Best Practice
Next Practice

Family-Centered Child Welfare

Program Improvement Plans: An Agenda for Change

This special issue of Best Practice/Next Practice *highlights the proceedings of the second Annual Meeting of State and Tribe Child Welfare Officials. The Meeting has been established by the National Child Welfare Resource Center for Family-Centered Practice and the Children's Bureau to create a forum for a national dialogue on all aspects of the Child and Family Services Review (CFSR) and to review strengths and challenges rising from it. It also is an opportunity to explore strategies available from all the eight National Resource Centers to help states to make the review process as useful and as successful as it can be.*

Another critical purpose for the Annual Meeting of States and Tribes, however, is to maintain a focus on the review as a national reform movement. Child welfare reform is not served by seeing the review as a series of one-on-one engagements between federal officials and individual state agencies. It is best seen as a collaborative effort between and among states. It is in that spirit that the Annual Meeting brings together states, tribes, and federal officials to discuss challenges with compiling accurate and reflective data, conducting a statewide assessment, preparng for the on-site review, developing a program improvement plan, and working through the plan to create long-term, observable, measurable change in child welfare practice focusing on safety, *permanency, and well-being. Thus, the Annual Meeting provides many opportunities for peer-to-peer consultation and technical assistance.*

During fiscal year 2001, seventeen states have undertaken the on-site CFSR. More are added to the list week by week. As the process builds, it becomes clear that the CFSR is the most ambitious national effort to improve child welfare systems in many years.

In his remarks to the opening session of the second Annual Meeting of State and Tribal Child Welfare Officials Jerry Milner, Child Welfare Specialist with the Children's Bureau and the head of the federal review team, said, "The Child and Family Services Reviews and the program improvement planning process represent an agenda for change."

The challenge that this represents is at hand, as more states tackle their program improvement plans. Milner said, "We are looking for improvements in state child welfare systems that are systemic—that go to the heart of the problems. We are not interested in seeing program improvement plans with short-term fixes because the problems and the kinds of issues that we are identifying are not the kinds of issues that lend themselves to short-term or immediate solutions."

As we look for systemic and true lasting change . . . we have focused on family-centered practice. It is reflected clearly in the kinds of things that we are measuring and reviewing, and the kinds of questions that we ask of states in the statewide assessment.

– Jerry Milner

Improvement plans: what we've learned about family-centered practice

Every state is different, and consequently, every review is different. But there are notable similarities in findings. Every state reviewed, as Milner pointed out, has strengths—strong pockets of practice such as supported visitation and exemplary programs like family conferencing. The reviews have made a good start at identifying those areas in which states are doing well and areas on which to build. To make the most of these identified strengths, states need opportunities to learn from each other. But the reviews also indicate the areas where improvements are necessary. The final reports, which punctuate each state's on-site review, are structured to focus states' efforts to create program improvement plans that will address those areas.

The entire process highlights the challenges of changing and improving practice. Milner explained, "It is that day-to-day practice in child welfare that actually is the primary focus of the on-site review. And it is certainly our belief that if we are looking for systemic reform, focus on practice and improvements in practice are absolutely essential." We have to address the right kind of practice.

"As we look for systemic and true lasting change in child welfare programs, we have focused on family-centered practice," Milner said. "Family-centered practice is reflected clearly in the kinds of things that we are measuring, the kinds of things that we are reviewing in the on-site review instrument, and the kinds of questions that we ask of states in the statewide assess-

ment." In principle, and in federal regulation, family-centered practice is the core strategy for building effective and ethical child welfare practice. It is also family-centered practice that falls short in the current rounds of reviews. The "agenda for change" that Milner described is our call to pursue long-term systemic change rooted in family-centered practice. Achieving this agenda is likely to be difficult, sustained, slow work. Roll up your sleeves.

Review findings: common threads

A common finding links all of the reviews to date: state child welfare systems are performing better on the *systemic factors* than they are on the actual *outcomes*. Often, policy and established procedure across states meets the requirement for effective and high quality family-centered practice, but actual day-to-day practice lags behind. "Most states," Milner said, "were actually in substantial conformity on anywhere from five to six or seven of the seven systemic factors. But the opposite is true of outcomes. Of those seventeen states, most were not in substantial conformity on four, or five, or more of the seven outcomes."

