's office.

G. LEGAL – CHALLENGES

Many focus group participants noted that the relationship between the corporation counsel and OCHHS could be improved. It was reported that the corporation counsel

“wears many hats” in the Oconto County legal system and, as a result, the caseworkers may not be getting enough consultation or case staffing time. Some focus group members felt that this may be contributing to some problems with getting the legal advice that is needed on a case before entering the courtroom.

Another challenge identified by focus group participants was the inconsistent performance by the Guardians ad Litem (GAL). Participants reported that the level of involvement by the GAL appears to vary depending on the individual. While some GAL’s were described as knowledgeable and informed, some participants wondered if all GAL’s are meeting with the child(ren) outside of the courtroom. These led to the questions of whether the child’s environment and needs were being assessed adequately and, whether GAL’s are talking with caregivers and others involved to develop a fully informed recommendation about what is in the child’s best interest. Another inconsistency noted was the participation of caregivers and children in the courtroom. Some focus group members reported that these two groups are not always given the opportunity to participate or express their opinion in the courtroom.

One area of opportunity for improvement noted by focus group members was the distribution of court reports to the appropriate parties. Some felt that they are not receiving these reports in enough time to properly read and review them before the court hearing. Frequent delays/continuances in contested cases were other areas identified as a barrier in the legal realm. Some members felt these delays are due to the late appointment of attorneys. This can be disappointing to foster parents who take the time to travel with a child to a hearing and then it is continued. Another focus group participant reported that in cases involving a Termination of Parental Rights (TPR) there is a need for a series of dispositional hearings and this usually takes a lot of time and can contribute to court delays. Many of the focus groups participants noted that there are not a lot of TPR hearings in Oconto County. Focus group members cited numerous reasons for this including that there are three very good defense attorney’s in the area that are prepared to vehemently fight a TPR hearing, the enormous amount of time and money it takes for a TPR effort, and because OCHHS is working diligently with parents. Another reason cited by focus group participants was that there are exceptions to the Adoption and Safe Families Act (ASFA) requirement that says that the state should file a TPR on cases where the child has been in foster care for 15 of the most recent 22 months. Focus group members noted that these “compelling reasons” to ASFA are being utilized and in turn a TPR is not being requested. Though there is not clarity around the reason it has been several years since a TPR has been filed, it is worthy of exploration by the system to determine if children’s best interests are being served and, if overall CFSR time to permanency requirements are being met.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

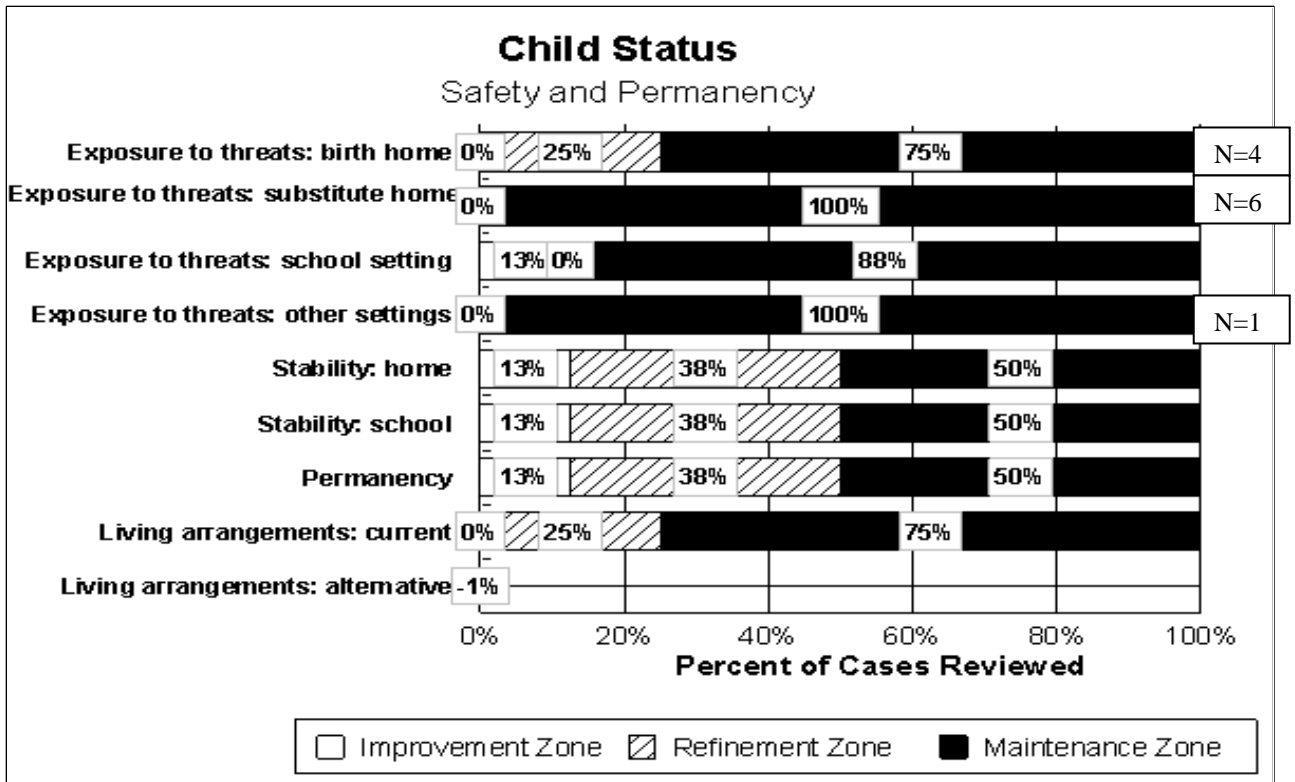
The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following 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>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>

Notes: The zones on the left represent QSR scoring while the ranges on the right commensurate with the Child and Federal Services Review (CFSR) standards.

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



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

Comments: This indicator looks at a child’s exposure to factors that might cause them to be at risk of maltreatment in various settings. The children in this sample were found to be in settings where those who had caregiving responsibilities were providing adequate levels of protection. One hundred percent of the sample children rated in the acceptable range according the Child and Federal Services Review (CFSR) standards and were found to have adequate to optimal levels of protections in their birth homes, substitute homes, school and other relevant settings. One case reviewer described the safety measures that were put into place in a substitute care home, “Both foster placements and schools were informed early on about the focus child’s emotional and behavioral challenges. In both homes there was an alarm on his door as a safety precaution. In addition the current treatment foster home parents and the school indicate that they give him constant supervision.”

Stability: To what degree are the child’s daily living, learning, and work arrangements stable and free from risk of disruption? Are the child’s daily settings,

routines, and relationships consistent? Are known risks being managed to achieve stability and reduce the probability of future disruption?

Comments: When evaluating a child’s stability, reviewers look at the number of disruptions or unplanned moves that the child has had in the past six months and also make a prediction as to the likelihood the child will experience any life disruptions in the next six months. All eight cases in the sample were scored for stability in the home and school setting. According to CFSR standards, 63 percent were in the acceptable range for stability in the home, and 75 percent were acceptable in school. One case reviewer described a child who had poor stability in both of these settings, “Based on information from those interviewed, the focus child is living in a home that many doubt can endure for much longer due to his extensive needs and the lack of resources for him in the community. His stability is rated poor at this time. He has had two placements in the last six months and those involved state this did not result in any progress, and he has had four placements in the past year.”

