

**Continuous Quality Improvement
Quality Service Review**

FINAL REPORT

January 14-18, 2008

*Outagamie County Department of Health and Human
Services*

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

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

July 2, 2008

I. INTRODUCTION

The Continuous Quality Improvement (CQI) Program, within the Section of Performance Monitoring, in the Office of Performance and Quality Assurance (OPQA) of the Department of Children and Families (DCF); 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 Outagamie County during the week of January 14, 2008. During the same week, staff from the Children's Court Initiative (CCI) conducted a review of the Juvenile Court. CCI is a comprehensive, ongoing, collaborative project designed to strengthen court processing in Chapter 48 cases.

Note: This Final Report was completed after July 1, 2008 when the new Department of Children and Families formally came into existence. Only the title page and footnote have been amended to reflect issuance by the new department on July 2, 2008. Within the report the names of divisions, bureaus, and sections remain as they were referenced as parts of Department of Health and Family Services (DHFS).

II. THE OUTAGAMIE COUNTY REVIEW

A. REVIEWERS

In the Outagamie County review, one CQI Specialist, two State Adoptions Quality Assurance Specialists, two retired and two current child welfare professionals, one Child Welfare Manager, one state employee from the Bureau of Programs and Policies (BPP) and one from the Bureau of Milwaukee Child Welfare, one regional director from Wisconsin Child Welfare Training System and one Permanency Consultant participated in reviewing the twelve cases selected. Two reviewers were observed and coached in their development as lead case reviewers. The lead case reviewers who provided coaching have extensive experience in child welfare. In addition, there was one county employee who observed one case review and served as a "Shadow One," a role created to allow child welfare stakeholders to experience a QSR review.

B. CASE SAMPLE

Twelve cases were randomly selected for review in Outagamie 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 Outagamie County review, a total of 101 persons were interviewed. Of the twelve cases, two children were residing with their parent(s) prior to the review period (June 1, 2007 to the review week), four children were returned home during the review period, and six children resided in out of home care. Of the six children in out of home care, one was in a therapeutic foster home, two were in family foster homes, one was in a licensed relative foster home and two were in kinship care. Five children were in the 0-4 age range, one child was in the 5-9 age range, two children were in the 10-13 age range, and four children were over the age of 13. There were seven males and five females 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. Co-site leaders Harry Hobbs, CQI Section Manager, and Bridget Chybowski, CQI Specialist conducted these sessions. In addition, Bridget Bauman and John Strange of the Children's Court Initiative conducted sessions jointly with the site leaders 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 interface and perform with the child welfare agency, thereby affecting and influencing outcomes. The stakeholder focus groups and their perspectives are described in Section III.

D. DEMOGRAPHICS

Outagamie County is a growing metropolitan community with a population of 172,734 (2006). Similar to comparable counties in Wisconsin, Outagamie County is experiencing an overall increase in their population. It is the sixth largest county within Wisconsin (including Milwaukee) with a 7.2 percent growth in population. The majority of the community, as a whole, is homogeneous with a growing Hispanic population (2.5 percent) and a multi-generational Hmong population that is believed to have assimilated into the community. It was shared in focus groups that many individuals and families are moving to the area from larger cities to seek a better, safer community for their families.

The county's median household income (2004) of \$54,743 is higher than the state's median of \$46,142. Manufacturing comprised 27 percent of the county's employment in 2000, with education, health, and social services coming in second at 16percent. There has been a decrease in manufacturing jobs in the area. In 2000 there were 23,197 manufacturing jobs and as of 2006, there was an estimate of 21,021. It was shared in focus groups that there is an increase in the number of individuals and families in the community living in poverty. In addition, families in the area are dealing with personal challenges, such as mental health needs and alcohol and drug addictions. The community as a whole was seen has resourceful yet, like many counties in Wisconsin, there is always a need for more services to provide transportation, accessible mental health and alcohol and drug treatment, and an increase in dental providers who accept Medicaid.

III. THE SYSTEMIC PERSPECTIVE (MACRO VIEW)

A. ORGANIZATIONAL – STRENGTHS

Agency workers (e.g. Intake Workers, Initial Assessment Workers, and Case Managers) are described by focus group participants as genuinely caring about the families. The staff across the agency was seen as being knowledgeable, accessible, and responsive to families' needs. The community's first contact with the agency is with the Intake Workers. They were described as being polite, helpful and open to answering questions. Focus group participants shared that they felt comfortable calling the agency to discuss a concern or to make a referral. Partners and stakeholders viewed agency workers with positive regard. In addition, staff was seen as being knowledgeable and competent, who go "above and beyond" to work at keeping families together.

Department of Health and Human Services (DHHS) Management was recognized for their outreach and collaborative efforts within the community. There are a number of DHHS representatives participating in community work groups and committees to collaborate in the best interest of the community (e.g. Citizen's Review Panel). In addition, several focus group participants in various focus groups identified their active participation on the Administrative Review Panels (e.g. six-month review of a child's permanency plan).

It was shared that there is continued support from the County Executive and County Board to improve the quality of life for children and families in Outagamie County. It appears that DHHS has been supported by the county board and the community in embracing the philosophy of "wrapping services" around the family in order to ensure the child's safety within the home and community. The agency was seen as a leader in piloting innovative initiatives. The county was one of the first ten counties along with tribes to pilot the mental health screening tool for families who have contact with child protection services (CPS) in an effort to better identify potential mental health needs.

There were numerous descriptions of the collaborative relationships the agency has established with community partners. There is a solid working relationship between the Oneida Indian Child Welfare (ICW) Staff and DHHS. Monthly meetings occur to discuss shared cases and problem-solve any current or potential issues. It appears that ICW Staff and DHHS have been able to develop open lines of communication that has been viewed as beneficial to families. In addition, DHHS was recognized for their collaborative efforts with law enforcement. There is a Memorandum of Understanding (MOU) between DHHS and all law enforcement agencies within the county and the Oneida Tribe. The relationship between DHHS and law enforcement was described as "excellent." The agency was also recognized for its efforts in strengthening relationships that may have been strained in the past. It was revealed that the agency and the local domestic violence shelter, Harbor House, have been able to come to the table to acknowledge the areas of strength and improvement needed in order for there to be a working relationship between the agencies. DHHS and Harbor House have a MOU

between the agencies and conduct regular shared trainings of staff, as well as, having an identified “go-to person” for each agency that the other may contact for questions.

B. ORGANIZATIONAL – CHALLENGES

While there were many examples of solid collaboration between DHHS and community partners, there appears to be an opportunity to improve collaboration efforts with some local schools. There is a perception that some individuals have better relationships with DHHS than others. DHHS was recognized for its efforts in educating schools on mandated reporting laws each school year. However, the feeling from some individuals is that the agency’s response varies depending on the person or the person’s role in working with DHHS. An example is the perception that police liaisons obtain a quicker response than a school social worker or teacher when contacting DHHS. There appears to be confusion on when the county is involved with families and when the school can obtain information on families working with the county.

Another area of opportunity is educating community partners on the roles and responsibilities of CPS. Many focus group participants shared that the community’s perception of DHHS is to help families yet others revealed perceptions of the agency as that of taking children or that of not intervening when necessary. There appears to be a gap with the community understanding of new federal and state standards as it relates to assessing a child’s safety, when DHHS is able to intervene.

In addition, there is a perception that the new federal and state policies (e.g. Access, Initial Assessment, and Ongoing Standards) have changed the work environment at DHHS. There appears to be a feeling of a decrease in face time with clients and an increase amount of time in the office documenting and completing paperwork. This change in work environment was also seen as contributing to the recent spike in turnover in the last few years. It was learned that staff were leaving CPS for juvenile justice positions. It was felt that DHHS staff is now more stable with its direct line staff and recent hire of a new supervisor. However, upcoming retirements in supervisory and management staff appear to have created some additional anxiety for staff.

C. RESOURCES – STRENGTHS

One of the supporting factors in the agency’s ability to promote the philosophy of “wrapping services” around the family is the wide array of formal and informal services within the community. Compared to other counties, Outagamie County has a comprehensive range of services to address parenting issues, drug/alcohol, and mental health issues, domestic violence, sexual abuse/assault, and crisis counseling, etc. A valued and appreciated resource is the in-house home consultant worker who is able to assist with transportation, supervised interaction, parenting education and support along with basic home management. The four home consultant workers were seen as critical in helping families by being able to give families individual attention rather than having the client participate in a service in the classroom setting. In addition to services available through the county and community, there is an array of tribal services available for tribal

families and some services available for non-tribal families. Many services offered within the county can be accessed without having an open CPS case.

The Independent Living Program, for older youth (15-21 years old), prepares older youth for independence via individual and group work. The program is designed to assess the youth's current level of functioning as it relates to independent living skills, and develop a plan on what the youth needs for successful independence. The coordinator was described as caring, non-judgmental, resourceful and always accessible for older youth. Additional resources identified were the community volunteers for transportation of clients to appointments. The assignment of a police liaison in local schools is viewed as helpful. It has assisted with the communication between DHHS and schools. Focus group participants recognized the recent efforts to collaborate with local churches and businesses for additional resources for families (e.g. sponsor a family, diapers, car seats, etc).

