

Ohio Child Welfare Practice Profiles  
Module 7 - Evaluating

(Lindsay Williams)

Good morning everyone. This is Lindsay Williams. Welcome to the Ohio child welfare practice profile webinar. We are on model 7 today, which is evaluating and I have some folks with me today to help present so I am going to go around and let them introduce themselves and share a little bit about their background in child welfare. So we will start with you Jeannie.

(Jeannie Kleiber)

My name is Jeannie Kleiber and I am with a private agency focused on youth. We are in Westchester, Ohio serving all of southwestern counties in Ohio. I am the PQI manager of focused on youth. I also am in charge of compliance, privacy, client rights, a lot of other types of responsibilities. But I have been in my role for about 3.5 years now. I have been at focused on youth for about 5.5 years and before focused on youth, I was not part of the child welfare community, I was in management through home improvement, which is kind of where I get the data analysis experience so I have learned a lot over the years and I have a lot of information I can share with you today.

(Lindsay Williams)

Awesome. Thanks Jeannie.

(Sonia Tillman)

Good morning everyone. This is Sonia Tillman. I am the differential response and special projects manager here at ODJFS. I am celebrating my 25<sup>th</sup> year in child welfare this year. A blessing and a curse. So it has definitely been an interesting ride. I have some intake ongoing supervisory experience and then most recently differential response and transitional youth programming management. So that is a little bit about me.

(Lindsay Williams)

And you recently got your “s”.

(Sonia Tillman)

True. And I also recently got my LISW-S designation.

(Vidalia Halbisen)

My name is Vidalia Halbisen with Sandusky County children's services. I am the quality assurance specialist. I also have some cases. I used to be an ongoing worker so currently I have three cases and this is my first time in our committee or subcommittee so I am really excited about this.

(Lindsay Williams)

Awesome. Thanks Vidalia. And then on the phone as a remote presenter, we have Tammy Ward also from Sandusky County. Are you able to chime in Tammy – can you hear me?

(Tammy Ward)

Okay. I am Tammy Ward. I have been doing child welfare for 24 years. I currently do a variety of things. I supervise quality assurance, ongoing, investigations, assessment and intake so I bring kind of a lot to the table today.

(Lindsay Williams)

Yeah. Wow. You have an awesome realm of experience there. Thank you for joining us. So every month, we do start with showing this slide, which is just kind of a pathway to how you can access the differential response, which now it is just Ohio practice profiles on our web and also our field tools and coaching and supervision tool. We also start every month with just kind of a reminder of the principals of CPS intervention and for those of you that have been joining us throughout the webinar series, we have already discussed this plenty of times so we are just going to kind of go through the slides quickly here. So I can keep them in the slide desk for those of you that might be joining us for the first time. So today our focus is on evaluating. And here you can see all of the ten worker skill sets through the practice profiles and actually if you count these, you will see 11 because that we are adding documenting, which our differential response leadership council has been working on some tweaks to the practice profiles to incorporate trauma informed care into all of the different skill sets in addition to a skill set of documenting. So now we actually will have 11 profiles. So some of you as child welfare professionals are very familiar with these skill sets. And this webinar may be a little bit of a refresher but others you may be hearing the information for the first time but our hope like always is even if you are a seasoned 20+ year professional that you will gain a little nugget of something from our webinar today. So what we want to kind of point out here just real quickly before we get started is we are the statewide CQI community subcommittee bringing you these webinar series. So I always like to point out the kind of the parallel to continuous quality improvement so these first I guess six, the first six skills really kind of walk you through that CQI cycle where you engage with the family. You start learning about them. Then you start assessing you know what needs to change through creating a partnership with them. Kind of plan you know what services or what may help them change. You implement their services and then now here we are where you evaluate the effectiveness and the outcomes of their services and that way you can make any adjustments that are needed and then you kind of start the cycle over again.

(Sonia Tillman)

And that is your continuous quality . . .

(Lindsay Williams)

And that is your continuous quality improvement.

(Gaye Crawford)

Hey Lindsay do you want to launch a poll?

(Lindsay Williams)

Yes, I was just about to do that, thanks Gaye. So we are about to launch another poll here when we are talking about evaluating before we get into describing the practice profile of evaluating, we want to kind of get an idea from everybody how important do you consider the skill of

evaluating in your daily practice. So is everyone seeing the poll on the screen now? Yes, because we are collecting responses so that's great. Give it another minute. We have 65% who voted so far and these are centered on. About 77% who voted. I don't think the number is going up very much so we are going to go ahead and close the poll here in 5, 4, 3, 2, 1. And we are going to share our results and so as you can see, we have 79% of those who voted that said evaluating, the scope of evaluating is very important. Another 19% said moderately. And then we have 1% that said not very important to what you do in you right day to day. So that might be different for you depending on you know what your role is in the day to day but we really want to kind of stress the fact is that a lot of times when we do casework practice, we don't really consider ourselves evaluators. But actually we really are because the work we are doing with families models that CQI process. So we are. We are monitoring the outcomes of the service plans we have created with the families and, of course, CQI's also can be at a wider systemic level where you are monitoring the outcomes of larger programs or processes agency wide statewide, those kinds of things but you can also bring it down to that very kind of day to day, micro level with families and their service plan. So, with that being said, we want to kind of start off today, see if we can get to the next slide. Talking about what CQI is, which again may be a refresher for some of you.

