

Continuous Quality Improvement Quality Service Review

Executive Summary

April 17-21, 2006

Sheboygan County Human Services

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

*A Report by
The Continuous Quality Improvement (CQI) Team
August 1, 2006*

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 overarching goal for selection of this particular quality improvement model is to be able to generate useful information for staff at all levels in the county, as to the outcomes for children and families served, the strengths of local practice and the opportunities for improving system performance.

It should be noted that the QSR process also provides an opportunity to gather additional information, which the department will use in reporting some federally, required information which is part of Child and Family Services Reviews (CFSR) and the state's Performance Enhancement Plan.

The Continuous Quality Improvement Team conducted a Quality Service Review in Sheboygan County during the week of April 17-21, 2006. A total of twelve cases were reviewed with a total of 130 interviews being conducted by the six review teams. Seven cases were randomly chosen by the CQI team and the remaining five were reviewed at the request of Sheboygan County due to the complexity of the cases. The outcome indicator for child safety cannot be completed unless the focus child for the selected case is actually seen by the reviewer. In addition, a child's behavior and interaction with their caregivers or other input can be particularly important in assessing many of the other QSR indicators. When the reviewers do not see children, the case cannot be scored. The reviewers were able to see or interview all of the focus children and therefore all twelve cases were scored.

In the Sheboygan review six state employees (from CQI and Area Administration), five employees from other counties and one retired county employee participated in reviewing the twelve cases. The AA and county staff were observed and coached in their development as lead case reviewers. In addition, a Shadow 1 reviewer also participated in the observation of the review process. All the lead case reviewers who provided coaching have extensive experience in child welfare.

As a compliment to the individual case reviews, eleven focus groups were conducted with stakeholders from the local child welfare system. Harry Hobbs, Child Welfare CQI Manager of the Bureau of Programs and Policies and Terri Smyth, CQI Specialist conducted these sessions. The external perspectives that were gathered provide a valuable perspective, insight, and feedback about how these systems interface and perform with the child welfare agency, thereby affecting and influencing outcomes. Many of these focus groups are conducted in conjunction with the Children's Court Initiative Review that occurred during the same week as the QSR.

II. Systemic Perspective (Macro View)

Strengths

The strengths for Sheboygan County have been identified through the scoring of individual cases, the identification of practice and performance themes and the statements of the front line staff and child welfare partners in the focus groups. There is an overall consensus that Sheboygan County is staffed by strong, compassionate and competent social workers. Service providers for Sheboygan County have a great amount of respect for the workers and the job that they do. The area school personnel see the workers as respectful and responsive to the needs of the providers and the families they work with. The judicial partners report that there is a good exchange of information with the court by the Initial Assessment staff. There has been minimal staff turnover in recent years, which supports the development of a good team and strength based practice. The staff in turn is supported by supervisors who are accessible and reported to have an “open door policy” for staffing cases and answering questions.

The children whose cases were reviewed in Sheboygan County are living in stable settings and are at low risk for re-occurrence of abuse. The specific case scores reflect areas of strength in the appropriateness of living arrangements and stability in the home and especially in the school settings. This includes identifying the best placement for the children involved with the agency. The agency does a good job of identifying the placement settings that are free of risk and safety issues, whether that is the natural home of a child, a relative placement or a more formal placement.

Sheboygan county has a wide array of services available for children and families. The providers make themselves accessible to the families and workers. The social workers have a positive relationship with the provider agencies. This allows the agency to be creative in the matching of services and providers to the specific needs of families. This is done through the utilization of coordinated care staffings with some families. This process helps to develop and implement family driven plans that help move those families towards permanency and independence from the agency.

Sheboygan County has seen numerous changes in the needs of the families who come into the child welfare system. There has been an increase in the cultural diversity of the population as well as an increase in the children and families with serious mental health issues. In an effort to adapt to these changes the agency has added a Child Psychiatrist and two staff members who are able to bridge the gap with Hispanic and Hmong families. The agency has also created a new position to staff placement cases and address the new family interaction requirements.

