

QUALITY SERVICES REVIEW CASE SUMMARY #1

Review Dates: February 9, 2009

Focus Child's Placement: Kinship Foster Home

Persons Interviewed (11): Social worker, therapist, AAG, GAL, school social worker, both maternal grandparents, youth, former community support worker, mentor and tutor.

The following persons were scheduled to be interviewed, however they did not make themselves available at the time of their interviews: mother's attorney, father's attorney and the community support worker.

YOUTH & FAMILY STATUS SUMMARY

Facts about the Focus Youth and Family

The focus youth is a 16 year old African American female, who is residing in a Kinship Foster Home with her maternal grandparents. Her permanency goal is reunification with her mother. The focus youth is the oldest of four children, who are currently residing at home with their mother. The family initially became known to CFSA in 1998 when the children were removed from the mother's care due to neglect and was placed in the care of the maternal grandmother. The three children were later returned to the mother's care.

In 2006, the family was reported to CFSA for physical abuse of the focus youth and as a result of the investigation, the focus youth and her two younger siblings were removed from the mother's care and were placed in foster care. In January 2008 the younger children's case were closed, while the focused youth remained in care. The focus youth's diagnoses includes: mood disorder, disruptive behavior disorder and mild retardation. Reportedly, she has a history of severe trauma and sexual abuse. The youth has been off her medication since November of 2008 and there are no plans at present to put her back on medication.

The focus youth has a history of engaging in promiscuous sexual behavior, frequent abscondances and substance abuse. As a result of her behavior, three placement disruptions and the overwhelming concern for her safety, the youth was placed in a Residential Treatment Facility (RTF) out of state in May 2007. She remained in the RTF from May 2007 until her discharge in July 2008. The plan for the youth at discharge was for her to be placed in a therapeutic group home. .

Subsequent to the youth's placement in the therapeutic group home, she absconded and was gone for approximately one week. It was reported that the youth's mother found her in a neighboring state staying with an adult male. During her abscondance, she had engaged in unprotected sex with a homeless man, was drinking alcohol and smoking marijuana. The youth was placed at a local psychiatric hospital, where she received not only mental health treatment, but was treated for substance abuse and a sexually transmitted disease. An FTM was held prior to her discharge from the hospital, where it was determined that she would be placed with the maternal grandparents at discharge.

Focus Youth's Current Status

The focus youth attends a therapeutic special education school, where she receives special education services and individual therapy on a weekly basis. The youth participates in weekly family therapy with her mother. They have been attending family therapy since August 2008. Additionally, she receives mentoring and tutoring services.

The focus youth is currently in her eighth placement with her maternal grandparents and has been in this placement since November of 2008. She is also in her fourth school placement. According to all parties interviewed, the focus youth appears to be relatively safe, both at school and at home; although some interviewees were concerned that the potential of her absconding was still great. Reportedly, there has been no incident of abscondence or risky behaviors since placement with the grandparents. The youth appears to have a close relationship with her grandparents and it was reported that she was very respectful towards them. The youth interacts well with both her grandmother and her grandfather and reportedly, enjoys living with them. It was told to reviewers that the youth revealed in therapy that she wanted to remain in her grandparent's home, because she like having her own room and like her privacy. Everyone interviewed commented on how much the youth's behavior has improved since placement with her grandparents.

The focus youth's grandmother has been working with her on eating right and exercising to help her to loose weight, which the youth reported has been going great. During the interview, the youth reported that she has been making good choices when selecting what to eat and gave reviewers an example of her going out to a restaurant, where she choose a healthy dinner. Apparently, the youth will occasionally exercise on her own without her grandmother reminding her. Reportedly, she does her chores in the home with minimal prompting and keeps her room clean. It was also reported that the youth is responsible for the care of the family's dog with her grandmother's supervision. Reportedly, she is getting better with remembering to provide care to the family's pet. Most parties interviewed were concerned that although the youth seems to be stable in her grandmother's home, the youth continues to be focused on boys and the possibility of her absconding to have sex is great. Reviewers were informed that a few weeks prior to the review, the youth was asked by a boy to meet him somewhere, but she chooses not to go. The youth was commended on her choice and was encouraged to continue to make these good decisions.

The focus youth is in her right school placement, where she is receiving special education services. She has a current IEP and is making some progress with meeting her goals and objectives. The focus youth is reading at a third grade level and requires a lot of assistance with math. She is currently receiving tutoring services to address her difficulties with math and to improve her reading level. The youth's school placement provides her with continuous supervision and is a locked facility. It was reported that the youth seems to be adjusting well to school and there have been no reports of any major incidents – running away or inappropriate sexual behavior.

The focus youth's placement with her grandparents through kinship care could possibly become her permanent placement. At the time of the review, it was reported that although the youth's goal was reunification with her mother, the majority of the parties interviewed, felt this could change to guardianship with the grandparents. During the review, it was reported by the grandparents that the youth could remain in their home until she becomes an adult. They emphasized that they were in it for the "long haul". All of the youth's healthcare needs seem to be up to date and she is currently on contraceptives and is seeing a gynecologist for routine care.

Parent Status

The biological mother lives with her four younger children and their father. She has unsupervised weekend visits with the focus youth. Unfortunately, reviewers were unable to interview the birth mother; however, most parties interviewed reported that the mother was moving in the right direction to have her daughter reunited with her. Although there were some concerns expressed about the current home situation and whether or not there was adequate space for the focus youth. When the focus youth and her younger siblings came into care in 2006, the mother cooperated with the agency and participated in the recommended services as ordered by the court and was successful in having her younger children returned to her care.

Currently, the birth mother participates in family therapy with the focus youth, which was a recommendation for the family as they move closer to reunification. The mother seems to be involved in the welfare of the focus youth and it was reported that the last time the youth absconded (September 2008), it was the mother who found her and returned her to the agency. The mother also assists the grandmother in taking the youth to some of her medical appointments. There were concerns expressed to reviewers by some parties interviewed, that the mother was not connected to any supportive services in the community to assist her with needed services as she prepares for the return of her daughter. The mother and father are currently unemployed and they are not receiving any services regarding employment assistance.

Caregiver Status

The maternal grandparents have been involved with the focus youth and her siblings for most of their lives. When the children were initially removed from their mother's care in 1998, they were placed with the grandparents until the mother was able to care for them. It should be noted that the focus youth was placed with her grandparents when she returned to care in 2006, however, due to her history of abscondence and promiscuity, she was sent to the Residential Treatment Facility (RTC). Four months after her discharge from RTC, she was returned to her grandparent's home.

Her grandmother provides her with appropriate supervision and monitors her phone calls to ensure that she remains safe. The grandmother works diligently with the focus youth around her goal of losing weight. She ensures that the youth has healthy food choices in the home and monitors her eating habits. The grandmother also provides the youth with access to an exercise machine for her to utilize on a regular basis. Reportedly, both grandparents are active participants in the case planning process and attend court and interact with all service providers for the focus youth. Furthermore, the grandparents also take part in the family therapy and attended their first session a few days prior to this review.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The focus youth's placement with her grandparents and school seem to be going very well. Reviewers noted that all parties interviewed seem to have a very good assessment and understanding of the focus youth and her promiscuous behaviors and what needs to happen to keep her safe. There is evidence of good teaming and the communication amongst team members is positive. The social worker is clearly the leader on the case and it was echoed by some participants that she is an excellent worker. Apparently, the social worker was very vocal about the youth going to an appropriate placement upon her return from RTC and advocated for such placement. Reportedly, it was the social worker who later identified the therapeutic placement for this transition. Throughout the life of the case up to the time of this review, it is clear that team members are pro active in ensuring that the youth's needs are being met and required services implemented in a timely manner.

Although the permanency goal is reunification, team members have already started discussing the possibility of guardianship with the grandparents; they've also explored this possibility with the grandparents to prepare them for the change should this occur.

What's Not Working and Why

According to parties interviewed and documentation reviewed, the birth father is incarcerated. Reportedly, he is incarcerated for murder and is serving a life sentence. However, there was no evidence to indicate that the agency has included him in the case planning process or attempted to include him. The focus youth reported that she would like to know her father and possibly visit with him; reportedly, this makes her feel depressed. Because no one speaks with the youth about her father, reviewers doubt that the parties involved with the youth are aware that she gets depressed when she thinks about her father.

The focus youth's goal is reunification with her mother; however, the agency has not done a reassessment of the mother's current needs to make a determination as to what is specifically needed for reunification to occur. Apparently, since the younger children's case was closed in 2008, the agency's contact with the mother has been limited, since it was assumed that she was connected to a community agency and did not require any services. Some participants who were interviewed shared their concerns with reviewers that the mother may be in need of mental health services and possible employment assistance. Reportedly, the mother did complete an array of services in order to have the younger children returned to her care. However, the focus youth's behavior may be challenging for the mother and her return home, could present some stressors for the mother who is already caring for four younger children.

Reviewers noted that although the goal was reunification, most participants who were interviewed felt that the goal will change to guardianship; however, no one was addressing the reasons why reunification may not be appropriate. This was concerning for reviewers who believe that the transition to case closure would be delayed, if no one was being pro active in identifying any barriers that must be addressed in order for reunification to occur or to achieve safe case closure.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

It is anticipated that the focus youth's status could continue to improve if she remains in her grandparent's home; which may ultimately cause the goal of reunification to be changed to guardianship.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next step | 1. Social worker will make attempts to locate the biological father, including making a referral to the Diligent Search Unit for assistance. | Yes |
| Follow-Up | Social worker discussed father's whereabouts with the mother and found out that he was incarcerated in Kentucky. The youth is now in contact with her father. | |
| Next Step | 2. Social worker to refer mother to her local collaborative agency for a needs assessment and the provision of supportive services. | Yes |
| Follow-Up | The mother is connected with a local mental health agency where she is receiving the following services: therapy, CSW and is seeing a psychiatrist for med management. | |
| Next step | 3. Social worker to consult with both mental health service providers in developing a treatment plan for the youth focused on addressing her highly sexualized behavior and the dangers regarding her promiscuity and how she relates to/interprets signals from boys/men. Also explore a referral to or consultation with a mental health professional trained in treating youth that exhibit these highly sexualized behaviors. | Yes |
| Follow-Up | A meeting was held on 3/7 to discuss the youth's treatment plan. There is a specialized psychologist at her school and she will be overseeing the youth's mental health services to incorporate specialized treatment for her sexualized behaviors. | |
| Next Step | 4. Social worker to ensure that the youth is given the contact information for her mother, grandparents and social worker to carry with her at all times in case of emergency. | Yes |
| Follow -Up | The youth was provided with an index card with the necessary emergency numbers to carry in her wallet. | |

QUALITY SERVICE REVIEW CASE SUMMARY #2

Review Date: February 9-10, 2009

Placement: Group Home

Persons Interviewed (8): CFSA social worker, GAL, therapist, CKL staff, AAG, group home case manager, youth, father's attorney

Even though the birth mother and her attorney were scheduled they did not make themselves available for their interviews.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17-year old, African-American male who currently resides in a group home. He has inconsistent contact with his birth mother and half siblings although he is able to have unsupervised visits with them. The youth reports that he has weekly contact with his birth father. He has unsupervised, overnight weekend visits with his aunt who lives within the DC Metropolitan area.

According to the agency record, the focus youth became known to the Child and Family Services Agency (CFSA) in February 2008 at the age of seventeen. Reportedly, the youth was raised by his great aunt from infancy until he was approximately 14 years old. He believed his great aunt to be his biological mother. Around that time, another relative told the youth that the aunt was not his real mother and told him where his real mother was. The youth went to live with his mother, who now had a fiancé/husband and three additional children. His behavior began to deteriorate. At one point it appears as though he returned to his great aunt's care, but his behavior continued to deteriorate. It was soon after that his great aunt reported that neither she nor the youth's mother were willing to parent him any longer due to his behaviors (stealing, watching pornography, and having sex in the mother's home.)

This case is managed by CFSA. His permanency goal is APPLA. He receives individual therapy and tutoring. He has a Community Support Worker (CSW). He attends the Center for Keys for Life.

Youth's Current Status

While team members struggled in identifying the focus youth's strengths, they were able to say that he was athletic and a "nice kid on the inside". People identified numerous challenges, including: anger management; respect for authority/rules; lack of motivation to help himself; lack of responsibility for his own actions and how they impact others.

The focus youth (age 17) is a ninth grader at a local high school. He was reportedly held back in the sixth and ninth grades. He is said to be attending school approximately 3 days per week and when he does go to school he does not attend his classes. He has poor-to-failing academics. He only has 3 or 4 credits out of the 20 credits needed to graduate. When asked about school, the

youth indicated that he went to school, his grades were good, and he was going to graduate in a year and a half. He has an educational advocate who scheduled educational testing for special education this month, but team members feel that this focus youth will not participate, especially since he has verbalized that he will not take the tests. This young man has refused information about Job Corps and GED programs commenting that he wants to graduate with a regular high school diploma. Regarding tutoring, due to his disrespectful behavior over time he has gone through multiple tutors. It is reported that he is currently working (at least part-time) with his current tutor. Within the last 30 days he has not had any suspensions, but he has a history of school instability in terms of suspensions and changes in schools due to his behavior. In addition, due to the special educational concerns team members believe the youth should be in an alternative school program, so there is the potential that he could have a different school placement in the future.

In terms of stability, the youth has resided in the same group home since his entry into child welfare in February 2008. Even though the youth does not comply with curfew often, team members feel that the youth is safe within his group home setting, at school, and in the community. Within the last month, he reportedly participates in group home chores to a satisfactory level and gets along well with the other residents. He has identified two staff members whom he feels he can talk with and can assist him with problems. In terms of additional emotional support, the youth reported that his mother and his aunt were people he could count on for assistance if needed. Information from team members indicated that the youth's aunt who raised him for fourteen years is in the midst of becoming a licensed foster parent and may be a placement resource. The youth indicated to reviewers that he would like to first reunite with his mother and his second choice would be to live with his aunt. However, it was reported by multiple team members that the youth has denied the desire to reside with his mother and has verbalized a preference for either remaining in care or living with his aunt. One team member indicated that the aunt has already threatened to return the youth to agency care if he chooses not to behave in her home if returned to her care.

This young man had a summer job that he reportedly enjoyed and did well. He is not currently employed, nor has he looked for employment. He reported that playing high school sports is the barrier for employment, yet he is not eligible for any sporting teams at school due to his poor academics. The youth attends the Center for Keys for Life, but minimally participates. Team members and the youth indicated that he could use the Metro effectively, he can do his laundry, he can cook enough food to get by, and he knows how to clean his own living space. The group home does not allow any of the residents to grocery shop or cook. He does not have a checking or savings account. He does not pay any bills as his aunt pays for his cell phone.

The youth is the father of two children under the age of three by two different women. He does not pay consistent child support as he is not employed. He sees his children when he visits his aunt on the weekends. The youth is said to be sexually promiscuous and while various team members have talked with him about safe sex practices it is unclear if he is taking any precautions. The focus youth does not have a criminal history.

The social worker and the caregiver indicated that the focus youth is current for his medical, vision, and dental evaluations. He has several routine medical appointments already scheduled

for the coming months in order to maintain his annual appointments. There were no medical concerns identified by any of the team members or by the youth. He does not take any medications.

The youth attends individual therapy and spends time with his Community Support Worker. One team member verbalized that this young man has had to put on a “tough outer skin” in order to deal with the emotional pain and rejection he has felt by his mother and aunt. It was said, “He’s defensive and angry, and he has a right to feel that way. It’s just not healthy to continue to ignore it or continue to be a victim.” His therapist is currently working on anger management skills, crisis management, and dealing with how his family has hurt him and how he has responded to that. People are most concerned with the youth’s lack of motivation to help himself and how that will severely negatively impact his ability to function as a productive adult when he ages out of the system. While he obviously has a lack of meaningful participation the youth does attend therapy, some tutoring, and Keys for Life.

Parent Status

As the goal is APPLA in this case, the birth mother was not rated, but she is a major team player in this case. Team members reported that the mother was in foster care as a youth and had the focus youth when she was approximately 14 years old. The decision was made for the great aunt to raise the focus youth. The mother is married now and has a pretty quiet life that the youth does not seem to fit into easily. Apparently, she was cooperative with the social worker and was open to services to assist her in repairing her relationship with the youth; however, there were issues around her participating in therapy with the youth due to her schedule with work and family. In the end, the family therapy never occurred. The team reported that the youth can visit his mother unsupervised, but he has not taken advantage of that. It is said that the youth cannot be in her home without an adult there and he has trouble obeying her rules when he is present. Reportedly, the mother agreed with the permanency goal being changed to APPLA as she feels she cannot manage her son’s behaviors and she does not want him to negatively influence his three younger siblings. It was reported that the mother’s recent participation and contact in the case has decreased since she agreed that reunification was not the goal. Team members feel that she is moving on with her life and the youth is not going to be able to repair the damage to their relationship.

Reportedly, the social worker and the father’s attorney have attempted to engage the birth father, but he has not responded. The youth indicated that he talks weekly with his father on the phone and often sees him in person.

Caregiver Status

The focus youth resides in a group home. This has been his only placement since his entry into the child welfare system. They appear to be providing for his basic physical and emotional needs. He has identified at least two staff members he feels he can count on. The staff has participated in school, therapeutic, court, and CFSA meetings. They have communication with the youth’s mother and aunt. They encourage him to do better in school and in his own personal life, especially around his children. They provided a short-term parenting class that the youth attended. The staff was aware of his upcoming educational testing and all of his medical appointments.

The group home staff is aware of the youth's permanency goal of APPLA and the possible goal of his going to live with his aunt. They encourage the youth's visitation with his mother and his aunt. The staff seems aware that if his goal remains APPLA he will probably transition into an Independent Living Program (ILP). They ensure that he attends CKL in order to enhance his independent living skills taught by the program.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

Despite the challenges identified with the youth, the system was found to be working pretty diligently in this case. Most team members praised the social worker for her diligence in this case and identified her as the leader and the coordinator of services/information sharing. There is a good team that meets and plans together. There have been multiple meetings in this case including FTMs, ITILPs, school meetings, group home meetings, and other CFSA meetings. Case planning appears to try to address the youth's needs regarding mental health services, employment, and school. The team has made the steps measurable, i.e., youth will go to school or the youth will enroll in a GED program if it would better suit his academic needs. Regardless of the level of participation by the youth or his mother, team members reported an extensive list of services that were offered and implemented for the youth and his mother. The social worker and the father's attorney have attempted to engage the father in his son's case via phone calls and letters, yet he has not responded.

It seems as though the team members have a very good assessment of this young man and his mother. They can identify the fact that this case should not be a child welfare case in that there was no abuse or neglect involved, but adults who could not handle this young man's behaviors. They are able to discuss how his history has probably led to his behaviors and responses to the two maternal figures in his life. They are honest about their fears for his future if he continues to refuse to fully participate in services; and there is a very real possibility that this youth's future will not be a successful one.

As previously reported, the youth's permanency goal is APPLA. The mother verbalized that she was not supportive of the reunification goal. The team is considering a goal of guardianship with the aunt and steps are being taken to license her as a foster parent. He is not in an Independent Living Program (ILP) now, but the team is already discussing the possibility of his going into one if no family members wish to become a full-time placement provider; although they are concerned with the youth's readiness and appropriateness of an ILP in the near future, i.e. poor school attendance, lack of employment, etc.