(Jeannie)

So CQI is a continuous cycle rather than a time limited project. It is going to encompass quality assurance activities but it is oriented towards learning and improvement versus just compliance. It is going to provide a pathway to becoming a learning organization or system. Continuous quality improvement is often viewed as this large system level process where you are evaluating a large scale project or program. We don't often think about it as something we do every day with the families and children and even our foster parents. A lot of the time when we think about quality assurance, we think of it as something that happens to us instead of as a process we participate in. Often times we look at it as a QA review that just starts and ends. However, with CQI is a participatory cycle where we continue to grow and learn and implement what we learned and start the cycle all over again. So I do look at the CQI cycle. It is a graphic representation okay. And it is going to show you what could be used to guide for addressing areas that need improvement. So you can start by asking questions such as are there trends or outcomes that need to be addressed? Once we know what needs to be improved we can try to determine what is causing it. So we look at the cycle and a disciplined and logical way to tackle the challenges that are both big and small. So let's look at this as if you are doing an evaluation and gathering outcomes. First, you identify if families or children are not meeting the measurable goals. Are there things that are preventing them from being able to achieve the desired outcome? To the evaluation, we can look at what we can do in order for them to be successful. To make changes based on evaluating their situation. Where will the new goals or interventions begin and what data outcomes will be used to see improvement. How can we improve the plan in order to see the change that is needed? Additional improvements can be identified at each evaluation and through ongoing follow-up. We should use the CQI cycle continuously to identify and see outcome improvement. And caseworkers are using this daily as they are meeting with families and they are regularly evaluating. So you are going to be identifying the problem or what needs that they need to improve. You can use the cycle in understanding, contributing or underlining conditions verifying this with the data. And researching possible solutions to get to the goals that you have set. You can develop a theory

about what change could make a difference within the evaluation process. Making sure that the right supports are in place to implement that change. Testing your theory through implementation and monitoring and going back to the drawing board when necessary. So just a reminder that the CQI cycle is an ongoing continuous cycle that you can use in your everyday work to guide you through a successful evaluation process to identify improvement, address those, make changes, evaluate your outcome and implement new things along the way.

(Lindsay Williams)

Thanks Jeannie. And I know CQI has something that we can use every day to help us work smarter and what I like to say is you know we need to kind of slow down to speed up. And really CQI provides a framework in a way that helps us define our goals. And it gives us a mechanism for continually evaluating the success of our efforts. You know are we seeing the desired changes that we are setting out to. But what I like most about CQI is it gives us like permission that we can make mistakes. It is okay to make mistakes. It is okay not to get it right the first time as long as we are able to recognize what kind of outcomes we are getting and be able to make that change and that is where evaluating really comes in. It promotes an organizational culture of learning. So when you are able to you know maybe as a supervisor talk to your staff about CQI and what that cycle is and that it is going to be an ongoing process of change, it really promotes that culture of learning and then you kind of get everybody to where they are engaged and they are able to have conversations about what else can we try. Or maybe you might use it during case staffings or teamings or things like that. So we are going to start jumping into ideal practices and then, of course, we want this to be conversational so if any of our, anybody joining us has anything to add in, please feel free to.

(Vidalia Halbisen)

Need to identify what behavioral changes are desired as a result of the service and then how to discuss and document the family's progress. And we can also determine if there is any activities that are services that can be added to the case plan. And another important part of this ideal practice is the ability to observe a behavioral change or the lack of as evidence of the family's progress as opposed to checking out the box that the family has completed the services.

(Lindsay Williams)

Yeah, that is so important. And I think we are going to do another poll right. Would you like to do another poll – okay you guys then I will look at this in action. Let's see here. I am going to jump over here. We will start with the scenarios and then we will run the poll. Okay.