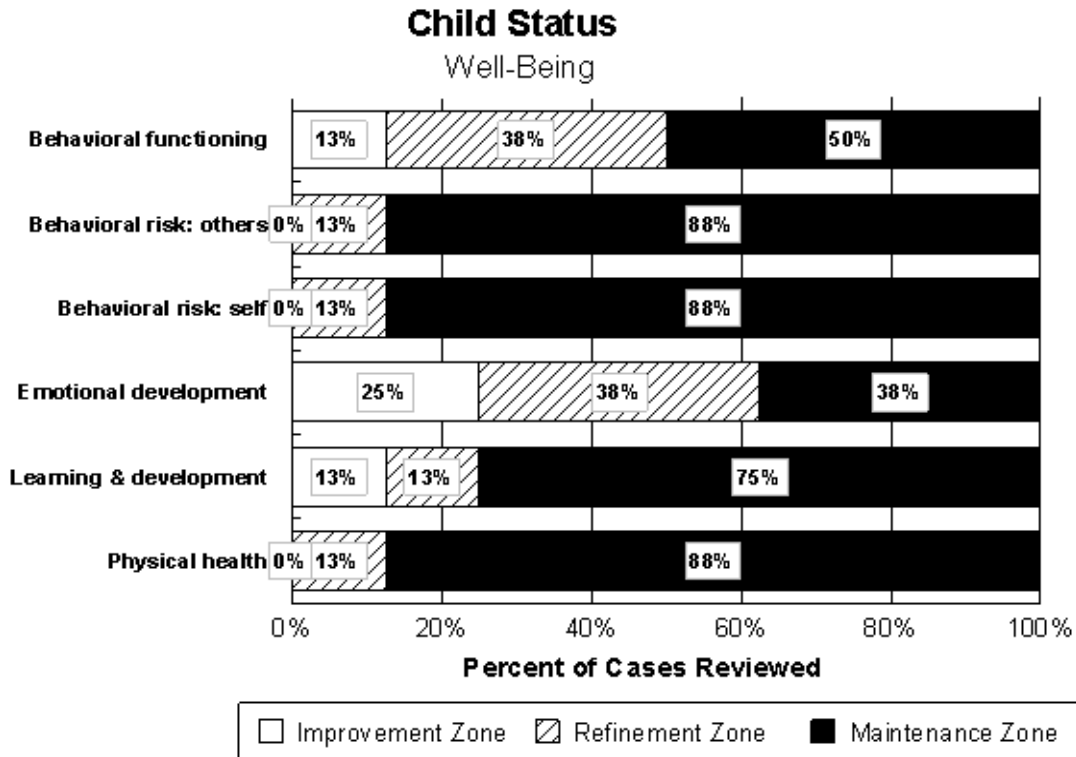
Permanency: Is the child/youth living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers, and other stakeholders believe will sustain until the child reaches adulthood and continue onward to provide family connections and supports? If not, to what degree are permanency efforts presently increasing the likelihood that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

Comments: Permanency scores for the eight focus children were mixed, with four (50 percent) scoring in the maintenance zone, three (38 percent) in the refinement zone, and one (13 percent) in the improvement zone. One case reviewer wrote of a child who is living in a treatment foster home after being removed from his adoptive home approximately one year before the review, “Permanency for the focus child is still somewhat uncertain. The initial goal upon placement was for reunification with TPR/Adoption as the concurrent goal. However; those goals changed back and forth over the past few months.”

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: As reflected in the scores, children in the sample are living in settings that appropriately meet their needs. In home settings children in the sample were found to be in the one hundred percent acceptable range according to CFSR standards. No children in the sample were rated in the “alternate living arrangements”, which refers to any other place the child has slept and received care in the 90 days before the review. One case reviewer wrote of an older youth who has a child of her own and is placed in out-of-home care, “The current foster care placement is a strength for [the focus child]. Her

child was allowed to be placed with her and the foster mother is patient and 'easy going'. It was reported that [the focus child] and her foster mother have a good relationship. It was noted that [the focus child] has not had any further delinquent behavior since being placed at the foster home over a year ago."



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: This indicator looks at how a child interacts with peers and adults in their environment. Reviewers examine if the focus child is displaying any disruptive behaviors that interfere with the child's overall functioning. Of the eight children scored in this indicator, four were in the maintenance zone (50 percent), three in the refinement zone (38 percent) and one in the improvement zone (13 percent). One case reviewer described a focus child who scored in the maintenance zone and is making some progress in his behaviors, "His early behavior was characterized as 'mean' and 'destructive.' It was also reported that until very recently after infrequent telephone conversations with his mother, he would get very angry and take his anger out on people and property. During the past month, since his birthday, he has not had any angry outbursts after these conversations."

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

Comments: This indicator looks at behaviors that could cause risk of harm to either self or others. Seven of the eight focus children scored in the maintenance zone, indicating the children in the sample are generally not a behavioral risk to themselves or others. One focus child in the sample scored in the refinement zone and the reviewer described the behaviors that are believed to put this child at risk to himself, “He has had two recent suicide attempts resulting in two placements, a residential care center and a child psychiatric unit several months later. Three months after returning from the residential care center, he was hospitalized for suicidal behavior when he was riding his bike on a highway, saying he did not want to live any longer.”

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

Comments: Emotional development looks at a child’s ability to function adequately and age appropriately on a daily basis. It takes into account how well a child is adjusting to change and the adverse life circumstances they may have encountered. All children in the sample were scored in this indicator, with three children falling into the maintenance zone (38 percent), three in the refinement zone (38 percent), and two (25 percent) in the improvement zone. One reviewer described a child who scored in the refinement zone, “The focus child struggles with issues of poor attention, is easily frustrated, quick to anger, and gets teary when frustrated. He is said to have a short fuse, can escalate quickly, and be very verbal or ‘mouthy.’ He appears to continue to struggle with issues of abandonment, grief and loss, frustration, anger, and has a fear of failure, humiliation and rejection. That fear of failure, humiliation and rejection then manifests itself in negative and impulsive behaviors.” This case illustrates how a child’s emotional delays can be related to poor behavioral functioning. It should also be noted that all eight of the children in the sample have been exposed to some form of trauma, which can also be correlated to poor emotional functioning.

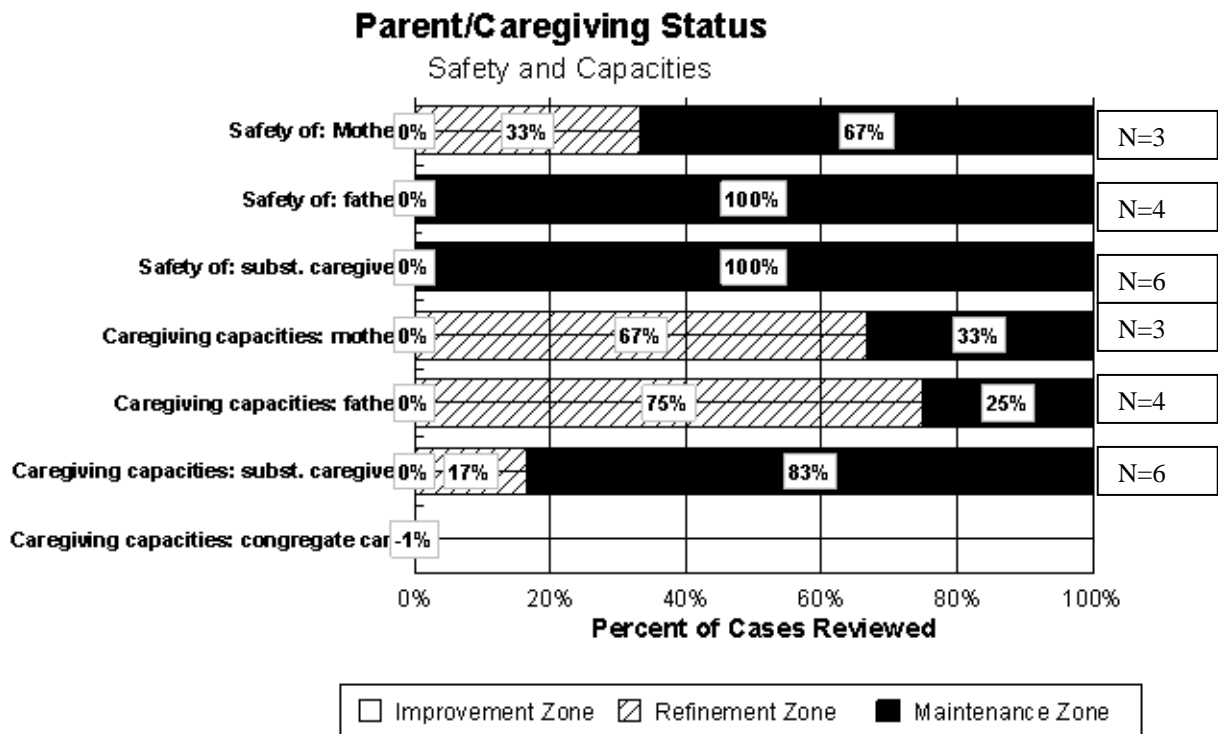
Early Learning & Development (Under Age 5): To what degree is the young child’s developmental status commensurate with his/her age and developmental capacities? Is the child’s developmental status in key domains consistent with age-appropriate expectations?

