

# **Continuous Quality Improvement Quality Service Review**

## **EXECUTIVE SUMMARY**

*March 12-16, 2007*

*Shawano County Department of Social 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*

**June 19, 2007**

## **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 Quality Service Review in Shawano County during the week of March 12, 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 SHAWANO COUNTY REVIEW**

### **A. REVIEWERS**

In the Shawano County review, seven case reviewers participated in reviewing the six families' cases selected. The case reviewers included six state employees (one from the Office of Program Evaluation and Planning (OPEP), one QA staff from Adoption and Consultation and four CQI specialists) and one county employee. 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. All the lead case reviewers who provided coaching have extensive experience in child welfare. The OPEP staff person served in the Shadow 1 role, a role created to allow child welfare stakeholders to experience a QSR review, to observe a review as a prelude to working toward certification as lead reviewers.

### **B. CASE SAMPLE**

Six cases were randomly selected for review in Shawano 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 Shawano County review, a total of 49 persons were interviewed. Of the six families' cases, two of the children were living with at least one of their parents, three were in foster care (one child in treatment foster care and one youth in sustaining care following termination of parental rights three years ago) and one child was living with a relative in a kinship placement. One child was in the 0-4 age range, two children were in the 10-13 age range, and three children were over the age of 14. There were five males and one female in the sample.

### **C. STAKEHOLDER INTERVIEWS**

As a complement to the individual case reviews, focus groups were conducted with stakeholders from the local child welfare system. Site leader Monica Booe conducted these sessions. In addition, Bridget Bauman and Mila Cabral 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 perspective, insight, and feedback about how all the systems families are involved with, interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are briefly described next.

### **D. DEMOGRAPHICS**

Shawano County is a poor, rural county where although the employment situation has improved in the last 15 years with the introduction of the casinos, there are still many "working poor." There are a significant number of households headed by single parents and many parents are working second and third shifts. According to one source, approximately 8,000 persons leave the county every day to work in another county as compared to 2,700 that come into Shawano County to work. Estimates suggest that the free and reduced lunch program averages around 35 percent but may be closer to 80 percent in one or two of the schools. There is a waiting list for housing vouchers. Shawano County overall is described as being a conservative community.

Four tribes have a presence in Shawano County – Menominee, Stockbridge Munsee, Oneida and Ho Chunk. The county also serves Middle Village which is a part of the Menominee Reservation (land in trust) that is in Shawano County. There is an increase in Spanish-speaking persons in the county which is resulting in a need for bi-lingual resources.

### **III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)**

To get a sense for the challenges Shawano County DSS faces, the agency is seeing an increase in the intensity of their caseloads. More families are presenting with co-occurring conditions and require practice strategies that work with families whose needs are longer-term and do not fit easily in CPS. Some of these co-occurring conditions include Alcohol and Other Drug Addictions (AODA), mental health concerns, developmental disabilities and concerns related to subsistence living or poverty.

As with other rural counties in the state, Shawano County lacks some of the vital resources to meet these needs such as inpatient AODA and mental health treatment, enough dentists who accept medical assistance, and transportation.

#### **A. ORGANIZATIONAL – STRENGTHS**

Among the substantial strengths of Shawano County's DSS are that they have a dedicated, hardworking child welfare staff who were overwhelmingly described as being accessible, responsive, and very invested in families and the best interests of the children. The current workers were also described as having a more "clinical" or "therapeutic" understanding than those in the past. The agency pays for social work certification and each worker is allotted funds for training. DSS staff shares a strong working relationship, exemplified by positive, open communication and joint investigations/case management, with the tribes, circuit court, law enforcement, schools, and with other community partners/stakeholders. Overall, the agency is viewed as a great resource for its partners and stakeholders in child welfare. This extends to the human services board as well, as the agency is described as being a good steward of the tax dollar. The intake process was described as having improved since the dedicated position was instituted.

There were no complaints about the on-call system where seven staff rotate with each having five weeknights and one weekend during a seven-week period. Workers stay informed about cases to provide support for each other during absences.

DSS staff are involved in community activities (the Brain Team and Family Fun Fest, for example) as well as combining resources for joint efforts such as the Coordinated Community Response to address domestic violence in the community.

#### **B. ORGANIZATIONAL – CHALLENGES**

High or increasing caseloads (workloads) are resulting in staff being spread very thin and may be a contributing factor to the staff turnover that is described as coming in "spurts." Agency staff and partners alike describe Shawano County DSS as a "stepping stone" or training ground for recent graduates to get child welfare experience and move on after a relatively brief period of time. Although staff turnover has been relatively stable for the past year, and the investigations staff for a longer time, the consequences of fairly

frequent turnover are not insignificant for management in terms of hiring and training. Workload demands make it more challenging and difficult for staff to develop strategies and plans that may prove more effective in helping families achieve change. At least one more CPS ongoing worker would be beneficial in helping to manage workloads and management may want to explore schedule flexibility.

Similar to other county agencies managing under similar circumstances, WiSACWIS (paperwork demands) is not viewed as adding value to the work they do and is lessening the time they need to spend with families. As agency staff describe it, they are “drowning in paperwork” and admit to being behind in paperwork. Shawano County DSS was the second to last county to go live on WiSACWIS (in 2004) and part of their paperwork struggles may be attributed to this as there is a “learning curve” that varies from county to county but can be a fairly significant in terms of time to implement needed changes to facilitate movement from a paper only to an electronic record-keeping system.

### **C. RESOURCES – STRENGTHS**

Shawano County’s in-home program, provided through a contract with a provider agency in the area, was identified by everyone as a wonderful resource for the county. The physical location of the staff, housed in the Shawano County DSS office, has promoted coordination and collaboration among workers and the in-home staff and this has been viewed as benefiting everyone involved, including the families served by the agencies. Similarly, the Department of Community Programs (DCP) is viewed as an excellent resource in the county and for the agency. It was reported that in recent years, the relationship between DSS and DCP has improved and communication has opened up considerably with respective workers coordinating with one another when both are involved with the family. With this improved communication and collaboration the agencies have increased their referrals with one another and seem to feel this is working well. Several focus group participants spoke about the value of working together and indicated an enthusiasm to team on families’ cases.

In addition to parenting groups/services and a truancy prevention program, the county has developed an early intervention program for newborns that was modeled on Hawaii’s program, and a bullying program, to name just a few. Several resources are available through the tribes for children and families served by DSS.

### **D. RESOURCES – CHALLENGES**

Although the services and programs the agency has are viewed as being very good, like other counties of similar size and circumstance, resources are not as “generous as we’d like or as in other counties.” Since resources are limited, some services are extended beyond their limits or underpowered and a few specific services, such as tracking, mentoring, community service/restitution, and transportation were identified as lacking.

For example, a number of the children receiving services from the county are on psychotropic medications and access to a psychiatrist is limited to one time period per week. Focus group participants mentioned that due to the limited access it is also sometimes difficult to get psychosocial evaluations done. Similar to other counties in the state, AODA and MH services are underpowered to meet the needs of those served by the DSS. The agency makes good use of relative placements but due to the need for out of home placements, is challenged to recruit and train more foster parents.

During the review, there was a good deal of concern expressed about the perceived loss of the in-home program and the resulting impact on workloads. It was learned that the contract with the in-home program provider will not be renewed, primarily because the current provider does not accept medical assistance or participate in billing MA for services; however, the agency is exploring options for retaining the in-home service while at the same time reducing the financial burden on the county.

Another challenge facing other county agencies, and Shawano as well, is the communities' understanding of the agency's mission and responsibility with respect to child protection. Agency staff often hear they are "not doing their job." Agencies are challenged to find ways to help community partners maintain a good understanding of their role.