The states reviewed performed much better on their safety outcomes than on the permanency and well-being outcomes. Safety, in the language of the federal regulations, is "paramount," and so such a finding is appropriate. But we need to stay aware that safety is not an end, but a starting point for assuring the continuous familial relationships which define permanency, and for assuring the developmental activities and services that enter the domain of well-being. To view these outcomes as a

continuum, rather than as discrete segments, helps us understand the systemic relationships between them. To be truly effective, we need to understand that how we assure safety may impact on the opportunities for achieving permanency, and the greatest possible well-being. Safety is "paramount" because it is a foundation for permanency and well-being.

In other states, child welfare systems have basic provisions in place to meet the requirements for substantial conformity on the systemic factors. Yet the actual substance defining those systemic factors did not go far enough to promote and better assure the kinds of positive outcomes that the states intended. In some circumstances a systemic factor does not match the broader system's mission, values, and procedures for supporting positive outcomes for children and families. For example, a training program may meet a basic requirement for providing department workers and service providers with the kind of knowledge concerning policy and procedure that they need to carry out their jobs, but it might not help staff to learn how to engage families in the whole casework process, or to reinforce the value for doing so.

Milner explained that these are some of the issues around the systemic factors that will be identified through the program improvement plans.

Program improvement plans: no quick fixes

"One of the things that we realize, certainly based on the scope, or the range, of state performance on the first seventeen reviews, is that we can't fix everything at once," Milner stressed. "We do need to address those areas that are found to be problematic, but we can't fix every single thing over the course of a one-, two-, or three-year program improvement plan."

It is unreasonable to expect that a state that was found to be out of substantial conformity on six or seven of the outcomes during the initial CFSR would magically be in substantial conformity on all seven outcomes within two years. To make progress requires a state to do a lot of thinking, planning, and prioritizing. The program improvement plan should focus on those areas of state programs that have the most dire consequences for children and families if they go uncorrected. In addition, states must set realistic, achievable goals for their program improvement plans. "We are not interested in setting states up for failure or setting ourselves up for a situation that does not speak well for the process and the flexibility that we have through the program improvement planning process," Milner explained.

Outcomes related to safety for children and families are the top priority in program improvement plans in terms of time and level of effort and resources. States should look at those areas of practice that cross outcomes, such as case planning issues. These directly affect not only the well-being outcomes that are measured, but they affect the safety of children and the permanency of children who are in foster care. Case planning systemically links all three ASFA outcomes.

Milner stressed that every single nonconforming issue does not need the same level of effort in the program improvement plan. If a state is close to the threshold of achieving substantial conformity

We can't fix everything at once.
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on some areas, it is reasonable for a state to focus a proportion of the amount of effort on that, and really focus on those things that are going to need the most attention. Certainly those most egregious areas of nonconformity need to be addressed in an up-front and clearly prioritized way in the program improvement planning process. Subsequent reviews will determine whether or not a state has achieved substantial conformity. The program improvement plan should include specific activities that are likely to help each state reach that mark.

Lessons learned: trends and weaknesses

The reviews of the seventeen states have brought to light a number of practice problems that are troubling because they are more prevalent than anticipated. These trends, or "hot button topics," need to be addressed as states prepare program improvement plans driven by family-centered practice:

◆ **Permanency outcomes.** Problems exist consistently in helping children move on to permanent and stable living situations. When we look at the permanency outcomes, some of the states were doing a lot better at the second permanency outcome that looks at preservation of important family and community connections and relationships throughout a foster care episode, as opposed to the actual achievement of whatever that permanency goal might be for the child.

◆ **Case planning.** Case planning is central to a child's well-being, and essential to safety and permanency. Yet too of-

ten case plans are quickly prepared, with little input from parents. Comprehensive assessments need to be done. Parents need to be involved in the process.

◆ **Engaging other systems.** Other systems, and other agencies and programs, have an effect on what happens to the children and families that are served through the child welfare system. These include, for example, the courts and legal system and the educational and mental health systems. One of the most striking features missing from these first seventeen reviews is meaningful, responsive child mental health services.

"If we are going to have true systemic reform, it is necessary to engage other systems in those reform efforts if they are serving the same populations of children," Milner said. This is a part of the process that is going to be very difficult. "But honestly, we don't believe there is any way to achieve the kind of lasting and significant improvements if we don't engage the courts, the educational system, mental health, foster parents, and all the others."