D. RESOURCES – CHALLENGES

While Tri-County Dental is able to provide dental services for foster children, there is a need to expand the capacity of the program to meet the needs and demands of the clients. It was reported that there are waiting lists and if the client resides outside of Appleton it can be difficult to obtain dental services. Another area in need of enhancement is the accessibility of Alcohol and Other Drugs Assessment (AODA) and mental health services for adults and children. It was expressed that there are waiting lists or several weeks' delay in obtaining an initial appointment. In addition, it was reported that there are difficulties in obtaining psychological evaluations for adults and children. The county offers interpreter services and while this is viewed as helpful, participants identified a need for bilingual service providers rather than having an interpreter present, especially during therapeutic services. Services not available within the county are inpatient psychiatric services for children. Lastly, additional resource needs include respite care for biological and foster parents, transportation services for families outside of Appleton, locating providers who accept Medicaid, specialized foster homes for children with special needs (e.g. sex offenders) and development of trauma informed and responsive services.

E. PRACTICE – STRENGTHS

Data from the Office of Program Evaluation and Planning (OPEP) supported statements that DHHS is prompt with their response and resolution of Child Abuse and Neglect Reports (CA/N). It was said that Outagamie County has one of the best response rates at 92.5 percent in the state. It was also shared that DHHS goes above and beyond in trying to ensure children's safety in the parental home when safety can be managed. OPEP data also supported statements that children in Outagamie County are not lingering in foster care. Children are returning to the parental home when appropriate under the timelines established in the Adoption and Safe Families Act. The median length of stay in an out of home placement for the county is nine months; where as the median length of stay in an out of home placement for the state is 15 months.

When an out of home placement is required to ensure a child's safety, DHHS is effectively assessing a child's needs and matching an appropriate placement. There was recognition of efforts to place children with relatives either through foster care licensing, court ordered kinship or unlicensed relative placement. The foster care coordinator was seen as very supportive and engaging in efforts to develop a trust-based working relationship with foster parents. There is an array of trainings offered to foster parents through the county. Foster parents are expected to complete the state Partners in Alternative Care Education (PACE) training.

There is early identification of Indian children when referrals are received by the county and there is appropriate notification of the Oneida Nation Tribe. A DHHS initial assessment worker and an Oneida Tribe case manager will conduct a joint investigation and if the case is opened for formal services, there will be a DHHS worker assigned with the tribal worker. There is joint planning and teaming with the Oneida Nation Tribe with their shared families. The excellent relationship between DHHS and the Oneida Tribe was shared throughout focus groups.

F. PRACTICE – CHALLENGES

There appears to be communication barriers between the Children, Youth and Families Divisions (CYF) and Youth and Family Division (YFS). There is no internal structure allowing for shared communication between divisions with shared clients, even though divisions are under the same department. It is believed that communication between CYF and YFS case managers or viewing case notes through the county's database, The Clinical Manager (TMC), is prohibited due to confidentiality. A case involved in the review that will be discussed in Section IV, under *Teaming Formation and Function indicators*, demonstrated some of the difficulties experienced when there are multiple workers involved with a family. In addition, there appears to be a perception of varying practice among the CYF and YFS and the units within. For example, YFS was seen as having a more collaborative relationship with schools. There was recognition from focus groups that the job duties and responsibilities for each division will vary. However, it was felt there could be more uniformity between divisions and how they interfaced with community partners.

Another area of struggle is the implementation of a teaming model that utilizes case planning with families and their supports. The county was applauded for their efforts in initiating new practice in order to improve outcomes for children and families. However, in recent times, there has been training on three different teaming models and limited direction after the trainings. Teaming was voiced as being helpful and beneficial for the families and those working with the family yet it is occurring on an inconsistent basis. In addition to teaming with families, case planning with families and formal and informal supports were seen as areas to develop. Lastly, while foster parents are given several opportunities for training, there was a desire expressed to network with other foster parents on an informal basis, as support to each other.

G. LEGAL – STRENGTHS

Agency workers were seen as well prepared and knowledgeable about their families. Their recommendations in court were both valued and respected. Workers were viewed as active participants in court hearings. Their daily work with families was seen as critical in children being able to achieve permanency. There is a good relationship between the Assistant District Attorney (ADA) and the agency. The ADA was seen as being accessible, knowledgeable and caring for children and families. He was seen as a stable component within the legal system.

The judges were viewed as being respectful to individuals and generally providing opportunities for all parties to be heard. Adoption and Safe Families Act (ASFA) findings were made on record. The courts are following the provisions of the Indian Child Welfare Act. It was seen as beneficial that there is regular appointment of attorneys for parents in Children in Need of Protection or Services (CHIPS) cases. This is not the case for all Wisconsin counties where parents are routinely appointed attorneys for Termination of Parental Rights (TPR) petitions, but rarely for CHIPS. Judges meet regularly with DHHS management through the Executive Committee Meetings to problem solve and collaborate. Currently the judges, with DHHS, are working together with other community stakeholders in the development of a local Court Appointed Special Advocate (CASA) program.

H. LEGAL – CHALLENGES

The one challenge that was shared throughout legal focus groups was the overwhelming court calendar. Specifically “Tuesday’s mornings” were often the times hearings are double booked or delayed. When hearings are rescheduled, it appears that case managers, foster parents and at times, the Oneida Tribe are not receiving timely court notices. Another challenge facing the legal partners is the upcoming retirement of the ADA for juvenile courts. Focus group participants voiced struggles when there is a substitute ADA, in that the current ADA has knowledge of the cases and makes the process easier for those involved. There is anxiety among focus group participants because a replacement has not been identified (during the review week).

There appears to be confusion as to when older youths should be appointed adversary counsel. An older youth, 12 and older, will have a Guardian Ad Litem (GAL) appointed rather than adversary counsel. The appointment of a GAL for an older youth can create a conflict for the courts. The GAL role is to act in the best interest of the child; while the adversary counsel represents the older child’s own interest.

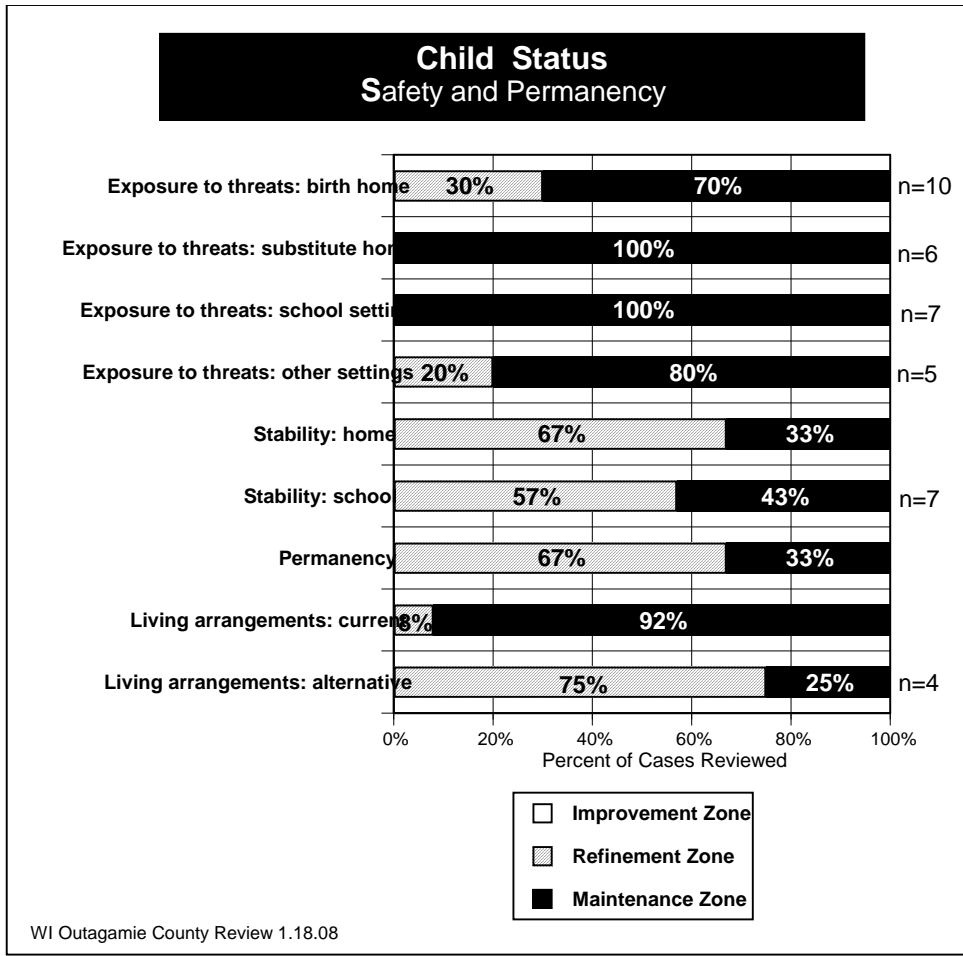
While older youths and parents were appointed legal counsel, and foster parents were given notice for court hearings, it was revealed that there are many unanswered questions for these individuals regarding the court process. Clearing up this confusion often times falls to the case manager. It was suggested that there be a brochure or pamphlet in helping non-legal partners through the court process.

IV. CHILD AND PARENT/CAREGIVER STATUS INDICATORS

The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The QSR Interpretative Guide (below) provides definitions to understand the scoring system. The results for the 13 indicators are presented in aggregate and graphic format on the following pages and measure the child and parent/caregiver status in the 180 days prior to the review.