Challenges

Sheboygan County has experienced not only a growth in population, but also a change in the intensity of family needs and cultural diversity of the population. There has been a preponderance of families entering the child welfare system who present with long term, complex issues. There is an increase in the number of children and parents who are diagnosed with serious mental health and Alcohol and Other Drug Abuse (AODA) issues. The agency is also challenged by these families who present with co-occurring issues that include:

- AODA issues-including the rise in methamphetamine addiction
- Ongoing mental and physical health needs
- Rise in parents with cognitive delays
- An increase in incarcerated parents
- A rise in the number of families with subsistence issues
- An increase in families who do not speak English

These issues make it increasingly difficult for families to live independently of the child welfare system.

Communication is critical in assisting families to move through the child welfare system and on to independence. The communication between the ongoing social workers and the judicial system in Sheboygan County could benefit if the lines of communication were more open. It is felt by some child welfare staff that they do not have a voice in the courtroom. In turn, there is some concern that court reports are not submitted by workers according to the county rule of 72 hours prior to the disposition hearing. The opinion of the agency by the judicial partners seems to vary from unit to unit. This situation can impact the provision of ongoing services to families as well as their progress towards independence of the child welfare system.

Communication within the agency seems to be strong within units and between workers and their direct supervisors. There was concern regarding case transfers that was mentioned in several focus groups. There is a discrepancy in interpreting the case transfer policy from unit to unit. This hampers the ability of the workers to assist families in making a smooth transition between the Initial Assessment worker and the Ongoing worker, which can directly impact the engagement process.

The agency is doing a good job keeping children safe and connecting families with the appropriate services to meet their needs. However, there is an opportunity for growth when looking at planning and long term view for families. The question is often asked during interviews with workers, providers and families, "How will you know when you are done working with the agency and the court?" This was a difficult question for people to answer in Sheboygan County. Cases are being opened for safety reasons, but then are being kept open for risk concerns. In many families there will always be some level of risk that exists. In 7 of the 10 rated cases the scores fell in the improvement or refinement

zone. This practice is preventing families from attaining permanency and independence from the agency and court.

Statistics show that the length of placement for children in out of home care is impacted by the level of contact that they have with their families. In Sheboygan County, as in the State of Wisconsin overall, connecting with fathers is an area that needs some immediate attention. Seventy-five percent of the cases that had a father who could have been involved scored in the improvement zone for family interaction. In the other family interaction categories, 60% of the sibling cases and 40% of the interaction with mothers needs improvement. This is an area that impacts permanency, planning and long term view for children and families.

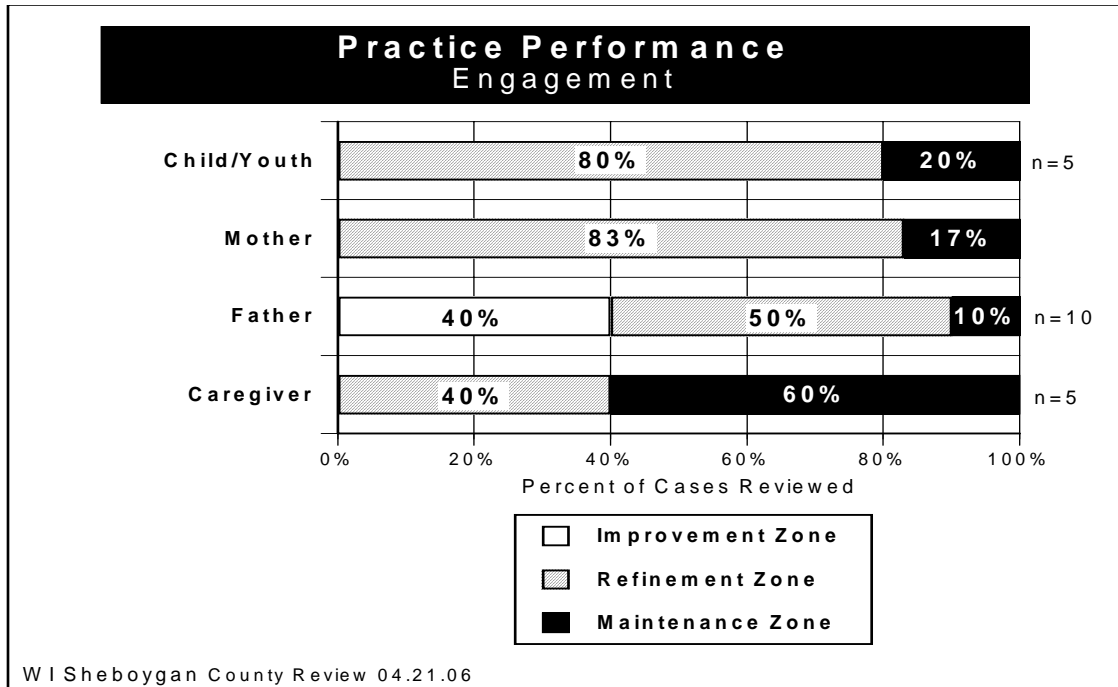
III. The Elements of Case Practice (The Micro View)