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: Children in this sample are generally developing and learning at a level consistent with their age and/or abilities. Six focus children scored in the maintenance zone (75 percent), one in the refinement zone (13 percent) and one in the improvement zone (13 percent). One reviewer wrote of a focus child who scored in the maintenance zone, “The focus child is doing well in school and is on track in her learning and development. She attends kindergarten and has been described as having typical skills for a child in kindergarten. The focus child is bright; she makes friends easily and appears to really like school. Her attendance is good.”

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: Similar to the to the other children who were subject to the Quality Service Review in Wisconsin the children in this sample were found to be physically healthy or as having their health needs met. One hundred percent were found to be in the acceptable range according to CFSR standards.



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: This indicator evaluates the safety of parent and caregivers as it pertains to threats to safety and the potential risk of violence in the home. Of the six caregivers rated in the sample, all were found to be in the maintenance zone. Three mothers were scored in the sample and two (67 percent) were found to be in the maintenance zone with one (33 percent) in the improvement zone. Four fathers were rated and they all scored in the maintenance zone. One reviewer said of a father in the maintenance zone, “The father is living in the home of his parents, which is in a safe neighborhood. He does not have any habits or behaviors that put him in risky situations.”

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)?

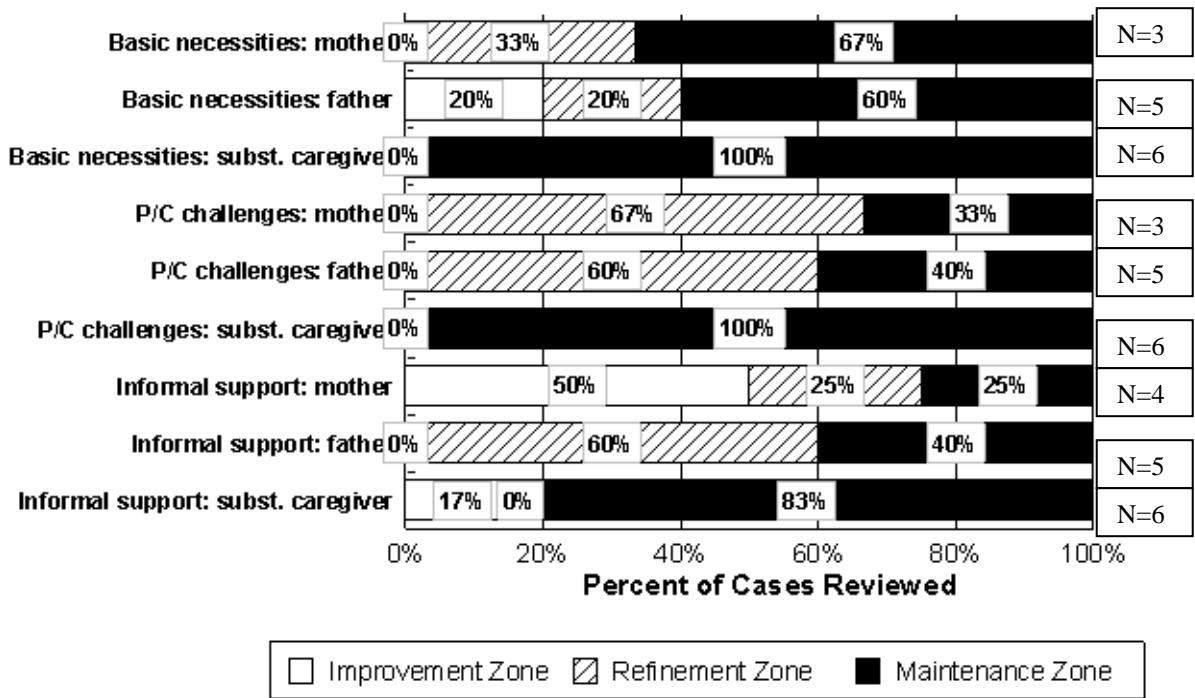
Caregiving Capacities (Congregate Settings): To what degree are the child’s/youth’s primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments: This indicator addresses the parent and/or substitute caregiver’s ability to provide for the focus child’s basic and special needs on a daily and dependable basis. Of the six caregivers rated, five (83 percent) scored in the maintenance zone and one (17 percent) was rated in the refinement zone. Three mothers were rated and one (33 percent) scored in the maintenance zone with two in the refinement zone (67 percent). Of the four fathers rated one was in the maintenance (25 percent) and three (75 percent) in the refinement zone. It should be noted that in this indicator the father’s scores were slightly higher than the mother’s scores, while in the first 42 counties participating in the Wisconsin QSR¹ mother’s caregiving capacities scored higher than fathers. One case reviewer described a father in the refinement zone who was the primary caretaker for the focus child but making progress in his capacities, “The father is new to being a full time single parent and admits that he is not sure what he is doing at times. He is looking forward to attending a parenting class he recently signed up for to learn parenting techniques. The father is open to enhancing his ability to parent his children.”

¹ This refers to the data gathered in the first 42 Quality Service Reviews conducted in Wisconsin. These statistics include the Bureau of Milwaukee Child Welfare, which has been reviewed twice.

Parent/Caregiving Status

Necessities/Challenges/Support



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 found that mothers and fathers in this sample are struggling to provide for their family’s basic living requirements. Mothers once again scored lower than fathers in this indicator. Of the three mothers scored two (67 percent) were in the maintenance zone and one (33 percent) was in the refinement zone. Of the five fathers three (60 percent) were in the maintenance zone, one (33 percent) in the refinement zone, and one (33 percent) in the improvement zone. A reviewer described a case of the “working poor” that was mentioned by focus group members as a issue in Oconto County, “The father works full time as a machinist; however, it appears that he does struggle financially. He does receive food stamps and daycare assistance. He applied for housing assistance; however, he was denied due to a drug charge from when he was 17 years old. He will be eligible to reapply in a year or two. It is unknown if he would be able to make it if he wasn’t living in his parents’ home.” This case example also illustrates the impact that co-occurring conditions (e.g. AODA) can have on a family. In

the case sample as a whole, six (75 percent) of the eight cases reviewed had at least one parent identified as having a substance abuse problem.

Of the six caregivers scored in this indicator, one hundred percent scored in the maintenance zone. One case reviewer described the strengths of a foster family, “The foster father is employed; they have housing, access to vehicles, and the ability to provide adequately for basic needs and a stable living arrangement.”

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 diminished caregiver capacities that affect the parent or caregiver’s ability to adequately and safely care for the child, such as substance abuse, mental illness, and cognitive disabilities. The scores indicate that this is an area of challenge for both mothers and fathers. Of the three mothers scored, one (33 percent) was in the maintenance zone and two (67 percent) fell into the refinement zone. Of the five father’s scored two (40 percent) were in the maintenance zone and three (60 percent) were in the refinement zone. In the case sample 50 percent of parents were identified as being trauma exposed. Exposure to trauma is often linked to a caretaker’s ability to meet the needs of a child. A reviewer illustrated this in a case story example of a father whose child was living in an out-of-home placement, “The father has Post Traumatic Stress Disorder (PTSD), is diagnosed as having a mood disorder NOS, generalized anxiety disorder, suspicion of bi-polar, and sleep apnea. He was described as anxious, avoidant and socially isolated. He admitted to extensive heroin and alcohol abuse but said he is ‘clean’ now. Those interviewed felt he is still using substances. He is currently struggling to maintain the placement of a 10 year-old sibling to the focus child.”