QSR Interpretative Guide for Child Status		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Maintenance Zone: 5-6 </div> <p>Status is favorable. Efforts should be made to maintain and build upon a positive situation.</p>	<p>6 = OPTIMAL STATUS. The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. Child is doing great! Confidence is high that long-term goals or expectations will be met in this area.</p> <p>5 = GOOD STATUS. Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Status is “looking good” and likely to continue.</p>	<div style="border: 1px solid black; padding: 10px;"> Acceptable Range: 4-6 </div>
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Refinement Zone: 3-4 </div> <p>Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.</p>	<p>4 = FAIR STATUS. Status is minimally or temporarily sufficient for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but may be short-term due to changing circumstance, requiring change soon.</p> <hr style="border-top: 1px dashed gray;"/> <p>3 = MARGINAL STATUS. Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.</p>	
<div style="border: 1px solid black; padding: 5px; text-align: center; background-color: #333; color: white;"> Improvement Zone: 1-2 </div> <p>Status is now problematic or risky. Quick action should be taken to improve the situation.</p>	<p>2 = POOR STATUS. Status has been and continues to be poor and unacceptable. The child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.</p> <p>1 = ADVERSE STATUS. Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes are substantial and increasing.</p>	<div style="border: 1px solid black; padding: 10px;"> Unacceptable Range: 1-3 </div>

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:

This indicator is assessing if the child is free from abuse and neglect in every setting, birth home, substitute home, school or alternative settings. Overall, the children in the review are safe from abuse and neglect. Seven out of the ten children scored in the maintenance zone and three out of the ten children scored in the refinement zone for *Exposure to Imminent Threats of Harm in the Birth Home*. This was similar to the first 17 counties reviewed where over 70 percent of children residing in the birth home were scored in the maintenance zone. In accordance with the QSR guidelines, two children were not scored because the children were not having unsupervised family interactions in the home nor were reunification the permanency plan. Six children scored in the maintenance zone for *Imminent Threats of Harm in the Substitute Home*.

All seven children scored for *Imminent Threats of Harm in the School Setting* scored in the maintenance zone. The remaining five children were not scored because the children were not of school age.

Four of the five children scored for *Imminent Threats of Harm in Other Settings* scored in the maintenance zone and the remaining child scored in the refinement zone. Other settings include home of a noncustodial parent with home visit privileges, summer camp, after school setting and anywhere the child regularly spends time.

While the state uses the QSR scoring previously mentioned. The federal Child and Family Services Review utilizes “unacceptable range” (1-3) and “acceptable range” (4-6). All cases scored according to the federal scoring grid fell in the acceptable range for all four areas scored.

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:

Stability is looking at the child’s current placement; the stability over the last twelve months and the likelihood of this stability continuing to be status quo, improving or deteriorating over the next six months. This is looking at where the child is living at the time of the review, in the birth home or an out of home setting. Eight of twelve children scored in the refinement zone and four of the twelve children scored in the maintenance zone for stability in the home. According to federal scoring, nine of the twelve children scored in the acceptable range.

Stability in the school setting was rated for only seven of the twelve children scored, and only three children scored in the acceptable range.

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

Comments:

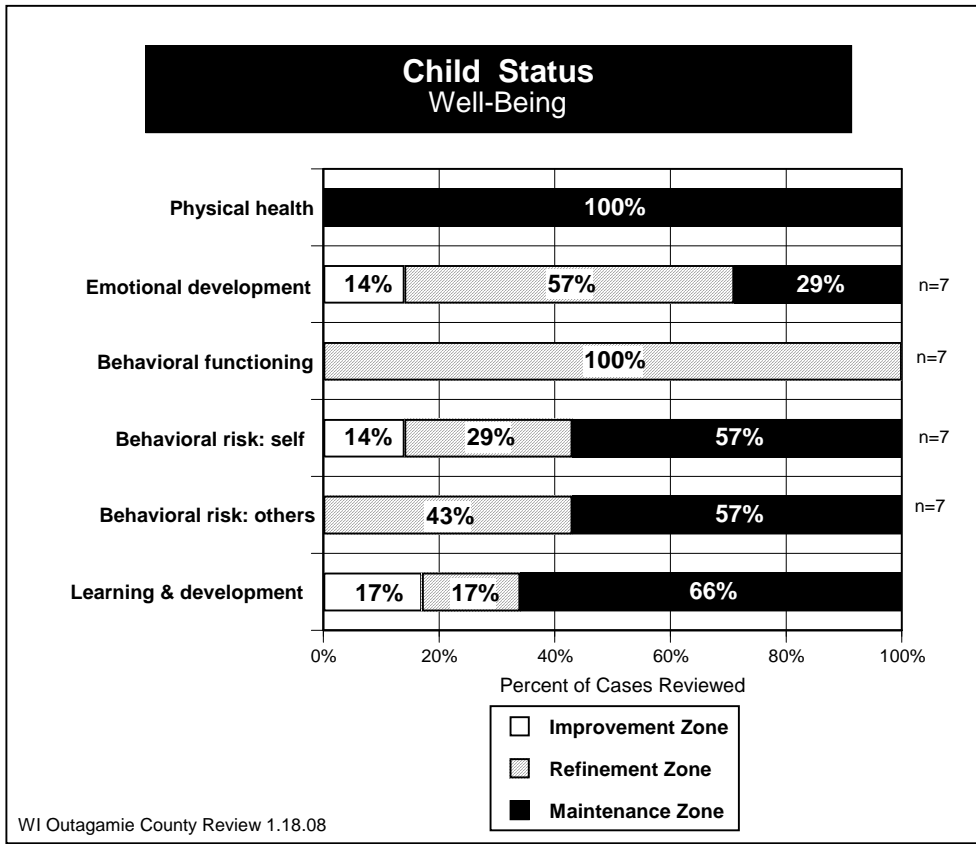
Permanency applies to all children in an out of home placement along with children residing in their biological home. The permanency indicator is critical for all children. It is assessing how effective the efforts are in achieving and sustaining a permanent placement for the child following safe case closure. Four children scored in the maintenance zone, eight children fell in the refinement zone with the division of four of the refinement children falling in the unacceptable range for permanency. A case that was reviewed that scored unacceptably is that of a 16-year-old child, who has resided outside

of the parental home and her permanency plan is long term foster care. The child has expressed a strong desire to return home. However, none of the case participants see that as a viable option for the child and are planning for the focus child to remain in her current foster home placement beyond the age of 18 due to their licensing as an adult foster home.

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:

Eleven children scored in the maintenance zone, with only one child falling in the refinement zone. However, all children fell in the acceptable range for living arrangement. Only four children were scored for Alternative Living Arrangement, and all children fell in the acceptable range. This indicator is looking at the child living in the least restrictive environment and providing appropriately for his or her needs.



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

Comments:

All twelve children in the review scored in the maintenance zone. The children in the sample are physically healthy and when there are health conditions, they are being treated timely and appropriately. There was one child in the review that required medical attention beyond the routine exams and immunizations. The child is currently under the care of an orthopedic surgeon and pediatrician for his left arm, elbow and leg. These injuries lead to his out of home placement. The foster parents, with the assistance of the county continue to ensure that the focus child receives appropriate medical care.

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

Comments:

There are a number of factors that need to be considered when assessing a child's emotional development. In this review, 80 percent of families are dealing with co-occurring conditions. Of the children in the review, 58 percent were seen as trauma exposed and 33 percent of the children reviewed were found to be diagnosed with a mental illness. There were two cases with older youth who were exposed to trauma and were diagnosed with a mental illness. Both of these children have received assessments, yet they have refused to participate in any formal counseling or intervention.

A reviewer for one case wrote "Currently the focus child is struggling in several aspects of his life. He is refusing to engage in any counseling or activities related to dealing with his sexual offending and has not accepted responsibility for his acts or shown any remorse. He is also failing all his classes in school, despite testing at or above grade level. He is disrespectful of authority and disruptive in class, which includes antagonizing his peers. He is seen by teachers and treatment providers as being very emotionally immature which also affects his peer relationships."

Seven of the twelve children were rated for this indicator. One child scored in the improvement zone, four children fell in refinement zone and two children scored in the maintenance zone. However, five of the seven children rated fell in the acceptable range. In accordance with QSR guidelines, four of the children were not rated for this indicator because the children were under the age of three.

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

Comments:

Seven of the twelve children were scored and all seven children fell in the refinement zone. Five of these children scored in the acceptable zone. Again, only seven children were rated because the children were four or older. The child described in *Emotional Development*, also scored low for *Behavioral Functioning*.