## **E. PRACTICE – STRENGTHS**

Shawano County DSS workers meet regularly with children and families and appear to have a strong basis from which to develop trust-based, change-oriented relationships with parents. Reviewers heard how well workers are liked and how their efforts on behalf of children and families are appreciated. In three of the cases in our sample, reviewers noted the relationship between favorable outcomes and engagement in the change process. It seemed apparent during the review that the practice focus is on keeping children in their homes, with their families, whenever possible. Workers appear to be diligent in their efforts with biological parents and are able to locate missing or absent parents and make attempts to involve them in the process. They make efforts to utilize relative placements whenever possible.

Agency workers share strong communication with partners and often take the lead at coordinating services and supports for families. Workers appear to have a strong understanding of safety and risk and children appear to be placed for appropriate threats to safety.

## **F. PRACTICE – CHALLENGES**

As was seen in our case sample, children are not achieving permanency in Shawano County. The permanency 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 or get at the underlying needs, identify the desired goal or outcomes, and sufficiently identify and power change-oriented strategies. There have been past DSS efforts at promoting family meetings and some staff have received training on family group conferencing. The development of a formal teaming approach provides an opportunity for the agency to change practice that will result in improved outcomes for children and their families. Teaming is particularly beneficial because it shares the responsibility for outcomes among everyone involved, including the family, and it's been noted that 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 particularly well with the child or family. It seemed apparent from the focus groups that the agency's partners want to increase collaboration and teaming.

Also related to permanency and teaming is service planning with families. And, again, the challenge is to include families in the process from the beginning, using their input to help identify the long-term view or desired outcome(s), what is needed to achieve this and which strategies will work best. Planning is also related to assessment in that everyone involved must share an understanding of the underlying needs that brought this family to the agency.

As with other counties, Shawano County DSS is no exception when it comes to struggling with the implementation of new standards and regulations that come from the state. The perception is that nothing is taken away when new standards or requirements are introduced and implemented.

## **G. LEGAL – STRENGTHS**

Shawano County DSS workers share a strong professional relationship with the Public Defender's office and the Court. Workers are identified as being prepared for Court and providing court reports in a timely manner. According to the Children's Court Initiative review findings, workers are identifying tribal children at the outset and meeting other ICWA requirements.

## **H. LEGAL – CHALLENGES**

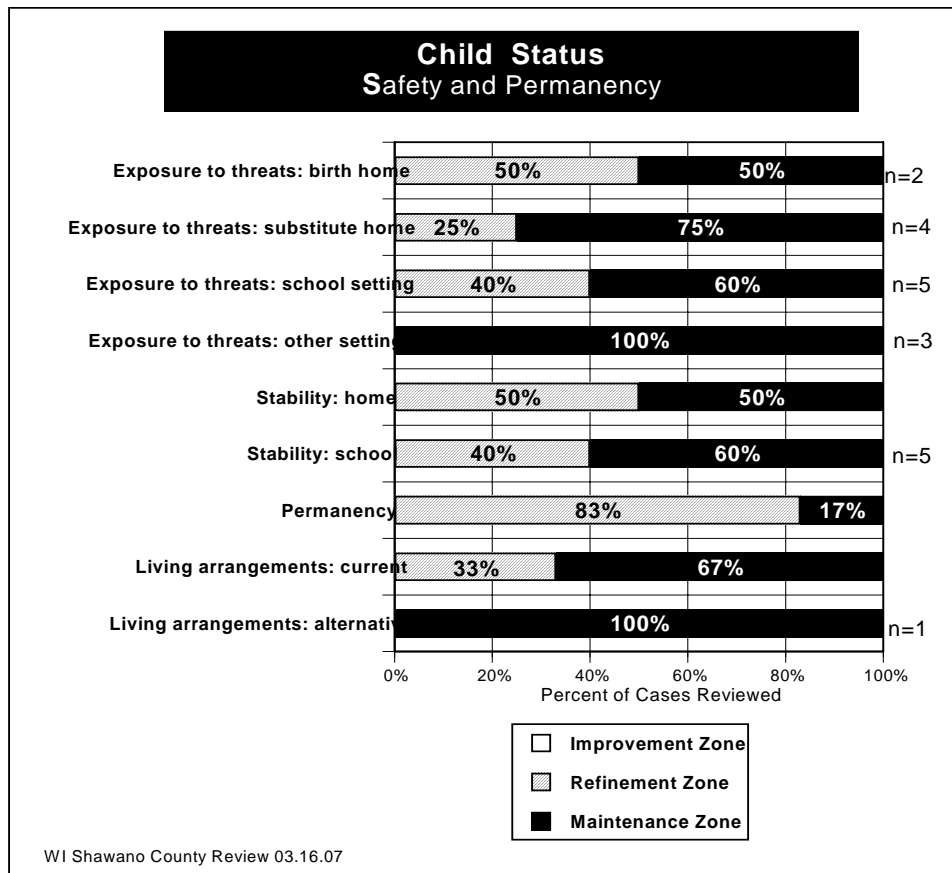
The district attorney and the assistant district attorney are both relatively new to their positions and as such, there has been what might be described as growing pains for all while everyone adjusts to the change in personnel and practice. The previous DA was the second longest serving DA in the state and while there was comfort in knowing what to expect, a focus group participant suggested the previous office was not very "progressive." These growing pains were described by many as creating frustration and confusion as personnel from both offices struggle to understand and communicate with one another. Several examples of these struggles were offered, such as sharing an understanding of whether or not a CHIPS would be filed or whether a parent would be charged with felony child abuse or why a placement change occurred.

Another challenge for the agency is that guardians ad litem have an inconsistent practice in the level of contact they have with the children to whom they are assigned.

## 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 days prior to the review. While this report presents aggregate scores using the QSR scoring zones, findings are also explained in terms of “acceptable” and “unacceptable.” QSR scores of four (4) through six (6) are considered to be in the acceptable range; likewise, scores of one (1) through three (3) are in the unacceptable range.

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



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

**Comments:**

All of the children in our sample were found to be free of abuse, neglect and exploitation in their birth homes, substitute care placements, school and other settings. All were scored in the acceptable range at four and above. The birth home was rated in only two of the cases since in the four cases where the children were placed outside of the home, one child only was having contact with their parent(s) and this interaction was supervised by the foster parents.

**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 pertain to children living in their birth homes and in substitute care and is an indicator for whether the child is likely to have any unplanned moves (disruptions). Eighty-three percent or five of the six cases scored in the acceptable range for stability in the home and four of the five cases rated for this indicator scored in the acceptable range for stability at school which seems to reflect that most of the children are enjoying relative stability in their living situations and can expect only planned moves in the foreseeable future. In three of the six cases in our sample, children were placed in foster care and one child was in a kinship placement. This also appears to reflect strong matching of foster parents/homes to children's needs.

**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:**

Although none of the cases scored in the red or improvement zone, two cases only were found to be in the acceptable range. Four of the families' cases scored a three, in the unacceptable range, indicating that permanency is an area that presents an opportunity for the agency. Three of the children where permanency was scored a three have had multiple placements over the course of the last several years and remain in placement today. In one, the child's mother's whereabouts is currently, and is often, unknown and the permanency goal is placement with a fit and willing relative. The earlier permanency goal was reunification but our focus child's mother struggles with AODA issues and her parenting or protective capacities have been impacted by her absences or lack of involvement in services. The average length of the focus child's placement is three to four months and she is approaching that at this time.

Although our focus child is currently residing in a kinship placement and agency staff are hopeful she will find permanence here, the focus child's permanency remains in question as the agency feels they cannot pursue a discussion with her about guardianship because when it was suggested previously, our focus child began acting out and was unable to be maintained in that placement.