◆ **Individualized services.** Often only a core set of four, or five, or six services is offered, regardless of the child's individual needs. The concept of individualizing our approach to children and families, as opposed to a one-size-fits-all approach to providing services, needs to be promoted.

Too many systems provide categorical services and tie up money into a core set of services restricting flexibility to respond to individualized needs of children and families.

"If you are going to change that and enhance our capacity to individualize our approach to working with children and families," Milner said, "it is going to require systemic reform at a very high level, certainly at an organizational level within state child welfare agencies. This will be one of the biggest challenges for many states."

◆ **Community-based services.** Many services are unavailable and inaccessible to the children and families who need them including services with a three- or four-month waiting period; services located in places that families can't get to when or if they need them; service providers who don't understand the culture, background, or language of many of the children and families they serve; and prohibitive fees for services.

◆ **Strengthening parental capacity.** Among the first seventeen states reviewed, many states provide services only to the mothers of children, as opposed to the fathers. States need a clear picture of existing services, and they need to increase those services to both parents of the children as well as teach the value of involving both parents.

Some of the revisions that have been made to the CFSR instrument for the next round of reviews will specify the terms "mother" and "father" instead of "parent" so that states can get a clear picture of their practice and can find out how to best address increasing parental capacity.

"Certainly there are barriers to working with families in the way that we want to," Milner said, "and we have seen issues around caseload size and workload issues in many states that would prohibit the most knowledgeable and the best workers from doing the kind of work that you want them to do and that they want to do. In other situations, it is not as simple as a caseload or a workload issue. It goes to the heart of how we train staff to interact with children and families and to value their engagement and involvement in the whole process." Strengthening parental capacity to provide for the needs of their children has to occur through effective engagement and parental involvement.

Because the CFSR asks about and reviews issues like attention to families in the case planning process, engagement of families in case planning activities, visiting with families including parents and children, it is hoped that we can encourage and operationalize family-centered practice into something tangible and understandable by all those involved in child welfare.

Developing program improvement plans: use the review as effectively as possible

It is a challenge to develop program improvement plans that, in fact, have the promise of leading to measurable, observable changes in the outcomes for children and families. The Children's Bureau has reevaluated the expectations of program improvement plans, and what these program improvement plans accomplish or lead to. The Bureau continues to learn from each state's experiences, and to make the processes as responsive as possible. These first few program improvement

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plans that are developed will probably become models for those states that will be preparing program improvement plans in the future.

Milner explained that the Children's Bureau is looking for improvements or reforms in state child welfare that are systemic and that make the most of what the reviews are revealing. "We framed our guidance for program improvement plans to address those areas that are most in need of change up front, the most egregious areas of nonconformity, while we make steady progress in all of the areas that need that." Finding the best opportunities to create systemic change and improve practice will require using the review process and results as effectively as possible.

"Whether we are talking about the national standards relative to national data indicators that we use in the review process, or the 90 percent threshold for cases that we review, we are aware that we set very high standards," Milner said, "and we don't apologize for it."

"Children and families deserve to have high standards set," he continued, "and for those working in child welfare, we have an obligation to set those goals for ourselves. We need to do everything that we can to reach those goals."

Challenge

The Children's Bureau is working with states to create program improvement plans that will balance the need to make improvements where they are most needed with content that is achievable and realistic.

The Bureau wants to see meaningful, measurable changes, but with the recognition and through collaboration about what is realistic, what is achievable for each state.

"You know, far better than we do, what areas within your states need improvements," Milner said. "You know what factors, whether we found them in the review process or not, are leading your states to be out of substantial conformity in any of the areas."

Milner challenged states to use this process as effectively as possible. "Make use of the information, the knowledge, and the opportunity that we have through this process, to engage not only those people within your state systems, but all of those who represent the range of people with whom you work," Milner said. "Develop program improvement plans that can help the children and families that you serve have a much better chance of having positive successful outcomes as a result of their interaction with you."

Resources & additional information

To contact any of the eight Resource Centers, find information about the CFSR review process, or read the final reports of states visit the Children's Bureau's Web site at http://www.acf.dhhs.gov/programs/cb/.

The second Annual Meeting of State and Tribe Child Welfare Officials, "Putting the Pieces Together to Improve Outcomes for Children and Families," was held in January 2002 in Washington, D.C. More than 150 individuals, representing 46 states and territories and 19 tribes attended the Meeting. An electronic transcript of the meeting is available upon request.