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:

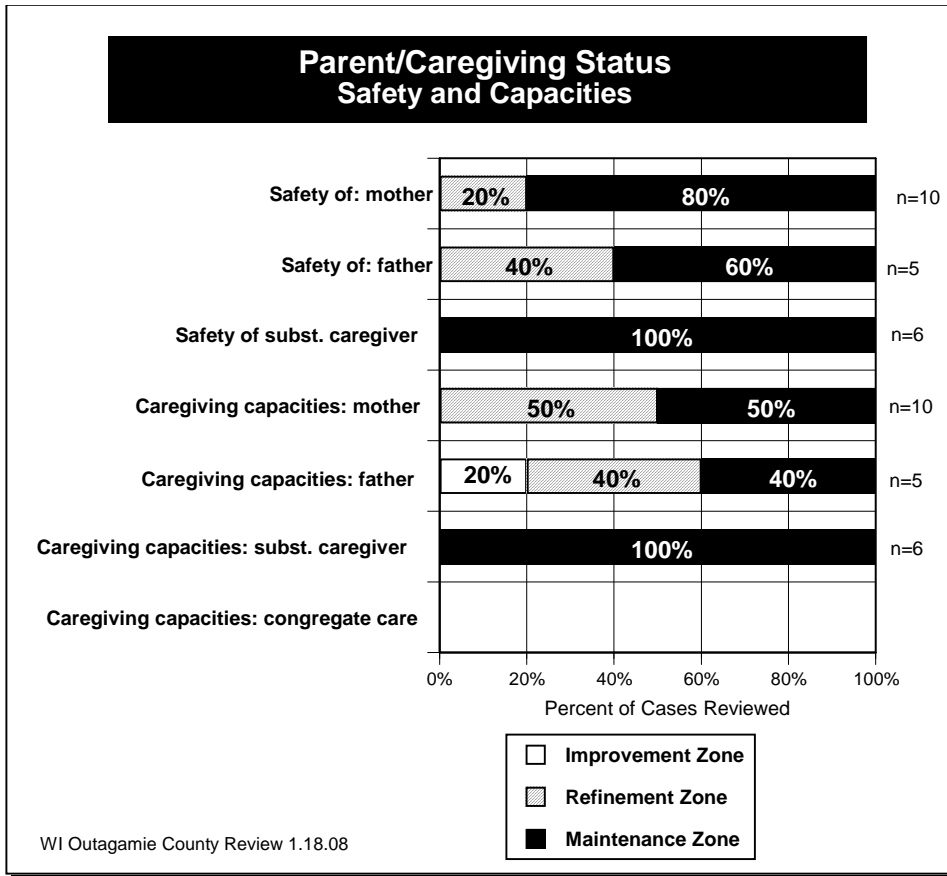
While there are some concerns for the children's behavioral functioning, there is little concern regarding the children's behavioral risk. Five of the seven cases rated for children four and older fell in the acceptable zone for risk to self. Six of the seven cases rated for risk to others scored in the acceptable zone. The child that fell in the unacceptable range and improvement zone also scored in the unacceptable range for *Emotional Development* and *Behavioral Functioning*. A reviewer wrote that "Recently, he [the focus child] threw a desk in his classroom. These behaviors have resulted in school staff deciding to place him in a more contained, restrictive special education environment."

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:

Eight of the twelve children scored in the maintenance zone, two children scored in the high refinement zone and two children fell in the improvement zone. Outagamie County is similar to the first 17 counties reviewed that scored 64 percent in the maintenance zone for meeting children's educational needs. In Outagamie County 66 percent of the cases scored in the maintenance zone. Information obtained regarding the children's reading levels revealed that four children were reading at grade level. Two children's reading levels were unknown and one child was six grade levels behind for reading. Reading levels for four cases were not applicable due to the children's ages.



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:

Two of the twelve mothers were not scored for safety in accordance to protocol guidelines because reunification was not the child’s permanency goal. Of the ten mothers scored, eight mothers fell in the maintenance zone and two mothers were in the refinement zone. However, only one of the mothers scored in the unacceptable range. Five fathers were rated for this indicator and all five scored in the acceptable range (three fathers scored in maintenance and two fathers scored in refinement zone). For the most part, parents are generally physically safe and free from harm.

The six substitute caregivers rated all scored in the maintenance zone.

Caregiving Capacities (Home Settings): To what degree does the parent/caregiver demonstrate adequate caregiving capacities on a reliable daily basis commensurate with that required to provide the child(ren) with appropriate nurturance, guidance, protection, care, and supervision? If the child(ren) have special medical, emotional, behavioral, and/or developmental needs, does the

caregiver have and use any special knowledge, skills, and supports that may be required to meet the needs of the child(ren)?

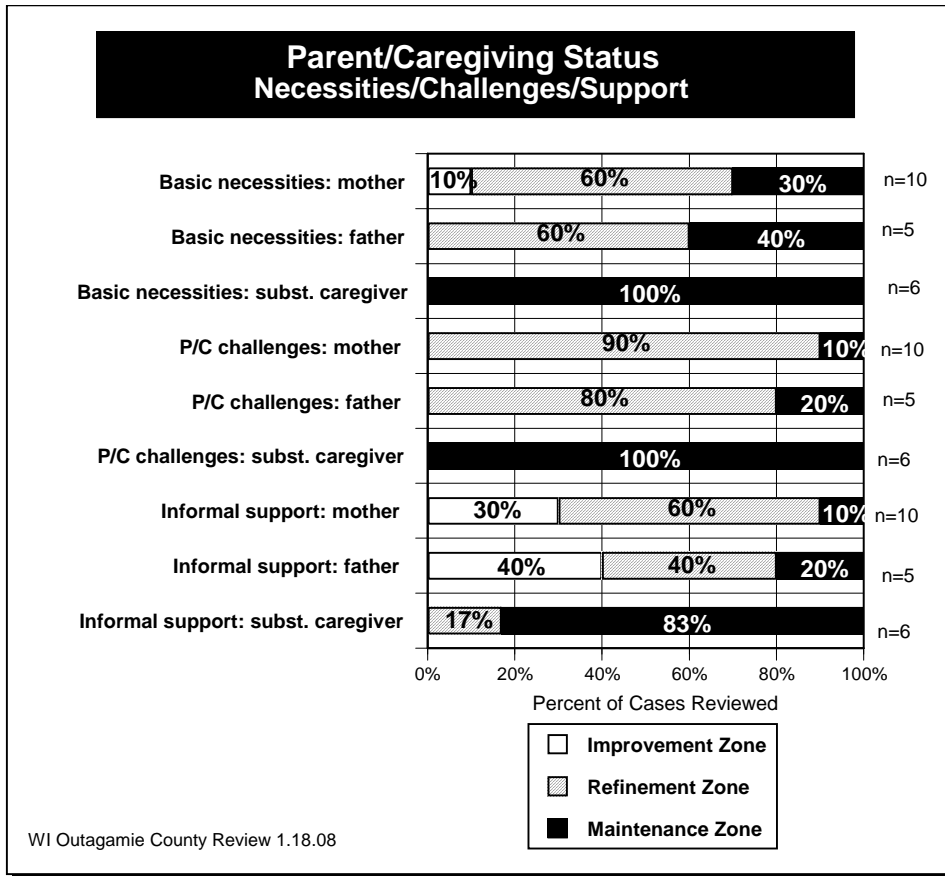
Caregiving Capacities (Congregate Settings): To what degree are the child's/youth's primary caregivers in the group home or facility supporting the education, development, and independence of the child/youth adequately on a consistent daily basis (as appropriate to age and need)?

Comments:

The majority of the mothers scored well for Caregiving Capacities for the home setting in that five mothers scored in the maintenance zone and five mothers fell in the refinement zone. Nine mothers scored in the acceptable range and only one mother scored in the unacceptable range. Two fathers scored in the maintenance zone, two fathers in the refinement zone and one father scored in the improvement zone. Four fathers scored in the acceptable range with one father falling in the unacceptable range. A reviewer wrote for a case where the mother scored in the maintenance zone and the father in high refinement zone that "Mom appears to be more nurturing; giving kisses and hugs to the focus child. She has worked with a therapist in trying to deal with the five-year-old child with challenging ADHD behaviors and has learned parenting techniques from the therapist. It is reported that the Dad tends to yell across the room and is very loud and hyperactive. He demonstrates minimally adequate to fair care giving capacities on a reliable basis to provide adequate nurturing, guidance, protection, and supervision. He does all the cooking and bath time and seemed proud of that when the reviewers were there."

All six substitute caregivers rated scored in the maintenance zone.

There were no children residing in a congregate setting, therefore this indicator did not apply.



Basic Necessities: To what degree are the family’s earned income and/or economic supports adequate to cover the family’s basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, childcare)? Is the parent/caregiver accessing, receiving, and adequately managing the economic supports to which he/she is entitled? Does the parent/caregiver have economic security and skills sufficient for meeting the family’s basic needs and maintaining a stable living arrangement for the children? Does the current living arrangement provide the family with adequate space and living conditions?

Comments:

Three mothers scored in the maintenance zone, six mothers scored in the refinement zone and one mother fell in the improvement zone. Eight mothers scored in the acceptable range and two mothers scored in the unacceptable range. Four of the five fathers scored in the acceptable range. Two fathers scored in maintenance zone and three fathers scored in the refinement zone. A reviewer wrote of one family where both parents scored in the high refinement zone, “...the family’s ability to meet their basic necessities was in question. This was partly due to the mother having recently lost her job and is currently unemployed. In addition, due to the father punching a hole in the wall of his home, he broke a bone in his hand, making him unable to work. It was reported that the family is connected to economic support services and that the father would be receiving unemployment during his time off from work. The family reported that the father would

be receiving a disability supplement from his employer, however the amount was unknown. The family is minimally able to provide for their basic needs due to the change of household income.”

The six substitute caregivers scored in the maintenance zone.

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:

Eight of the ten mothers scored in the refinement zone, two mothers, one mother each scored in the improvement zone and maintenance zone. Of the five fathers rated, all scored in the acceptable zone, one father rated in the maintenance zone and four fathers rated in the refinement zone. One case reviewed, where the child is residing in the home, was rated in the maintenance zone for safety and the parents rated in the high refinement zone. Both parents have histories of chronic AODA issues, extensive criminal histories and domestic violence issues. Recently, it was felt that the disclosure, by the parents, of the trauma experienced by the father and the mother is seen as a “breakthrough” and that treatment plans will incorporate interventions to specifically address the trauma experienced by the parents. It should be noted that 58 percent of the parents in the review sample were trauma exposed and 33 percent were dealing with substance abuse/addiction.