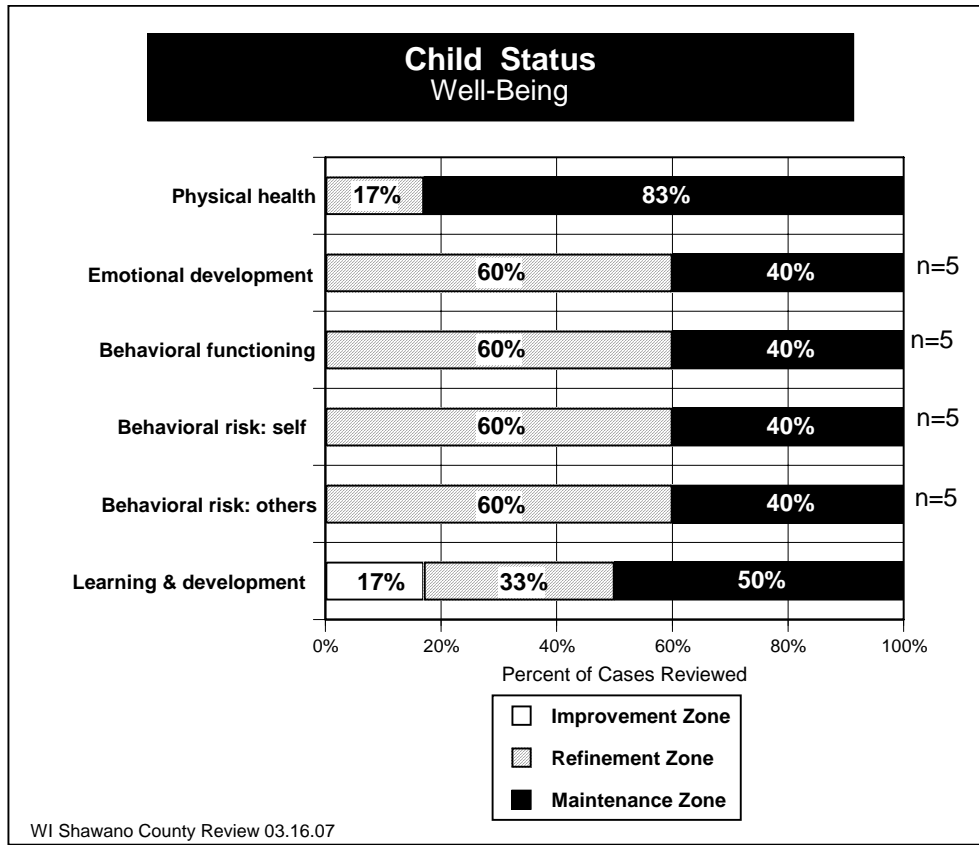
As mentioned, the permanency indicator is termed a lagging indicator because it generally does not improve until practice activities, such as assessment, planning and long-term view, begin to capture or get at the underlying needs, identify the desired goal or outcomes, and sufficiently identify and power change-oriented strategies.

**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:**

Eighty-three percent (five of six) of the cases scored in the acceptable range for living arrangement with four of these scoring in the maintenance zone. As the following example illustrates, even though children in two-thirds of our sample are placed outside of their birth home, their current living arrangement was found to best meet their needs for family relationships, social connections, etc. In one, the reviewer noted that "the current placement is a good fit for [focus child] and the relative caregiver. The placement allows [focus child] to maintain the familial connections that are so important to her and she has also made progress in school since this placement began, both behaviorally and academically. Reviewers were told that [focus child] 'seems to be really happy'...and has become more accepting of her mother's absence in her life."

In another, where the case was scored in the maintenance zone for alternative living arrangement, the reviewer wrote that the current foster parents provide [focus child], who has been through many placements, "with appropriate nurturance, guidance, protection, care and supervision" and the focus child appears to be responding to this.



**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; five of the six cases scored 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?

**Comments:**

Trauma, abuse, neglect and family instability can seriously impact children’s emotional development and functioning. Estimates suggest that fifty percent or more of children in care need mental health services. While four of the five children rated for this indicator were identified as having one or more condition or diagnosis, such as mental illness or ADHD, three of the children were identified as having experienced trauma and yet eighty percent of the cases scored in the acceptable range with one case only scoring in the

refinement zone so it would appear that the children in our sample are making gains emotionally and developing appropriate coping skills and self-control. It could be said that these children are resilient, and no doubt that factors in, however, it appears, too, the emotional and behavioral health of these children was positively affected by the worker's assessment and understanding of the child and family's needs.

In one case where the focus child struggles with pervasive developmental disorder, fetal alcohol effects, severe ADHD, sensory integration dysfunction, mild mental retardation, PTSD, and sleep problems the focus child has "made a wonderful transition from the elementary to the middle school which was a very pleasant surprise to school personnel. Because of past school issues, they had anticipated more emotional and behavioral upheaval" and the child is reportedly meeting the expectations outlined in his IEP.

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

Again, all five cases rated for this indicator scored in the acceptable range for behavioral functioning. Forty and sixty percent, respectively, scored in the maintenance and refinement zones. As with emotional development, these scores tell us that children are not only resilient but are functioning at appropriate levels and responding positively to agency interventions.

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

**Comments:**

The scores for "risk to self" are at sixty percent acceptability with two cases scoring in the refinement zone, each with a three. In one of these, the concerns may be attributed to a lack of permanency and a difficult relationship with a foster parent. In the other, the concerns may be attributed to the unresolved relationship struggles between the parents and among family members. Three of the five children in our sample are viewed as doing very well emotionally and not likely to be at risk of hurting themselves as illustrated in the following: "[Focus child] struggled with behavioral problems earlier in the school year and was at risk of being sent to an alternative high school. As a result...a behavioral plan was developed detailing strategies for [focus child] to address feelings of anger or frustration, such as talking with teachers or taking a 'cool off period' in a quiet, safe place. Since the implementation of this plan, [focus child] has generally avoided behaviors that cause harm to himself."

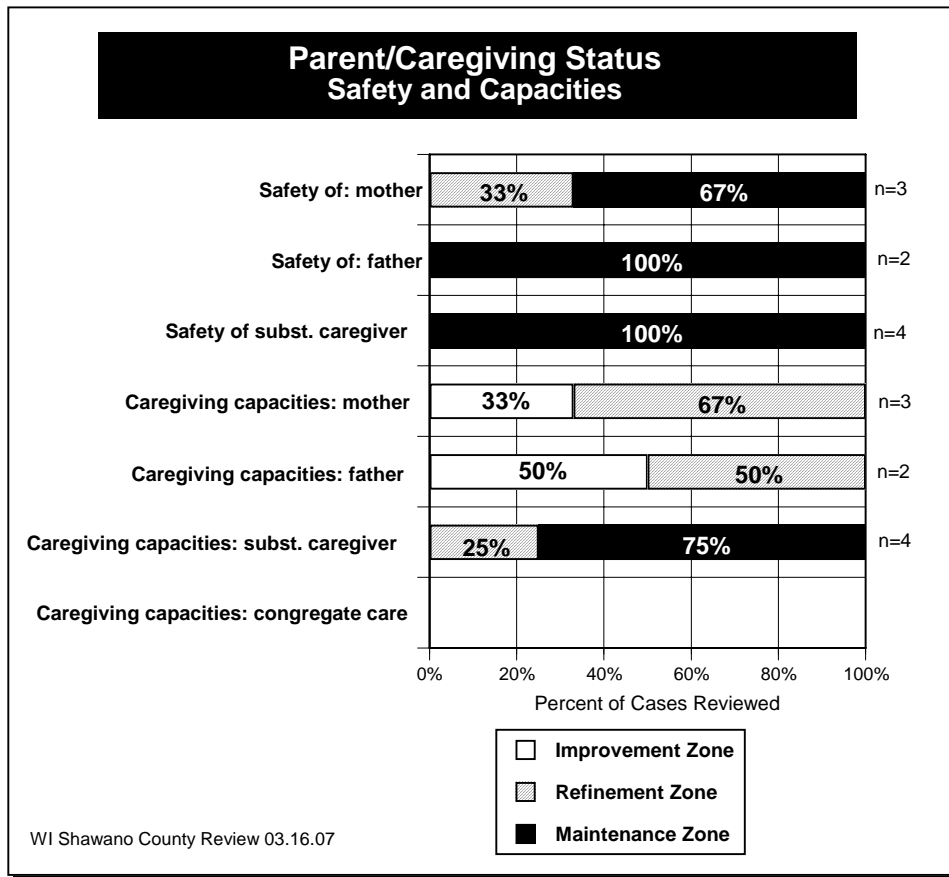
Risk to others scored higher at eighty percent acceptability. A reviewer reported that the maturity level of the focus child in the above paragraph is increasing and he is less likely to act out toward others.