(Vidalia Halbisen)

The scenarios regarding evaluating parenting skill. There are two identical cases, both cases involve the mother of a young toddler 2 years old who came to the attention of our agency who are using physical discipline that left bruises on the child. Upon assessing the situation, we find out that when the child throws a temper tantrum, think of the terrible 2s, the mother gets overwhelmed and responds by spanking or threatens the child. You develop a plan for both mothers to attend parenting classes, to learn better ways to engage with and disciplining their respective child. Both mothers complete the same exact parenting class series. It is not time for you to evaluate whether or not to close the case. Mother A – Here is mother A's house during a home visit. When the child throws a tantrum and hits her mother in the face because she wants

her mother's cellphone and mom said no. The mom responds by getting down on her knees, looking in the child's eyes and tells the child it is not okay to hit mommy. I know you want my cellphone and are frustrated but hitting is not okay. She puts the child in a 2-minute timeout. After the timeout is over, she picks up the child, looks in her eyes and says I love you but it is not okay to hit. Tell mommy you are sorry. Say mommy I am sorry. And then she kisses the child and puts her down and engages her with some toys to redirect her attention away from the cellphone. And the same scenario with mother B – Says loudly I told you not to play with my cellphone. Sorry you are mad but you can just sit there and scream. You know better than that. The child's crying escalates so the mom says do you want a whooping? Knock that tantrum off. When the child continues to cry, the mother lightly spanks the child on her diaper and carries out the screaming child to her room for a timeout.

(Lindsay Williams)

Okay so that is our scenario and then the question to you guys is which mother demonstrated through her actions that she acquired the behavioral skills that you were hoping to change through the parenting class series? This is a pretty easy one. We are going to start off with an easy one. We are going to have . . .

We have 62% have voted. We will give it another few seconds and then we will close the poll. We are up to over 70%, I am going to go ahead and close the poll with 5, 4, 3, 2, 1. And we will share the results with you. And as you can see an overwhelming majority correctly assessed that mother A made the skill change that was the goal of the parenting classes. So good job everybody. We are going to hide the poll and we will move on maybe here we go.

(Vidalia Halbisen)

Preparing for quality visits. Using the outcome focused home visit aspect, it lays the foundation explaining the role in helping reach their desired outcome. And it is very important in evaluating is planning to have that process discussion with the family. For those of you that attended the planning webinar in May, during that webinar we talked about the importance of planning for a quality home visits with families. Medicaid workers don't think about home visits as a temporary evaluation but that is evaluation that is what we do. To help you do the best job possible is evaluating a family's case plan progress we wanted to offer some tips about how to prepare for your visit.

First whenever possible, you want to call ahead to schedule the visit. We want to review our notes from the last visit and check in with them. We have an out-based home visit tool and it shows the things that we have to cover like the basic needs, supervision, school. So when I go to a home visit, I make sure I have everything down and when I bring it back, I highlight things or criticize just so it is fresh in my mind so I don't forget.

(Lindsay Williams)

Yeah. And one thing that is really nice about being able to plan ahead of time is when you are thinking about evaluating the progress of somebody's progress on case plan services, you have that time ahead of time to say, okay. Did I do everything that I said I would do after the last visit? Let me check in with all the business providers, kind of get their take on the process so that I am ready, prepared, ready to go, ready to have this conversation when I go out and forget it.

(Vidalia Halbisen)

A lot of times the families forget you know they ask me oh could you follow up on this and so when I do they appreciate the follow-up call.

(Sonia)

And sometimes we forget. [inaudible]

(Vidalia Halbisen)

And there is a courtesy line to be engaging and collaborate with the family. The assessment holds the tone for those conversations. You can always talk to the, you can tell them the services and telling them you know great job and I could see that you are committed to achieving case plan goals and he might think these sessions are not you know they are not going very well so you know just let him know that he is doing a good job. Help him.

(Lindsay Williams)

Yeah and so like that in that example, you know during the visit, you want to engage and collaborate with the family because it kinds of sets the tone for the conversation so you always want to be strength based. You will like want to point out the positives that is doing a good job. Or getting to the fashions and attending as counseling or whatever you want to make sure you let them know that and then you can lead into the evaluation part so I don't know so I think for example you know dad has been attending all of his counseling sessions and you verify that with the counselor. Yes, he has been attending. Dad said yeah I went you know so are you going to tell us. [inaudible] He says yeah I find value from attending. I feel like you know it is really helping me but you know that contradictory to this, you had also talked to the staff that has been supervising his visits with this child and they said well you know dad during the last visit, after the visit he was outside in the parking lot, maybe slammed the door. There was a scene with mom and he had to be asked to leave and so you kind of go, okay well I am glad things are working well for you know tell me about this and you know tell me about this and so that gives you an opportunity to kind of evaluate, yes he thinks they are going well and then we have this so then you would have to reconcile that. So that's all part of that evaluation process all of it kinds of conversations.

(Vidalia Halbisen)

And to let the service provider know you know what you are observing so they can adjust that in his session. And so after the visit when I look at my notes, I read them to the clients to make sure you know we are on the same page. Nothing is messed up but what I document is true and they agree that what I do is right.

(Lindsay Williams)

You know that is good tip. And it is like reflection. It is like reflecting back to them what you are hearing. Awesome. Okay. So let's move onto another ideal practice.