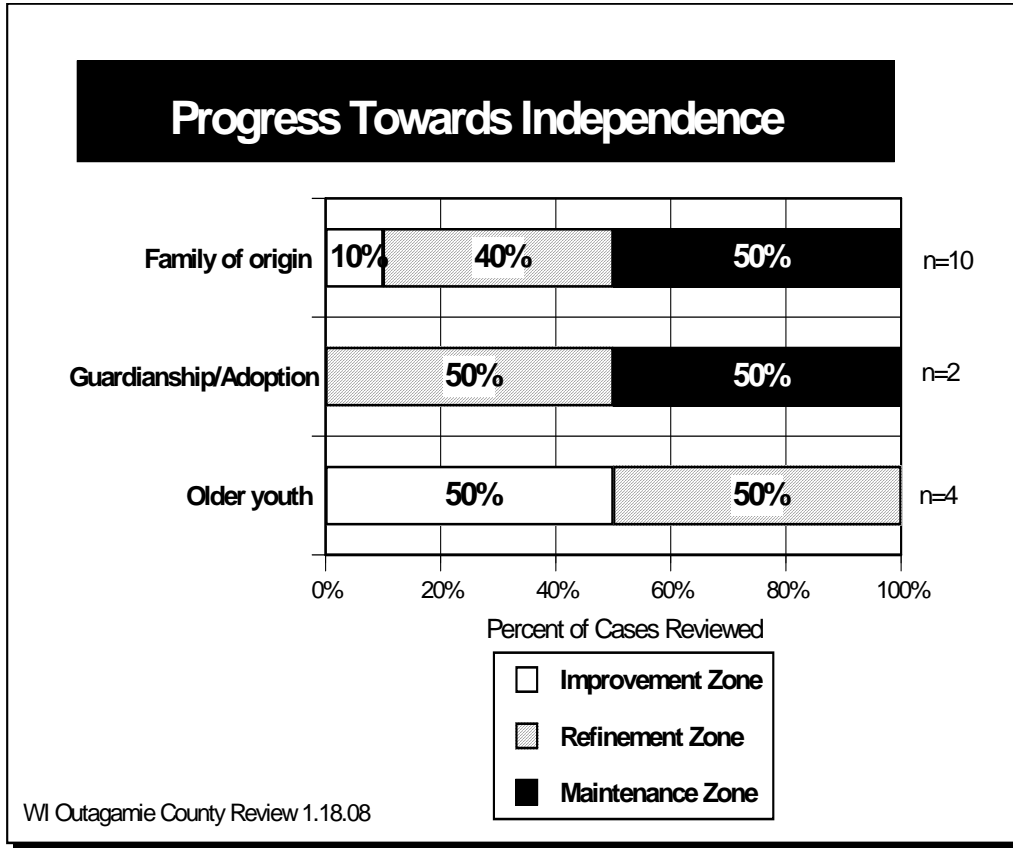
All six substitute caregivers scored in the maintenance zone.

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

Comments:

Three mothers scored in the improvement zone, one mother scored in the maintenance zone and six mothers scored in the refinement zone. Five mothers fell in the acceptable range. Five fathers were scored; one father fell in the maintenance zone and two fathers scored in the refinement zone and improvement zone. This is one area where the substitute caregivers did not all score in the maintenance zone, yet they all scored in the

acceptable range. One substitute caregiver scored in the high refinement zone for informal supports.



V. PROGRESS INDICATORS

Progress to Independence (Family of Origin): To what degree is the family making progress toward their permanency goal of maintaining the child safely at home and/or successful reunification? As necessary to reunify/preserve the family, to what degree have: 1) protective provisions necessary for keeping children safe been established and maintained within the home; 2) necessary parent/caregiver behavior changes been made, demonstrated, and sustained; and 3) necessary and sustainable conditions and supports been established within the home and family situation (e.g., housing, childcare, income, health care)?

Comments:

Ten children had reunification as their permanency goal. Five children's permanency goal of reunification scored in the maintenance zone, four children scored in the refinement zone and one child scored in the improvement zone. Eight of the children's permanency goals fell in the acceptable range indicating that the majority of families are making sufficient progress toward permanency and safe case closure. Compared to the combined findings from the first 17 counties where 63 percent of the cases were found to be in the acceptable range, Outagamie County at 80 percent in the acceptable range was

significantly higher. A reviewer wrote “The progress to independence and permanency for this family scored at the level five in the Maintenance Level. The focus child currently has extended visits, more frequency and overnights have started. A possible return home date has been identified. Mother and the team are looking at what would need to continue to support this young mother and her child. When focus child returns home they will continue the order for at least a year and provide in home services.”

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

Comments:

One child, who scored in the maintenance zone, had the primary permanency plan goal of TPR or Transfer of Guardianship and the second child, who scored in the refinement zone, had this as a concurrent goal.

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

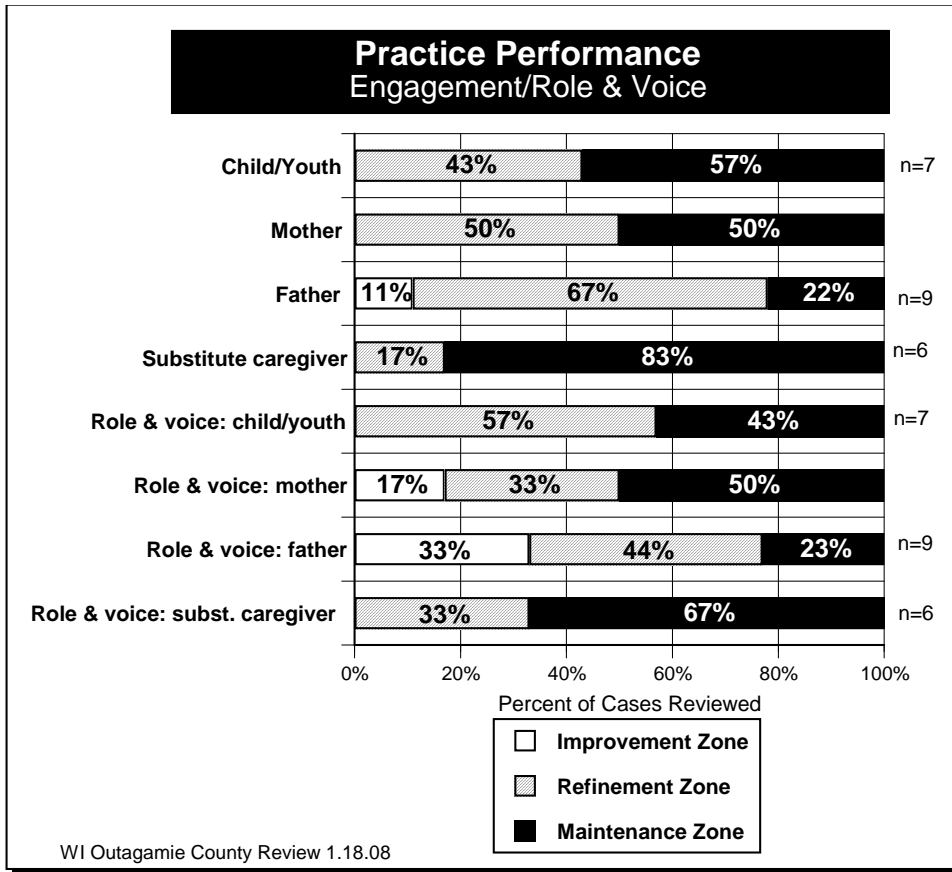
Comments:

Four children were rated for this indicator. For three children this was a concurrent goal and for one child, this was a primary permanency goal. Outagamie County is similar to the rest of the state, in that engaging and providing services with older youth can be a challenge in order for the youth to be successful. Half of the cases in the first 17 counties reviewed were found to be in the acceptable range, which is the same score for Outagamie County. A case reviewed is that of a 16-year-old female who is residing in a foster home that she is expected to be residing in past the age of majority. All formal supports agree with this plan, but the teen is not fully invested. [The focus child] “...indicated in the interview with reviewers that she wanted to go home, wanted to get an apartment on her own when she was 17 or wanted to remain living within her present home for some time.”

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

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

QSR Interpretative Guide for Practice Indicator Ratings		
<p>Maintenance Zone: 5-6</p> <p>Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.</p>	<p>6 = OPTIMAL PERFORMANCE. <u>Excellent, consistent, effective practice</u> for this person in this function area. This level of performance is indicative of <u>exemplary practice and results</u> for the person. [6 month sustained pattern]</p> <p>5 = GOOD PERFORMANCE. At this level, the system function is <u>working dependably</u> for this person, <u>under changing conditions</u> and over time. Effectiveness level is <u>consistent with meeting long-term needs and goals</u> for the person. [3 month sustained pattern]</p>	<p>Acceptable Range: 4-6</p>
<p>Refinement Zone: 3-4</p> <p>Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.</p>	<p>4 = FAIR PERFORMANCE. This level of performance is <u>minimally or temporarily sufficient to meet short-term need or objectives</u>. Performance may be time-limited, somewhat variable, or require adjustment soon due to changing circumstances. [1 month continuing pattern. Some refinement is indicated]</p> <p>-----</p> <p>3 = MARGINAL PERFORMANCE. Practice at this level may be <u>under-powered, inconsistent or not well-matched to need</u>. Performance is <u>insufficient for the person to meet short-term needs or objectives</u>. [With refinement, this could become acceptable in the near future.]</p>	
<p>Improvement Zone: 1-2</p> <p>Performance is inadequate. Quick action should be taken to improve practice now.</p>	<p>2 = POOR PERFORMANCE. Practice at this level is <u>fragmented, inconsistent, lacking necessary intensity, or off-target</u>. Elements of practice may be noted, but it is <u>incomplete/not operative on a consistent basis</u>.</p> <p>1 = ADVERSE PERFORMANCE. Practice may be <u>absent or not operative</u>. Performance may be <u>missing (not done)</u>. - OR - Practice strategies, if occurring in this area, may be <u>contra-indicated or may be performed inappropriately or harmfully</u>.</p>	<p>Unacceptable Range: 1-3</p>



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

Comments:

All six substitute caregivers scored in the acceptable range. Five children were not scored for engagement due to their age and/or development. Six of the seven children scored for this indicator fell in the acceptable range. Four children scored in the maintenance zone and three children fell in the refinement zone. Outagamie County is at 57 percent in the maintenance zone and the combined scores from the first 17 counties reviewed for this indicator was at 54 percent.