**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:**

All five school-aged children in our sample are in regular educational programs. Three of these children are receiving part-time special education services and support. Sixty-seven percent of the cases scored in the acceptable range with three of the cases scoring in the maintenance zone.



**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. This indicator was not rated in several cases in the sample because parents were absent or reunification was no longer the goal of record. In the three cases where mother's safety was rated for this indicator all three were scored in the acceptable range. Similarly, father's safety was rated in two cases only and both were scored in the maintenance zone (acceptable range) indicating that parents in these cases are safe from harm and domestic violence in the home. In the case with a mother that scored in the refinement zone (four), it was primarily due to the lack of information regarding the mother's relationship with her significant other. All five substitute caregivers were rated as being safe from harm.

**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)?

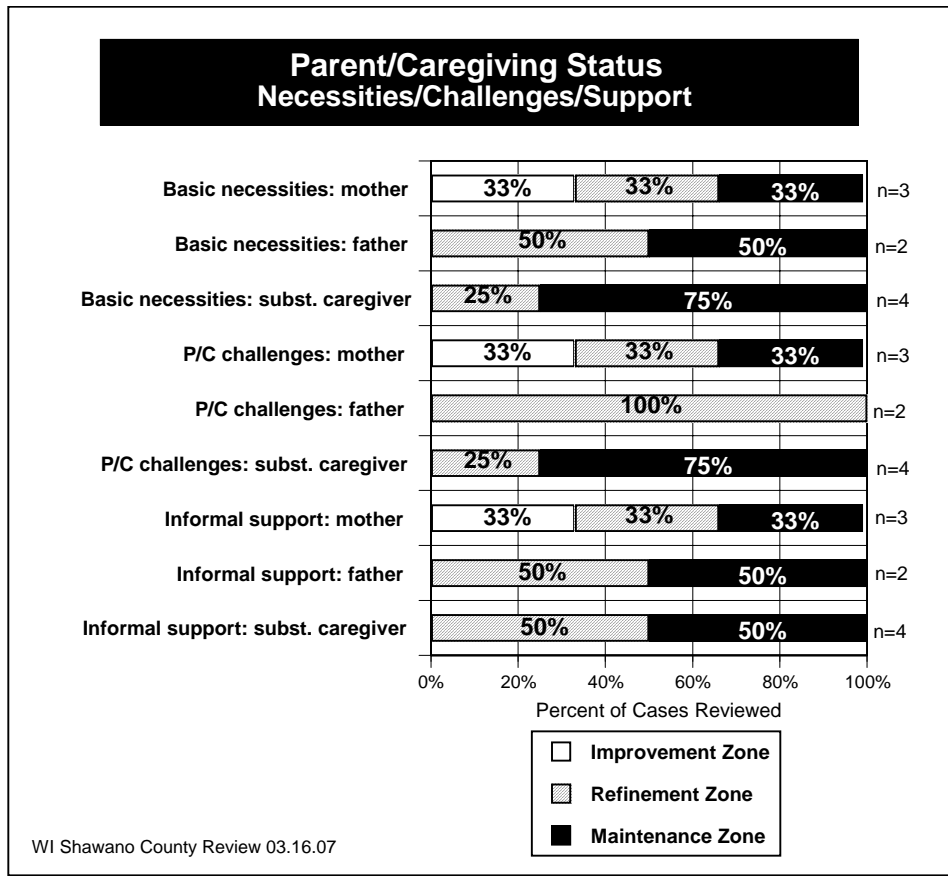
**Caregiving Capacities (Congregate Settings):** To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

**Comments:**

Again, due to parent absence or goals other than reunification, several cases in the sample were not rated for this indicator. Two of the three cases scored acceptably (in the refinement zone) for mothers with one scoring in the improvement zone. For fathers, one of two cases scored acceptably with the other scoring in the improvement zone. In the one case scoring unacceptably for the mother, reviewers reported that questions remain as to whether mother's lack of progress with increasing her caregiving capacities was due to a lack of motivation or her cognitive abilities. This indicator is closely related to that of informal supports.

Another variable closely related to caregiving capacities is the existence of co-occurring conditions. Parents in the three cases were identified as dealing with one or more other conditions, such as AODA and mental health. This would indicate that strategies are needed for working with parents and caregivers who have longer-term needs.

Four cases were rated with respect to substitute caregivers and all were scored in the acceptable range with three scoring in the maintenance zone. From the system's perspective we heard about foster parents who are knowledgeable, caring and committed to meeting the needs of the children. None of the children in our sample were living in congregate care so this was not rated.



**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:**

Again, due to parent absence or goals other than reunification, several cases in the sample were not rated for this indicator. Two of the three cases scored acceptably (in the refinement zone) for mothers with one scoring in the improvement zone. Both cases

scored in the acceptable range for fathers and all four cases with respect to substitute caregivers scored acceptably. This indicates that the parents in this sample, at least, have the resources to meet the basic necessities to provide for their children. One family whose child is living with them was able to move into a “bigger and cleaner mobile home. There were no concerns reported regarding the family’s ability to provide for food, clothing and shelter for the entire family.”

**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:**

Two of the three cases reviewed for this indicator scored in the acceptable range for mothers and both fathers scored acceptably but in the refinement zone. The biological father was rated in one of them and the step-father was rated in the other. In the case of the step-father, both he and the focus child’s mother had undergone gastric bypass surgery in recent years. In addition, the focus child’s mother has physical ailments (precancerous cells, high blood pressure and a recent appendectomy) and has been diagnosed with bi-polar disorder. The focus child’s step-father is illiterate and relies heavily on his spouse for support and assistance. Overall, these were not identified as affecting the parent’s capacity to function successfully as an adequate caregiver for the focus child. All substitute caregivers in the five cases rated for this indicator scored acceptably.