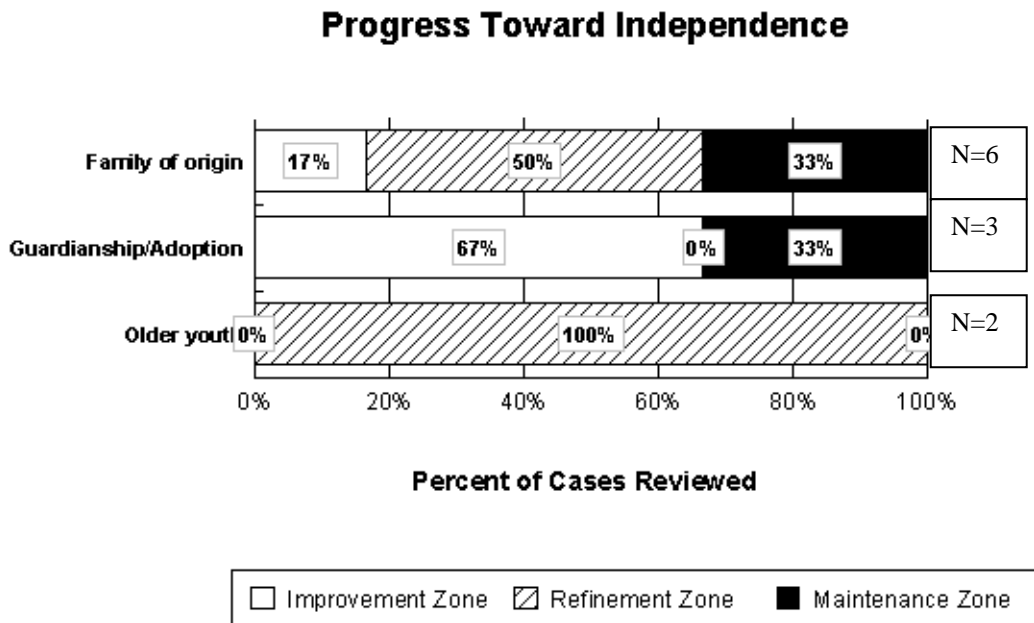
Informal Support System: To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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: Not unlike parents in other counties in Wisconsin who have participated in the Quality Service Review, the parents in Oconto County are struggling to identify and utilize informal resources that can support them. Of the four mothers that were scored in this indicator, one (25 percent) scored in the maintenance zone, one in the refinement

zone (25 percent), and two (50 percent) in the improvement zone. Of the five fathers rated, two (40 percent) scored in the maintenance zone and three (60 percent) in the refinement zone, once again indicating fathers are doing slightly better in this indicator. A case reviewer described a mother who is struggling with identifying these supports, “Our focus child’s mother seems to have few, if any, people in her life who are a consistent support for her, people who can nurture her and help her to learn to care better for herself. There is a concern that she may not be able to internalize any of these changes without ongoing and sustainable supports in her life.”

Caregivers in this category scored slightly lower in this indicator than in the other indicators. Six cases were rated with five (83 percent) in the maintenance zone and one case (17 percent) scored in the improvement zone. In the one case that scored in the improvement zone the reviewer described a caregiver who has a challenging focus child and was concerned that without stronger informal supports the out-of-home placement may become unstable, “The foster parents scored lowest in the area of informal supports as they appear quite isolated from friends and family. Neither of them identified any type of outside friends, family, or community involvement or activity that gives them an opportunity to exchange experiences, strategies, and successes or challenges in their own lives.”

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 addresses whether families are making sufficient progress to move to safe case closure and achieve independence from the county agency. Of the six case that were scored, two (33 percent) were in the maintenance zone, three (50 percent) in the refinement zone and one (17 percent) in the improvement zone. In one of the cases that scored in the refinement zone the primary plan was to reunify with the father. The reviewer wrote, “At the time of the review there was no progress toward the goal of reunification. The father and stepmother had recently made an appointment to begin family therapy. They seemed to believe that any work on their part would be a waste of time if the children did not want to return home. While there was no formal goal of guardianship with a relative, there was much discussion of this being a possible alternative plan for the children. This option had been presented to the father, but he had not formulated a direct opinion.”

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: There were three cases in the sample that were rated in this indicator. One (33 percent) was scored in the maintenance zone and two (67 percent) fell into the improvement zone. One case that scored in the improvement zone was a child who had been in out-of-home care for over three years. The agency had tried to pursue a termination of parental rights (TPR) plan but as the reviewer wrote, “The goal of TPR/Adoption was rejected by the court and the adoptive resource is at risk of disruption.” The Adoption and Safe Families Act (ASFA) mandates that children find permanency in a more timely fashion, but as this case illustrates, it can be challenging when all systems are not in agreement.

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: Not unlike the children reviewed in the first 42 Quality Service Reviews, Progress to Independence for Older Youth is an area of opportunity for growth. There were two cases scored in this indicator with both of them falling into the refinement zone. One case reviewer described a youth who was approaching adulthood, “Unfortunately the referral for [the focus child] to participate in an independent living skills program was made one month prior to the review. There are many goals that do not have specific plans by which to achieve them. [The focus child] currently has no sustainable supports, other than the foster mother. She is not currently employed and she has not applied for higher education. There is also a question as to where she will live once she graduates.”

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

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

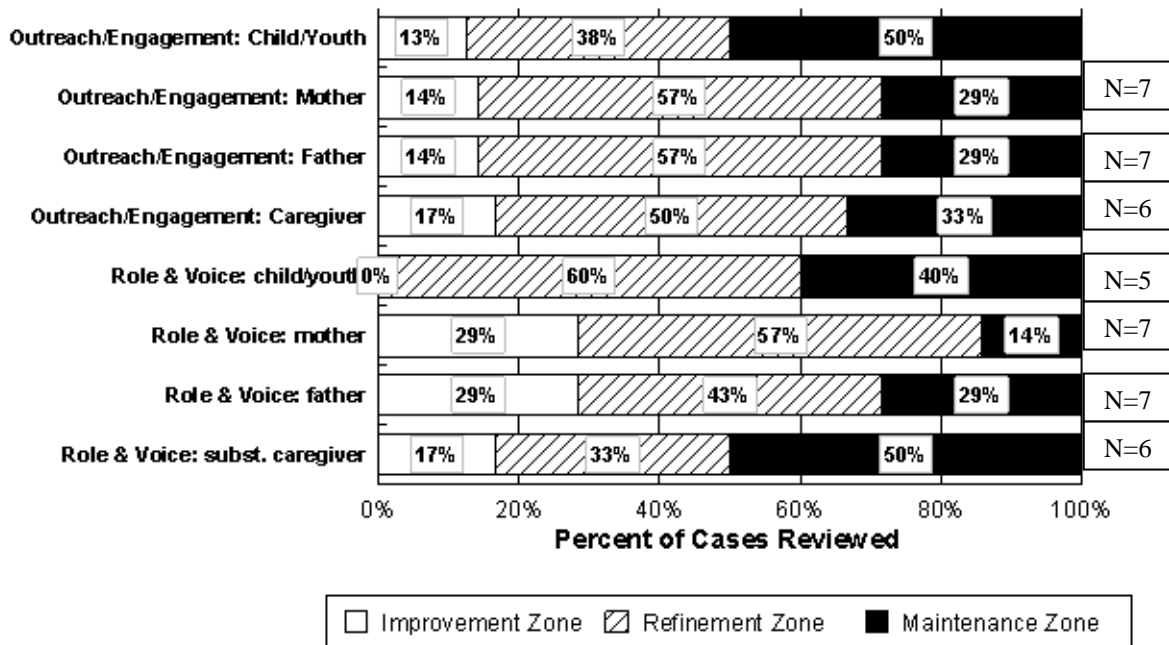
QSR Interpretative Guide for Practice Performance Indicator Ratings		
<p>Maintenance Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>6 = OPTIMAL & ENDURING PERFORMANCE. <u>Consistent, effective practice</u> for the person in this area for the <u>past 6 months</u> or since admission if less. The level of performance is indicative of <u>exemplary practice and results</u> for the person.</p> <p>5 = GOOD ONGOING PERFORMANCE. The practice function is <u>working dependably</u> for the person, under changing conditions over the <u>past 3 months</u>. Effectiveness level is <u>consistent with long-term outcomes</u> for the person.</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.</p>	<p>4 = FAIR PERFORMANCE. Performance is <u>minimally or temporarily sufficient to meet short-term need or objectives</u>. Performance in this area of practice has been no less than <u>minimally adequate</u> at any time in the <u>past 30 days</u>, but may be short-term due to changing circumstances, requiring change soon.</p> <p>3 = MARGINALLY INADEQUATE PERFORMANCE. Practice may be <u>under-powered, inconsistent or not well-matched to need</u>. Performance is <u>insufficient at times or in some aspects 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 is <u>fragmented, inconsistent, lacking necessary intensity, or off-target</u>. Elements of practice may be noted, but it is <u>incomplete or not operative on a consistent or effective 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>