(Vidalia Halbisen)

The ideal practice talks about the formal, comprehensive and 90-day case reviews and FAR. This is where you are evaluating the case plan progress. And during these reviews it is important to get the perspective of the family, the service provider and check that there is one. This is the

time to reflect on successes as well as opportunities. You can explain to the family how important these reviews are and show the direction the case is going, where you were then and where you are now. So they see exactly what they have accomplished. And I have done this recently. I have taken a 90-day review to a home visit and it really helped. I was like okay. 90 days so I have another 90 days to see where I go and where I want to go and usually a lot of times that is court so it gives them a better . . .

(Lindsay Williams)

I think if somebody just sees do you think that they have to wait for the 90 day review because this is not required, others don't. So I agree with you I think that the great tool is to take it out to the family to make it easier for them and have the conversation with them.

(Sonia Tillman)

It definitely helps to continue the engagement because you are bringing their progress to them. You are bringing the case plan and review session to them and so it is not so much provide us with the documentation and we will submit it but have someone come out and find out what you are doing and observe what you are doing during your 90 days that we have been involved.

(Vidalia Halbisen)

And there might be times when a mother cannot make it to her visitation. So you know you kind of ask you know are there any ways that we can help meet your needs and change the time of visit perhaps because maybe she has too many appointments scheduled that day and maybe change time of day.

(Lindsay Williams)

Right. Absolutely. And that is part of evaluating process. You can see what the barriers are and you know be able to put things in place like in your sample to be able to help the service. And that kind of leads us into our next slide, which gives us a little bit of a framework for a possible way that we can evaluate.

(Sonia Tillman)

So what we know is that sometimes all of the intended services that we put in place don't always address the concerns that we have about a family. And I think you gave a great example of the dad who attended so many anger management classes yet he still continued to demonstrate some anger and some frustration so sometimes we have to come back and kind of regroup. And look at why are we really involved with this family and how can we put the services in place or whatever the mechanism is put that in place to help resolve what the concerns are.

(Lindsay Williams)

And I think sometimes too you know we have a tendency to get really focused on compliance. And they do what they are supposed to do on a case plan. Okay they have done what their case plan said they are supposed to do. Now we have to close the case but really that is not accurate. What you are trying to get out is the behavioral change. The services are a mechanism to drive the behavioral change and that is what you are really evaluating.

(Sonia Tillman)

Exactly. And sometimes what we know is that parents can complete an entire parenting session or series of same classes but still may not have grasped the concept that they need in order to change their parenting behavior. So here is where that evaluation is key. Because again you may have the certificate thing that you completed but I need to really be able to demonstrate and see, observe and see how you have demonstrated the change in your behavior. And so one of the ways that you can do that. If you see that there has not been some significant change in the behavioral process is that you can do a critical consultation. And it is basically a framework and it is included in the caseworkers self-assessment toolkit. It is one of the supplemental tools that you can utilize. It really gives you literally a framework to look at. Why were we referred? So what was the reason for this referral? What are the risks and complicating factors that worry us about this family? So what is the threat to child safety? And what are the conditions and behaviors that are contributing to that? And then it also lets us look at the family's protective capacity. So how has this family been able to protect the youth in this home. And hopefully that protection will mitigate the complicating factors. Sometimes though what we know is that it didn't always mitigate all of the worries and so what else are we worried about? And it really allows you to kind of spell that out in context. What is it about this family's situation that really continues to have us uneasy. And if there are some gray areas that we just don't know yet, how can we explore that? So this framework really allows you to kind of look at the family's history, look at their support by developing a genogram and an echo map. And then hopefully you will be able to look at all of these dynamics to better address what is going on with the family and resolve what the concern is. What we also know is that sometimes we may start out with a family with one area of concern and then as we become involved with them and engage and assess a little deeper, we really find out that there is a couple of other things that are concerning us and so this framework can also be utilized to dig into some of the other additional concerns. We are constantly needing to evaluate, assess and reevaluate every time that we are working with families. And so this just gives you another tool to be able to do that. Hopefully in a teaming process with your service providers, with the families themselves. It is good to be transparent and talk with the family about the areas that you are worried, that you continue to have worry about. So that maybe we need to refer them for some other resource or some other program that will help get to the issue of concern.

(Lindsay Williams)

It might be head on. You know we have seen this used in a variety of different context anywhere from internal case staffing and mappings to family team meetings where we are learning it as service providers and the family and going through this process with them and I know you know some of your agencies out there, you are specialized unit to facilitate family team meetings and they are using this as kind of a framework for walking through that process to that is really great.

(Sonia)

So it is very flexible. You definitely can utilize it in a variety of different ways.

(Lindsay Williams)

Okay and that kind of leaps into our next slide which talks about the outcomes that we are looking for.