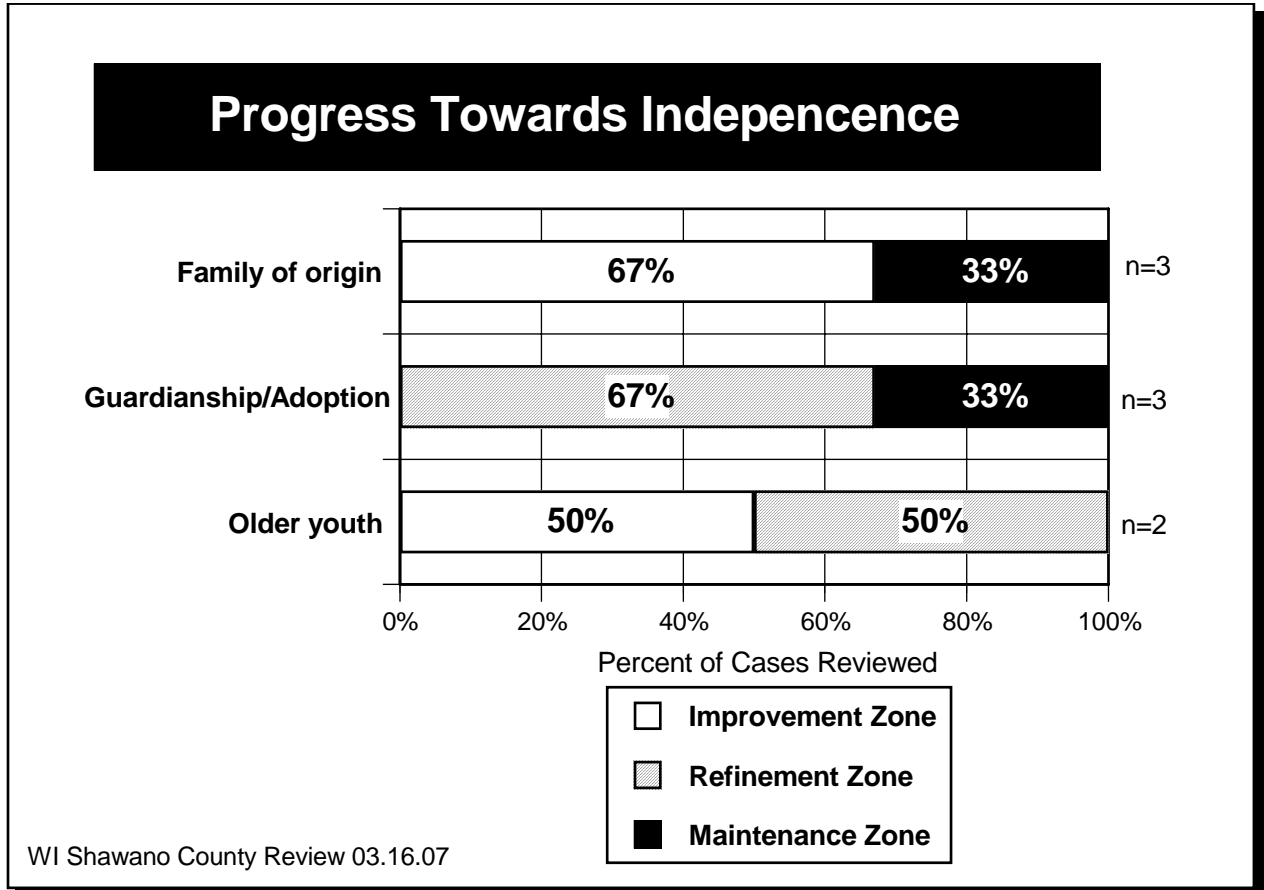
**Informal Support System:** To what degree is the family engaged with an informal support system that assists them with essential caregiving responsibilities? Do families having special needs children, recovery/relapse prevention plans, and/or family safety plans have adequate levels of informal support 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 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. Again, half the cases were rated for this indicator and again, informal supports for mothers were rated acceptable in two of the three cases and in both of the

cases for fathers. Interestingly, although all four cases rated acceptably for substitute caregivers, two of the cases were scored in the refinement zone. In one of these, the reviewer wrote that the foster parents do “not have a great deal of informal supports which placed this rating in the refinement zone...respite options have been used sporadically and inconsistently. There are very few foster parents in this county which also limits their ability to network with peers.”

## 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. In only one of the three cases rated for this indicator, is the family making acceptable progress toward independence. This case was scored in the maintenance zone and the reviewer wrote that, “The progress towards independence and permanency is starting to be consistent. Over the last four months, the parents have begun to make positive changes with their parenting practices. There is no longer discussion of having [focus child] placed in foster care as the parents had repeatedly said to the worker in the past.”

In one of the two cases that scored unacceptably, progress appears to be impeded by the lack of supervision and consequences related to the focus child’s truancy and the parent’s difficulty in maintaining improvements to the condition of the home.

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

**Comments:**

Two of the three cases rated for this indicator were scored in the acceptable range and the other scored a three, in the unacceptable range or refinement zone. In the latter, progress toward guardianship is impeded by what the agency identifies as “blown placements” when the subject of guardianship is raised with the focus child, usually three to four months into the placement.

In a case that scored in the acceptable range, the reviewer wrote, “There has been progress towards permanency as it relates to [focus child’s] concurrent goal of TPR/Adoption. The state permanency consultant has been contacted and has initiated contact with the foster parents to have a preliminary discussion regarding the process of adopting [focus child].”

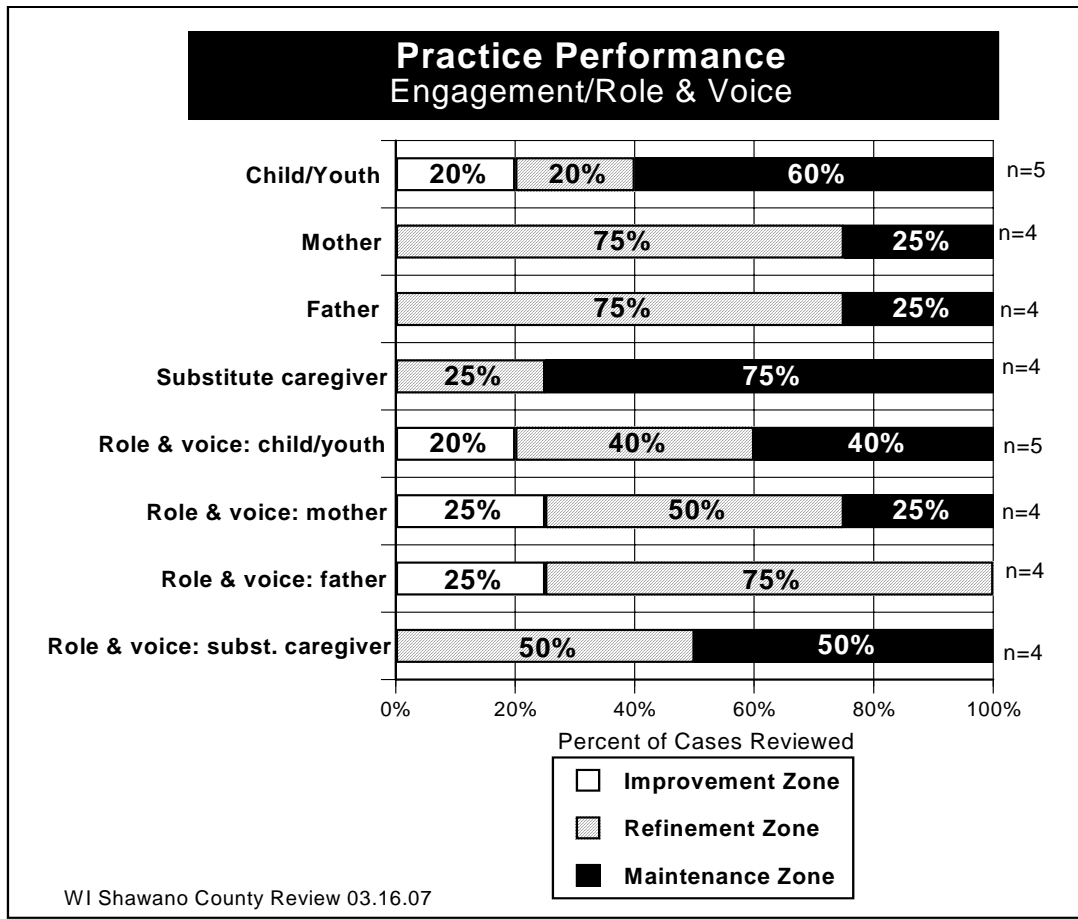
**Progress to Independence (Older Youth):** To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? Is the youth demonstrating a developing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue after reaching the age of majority? Is the youth developing long-term connections that will support him/her into adulthood?

**Comments:**

There were two cases rated for this indicator. One was rated in the refinement zone and the other in the improvement zone. In the former, the focus child is “in involved in a practical living skills course through his school and a peer group. [Focus child] has also recently applied for a job and will be working on how to budget his money once he receives his first paycheck.”