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 12 cases that were reviewed. There is an ample body of research that documents their 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 their efforts in improving outcomes for the children and families they serve.

Definitions of Scores:

- **Maintenance zone:** Favorable status, efforts should be made to maintain or build upon this practice element
- **Refinement zone:** Minimal or marginal status, further efforts are necessary to refine this practice element
- **Improvement zone:** Problematic status, opportunity for strategic plan to improve this practice element

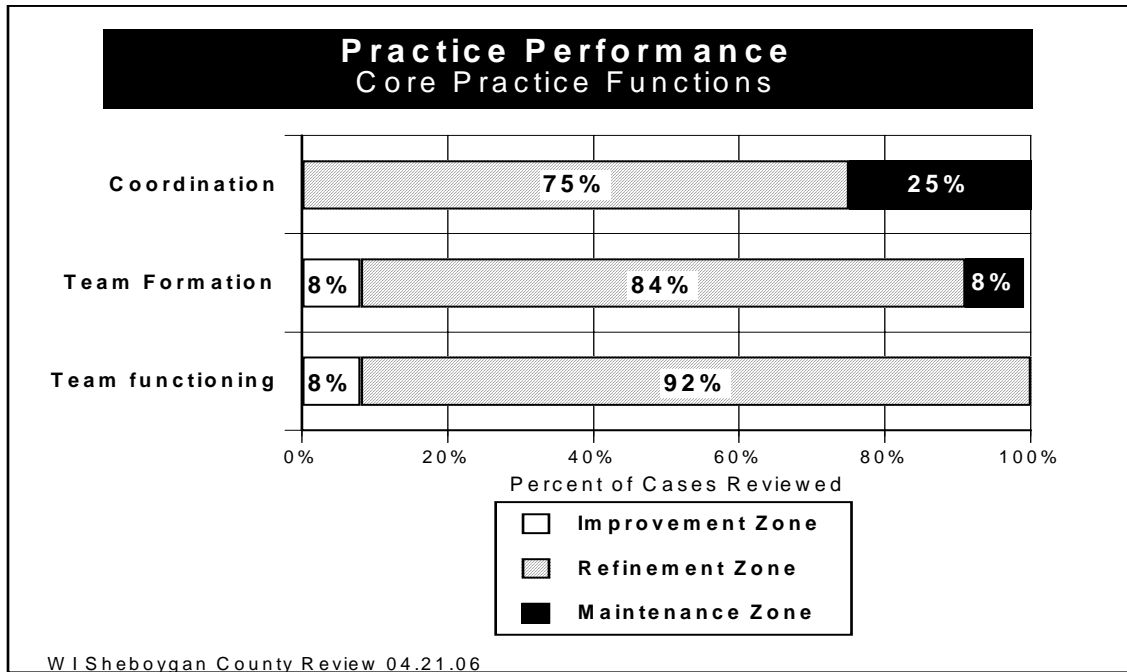
Note: n = (x) next to a bar in a graph signifies the number of cases meeting the specified criteria for the measurement. For some indicators, not all cases in the sample are scored.