Measuring Improvement

The Meeting included several panel discussions including one, moderated by Linda Mitchell, Child Welfare Specialist at the Children's Bureau, on measuring improvement. Panelists included John Gaudiosi, Mathematical Statistician, Children's Bureau; Lynda Arnold, Consultant, National Resource Center for Information Technology in Child Welfare; Marilyn Kennerson, Hub Lead, CW/SFS, Administration for Children and Families, Region VIII; and Peter Watson, Associate Director, National Child Welfare Resource Center for Organizational Improvement, who all contribute to the summary below.

After approval of the program improvement plan, states must submit a quarterly report that demonstrates they are actually achieving—albeit, incrementally—what they said they would achieve. So the importance of measuring improvement cannot be overstated.

Linda Mitchell stressed that there are a number of important sources of information that will help states demonstrate that they are achieving and measuring improvement: data, qualitative measures, and quality assurance.

Data

The first source is data, and obtaining reliable data is an important part of the improvement process. The first and most important data is the state profile data that begins the entire CFSR process. And there is some good news here. "The cleanup of the national data that are submitted to AFCARS and NCANDS has been one of the most encouraging byproducts of this entire process," Jerry Milner said. Milner stressed that the Children's Bureau has worked hard with the states to ensure that the state profile data is both accurate and meaningful through state submissions and re-submissions "to get the data to be much more reflective of what happens in terms of day-to-day practice." He also stressed that

states get *meaning* from the state profile data by looking at *practice*. "We hear concerns raised about data *versus* practice, rather than data *and* practice. The two are inextricably tied to one another, and if the data does not reflect practice, there is a problem. We need to be looking at what the issues are that create concerns that data are not a reflection of what's going on."

Lynda Arnold of the National Resource Center for Information Technology in Child Welfare stressed, "A strong program improvement plan is based on accurate data within the statewide assessment and state data profile." States need to begin with data that is a true reflection of what is happening in their state. The Center provides technical assistance to help states improve their data. She urges that states dig deeper into the data to see what the issues truly are. "We can help states look at any particular issue—together with the data, the program, and the practice so that your data will reflect what is going on, what your policies are, and what your practice is. We try to meld those three things together."

The Resource Center for Information Technology can also help states accurately measure the improvements in a state's sys-

A Look at Program Improvement Plans: Observations

Linda Mitchell provided some specific details and examples of a few of the issues the program improvement plans focused on and indicated where she felt states were making progress as well as areas of concern.

States need to ensure that their program improvement plan addresses the issues presented in their final report. The final report identifies the factors that are contributing to the state's inability to achieve substantial conformity in each of the areas. Then the program improvement plan should address those areas.

States should prioritize which areas to address, but take a close look at what is presented in the final report in terms of conformity with the outcomes and their underlying reasons for nonconformity.

States also need to review how systemic factors impact particular outcomes. For example, the systemic factor of the services array can certainly impact foster care reentries if the review identifies a need for more supportive post-reunification services that are impacting the re-entry of children into care.

What are the inter-relationships between the areas needing improvement? Addressing one area for improvement can certainly fix another. For example, improving assessment of needs could impact stability of placements, as well as

help achieve well-being outcomes. If a child comes into care and receives a thorough assessment that fully identifies needs, the assessment can help strengthen both placement stability as well as help meet the child's physical and mental health needs. States have to look at broad-reaching strategies that affect several areas for improvement.

A few states have drafted program improvement plans that suggest further study of issues. Not all of the questions of what is contributing to the state's inability to achieve substantial conformity will be answered through the on-site review and the final report, but states should have a strong sense of what the underlying issues are through the information gathered through both the statewide assessment process and the on-site review. Unfortunately, presenting a program improvement plan that suggests further study in five of the six or seven areas is not going to move the state toward achievement of goals.

Mitchell said that states should consider the results from the statewide assessment and the results of the on-site review to help states address or understand the underlying issues that were leading to nonconformity, and focus on those issues in the program improvement plan. This highlights the importance of the statewide assessment process and the state's

analysis of its data. Some of the states that have presented thorough and specific program improvement plans were states that used the statewide assessment process to analyze the data and to obtain information through focus groups based on the analysis of that data.