(Jeanie Kleiber)

So in all formal reviews assess whether the current interventions are helping the family reach the desired immediate, intermediate and long-term outcomes. So this is important that we are gathering the outcomes for lots of times you will hear people ask well how is it going? How are they doing and you know you just answer of we are doing great. They are improving but if you have the actual outcomes to show the data to prove that they are doing the improvement like you were saying so gathering the outcomes can be done in many different ways. One example is something you could do is create a scorecard for families. We have scorecards in our agency. We have agency wide. We have program specific scorecards. And basically you would just develop a scorecard where you can identify whatever the key performance indicators are. You can use that when you are evaluating your families, your foster parents or the children you are providing services for. And you can use it and identify any area such as whatever goals. The short term and long term goals that you have established. So you can look at any of their assessment scores and track that along the way. You can look at if it is maybe with a family and maybe they are one of their goals is to attend parenting classes like we were talking about. You can track their attendance. Whether or not they were there. That kind of thing. And you can use that to look at your progress that is made over time. And one thing I like to do in the scorecards that I develop is use the green, yellow and red stock white and that will just give you kind of a more visual tool to look at so you can see where you are at in the process overall. And it is great to be able to take that and when you are evaluating with families so they can also look back and see what have they accomplished over the time. You know you can look at the icons of the red, yellow and green and show them you know look at these greens and what you have achieved and you know we are still working on these other areas and then you can use that to address any of your outcomes that may fall into the red like category and say you know we have done all these great things, let's focus on this. What is going on with this? You know if there are interventions that we need to implement in here and use that are or anything that we have already said maybe it is not working for your case. You know do we need to change out different interventions will that help guide you to better outcomes. Because it is important you know with outcomes you need to be able to show that the progress is made and that they met the outcomes that were set. So you know we are always looking for positive outcomes. Everybody is always wanting the data to show and to prove that you are actually reaching these outcomes. So you can also use score cards when you are meeting maybe with your supervisor and you can show your cases and the progress that they have made over time and it is just a great way so you can just keep track and share what you have accomplished or help you know get some guidance on areas that still need improvement. So it is a great tool to be able to track and monitor that over time. You can look for trends. You can also compare between different caseworkers in your agency, find out you know if they are getting such positive results and their data is showing that they continue to improve over time, maybe they have tools and resources that you are unaware of that you can use within your job. You know there is a lot out there and I am sure that we can learn from others who are being successful. There is always room to grow and improve in any area. So it's a great way to look at those trends and look at other people's outcomes and to be able to identify it is a great source to just see it and say oh I didn't really realize I just think well they are doing great, they are making progress. Well they may be making great progress in some areas but maybe not so much in other areas. So it is a good tool.

(Lindsay Williams)

And what I like about that. I like the red, yellow and green concept because I think that is real simple. That is something that even the kids can pick up on. And what you are saying reminds me a lot of like what we talked about dealing in so many of these webinars. And the reason why we didn't give you like a visual of like an example score card is because it is real flexible. We are just kind of . . .

(Jeanie)

So many different kinds. Keeping it basic from the getco is great and especially living with families and children. And you know if you want to develop a scorecard for a child, it is great. You know we talked about the red, yellow and green but you can also use smiley faces you know happy faces or sad faces you know to just kind of give them an idea and then you know you can interact with them and use that together with them and say you know do you think you were doing better than this. It is not you know so . . . It is definitely a great tool that can be used for many different reasons not just evaluating but for this reason alone evaluating.

(Sonia Tillman)

We have several comments about they love the scorecard idea. If you have any copies of those can we send copies of it out. Examples of the scorecard. So if we have any that we develop we definitely will try to get that out to everyone. I know back when we did the assessing webinar we had some scaling examples and one of them had like the smiley faces from zero to ten and so you could have it tweak that even and make it into some kind of scaling scorecard to reflect a behavioral change or a progress completed.

(Lindsay Williams)

And I think we gave an example. I think that was in one of the practical application tools. And I think it is real similar to the concept that you are talking about where it has the smiley faces with the scaling on top. And then there is a table where you can write you know the date, the behavioral change or whatever it is you are assessing and then you can write where they fall on that and you can track over monthly home visits or contacts or maybe in business with the kids. You know maybe you have your mom that has anger episodes with their toddler and then every time you are supervising a visit you know maybe you could have your visitation staff you know kind of wait and have mom wait and then you are getting a couple of different ratings from how those interactions were and you can kind of monitor that over time to show improvement. But yeah we can definitely share some of those examples I think. You know I think we are focused on youth uses as very detailed and very different things. But yes we will definitely do that.

(Sonia)

It may be great too when you have case reviews with your supervisors. You have an over time it will help you make decisions in order to have like unsupervised visits or you know start closing the case.

(Lindsay Williams)

Absolutely. Alright so. Move onto the next thing.

(Sonia)

Like what is going on.