ENGAGEMENT: To what degree have the caseworker and other 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? Have they built a trust-based working relationship with the child, family, and/or others to support ongoing assessment, understanding, and service decisions? Have they built a mutually beneficial partnership with the child, family, and/or others to sustain their interest in and commitment to the change process?

Comments: The case scores on engagement indicate that while caseworkers and other interveners experience some success building a trust-based working relationship with caregivers, there is some difficulty developing and enacting similar strategies for success with children, mothers and in particular with fathers. Difficulty engaging fathers is a national trend as evidenced by the scores from the Federal Children and Family Services Review (CFSR). There is clearly an opportunity for the agency to analyze the case stories and identify which factors may be generating these outcomes.

One father spoke very highly of all agency staff and the foster family. He felt that he was active in planning and decision making. The worker took the time that was necessary to make sure he understood and to answer his questions. He had no doubt that staff was committed to the best interests of his family. He felt that he would be able to discuss any future concerns that he might have about meeting the needs of his child.



COORDINATION: To what degree was a single point of coordination and leadership necessary for convening and facilitating effective family change planning and service decision processes used for this child and family? How effective was the coordination, integration, and continuity in the assessment, planning, organization, and provision of services to this child and family?

Comments: The scores indicate that in four of the twelve cases reviewed, workers were effective in providing a single point of coordination and leadership for convening and facilitating the assessment, planning and provision of services to the child and family. The remaining cases scored in the refinement zone. Utilization of the formal teaming process in a more consistent manner would be a start to address this issue.

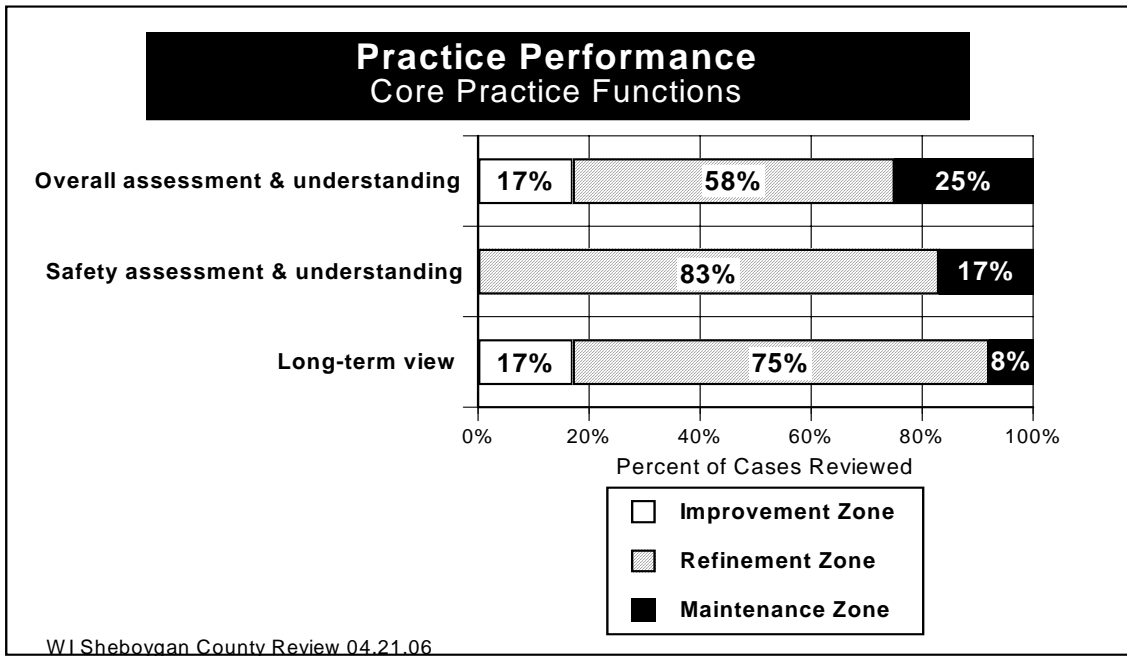
TEAM FORMATION: To what degree have persons who provided support and services for this child and family formed a working team that met, talked, and planned together? Did the team have the skills, family knowledge, and abilities necessary to organize effective services for the child and family?