## VII. 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 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.



**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?

**Comments:**

Engagement is 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. For several of the focus children in our sample, this is an area where the agency is performing well, as illustrated in the following: In one story, the reviewer wrote that the review team was particularly impressed with the worker's success at engaging the focus child. Through the engagement with his worker and providers, our focus child has been demonstrating greater maturity in peer relationships and has improved his school performance and the reviewer wrote that the focus child, "clearly felt respected and supported by the [agency] worker." Reviewers repeatedly heard of this worker's comprehensive knowledge, understanding and assessment of this family's needs.

As is often the case, engagement with parents does not score as high as that with children. Only one case for mothers and two cases for fathers scored in the acceptable range. These scores indicate an opportunity for the county to examine their practice. In one family's case where the father is working toward reunification with his two daughters (our focus child's sisters) and TPR with our focus child, the father is engaged in making the behavioral changes needed to achieve reunification – with the support of the agency worker and providers he has made progress on managing his anger, has developed more structure within the home and has established a support network. The situation is less optimistic with the focus child's mother who is seeking reunification with the focus child and is not demonstrating the parental and protective capacities needed to care for the focus child. According to the story, concerns have been raised regarding her cognitive abilities as she needs constant reminders and prompts for basics such as changing diapers, feeding, holding and supervising.

In another family's case, the focus child's father is making some changes to improve the condition of the home (new carpeting) though neither the focus child's father nor mother, who lives apart from her son, are engaged in the process to the extent that change in the underlying issues or factors is likely to occur. Neither has developed an understanding of these factors nor acknowledged their role in helping their child make progress toward independence of the agency.

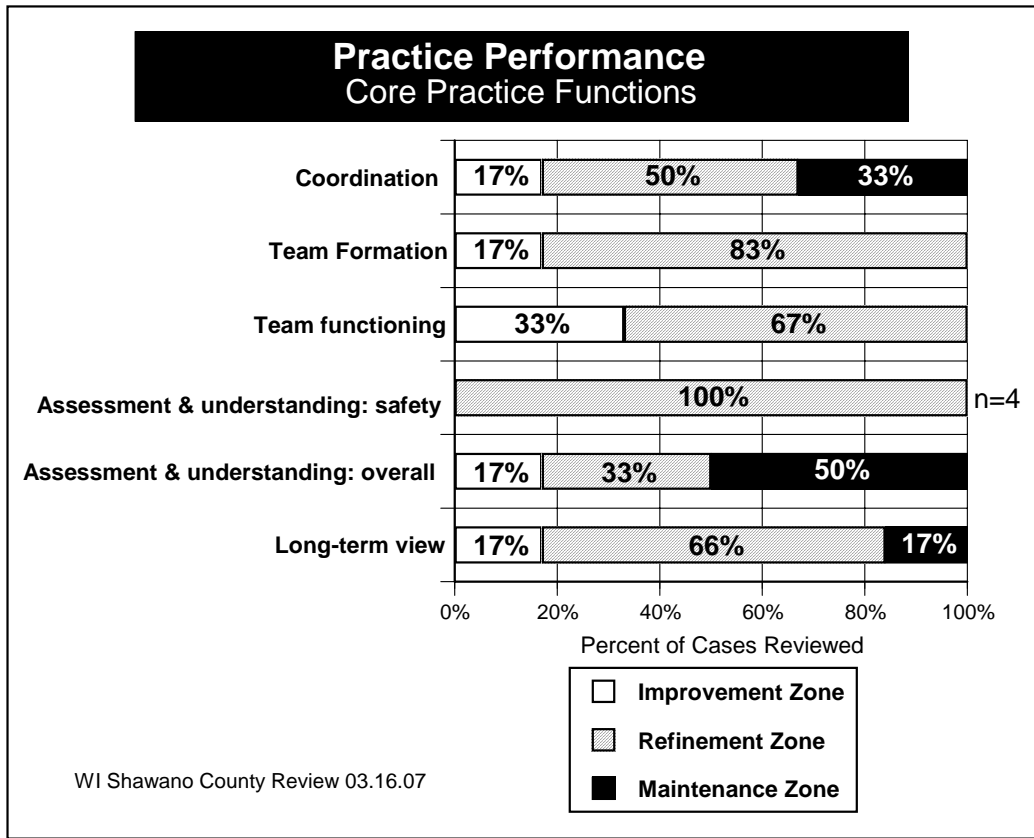
**ROLE & VOICE IN DECISIONS:** To what degree are the child's parents significant, ongoing participants (e.g. having a significant role, voice, influence) in decisions made about child/family change strategies, services, supports, and results? (Role and voice in recent meetings).

**Comments:**

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

change. The scores for role and voice mirror the overall engagement scores. In one of the two cases scoring in the acceptable range, the reviewer described the worker’s engagement with the family as promoting a child-focused, family-driven change process where the worker “listened to the family, spent time with them and [encouraged] ongoing family input.” According to the reviewer, the worker demonstrated how to let the family take the lead in addressing the concerns.

In a case where role and voice scored in the unacceptable range, the reviewer wrote, “The family members relay they have not had a role in determining a plan for the family, nor as was reported, have they had a say about what the family needs to be successful.” Opportunities exist to refine or improve practice as related to fathers’ role and voice in the change process. This indicator rated acceptably in two of four cases rated for this indicator (all four cases were in the refinement zone).



**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:**

Sixty-seven percent of the cases reviewed scored in the acceptable range for this indicator with two of the four cases scoring in the maintenance zone. In one case where coordination scored in the maintenance zone, the reviewer wrote that the agency worker “maintained regular communication with the various parties involved in [focus child’s] life, so they would have a common understanding.” This is an area where workers expend a lot of their time and effort working to ensure that services are coordinated and that everyone is “on the same page.” While this is important to the process, an effective and fully functioning team can lessen the amount of time and energy needed by the worker in this practice area.

**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:**

Overall, the scores in team formation and functioning indicate opportunities for the agency refine practice and develop a formal teaming approach to working with families. None of the cases scored in the acceptable range for team formation and only one of the six cases scored in the acceptable range for team functioning.

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. This may require “tweaking” of the plan at times or shifting direction altogether when new information is brought to the meeting. As one reviewer put it in a family’s story where teaming was described as being positive, “There were a few key members, such as school personnel and a few informal supports, who were missing or may not have been invited to join the family team. The addition of these individuals could prove beneficial as it would further improve communication among the parties involved in [focus child’s] life.”

The lack of teaming, formal or otherwise, in another case appears to be inhibiting the ability to move this case forward. Identified next steps suggest that a more inclusive and functioning team would clarify the permanency plan for the focus child, engage the child’s mother in the assessment and planning process, specify needed behavioral changes, develop an interaction plan and modify strategies for intervention as needed.

**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:**

Although four cases rated for this indicator scored in the acceptable range, all scored a "4" which is in the refinement zone. This indicates that while agency staff appear to have a relatively clear understanding of the difference between safety and risk, this is an area the agency may want to further examine and refine. A reviewer in one case wrote, "The case manager and the parents' therapist have a good understanding of the safety factors that led to this child's out of home placement and what is needed for the child to be returned to the mother's home. They demonstrated a clear understanding of how the parents' relationship affected their ability to parent and provide for the family's daily needs (i.e. clean home and supervision of the children) along with recognizing that the parents have limited cognitive abilities that also impact their parenting capacities

**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:**

Five of the six cases rated for this indicator scored acceptably with half of the cases scoring in the maintenance zone. This indicates that agency staff are getting at the underlying needs in their overall and ongoing assessments as illustrated in the following example: "Throughout the interviews, it was clear to reviewers that the agency worker and the ICW worker had a very clear, 'big picture,' understanding of [focus child's] strengths, needs and limitations. Due to their comprehensive assessment of the situation, the workers knew that it was critical for her to be in a relative placement and...were able to convince the judge to give the placement a chance...as it could potentially lead to some permanence for her."

A reviewer in another family's case where overall assessment scored in the maintenance zone wrote that the agency worker's comprehensive knowledge and understanding of the family's strengths and needs helped him recognize that reunification should no longer be the permanency goal and as a result brought everyone together to develop a successful plan for safe case closure.