For example, in one state, data showed that children were moved from one foster care placement to another, so the state interviewed staff and foster parents and other community providers to find out what might be leading to placement instability. Then they used the on-site review process to examine the issue more closely through the review of the cases. In this way, the statewide assessment, the on-site review, and the final report all came together to lead into the program improvement plan.

States also need to look at how they engage partners outside the child welfare system, for example, the courts and the education system, to establish goals and to figure out how they are going to measure achievement in those areas that impact their partners.

States should also be thinking of how the program improvement plan could be integrated into their Child and Family Services IV-B Plan.

States should view program improvement not just as steps within the program improvement plan, but to see how it fits into the state's guiding framework for improvement of the entire system. Where do these smaller pieces of program improvement fit in the larger picture? Do all of those pieces fit together? Will they take the state agency in the right direction?

Finally, the program improvement plan needs to be specific enough so that progress can be clearly defined. What evidence will there be that the state has completed its program improvement plan? Ideally, the program improvement plan process will cultivate an opportunity for ongoing monitoring of practice outside of program improvement, such as instituting a quality assurance system to regularly look at case practices.

Some states are proposing to measure the program improvement by *completion of activity*, as opposed *to measuring actual goals by data and qualitative information*. While states obviously can use both, states should not just rely on measurement by completion of activities. It is the *effectiveness* of those activities that is important. For example, if there is a requirement for a needs assessment for families and children, the key is not whether or not the state has implemented a comprehensive assessment of needs, but rather has it been *effective*? How did it impact goals in the case plan? How were parents engaged in the assessment and in establishing case plan goals?

tem, choose between various options for measuring improvement, and provide assistance in measuring specific interventions. For example, Arnold pointed out, a state may decide to do more than one intervention in one area of non-conformity. "How are you going to know which one is having the most impact, or what impact are they all having?" she asked. The Resource Center can help states with this.

Another set of data elements that are very important in measuring improvement are the national standards. As John Gaudiosi explained, the revised national standards are based on the state as a whole, as one entity. When planning improvement he suggests that it would be useful to review the data by county, by different age groups, different types of placements, and so on, because the problems or weaknesses might not be evenly distributed throughout the state. Often there are some variables or some area locations that are contributing more to the problems than others. States would certainly want to focus on those areas, and not the state as a whole. "Let's face it, there is a short time frame for the program improvement plan, so you want to get the biggest bang for the buck, and you want to concentrate in the areas where there are problems."

To do that, he said, states need to have and use the syntax for the safety profile and for the permanency profile. States can receive technical assistance from the Resource Center for Information Technology to gain proficiency to work on the syntax so that they can break down the state into counties and different age groups and analyze the data. When the states generate program improvement plans, the syntax will help them concentrate the resources in the areas where they are most needed.

Many states, looking at their attempts at program improvement, have gone beyond those measures to look at how children of certain ages, or children of certain dispositions, meet some of the data indicators.

Qualitative measures

Second, Mitchell said, states also need to measure the effectiveness of things that are not directly related to data—

the qualitative kinds of things that show to what extent practice is improving. "We need to look at the casework practice on a day-to-day basis to see those qualitative kinds of measures," she noted.

Panelist Marilyn Kennerson suggested, "We have to look at much more concrete, and more vivid, and undeniable examples of the results of what we put in place in the Program Improvement Plans: goals, action steps, benchmarks, and time frames."

The program improvement process and the qualitative part of that process includes *goals*. There must be a goal for each of the outcomes and/or the systemic factors that were found not to be in substantial conformity.

The goals will answer the question "why." Why would we do this? The goal should answer "what is expected to be achieved as a result of the action to be taken? What is to be corrected, modified, and improved upon?"

The goal should address lasting and systemic change and involve creating and maintaining community linkages. The goal should be integrated into the existing, ongoing state plans. The goal should be realistic, prioritized, and concrete.

The *action steps* are the building blocks of the process. Action steps will answer the question "what," and to some extent, "how." These are the activities to correct each area that has been identified as needing improvement.

By going back to the review process, reviewing the data, the on-site review findings, and trends and practices, a state can begin defining the needed action steps. The action steps need to be directly linked to the goals to be achieved. It is useless to get involved in a lot of processes and efforts if they are not going to be geared toward making the kind of improvements in practice that is expected or is indicated.