What's Not Working Now

While there were no areas of the system that were unacceptable, there were areas that could benefit from "tweaking" in order to enhance this case. The focus youth has a current goal of APPLA and the team is also working on an alternative/concurrent plan of guardianship with the great aunt. With that said, one area of concern is life skills development with this seventeen year old youth. While he attends CKL, he was virtually unknown to staff members. He is not learning much in his current group home due to the structure of the home and his aunt, whom he

seems to visit the most, does not appear to be encouraging independent living in any way. There appears to be an opportunity to reinforce skills offered through CKL in order to further assist this young man who is quickly approaching emancipation. The social worker admitted to a lack of experience dealing with older teens as she is not in the Older Youth Division (OYD). CKL staff was not invited to attend the youth's last ITILP meeting nor has anyone from CKL shared their thoughts with anyone about this young man. Bringing the expertise of CKL staff to the team could also provide information on the youth's level of participation and engagement and how he responds to his peers within the program. In addition, it may benefit the team, especially the social worker, to know what is being offered and taught by CKL, so that they can reinforce those skills and lessons and identify deficient areas in order to develop a plan to address those areas. In terms of continued encouragement around employment, the youth may benefit from a vocational assessment through CKL.

Another area of future concern is with the possible placement with his aunt. As previously reported, this aunt raised the youth for the first fourteen years of his life as her own son. It appears as though she was an accomplice in keeping the family secret that she was not his birth mother. She brought the youth to the attention of the child welfare system by indicating that she could not manage his behaviors as early as one year ago. Now she is becoming a licensed foster parent whom we will pay a monthly board rate for the next three plus years. Nothing appears to have changed with the youth's behavior, nor has the aunt demonstrated a commitment to the youth regardless of his behaviors or understanding her role in his reaction since learning the truth about her and his mother. While they have overnight weekend visits, there has been a lack of family counseling to repair their relationship. In addition, she has already told the social worker that she will bring the youth back to CFSA if he does not behave in her home. The team must really contemplate and prepare for any repercussions of further rejection from this aunt should placement with her disrupt.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the youth is not engaged in school or employment and he continues to struggle with anger and authority this case will probably remain status quo. His permanency goal is APPLA. He appears stable in his placement and his current services appear to be still necessary.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Social worker will invite a CKL staff member to the next ITILP meeting. | N/A |
| Follow-Up | Social worker indicated that an ITILP was not due during the follow-up period, so she did not have to invite CKL staff. | |

| | | |
|-----------|--|-----|
| Next Step | 2. Social worker will ask the therapist to add family therapy sessions between the youth and his aunt. Therapy will begin when clinically appropriate as agreed upon by CFSA Social Worker and therapist. | No |
| Follow-Up | This request was not made by the initial social worker. The new social worker indicated that he had not been told about this request, but he did see it as a positive recommendation. | |
| Next Step | 3. QSR Specialist will give the Social Worker the CKL vocational assessment packet within 24 hours. Social Worker will submit the packet to Mr. Goodwin, CKL staff member. Youth will have a vocational assessment within 2 months. | Yes |
| Follow-Up | QSR Specialist contacted the CKL Vocational Specialist, who indicated that he had provided the wrong information related to a vocational assessment packet. There is no packet to be submitted. QSR Specialist provided that information to the social worker. Social worker indicated that the youth completed the vocational assessment through CKL. | |

QUALITY SERVICE REVIEW CASE SUMMARY #3

Review Date: February 11-12, 2009

Placement: Foster Home

Persons Interviewed (8): CFSA social worker, GAL, youth, foster mother, AAG, birth mother, mentor, and the youth's great aunt

The paternal grandmother, mother's attorney, Community Support Worker, and educational advocate were all initially scheduled to participate in the review. Ultimately, they did not make themselves available for the review.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14-year old, African-American female who currently resides in a foster home in Washington, D.C. with her infant daughter. She has unsupervised visitation with her birth mother and her siblings at her discretion. The youth reports that she has some contact with her birth father.

According to the agency record, the focus youth became known to the Child and Family Services Agency (CFSA) in February 2007, after she was physically abused by her mother. The mother was arrested for first degree cruelty to children and was incarcerated. All of her six children were committed to the child welfare system. The five youngest children have since been reunified with the birth mother. The focus youth and her older sister are the two remaining children in care. The youth's permanency goal is Reunification with her mother.

This case is managed by CFSA. She has a mentor, a Community Support Worker and is assigned a therapist. She has an in-home teacher provided by DCPS. The youth also has an educational advocate.

Youth's Current Status

Team members describe the youth's strengths as follows: determined; strong-willed; adaptive; and resilient. People identified several areas where the youth struggles, including: anger management; oppositional defiance; truancy; and a lack of motivation to accept services. In addition, she was said to have a "warped sense of reality." The focus youth barely participated in the review. She was verbally aggressive, rude, secretive, and antagonistic. The interview was cut short after she continuously refused to answer reviewers' questions.

The focus youth gave birth to her daughter in December 2008. Within the last month, the youth, along with her baby, was placed in her tenth placement in two years. Also during this timeframe, the youth had four respite placements, six reported abscondances, and one juvenile detainment. Within the past year, the youth was approved for residential treatment, but has refused to go. There were three attempts made to transport the youth to the identified residential placements; however, these attempts were all unsuccessful. During one such attempt, the youth damaged a

government vehicle and was defiant with the social worker and police officers, which lead to her arrest.

The youth is in the seventh grade and receives special education services. Prior to giving birth in December 2008, the youth was on medical leave due to the pregnancy and was provided an in-home teacher through DCPS. Within the last month, the youth has not cooperated with the in-home teacher and she is past her allotted hours for in-home teaching services. The youth has not yet returned to school since she requires medical clearance by her OB/GYN. Reportedly, the youth has been refusing to allow the doctor to physically examine her. In addition, she has refused to get the required immunization necessary for school.

Other school issues include the fact that the youth has attended multiple schools over the last two years. She has a history of truancy. She refuses to participate in tutoring. She has an existing IEP and is said to function at the fourth grade level. The team identified a more appropriate special education setting (self-contained classroom), yet she refuses to attend. She continued to attend her regular school.

Other than the juvenile detention during the summer of 2008, the youth has no known additional criminal history. Reportedly, the youth is sexually active, but it is unknown if she is using any form of birth control or practicing safe sex.

The youth has a history of absconding and has done so at least one time in the last month. The positive thing is that she has ensured that her baby is cared for by relatives and/or willing caregivers while she has been "on the run". The baby's father is reportedly deceased, yet the youth maintains contact with his parents. The baby's paternal grandparents have been providing care to the baby on a regular basis and are available to care for the baby upon the youth's return to school. The youth's planning around willing caregivers for her child shows some level of responsible planning. Team members are very nervous about the youth's ability to provide for the safety and well-being of her baby in terms of getting up with her at night, getting her to the babysitter/daycare, and continuously ensuring the baby is safe when she feels like absconding.

Parent Status

The birth mother is 33 years old and is the mother of 11 children; two of which died during infancy. It was reported that one infant died after the mother smothered the baby while sleeping in the same bed. In addition to the focus youth and her older sister there are reportedly two older male children who do not reside with the mother. As previously reported, the mother has successfully reunified with her five youngest children. She completed parenting classes, substance abuse treatment, anger management classes, individual therapy and in-home services with a home based, hands-on program. At one point she was working with a local Collaborative agency.

The mother admits to hitting the focus youth, but denies that she was abusive. She feels that her involvement with the child welfare system is the youth's fault. She comments that team members have now seen what it is like to deal with the focus youth and that they should understand what she was trying to do when she used physical discipline.

The mother expressed that she is unsure if reunification with the youth will be possible, yet she has cooperated with the agency and the Court. Other team members expressed the same sentiment due to the stress level of taking care of the five younger children in her care. Team members, including the mother, commented that the youth has not spent much time at her mother's home in the last month.

Team members indicated that the birth father has been involved in the case on and off. He has attended meetings, such as an FTM. He used to search the community looking for the youth when she was in abscondance. If he found her he would bring her back to CFSA. He has reportedly encouraged her to take advantage of offered services to improve herself. It was stated that the father dropped out of the case due to feelings of failure in helping his daughter. In addition, it was reported that the birth father was recently re-incarcerated. While the youth indicated that she has contact with her father, she refused to provide any further information on how they communicate (i.e. telephone, in-person, etc.) or how often. She told reviewers that they had no right to say his name.

Caregiver Status

The youth was placed with her current caregiver within the last month. Thus far the team feels that she has been able to provide for the youth's physical needs. At the time of the review, the foster mother stated that she would ensure that the youth complied with the medical appointments (OB/GYN and immunizations) the week following the QSR. She also indicated that she would have the youth re-enrolled in school immediately following the medical appointments. The foster mother has already gone to court with the youth and appears to be maintaining communication with the social worker. The foster mother stated that she feels the youth has done well with her baby and that she has not had to remind her to do much for the child.

The foster mother appears to have a positive relationship with the youth as observed by the review team and several team members. The youth indicated that she was happy in this home – something team members have never heard her say before. The youth indicated that the foster mother listened to her and was helpful. The caregiver is aware of the permanency goal of reunification with the birth mother. She knows that the youth can have unsupervised contact with her mother and siblings and indicated that she has encouraged that contact. The caregiver is aware of the youth's ability to have unsupervised contact with her paternal grandmother and she supports that relationship.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

Despite the issues with the focus youth, the system has many strengths. The social worker in this case is seen as the leader and coordinator of all the services. He has been on this case since 2007, and has reunified the mother with her five other children. Most team members think highly of him and the amount of work that he has done on this case. Involved parties, especially the social worker, appear to have an excellent and thoughtful assessment of the youth and her mother. Even with the father, there is a basic assessment of his life, some of his issues, and what he would like to see for this daughter. In addition, regardless of their frustration, most team

members seem committed to the youth and would love for her to improve.

There has been a high level of attempted engagement with this family. They have been invited to CFSA meetings, school meetings, and court hearings. Again, regardless of the youth's level of participation, team members actively and continuously attempt to engage her. Case planning for this youth seems to be trying to address her needs and has been adaptive when needed. The social worker tried three different ways to get to the youth to residential treatment and has since been exploring alternative ways to treat her mental health needs. The birth of the baby has demanded the altering of the case plan and the team appears to have quickly adapted to the needs of the baby, the teen, and the safety issues. The team appears to be looking at the immediate needs and at the long term plan for this young lady and the baby. They have continued to work with the mother and have reached out to the father, bringing them into the planning circle.

In addition, a high number of services (therapy, tutoring, in-home schooling, special education, residential treatment) have been implemented in this case even if the youth actively refuses to participate. Team members commented that, "Everything has been tried. If [the youth] isn't doing well it's not for a lack of services or the system trying." For the mother, she participated in all that the agency and the Court asked her to do, even if she did it begrudgingly. There were even services offered to the father (housing and employment assistance).

In terms of the pathway to safe case closure, the youth's goal is still reunification with her mother; however the collective team is very concerned with the possibility of this goal being achieved due to the youth's behaviors. The mother has worked very hard to reunify with all of her children. The system seems to have explored a list of family members, including the grandmother and an older aunt, yet no one has come forward in an effort to become a placement option. In order to reunify her with her mother and address some of the youth's behaviors, the system has attempted to place the youth in residential treatment, has tried to provide outpatient therapy and a Community Support Worker and has the youth working with a mentor. The youth refuses to accept and participate in services. The youth is aware that the child welfare system has no ability to impose any consequences. Without the youth's cooperation, any positive permanency goal achievement, whether it is reunification, guardianship, or APPLA, is severely handicapped.

The youth is not taking any psychotropic medications. She is maintaining family connections with the family she wishes to see, especially her paternal grandmother. She also has contact with her child's grandparents. She has unsupervised visits with her mother and siblings. The youth indicated that she has contact with her father, but there is no evidence of this occurring, especially since his re-incarceration.

What's Not Working Now

The youth is the biggest challenge in this case. She has learned that the agency and even the Court has very little power over her and she cannot be forced to do anything she does not wish to do; i.e. go to residential treatment; go to school; attend medical appointments. This young lady insists on "her way or no way". She participates in very few services and has an argumentative and explosive relationship with multiple team members. She is secretive and withholding of information. At this point in time, the only fear she has is of her baby being removed by the

agency.

An issue that should be “tweaked” for optimal performance is the continued engagement of the birth father. While the social worker and other team members have reached out to this man and have attempted to include him in the life of his daughter, he has been allowed to slowly ebb away from the case. Here is a man who would search the community for the youth and bring her back to the agency in order to keep her safe and maintain services. Team members feel that the father’s frustration with the youth and probably his own life issues may be holding him back from continued involvement. Continued encouragement from the social worker could go a long way with this father. He may be in need of additional services when he exits jail and re-enters the community.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the youth is her own biggest challenge and does not appear ready or able to accept offered services, it is believed that this case will probably remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. Social worker will complete a written safety contract with the youth outlining CFSA’s expectations around the safety and well-being of the youth’s baby. This contract should also be signed by the foster mother. | Yes |
| Follow-Up | Shortly after the QSR review, the youth’s foster care placement disrupted due to her many abscondances and lack of respectful behavior. An FTM was held and an agreement was made that the youth’s baby would live with the baby’s paternal grandparents and the youth would temporarily live with her mother while a new placement was identified. The agreement was written in the FTM plan and signed by all parties. | |
| Next Step | 2. Social worker will provide the youth with literature on parenting and encourage her to read the information at least once over the next 60 days. Social worker will tell the foster mother, mentor, and GAL about the information and encourage them to reinforce and discuss the information. | Yes |
| Follow-Up | Information was given to the youth at the FTM regarding several parenting issues (i.e., safe sleeping for a baby and the importance of not co-sleeping). The youth was also given information on a “young moms” support group through Generations. The youth has yet to go to the support group. | |

| | | |
|-----------|--|-----------|
| Next step | 3. Social worker, foster mother, GAL, and youth will attend a school meeting within the first ten days of the youth returning to school. Social worker will ask school personnel what the truancy guidelines are so that the team is aware of the DCPS guidelines and consequences for missing school, especially being arrested by the truancy police and having a truancy court case. | No |
| Follow-Up | While the youth is back in school, a school meeting did not occur. The youth was removed from her foster home and is now temporarily placed with her mother. | |

Additional Information: The youth's foster care placement disrupted within 10 days of the QSR. She was placed in a teen shelter for approximately five days. Due to her curfew violations, non-compliance, and disrespectful behavior, the shelter requested her removal. The social worker presented the youth's case at the therapeutic foster care vendors meeting to no avail. An FTM was held and the youth was temporarily placed at home with her mother; however, the mother has repeatedly said that she cannot fully provide for the child and wants a placement found as soon as possible. The team is attempting to maintain the youth's safety and identify a placement for her.

QUALITY SERVICE REVIEW CASE SUMMARY #4

Review Date: March 10-11, 2009

Current Placement: Kinship foster home

Persons Interviewed (7): Mental health counselor, current CFSA social worker, previous CFSA social worker, GAL, homeroom/math teacher, paternal grandmother, and youth

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 12-year-old African-American male who currently resides in a kinship foster care placement with his paternal grandmother. The youth's permanency goal is guardianship with his paternal grandmother. The focus youth's case was opened with CFSA in January 2007 when the youth's mother attempted to throw hot oil on her paramour and accidentally splashed oil on the focus youth. The focus youth's now 14-year-old brother witnessed the incident. As a result, the focus youth, his now 14-year-old and 3-year-old brothers were removed from their mother's care. The siblings also have a 7-year-old sister who resides in the paternal grandmother's care under guardianship which occurred prior to the focus youth and his brothers coming into care. The reasons surrounding how the sister came to live with the paternal grandmother are unclear.

After removal from his mother, the focus youth spent four days on a burn unit and was then placed temporarily in foster care. The focus youth and his older brother were placed with their paternal grandmother in February 2007, one month after entering child welfare custody. The focus youth's three year old brother, whose father is the mother's paramour and was the intended recipient of the hot oil, resides with his paternal aunt, who is pursuing guardianship. The siblings have recently resumed weekly visits with their youngest brother.

The focus youth's mother had another child since the boys were removed. She is currently in an inpatient drug rehabilitation program with the baby and will remain there until June 2009. The focus youth and his siblings visit their mother and new baby sister in the drug rehabilitation program. The focus youth's father has been incarcerated in DC jail since Christmas Eve 2008 on a gun possession charge, but maintains telephone contact with the children. The father's anticipated release date was not provided to reviewers. Prior to the mother's drug rehabilitation and the father's incarceration, all team members reported that the mother and father were very active in the children's lives. The parents visited the children often at the paternal grandmother's home and accompanied the children to their sports activities. It was stated that the mother's paramour also maintains contact with the focus youth and attends his various sports activities.

Youth's Current Status

The focus youth is in the sixth grade at a local public charter school located across the street from his home. This is the youth's second educational placement since entering care in 2007. The youth reports that he does not like school, yet he excels academically. His most recent report card contained all A's and one B and he is in a gifted program for high achievement in

math. The youth has never been suspended from school, but was referred to the behavioral intervention specialist once this school year for acting out in class. He interacts well with his classmates and his math teacher described him as a leader among his peers, often helping others solve math problems. While the youth is an honor roll student, his grandmother is not pleased with the disorderly environment of the school and is transferring the youth to a school outside of the neighborhood zone for the next school year. One person interviewed expressed that because the youth is smart he will succeed at any school, but will benefit more from a school with stronger academic and athletic programs.

The focus youth is current on medical and dental appointments and has no pressing medical concerns. He does have a slightly visible scar on his cheek from being burned by his mother and reportedly gets irritated when people ask him about it. Also per report, the focus youth harbors no contempt against his mother for burning him and states it was “an accident”. In March 2007, the youth was given an Axis I diagnosis of Post Traumatic Stress Disorder, but the youth does not exhibit any symptoms of the disorder. He is not currently, nor has he ever been, prescribed psychotropic medications. He is not involved in tutoring or mentoring, but he does receive weekly counseling services. Counseling goals focus on his anger about being removed from his mother and his adjustment to guardianship with his paternal grandmother. Some persons interviewed stated that the focus youth is closest to the mother and has had the most difficulty dealing with the removal and the reality that he will not go back to live with her.

The youth has not experienced any placement disruptions since placement with the grandmother two years ago and resides in the home with two of his four siblings. The youth and his older brother share a room and reportedly get along well, but the youth reported that his younger sister “annoys him”. The siblings argue and fight at times, but persons interviewed described it as normal sibling bantering.

The focus youth’s strengths were described as follows: being intelligent, assertive, outspoken, athletic, and able to express his feelings. His challenges include being bossy and that his outspokenness can sometimes be perceived as rudeness. He is very active in sports and plays on local football, basketball, and baseball teams. The youth is also interested in boxing, but is not currently involved in this sport. The focus youth is very small in stature, but has dreams of becoming a professional basketball player. He is able to name all of the NBA players that are shorter than what is considered average basketball height and also stated that he knows in order to become a professional basketball player he has to go to college and receive good grades.

Caregiver Status

The paternal grandmother is 51 years old and employed at a local department store. She is interested in opening a child care program and wishes to pursue classes at a local college to assist her in attaining this goal. She is engaged, and her fiancé, who is employed full-time, also lives in the home.

The paternal grandmother has met all requirements for obtaining guardianship of the focus youth and his brother. She provides a safe home environment for the youth and his siblings as well as adequate food, clothing, and emotional support. She maintains a neat home and the focus youth is given weekly chores to complete. If the youth does not complete his assigned chores or breaks

a rule, the grandmother does not use physical punishment, but instead takes away privileges such as going outside or staying up late.