All the mothers were rated for this indicator and ten were scored in the acceptable range for engagement. A core principle of the QSR is engagement. This is seen as a critical piece in successfully working with families. Engagement is building a trusting collaborative relationship with families in order to promote behavioral changes in a

nonthreatening manner. A reviewer wrote, “Outreach and engagement between worker and family members is excellent. In her explanation as to why the Agency was involved with her family, the mother explained, ‘I’m an alcoholic and my drinking had gotten out of hand.’ The mother stated that she feels the worker ‘gave me the benefit of the doubt’ throughout the planning for the case.”

Nine fathers were rated for this indicator, a higher number of fathers scored in the unacceptable range, six out of nine fathers. Two fathers scored in the maintenance zone, six fathers scored in the refinement zone and one father scored in the improvement zone.

A case where engagement was unacceptable for the mother and father pointed out how recent turnover in the CYS Division has impacted the ability to engage with families, and directly impacts the county’s practice. In addition, this was a concern raised in focus groups. Since May 2007, a family had two case managers, one for about six months and the most recent for about two months. The reviewer wrote “Worker turnover affected engagement of the family in a change process. The family appears to be engaged at a superficial level. ‘We like the social worker’ is a first step. They do not appear to be engaged in a change process and do not think anything needs to be changed. Their understanding of what needs to be done is their meeting weekly with the social worker, supervising the children and having an AODA assessment. However, they have repeatedly cancelled any appointments for their AODA assessments. Nor have they signed release papers for the department to receive reports confirming if an AODA assessment is completed.”

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).

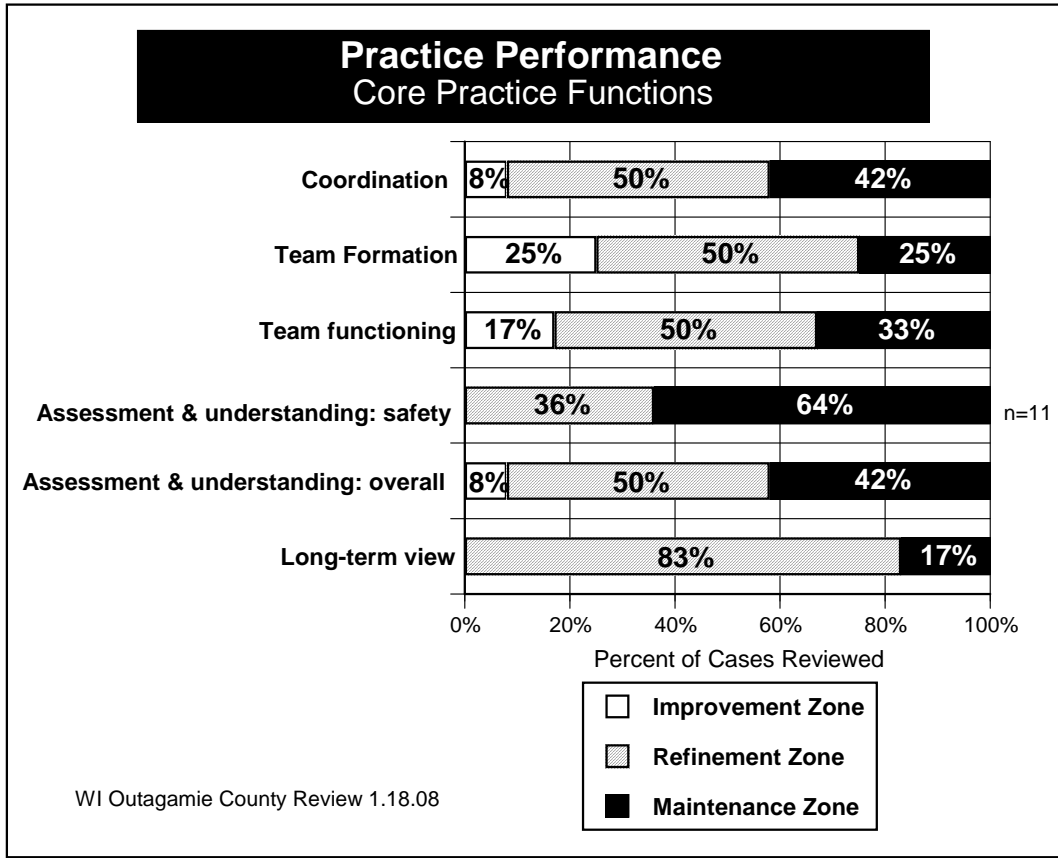
Comments:

All six substitute caregivers scored in the acceptable range (four substitute caregivers scored in the maintenance zone and two substitute caregivers fell in the high refinement zone). Five children were not scored for role and voice due to their age and/or development. Four of the seven children scored for this indicator fell in the acceptable range. Three children scored in the maintenance zone and four children scored in the refinement zone.

Six mothers rated in maintenance zone, four in refinement zone and two in the improvement zone. Nine of the twelve mothers fell in the acceptable range. In a case that was in the maintenance zone for both parents, the reviewer shared that “They [parents] were able to articulate the plan and felt they were equal partners on a team. The case plan has been monitored and adjusted as the family makes progress toward the shared long term view which is permanent placement with the parents.”

Two fathers scored in the maintenance zone, four fathers fell in the refinement zone and three fathers scored in the improvement zone. There were a few cases reviewed where

the fathers did not have an active role in the child’s life prior to CPS involvement and it remained unclear about efforts to locate the fathers and assess the role the father could have in his child’s life which contributed to low scores for the *Engagement and Role and Voice* indicators.



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:

Five cases scored in the maintenance zone, six cases scored in the refinement zone and one case fell in the improvement zone. Eleven of the twelve cases scored in the acceptable range. A reviewer wrote “Lastly, there has been good coordination of services with, for the most part, a single point of leadership. There has been some confusion regarding whether the agency social worker or the treatment provider is the main coordinator. However, there are certain areas, such as legal issues for the social worker, and therapeutic interventions for the child, that team members logically look to the correct person for direction.” In comparison with the first 17 counties reviewed, Outagamie County is comparable with 42 percent at the maintenance zone, 50 percent in the refinement zone and eight percent in the improvement zone. The first 17 counties

scored 46 percent in the maintenance zone, 50 percent in the refinement zone, and four percent in the improvement zone for *Coordination*.

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

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

Comments:

The mixed results from this indicator demonstrates that this is an area of development for DHHS. Teaming is a core principle and value of the QSR model. When there is strong team formation and functioning, other areas of practice are enhanced such as assessment, planning, tracking and adjustment. Effective teaming improves outcomes for children and families. Formation is asking if all key participants in the family's life are present at the team meeting and would include formal and informal supports. Functioning is inquiring if the team is operating together; is there a shared big picture understanding of the goals, needs of the family and the strategies in place. The team, not just the case manager, are assessing, planning, tracking and adjusting as needed to assist the family in achieving desired outcomes.

A case that demonstrates excellent team formation and functioning is described by a reviewer in a case story, "The most outstanding is the development of a team with all key players having a place at the table. Parents and child are regular participants and while the parents do not always agree with the plan, they have an opportunity to voice their opinions and those are clear to other team members. The team meets on a consistent basis and while the meetings function to some extent as a staffing, problems get brought up and addressed. This consistent oversight of the plan allows for timely tracking of goals and progress."

Half of the cases reviewed fell in the acceptable range for team formation. Three cases scored in the maintenance zone, six cases fell in the refinement zone, and three cases scored in the improvement zone. As for team functioning, seven of the twelve cases reviewed scored in the acceptable range with four cases in the maintenance zone, six cases in the refinement zone and two in the improvement zone. There was a case reviewed that scored lower in formation yet slightly higher in team functioning. It was revealed that there were potentially four identified county case managers working with the family, each case manager having a different identified child. "Without a coordinated team of all players in this family's life coming together to form one family plan, the teams could easily work at cross purposes. In fact this may be happening in this case." It appeared that none of the case managers were coming together to assess, plan and adjust

all together with the family. In addition, there were statements the CYF worker disagreed with a placement decision of one of the YFS workers. The reviewer further wrote “Without a coming together of all parties to exchange information and understand each others’ viewpoint, no single integrated family team can be formed to create a comprehensive family plan.”

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:

Eleven of the twelve cases were rated. One case was not rated because it was not a CPS case, in accordance with the QSR guidelines. Assessing and understanding safety is one of the primary tasks for CPS agencies. DHHS is doing well in this area with all eleven cases scoring in the acceptable range. Seven cases scored in the high refinement zone and five cases scored in the maintenance zone. A reviewer wrote “Assessment and understanding of safety and of [the focus child] and his situation overall were also practice strengths. Everyone on the team, which included the social worker, the mother, the foster parents, and the informal supporters, was concerned about [the focus child’s] safety and they have been vigilant in preventing re-injury and in clarifying what kinds of situations that [the focus child] will need in the future to be safe. The team members are feeling confident that the mother has made significant progress in her protective capacities over this time.”