The *benchmarks* are indicators to make sure that the momentum is sustained and to review and verify incremental steps in progress. There should be *time frames* for completion of each action step, means to mark progress, and efforts to avoid surprises in relation to what is believed to be occurring in various initiatives. "Benchmarks require collaboration and periodic review of efforts," explained Kennerson. "As you engage people from the beginning in the statewide assessment process, you begin to develop a group that has a vested interest in what is happening and what will occur in the state. Part of the effort and part of the collaboration will carry over into the benchmarks in keeping that group informed as to what is happening along the way toward program improvement."

The key to evaluation is to make sure that the efforts are in place, they are in line with the action steps, and that the action steps will be in line with the goal.

How qualitative measures work in a program improvement plan

Goal: Reduction in foster care re-entries.

Action Steps:

1. More thorough family assessments to determine underlying issues causing abuse/neglect.

2. Provision of intensive, family-centered services prior to reunification.

3. Thorough safety assessment immediately prior to reunification, together with the development of a safety plan.

4. Post-reunification family services for six months following the return of the child to the family.

Benchmark: Five percent reduction in foster care re-entries.

Time Frame: Within four months of implementation of action steps.

The National Child Welfare Resource Center for Family-Centered Practice:
How we can help states and tribes with the CFSR

In addition to assistance in family preservation and support, family-centered case planning and casework (including engagement, assessment, and the case planning and implementation processes), and family reunification, we provide the following:

Kicking off the CFSR Process. In partnership with other Resource Centers, our staff can help states launch their CFSR process by identifying and engaging all potential community stakeholders, and in retaining their involvement in the statewide assessment, the on-site review, developing the Program Improvement Plan, and implementing the Plan.

Family-Centered Practice Opportunity Analysis. Our staff take requests to review CFSR statewide assessments, final reports, and/or program improvement plans and then recommend strategies, best practices, and technical assistance to help states make front-line practice more family-centered.

The Service Array in Child Welfare. Our center helps states expand accessibility and improve the quality and kinds of services provided to children and families. After determining the service array needs of the state, we assist in preparing a plan with goals, action steps, benchmarks, and time frames.

Community Partnerships and Community Stakeholder Involvement. We assist states in creating and sustaining more productive community partnerships with a range of providers and resources, including tribes, and we assist with a community stakeholder involvement process that organizes key representatives to find ways of building effective partnerships beyond the child welfare system.

Changing the Culture of Child Welfare Practice. Staff help states implement strategies to change workers' beliefs, attitudes, and practice concerning family-centered practice.

Family-Centered Practice Training. We provide system-wide training in family-centered practice to public and private sector supervisors as a strategy for systemic reform of frontline practice, adapting the training to the unique needs of each state.

Family Strengthening Practice Project. The Center helps improve the family-centered and family-strengthening practice of states' contracted private providers by assisting agencies in completing a self-assessment, developing and implementing a program improvement plan, and then serving as peer consultants to other agencies.

Family Conferencing Development. We help states build family conferencing capacity to introduce systemic practice change in child welfare, focusing on the principles/practices of family conferencing and adapting these to local systems.

Other Training and TA Responses in Development

The Center staff is developing other assistance responses that may be helpful to states and tribes in the CFSR process, including:

◆ ***Differential Response:*** helping states develop policy and practice to respond to families' levels of risk and need.

◆ ***The "Crosswalk" of Resources for Practice in Child Welfare:*** cross-referencing the many legal mandates, regulations, and standards confronting state systems for effective integration.

◆ ***Dealing with Children's, Families', and Workers' Trauma in Child Welfare:*** coping with the effects of violence and trauma and the secondary effects of working with the victims of violence.

◆ ***Mental Health Needs of Children and Families:*** addressing the mental health needs of children and families in child welfare and developing more productive relationships with mental health resources.

◆ ***Father and Male Involvement in Child Welfare:*** building practice strategies for effective engagement and involvement of fathers and other males in child welfare.

◆ ***Family-Centered Practice and Child Protective Supervision:*** helping states infuse family-centered best practice into CPS services, including: (1) hotline, screening/intake; (2) investigations and safety assessment, decision making, and planning; and (3) risk assessment and determination of intervention services.

◆***Family-Centered Workload Analysis:*** helping states prioritize work with families based on need (the service level each family requires) and capacity (the agency's ability to respond).

◆ ***Supportive Visitation Practice:*** implementing visitation practice tailored to families' developmental needs to support reunification.