The paternal grandmother attends court hearings, participates in school conferences, and transports the youth to medical and dental appointments. While this is not a review of the focus youth's older brother, it is important to note that the paternal grandmother has advocated for the brother, who is struggling academically, to receive a court appointed educational advocate, demonstrating her commitment to ensuring the well being of the children.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

There have been two social workers involved in this case in the last 90 days. The new worker was assigned to the case two weeks prior to the review. Before the case was transferred, both the former and current social workers participated in a case transfer staffing. The new social worker made efforts to engage the focus youth and his paternal grandmother by meeting with them prior to case assignment and transporting the youth and his siblings to visit their mother in the drug rehabilitation program.

There is a clear pathway to safe case closure as the focus youth is expected to achieve permanency within the next two months with his paternal grandmother. When the case opened in 2007, the goal was reunification but was changed to guardianship due to the mother's substance use, positive drug tests, and inconsistent therapy attendance. Each person interviewed reported that both the mother and father consented to the permanency goal being changed to guardianship with the paternal grandmother. Post permanency supports are in place for the focus youth and the family. Once guardianship is finalized, subsidies will be provided for the focus youth and his brother. The youth has Medicaid health insurance, therefore counseling services can continue after the child welfare case closes. The family also has extended familial support to assist the grandmother in caring for the children.

Visits have occurred between the focus youth and his younger brother who is placed with his paternal aunt through a private therapeutic foster care agency, and with his baby sister and mother in the drug rehabilitation program. Although the children have not physically seen their father in jail, they are able to communicate with him via telephone. Both parents will continue their involvement in the focus youth's life after permanency is achieved with the paternal grandmother. There are no outstanding court orders in this case and the paternal grandmother attends all court hearings.

What's Not Working Now

Although the right persons are involved with this youth and family, there is no solidified team. The grandmother attends school conferences with the focus youth's teachers and met with the previous social worker when she visited the home monthly, however other team members are not communicating with one another on a regular basis. The previous social worker and the GAL discussed case updates prior to court hearings, the social worker never visited the school, and the social worker and counselor only had one joint visit together, which was unplanned.

The new social worker on the case reported plans to visit the school and also to discuss case goals with the mental health counselor. Upon case assignment and prior to this review, the new social worker made introductory telephone calls to the homeroom teacher, counselor, and GAL. While the new worker's efforts and plans to facilitate teaming are commendable, prior to this there was no teaming occurring among service providers. Further, the case is expected to close within the next two months and all service providers, with the possible exception of the mental health counselor, will no longer be involved with this family.

There has not been any coordination among agencies in case planning for this youth. The social worker completes a case plan every six months and the mental health counselor completes a treatment plan quarterly, but copies of these documents are not shared with one another and the providers are not collaborating to discuss case updates and plan accordingly. Each person involved in this case can provide a clear informal assessment of the youth's strengths and challenges. However, the youth has an outdated mental health diagnosis of Post Traumatic Stress Disorder (PTSD) which was given to him in March 2007. While mental health services were ordered by the court ordered at the inception of the CFSA case, none of the persons interviewed stated that the youth is experiencing current symptoms that would warrant a continued diagnosis of PTSD. Team members did not articulate what must happen for mental health services to terminate and the team has not met to discuss discharge from treatment. Neither the social worker nor counselor has submitted a referral for the youth to receive an updated diagnostic and assessment. Additionally, at least two persons interviewed assessed that the focus youth would benefit from having a male mentor due to his father's incarceration and inability to spend quality time with him, but no one has asked the youth if he wants a mentor or submitted a referral for mentoring.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

This case is expected to improve over the next six months. Child welfare involvement will end and permanency will be achieved through the finalization of guardianship for both the focus youth and his older brother. The paternal grandmother will receive a guardianship subsidy to help financially support the children and because he has Medicaid, the focus youth is able to continue receiving counseling should the family choose to maintain this service. The focus youth will continue to visit his younger brother, baby sister, and mother. The mother is also expected to be discharged from the inpatient drug rehabilitation program within the next six months and will be able to spend more time with the focus youth and his siblings. Further, it is expected that the youth will transition to a school with stronger academic and possibly athletic programs.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The youth will participate in an updated Diagnostic and Assessment evaluation to determine current diagnosis, if any. An active Axis I diagnosis is required to receive mental health | Yes |

| | | |
|-----------|---|--------------------|
| | services through the public mental health system. | |
| Follow Up | The youth has an appointment schedule for July 23, 2009 for an updated diagnostic assessment. | |
| Next Step | 2. If there is a current Axis I diagnosis, the social worker, mental health counselor, and paternal grandmother will convene to discuss the continuance of mental health services following child welfare case closure. If the grandmother chooses to terminate counseling, the team should devise a plan to end services gradually and provide the grandmother with community resource information on counseling and crisis intervention, should a need for these services arise in the future. | NA |
| Follow Up | Since the review, the youth was arrested for raping a 7 year old. He pled guilty and served time. There are no discussions regarding closing the case any time soon. The youth will be receiving services through YSA. | |
| Next Step | 3. The social worker will assist the paternal grandmother in locating a new educational placement by providing information and resources on district schools. | Yes |
| Follow Up | A school placement was located and the youth is expected to begin for the September 2009, school year. | |
| Next Step | 4. The social worker will assist the paternal grandmother in obtaining a male mentor for the youth that is able to continue working with the youth after child welfare case closure. | In Progress |
| Follow Up | A referral was submitted, however, it was put on hold due to the youth's arrest. | |
| Next Step | 5. The social worker will assist the grandmother in exploring boxing programs for youth in the DC metro area. | No |
| Follow Up | Social worker did not get a chance to explore boxing programs as yet. | |

QUALITY SERVICE REVIEW CASE SUMMARY #5

Review Date: March 17-18, 2009

Current Placement: Therapeutic Foster Home

Persons Interviewed (10): Private agency social worker, GAL, AAG, Community Support Worker (CSW), psychiatrist, therapist, school social worker, focus youth, foster mother and foster father

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17-year-old African-American female who resides in a Maryland foster home with her sister, age 16. She visits monthly with her maternal grandmother and four brothers, who are in foster care. Her mother and oldest sibling are deceased. Her putative father's whereabouts are unknown. She has told the professionals involved in her case that she does not want any contact with her father, who allegedly sexually abused her when she was a young child.

The focus youth became known to the Child and Family Services Agency (CFSA) in 1996. There is little information available about why her family was reported to CFSA and the subsequent case that was opened. Twice in 2001, CFSA removed the focus youth and her siblings due to physical abuse substantiated against their mother and the mother's paramours. Case documentation indicates that the children were also exposed to domestic violence perpetrated by the mother's paramours. In addition, several team members reported that the focus youth's previous foster mother physically abused her.

The children returned to their mother in 2002. In 2004, the focus youth's 11-year-old brother entered foster care—where he remains—after his stepfather severely beat him and his mother did not protect him. The other children remained at home. In 2005, the focus youth's mother told her social worker that she had a life threatening illness, which, coupled with financial and housing problems, destabilized the family. That same year the focus youth's oldest sibling, age 15, committed suicide at home.¹ Reportedly, the focus youth and her sister discovered their deceased brother.

In September 2007, the focus youth's family was again reported to CFSA due to several concerns, including the mother's admission into a hospice and the inability of the children's temporary caregiver—their maternal grandmother—to care for them. CFSA removed the children and placed the focus youth and her sister in the foster home where they currently reside. In October 2007, the focus youth was hospitalized for suicidal and homicidal ideation. Her mother died the following month. During this time, the focus youth reported that her father and two other men had sexually abused her at different times during her childhood.

¹ In October 2005, CFSA reviewed the death of this youth as part of its Internal Child Fatality Review process.

A private child placing agency manages this case. The focus youth's permanency goal is Alternative Planned Permanent Living Arrangement (APPLA).

Youth's Current Status

Team members described the focus youth as sensitive, warm, diligent, intelligent, and active in church and school. She enjoys writing poetry and cooking. Her social worker stated she is a "fun, normal teen" and her Community Support Worker (CSW) described her as a "model client." She is valedictorian of her 12th grade class. She has received scholarships to several area colleges and is interested in a career in forensic science, law enforcement, or child psychology. She is active in CFSA's Center of the Keys for Life (CKL) and has enrolled in D.C.'s 2009 Summer Youth Employment Program.

Team members reported that the focus youth is physically healthy, developmentally on track, and current with dental and vision care. She receives dermatological treatment for facial acne. The court has ordered that she and her siblings be referred for domestic violence victimization counseling due to the exposure they experienced when they lived with their mother. The focus youth's social worker reported that she made this referral.

The focus youth's Individual Plan of Care notes her diagnoses as major depression, anxiety, and post-traumatic stress disorder. Her social worker reported that she has attachment disorder and depression. Her therapist believes she has dissociative disorder. She receives monthly medication management (for 20 mg of Prozac) and weekly individual therapy. Her psychiatrist stated that the anti-depressant medication alleviates her depression and nervous habits, such as nail-biting.

The focus youth's school social worker and other professionals reported that the focus youth sometimes writes poems that allude to darkness, lost innocence, and self-protection. The school social worker has assessed that the focus youth writes to vent feelings and stress and that she is not an imminent danger to herself or others. The school social worker reported engaging the focus youth in a contract whereby she will approach the social worker if she needs help or support. The foster parents likewise reported that they developed a crisis plan with the focus youth in the event that she becomes depressed. The therapist stated that she has no concerns about the focus youth's safety.

The therapist has observed a reduction in the focus youth's depressive and anxious symptoms; however, the therapist believes she suffers from dissociative disorder NOS (not otherwise specified). The therapist noted that she will sometimes "stare off and be gone" during therapy sessions and that she calls these episodes "numbing," a coping mechanism she began in childhood. The therapist also reported that the focus youth experiences flashbacks of the trauma she underwent, that she "can't stand to be touched," and that she has low self-esteem.

During the review, the focus youth was polite and engaging, but bashful. She continually inquired why the reviewers were interested in her opinion. Although she appeared proud when the reviewers noted her academic accomplishments, she struggled to maintain eye contact and she let her long hair fall over her face as if to hide it. She also posed child-like questions, such as frequently asking "Why?" when the reviewers made straightforward statements. She reported that her foster parents, CSW, and therapist have helped the most.

Team members provided differing perspectives on the focus youth's social network, peer relationships, and sexual development. The CSW stated that she has friends at school, gets along with her peers, and often mediates disputes between peers. The CSW shared her belief that she does not have sexual identity issues. On the other hand, the school social worker reported that she does not have a lot of friends at school, does not engage in group activities, and is extremely close to her younger sister, who attends the same school. The school social worker further stated that the focus youth's peers "love her" because she is "gentle, very quiet," but that she "does not seem to seek out friends" and she "rushes off" male peers who approach her. Reportedly, the focus youth told the school social worker that she "is not good with girls." The school social worker also described some of the focus youth's behavior as "needy," "people-pleasing," and "attention-seeking." The therapist is concerned that the focus youth is somewhat socially isolated, has difficulty relating to peers and becoming close to them, and stated that she recently disclosed confusion about her sexuality. The foster parents reported that the focus youth has "some friends" who call her at home.

The focus youth's permanency goal is APPLA. Her maternal grandmother has filed a petition for guardianship of her, her sister, and two of their brothers. According to the social worker and GAL, the focus youth is aware of the petition and wants to remain with her foster parents. The social worker and GAL recognize that the focus youth enjoys visiting her grandmother, but stated they do not support the grandmother becoming her guardian, noting they have observed the grandmother being critical and negative toward her. In addition, the social worker and GAL reported that the grandmother has blamed the focus youth and her siblings for causing their mother's fatal illness and for failing to adequately care for her, and has questioned whether the children were maltreated.

The social worker and GAL reported that they have discussed with the focus youth and her foster parents the possibility of adopting her. The focus youth does not want to be adopted, ostensibly because she fears that it would jeopardize her family ties. The foster parents informed the reviewers that they want to be long-term supports for her. The AAG is aware of the guardianship petition and the reasons for the social worker's and GAL's opposition to the grandmother becoming the focus youth's guardian. The AAG stated, however, that permanency has not been explored with the foster parents since she received the case in October 2008. The therapist and CSW reported that they are not aware of the focus youth's permanency goal or her long-range living arrangement plan.

Caregiver Status

Since 2007, the focus youth and her sister have lived in a two-parent, therapeutic foster home. They are the only minor children in the home. The foster parents have three biological adult children who reside elsewhere. Team members described the parents positively. The CSW deemed them "really good parents" and said they clearly articulate rules and boundaries, are "neither invasive nor intrusive," and that the focus youth "lights up" when she sees them. The social worker reported that the parents taught the focus youth about hygiene and attire and how to do chores, navigate public transportation, and open a savings account. The social worker said that the parents help the focus youth express her feelings and develop interpersonal skills. The social worker observed that they "clearly parent" the focus youth, which has enabled her to

release the parentified characteristics that she exhibited when she cared for her mother and siblings during the mother's terminal illness. In addition, the foster parents facilitate her visits with her siblings and grandmother.

The foster parents are active in case planning and decision-making for the focus youth. They reported speaking regularly with the focus youth's psychiatrist and therapist to monitor her emotional and mental health. They described her mental health and community support services as "excellent." They identified her individual therapy as the "most effective element in the system" and deemed it a vital constant in her life. They said that the GAL and court "listen well and work with us" and that there is good communication among the foster parents, social worker, and service providers. They credited their foster parent agency with providing a "wealth of effective training" and described the social worker as available "day or night" to problem-solve.

The foster parents have discussed with the focus youth's social worker and GAL the possibility of adopting the focus youth and her sister. They have stated that they will not pursue adoption until the status of the grandmother's guardianship petition is resolved because they do not want to interfere with her wish to gain custody of her granddaughters. In the meantime, the foster parents reported that they are willing and able to remain long-term supports for the focus youth.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

Numerous services, including therapy, medication management, community support, and CKL, have been implemented in this case and the focus youth actively participates in them. All team members reported that the focus youth has demonstrated decreased depressive symptoms and improved communication skills, self-esteem, and ability to trust. The focus youth's psychiatrist, CSW, therapist, and GAL observed that she has become considerably more open, talkative, expressive, and assertive. Team members noted that she is using therapy to understand her past, work through the trauma she experienced, and prepare for the future.

All team members recognized that the focus youth is a focused, ambitious, and successful student. At school, the focus youth has positive support from her school social worker and her sister. In addition, she lives with her sister and regularly visits her siblings and grandmother. By all accounts, she is safe at home and school and plans are in place in both settings in the event she experiences depression or feels overwhelmed. The therapist noted that her nervous habits, such as nail-biting and picking at scabs, are less severe and do not constitute self-injurious behavior.

The focus youth has resided in the same home since 2007. She has an enduring relationship with her foster parents who plan to nurture and support her during and beyond college and to welcome her home during college breaks. With guidance from her foster parents and CSW, she is learning life skills, including interpersonal skills and hands-on skills like cooking and saving money.

What's Not Working Now and Why

In terms of progress toward safe case closure, the focus youth wants to remain with her foster parents. However, the grandmother's guardianship petition is a potential barrier because the

foster parents will not consider adopting the focus youth until there is a definitive outcome to the petition. In addition, the social worker reported that the focus youth expressed that she is not interested in being adopted due to fear of losing contact with her siblings and breaking up her family. The social worker stated that she informed the focus youth that adoption would not prohibit her from maintaining her family ties. In the meantime, however, the focus youth is lingering in foster care with no clear pathway to case closure. In addition, several mental health team members expressed that they are not aware of her permanency goal or of efforts to secure permanency for her, and they voiced wanting to participate in her permanency planning.

Several team members have differing opinions on the focus youth’s mental health, including an inconsistent understanding of her diagnosis and symptoms. Although all professionals acknowledge that she experienced significant trauma, it is unclear if the team is cohesively formulating her treatment goals and addressing her emotional and mental health needs. In addition, the school social worker, who appears to be the focus youth’s primary adult support and confidante at school, has stated that she desires communication with the focus youth’s mental health providers and social worker and would like to exchange information about her behavior.

Virtually all team members expressed concern about planning for the focus youth’s transition to college. Although the professionals believe that it will be beneficial for the focus youth to experience independence and spread her wings, they stated that it is essential to proactively identify supports and resources that will be available to the focus youth when she starts college, including depression relapse prevention, counseling, stress management, and a peer mentoring resource to help her navigate the social complexities of making friends and having a roommate. With her history of depression, anxiety, and challenges in forming close peer relationships, team members expressed that the focus youth will likely need reassurance as she contends with the separation from her home- and school-life and with the stressors of college. Everyone who raised these concerns stated his/her desire to participate in transition planning for her.

Given the uncertainties and inconsistencies around understanding and planning for the focus youth’s mental health, peer relationships, transition to college, and permanency, the overall planning process for this case is an area needing refinement.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The focus youth is on track to graduate as valedictorian of her class, participate in a summer employment program, and enter college in the fall. Given her success as a student, her academic future is bright. With thoughtful and supportive planning to ease her transition to college and with continued nurturing from her foster parents, it is likely this case will improve.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Social worker, GAL, and AAG will report to the court that the maternal grandmother’s guardianship petition does not | N/A |

| | | |
|-----------|--|----------------------------------|
| | meet the youth's best interests and will advocate that the youth remain with her foster parents. The youth wants to stay with her foster parents, she is about to start college, and the foster parents are willing to retain care giving responsibility for her. | change based on court |
| Follow-Up | On May 15 th a family team meeting was held, and on May 24 th a court hearing was held; as result of that meeting and court the grandmother is in the process of obtaining Section 8 housing and attends therapy session. If all goes well all the focus youth will reside with her. The foster parents are in agreement. | |
| Next Step | 2. Social worker and GAL will re-explore with the foster parents their willingness to adopt the youth, who will turn 18 in October 2009, and her sister and will explain how permanency might augment the youth's security and well being. As part of this, social worker and GAL will reinforce with the youth that adoption would not prohibit her from maintaining her sibling and relative connections. | N/A change based on court |
| Follow-Up | Foster parents would like for all children to be with their grandmother and would also like to give the grandmother the opportunity to get her housing straightened out. It was also revealed in court that the grandmother is married. Having found out that information the only option for the grandmother is kinship/guardianship. She has taken the appropriate classes through CFSA last year. Until the grandmother has obtained housing the focus youth will remain with her foster parents. | |
| Next Step | 3. Social worker, GAL, youth, foster parents, therapist, CSW, and school social worker will meet to address the youth's transition to college and ensure that support services, such as counseling and peer support, are in place before she begins college. | Yes |
| Follow-Up | The focus youth will be attending a state university in the fall. Social worker will hold a transition meeting next month. The social worker has begun to explore therapeutic clinics that can meet the focus youth's needs in the new state. She has narrowed it down to two clinics and will have made a decision on the most appropriate one by the end of this month. | |

QUALITY SERVICE REVIEW CASE SUMMARY #6

Review Date: March 12, 2009

Current Placement: Therapeutic Kinship Foster Home

Persons Interviewed (8): Focus youth, maternal grandmother (therapeutic foster parent), Community Support Worker (CSW), psychiatrist, foster care social worker, school counselor, GAL, and psychotherapist.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 16 year old African-American female, who has resided with her maternal grandmother in a kinship foster home in Maryland since June, 2008. The focus youth was removed from her biological mother's home in March, 2006 after she reported being sexually abused by her stepfather who joined her family when she was two years old. There were concerns about her safety since her mother did not believe her report and was not supportive of her. Initially there was concern that the focus youth was suffering from PTSD, depression, suicidal ideation, cutting behaviors, and binge eating and purging. She was hospitalized in a psychiatric unit for approximately six weeks following removal from her mother's custody. Her current placement with her maternal grandmother is her third since entering foster care. During her time in foster care she has received psychotherapy and psychiatric intervention to address her mental health needs. In addition, she has received academic tutoring, transition planning services through Keys for Life, case coordination through a contracted foster care agency and services of a community support worker. The focus youth has a latency aged brother who has remained continuously in their mother's custody. She has not had contact with her biological father since infancy.