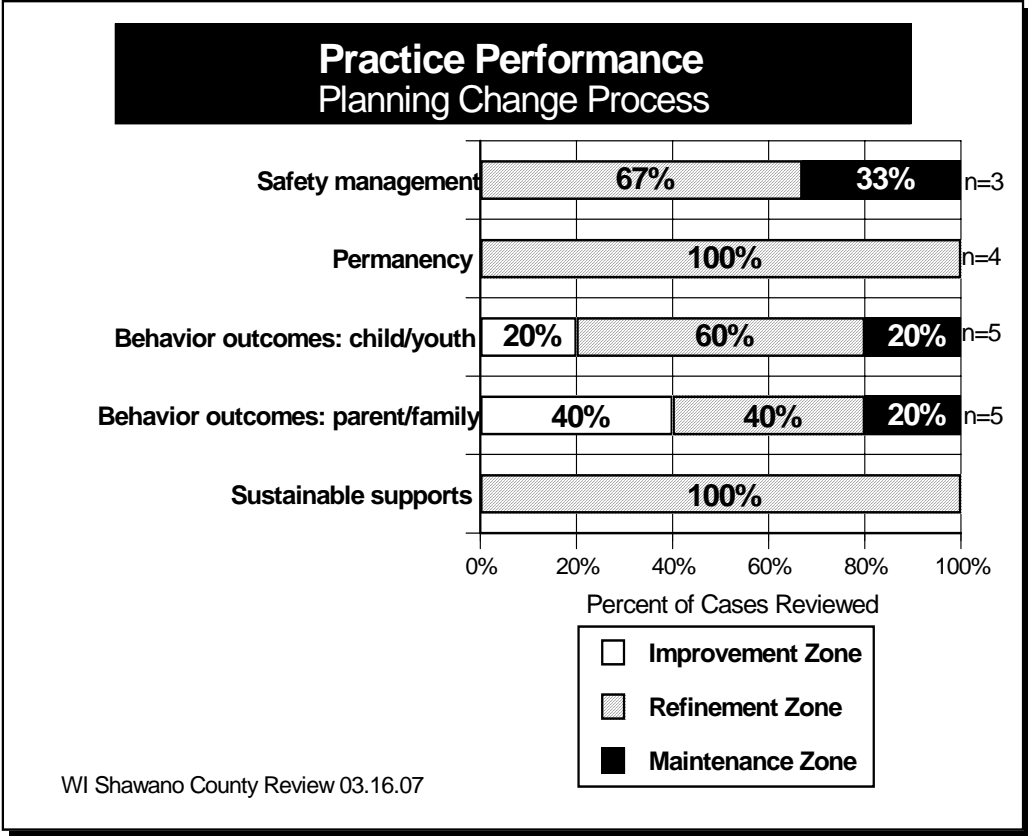
**LONG-TERM VIEW FOR SAFE CASE CLOSURE:** To what degree are there defined, understood, and agreed-upon conditions for Safe Case Closure that specify what: Protective provisions must be present in the home to keep children and parents safe? Permanency issues must be resolved and outcomes attained? Behavioral 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:**

While four of the six cases scored acceptably for long-term view, with one of the four scoring in the maintenance zone, this is an area the agency will want to examine for refining their practice. 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 cases can be safely closed by the agency.

In a case where long-term view and progress scored in the acceptable range, reviewers identified that tough decisions were made including the decision to move from reunification to long-term foster care as a goal because reunification was no longer believed to be in the best interest of this child. In addition, even though the state has denied guardianship in the past, the agency worker plans to contact the state again. The foster parents have agreed to care for [focus child] until he reaches adulthood and if the state agrees to guardianship, his mother’s parental rights will be terminated. It appears that everyone involved is in agreement with this plan.

In another case, the reviewer wrote about confusion regarding the focus child’s reunification with his mother. “There were statements that the mother wanted to voluntarily terminate her rights and statements that she is working towards reunification. It appears that all parties do not have a clear understanding of the permanency plan as it relates to reunification and the mother’s intentions.”



**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:**

All three cases rated for this indicator scored in the acceptable range on planning for safety management, with one of these scoring in the maintenance zone. As with assessing for safety, planning for safety requires a strong understanding of the distinction between safety and risk as well as the underlying needs of the child and 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, findings, 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 closely linked to scores in the area of long-term view, as well as the stability and permanency indicators in the Child Status section. All four cases rated for this indicator scored in the refinement zone with one of these scoring in the unacceptable range indicating an opportunity for refining practice. In the latter case, one where the focus child's parents had voluntarily terminated their parental rights several years ago and the child is in a foster home (sustaining care), reviewers learned about the foster father's concerns about continuing to provide care for the child. The focus child is said to act defiant and disrespectful toward the foster father and the foster father's efforts to build trust have not yet improved their relationship. Understandably, this as of yet unaddressed concern is affecting or will affect stability and permanency for this child.

**PLANNING A CHANGE PROCESS FOR BEHAVIOR OUTCOMES:**

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

**Comments:**

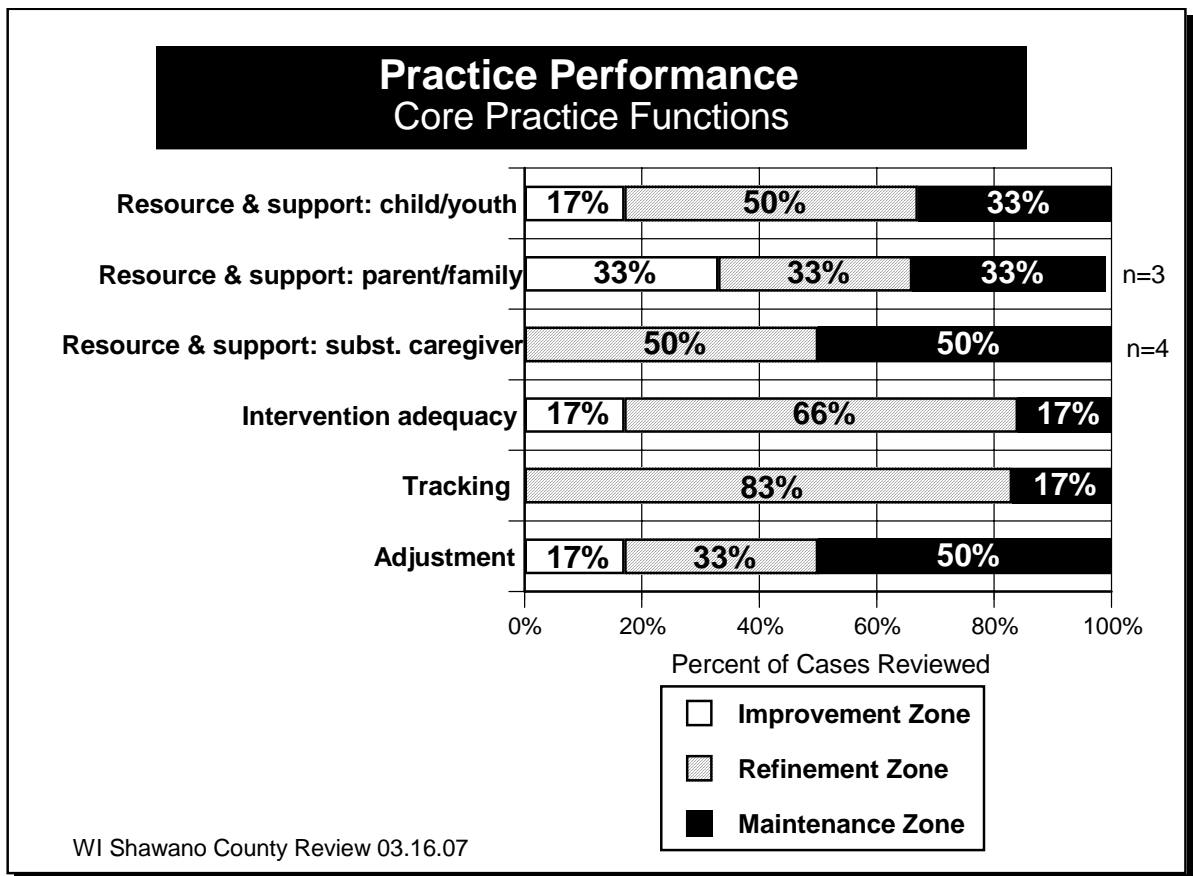
Successful planning is built on accurate assessments of family strengths, needs, and underlying issues and is closely linked to the *Assessment and Understanding – Overall* and *Intervention Adequacy* indicators. It is also related to *Engagement/Role and Voice* and the scores mirror somewhat the scores for role and voice. Of the five cases rated for this indicator, three cases scored in the acceptable range for both child and parents. Two of the cases rated for parents scored in the improvement zone. This is an area where practice improvement opportunities exist for the agency to develop a well-reasoned, ongoing planning process that is used to drive strategies and actions for behavior change with families. This may also indicate a need for strategies to address co-occurring conditions or longer-term 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:**