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:

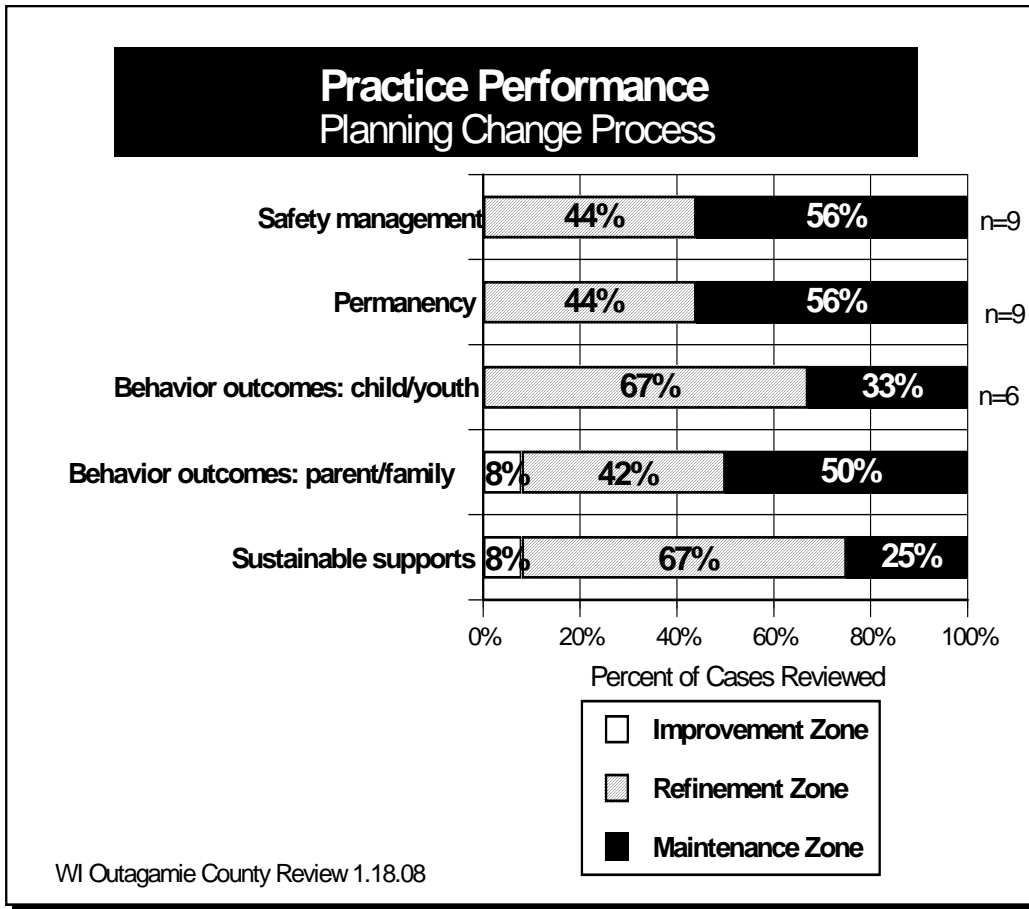
It is critical when working with children and parents to complete a comprehensive assessment of the family strengths and underlying needs. Families are dealing with numerous external and internal challenges that greatly impact their every day functioning. The family team needs to have a clear understanding of the family’s underlying needs to implement the most appropriate, least intrusive intervention to sustain behavioral changes. A reviewer wrote “A very good assessment and understanding of the core issues faced by the mother and her children were evident. Worker was well aware of the mother's strengths as a person and a parent. At the same time, Worker was aware of the

issues inherent to alcoholism, the risk for maltreatment, and the likelihood of the mother's recurring relapses. Also, understood by this worker were the invaluable ties that [the focus child] has to his mother, his grandmother, and his siblings." Overall, eleven out of twelve cases were rated in the acceptable range for *Overall Assessment and Understanding*.

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:

Identification of what needs to be present in order to safely close the case increases the likelihood of achieving those outcomes. Two cases scored in the maintenance zone and the remaining cases scored in the refinement zone. Nine cases were in the acceptable range for long term view. Several cases were working towards the permanency goal of the child and could verbalize what was needed for the child to either remain in the home or to be returned to the home. However, there were a few cases reviewed that when asked, "What does the end look like?" or "What needs to happen for the case to close with the county?" few individuals could offer specific answers. A reviewer wrote "One opportunity is to develop a long-term view with respect to agency involvement. No one seemed able to identify when we are going to be "done" or when the family can become independent of the agency." A second reviewer shared, "This lack of focus on permanency has resulted in some confusion among team members regarding the long term view. Not everyone involved has a clear picture of where this case is going. Many participants have the feeling that the case is stuck."



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 nine cases scored in the acceptable range, with five cases scoring in the maintenance zone and four cases falling in the refinement zone. Three cases were identified as not meeting the protocol guidelines and therefore were not rated for this indicator. In relation to the first 17 counties reviewed, Outagamie County scores are slightly higher in that 56 percent scored in the maintenance zone and 44 percent scored in the refinement zone. Comparatively, the combined cases from the first 17 counties reviewed scored 41 percent in the maintenance zone, 47 percent in the refinement zone, and twelve percent in the improvement zone.

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:

Nine of the twelve cases were rated for this indicator and only one case scored in the unacceptable range. The reviewer for the case that scored in the unacceptable range (low refinement zone) wrote, “While reunification with mother is the plan, little to no progress has been made on that plan after eight months of placement. Mother has further stated that she would choose her live-in partner, who has been completely uninvolved in treatment, over the [15-year-old] child. This may be an opportune time for the team to evaluate an appropriate concurrent plan...” Three cases were not rated for this indicator because the focus child was not removed from his or her home for CPS reasons, which is in accordance with the QSR guidelines.

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:

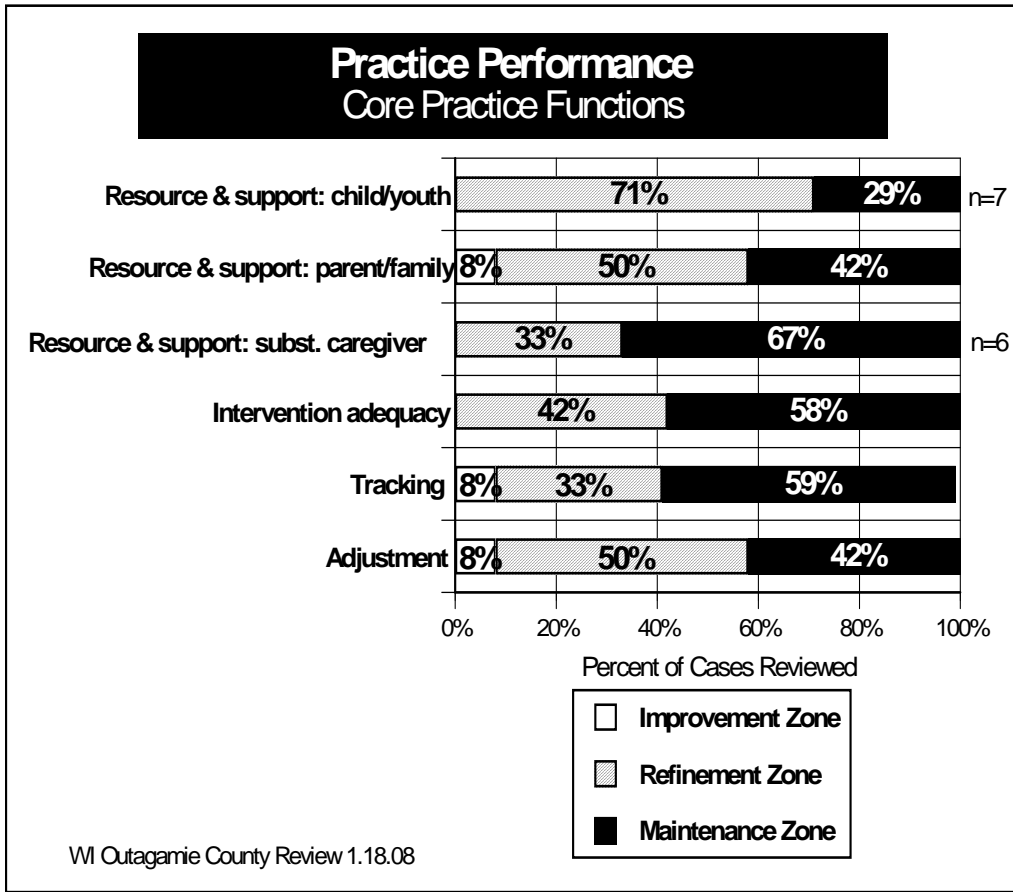
Six out of the twelve children were rated as needing to address behavioral changes. Out of the six cases rated, two children scored in the maintenance zone and four children scored in the refinement zone. Four children fell in the acceptable range.

All families were rated for the parent/family addressing behavioral changes. One case scored in the improvement zone, five cases scored in the refinement zone and six cases scored in the maintenance zone, with eight of the cases falling in the acceptable range. A reviewer wrote “The worker has an understanding of how the mother’s stress level, AODA issues, and lack of parenting skills have affected her ability to parent [focus child] in the past. Once the overall safety and AODA issues were resolved, [focus child] was reunified with her mother with no additional services in place.”