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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.

Practice Performance

Engagement/Role & Voice



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

Comments: Engagement is a critical component of the QSR case practice model, serving as the foundation for working with children and families. This indicator considers not only the caseworker’s skills at engaging, but the system’s ability to develop a trust-based working relationship with the child and family that fosters behavioral changes. Engagement with all eight focus children was scored, with 75 percent in the acceptable range according to CFSR standards. One reviewer wrote of a caseworker’s engagement with an older focus child, “There has been one caseworker throughout the case. This has allowed for solid engagement with [the focus child]. She is comfortable talking with the caseworker... She expressed that she trusts the caseworker and that she felt he ’believed her.”

Seven cases were scored for Engagement with mothers and 71 percent scored in the acceptable range of CFSR standards. One case reviewer described a case that illustrates the importance of the entire system working to engage participants, “[The mother] has not been engaged in the change process and at this time is not participating in any

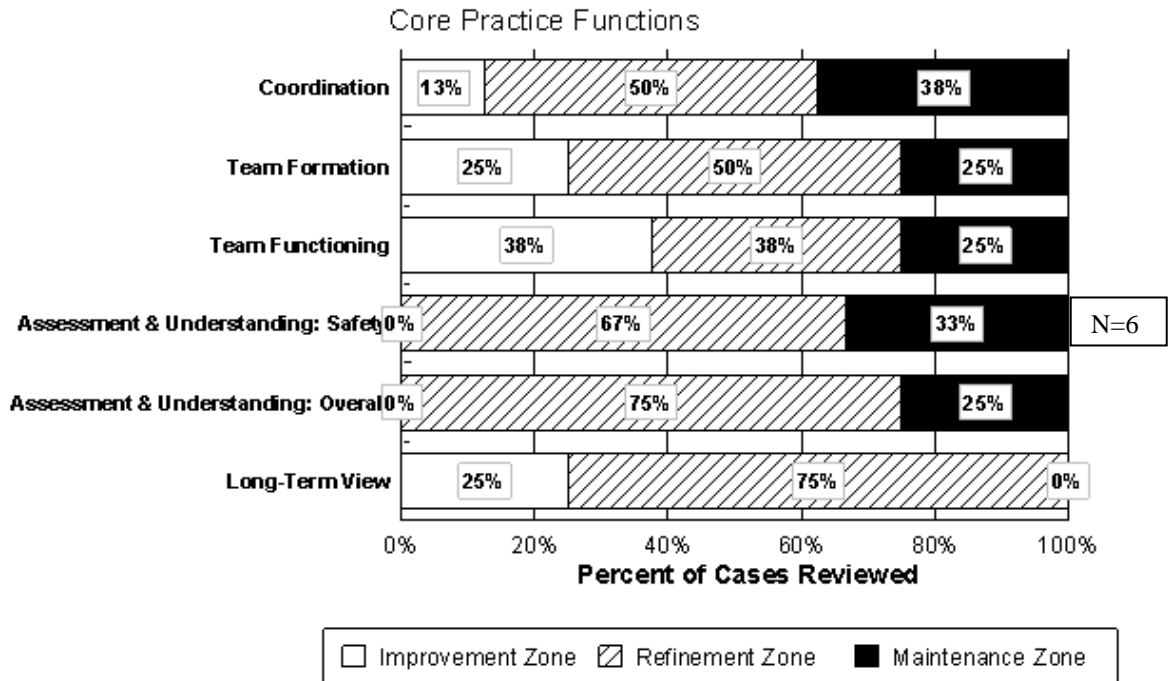
services to enhance her parental capacities despite attempts by the worker to engage her. It is unclear what the barrier is to engage mother at this time. There was speculation by some participants interviewed that the mother's criminal defense attorney may be advising her to hold off on participating in services until her criminal court case is settled." Engagement with fathers scored slightly lower than mothers with seven cases rated; 57 percent were found to be in the acceptable range. Engagement with substitute caregivers was rated the highest with 83 percent of the six cases scoring in the acceptable range.

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: Often times if a participant is engaged in the process they contribute a stronger role and voice in planning and shaping the decisions and outcomes in a case. Five children were scored in this category with 80 percent found to be in the acceptable range according to CFSR standards.

In this sample mothers appear to be engaged in the process, but not contributing a solid role and voice. Of the seven mothers scored, role and voice dropped to only 29 percent acceptable according to CFSR standards, indicating that this could be an area of opportunity for improvement in case practice. Of note is that seven fathers were rated in this indicator with a 57 percent overall acceptable rating. This is higher than the first 42 counties reviewed in the state of Wisconsin, where fathers only had an overall acceptable score of 41 percent. One reviewer illustrated this in a case example that stated, "The Social Worker honors [the father's] role as a decision-maker for his children. The father objected to the grandparent's choice of dental provider, so the Social Worker encouraged the grandparents to go with the provider preferred by the father." The substitute caregivers had an overall 67 percent acceptable rating indicating that though they may be engaged in the process, they do not feel like they have a strong role and voice in decision making.

Practice Performance



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: When evaluating coordination reviewers identify whether there is a single point of leadership in case practice, regardless of who on the team fulfills that role. All eight cases were scored for coordination; three (38 percent) scored in the maintenance zone, four (50 percent) in the refinement zone and one (13 percent) in the improvement zone. One case reviewer described the impact that good coordination can have on a case, “The Social Worker provides a single point of coordination and leadership, by communicating regularly with key players, and keeping them updated. Because of this, services are generally integrated across settings and providers. The Social Worker attempts to communicate with the father through phone calls, letters, and even unannounced visits to the home. She recognizes a need to adjust her strategy and find a way to motivate the father to address the concerns in his 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: Teaming is a key component in the practice model imbedded in the Quality Service Review, as it closely relates to many other areas of the practice model including assessment, planning and the long-term view for safe case closure. When a team is assembled and utilized, good tracking and adjustment of the case plan can take place accordingly. In this sample, with all eight cases rated, team formation scored at 50 percent acceptable according to CFSR standards and team functioning scored at 25 percent acceptable. This would indicate that there are opportunities for inclusion of more key members in case planning as well as improving the effectiveness of the collective work toward desired outcomes. One case reviewer described a case that scored in the improvement zone for formation and functioning. This case illustrates how important it is for all those working with the family to have the same information and understanding: “There is no formal team at this time. The service providers aren’t meeting or talking to each other around planning or progress in this case. The providers are for the most part acting independently of each other, although most that the reviewers spoke to would find it beneficial to be able to share ideas and plan together on this case. For example, there was an incident where mother ‘tricked’ the father into believing that her supervised visitation requirements had been changed and that she was allowed to take the children for the weekend. The father stated that he didn’t believe she would lie about this and let the children go with their mother without verifying it with the ongoing worker.”