TEAM FUNCTIONING: To what extent did the members of the family team collectively function as a unified team in planning services and evaluating results? Did the team's actions reflect a coherent pattern of effective teamwork and collaborative problem solving that benefited the child and family?

Comments: The scores and case stories indicate teaming is in the early stages of development in Sheboygan County, but is not a consistent element within the practice model of the agency. One case fell in the maintenance zone regarding team formation, one case was in the improvement zone and the remaining ten cases scored in the

refinement zone. Eleven of the twelve cases scored in the refinement zone regarding team functioning. The use of formal teams could have a positive impact on additional elements of practice such as coordination, assessment and planning. The CQI team views the division's teaming initiative as a positive step to enhance outcomes for children and families.

In one case that was reviewed the family stated that they had regular communication with the agency social worker and saw that worker in the leadership role. This family felt that the worker was an advocate for them and supported the family's values. The worker was implementing regular team meetings with a focus on engaging additional family members to participate as future informal supports.



OVERALL ASSESSMENT & UNDERSTANDING: To what degree was there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the family of origin, guardian, or adoptive family independent of agency supervision? Were these understandings used in the family change process to help the family achieve safety, permanency, and well-being (via protective provisions in the home, demonstrated behavioral, emotional, and cognitive changes)?

SAFETY ASSESSMENT AND UNDERSTANDING: To what degree was there a shared big picture understanding of the child and family's strengths, needs, risks, and underlying issues that must change for the child to live safely and permanently with the family of origin, guardian, or adoptive family? Were these understandings used in the family change process to help the family achieve safety,

permanency, and well-being (via protective provisions in the home, demonstrated behavioral, emotional, and cognitive changes)?

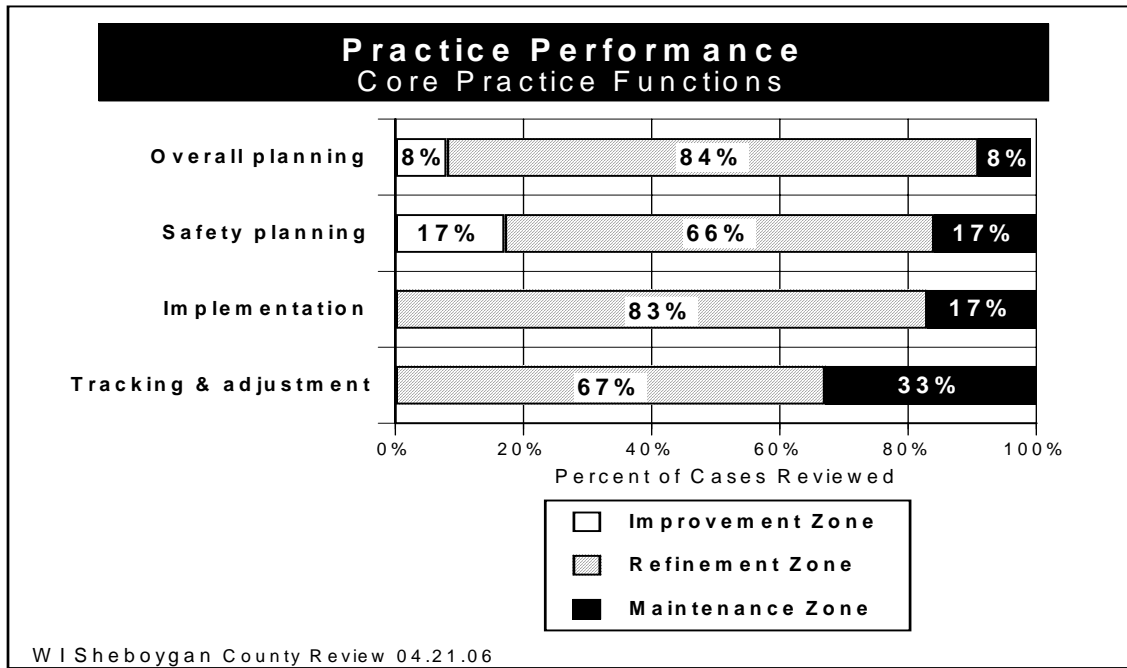
Comments: Developing a shared big picture of a family's strengths, needs and risks is connected with the level of team functioning that is occurring in an agency. In Sheboygan County the teaming process is not utilized consistently with families. In turn the ability of a worker to consistently conduct an accurate assessment and share that information with all the people working for the family is also inconsistent. The majority of the cases reviewed will require some level of refinement to assist the families toward independence.