Youth's Current Status

According to all reports the focus youth has made very good progress in terms of her mental health status. She is no longer suffering from symptoms of PTSD, major depression, suicidal ideation, cutting behaviors, and binge eating and purging. The focus youth resides in the foster home with her maternal grandmother and the grandmother's three teen-aged daughters, the focus youth's aunts. She gets along well with her maternal grandmother and teenage aunts; she is socially competent and has appropriate social relationships within and outside of school. She is physically healthy, and does not engage in substance abuse or illegal activities. She impresses as an articulate, intelligent young woman. She is in a stable home environment and she has life goals that include graduating from high school, attending college, and pursuing careers in social work and law. Her maternal grandmother is in the initial stages of assuming legal guardianship of her. Her current primary need appears to be resolving any lingering feelings regarding the sexual abuse she endured at the hands of her stepfather, and the subsequent removal from her mother's home (the stepfather and mother are now divorced, and the stepfather is no longer present in any of their lives).

One of two issues that are potentially detrimental to the youth is her recent lack of consistent school attendance, resulting in failing grades and the potential for grade retention. The youth has gone from an A/B student to one who is failing or at-risk for failing the majority of her core classes, though she maintains A's in History and Biology. She is skipping classes frequently and at the time of the review there appeared to be no plan to re-engage her in school. The other issue is the conflict between her desire to see and spend time with biological mother and the court's order for supervised telephone contact only since the youth's mother is not involved in individual therapy as the court ordered. The focus youth reportedly has telephone contact with her mother almost daily. It is not clear how much of that contact is supervised. The focus youth does not feel that her wishes are being respected and speaks of the results of her reporting the sexual abuse as not being what she expected or wanted.

Caregiver Status

The youth's maternal grandmother received some training and clinical intervention prior to the youth being placed in her home as there was concern about her understanding and dealing with her granddaughter's mental health needs. She reports that she is satisfied with the services that she and the youth are receiving, other than she feels the youth could "probably still use [academic] tutoring". The grandmother attends court hearings and is working towards the goal of guardianship. She was recently referred to an attorney. The youth's grandmother is not an ongoing active member in the decision-making process in this case and had a poor understanding of her granddaughter's lack of progress and status in school. However, all members of the household appear to be appropriately supportive of the youth and all participate in home-based family therapy as needed.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The youth and her foster family have access to multiple support services. Her psychiatric services and medication management care has been good. She has successfully ceased taking an anti-depressant and is prescribed an anti-anxiety agent on an as-needed basis. She requested a re-referral for individual psychotherapy to the psychologist who provided planned, brief home-based family intervention when she was initially placed with her grandmother; that request was honored. The psychologist has jointly set clear, realistic, and appropriate therapeutic goals with the youth and is in regular contact with the foster care social worker and grandmother. The maternal grandmother and aunts are also engaged in counseling as appropriate. The youth receives adequate family support, and participates in an independent living skills program weekly. Her social worker has been involved since November, 2007, and appears adequately aware of her needs and current status. He has some contact with the other team members, including the focus youth and the foster family. The GAL is also knowledgeable of the youth's status, and is present at all court hearings. In sum, access to services is very good.

What's Not Working Now and Why

The team members, although aware of the youth's recent decline in academic performance, do not appear to have a clearly identified intervention to target this issue. If the youth continues to skip school and receive failing grades, she is at high risk for failing the 11th grade, in spite of her demonstrated abilities and prior history of academic success. Though clinically stable, this young

woman’s history and sense of not being in control of central pieces of her life elevate the risk of poor outcomes. Her psychotherapist sees this status as a manifestation of residual and current issues with which the youth struggles but that other team members have not had a chance to share information about and fully understand. In general, the team members do not function as a unified team—they do not meet or communicate regularly; there is no cohesive, agreed-upon plan. Core members are not involved in case plan decision making, some are not kept informed of the implementation of planned services and no one appears to have taken charge of ensuring unity of effort. Furthermore, the youth expresses a valid dissatisfaction with the status of her case as she feels that her preferences are often not being heard, specifically regarding her wanting to visit with her mother.

The court process in decision-making is problematic and the service team has not aligned to reach consensus on key issues for presentation to the court. The youth has not been invited to and does not participate in court hearings. In addition, her mother has stopped appearing in court, disengaging in the legal process. The foster care social worker reports unsuccessfully attempting, in court, to address the issue of the standing order regarding the youth’s contacts with her mother. The youth views most of the services (with the exception of psychotherapy) as a waste of time. One of the services from which she would likely most benefit - weekly, in-home tutoring - has been discontinued, for reasons not completely understood.

The school, also, is functioning inadequately, as they are unresponsive to the youth’s needs. Her academic status is considered marginal and behavioral function in school is not a problem, therefore she is not on the radar for attention at school. When members of her team interact with school personnel, it is not in an effort targeted at problem and solution-identification. In addition, there appears to be no plan for transitioning this youth from foster care to the legal custody of her grandmother, getting her through high school, or helping her to achieve her expressed attainable goals of attending college and pursuing a career in social work and law. Her current trajectory at school is grossly inconsistent with her goals.

SIX-MONTH PROGNOSIS AND STABILITY OF FINDINGS

The youth’s status is expected to stay the same. It is unlikely that her grandmother will be granted legal guardianship within the next six months. There are no planned or anticipated changes in placement, current services, or treatment goals. She may, however, fail the 11th grade due to absences.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The youth and her service team should meet to discuss her current academic standing and general functioning. Immediate goals should be to make a plan to re-engage her in school and decrease schools absences. She may also need academic tutoring to help her catch up in some classes. Furthermore, the team | Yes |

| | | |
|-----------|---|------------|
| | needs to clarify how many credits T.W. will need to graduate, how many she currently has, and what steps need to be taken in order for her to graduate on time (June, 2010). | |
| Follow-Up | A meeting was held June 4 th to discuss academic standing and general functioning. The youth will be attending summer school. An accountability form has been developed and will continue until the end of 1 st semester of next school year. Goals on her accountability form; i.e. arriving to school on time, turning in assignments on time, and participating in class all of which will put her in place to bring her grades. The social worker has spoken with her math teacher about bring her grade up; if the youth comes after school for additional help she will be able to bring her math grade up. She will also bring books home to review over the summer to have an advantage before the next semester. | |
| Next Step | 2. The team can develop a more explicit transition plan to assist the youth and her maternal grandmother in moving from therapeutic foster care to permanent guardianship and from high school to post-secondary coursework and/or employment. During debriefing with the foster care social worker it was learned that a meeting was planned, though the youth's therapist was not a planned participant. Her participation, even by telephone was strongly encouraged. | No |
| Follow-Up | A transition plan has not been developed. However, the social worker is diligently working to link grandmother with income maintenance for Medicaid. They are still working on guardianship as well. In regards to post-secondary plans, the youth is currently attending Center of Keys for Life; they are assisting her with how to obtain financial aid, books, stipends, and off or on campus housing. The therapist participated by phone for the June 4 th meeting; the therapist was in agreement with the accountability form and discussed how the youth's current actions will impact her in the future. | |
| Next Step | 3. One or more of the team members (most likely the foster care social worker) should maintain communication with the youth's biological mother to keep her updated on her daughter. It is likely that contact between the youth and her biological mother will resume in the near future, and therefore it would be beneficial if a team member maintained contact with the biological mother so that she can take part in her daughter's | Yes |

| | | |
|-----------|---|--|
| | life in a meaningful manner. | |
| Follow-Up | Biological mother did not show up for the meeting; the meeting was rescheduled so that she could participate. The social worker stated that she does inform biological mother of the youth's progress. Social worker stated that she feels as if she is not a major concern to her mother. She cut the word "betrayal" in her inner thigh; thus supervised visits with biological mother have been suspended. | |

QUALITY SERVICE REVIEW CASE SUMMARY #7

Date of Review: March 11, 2009

Current Placement: Biological Mother's Home

Persons Interviewed (8): Community Support Worker (CSW), foster care social worker, GAL, AAG, birth mother's attorney, teacher, birth mother, and focus child.

The birth father's attorney did not respond to calls or emails regarding this review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eight-year old, African-American male, who currently resides with his birth mother, step-father, a fourteen-year old step-brother, and two of his siblings. The child's father's name is known to the child welfare system, and the record indicates he was located in Washington, D.C. in 2004. According to the birth mother and the mental health file, the focus child is the product of rape. The mother has no desire to have this man contacted and involved in her life or in the life of the focus child. The current social worker indicated that she is unaware of the birth father's location or of anyone conducting a diligent search for him.

The focus child became known to the Child and Family Services Agency in March 2004, when a hotline report indicated that the birth mother had left her three children, ages two to five years, in their shelter apartment without adult supervision. It was also reported that the shelter apartment was in deplorable condition. The children were removed from their mother's care but were conditionally returned to her within seven days. A second report was made in December 2005, alleging that the mother had physically disciplined the focus child with a belt that left bruises. The four children (the mother had a new baby between the reports) were again removed from their mother's care. The children were reunified with their birth mother in June 2008 and remain in her care under Protective Supervision. In October 2008, a hotline report was made regarding the youngest child being sexually abused by the step-father's son. All of the children were removed for approximately 4 days. Several CAC interviews were completed and there was no information gained that substantiated any type of sexual abuse occurring with the children. The step-father's son went to stay with his mother, the youngest child went to stay with his father, and the focus child and his sister were returned to the mother's care. The allegations were unsubstantiated and the CPS investigation was closed.

The focus child has a Community Support Worker (CSW) through a contracted agency with the Department of Mental Health. He is supposed to be receiving individual and family therapy. The child welfare case is managed by a private foster care agency.

Child's Current Status

The focus child was described as being very smart, social, friendly, and outgoing. Several team members described him as a child who can become withdrawn when upset but can eventually be coaxed to talk about his feelings. There are no reported behavioral concerns related to the child at home.

Over the past two years, the child had a stable foster care placement and before being reunified with his mother under Protective Supervision in June 2008. While the child and his siblings were removed from the home for several days in October due to a CPS investigation, the focus child was returned to his mother's home. The mother has safety planned with the social worker regarding monitoring of the children.

Team members had no concerns related to the focus child at home. He is cooperative with his chores. He has improved his relationship with his older sister in that they do not bicker as much as they used to. The child has also appeared more comfortable in the home now and verbalizes his happiness with being reunified with his mother. There was some clingy behavior immediately following the October removal, but that has diminished greatly over the past four plus months.

The focus child is in the third grade at a local elementary school. He does not receive any special education services. According to the school the focus child has excellent attendance and is well liked by his teachers and peers. He reads at grade level, is highly verbal with excellent vocabulary, and is an "overall strong, solid student." One example given was that the child tries to incorporate new vocabulary into his daily conversation and is found to use it appropriately in the correct context. He is a B average student for most subjects. Earlier in the year there was a decline in the child's overall attitude and class work, but after the mother was informed of the concerns, there was an immediate improvement. The team members feel that he is a little disorganized, but said that the mother and the school are both working on this issue with him. The focus child has friends both at home and at school. Interviewees indicated that he interacts appropriately with his peers and uses his good sense of humor to make friends.

The focus child is current with his annual physical examination and semi-annual dental examination. There were no medical concerns expressed by any of the team members. The child wears eye glasses. He does not take any medications.

Mental health services for the focus youth have been a consistent issue in this case. The child is diagnosed with ADHD and Disruptive Behavior Disorder, yet everyone expressed that they do not see any ADHD symptoms, other than some disorganization, and no one expressed any persistent disruptive behavior in any life domains. Records show that the child has not had therapy since the summer of 2008. During the week of the review, the child had an initial intake with a new mental health agency. Systemic mental health issues will be discussed further under the System Performance section.

Parent Status

The mother is very articulate and knowledgeable about her children and their needs. She described the focus child as very intelligent, outgoing, friendly, funny, and caring. The mother was able to describe the child's school progress and needs, which corroborated information given by the school.

Team members felt that the mother has made great improvement and has shown positive follow-through with tasks created to move towards case closure. One requirement for reunification was the mother needed to move into a larger apartment to accommodate the children. She

accomplished this goal and the children were reunified in June 2008. Team members indicated that the mother has been open to suggestions on how to parent more effectively. Team members felt that she uses appropriate discipline techniques with the children, including time-outs, taking privileges away, and positive reinforcement. She appears to provide for the children's food, clothing, and shelter needs. The team would like to see her and her husband employed or in a vocational/educational program. She has worked with the CPS and her social worker in creating a safety plan for monitoring her children and her older step-son.

The mother attends all court hearings and all planning meetings when she is invited. She signed the mental health individualized case plan for the focus child. She meets with the CSW, foster care social worker, and the family stabilization worker. She identified a more convenient therapist for the focus youth on her own after delays and problems on the system side.

The school reported that the mother is very engaged with the school and has attended all the parent/teacher conferences and has been available by telephone when needed. The school indicated that when the mother has been notified of a concern with the child's disorganization or school work, the mother "jumps right on it and I [teacher] get a response and a proactive attitude immediately."

The birth mother expressed happiness that she had been reunified with her children. She explained her thoughts surrounding the recent CPS investigations and appeared very frustrated by what had happened. Regarding the Protective Supervision status, the mother indicated that she has done everything the agency and the court had ordered her to do and yet her case had not been closed. She said that she has not been told any thing else that she needs to do in order to have the case closed. She does not feel like she is a member of the team with the GAL and the social worker. She enjoys working with the CSW, though, and has found his services helpful. She commented that there used to be a lot of meetings prior to the children being reunified, but those planning meetings have mostly stopped.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There seems to be good engagement efforts with the focus child by the CSW, school and the social worker. The child signs the progress notes from each visit with the CSW. He acknowledged that the social worker and the GAL come to visit and have talked with him about how things are going in his life and have asked him what he needs. He commented, "I just want to stay here with my mother. That's all I need."

His teacher felt that there was a team around this child. She felt that people were very proactive with him and cared about his overall well-being. Various team members have been in contact with the school, including the social worker and the CSW, and the GAL. "I am pleased with the level of service from the professionals in his life. People reach out to me and want to know how the child is doing."

Team members articulated a solid understanding of the child and good assessment of the birth mother. The CSW, GAL, and social worker have had a stable presence in this case, which has allowed them time to collect information related to the family's history and to identify their

strengths. Family connections are being maintained without the assistance of any agencies. Team members shared the same thoughts related to risks and a broad view of where the case was headed. Services for the mother have been implemented in terms of introducing a family stabilization worker and having the CSW continue to work with her and the focus child. There were no additional services identified for the mother. Furthermore, the mother did not identify any outstanding service or need for herself.

Regarding court, persons interviewed felt listened to, respected, and valued. Now that the children have been reunified with the birth mother, the team is expecting to have the case closed at the next court hearing. Parties indicated that they have been able to address most issues outside of court.

What's Not Working Now and Why

Even though the focus child's status is positive, there are several challenges within the system. One area of concern for the child is the assessment and implementation of his mental health services. As previously stated, the last time the child received therapy was in the summer of 2008. Reportedly, he did relatively well without it, especially with a consistent community support worker. There has been no reassessment to determine whether or not the child would benefit from individual therapy again or if family therapy would be the best treatment modality. Also, the child is diagnosed with ADHD and Disruptive Behavior Disorder, yet everyone expressed that they do not see any ADHD symptoms, other than some disorganization, and no one expressed any persistent disruptive behavior in any life domains. The question of an ADHD diagnosis has yet to be fully addressed.

Implementation of mental health services on behalf of the child shows an inconsistent pattern of intervention. Last year there was a five-month delay in therapy that was court-ordered to assist the child in returning to his mother's care. When the therapy was finally implemented it was inconsistent and inadequate for the therapist to make a solid assessment of the child and how he was progressing in the home. Then there was another seven-month delay in therapy due to a lack of transportation and a steady therapist. The latest therapy center identified (in December 2008) is far outside of the mother's local community which necessitates the need for Medicaid transportation to be established. Due to all the problems with mental health services, the mother decided to identify a local counseling center and she took the focus child and his siblings to that agency on her own the week of the review. Again, even though the mother has registered the focus child for therapy, the child's positive functioning at home and school over the last six months despite therapy begs the question of the need for therapy. In addition, the mental health CSW believes the child has achieved all his goals and is therefore ready to terminate services with the family.

Engagement of the mother, team formation and functioning, case planning, and pathway to safe case closure need improvement, especially as the children are home under Protective Supervision. The children have been home with their mother under Protective Supervision for approximately 10 months, yet the case is still open with no clear timeframe for case closure. The birth mother's engagement seems to be more due to her own involvement than with the system's request for involvement. According to several team members there have not been any real team meetings since the children were reunified with the mother. The mother believes that she has done everything that has been asked of her and team members confirm that fact, yet there were

several statements about how the mother needs a “little more” parenting skills training. No one has identified any specific behaviors that need to change, nor has a plan been established to change said behaviors. No one has identified any remaining steps for case closure and there is no written plan to work from.

The stepfather has not been invited to participate in any meetings even though he is co-parenting the children. He has attended court in the past. He has become very upset with the October CPS investigation and team members indicated that this has put a hamper on engaging him, yet he has never been engaged as a valued team member. Engagement was reportedly limited to cursory greetings.

Additional team formation and functioning concerns include the fact that the silos of the “right people” who work together do not share information with the entire team. For example, the CSW is working closely with the mother and the school, yet he does not appear to be a valued team member by other participants. The CSW was not given any information related to the CPS investigation or why the focus child was removed from the home in October. He had no idea about the safety concerns within the home and could therefore not assist in assessing for safety each time he met with the focus child and the family. He only knew the little information that the mother gave him. In addition, the CSW has been ready to close his case for over a month. He is holding the case open until he can link the family with a Collaborative. He has not shared his plan with the foster care social worker. Here we have a family who has met their CSW goals, yet the case is still open. There is a lack of understanding of when the connection to a Collaborative can be made, which in turn prolongs his work with the family. The new family stabilization worker is engaged with the mother, yet other team members do not seem to maintain a strong level of communication with this worker, which limits the available knowledge around when the case can safely be closed.

Another example of team formation and functioning is that the social worker and the GAL have developed a tight team together, yet appear to exclude other team members. One example of this is that the social worker and the GAL were notified of a parent/teacher meeting at the school. They planned to go together and did not share this information with the mother. When they arrived at the school, they were shocked to see the mother there.

Regarding post-permanency supports, the system has not attempted to connect the mother with any community supports. There is no evidence that any team members have attempted to identify any natural supports with the mother, with the exception of her own mother. The only formal support the system is contemplating connecting the family to is the Collaborative. The birth mother reported several supports involved in their lives including her mother, the children’s godmother, and several other long-term good friends. She indicated that she often takes the children to church as they seem to enjoy it. The mother also commented that churches are often a good place to get community resources. It is believed that because the system has not set a clear timeline for case closure, even though the children have been home under Protective Supervision for 10 months, there is no urgency in assisting the mother with identifying social and community supports.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The 6-month prognosis for the focus child is that he will continue status quo, as he has been maintained without optimal performance from the system.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS

At the time of the debriefing, April 22, 2009, the child's case had been closed in court. Due to case closure, there are no next steps.