All cases rated for this indicator scored in the refinement zone with two of the five cases scoring in the unacceptable range. Families who have strong informal systems of support are better able to sustain positive changes made as a result of more formal services provided. When these critical supports are not 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.



**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:**

Sixty-seven percent of the cases scored in the maintenance zone (acceptable range) for both children/youth and parent/family. All four cases where substitute caregivers were rated scored in the acceptable range. Foster parents are committed and knowledgeable.

**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?

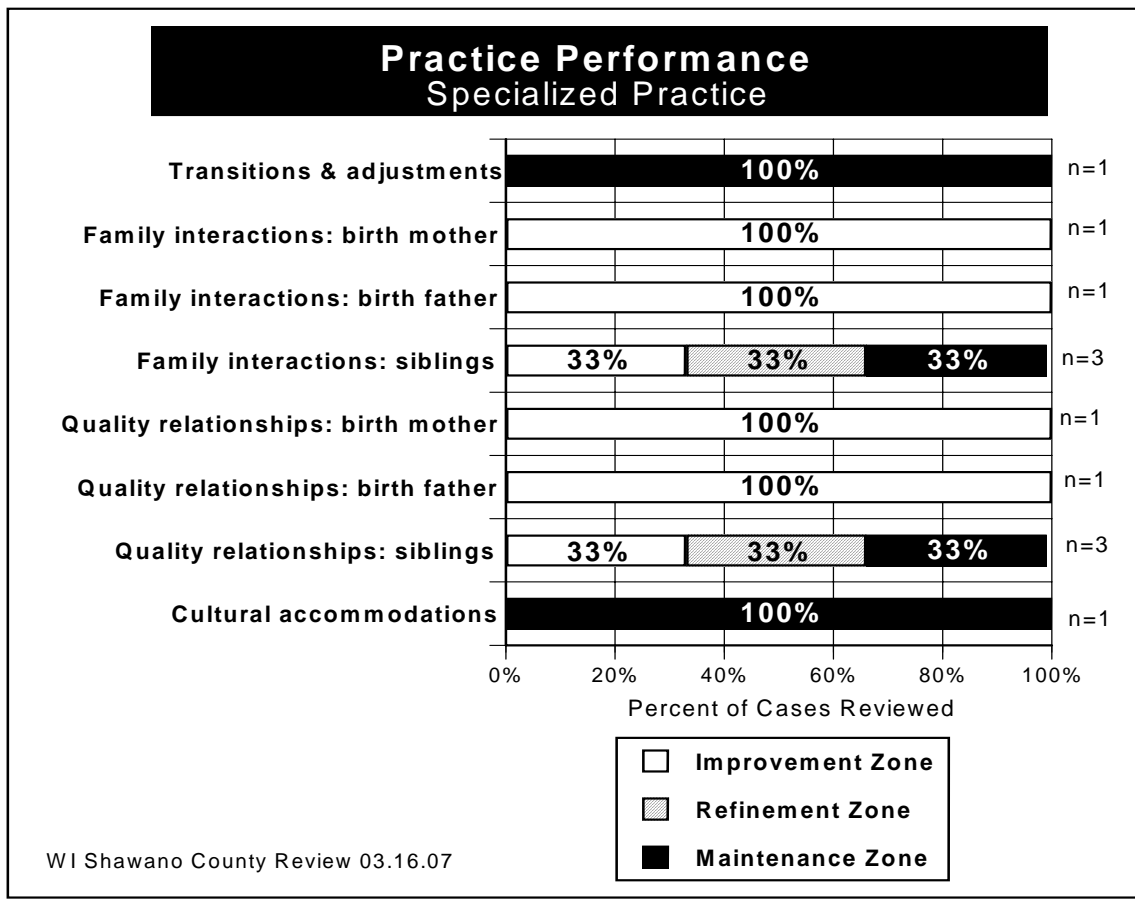
**Comments:**

Intervention adequacy is not just about services and whether they are sufficiently powered up to get to safe case closure. It is also about whether everyone is headed in the right direction in terms of the desired outcome. Although eighty-three percent of the cases were in the acceptable range, only one was scored in the maintenance zone with the majority of them indicating an opportunity to refine practice in this area. In one story where the parent/family scored in the improvement zone, the reviewer wrote, “Interventions to assist the family in the change process have been underpowered to result in lasting benefits for our focus child and his family...there are no services, aside from case management, being provided to the focus child or his family at this time...”

**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:**

Scores in all six cases were in the acceptable range for tracking with one case scoring in the maintenance zone. With respect to adjustment, the agency may want to review this indicator (fifty percent in the acceptable range and one case scoring in the improvement zone). *Tracking and Adjustment* asks us to periodically review our strategies and supports to ensure they are responding to changing needs and circumstances. 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. 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. In one of the cases that scored acceptably for adjustment, the reviewer wrote that the worker “went to great lengths to coordinate services across settings in order to identify emerging issues quickly and adjust them as needed.”



**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:**

Only one case was rated for this indicator and it was scored in the maintenance zone.

**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:**

Three cases were scored related to sibling interaction and the quality of the relationship. The scores for siblings seem to indicate an opportunity to review and refine the agency's practice with respect to family interactions and quality relationships. In the one focus child's case where the permanency goal is long-term foster care, the level of interaction and the quality of the relationship with his sibling was identified as an opportunity. According to the reviewer, the focus child and his sibling "have had minimal contact and it appears as if the lack of communication may have led to some misunderstandings between them." The reviewer offered that it may be beneficial to explore this relationship and maintain this familial connection.

**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:**

Only one case was rated for this indicator and it was scored in the maintenance zone.

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

- Identify practice needs in case stories
- During assessment, begin identifying team members
- Utilize data to go to County Board for more staff (by May) – David Sorenson will send information [system]
- Identify way to maintain in-home services (vendor who accepts MA) – savings in youth aid budget would fund new worker [system and practice]
- Identify additional training needs for workers
- Additional resources and staff support may include a parenting educator (skills), someone to do supervised family interaction, a homemaker (Paraprofessional? Graduate intern?)

The final “next steps” meeting of the review was used by the director and supervisor to identify areas in which the agency should first focus on improving. They identified the following:

- Identify practice needs in case stories and identify additional training needs for staff
- During assessment, begin identifying team members
- Identify way to maintain in-home services – perhaps a parenting educator (skills), supervised family interaction, homemaker – and fund another CPS worker position

## **IX. SUMMARY**

The results of Shawano County's first Quality Service 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 practice model underpinning the QSR raises the bar for evaluation case practice, but it is also inspirational in that it seeks to engage review participants in the process of change. More specifically, the 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 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 systems which will ultimately result in improved outcomes for the children and families with whom the agency works.