(Lindsay Williams)

We are going to talk about root prides and root cause analysis. So if anybody out there is a CQI person that has had any participation in our CFSR program improvement planning process, you are probably familiar with root cause analysis because we have been doing a lot of that in terms of our case planning. But for the purpose of this webinar, we are going to talk about it on that more micro level with cases. So I really love this slide and when we talk about outcomes, it is really important to understand that may times you know we just see the tangible outcomes. We just see those actions, those behaviors, which can be represented by the tree in the picture and so a lot of times when we first start working you know the outcomes and the things that are going on are the symptoms of a deeper problem. And so for example like let's think in terms of maybe a dad who is addicted to drugs. Maybe a young dad. And so the problem that we see, the presenting problem that they have come to us with that symptoms is dad using substances and that is interfering with his ability to take care of his child. But then when you start to dig deeper and you start to assess, maybe you find out you know that dad's mother died when he was a teenager. He is going to have a support system and at that time he was young without the skills to cope with her death. Daddy with a bad crowd began using drugs to kind of numb that pain and so that is really that root problem is that he doesn't have those coping skills. An example the symptom of the drug use and all that goes along with it, maybe he is stealing, lying, neglecting his children, etc. all those kinds of behaviors that we are used to seeing with addicted parents but the underlying problem you know is really that dad is in emotional pain and he doesn't have the coping skills to manage that. And then when you see all those root causes coming off of that, you know maybe those things are the loss of his mom. The lack of a support system. You know the inability to make sense of those feelings and manage those under developed coping skills. And so as you are maybe working with a situation like that. Okay yeah you see the symptoms but in order to really effect long term change you have to dig deeper and get to the root causes of that underlying problem to see a different outcome. So with that said, we are going to kind of try to apply this with another polling question. Did you have something to add?

(Sonia Tillman)

What you just described is being trauma informed and utilizing the trauma informed concept of understanding what has happened to that person that is not resulting in what we are seeing today so I think that what we are really trying to encourage across our whole child protection system is as you are working with families, this is something that we should be doing automatically as a regular process. Things that are brought to our attention for x, y or z but what other dynamics are going on with his family or what has occurred with this family that has resulted in this report or this referral. And so it is great to see this the visual really gives a better picture of kind of what do we always see. We get the referral, we see the symptoms but sometimes we don't always we don't always peek and find the root of what is going on with that particular family or what is causing the symptom so contributing to that. So I think it will be helpful.

(Tammie)

This could be the safety assessment. You have an allegation but asking the safety assessment questions could help you get the rest of the problem. Your allegation is neglect but you find out it is mom's mental health that is the cause of the neglect.

(Lindsay Williams)

That's a very good point Tammie, thank you.

(Jeanie)

I was thinking about what Sonia was talking about. Just to get kind of a private agency look into this. This makes me think also trauma informed. I was thinking about that as she was talking about it and you know focus on youth we use an assessment tool for trauma informed when at intake and ongoing and our evaluation. And you know we use a light assessment. Those are the aces scores and those types of things out there available to get to these root causes to help with the children we are serving just like you would in a public agency with the actual families. So you know I see where it ties in to exactly what you are saying with you know trying to find those root causes to get to the initial problem so you can address the symptoms that they are showing.

(Lindsay Williams)

Don't forget to use that framework to kind of go back and process as you are kind of assessing the information you gather with the families to help you understand it so that you know what to do to help kind of change those outcomes for the family. So okay we have to do an example. Another polling question. And here is the scenario. I will read it out loud to you and you guys can kind of follow along and then we will ask the question. So the scenario is we have 14-year-old Johnny who has been living in this men's foster home for the last 16 months. Behaviorally Johnny has come a long way during that time. He no longer gets into fights at school. Nor curses at his teachers and adults and he has improved his grades from D's and F's to mostly B's with the occasional A or C thrown into the mix. And then Johnny's mother's parental rights were recently terminated several months ago with the permanency plan of the Smiths are going to adopt Johnny. And Johnny was initially very excited about this plan but as his adoption day has drawn closer and closer, we started to see these behaviors reemerge and he has begun to return to his past behavior. So for example last week he cussed out another student at school. He had gotten into a fistfight with this child at lunch and it resulted in two days of suspension. His grade set is slipping. And he recently stole money from his foster mom. And then when questioned about this, he denied it and he told her that she was a witch and that he no longer wanted to be adopted. And so we are trying to figure out what is going on with Johnny. And so this is your polling question. Let's see here. I think it is coming up. We want to know which of the following is not a symptom of, is not a deeper symptom of the problem for Johnny. So three of these things are a symptom of the deeper problem and one of them is not.

(Sonia)

This one is a little tough.

(Lindsay Williams)

This one is a little tougher. I told you they were going to get tougher. Actually people yeah looks like we are getting – most of the folks are getting this right. You guys are smart. About 50% have voted. We will give it a little bit longer. Polling is anonymous. Nobody is going to know what you voted.

(Lindsay)

Don't be shy.

(Lindsay Williams)

64%. Let's see if we can get up past 70% more. Alright we are at 70% now so I am going to close the poll in five, four, three, two, one.