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: Assessment and understanding of safety appears to be an area of strength in case practice for Oconto County. With all eight cases rated, this indicator scored at an 83 percent acceptable rating according to CFSR standards, which is comparable to the QSR review scores in the first 42 counties. One case reviewer wrote of a case where a father recently gained custody of this two children and was open to learning new parenting skills and working on his protective capacities, “The father participates in court ordered Alcohol and Other Drug Abuse (AODA) counseling due an Operating While Intoxicated (OWI) arrest in 2007; however, the counselor feels he no longer needs counseling around AODA issues. The father has requested to continue counseling as he has found it helpful to have someone to talk to.”

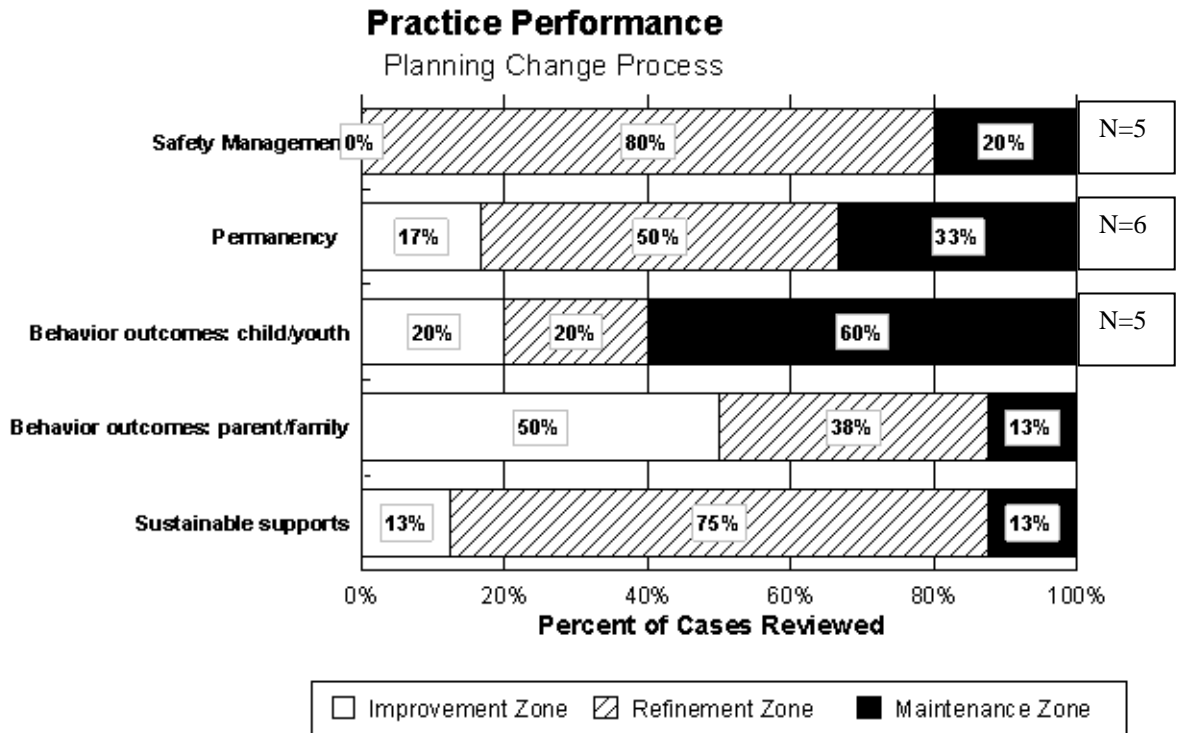
ASSESSMENT & UNDERSTANDING - OVERALL: To what degree: Is there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child and family of origin or

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 indicator expands further than safety and looks at the team's overall understanding of what is required for a family to achieve independence from the agency. With eight cases scored, two (25 percent) scored in the maintenance zone, and the remaining six (75 percent) scored in the refinement zone. One case reviewer described a case that scored in the refinement zone, "The mother has not completed the AODA assessment or the psychological assessment that the court and agency have required her to complete. Since these assessments are not complete and the mother does not appear to have been completely open about her circumstances, there is not a clear picture of the mother's underlying needs. The agency and even the father don't fully know what may have happened to the focus child while in the care of her mother."

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

Comments: Long-term view is associated with the question "How will a family and their team know when they are done?" Long-term view should ideally be established as early as possible in the case as it is the guide for planning services and supports to assist a family in becoming free of agency intervention. Like most counties in their first review, there are opportunities to enhance this practice area in Oconto County. With all eight cases rated, Long-Term View scored at 50 percent acceptable according to CFSR standards, which is equivalent to the scores of the counties participating in the first 42 Quality Service Reviews conducted in Wisconsin. One case reviewer described the importance of completing the assessment phase to help with developing a "big picture understanding" for case closure: "This case seems to have been in the assessment phase for a long time resulting in there being no long-term view for the focus child. This long assessment phase has also been a barrier to planning for eventual case closure. No plan has been formed to address the behavior changes needed by [the parents] and child before reunification can occur, or the sustainable supports [the family] would need. Also no other resources have been explored should reunification not end up being the goal."



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: Scores in Oconto County in the area of planning for safety were slightly higher than the first 42 QSR reviews. The five cases scored were found to be in the 80 percent acceptable range according to CFSR standards, as opposed to 73 percent in those first 42 reviews. There was a correlation between scores in safety assessment and scores in the area of planning for safety. One reviewer wrote, “Planning for safety has also been good. There are alarms on doors as needed, the foster parents verbalized a safety plan established should the foster child get out of control, a meeting with school personnel was held to help apprise them of the focus child’s problems and the focus child is closely supervised at all times.”

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: Planning for permanency is an area in which there is an opportunity to enhance case practice. Successful planning requires utilizing assessments of the family's strengths, needs and underlying issues. The development of strategies to achieve permanency for children requires the team to have a shared vision for the family and then develop a clear path to achieve outcomes. Six cases were scored for this indicator and two (33 percent) were in the maintenance zone, three (50 percent) in the refinement zone, and one (17 percent) in the improvement zone. One case reviewer described an older youth who had been in an out-of-home placement for 1½ years and was not likely to be returning to her father's care, "There has been no adjustment to the permanency plan of reunification even though there has been no progress made toward this goal. The focus child's counseling has not evolved to include her father, although this was determined to be important whether she returned home or not. There is a need to articulate a concurrent goal of independent living."