For more information, and a complete description of how our center can assist your state,
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Quality Assurance

States also need quality assurance systems that regularly look at casework practice, including those qualitative measures mentioned above. "Quality assurance," in practice, has many different meanings and many overlapping terms and techniques. In the past, quality assurance focused on auditing case records and reporting on the extent of compliance. Today, many child welfare agencies move beyond simply monitoring compliance and attempt to gather and assess a range of information on quality and then work to implement improvements on an ongoing basis. Quality improvement programs are broader in scope, assessing programs and outcomes, as well as compliance. They use data, information, and results to affect changes in policy and case practice. A range of in-

ternal and external partners are engaged as well.

Quality assurance is not just quality services reviews or case reviews. "There are many other quality assurance activities that are going on in your states," panelist Peter Watson remarked. "A number of them might be monthly reports that have tended to look at compliance factors in the past, but you can modify some of those to help look at the types of activities that are happening in your program improvement plans, or maybe some interim activities that have to take place in your program improvement plans or in your agencies to satisfy the program improvement plans."

The program improvement plan matrix can help states do this. The matrix was developed by the Children's Bureau to help states organize and focus on the issues contributing to nonconformity in each of the areas, consider what

steps are going to be taken to make improvements, and how each of those steps will be measured.

"The program improvement plan matrix was created by splitting up all of the seven indicators, and the seven systemic factors, with the idea that, 'If your state was not in substantial conformance, what are the types of things you would do to try to bring your state into substantial conformity? If you chose to put those in your program improvement plan, how would you measure them?'" explained Watson.

The matrix also helps states see the variety of areas that might be in the program improvement plans. "You realize what a challenge it is going to be for everybody to put these together and monitor them over time. The more you can make them understandable and something that is a working document, the better off you are going to be," he said.

Putting Principles into Practice

Elaine Squadrito, Child Welfare Specialist at the Children's Bureau until April 2002, participated in the panel discussion Program Improvement Plans, Practice Principles, and Promising Practices. *From her vantage point of participating in state reviews, she shared the many promising practices that were recommended by site team leaders across the seventeen states reviewed. States can use these practices in developing their program improvement plans or other improvement strategies. Check the Children's Bureau Web site at www.acf.dhhs.gov/programs/cb for additional information about these practices.*

"We saw lots of strengths in the states that we visited," announced Elaine Squadrito, "and those strengths will be wonderful beginnings, especially for those states that have their internal and external communities ready and willing and able to take them on through the process of improvement."

In the process of the reviews, Squadrito explained, the Children's Bureau requested submission of promising practices— those programs or practices within a state agency, private program, or private agency where the key principles of *family-centered practice, community-based services,* and *individualized services* were put into day-to-day practice.

"Some exciting practices are taking hold," Squadrito concluded. "These examples are just some of the many promising practices that will ultimately lead to systemic change."

Family-Centered Practice

Here are some examples of how states apply family-centered practice principles:

Family conferencing models. Whatever name states choose to call this practice, and however it might be portrayed, family conferencing works, and works well when it engages families in the identification of their strengths, their needs, and the services to keep their children safe, at home, and developing. Family conferencing includes a case plan that is comprehensive, individualized, strength-based, and culturally appropriate. Unfortunately, this practice is not widespread. But where it is used, it is effective.

Court improvement models. One site involves the families and all interested parties including parents, grandparents, foster parents, or other kin. At the pre-hearing conference, all parties invited to the court hearing meet first. The worker completes a brief family assessment. All of the parties together create a case plan and then bring it to the hearing, if all are in agreement, for acceptance. There are some drawbacks to this model. It becomes more of a legal case plan, a legal process, because it is held in the courthouse—it is mediated—and because the parents' attorneys are there and often speak for the families, versus the families speaking for themselves. But the families, and even relatives and all interested parties, are invited to the pre-hearing conference.

In another program, the court has on staff a therapist who is assigned to the family early in the process. The therapist works with the family and provides support and advocacy as well as helps the family understand Child Protective Services, the court system, the jargon or terminology used, and so on. Then the therapist uses a standardized needs assessment so that the fam-

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–Elaine Squadrito

Principles of Child and Family Services

- The safety and well-being of children and all family members is paramount. When safety can be assured, strengthening and preserving families is the best way to promote the healthy development of children.