QUALITY SERVICE REVIEW CASE SUMMARY #8

Review Date: March 11, 2009

Current Placement: Therapeutic foster home

Persons interviewed (9): Social worker, current Community Support Worker (CSW), former CSW, therapist, school counselor, special education teacher, foster mother, psychiatrist, and mother.

The mentor was unavailable to be interviewed for this review.

CHILD& PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a nine year-old African American male with the permanency goal of reunification. He has six siblings. This family first came to the attention of CFSA in February 1998 due to allegations of physical abuse by the mother. The children in the home at the time were removed and a foster care case was opened. The focus child, born in 2000, briefly lived with the mother, but was also removed from the mother's home, reportedly for substance abuse and general neglect by the mother. The focus child has two older brothers and a sister who are no longer in care. There are three other siblings, two older brothers who live with the mother under protective supervision and one younger brother who also lives with the mother and has never been in care. The focus child, along with two of his brothers, was at one time placed with a maternal uncle who was preparing to adopt all three boys. However, after allegations of abuse and neglect, the children were removed and placed in another foster home. At that time the permanency goal was changed from adoption back to reunification, as the agency began to once again work with the mother. The focus child has been continuously in care since his removal as an infant, and is the only child still in out-of-home care.

The focus child's father has been inconsistently in and out of his life since he was born. The social worker reported that the father makes extremely infrequent contact with the focus child and has never made any serious attempt to be an important, consistent presence in the his life. Due to the infrequency of contact with the focus child and the fact that the father's whereabouts are unknown, the father has not been pursued as a placement option or a support for the child. There was no record of a diligent search for the father in the record.

Child's Current Status

The focus child is currently safe and stable in the therapeutic foster home which he has been living in continuously for three years. The focus child is healthy and has no significant health concerns. By all accounts from people interviewed for this review, the focus child is described as a bright, happy boy who is somewhat shy at first but very outgoing and appropriately social with people he feels comfortable with. There is another male foster child in the foster home who is the same age as the focus child. The foster mother reports that the two boys are good friends and, other than some normal childhood arguing, get along most of the time.

The focus child currently has unsupervised weekend visitation with his mother every weekend. Visitation had been suspended in late summer 2008 due to the mother failing a drug test. From the time of the failed drug test to January 2009, the focus child had supervised visits with his mother and family. He also spends school breaks at his mother's home. The social worker reported that other than the mother sometimes having too many teens in her home, there were very few problems with the visitation. The mother reported that visitations are going very well, and that she never has any problems with the focus child's behavior when he is visiting.

The focus child is in the 3rd grade, and receives special education services five hours per week. He has been attending this school since Pre-K, and the staff is well aware of the child's educational and emotional needs regarding his being in foster care. He has been in a regular education class for the last three years, but spends one hour per day outside of the classroom for special education in math and reading. The school counselor reported that he is working at a 2nd grade level, but that he has made great progress the last two years, and was "closing the gap" on his academic deficiencies. The school reports that the focus child has very good attendance, and is helpful to the teachers in class. He also receives tutoring at home twice per week.

The focus child attends individual counseling twice per month. At the time of this review, the counselor had been working with him for three months. Counseling is focused on conflict resolution, school performance and behavioral problems such as lying and anger management. The counselor reported that the focus child is doing better with getting along with his classmates without fighting, and has a closer relationship with his foster mother over the last few months. The counselor reported that the focus child is lying less often at home and at school, and is learning to consider consequences for his actions. The foster mother reported to the counselor that the focus child has shown much less defiant behavior over the last six weeks. The counselor reported that he has been working specifically with the focus child in identifying and dealing with anger triggers such as teasing from classmates and frustration with discipline.

The focus child sees a psychiatrist monthly for medication management. He currently takes 20 mg Adderal and 2 mg Remoron each day to address symptoms of ADD and depression. The psychiatrist reported that the focus child is "adjusting well" to the medication and may be ready for some weekends without medication this coming summer.

The focus child will be resuming services this month with a Community Support Worker (CSW). The previous CSW stated that he worked with the focus child from May 2008 to October 2008. The former CSW was working with the focus child to improve explosive and defiant behaviors in the foster home, and reported that he had been making good progress. The new CSW stated that she was assigned in late February 2009, and will be resuming regular contact every other week with the focus child. The plan will be to explore feelings about reunifying with his mother, and improving his school work.

The focus child has a mentor who meets with him every other week. The mentor provides a monthly report to the social worker.

Parent Status

The birth mother has a long history of substance abuse, which has delayed efforts to reunify with the focus child. She is drug tested weekly and last tested positive for marijuana in August of 2008, but has remained drug-free since that time. The mother has recently moved into a larger home, which has enough room to accommodate her four minor children. Currently the mother has three children living with her full time; two teenage boys who have been recently placed with her under protective supervision and a five year old son who has never been in foster care. The focus child remains the only child in out-of-home care.

The mother stated that she has been diagnosed with liver cancer, and receives monthly chemotherapy shots as treatment. She stated that she has responded well to the treatment and that her health is not a factor in her ability to care for her children. The mother is also somewhat hearing impaired but can carry on conversations with others if they speak clearly and loud. The mother is not employed at this time, but said she is looking for work.

The mother stated that she has people to support her when she is feeling too stressed or depressed. She stated that she has a good friend who is her sponsor, who she usually calls first when she has a problem. She also stated that her grandmother is a strong source of support for her, and that she is very much supported by people in her church. The mother explained that in the past she has turned to drugs to “ease the pain” that she was feeling due to traumatic events such as the death of her niece, or being “abused by men”, but that she has learned other strategies and to depend on her support system to help her. The mother reported that she has no problems caring for all four boys, and that she is more than ready for the focus child to be reunited with her full time.

Caregiver Status

The focus child has been stable with the same foster mother for three years. The foster mother seems to be providing the child with good food, shelter, clothing and supervision. This reviewer noted that the home was clean, safe and appropriate for a child. The foster mother reported that the child had an appropriately close bond with the other foster child in the home. The focus child stated that he liked the home and the foster mother, although he would much rather be living at home with his biological mother. The foster mother reported that the child sometimes vacillates between saying that he wants to stay in the foster home and saying that he would rather live with his mother. The foster mother stated that the focus child was “usually no problem” for her although he sometimes has behavioral problems such as “talking back” after returning from his mother’s home for weekend visitation. The foster mother often takes the focus child to his mother’s house for visitation, and communicates with the mother what is going on with the child that week. The foster mother reported that overall the visits with the mother are going “very well” and she is happy that the child will soon be living with his mother.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What’s Working Now

The focus child has progressed very well in his current placement in a therapeutic foster home and mental health services seem to be appropriate for his needs. He has been stable in an appropriate home setting for three years and, according to the foster mother, has gradually

improved his disobedient and explosive behaviors through counseling and reinforcement by the CSW. The foster mother reported that she is “pretty satisfied” with the services she has received for the child, and that the social worker keeps in touch with her by phone several times per week, and visits twice per month. The foster mother said that she felt as if the team has valued her opinions regarding the child, and gave one example of the social worker asking her if a tutor in the home would be helpful. The foster mother said that she thought the child was getting the right medication for his ADHD, which addresses the child’s hyperactivity (“climbing the walls”) and helps him sleep at bedtime. The foster mother was aware of the plan to reunite the child with his biological mother in the near future.

The child’s school placement and IEP are appropriate for his needs. The child has attended the same school since Pre-K, the school staff knows the focus child and is aware of his specific academic, emotional, and social needs. The school counselor attributed much of the focus child’s significant academic and social progress to a specific special education teacher who is particularly nurturing and was able to forge a trusting relationship with the child over the last three years. Clearly, the child has benefitted from remaining in a familiar and nurturing school setting while in foster care.

The child has remained very much attached to his biological family. The child has had consistent contact with his mother and siblings, and continues to spend weekends and school vacations with them. By all accounts, visitation is going well and is expected to continue until reunification. It should be noted that there was a meeting with the therapist, social worker, foster mother, and focus child in November 2008, right before weekend visitation was resumed.

What’s Not Working and Why

Communication and teaming could be improved between the service providers, the social worker, and the family. While most of the team involved with providing services, as well as the mother, was aware that the goal of reunification was expected to be achieved in the foreseeable future, the therapist working with the child did not know this information. In fact, the therapist stated that he did not expect that the child would ever be reunited with the mother, and stated that he did not even know if the mother even desired reunification. At this critical juncture in the case, when reunification after many years is imminent, therapeutic guidance during this transition, especially with a family with such multi-faceted concerns and potential risks, is essential.

Communication with the mother regarding the specifics of the reunification plan also needs to be improved. The mother stated that she had fulfilled the service plan requirements for reunification, but was told by the social worker that the child needed to stay in his current school for the rest of the year for academic continuity. The mother reported that she disagreed that the child needed to stay in his current foster home any longer, and offered to ensure transportation to the school for the rest of the year but was still denied reunification. The social worker reported that the delay in reunifying the child was not due to educational concerns, but rather to give time for the mother to adjust to the placement of a teen son back into her home. The social worker explained that the teen is a problem child who ran away from placement, but was court-ordered to return to his mother’s house. The social worker said that the focus child was very much ready

for reunification, and that reunification probably would have occurred already if not for this teenager being returned to the home.

The mother also had concerns regarding a lack of communication regarding the services her son was receiving. The mother reported that she did not know why her son was taking medication or seeing a psychiatrist, and that she did not give the medication to him when he visits on weekends or school vacations. The mother stated that she adamantly believes that she needs help in the form of family counseling during this time of transition. The mother stated that she was receiving in-home counseling until it was abruptly cut off in February 2009 and that she does not know why she is no longer receiving that service. She stated that she would like to get the whole family involved with counseling together. She stated that the focus child would benefit greatly from having a mentor or a “big brother” work with him after reunification occurs, but that it was her understanding that the services ended at that point. The mother said that she has only been able to speak with the social worker, and that she would very much like to talk with everyone working with her child, especially the therapist and psychiatrist.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

The social worker, mother, and most service providers agree that the goal of reunification is likely to occur within the next six months, and this child will be reunified with his mother after eight years of being in care. While this is a positive step for the focus child and the family, there seems to be little attention at this time on preparing the focus child for reunification. Most of the planning for the family seems to be driven by an older brother, who is the “squeaky wheel” of this case with many immediate behavioral needs. Even if reunified, the focus child’s status is likely to remain status quo if preparations are not made to address his needs for stability and growth after reunification.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|--------------------|
| Next Step | 1. Hold a staffing with all team members to create a 3-6 month plan for reunification. Ensure all team members are aware of the timeline and are making preparations for a timely reunification. | In Progress |
| Follow-Up | A staff meeting with all team members will be held Monday June 8 th 2009, to create a plan for reunification. However, next court date has been scheduled for June 23; social worker is confident that birth mother and child will be reunified if proper supports are in place along with protective supervision. | |
| Next Step | 2. Assist the child’s mother in “taking the lead” of all necessary medical, school, and social appointments for the child. | Yes |

| | | |
|-----------|---|------------|
| | | |
| Follow-Up | Mother has been “taking the lead” with appointments but has to be pushed and prompted by social worker. The social worker also discussed having some services brought into the home to help keep mother on schedule. | |
| Next Step | 3. Ensure the continuity of all services to the family after reunification and determine what new services will need to be put in place to maintain the child’s return to the family. | Yes |
| Follow-Up | Social worker has been working diligently with CORE Services to have any and all services redirected to the mother to ensure that they will be in place after reunification. | |
| Next Step | 4. Make a referral to the diligent search unit to locate father or any paternal relative that could be a support to the child before or after reunification. | N/A |
| Follow-Up | It seems as though there was some miscommunication in regards to this next step. The social worker stated that mother is in contact with father, has his address and can reach him when necessary. She stated that he visits child occasionally. However, child visits with paternal grandparents frequently. | |

QUALITY SERVICE REVIEW CASE SUMMARY #9

Review Date: March 10, 2009²

Current Placement: Therapeutic Foster Home

Persons Interviewed (8): Focus youth, Community Support Worker (CSW), foster care social worker, former psychotherapist, teacher, foster mother, mother, and GAL.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family:

The focus youth is a 17-year old African-American male. He resides in a therapeutic foster home in Maryland with the goal of adoption. He is slated to graduate this year from a private special education school for emotionally disturbed youth, also in Maryland.

The focus youth is the third eldest of his mother's six children. He resided with both of his parents until his father was incarcerated when the focus youth was four or five years old. He remained with his mother until about age eight when he was sent to South Carolina to temporarily live with his paternal grandmother. This appears to have been the family's response to concerns about his mother's substance (PCP) use and mental illness; she is diagnosed with Bipolar Disorder. He returned to the District in less than two years but spent only a few weeks with his mother before going to live with an aunt who left him at a barbershop with an unwilling caretaker, leading to CFSA intervention. During the years preceding the focus youth's placement in foster care, he describes a history of physical abuse, exposure to extensive domestic violence, and an incident of a sexually inappropriate experience with an older peer. Since his removal in December 2000, the focus youth has experienced seven foster home placements. He has also had four psychiatric hospitalizations, the most recent in the spring of 2006, usually following outbursts of rage. Some of these outbursts were linked to his mother's (sporadic) contacts with him over a period of time that she participated in drug treatment, gained sobriety and had another child. At one time the focus youth was diagnosed with ADHD as well as Reactive Attachment Disorder. In 2006 a comprehensive forensic evaluation disputed the assignment of those diagnoses, instead finding evidence to support diagnoses of PTSD, Major Depressive Disorder and Panic Disorder.

The focus youth's eldest sister is in her 20's and lives out of state. Another sister, who was in foster care, is now an adult and resides with their mother. Two of his three younger brothers lived with a maternal relative until their placement in foster care within the last couple of years. His youngest brother resided with his own father until the father's death in 2007. That child went to live with his mother but was removed from her custody due to, as the mother describes it, her inability to manage his behaviors.

² This focus youth's case was reviewed during CFSA's Quality Service Review in October 2007.

The focus youth has been in his current pre-adoptive home since the summer of 2006 and has some contact with his mother, primarily by telephone. Neither his mother nor the focus youth is interested in reunification at this time. His mother has opposed adoption in the past but is more open to it at this time. The focus youth maintains some contact with his father who is not able to care for him but is supportive of his son's adoption by this foster mother. The focus youth's permanency goal is on record as adoption, however some team members are unclear. His social worker states it was changed by the court to APPLA in January 2009. The focus youth, his foster mother and GAL reported that the permanency goal is adoption.

Child's Current Status

The focus youth's status over the past 30 days is quite good, with no unfavorable ratings. He is safe, physically healthy, functioning well, at or near academic expectations given his history, and stable in his home and school placements. He has made remarkable progress in reducing behavioral symptoms over time and especially since entering his current placement and family. The one area of concern as he looks at viable post-secondary options is the fact that at the school he has attended for the past three years, he has remained on level 2 of a 5-level behavior modification system due to foul language and disrespect towards some teachers. A teacher describes him as "motivated to achieve what he wants" and sees his "attitude (as) a barrier". He is considering joining the armed forces but was also pursuing a position with Maryland's Parks and Planning Commission.

The focus youth has made a commitment to and sees himself as permanent part of his foster family, speaking of returning (to his foster) home when he is in the armed forces. The focus youth shares a very positive relationship with his foster mother, his older foster sister who resides in the home, and their extended family. His foster mother says she wants to pursue adoption. The focus youth participated in individual therapy for five years until that therapist decided he had assisted the focus youth to the therapist's ability. He saw another therapist briefly in the fall of last year for about six of what was supposed to be 12 sessions with a break and added sessions as needed, geared to decreasing anger and increasing positive communication skills. Reportedly, while he participated fully in formulating goals and seemed eager about these sessions, his attendance waned, stopped and the case was closed. He currently sees a psychiatrist monthly but is not prescribed medication. A community support worker sees him once or twice a week, primarily to work with the focus youth on controlling his emotions which otherwise leads to verbal outbursts: a raised voice and profanity. He also maintains regular contact with his foster care social worker who has worked with him since he entered foster care.

In an extended interview, as well as observation of him at home, the focus youth presents as a likeable, respectful, friendly young man. While he seems to have strong opinions and articulates them well, it is somewhat hard to imagine one of the verbal outbursts or his poor attitude that holds him back on the point system in school. He has a social worker who he describes unequivocally as caring, reliable and having his best interest in mind. As noted in the 2007 written QSR summary of this case: "...prior to the current placement (the social worker) made an in-depth presentation of the focus youth's behaviors, needs and history to the prospective parent, to be sure that she was willing and able to manage. The social worker felt that this was a critical factor in success of the placement." The positive aspects of the focus youth's personality, the consistency of his social worker and the unconditional regard demonstrated by his current

foster family, all contribute to his current overall and favorable status across all of the child status indicators: community living, health and well-being, and developing life skills.

Caregiver Status

The focus youth's foster mother sees him as her son, seems to have a good understanding of his strengths and challenges, and provides him with the support he needs. Her family has ensured that the focus youth has some basic self-care skills: cooking, laundry, budgeting and wants him to pursue college. She is opposed to the idea of a military career for the focus youth. During this review she spoke of wanting to adopt the focus youth. She had signed a letter of intent to adopt years ago and the focus youth was on-board with that plan. It is not clear why this path was not pursued but during this review his foster mother was clear that this plan is being re-visited.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Overall practice performance in this case is positive. The focus youth and his foster family have been engaged in a working relationship that has greatly contributed to his stability and functioning at this time. The small team, with involvement of the focus youth and his foster mother, has worked well together to provide and manage treatment and ensure the focus youth's key current needs are being met.

What's Not Working and Why

Although the focus youth may benefit from additional mental health intervention, he is receiving the level of mental health services he wants at this time and is functioning well enough at this time for the issue not to be pursued further. However, it is not clear that he appreciates the risks concomitant with his own and family history, understands triggers, and how and when to seek help.

The school setting has served him well enough. In it he found safety and stability. Nonetheless, it is worth questioning what could have been done and may still be done to serve him better, such as providing opportunities to interact and learn from non-disabled peers in non-challenging situations. He had an interest in graphic design, for instance, and perhaps could he have taken that class on a regular basis at another location.

As he transitions from high school there is no viable school or community-based transition plan in place. Therefore, there is refinement needed in the case planning process and discussing, mapping out and pursuing the pathway to safe case closure on behalf of this focus youth.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The focus youth is facing unplanned-for transitions and some uncertainties over the next six months. His status is likely to decline though it may remain in the positive range.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|---------------------------|
| Next Step | 1. Host a youth - foster family or team discussion on post-secondary school and legal permanency planning. | Yes |
| Follow-Up | The social worker has discussed job corp with the youth; vocational training and the caseworker took him to meet a military recruiter for post-secondary school options. As the youth enjoys computer graphics and design, the social worker has been encouraging enrollment in IT Tech, however the youth has not been very receptive to any of those options. The social worker explained to the youth that if he does not work or attend post-secondary school he cannot participate in independent living. The foster mother will allow him to remain in her home as long as he works or attends school and follows the rules. | |
| Next Step | 2. Ensure that the youth and his foster family have an understanding of the behavioral/emotional risks facing the youth, how to recognize and manage symptoms and when and how to seek help. | SW yes- Clt no |
| Follow-Up | A Family Team Meeting was held a week prior to the follow up meeting in response to a crisis situation. The youth came home in a “funk” and began physically disrupting the household. The foster mother took the youth outside for a talk to de-escalate the situation. The youth admitted to having some fear and anxiety surrounding graduation. The social worker has re-enrolled the youth into therapy. The youth was dropped from his medical insurance and the social worker found new insurance for him along with a new psychiatrist. Efforts have been made on the part of the social worker, however the youth has not attended scheduled appointments for therapy sessions with the social worker or psychiatrist. | |

QUALITY SERVICE REVIEW CASE SUMMARY #10

Date of Review: March 17, 2009

Current Placement: Foster Home

Persons Interviewed (10): Community Support Worker (CSW), foster care social worker, GAL, AAG, two teachers, foster parent, therapist, tutor, and focus child

The mentor, Educational Advocate, and caretaker's attorney did not respond to calls or emails regarding this review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a twelve-year old, African-American male, who currently resides with two of his older siblings in a foster home where he has lived for approximately nine years. The parental rights of the birth parents were terminated several years ago. The focus child has 8 additional older siblings that do not reside with him. One of his older brothers was also in foster care but had his case closed this year due to his incarceration. The whereabouts of the remaining siblings is unknown.