(Lindsay)

And we are going to share the results.

(Lindsay Williams)

And you guys did great. 69% of you saw that B that his adoption finalization is approaching, that is not a symptom of what is going on that is actually probably more of the underlying problem and kind of gets to where these behaviors are starting to come from.

(Sonia)

The trigger of his adoption date approaching could be . . .

(Lindsay Williams)

We probably have one more polling question.

We are going to follow up with one more question and then we will let Sonia share because this will go into the next question a little bit.

So the next question is which of the following problems is likely to be the real underlying problem that Johnny is experiencing?

Over 60% that have voted, we will wait until it get up over 70%. You guys are good. We thought we gave you a hard one with this scenario and you got it. Alright I am going to go ahead and close the polls and share the response. And actually really everybody got it right. 94% of you got it right that it was both A and D and the rest did hit on an A or a D which it could be either and I will let you go ahead and kind of talk about that, Sonia.

(Sonia Tillman)

Well I think you are right. I forgot we added a second question to this scenario. But a lot of times what we see is that our use as we are getting closer to making a permanent plan for them that trauma resurfaces and so it is sometimes a test of well let's see if I do this, will they still adopt me. Well let's see if I act out this way will they still keep me. Will they move me to another home? So I think you all hit them right on the nail. He is definitely scared that the Smiths may abandon him and then feels that the adoption it very well could be causing him some uneasiness. Even some loyalty issues to his biological family. So we have to always consider that. The things that our youth are doing a lot of times has to do with something that may be a little deeper for them.

(Lindsay Williams)

Right. And sometimes like typically you will see a combination of this and a lot of times you know the children they don't even really realize what is going on. This is all kind of going on at a level that they are not understanding it. So we have to as a child welfare professional involved in the case can be look at facts, recognize what the real problem, what the root cause is so we can help them through that as they are trying to achieve that permanency.

(Sonia)

And evaluate that with the family so that they don't feel like well maybe she just doesn't want us to proceed with this adoption. Or maybe he doesn't want to live here. Or maybe he doesn't love us as much as we love him. So you definitely want to make sure that you are you know evaluating all these circumstances in talking with the families about what could potentially be going on. And again, them plugging in these resources to help address the behavior and the root of the behavior and not making a rash decision just because he is acting out.

(Lindsay Williams)

Right. Right. So we have about ten minutes left. We want to – we have one more ideal practice that we want to talk about and then we want to talk a little bit about how you can kind of help yourself as a supervisor with the evaluation process.

(Tammie)

Ideal practice. Talk with the family and service providers about the family and accomplishing and how they are accomplishing their goals and applying what they are learning. Talking to your families at every visit and every contact about their case plan goals. What they are doing. Their behavior changes. Moving it forward to the finish line. Always talking about what needs to be done and how they are doing it in order for the case to close. Documenting, talking with your supervisor and the caseworker about the family's behavior changes for example are they able to maintain a normal conversation with you without losing their temper? What is their parenting skills look like if parenting was on the case plan. In order to move the case forward till case closure.

(Vadalia)

Again it's like what Sonia mentioned that successfully but are they actually using those skills like Tammie said.

(Lindsay Williams)

Absolutely. And all those supervisors out there I think Tammie has some great insight for how you and your role as a supervisor can help your staff work with families for evaluation.

(Tammie)

Early in the case you talk about what needs to change in order to safely close the case or reunify. If you were asked in court today why this case should remain open or why should it close, what behavior changes need to occur to make you feel comfortable. What have you observed to come up with these behavior changes. How I always look at it and when we talk in case reviews, is if you were put on a stand today, how would you explain to the court why we should keep this case

opened or why we can close this case safely. So always be thinking about that when you are working with your families. When we are talking in case reviews, case supervision. Or you know if you were pulled into court today, what would you tell the court as to why we need to remain open or why we can close this case because of the behavior changes the family has made?

(Lindsay Williams)

And Tammie I really like that perspective because I think a lot of times you know in working with our court, they look at it and they say okay you have this case plan and mom and dad have done everything that the case plan said they had to do why can't they have their kids back and it is really important for us to be able to communicate that it is not about doing the things, it is about the behavioral changes that result from doing the things and are you actually in fact seeing that.

(Tammie)

Right. I mean it is not about having negative drug screens. Do they have an attitude of sobriety? Do they have – have they been able to maintain you know just because they have been to anger management but they are yelling and screaming at the caseworker every time they come into the office. Does it show that they are able to utilize the skills learned in anger management. They have to show that they can do those skills. So being able to think about that and being able to say okay if I went to court today, I can say x, y and z about their behavior changes.

(Lindsay Williams)

Right. And I think that is where that ties right back to your scorecard because I think those are probably an excellent tool that you can take and say hey I have been tracking this and we have been talking about this at every visit and this is where we are at.

(Sonia)

Here is what I have seen. Here is what I am observing. During the times that we are together.