In several cases that were reviewed, decisions were made regarding family interaction or long term view based on safety concerns. It is clear in these case stories that the decisions were based more on risk of harm to the child. One case involved a low functioning parent who may not be able to parent due to cognitive delays. However, there were no imminent safety threats to the child to base planning decisions on. In another case there was suspicion that the parent was using marijuana when the children were not in her care. The visits were suspended due to this risk.

LONG-TERM VIEW: To what degree were the change requirements for family independence defined, shared, and understood that clarified what protective provisions must be present in the home to keep children and parents safe? What behavioral, emotional, or cognitive patterns must be demonstrated and sustained for reunification or support of the guardian/adoptive family so external supervision may be safely concluded?

Comments: This element of practice is critical to the model as it calls for the clear delineation and understanding of what protective provisions must be present in the home to keep children safe; behavioral patterns to be demonstrated and sustained by the parents, etc. for the family to be deemed ready for independence from the system. It is the "final destination" the family and system concur they are working toward. It was unclear in a number of the cases that were reviewed when they would be ready for safe case closure. In other words, the workers in several instances did not know, "when the family would be done?" The long-term view in a number of cases lacked clarity due to the confusion between safety needs and risk.

In one case reunification was identified as the permanency goal; however several team members did not feel this was realistic. The concurrent goal was long-term foster care, but that seemed only to be a goal on paper, as no discussions or planning was occurring to achieve this goal. There was no clear picture for permanency for this child. In turn there was no clear view regarding the possible closure of this case.



OVERALL PLANNING: To what degree was a well-reasoned ongoing process used for planning that drives strategies and actions for the family change process that provides, as needed, for: attainment of protective conditions for safety in the home; acquisition and demonstration of required parent behavioral, emotional, and/or cognitive changes; securing sustainable family supports; concurrent alternatives for child permanency; meeting any special needs of persons (children/parents) in the home; and achieving successful transitions and life adjustments?

SAFETY PLANNING: To what degree was a well-reasoned ongoing process used that analyzed and planned a strategy that ensured the safety of all children in the home? Did the plan attain the protective conditions for safety in the home; plan for parents to acquire and demonstrate required behavioral, emotional, and/or cognitive changes; secure sustainable family supports; concurrent alternatives for child permanency; meeting any special needs of children/parents in the home; and achieve successful transitions and life adjustments?

Comments: With ninety-two percent of the cases indicating a need for improvement or refinement of the case plan and eighty-three percent of the safety plans needing improvement or refinement, a look at the case stories would provide a rich resource to "drill down" and identify trends in the agency's planning process. There is a natural linkage between the 3 practice elements of assessment, long term view and planning and all are essential to producing the family's strategic plan to independence. Planning is also linked to the strength of the team that is working with the family. Utilizing a more intentional and consistent team process could also support refinement in planning.