The focus child became known to the Child and Family Services Agency in 1996, when the birth mother called the child abuse and neglect hotline to request assistance in providing care for her children. She was a reported substance abuser and wanted to enter a treatment program, but had no place for the children to go. Family members were unable to provide care for the children who were brought into foster care after it was determined that the mother was unable to provide adequate care and supervision of them due to her substance abuse. The focus child spent approximately three years in an out-of-state pre-adoptive home. When this home disrupted he was returned to the District. The focus child and his siblings had multiple placements until they were placed in their current foster home. The current placement was recently a pre-adoptive home, but the foster parents got divorced and the foster mother decided that she could not adopt on her own. CFSA identified another adoptive family that would adopt all three children together, but the children refused to be placed with this family and advocated for their goals to be changed to APPLA so they would be able to remain in their current foster home.

The focus child has a Community Support Worker (CSW) and a therapist, through a Department of Mental Health contracting agency. He also receives mentoring and tutoring services.

Child's Current Status

The focus child was described as funny, adaptive, artistic, athletic, resilient, and loyal. Over the past nine years, the child has been stable in his current foster care placement. There are no plans to remove the child from this home. There were no safety concerns regarding the child in his home or community. There were no reported behavioral problems at home within the last month that could be considered outside of typical pre-adolescent behavior.

The youth is heavily involved in church activities with his foster family. He sings in the choir, participates in a youth support group, and other church programs. The youth reported that he loves church and finds a great deal of support from the pastors and other church goers.

The focus child is current with his annual physical examination. He is approximately two-to-three months delinquent in having his semi-annual dental examination; however, an appointment has been scheduled for the following month. There were no medical concerns expressed by any of the team members. He does not take any medications.

The focus child is in the seventh grade and receives special education services including specialized instruction for Math, Reading, and written language. He also receives speech and language, and individual therapy. This is his second year at this school. Two teachers reported that the focus child is an overall "C" student, although his grades can decrease easily, especially when his behavior spirals downward. It was reported that the child is far behind academically in that he functions at the third or fourth grade levels in Math and "reads at a level one" (the teacher could not give a grade level for reading). Teachers reported that even though the youth has made improvements with his class work and homework since last year, he still struggles to complete his work, especially his homework. Behaviorally, the child is said to have a lack of focus, the need to "perform" and "get into everyone else's business." This need to be the focus of attention often leads him to arguing with others, instigating others to misbehave, and talking back to teachers. This has happened multiple times during the past month. While teachers were discussing their concerns about the focus child, they were also able to identify several strengths and talk about his potential. They seemed to genuinely like the child and want him to do well in school. He was said to have friends in school, although he has been bullied over the school year due to some of his effeminate traits.

The focus child has been linked with the same mental health agency since 2005. There were historical evaluations from 2005 and 2006 that diagnosed the child with MR. According to the mental health file, a 2008 diagnostic assessment diagnosed the child with Major Depression, PTSD symptoms, and Learning Disorder, NOS. There is a psychiatrist note from 2009 that indicates the youth has ADHD and ODD. Another document from 2009 indicates the youth has Reactive Attachment Disorder. The child received a medication management assessment in January 2009, and it was decided that the youth did not need medication.

The focus child received a separate evaluation by a different mental health agency to assess concerns related to the child's sexual orientation/identity. The child had been teased about his effeminate behaviors and there were concerns that the child was homosexual. The evaluating psychiatrist felt that the child did not need therapy to address any sexual identity issues and that the youth's effeminate hand gestures probably stemmed from his being deaf as a toddler and the way that he coped was to read lips and mimic hand gestures of the female caregivers. In addition, the child never questioned his sexuality.

The focus child has a Community Support Worker (CSW), who meets with him weekly and is working on self-esteem and improvement of grades and school behavior. The focus child also participates in family therapy that has reportedly been occurring for two years. It was said that a great deal of progress has been made in terms of the focus child verbalizing his feelings, yet

more work is needed. The family therapist is working on self-esteem, anxiety, impulsivity in the classroom and improvement of grades. There was a second family therapist, but her services ended within the review period.

Caregiver Status

The foster mother is very articulate and knowledgeable about the focus child and his strengths and challenges. She provides for his basic needs of food, clothing, shelter, and supervision. She takes him to most of his appointments. She is diligent in attending school meetings and returning phone calls. She meets with the mentor, tutor, CSW, therapist, and social worker. The CSW, tutor, and social worker feel that the foster mother is open to suggestions on how to effectively parent the child. She participates in family therapy. The school finds her very responsive, but believes that she is a little overwhelmed in dealing with the child's academic needs and his ability to complete his homework. She participates in the Mockingbird Project in DC; a supportive program for foster families. She raves about the level of support and assistance both she and the child receives from this program. She signed the mental health case plan.

The foster mother has integrated the child into her extended family. Her adult children have said that if something happened to her, they would take care of the child and his two older siblings. They go on vacations and attend church together. It is apparent that they love and respect each other. In terms of adoption, the foster mother feels that since her divorce she cannot adopt the children on her own. She commented that there is a fear about what behaviors the child will display as he ages and without a social worker and GAL she will not be able to obtain all the services the child will need. She explained that her attorney and CFSA have taken the time to talk with her about what services she can retain if she adopted, but she is consistent with her thoughts that she is not able to adopt as an older, single woman.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Engagement of the child is positive. He likes his providers (therapist, CSW, mentor, tutor) and actively participates in all services. He has signed his mental health case plan. He can verbalize how things have changed for the better and what he has learned from each provider. He said that he has been asked what he wants out of life and what he thinks should happen. He liked that the social worker, GAL, and the court listened to him about wanting to remain in his foster mother's home.

The new social worker has stepped up and has taken the leadership role in this case. She has reached out to the different team members in order to figure out the different roles and services provided by each. She meets with the child and the foster mother regularly. She has gone to the school and has met with the therapist. She has taken the child to several appointments in order to gain a better handle on what is going on in the case. Team members expressed high hopes that she will continue to take the lead on the case and facilitate communication; however, several team members said that they would be watching her to see how well she did over time.

The level of community services implemented in this child's life is impressive. The therapists, CSW, mentor and tutor all go to the home. The child is in a community school. The agency that

conducted the sexual identity assessment was within the local community. Team members, even the focus child, have identified areas of improvement due to service intervention.

While there are a lot of people involved in this case, it appears as though some of the “right” people have formed a working team. For example, the therapist, CSW, focus child, and foster mother are all working together. Everyone worked together to discuss the permanency goal issue and even though people do not agree with a child this young having a goal of APPLA, they understand the feelings behind it.

As the child’s permanency goal is APPLA, the pathway to safe case closure is moving along in a positive direction. The team understands the permanency goal, but has not given up on the idea that the foster mother should and may adopt in the future. It is positive that continued discussion occurs with the foster mother around what services would remain in place, what services she could access as an adoptive parent, and what community supports are available to help her raise the children. In addition, the team understands that the child has found his “family” and that removal from her home would be highly traumatic, so they are working with developing independent living skills (cleaning, cooking, laundry, etc.). They are working with the foster mother around giving the child age appropriate independent living skills. Another positive is that the social worker has been talking with the child and the family about who they consider long-term supports/connections. The child has identified several people, including his pastor at church.

What’s Not Working Now and Why

The assessment and understanding of the child's mental health needs is the biggest challenge in this case. The child has received mental health services from the same agency since 2005. Through this review, it was found that the child has several current mental health diagnoses that do not seem to be consistent, and team members are not united in knowing what the diagnoses are. These diagnoses range from Major Depression, PTSD symptoms, Learning Disorder, NOS in some documents, to ADHD and ODD in others, and Reactive Attachment Disorder in something else. There are also a historical evaluations (2005/2006) that list the child as MR. There are no current formal evaluations (within 2 years) for this child other than the most recent evaluation for sexual identity issues. The current therapist reported that he believes it is time to revisit the diagnosis as he sees the child as having Anxiety Disorder, NOS, and Dysthymia at this time. The concern is that if team members do not have a clear, consistent assessment and diagnosis of this young man's mental health needs they cannot develop an effective treatment plan to not just manage, but reduce or alleviate, his symptoms.

Regarding therapy, there is conflicting information about who provides what service. There had been a family therapist assigned to the case and paid for through the Crime Victim’s Compensation Program. In addition to family therapy, team members thought that the current therapist was providing individual therapy; however, that therapist reported to the QSR team that he has been doing family therapy, not individual therapy, for two years. Furthermore, this therapist’s treatment plan for the child is written in a way that it suggests individual therapy is occurring.

In addition, not all team members were aware that there is a Community Support Worker (CSW) assigned to this case. People are unsure of what this person's role is with the youth and what his case plan contains.

The therapist and CSW are reportedly working on self-esteem, anxiety, impulsivity in the classroom, and improving the child's grades. However, these individuals have not seen the child's IEP or met with the special education teacher. It is also unclear as to why family therapy is the treatment modality for improving academic and behavioral issues in school. Again, a clear diagnosis is needed, in order to implement an effective treatment plan.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The 6-month prognosis for the focus child is that he will continue status quo, as he has been maintained without optimal performance from the system.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Social worker will ensure that the April dental evaluation occurs. | Yes |
| Follow-Up | While late, the dental appointment occurred on June 2, 2009 according to FACES documentation. | |
| Next Step | 2. Social worker and supervisor will email CFSA's mental health liaison with DMH regarding the mental health concerns for this child. Through the liaison, supervisor will request an updated psychological and/or psychiatric evaluation in order to obtain a correct and current diagnosis. Social worker and supervisor, if needed, will meet with the therapist and CSW to discuss diagnoses and create a clear treatment plan. | Yes |
| Follow-Up | The supervisor emailed the CFSA mental health liaison. On 5/15/09, the social worker emailed or called all team members to request a team meeting to discuss the youth's behavioral and mental health needs. The meeting was then scheduled for 5/22/09. The youth's school counselor was invited to this meeting (see next step #3.) During this meeting, the team decided that the youth needed a new psychological evaluation. The GAL agreed to submit a motion to the court for a Youth Forensic Services evaluation. It was agreed that after the evaluation was completed, the social worker would work with the therapist to develop an appropriate treatment plan. The family therapist agreed to do both family and individual therapy. The team agreed to participate in reinforcing the youth's positive | |

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| | behavior and remain consistent with consequences. The social worker agreed to update the team members on the school meeting. | |
| Next Step | <p>3. A) Social worker will request a meeting at the school to discuss the child's academic and behavioral needs. The following people will be invited: all teachers, foster mother, child, CSW, GAL, therapist, mentor, and tutor. If team members cannot be present at the meeting, a summary of the meeting should be provided via email or letter.</p> <p>B) The team will work together to create a behavioral plan that all team members will reinforce and support in order to help the child do better in school. The child needs to participate so that he can see that everyone is aware of his behavior, that they do not condone his behavior, and that they want to find ways to help him do better. He should be asked what he could do better and what would help him in doing better. Rewards and consequences should be very concrete and consistently reinforced by the whole team.</p> | <p>A)Yes B) No</p> |
| Follow-Up | <p>The youth's school counselor was invited to the large team meeting scheduled for 5/22/09. She initially agreed to attend and then was unavailable. The counselor agreed to schedule a school meeting with the teachers and the social worker. Meeting scheduled for 5/28/09.</p> <p>Team members and teachers shared their thoughts on how the youth is doing in school and discussed ways to increase his academic success.</p> <p>The team agreed that consistency at home and school is the key to greater success.</p> <p>Social worker agreed to provide team members with information from this meeting.</p> | |

QUALITY SERVICES REVIEW CASE SUMMARY #11

Review Date: March 17, 2009

Current Placement: Foster Home

Persons Interviewed (9): Social worker, therapist, community support worker, psychiatrist, school social worker, GAL, youth, CBI therapist and foster mother.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17 year old African American female, who is currently residing in a foster home. Her permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). The focus youth is the youngest of three children; her two adult siblings reside on their own in the community. The family initially became known to CFSA in November of 2005. A report was received from a community agency providing mental health services to both the youth and her mother, indicating that the youth had ran away from a therapy session. Authorities were unable to locate the mother to notify her that her daughter was missing. Both the youth and her mother were later found respectively and the youth was returned to her mother's care.

In December of 2005, CFSA received a second report from the community agency, regarding the focus youth and her mother. It was reported that the mother and the focus youth got into a verbal altercation and the mother reported that she could no longer manage the youth. An investigation was conducted and as a result the youth was placed in foster care.

It should be noted that the focus youth's parents both have a history of mental illness. It was reported that in September of 2005, her father had a psychotic breakdown and was missing for several days; he was later found roaming the streets and was hospitalized. Upon his discharge from the hospital, he was placed in a group home for the mentally disabled. Reportedly, the focus youth started to exhibit behavioral problems, subsequent to her father's breakdown. It seems the youth and her father was very close. Thus, the family was connected to a community agency for mental health services.

Youth's Current Status

The focus youth is diagnosed with Major Depressive Disorder, Oppositional Defiant Disorder, Seizure Disorder and learning disabled. The youth is also exhibiting symptoms of mood disorder PTSD. She is currently taking Abilify two times a day, one dose of which is given at school. The focus youth is receiving services from the Department of Mental Health. She receives therapy, medication management and a community support worker and mentor. Additionally, the youth and foster family are receiving Community Based Intervention (CBI) services. It should be noted that the youth receives an average of eight hours of counseling per week.

There were some concerns regarding the youth's safety both at school and at home. It was reported that she visits the homes of various friends without permission and most times does not

return home immediately after school. Additionally, she recently had a fight on the school bus. Team members reported that the youth's behavior had improved since her placement in the current foster home where she has been for the past three years. However, about five months ago her behavior became out of control resulting in the implementation of CBI services to help stabilize the situation. At the time of the review, team members were exploring whether or not to remove the youth from her current placement. The youth's future in her current placement is uncertain, due to the fact that she is ambivalent about remaining in the home. The youth has a good relationship with the foster mother, but felt that the foster mother is not paying her as much attention as she did in the past. It seems that around the time that things became problematic in the home, two things occurred: a new foster child entered the home and the foster mother became engaged to be married. Consequently, the youth became very distant and withdrawn. The team is working aggressively to sustain the placement and prevent removal.

The focus youth has remained in the same school placement since residing in her current foster home. The youth is making good progress on her IEP and is on the honor roll. It was reported that there was no behavioral problems at school and the youth was respectful towards her teachers. She receives counseling in school and seems to utilize it frequently, especially whenever she is feeling upset or overwhelmed. The focus youth is up to date with all her medical evaluations and thus far there are no concerns. She is also being followed by a gynecologist for contraceptives. The youth is sexually active and it was reported that most of the times when she is out visiting friends, she is involved in sexual activities with various boys. Although the youth claims that she is practicing safe sex, the team is concerned that she may not be. The focus youth is currently working on some independent living skills as she moves closer to independence. She is responsible for paying her cell phone bill on her own out of her allowance and maintains a savings account. Additionally, she is learning how to cook and do her laundry.

Reviewers noted during the interview with the youth, that she was very open about missing her father and wanting to visit with him. Her wish was for her father to be better. As a matter of fact, she strongly desires a relationship with both biological parents.

Parent Status (As reported by interviewees)

The birth mother is a 37 year old, African American female, who is the mother of three children. Reportedly, she has a history of substance abuse and mental illness and at the time of the focus youth's removal, was taking psychotropic medication for depression. The birth mother did not comply with any of the court ordered services. Furthermore, she failed to complete a psychological assessment to determine whether her mental illness impacts her ability to parent the focus youth. There is no formal visitation between the youth and her mother and it was reported that the youth has not seen her mother in several months. The mother is not involved in the case planning process and does not appear in court.

The birth father has a diagnosis of schizophrenia and is residing in an adult group home for the mentally disabled. He is not included in the case planning process and there is no formal visitation in place for him with his daughter.

Caregiver Status

The foster mother has been caring for the youth for three years and the two shared a close relationship until recently. Although the foster parent believes there is a possible connection between the youth's acting out and her engagement, she has not done anything to address the issue. Because of the past relationship between the youth and the foster mother, team members did not think it was in the best interest of the youth to remove her and place her in a different home. Therefore, CBI services were put in place to address the youth's behavior and her relationship with the foster mother. Unfortunately, the foster mother does not participate, even though she was advised by the therapist that CBI was for the entire family. Team members felt that the foster mother was being contradictory; she says one thing, but her actions say another. Although she reports that she did not want the youth to leave her home, she refuses to make herself available for the CBI therapist.

In regards to her participation in other areas, she is involved with the case planning process and helps to plan and coordinate the necessary services for the youth. She ensures that the youth's medical and educational needs are being met and follows up with the school as needed. She communicates regularly with the school personnel, who have a good relationship with her and keep her up to date on various activities on the case.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The implementation of services for the youth throughout the case has been good. Team members meet and plan strategies of how to address certain issues. Services have been consistent, timely and seem to be addressing the necessary issues. The reviewers noted how promptly the team acted and was able to immediately put in CBI services once they realized that the placement was about to disrupt. Team members seem to have a fair understanding of the youth and her needs and seem to be in agreement with the level and consistency of services. The youth appears to be engaged with her service providers and seems to have established good relationships with them.

What's Not Working and Why

There was no evidence to indicate that the social worker made any effort to engage the birth parents in the case planning process. Furthermore, both parents were reported to have a history of mental illness, however; there were no attempts made within the last 90 days to conduct an assessment to make a determination of what their needs are. Additionally, there were very little efforts being made to keep the youth connected with her parents and adult siblings. The youth did not appear to know what her goal was and seemed unclear as to what was expected of her. Reviewers also noted that team members did not agree on what the permanency goal was and what was necessary for safe case closure. The youth will be 18 years old in another few months and reviewers did not see a solid plan to prepare her for independent living.

It is also very disturbing to reviewers that the foster mother chose not to participate in the CBI services, whose primary focus was to sustain her relationship with the focus youth and to preserve the placement. It was apparent that the relationship changed between the foster mother and the focus youth right after another child was placed in the home and the foster mother

announced her engagement. This in itself should have warranted the foster mother's full participation in CBI services if she truly desires to keep the focus youth in her home.

There appears to be minimal to no connection between the focus youth and the mentor assigned to her. The focus youth is therefore not able to fully take advantage of this service. It is necessary to make an assessment of mentoring services to determine if it is and/or will meet the focus youth's needs.