(Lindsay Williams)

We are going to, I think we have one last ideal practice. And this is more kind of a higher skill practice. Jeannie can help me out with this one a little bit because I think you do this a lot in your work. But this is where you regularly participate in the larger agency evaluation activities. Say you are talking about like sustainability and assessment. Different quality improvement efforts. So any of you, probably most of you if you have worked at a public agency or even a private agency you have some sort of new initiative or pilot kind of program that you participated in and then this profile really speaks to kind of that larger scale CQI practice.

(Jeanie)

Yes. I mean on a larger scale probably the most important thing is just having that culture of you know quality improvement and communication with everyone. It is very important that everybody knows what is going on. Where you are at. Where you are looking to go. And that is important to with everyone involved within the case that you are evaluating on a regular basis. So you know you are meeting with the family or the children or your supervisor but you know make sure you are communicating overall your evaluation of these families with anybody else

you are collaborating with. Maybe other agencies, physicians, there is a lot of different people out there you know you need to work with and communicate on a regular basis. But you know just quality improvement efforts overall for everyone it is important that everyone participates in it and know that you know we are not working to identify what you are doing wrong. We are working on identifying what you have achieved and also working on improving the areas that we see the need for it. And then if it is showing great improvement you want to make sure that we are sustaining that improvement process. And maybe even replicating that same process with another new initiative that comes along so that is your bigger picture on a micro level.

(Lindsay Williams)

That is what is making it work and how can we make sure we continue to move those things forward.

(Sonia)

Yes. And try that with our next initiative that we are . . .

(Lindsay Williams)

Because a lot of times and we all are guilty of it. You know you do well at what you focus on. So if this month you know you are focusing on engaging and everybody is really well engaged and then next month when you start moving into assessing, maybe you know you move that focus on engaging. You are focusing on case plans or SARs or whatever your focus might be. So it is a constant challenge which is why that CQI model works so well. So we have a few more minutes here. We kind of want to wrap up with some additional tips for supervisors.

(Sonia)

So this kind of segues right into the supervisory capacity and so how do you know if your staff is engaging, assessing, evaluating and really making sure that we are effectively providing the services that we need to address this family's concern. And so in the supervisory toolkit, I won't go through each of these because I want to make sure we have time for questions at the end but in the back of the supervisory toolkit there are some prompts where you can as a supervisor, you can sit down and ask your workers so what services have we put in place? How has that helped to reduce or eliminate our concerns? Do we still have concerns? And if so what are the additional things that we may need to put into place? What kind of information have you gathered that you didn't know from the beginning? You can do some scaling exercises and have your workers reflect to you on a scale of 1-10 how safe or unsafe is this child if we close this case today? It is very similar to Tammie's example of if you had to explain to a court today why we would be closing this case could you be able to demonstrate or say that the family has demonstrated the things to resolve our concern. And then what else would we need to get a different outcome? If we really feel that the family has remained stagnant, how can we reflect that some progress has been made and what do we need to put in place or assist this family with so that they can make the progress? Being able to share with families that they have completed things is also key. You want to make sure that you are checking off those concerns if they completed things because then that helps to motivate them to do other things. And maybe not work on all of the concerns at one time. Many times when we complete assessments of families there may be three or four different things that we are worried about. Prioritize them and then as they complete them, check them off, scratch them off and share the success and then move to the



next concern so that the family doesn't feel overwhelmed with having to work on four different things all at one time. So stagger some of that and really make sure that you are helping to motivate their progress and their success.

(Lindsay Williams)

Right. We don't always have the luxury of doing that but if we do it . . .

(NEW SPEAKER)

It is an opportunity for sure yeah.

(Sonia)

So we have received this from Summit County. This is one of their back – I always call them the back install flyer because I was up visiting in Summit and sure enough, I closed the door to the bathroom and there was practice profiles so I always call it the back install. It just again it is like a flyer that you can hang up in your cubicle. You can post up through the agency. In certain areas definitely areas where families are visiting. You can come and look at and refresh on what evaluating is about and highlight some of the ways that they can practice the evaluation process.

(Lindsay Williams)

Thanks Sonia and that includes the content portion of our webinar today. Here is our contact information if anybody wants to reach out. Tammie I forgot to put your contact information on there. Are you just Tammie.Ward @ JFS.gov.

(Tammie)

Yes.

(Lindsay Williams)

So if anybody wants to reach out to Tammie. So now we have about 30 minutes for questions, comments but I would like everybody to use their chatbar to type in questions, comments, if you have some tips you would like to share with the group about how you work with your families to do this evaluation process, we would love to hear them and share them with everyone. So we will give it a minute and give everybody an opportunity to do that. And we have no . . .

Thank you all for joining us. We hope you tune in next month I think we are doing advocating. Sonia is saying yes. So come back next month and we will talk about advocating for families. Everybody have a great Wednesday.