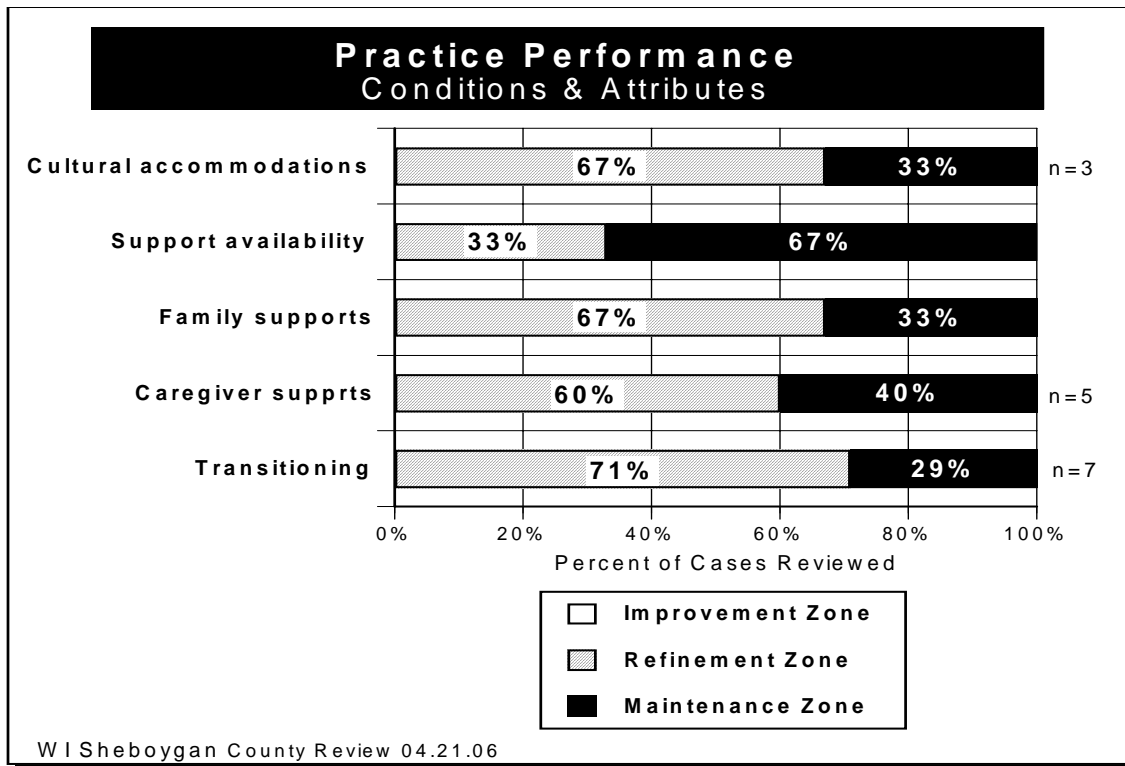
In one case the agency made a decision to reunify a family despite the non-traditional housing situation that existed. The mother was residing in a shelter home at the time of reunification. The worker involved the shelter home staff in the planning process to assist with the reunification and safety planning.

IMPLEMENTATION: How well were the actions, timelines, and resources planned for family change strategies being implemented to achieve: attainment of protective conditions for safety; acquisition and demonstration of required parental behavioral, emotional, and/or cognitive changes; securing of sustainable supports; concurrent alternatives for attaining permanency; meeting special needs of parents and children; and achieving successful transitions and life adjustments? To what degree were these timely, competent, and adequate in intensity and continuity?

Comments: Once a strategy for the family change process has been developed, how well are the actions, timelines, and resources being implemented to achieve the "long-term view?" Again, while the agency has a good base of practice in this area it is clear that the scores are the same as the planning outcomes. How the plans are put into action once they are developed for a number of families will require some attention. Utilizing the specific stories will help to identify specific examples of implementation.

TRACKING AND ADJUSTMENT: Have the child and family status, service process, and change results routinely been followed along and evaluated? Have services been modified to respond to the changing needs and knowledge about service efforts that have been applied to create a self-correcting service process for finding what works for the child and family?

Comments: The scores indicate agency case workers are revisiting and adjusting the case plan to ensure it is sufficient to achieve the long-term view. There is some room for improvement in the eight cases that scored in the refinement zone. Guidelines for when this should be done can be found in the Ongoing Standards.



CULTURAL ACCOMODATIONS: Have significant cultural issues of the child and family been identified and addressed in practice? Have the supports and services been culturally during the family engagement, assessment, planning, and service delivery processes?

Comments: Sheboygan County staff is aware of the increase in cultural diversity within the county. In an effort to respond to these changing needs the county has employed several staff who are able to communicate with the Hispanic and Hmong community. The workers demonstrate a level of cultural sensitivity for the families that they work with.

SUPPORT AVAILABILITY: To what degree has the formal and informal array of supports, services, and other resources been adequate and available to support implementation of the child and family planning process? Are resources available in a timely manner at the appropriate frequency, duration, and setting conducive to the needs of the child and family? Did the child and family have a choice of the type of services and providers?