Finally, the youth expressed to reviewers that she would like to have a relationship with her family, contrary to what team members reported. There should have been a plan early on outlining some form of visitation schedule for the focus youth and her family.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

It is anticipated that the case will remain status quo. There are several providers involved with the focus youth, who are providing the needed services to stabilize the case. If CBI is successful, then the placement would remain the same and hopefully the focus youth and the foster mother could restore their relationship.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker should schedule a meeting with the foster mother and the CBI worker to determine whether or not she truly wants to maintain the placement and to discuss the importance of her participation in the services. | Yes |
| Follow-Up | A CBI meeting was held with the foster mother to address the issues relating to the youth's placement and the foster mother's involvement in the services. The foster mother and the youth decided to give their relationship another try. As of the follow up date the placement remains stable and the foster mother is actively participating in CBI services. | |
| Next Step | 2. The social worker should explore with the youth her desire to have a relationship with her biological family and develop a visitation schedule for the youth. | Yes |
| Follow-Up | Since the review, the youth has been seeing and spending more time with her biological family. This includes her paternal aunt, her sister and her nieces and nephews. She also has more contact with her father. | |
| Next Step | 3. The social worker should initiate a meeting with the birth parents and demonstrate her efforts to engage them in the case | Yes |

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| | planning process. | |
| Follow-Up | The social worker reported that she obtained the father's number and initiated contact with him. She has been able to meet with the mother, who is hospitalized with a possible terminal illness and her health is deteriorating. The social worker plans to continue to outreach to the parents and include them in the case planning process as much as possible. | |
| Next Step | 4. The social worker to contact the community support worker to follow up on the youth's medication at school. | Yes |
| Follow -Up | The medication dosage was adjusted and the focus youth is no longer required to take medication while at school. She has one dose in the morning and one in the evening. | |
| Next Step | 5. The social worker to reassess and monitor the mentoring service to determine if it's addressing the youth's needs. | Yes |
| Follow -Up | The youth was reassigned to a new mentor that was more compatible for her. The mentoring service is currently going well and seems to be meeting her needs. | |

QUALITY SERVICES REVIEW CASE SUMMARY #12

Review Date: March 11, 2009

Current Placement: Kinship Foster Home

Persons Interviewed (10): Social worker, therapist, AAG, GAL, school social worker, paternal aunt and her husband, focus youth, aftercare program counselor, and psychiatrist.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 12-year-old African American male, who is currently residing in a kinship foster home with his paternal aunt and her family. The focus youth has 17-year-old twin sisters, who are currently placed in a group home, and 10-year-old twin sisters (one of whom resides with him in the kinship foster home while the other is in a therapeutic foster home) and a sister age 14, who is blind and also resides with him in the foster home. The focus youth and his two sisters live with their paternal aunt, her husband and her two daughters; his permanency goal is guardianship.

The family initially became known to CFSA in 2003 as a result of a call to the hotline from the Metropolitan Police Department (MPD) who were arresting the focus youth's parents for domestic violence. The MPD contacted the agency to request placement for the six children, who would be left home alone after the parents' arrest. As a result, the children were placed in foster care. The parents complied with court ordered services and the focus youth and his siblings were returned to their parents' care under protective supervision within one month. Once the children were reunited with their parents, the agency put in a myriad of services to keep the family stabilized.

Subsequent to the children's return home, the agency received another report and an emergency court hearing was held where the protective supervision order was revoked and the children were removed from their parents for a second time in less than a year. Reportedly, the parents violated court orders and they continued to expose the children to domestic violence.

According to information obtained, it was noted that the focus youth felt responsible for him and his siblings coming into care, since he was the one who called the police. The focus youth initially had a lot of angry outbursts, which would result in physical altercations. Reportedly, the focus youth and one of his younger siblings were involved in several fights, which resulted in that sibling's removal from the home last year. The focus youth continues to deal with issues around sibling relationships and conflict resolution.

Youth's Current Status

The focus youth is diagnosed as Learning Disabled and ADHD and is taking Metadate and Respiradol daily. He receives mental health services through the Department of Mental Health. This includes therapy, medication management and a community support worker. He attends a therapeutic after care program, where he also receives counseling. He receives special education services at school and has a tutor. The focus youth also participates in monthly visits with his siblings who are not in the home. Team members described him as "well mannered and lovable".

The focus youth has been in his current placement with his paternal aunt and family since 2006. Reportedly he is adjusting well and seems to share a close relationship with his aunt and uncle. The focus youth gets along well with his sisters and his cousins in the home, except for occasional outbursts and bouts of sibling rivalry. It was reported by parties interviewed that the focus youth was doing well and seems to be able to express himself more and utilize some of his problem solving skills. The focus youth is in his second school placement due to the fact that his previous school was closed. He is expected to be transferred to a new school for the upcoming school year. Apparently, his current school is not meeting his academic needs and so his education advocate is in the process of obtaining approval for the focus youth to attend a specialized school that would be more appropriate for him. Reportedly, the focus youth has a positive attitude towards learning and was described as a "good student". Reviewers learned that this was not always the case with the focus youth, since a few months prior to the review, the focus youth had a very negative attitude towards school.

There were no concerns regarding the focus youth's safety at school or at home. Apparently he seems to be making smart choices and there have been no major reports from school regarding him getting into fights. There are no plans for the focus youth to be removed from his aunt's home even if guardianship is not successful; he will remain in his paternal aunt's care even after he becomes an adult.

The focus youth received his annual physical earlier this year, which included vision and hearing. He was also seen for a dental examination. There were some concerns expressed about the focus youth's continued weight gain. Interviewees reported that the focus youth appears to have gained a lot of weight within the past year and so far this is not being addressed by his aunt.

Parent Status (As reported by those interviewed)

The birth mother is a 39-year-old, African American female, who is the mother of six children, who are all residing in foster care. The birth father is a 41-year-old, African American male. The birth parents are not involved in the children's lives and it was reported that their whereabouts are unknown. It was indicated that the focus youth last saw his mother in early 2008, but had periodic contact with his father who would visit the children at his sister's home. However, he has not visited for a few months and it was reported that he may be using drugs again. The paternal aunt has decided that due to her brother's possible relapse, he can no longer visit with the children in her home and all visits will need to be coordinated and supervised by CFSA. It was reported that both parents have a substance abuse history and were noncompliant with referrals for substance abuse treatment. Several attempts were made by the agency to reach out to both parents; however, the agency was unsuccessful.

Caregiver Status

The paternal aunt is very involved with all aspects of the case and was described by some interviewees as the leader on the case. She attends all meetings, court hearings and is seen as an advocate for the focus youth. She is very proactive in regards to the children's needs and will advocate for appropriate services, especially in areas regarding their mental health and education. It was reported that the aunt was very vigilant with service providers to ensure that the focus youth's needs are being met. The aunt and her husband share a close relationship with the focus youth and his siblings and he is made to feel as though he is a part of the family.

The aunt and her husband informed reviewers that they have no intention of returning the focus youth to the agency and their home will be his home for as long as he chooses. The aunt and her husband have complied with all the necessary requirements and licensure to move the guardianship process along. However, they reported that they will not allow the case to be closed until the focus youth is placed in an appropriate school that will address his LD issues and meet his educational needs. Reviewers learned that a school was identified and the focus youth visited the school and completed the orientation process a week prior to the review.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Although some team members described the foster mother as the team leader, it was also noted that the social worker was regarded as the leader by most. Reviewers were very impressed with how the foster mother and social worker were able to work together to coordinate the required services and they seemed to have a good working relationship. The social worker was very instrumental in advocating for the appropriate mental health services for the focus youth. Reportedly, the service provider that was providing the mental health services for the focus youth was not very effective and so the social worker immediately took the necessary steps to change that service provider. As a result the focus youth was transferred to a more appropriate provider, who appears to be addressing the focus youth's needs and it was reported that he has been making some progress.

The communication among team members was very positive; everyone was aware of what the goal of the case was and the steps that were needed to ensure safe case closure. Barriers were being addressed, such as the educational needs of the focus youth and steps were outlined as to how to make this happen to move the guardianship process along. A school that has a program that addresses the needs of children who are learning disabled was identified and the focus youth already completed his orientation. Case planning was very intensive and the social worker and the foster mother seem to be in constant communication. In addition, team members are kept up to date on new developments as they arise on the case. Everyone on the team is included in case planning. Notifications were sent to the birth parents' last known address inviting them to participate as well. The social worker periodically checks in with the paternal aunt as to the whereabouts of her brother or if she has heard any new information on the mother.

What's Not Working Now and Why

The focus youth's educational needs are not being met by his current school placement. Furthermore, the tutoring has not been effective and is not addressing some of the focus youth's academic challenges.

Reviewers were concerned that the finalization of the guardianship could be delayed even though a school was identified. Team members all agree that the educational services for the focus youth had dragged the case out longer than needed, but this was not due to lack of team effort. Team members expressed that they do not control the outcome of educational decisions and rely on DCPS. Although there are legal representations on the team to address the focus youth's education needs, the cooperation of DCPS and their agreement that this placement would be beneficial for the focus youth is required. Team members admit that having to rely on an outside agency to agree with their plan has been very challenging for all parties involved.

While the case is close to finalization, some team members are concerned that guardianship may be delayed or not happen at all. Specifically, some team members expressed their uncertainty regarding guardianship by the aunt and her husband as they recently moved to Maryland, and it is unclear if Maryland will continue to pay for the focus youth's special education school placement. This is a major barrier pending the outcome of a requested MDT meeting.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The forecast for this case will be status quo. Team members are already doing all they need to for case closure, but must rely on outside agencies regarding the focus youth's school placement and the continuation of educational services post guardianship.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. Social worker to follow up with education advocate to determine if any progress is being made regarding DCPS's decision for the focus youth's school placement. | |
| Follow-Up | As a result of the youth's IEP requirements and the fact that his current school was unable to meet the requirements. The youth was accepted and transferred to a school in Annapolis, Maryland. | Yes |
| Next Step | 2. Social worker to follow up with the CFSA educational specialist to request assistance with scheduling an MDT meeting with the Maryland school board. | |
| Follow-Up | The social worker followed up with Ed specialist, however, the court issued an interlocutory order for the youth and this would allow him to attend the Harbor school in Maryland. The MDT meeting will be held with MD. | In Progress |

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| Next Step | 3. Social worker to re-assess the focus youth's current tutor and make another referral for a tutor if the assessment reveals that the current tutor is not meeting the youth's needs. | No |
| Follow-Up | The case was transferred before the social worker had the opportunity to re-assess tutoring needs. | |

QUALITY SERVICE REVIEW CASE SUMMARY #13

Review Date: March 12, 2009

Current Placement: In-Home

Persons Interviewed (9): Social worker, therapist, AAG, GAL, community support worker, teacher, birth mother, focus youth and psychiatrist.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a eleven-year-old African American female, who is currently residing at home with her birth mother and three siblings. The focus youth was reunited with her family during the summer of 2008 under protective supervision. The family is receiving case management for family stabilization.

The family became known to CFSA in early 2007, when the hotline received a report regarding physical abuse of the focus youth. At the time of the report, the focus youth was observed with a suspicious burn on her arm. An investigation was conducted and the allegation of physical abuse was substantiated. As a result, the focus youth and her older brother were placed in foster care. The children were initially placed in a traditional foster home, but were later placed with their maternal grandfather. During the children's removal from her care, the mother remained very cooperative with the agency and was compliant with court ordered services. As a result of the mother's tenacity and hard work, the focus youth and her brother were reunited with their mother after being in care for 18 months.

The focus youth is diagnosed with mood disorder, ADHD and adjustment disorder with disturbance of mood conduct. She has a history of homicidal thoughts, depression, physical aggression and several fights per month. She is currently taking Abilify and Concerta daily. The focus youth is receiving services from the Department of Mental Health which include therapy, medication management and a community support worker. Additionally, the family recently completed family therapy.

Youth's Current Status

The focus youth is in the seventh grade, at her second school placement since the case has been opened. She is receiving special education services and was placed in a self-contained classroom due to her behavioral problems. According to information obtained, the focus youth is performing well in her academics and maintains an A and B average. It seems that since her last suspension, which occurred three months prior to the review, the focus youth's behavior at school has improved drastically. Prior to the suspension, she was verbally aggressive towards adults and physically aggressive towards her peers. No one could specifically state what happened to bring about the positive changes in her behavior, but they hope it will continue. The mother has also teamed up with the school to assist in the monitoring of the focus youth's behavior. There is a behavior chart which is sent home daily to the mother for her to review,

comment and sign. This communication between the mother and the teacher seems to be working thus far, since there are consequences at home based on behaviors noted in the chart.

There were some concerns regarding the focus youth's safety both at school and at home, due to the number of physical altercations that she would get involved in. Team members reported that within the last few weeks, the focus youth has been stable and has not had any major incidents. The focus youth is adjusting well in her mother's care and her behavior at home has also improved. She shares a close relationship with her mother and her siblings and seems respectful towards her mother. The focus youth enjoys being at home with her family and informed reviewers that she did not want to be taken from her mother again. She added "I am trying to behave".

The focus youth is up to date with her medical and dental checkups, however, there are some concerns regarding her weight gain. Team members were concerned that the focus youth had gained several pounds since returning to her mother's care and would like for the mother to put her on a diet. However, the mother has not taken the necessary steps to ensure that the youth is on a proper diet. The youth is receiving community support services and is scheduled to meet with her worker once per week; however, at the time of the review, it was reported that she was not meeting with her worker/mentor.

Parent Status

The birth mother is a 31-year-old African American female, who is the mother of four children. She is unemployed and receives financial assistance from the government. Since the children's return to her care, the family participated in family therapy. Services were discontinued when the therapist determined that the family no longer required the service. The maternal grandfather remains involved with the family and was identified by the mother as her primary support.

The mother seems to be very involved with the focus youth's education and is working closely with the education advocate to identify an appropriate school placement. The mother is very concerned with the fact that the school was not meeting her daughter's educational needs. Although the focus youth was maintaining an A and B average, the mother was very frustrated with the school for using suspension as a way of dealing with her behavioral problems. She is also working as a team with the school to monitor the focus youth's behavior both at school and at home.

The mother maintains contact with the social worker and some of the team members. She is very involved with the case planning process and finds it very helpful in preparing her to resume responsibility of her family. Reviewers had been informed that she was not working with the agency that provides the mental health services for the focus youth. However, it was discovered that the services were transferred to another agency. Reviewers learned that the agency was being switched due to the fact that the mother did not feel that the services she was receiving were helping her family. Additionally, the location of the agency was not convenient for the mother and would become a barrier to the family continuing services once the case was closed.

The family was scheduled for an intake with the new mental health provider the week after the review. The mother made sure that the focus youth was up to date with her medical health and

took the focus youth for her annual physical and dental appointments. She also monitors the focus youth's medications and follows up with the psychiatrist on a monthly basis.

Team members felt that the mother is doing her best to provide adequate care to her children and would like the case closed. A team member noted that "mom has done a remarkable job in practicing what she learned in her classes and in therapy". The mother also indicated to reviewers that it was a blessing for her when the children were removed from her care. She explained that since their return, she has been a better mother and she now knows how to advocate for services for her family and does not have a problem asking for help.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The mother seems to be very involved with the focus youth's education and is working closely with not only the education advocate to identify an appropriate school placement, but with the school as well to monitor the focus youth's behavior. The social worker and team members worked closely with the mother around the case planning process to ensure that the family was moving towards case closure in a timely manner. The mother felt that she was a part of the planning process. She knew what was expected of her, the time frames involved, and what she needed to do in order to accomplish the case goals and have the case closed. The focus youth was also a part of the case planning and was able to report to reviewers what her goals were and what was expected of her and her family.

Throughout the life of the case, reviewers noted that the family's needs were not only understood by all team members, but also that the implementation of services was effective and timely. The social worker immediately addressed the issue of the mother's discomfort with the previous agency and transferred the case to more convenient location to ensure the continuation of services for a safe case closure. The family will also remain connected with the community agency for mental health services, which would continue even after the family's case is closed. This agency will also assist the family with any additional services they may require. The mother is being very proactive in ensuring that everything is in place for her family and expressed her desire to have her case closed.

Team members, along with the mother, identified the maternal grandfather as a main support for her and the children. He is available to the family to assist and make sure that the mother is able to sustain her family and prevent them from returning to the system. Additionally, the mother is in contact with the social worker on a regular basis to discuss issues as they come up and to address any barriers that may prevent the case from closing in a timely manner. At the time of the review, reviewers did not note any outstanding issues that the mother and the social worker were not aware of that would delay case closure.

What's Not Working Now and Why

There is a strong possibility that the case may remain open longer than is necessary due to the Judge assigned to this case. Apparently, the Judge would like for the focus youth to be in an appropriate school placement prior to case closure. The team is split on this issue, since some members did not see this as a neglect issue and felt the mother was doing a good job parenting

her children. Additionally, she has complied with all court ordered services and therefore, the case should be closed. There was also a concern by some team members and reviewers that the mother seems to have mixed feelings about wanting her case closed, but also felt that the Judge may be right.

The social worker has changed the mental health provider for the family, but the previous agency was not aware that the case was transferred. Therefore, they were documenting the family as “no show” for appointments. Proper notices were never issued and so the agency documented that the mother was not being cooperative with mental health services for the focus youth. The mother decided to discontinue mental health services with the previous provider and decided to wait for the intake appointment with the new provider.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

All necessary services are in place for the focus youth. Team members will continue to work on finding an appropriate school placement. The focus youth’s behavior has improved and stabilized over the past few months. It is anticipated that in six months the case will remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. Social worker to document her efforts to obtain information regarding the youth’s biological father and if possible his whereabouts. | Yes |
| Follow-Up | The social worker reported that the mother was unsure as to who the father was for her two older children. The man she identified as the youth’s father is not –based on a paternity test. | |
| Next Step | 2. Social worker to ensure that proper notification is provided to Maryland Family Resource, the previous agency and the mother regarding the transfer of mental health services. | No |
| Follow up | Social Worker reported that she did not complete this task as of the follow up meeting and planned on doing so within the week (6/2-6/5/09). | |
| Next Step | 3. Social worker to obtain legal consultation regarding the youth’s special education needs and the family’s need for continued legal counsel once the neglect case is closed. | Yes |
| Follow up | The social worker reported that she consulted with the Ed Advocate, who reported that the youth/family would still be | |

| | | |
|--|---|--|
| | <p>eligible to receive legal consultation after CFSA closes the case. However, the Judge on the case is refusing to close the case, since the family was recently transferred to a new therapeutic agency. The judge is requesting a six month report from the new agency before a decision will be made regarding closure of the case.</p> | |
|--|---|--|

QUALITY SERVICES REVIEW CASE SUMMARY #14

Review Date: March 18, 2009

Current Placement: Pre-Adoptive Foster Home

Persons Interviewed (11): Social worker, community support worker, therapist, AAG, GAL, special education teacher, speech pathologist, biological mother, focus child, pre-adoptive foster father and tutor.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts About the Child and Family

The focus child is a 9 year old, African American male, who is currently residing in a pre-adoptive foster home with his two older brothers with a permanency goal of adoption. The focus child has supervised family visits two times per month with his biological mother, father and adult sisters.

The family initially became known to CFSA in 2005, as a result of a report for educational neglect for the focus child and his three older siblings. An investigation was conducted and the allegation was substantiated, however, the children were not removed from the parents' care and instead a case was opened within the agency for monitoring. In 2006 another report for educational neglect was received by the agency. This resulted in the three younger children being removed from their parents and placed in foster care. Apparently, it was discovered that the oldest child was not attending school and the three younger children were extremely behind academically due to them missing the majority of the school year. The oldest child did not enter foster care at the time since she was already 18 years old.