- Services are focused on the family as a whole; service providers work with families as partners in identifying and meeting needs; family strengths are identified, enhanced, and used to solve problems which compromise their functioning and well-being.

- Services promote the healthy development of children and youth, promote permanency for all children and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.

- Services may focus on prevention, protection, or other short- or long-term interventions to meet the needs of the family and the best interests and needs of individual(s) who may be placed in out-of-home care.

- Services are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or community.

- Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs.

- Services are intensive enough and of sufficient duration to keep children safe and meet family needs.

—adapted from 45 CFR 1355.25

Why family-centered principles?

- The CFSR measures *outcomes* that are affected by family-centered principles/practices.

- Underlying the CFSR *systemic factors* are a range of family-centered issues.

- The CFSR focuses on *day-to-day practice.* Working for systemic reform makes it essential to focus on promising family-centered practices.

- Federal Regulations document 45 CFR 1355.25 lists principles of child and family services that constitute a framework for long-term systemic reform and practice change.

ily can participate in assessing its own strengths and needed services. The therapist is the facilitator of the case plan meeting with the agency. This practice reduces the barriers to families participating in the case plan development.

Case plan development. Another state, while having no special program or model, offered some routine, consistent, good practice around case plan development: good involvement of workers with families, meeting with the families to develop the case plan, meeting in the family's home to do it, and meeting at a time that was convenient for the families.

Strengthening parental capacity. One site participated in a collaboration between the child welfare agency and the local children's museum. The children's museum offers a twelve-week program where the parents and children in care come together for visitation. Clinically based museum staff supervise the interaction between the parents and children. At the same time, they model, teach, and evaluate the families. The same clinical staff are available three or four days a week, conveniently housed in one of the local child welfare area offices, to work with the staff there to enhance their visi-

tation plan development and increase their visitation skills for visits in other locations, such as the office and community sites.

Community-based services

Here are some examples of how states successfully apply community partnerships and community-based services into their day-to-day practice:

Community-based agencies collaboration. At several sites, child welfare, juvenile justice, mental health, tribal organizations, and educational staff, both public and private, successfully

collaborated with families on behalf of seriously emotionally disturbed children and at-risk children. Together they provided community-based, wrap-around services to ensure that the child could remain with their family, in their community, with the support of community-based services.

Co-location and juvenile supervision. In another site, on-site child welfare, juvenile justice, and mental health workers share in a project where the community partners not only meet the service need, wrap-around services for the youth, but also provide supervision for these youth who are on probation. Therefore, as an example of collaboration between the two agencies, the community is ensuring both the community safety and the child safety.

Co-location as an interdisciplinary team for abuse cases. In another site, Child Protective Services, law enforcement, medical staff, and mental health staff were housed together, not in their respective agencies, but as a multidisciplinary team to reduce trauma to children and to increase the likelihood of prosecution of cases. These were not just sexual abuse cases, but priority one cases. It was exciting to be to see all of these people working together and housed in the same community-based building.

Child welfare and the courts. Comprehensiveness was also demonstrated in collaborations through the court improvement projects. In one example, drug courts are providing maximum support to drug-involved families and assisting the primary custodian to live drug free, gain control of the addiction, and deal with dual diagnosis issues. At the same time, staff work on concurrent plans if reunification was not possible. As a catalyst for change in practice, one state added concurrent planning language directly in the statute.

Individualized services

Several sites provided community-based programs in which families were involved throughout the process. Programs were more successful in delivering individualized services if shared and flexible funding was available.

Child well-being and the CFSR. For a long time, one state has provided foster parents with monthly child well-being status reports that the foster parent completes and returns to the agency each month with their billing. In addition, prompted by their Child and Family Services Review, this state has added additional terminology according to the child well-being status that is now being required. This helps them focus on some of the major issues in child well-being as measured through the CFSR every month: the number of visits from the worker; the kinds of visits to the child or to the foster parent; significant events that month; educational appointments, report cards, or other issues; physical health or mental health appointments or issues or unresolved issues; and dental appointments.

Culturally responsive. One agency that serves a significant non-English speaking population recruited and hired bilingual staff, as well as bilingual trainers who developed a curriculum and work with foster and adoptive parents in their native language.

Elaine Squadrito is now a Regional Director with the Rhode Island State Department of Children, Youth, and Families.

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> *–Elaine Squadrito*

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