FAMILY/CAREGIVER SUPPORTS: To what degree was the family or out-of-home caregiver provided with 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?

Comments: Sheboygan County has a wide array of resources and services that are available within close proximity to most of the families and caregivers. This combination is adequately meeting the needs of the children, parents and caregivers. The process of bringing all members of a team together, including the family on a regular basis to assess, plan and implement services for families will provide even more support to improve the current practice in Sheboygan County.

One family involved in this review process was able to develop numerous supportive relationships that were key to assisting with reunification for the child. One support in particular was the foster home. These foster parents helped the parent connect with a faith community and develop additional informal supports for the family. The foster parents will also continue to provide formal respite for the family after reunification.

TRANSITIONING: To what degree was the current or next life change transition for the child and family planned and implemented to assure a timely, smooth, and successful adjustment after the change occurs?

Comments: This element is not just limited to children moving in and out of placement. There is any number of transitions that could occur in the lives of children, such as a new school, parents moving out of or into the home, the return of a sibling, or change of a therapist. These transitions will impact children and how they deal with daily challenges. All twelve cases scored in the refinement or maintenance zone. That suggests that the workers and families are identifying the upcoming transitions and putting plans into place to address the specific transition needs of these families.

In one particular case the social worker and family was aware of what transitions are in the near future. The worker had identified what will and won't change for this child and family. There are numerous community supports and resources that have been put in place to address the potential needs of this family when the child is reunified with her family of origin.

Next Steps:

- Formal team collaboration
- Upfront engagement of fathers
- Training in facilitating team process
- Identification of specific issues between agency and judicial partners
- Training in safety vs. risk, including mental health, AODA, Long Term Support staff, and community partners (schools)
- Establish family generated goals and review of goals
- Review CCI report
- Development of informal support systems
- Better definition of Long-Term View (LTV) for families
- More efficient case transfer process (include LTV)
- Review issues raised in focus groups (foster parents)
- Agency Corp. Counsel

- Align outcomes with safety vs. risk
- Prioritize next steps (don't forget what is working right now)
- Address staff stress level-look at workload
- More DV/trauma training for staff
- Address the public, county board understanding of what DHHS does

Management identified next steps:

- ✓ Continue to expand the formal team process
- ✓ Additional training for all staff regarding "safety vs. risk" for safe case closure
- ✓ Address the lack of engagement of fathers
- ✓ Tie court ordered recommendations to safety
- ✓ Schedule regular judicial meetings with agency personnel
- ✓ Set up Domestic Violence training for staff

SUMMARY

In closing, the results of the review indicate Sheboygan County DHS has a strong and solid case practice model to build upon. The scores from this first qualitative review are meant to serve as a baseline the agency can use to measure progress it has made when the next review occurs. Sheboygan County DHS is encouraged to use the findings of the review to formulate and implement an Action or Strategic Plan that ultimately serves to improve outcomes for the families they serve. This can be accomplished by adopting the QSR case practice model and ensuring the elements of practice are followed by case workers in their daily work with families.

Appendices

The Qualitative Service Review Process

Historically, most efforts at evaluating and monitoring human services, such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement has begun to find increasing favor, not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts.

The QSR process is based on the Service Testing™ model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model was specifically adapted for use in implementing the Plan by the Division, the court monitor, and The Child Welfare Group, based on The Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 13 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services, such as child welfare. It is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders, and providers.

This Wisconsin protocol makes use of a case review protocol adapted for use in Utah from protocols used in 13 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, Guardians Ad Litem and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The QSR instrument assesses child and family status issues and system performance in the following categories:

- Safety, Placement and Permanency
- Well-Being
- Family/Caregiver
- Progress Toward Independence

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every

patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is usually successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QSR are presented in the form of aggregated information. There are also case stories, written at the conclusion of the set of interviews, done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

The individual case stories are submitted to the child welfare agency, separate from this final report, to enhance its ability to improve case practice, generally, and hopefully implement strategies that will improve outcomes for the specific families whose cases were reviewed.