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:

Three cases scored in the maintenance zone, eight cases fell in the refinement zone and one scored in the improvement zone. Planning for sustainable supports throughout the case is critical in ensuring long term success and independence from the agency. While Outagamie County was recognized for being a “resource rich” community, there are always opportunities with families to build a structure of obtaining more informal supports. In addition, planning and obtaining sustainable supports for families is good practice and solid scores with sustainable supports tends to lead to strong practice scores in the *Long-Term View* indicator.



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:

Five of the twelve children were not rated for this indicator because no additional supports are needed at this time. Two children scored in the maintenance zone and five children scored in the refinement zone. All seven children rated for this indicator scored in the acceptable range.

All the parents were rated for this indicator. One case scored in the improvement zone, six cases fell in the refinement zone, and five scored in the maintenance zone. Ten of the twelve cases scored in the acceptable range. Six substitute caregivers were not rated as resources and supports were determined not to be needed. Of the six substitute caregivers rated, all scored in the acceptable range, with two substitute caregivers scored in the refinement zone and four substitute caregivers falling in the maintenance zone.

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

Comments:

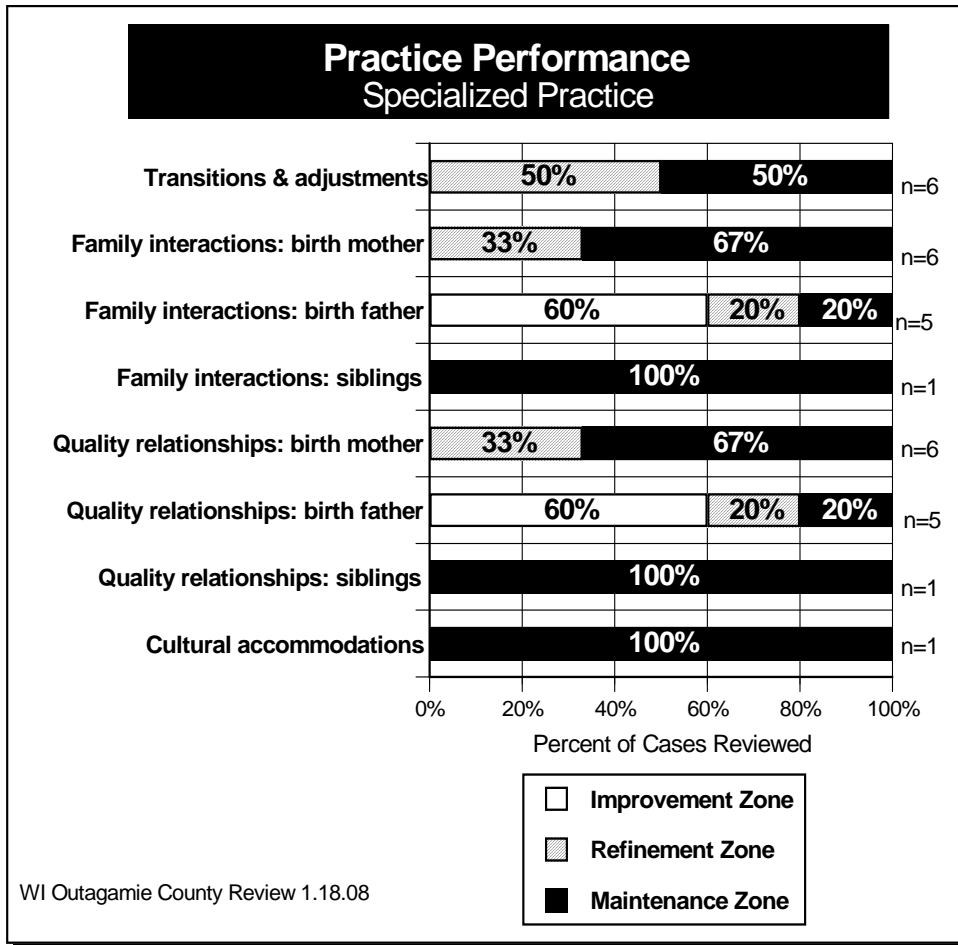
Intervention Adequacy for Change is asking if all of the interventions needed for the family are available within the community, is the resource accessed and being used at the appropriate frequency and intensity. Ten of the twelve cases fell in the acceptable range, with seven cases in the maintenance zone and five cases in the refinement zone. A reviewer wrote "When additional or other needs were identified, the in-home service provider and the agency responded with assistance, supports and referrals. When it was determined the youngest child could benefit from early education programming, the referral was made and she was enrolled. Intervention adequacy was scored in the maintenance zone because the level of service and support appears to be sufficient to meet the family's needs and support the change process."

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:

Seven cases scored in the maintenance zone, four cases scored in the refinement zone and one case fell in the improvement zone, with only one case in the unacceptable range. Effective tracking requires maintaining ongoing situational awareness of the child and family. Is all the information that is available being obtained and used in the assessment and planning?

Effective adjustments depends upon understanding and acting on what is working and not working for the family to meet the conditions of safe case closure. How well is the service team finding out what works for the child and family and then using the information appropriately? It is expected that the case plan you create with the family at the start of a case will not be the same case plan at the time of reunification or closing. Ten of the twelve cases scored in the acceptable zone. A reviewer wrote “Tracking was also good and adjustments were made when appropriate. The on-going social workers, along with the team, were able to add necessary services and also eliminate those no longer needed or appropriate.”



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:

Transitions are expected for families regardless of their involvement with CPS. However, due to the nature of their involvement, additional planning for transitions is required to minimize the likelihood of disruption. Six of the twelve cases were identified as having a transition occurring in the near future. Of the six cases, all scored in the acceptable range with three cases scoring in the maintenance zone and three cases falling in the refinement zone. A reviewer wrote “The planning regarding the use of resources for the transition has not coalesced as yet. Planning has not yet occurred with working with someone who may be a new member of the team, the new female housemate, over predictable tensions with two families living together. Another planning area relates to finding reliable daycare in the case that the mother finds a job, something that all

members of the team have identified as a problem. In addition, the significant challenges for this mother in having a child returned to her home who may have behavioral issues, while caring for an infant have not been assessed.”

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:

Six of the twelve cases were scored for the focus child’s interactions with his/her mother. All six cases were in the acceptable range. Family interactions were occurring for children and mothers and it was also assessed that the quality of the family interactions promoted emotional connections.

Only one focus child was rated for family interactions with his siblings, which scored in the maintenance zone. A reviewer shared that “of extreme significance is the continued contact that the grandmother and [the focus child] have with his siblings. A visitation plan allows for the siblings to stay with their grandmother and [the focus child] every other weekend, and every other Thursday and Friday. This level of continued involvement with his siblings has helped [the focus child] adjust to living away from his brother and sister.”

Only one father scored in the maintenance zone. The remaining four fathers scored for this indicator fell in the unacceptable zone. In the first 17 counties reviewed, 31 percent of fathers scored in the maintenance zone, 29 percent of the fathers scored in the refinement zone and 36 percent of fathers scored in the improvement zone. These scores clearly show that family interactions with fathers is an area of opportunity.

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:

The one case identified as Native American, scored in the maintenance zone. There are two case managers assigned, one from the county and one from the ICW tribe. Both case managers were described as having patience with the mother and respectful of her wishes. She is described as not being open to non-tribal ways. However, the county case manager has been able to work together with the ICW case manager to help the mother move through the process. “The agency workers also took the time to learn about Mom’s cultural beliefs and practices and then supported them by encouraging her use of traditional resources available through tribal social services. The tribe was notified of and involved in the initial assessments where abuse and neglect were alleged. Additionally, the agency worked with the tribe to identify family placement resources when it became necessary to place the focus child out of his maternal home.”

VII. NEXT STEPS AND ACTION PLANNING

County staff, supervisors, and the director were encouraged to use the results of the review to formulate and implement an action plan to address enhancement of case practice and systems issues, which will ultimately result in improved outcomes for children and families in Outagamie County. Agency staff identified the following as areas of potential focus for system and practice improvement:

- Evaluate the decision making process between Juvenile Justice and Children and Family Services Divisions.
- Resolve issues regarding sharing information between Divisions.
- Better collaboration and unified case plans for shared families between the Divisions.
- Enhancing the role and voice of fathers in family case plans.
- Emphasis on team building with families.
- Establish a written process and how teaming will impact workloads.
- Balancing office time/ paperwork to face-to-face time with clients.
- Further discussion on staff retention including on how to improve communication and transition of cases when someone resigns.
- Expand the ongoing training to foster parents to include legal aspects, and to establish an informal support group.
- Increase statewide mental health professionals that accept Medicaid.
- Improve trauma informed services, trainings, and enhanced awareness of those that currently provide services.
- Improve outreach efforts to schools in the area.

- Development of a quick access card for distribution to families for resources.
- Disproportionate minority families that are involved with DHHS.
- Looking at long-term housing needs for single parent households and families.
- Expanding the availability of affordable, child-care for all shifts.

The final “next steps” meeting of the review was used by the *director, manager, supervisors, and agency leadership* to prioritize areas identified by the DHHS staff and the county as next steps. Harry Hobbs outlined the post-QSR training and assistance that is available to the county. He also introduced DHFS facilitator Carol Wright, Marquette County Director of Human Services, who will aid the county in the development and implementation of an action plan.

VIII. SUMMARY

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

Agency staff identified several possible next steps. Among these, staff talked about the need for developing effective engagement strategies in every case and utilizing a team model. The list is ambitious but addresses many of the principles of the best practice model that underpins the QSR. Agency workers and management are encouraged to use the results of the review to formulate and implement an action plan to enhance case practice and address systemic issues, which will ultimately result in improved outcomes for the children and families with whom the agency works.