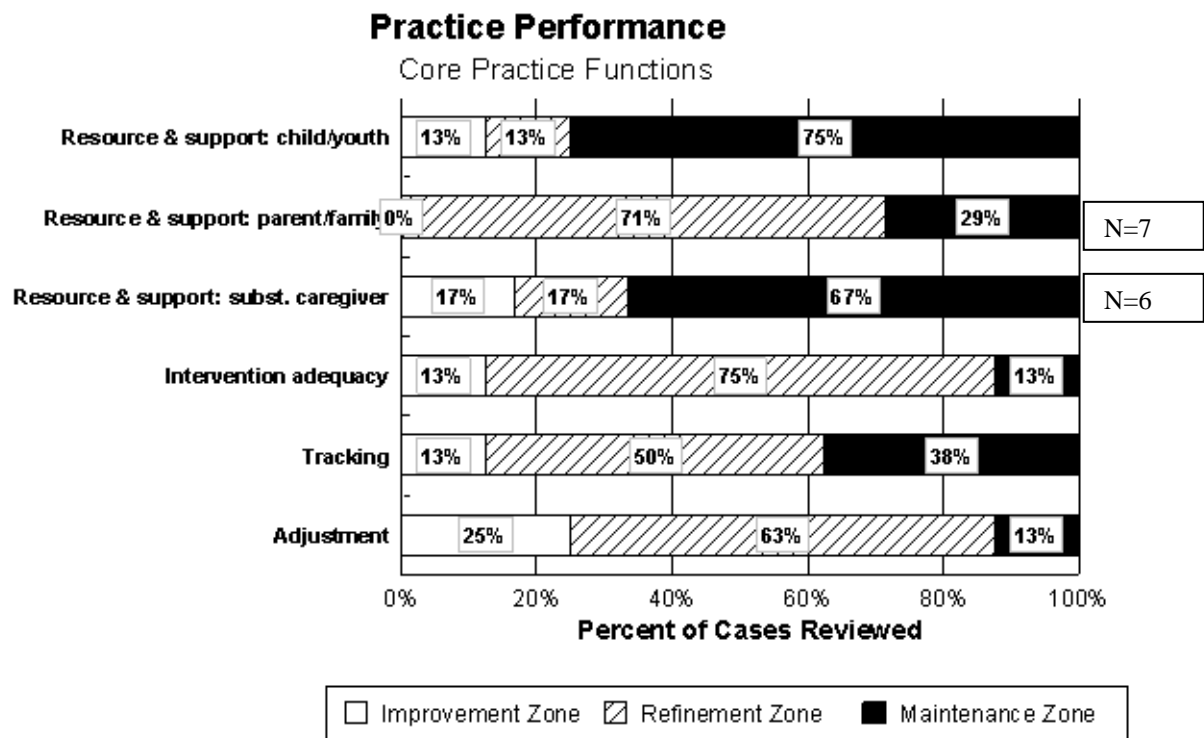
PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES:
To what degree is a well-reasoned, ongoing planning process being used to drive strategies and actions for a behavior change process that provides, as needed, for: Acquisition and demonstration of knowledge and skills necessary for parenting? Reduction 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: Planning a change process for child behavioral outcomes was a strength in this sample. With five cases scored, this indicator was found to be in the 80 percent acceptable range according to CFSR standards, which was comparable to the scores in the first 42 QSR reviews. One case reviewer described a child who had to be hospitalized for safety reasons and upon his discharge, planning for behavioral outcomes was put into place, "The child and family were referred to counseling following discharge from the hospital. The initial counseling referral was individual sessions for the child; however, upon assessment of the situation the therapists suggested in-home family counseling to be included as well."

Planning for a change process for parental behavioral outcomes did not score as high. Eight cases were rated for this indicator, with 38 percent found to be in the acceptable range according to CFSR standards. One case reviewer wrote, "There has not been an ongoing planning process with the father to address issues that led to placement, nor have any service providers been identified for him." This case example illustrates the need to plan for behavior changes with parents using specific strategies and then determine how the outcomes will be demonstrated and measured.

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 informal systems of support in place at case closure are more likely to sustain positive behavioral changes made prior to case closure and thus, less likely to come to the attention of the child welfare system again. While parents are struggling to identify and utilize informal supports that will be available beyond safe case closure, the child welfare system as a whole is also struggling to assist families in planning for sustainable supports. This is true in Oconto County as well. All eight cases were scored in this area, with one (13 percent) in the maintenance zone, six (75 percent) in the refinement and one (13 percent) in the improvement. A reviewer wrote of a case where the focus child could potentially be adopted by his foster parents, “The child and foster family are void of sustainable supports that could help them to stabilize or maintain following case closure. It was felt by some interviewed that the foster parents have taken a ‘wait and see’ attitude and are not receiving or taking advantage of necessary supports to improve their caregiving of [the focus child]. It was particularly difficult for the foster parents when the focus child was home schooled, and since this is likely to occur again if his school behavior does not improve, ongoing planning around sustainable supports in this area would be helpful.”



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

Comments: Resource and support use for children in this sample is an area of strength in case practice. Of the eight children that were scored, six (75 percent) were in the maintenance zone, one (13 percent) in the refinement zone and one (13 percent) in the improvement zone). These scores are comparable to the first 42 QSR reviews conducted. One case reviewer said, "[the focus child] has received individual counseling and educational guidance that have supported her positive functioning at home, at school and in the community."

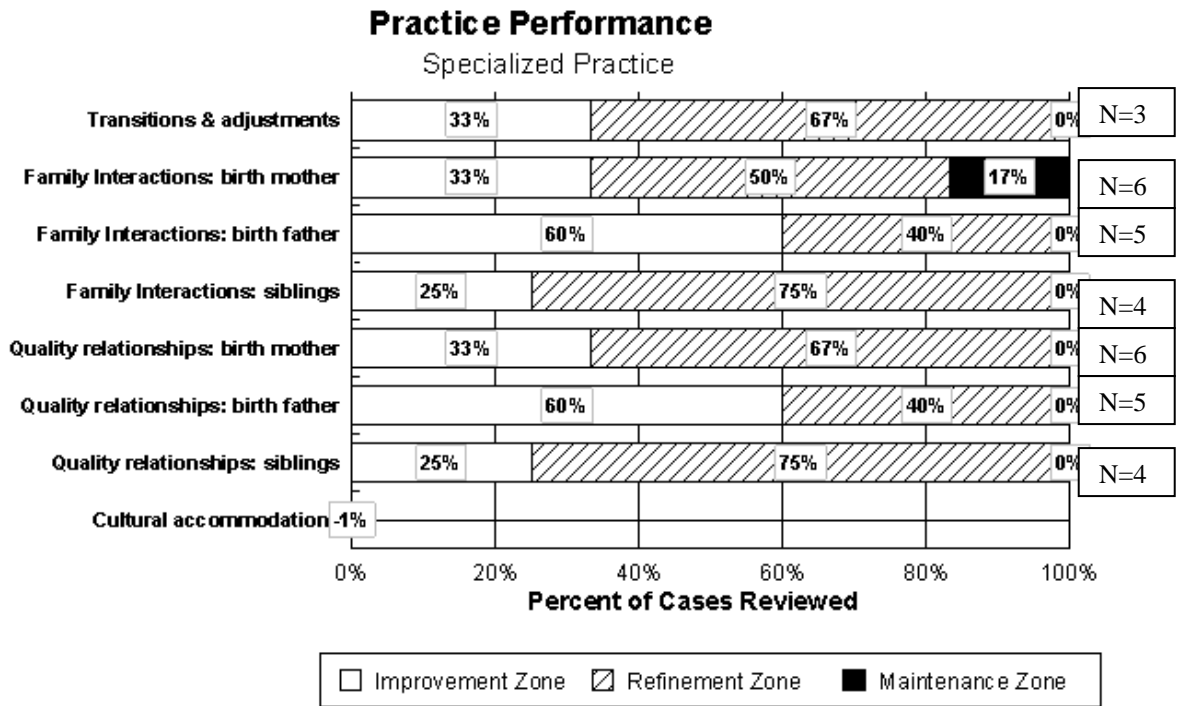
Resource and support use for parents and caregivers scored lower. With seven parents rated, two (29 percent) were in the maintenance zone and five (71 percent) fell into the refinement zone. Six substitute caregivers were rated, with four (67 percent) in the maintenance zone, one (17 percent) in the refinement, and one (17 percent) in the improvement. One case reviewer wrote of a foster mother, "It is unclear as to who supports the foster mother. She explained that there had been trainings and seminars that she used to attend as they were very educational and assisted her in acquiring necessary skills as a foster parent. She stated that these seminars, which were sponsored by the agency, had been reduced significantly and that the trainings offered at this time did not provide her with new information."

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: This indicator addresses the intensity, duration, and power of intervention strategies that have been implemented and whether it is enough to make sustainable changes. This is an area of practice that is proving to be challenging in Oconto County. All eight cases were scored with one (13 percent) in the maintenance zone, six (75 percent) in the refinement and one (13 percent) in the improvement zone. A case reviewer described an older youth who needs more intense skill building as she approaches independence, "The independent living skills program seems underpowered at this time. In speaking with the program's caseworker, it was clear that there are many other services available in the program that [the focus child] is not currently accessing."

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: During a family’s journey to reach their destination of safe case closure, it is imperative to monitor progress and make adjustments to services as needed. Tracking appears to be a strength in this sample, as it scored higher than the first 42 counties that have completed the QSR review. With all eight cases scored, tracking was found to have an 88 percent acceptable rating according to CFSR standards. Adjustment scores were somewhat lower with a 63 percent acceptable rating, which is comparable to those first 42 counties that were reviewed. A case reviewer described a situation in which there was a lack of communication amongst case participants and how this then effected the adjustment of services, “Although counseling initially for [the focus child] alone, later including her [parent] is identified as a needed service for reunification, the caseworker and [the focus child’s] therapist have not been in contact and the therapist is planning to retire in December 2008.”



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: For children who are currently having a major life transition or have impending transitions, it is important for those involved to anticipate and plan for this. In the Oconto review, three children were identified as having a situation involving a transition. With two (67 percent) in the refinement zone and one (33 percent) in the improvement zone, there appears to be an opportunity for enhancement of planning for transitions in case practice. One case reviewer wrote of a case scoring in the refinement zone, “[The focus child] is faced with a number of transitions. She recently gave birth to a son she placed for adoption; she recently became engaged; her therapist plans to retire soon; she may or may not return to her father’s care, and within the next year she will become an adult. While arrangements have been made to address some of these transitions to varying degrees, reunification with her father has not been addressed.”

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?

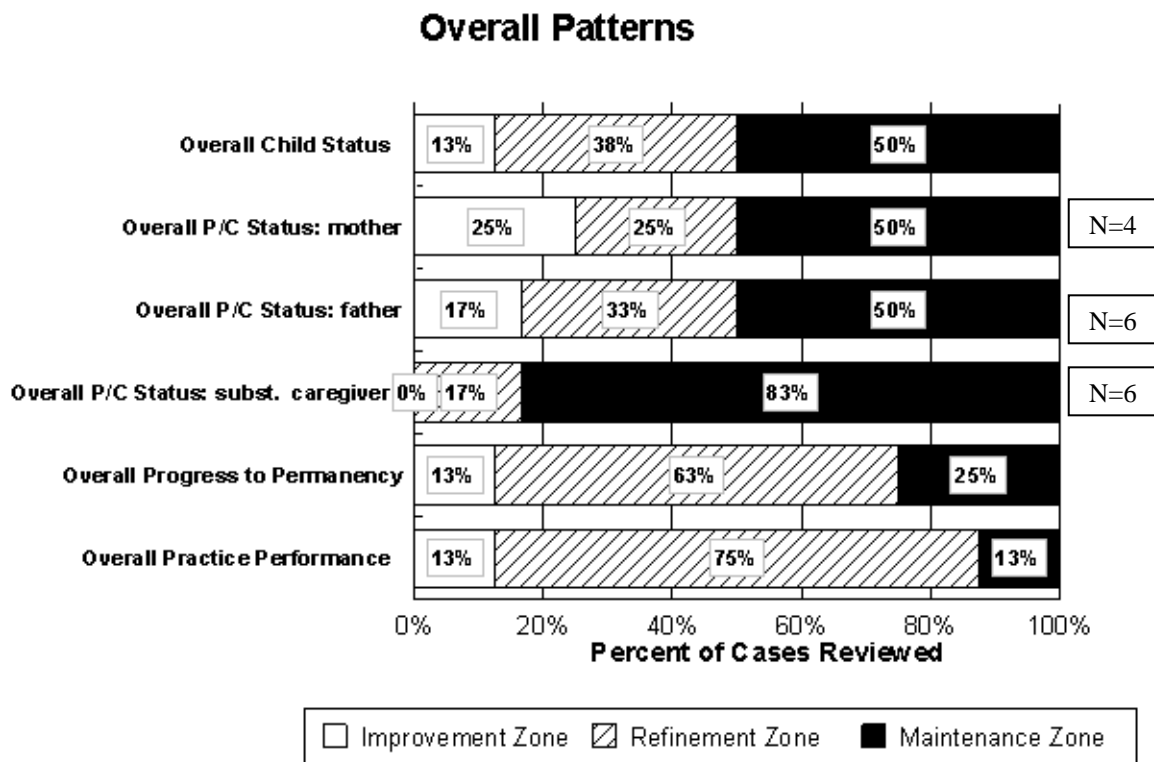
QUALITY FAMILY RELATIONSHIPS: When children and family members are living temporarily away from one another, how well are specifically planned strategies and supports working to build and sustain good quality family relationships through various appropriate means, unless compelling reasons exist for 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: Family Interactions addresses the frequency and opportunity for family interaction when children are not living with their family of origin, while Quality of Family Relationships evaluates the success of strategies to build healthy relationships amongst family members who are living apart. In the Oconto review, both family interactions and quality of these interactions are areas of opportunity for improvement in practice. Six mothers were scored in this indicator with 33 percent found to be in the CFSR acceptable range for interactions and 17 percent acceptable for quality of relationships. The five fathers were scored slightly higher with 40 percent in the acceptable range for interactions and 20 percent acceptable for the quality of interactions. Four cases were scored for interactions with siblings and this scored the lowest, with 25 percent acceptable for interactions. No cases with siblings were found to be in the acceptable range for quality of relationships. One case reviewer wrote, “There is no formal family interaction plan in place so family interaction either does not occur (i.e.,

between [the focus child] and her mother and brother) or occurs in passing...” Another case reviewer described family interactions, “For reasons not completely clear at this time, the system (agency, foster home) is minimally meeting our focus child’s need for maintaining connections with his mother, father, and siblings. In order to accomplish this, it may be necessary at first to schedule these and provide transportation to ensure the interaction occurs. This may have the added benefit of helping team members decide whether reunification will work and if it will be in our focus child’s best interest.”

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

Comments: There were no cases that met the criteria for scoring on this indicator.



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

- Importance of teaming-burden not solely on caseworkers-use of Coordinated Services Teams (CST's)
- Lack of mental health and AODA services-how are we going to address this as a community?
- How to access child psychiatric services
- Community education
- Exploration into termination of parental rights-low numbers-why?
- Access to Medical Assistance (MA) dental services-new work group in place to look at this issue-how can this be supported?
- Exploration into trauma informed assessments
- Development of more specific outcomes with families
- Look into developing case review teams or informal case staffing avenues
- Independent living skills-program development
- Examine existing resources-can we expand/embellish these resources?
- Engagement-how to balance not working harder than the families-what is appropriate empowerment?

The final "next steps" meeting of the review was used by the director, deputy director, managers, and agency leadership to identify areas in which the agency should first focus on improving. Jodee Grailer-Liedtke, who is a contracted facilitator of the Department of Children and Families, was introduced and will aid the county in the development and implementation of an action plan.

VIII. SUMMARY

The results of the first Oconto County Quality Service Review identified many strengths in practice which the agency can build upon, as well as opportunities to enhance case practice. Overall practice performance in Oconto County scored in the 75 percent acceptable range as per CFSR standards, which is comparable to the first 42 Quality Service Review's conducted which had a 71 percent acceptable score. It should be noted that the overall status for substitute caregivers scored in the one hundred percent acceptable range, indicating that alternate caregivers are an asset in Oconto County. Notable strengths in case practice included: engagement of the substitute caregivers, role and voice of the child and father, assessment and understanding of safety, planning for safety management, planning for behavior outcomes for children, resource and support use for the child, and tracking of situational awareness. Areas of consideration for enhancement in case practice include: role and voice of mother's, teaming (formation and functioning), long term view, planning for permanency, behavioral outcomes and sustainable supports for parents, resource and support use for parents and substitute caregivers, intervention adequacy, planning for transitions, and family interactions.

Scores from this review are meant to serve as a baseline against which future practice improvements can be measured. The agency is encouraged to adapt the QSR practice

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