Child's Current Status

The focus child receives mental health services, therapy and community support, through the Department of Mental Health. He receives special education services and is in a self contained classroom. The focus child has a current IEP, which includes group therapy and speech and language to address his speech impairment. Additionally, he has a mentor and a tutor.

"Willing to try" was how team members described the focus child. Reviewers noted that everyone who was interviewed all stated that the focus child was always willing to try a new task. The focus child has a speech impairment, which makes it difficult for others to understand him, however, it was reported that he does not allow that to prevent him from trying new things. He is involved in the youth choir at church, takes piano lessons, plays basketball and football and participates in karate. The focus child is also seen as a leader at school.

There were no concerns regarding the focus child's safety and he appears to be safe both at school and at home. He is in his fourth placement since coming into care, which is a pre-adoptive home, where he lives with his two older brothers and his pre-adoptive mother and father. The focus child and his brothers were placed in this home in early 2008, for respite, however the family immediately got attached to the focus child and his brothers and decided to keep the boys.

The family has petitioned the court to adopt the boys and there is an upcoming court hearing in reference to the adoption. Team members do not foresee any major barriers for the adoption and hope that this will be the focus child's final home. The focus child has made tremendous progress while in his current placement. He shares a very close relationship with his pre-adoptive parents and is close to his older brothers. When reviewers interviewed the focus child he spoke openly about his pre-adoptive family and smiles a lot whenever he referred to them. There were no behavioral problems reported both at school and in the home for the focus child. He is progressing well in therapy and is now working on his feelings about the adoption and his biological parents. Additionally, he has become more expressive about his feelings.

According to documentation reviewed and information obtained, the focus child is doing very well in his academics and is making good progress on his IEP. He has improved his reading level from a 1 last year to a 4 this year (4 is the highest). Although the focus child is still below grade level and has a deficit with expressive language and articulation, he is showing improvement each week and has been improving in his vocabulary, reading phonetics and meeting his articulation goals. The focus child's improvement was also accredited to his pre-adoptive father who is very involved with the school and the tutor and ensures that the focus child completes all his assignments and also gives him extra work.

Reportedly, the focus child received an annual physical last fall that included vision and hearing examinations. He was also seen for a dental examination. The focus child was found to be in good health and there were no medical concerns. It was mentioned that the focus child will be scheduled for a genetics evaluation due to the possibility of a chromosomal problem. This situation is not impacting his health, but will be explored as a precaution due to his biological family's medical history.

Parent Status

The biological mother is a 43 year old, African American female, who is residing with the focus child's biological father, a 61 year old, African American male. They are the parents of five children: two adult daughters and three minor children. Reportedly, the mother has a mental health illness and has some limitations, however she is currently not receiving any services. Both parents remained non-compliant with services that were recommended by the court and CFSA. Reviewers were able to interview the mother but not the father, who did not wish to participate. According to the mother, she was pleased with the home that her children were in and felt that they were receiving appropriate care. However, she seems confused about the goal of adoption and believes that at least the focus child would be returned to her care. She was pleased with the visitation schedule and enjoys the visits with the boys. Reportedly, the pre-adoptive father has developed a plan with her, so she can be more involved with the visits and can suggest different places or activities, such as bowling, movies, a restaurant, etc. The visits usually involve the children's father, adult sisters and maternal grandmother.

Caregiver Status

The pre-adoptive parents have been caring for the focus child and his brothers for less than a year and were described by team members as "excellent parents". The pre-adoptive mother is a nurse and has a demanding schedule, but the pre-adoptive father is retired and is considered the primary caretaker. He was described by some team members as the leader of the team, due to his

involvement with all aspects of the case. He works closely with the schools to ensure that the children's educational needs are being met, especially for the focus child. The pre-adoptive father teams with the school and the tutor to make sure that the focus child is making progress not only in his academics, but also accomplishing his speech and language goals. He attends school meetings, goes to the school and observes the focus child in his classroom, he assists him with his homework and provides him with additional assignments to keep him ahead.

It was reported that the pre-adoptive father ensures that the children are involved in an array of activities of their choice and is the one responsible for transporting them to their activities. Reportedly, it was the pre-adoptive father's idea for the children's visit with the biological parents to be outside of the agency and for the visits to be more fun for the family. He plans activities with the children's biological parents that are family friendly, such as movies, bowling, etc. The pre-adoptive parents plan on maintaining these visits even after the adoption becomes final. The pre-adoptive family works with the therapist around the focus child's feelings about the adoption and usually spends time with the focus child discussing the issue.

The pre-adoptive parents have already submitted their petition and are working diligently with their attorney to prepare for the trial, which is scheduled to take place in April 2009. They were reported as being very proactive with the process and are doing whatever is necessary to ensure that the process is a smooth transition for the children.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The teaming on this case is good. Although it was split between the social worker and the pre-adoptive father being the leader, it was clear that the team was on the same page and everyone felt that the team had a good understanding of the focus child's needs. The pre-adoptive parents were active participants in the case planning process and it was clear that team members were working towards the same outcome. Everyone was aware of the goal and what steps were necessary to achieve the goal in a realistic time frame. All parties are aware of the upcoming court hearings and what is expected to happen at these hearings. The children were split in their decision to change their names and reviewers noted that the team had already started having dialogues with them to address this issue to avoid snags in the adoption.

Although the focus child is 9 years old, he was able to tell reviewers his permanency goal and where the case was at in regards to the adoption. There is an abundance of services and activities in place to ensure that the focus child's needs are being met on every level. Furthermore, the services that are in place for the focus child seem to be very effective and have had a positive impact on his wellbeing.

The pre-adoptive parents had the children less than a year and were already moving towards permanency and safe case closure. They are very involved with the legal proceedings for the adoption and have been proactive in ensuring that all necessary documents are completed in a timely manner. Additionally, they are addressing issues within the home that come up regarding the adoption. The pre-adoptive parents utilize the therapeutic intervention that is in place to assist with any issues or barriers towards the adoption and to ensure a smooth transition for the

children. The focus child has adjusted well to the home and was progressing, not only in the home but has shown a lot of progress in school. It was clear from the parties interviewed, who has been on the case since the children's removal that the current pre-adoptive parents' involvement and relationship with the focus child and his brothers helped to make the case successful. Reportedly, team members have seen a tremendous growth in the focus child within the last year and attribute his progress to his pre-adoptive parents.

The pre-adoptive parents went beyond the call of duty to ensure that the focus child maintained a connection with his birth family. This connection was not just weekly visits at the agency, but also the focus child was able to spend quality family time with his biological parents and his adult sisters and extended family members. This is also an arrangement that will continue even after the adoption is finalized.

What's Not Working and Why

The agency does not appear to have been doing a lot of planning with the birth parents within the last few months. It appears that since the goal was adoption, the need to still involve the parents was no longer necessary. Reviewers noted that although the pre-adoptive father and the biological parents have a respectful relationship, the biological parents were not consenting to the adoption. It was also noted that the mother was unclear as to whether or not all three children were being adopted and still believes that the focus child could be returned to her care. Reviewers felt that it would be advantageous to the process to continue to include the parents and address any concerns they may have to avoid any barriers to the adoption process. Furthermore, the biological parents realized that the children were well cared for and were happy in their current placement, this fact is another angle by which team members could approach the adoption issue to avoid any barriers that would prevent the adoption process from being successful.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

It is anticipated that the focus child's status would continue to improve. The adoption trial would be completed, barring any unforeseen circumstances and the family would be moving towards safe case closure.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. Social worker to schedule a meeting with the bio parents to discuss the permanency goal and explore any concerns they may have regarding the adoption. | In Progress |
| Follow-Up | At the follow up, it was reported that the pre-adoptive father died and the family was dealing with grief and loss issues. It was also uncertain whether or not the pre-adoptive mother would still proceed with the adoption proceedings, due to her demanding work schedule. | |

The pre-adoptive father was retired and cared for the children while the pre-adoptive mother was at work or out of town. The youth and his siblings are still trying to adjust without the pre-adoptive father, who they were very close to.

The social worker and team members are trying to give the pre-adoptive mother some time to grieve and not rush her to make a decision regarding the adoption. Presently, she would need to come up with a back up caregiver in order for the children to remain in her home once she returns to work. Everything is on hold at the present to deal with the death and to address the youth and his siblings' emotional needs.

QUALITY SERVICE REVIEW CASE SUMMARY #15

Review Date: March 18, 2009

Placement: Pre-Adoptive Home

Persons Interviewed (7): CFSA social worker, GAL, caretaker's attorney, focus youth, school one-on-one aide, school social worker, and Community Support Worker (CSW)

The foster mother has medical familial issues and was unable to participate in the review. The birth mother, AAG and the psychiatrist were scheduled, but did not make themselves available for the review.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 13-year old, African-American male, who currently resides in a pre-adoptive foster home where he is the only child. He does not have contact with his birth mother. Reportedly, there have been multiple men tested for paternity in this case and none were found to be the father. Currently, the father is considered unknown.

According to the agency record, the focus youth became known to the Child and Family Services Agency (CFSA) in 1997; however, the case was not adjudicated until 2000. It was reported that the focus youth was without proper parental control necessary for his physical, educational, and mental well-being. The birth mother reportedly refused to cooperate with CFSA and other agencies that were providing services to her and the focus youth, which made it impossible for reunification to be achieved. The focus youth's permanency goal is adoption by his current foster mother.

This case is managed by CFSA. The focus youth has a therapist, psychiatrist, a Community Support Worker (CSW), a mentor/tutor and an educational advocate.

Youth's Current Status

The focus youth is described as strong-willed, oppositional, and energetic. He was also described as a young man who can easily decompensate when he does not get his way. He has limited interpersonal skills and struggles with anger management, reading social cues and creating/maintaining boundaries with peers and adults. He has a history of hospitalizations and residential treatment; however, he has not been hospitalized in over two years.

According to the Department of Mental Health (DMH) contract agency file, the focus youth has the following diagnoses as of January 2009: ADHD; Obsessive Compulsive Disorder; PTSD; Attachment Disorder; and Learning Disability. According to CFSA records, the focus youth is diagnosed with ADHD and Mood Disorder, NOS. The focus youth receives therapy and medication management from a non-DMH contracting agency. He is prescribed Adderall, Clonidine, and Risperdal. The school felt that in the last month, the focus youth has not had his morning medication at least three times and has refused his afternoon medication, which is given by the school nurse, at least 2-3 times per week. Other team members were unaware that the

focus youth was not taking his medication consistently.

Regarding therapy, team members feel that the therapist is very qualified to work with the focus youth. She is reportedly working with the focus youth and the foster mother on various behavioral modification techniques to decrease the focus youth's inappropriate behaviors, such as cursing, having tantrums, and inappropriate outbursts when he cannot have his way.

The focus youth has resided in the same foster home for approximately eight years. Regarding the focus youth's behavior in the home, team members pointed out that he has made some, albeit slow, progress in improving his behavior. One team member explained that the focus youth used to be "under the table barking at you like a dog, whereas now he will either ignore you or curse you out. At least he's using his words." It was also said that it takes more for the focus youth to "blow up" than it did before, which is an improvement since he can "completely melt down." The fact that there have been no recent hospitalizations due to his being able to control himself is seen by team members as a huge breakthrough for the focus youth. His behavior at home has been reportedly "better" in that he has not had a "melt down" in the last month. However, he is still described as being verbally aggressive with the foster mother. Team members attributed the decrease in tantrums and aggressiveness to the foster mother's lack of enforcing consequences within the home to avoid outbursts from the focus youth. The focus youth also has a history of being physically aggressive with the foster mother. Most team members believe the focus youth has "probably" been physically aggressive with her within the last month, however there is no evidence to support that belief. Due to there being no evidence of the focus youth being physically aggressive within the home in the last month, he is considered to have fair safety.

The focus youth is in the seventh grade at a level IV school. This is his second year at this school. He is one of nine students in a classroom. He has two teachers and a one-to-one aid that sits with him all day. At school, the focus youth is supposed to receive one hour of group therapy (which he usually sleeps through), one hour of individual therapy (which he often refuses), and thirty minutes each of occupational therapy, and speech and language therapy. He is currently failing all subjects as he produces only about 5% of class work per week. He submits almost zero homework. He has a tutor/mentor that is supposed to be working with him for six hours per week. Several team members are working on identifying an alternative school that would better suit the focus youth's behavioral needs. If a change in academic setting occurs it would be a planned transition to a more appropriate school setting.

The focus youth's safety and behavior at school are unacceptable. Within the last month, he has been restrained at least one time and has had to utilize the "crisis room" (calm room) at least once. He often gets up and leaves the classroom without permission. He has to be escorted by staff almost daily in order to keep track of him. The focus youth has been in several physical altercations with other students within the last month and it is believed this behavior will continue. Several team members feel that because the focus youth does not know how to read social cues he can be both the victim and the aggressor, which leads to fights. He has had money stolen by a group of students and several team members feel that the school did not protect the focus youth enough and then did not handle the situation correctly.

The focus youth has verbalized to his team that he wants to be adopted by the foster mother. He has said that wants the adoption to be finalized so that he does not have to worry about a social worker removing him from the home. He refers to the foster mother as "mom" and is reportedly assimilated into her family.

Team members did not express any medical/health concerns with the focus youth. He has current annual physical and dental examinations. He has asthma, but reportedly receives the proper treatment for it. He has also been prescribed eye glasses.

Parent Status (As reported by those interviewed)

The birth mother has not regularly attended court. She has reportedly not seen the focus youth in approximately five years. The court order for visitation states that visitation shall occur only when the focus youth's therapist recommends visitation and once the mother resumes therapy upon her therapist's recommendations. One team member indicated that historically, the mother is not the easiest person to engage, so "he could see how people could easily write her off." Team members indicated that the mother has not contacted CFSA to obtain information on the focus youth's well-being or needs. The mother is contesting the focus youth's adoption by the foster mother. There is an adoption trial scheduled for the month after the QSR review.

Caregiver Status (As reported by those interviewed)

While there are no concerns related to the foster mother's ability to provide the focus youth with food, clothing, and shelter, all interviewees expressed concerns related to her ability to provide proper supervision and discipline. Everyone indicated that she does not enforce any consequences for any negative behaviors at home or at school (i.e., not doing his school work; sleeping in class; fighting). In fact, team members do not see any real boundaries or rules within the home. The foster mother does not respond well to criticism or suggestions for how to work with the focus youth. For example, it was suggested that she take the focus youth's television and video games out of his room as a consequence for not doing his school work. This has not occurred. Team members attribute this lack of discipline as a way of ensuring the focus youth does not have a temper tantrum or become aggressive. One team member said, "It's probably easier for her to keep the peace with him by allowing him to do what he wants." She is quick to blame the school for the focus youth's lack of participation in class and for his not bringing home his homework. She is retired and while she attends all school meetings, she does not regularly go to the school to get the child's homework or help the school in making the child do his work. She reportedly told the school they should email the work home everyday. All team members have long-term concerns related to the foster mother's ability to parent this young man as he matures; he will only get bigger and stronger. In addition, team members expressed concerns that the caregiver has a lack of supports outside of her adult daughters, who have their own special needs children. One of the adult daughters was hospitalized right before the review. It was said that the caregiver is the "rock" for everyone else leaving her with limited supports for herself. Another concern is her own physical health; she recently experienced a collapsed lung.

In terms of engagement, while the foster mother attends all school meetings, court hearings, and CFSA meetings, she hampers the team's ability to appropriately assess the focus youth and her ability to provide for him as she is not forthcoming with information. Team members feel that she minimizes the focus youth's behavior and does not disclose information for fear that she will

not be allowed to adopt him. She is not a full participant in case planning for the focus youth as she does not implement suggestions made by professionals. According to team members, CFSA has a history of attempts to provide this foster mother with a plethora of supportive services, such as an intensive, in-home, parenting skills program, yet she has been uncooperative with services aimed at helping her parent the focus youth. Several team members said that this situation is not for lack of the agency trying to make things better.

Team members are adamant that there is a strong bond between the foster mother and the focus youth. Despite the focus youth's challenges, this foster mother has remained a stable caregiver and has remained committed to adopting him. In the last six months, the foster mother has completed the steps necessary for her to move towards adopting the focus youth such as negotiating the subsidy and keeping her home licensed. She wants to adopt him and has been unwavering in this desire.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The system has consistently attempted to engage and implement services with the focus youth even though he does not make things easy. He participates in therapy and medication management appointments. He sees his mentor/tutor regularly, although it is uncertain what the tutor does with the focus youth. The school has wrap-around services for him even though he does not participate. He has a CSW who spends time with him and reportedly gets the most out of the focus youth.

The current social worker is seen as the leader and has done a good job at reaching out to the team and coordinating services. Everyone knew who she was and was able to identify times when she has visited, invited them to meetings, or asked what else was needed to help this family.

Team formation and functioning is acceptable in that "most of the right people" working with the focus youth/family have formed a good and dependable working team that meets, talks, and plans together. They attend meetings and court hearings and visit with the child at school and at his home. Most of the professionals are seen as qualified to work with the focus youth and the team has formed a collective wrap-around program to assist him and his foster mother. Team members expressed concerns with the educational advocate, who does not attend court or school meetings and often does not respond to requests for information. However, even with the advocate's lack of engagement, other team members have stepped in to provide support and advocacy at the school level.

Team members appear to have a solid assessment of this focus youth; his history, his current functioning, and what his future could look like. Team members know this young man's challenges and how they impact his life. They generally understand the supports he has and needs. People have taken that understanding and have implemented services to assist the focus youth and his caregiver. They even share the same assessment that the foster mother's lack of honesty stems from her fear that she will not be allowed to adopt him or that he will be removed from her home. And while team members share the same concerns, they choose to see things

differently, especially around permanency. The GAL does not agree with the adoption at this time due to the long term concerns with the foster mother's ability to provide for the focus youth's mental health and behavioral needs. The agency has its own concerns, but appears to be moving forward with the adoption. Other team members expressed the same concerns around the foster mother's ability to deal with the focus youth as he ages, but were not fully opposed to the adoption due to the bond that exists between the two and the stability that he has had in her home. Despite the GAL's disagreement with the permanency goal, the adoption is moving forward. The adoption petition has been filed since 2006. There was a competing adoption petition by the grandmother that was dismissed in November 2008. There is an adoption trial scheduled within the next 30 days. According to team members the remaining adoption tasks have been completed. Special education services, mental health and CSW services, as well as mentoring/tutoring will continue when the child welfare case is closed. Even though there is not a united agreement with the permanency goal, all interviewed parties indicated that they understand the opposing parties concerns.

The medication prescribed to the focus youth seem to reflect the symptoms being presented and supported by the diagnoses identified in the CFSA record. Team members feel that the focus youth does better behaviorally when he is on his medication and people can quickly tell when he takes it. It appears as though the child's symptoms and effects/side effects are monitored and tracked by the treatment team and changes in medications are adjusted as needed. For example, the focus youth's morning dose of Clonidine was discontinued as he was too drowsy in the morning. The psychiatrist communicates with the therapist and foster mother. The school nurse, who gives the focus youth his afternoon medication, is aware of the medications and there have been no concerns related to her not having the appropriate amount of medication each month.

What's Not Working Now

Engagement and assessment of the birth mother by anyone other than her attorney is non-existent. Even though the mother has not made any contact with the agency or the focus youth in years and the court has put conditions on her visitation, the agency has not attempted to maintain any contact with her in order to keep her updated on the focus youth's status. Until the mother's parental rights are terminated or waived by the court, the child welfare agency has the responsibility to engage her.

While the social worker has been working on a plan for post-permanency supports in this case, it is essential that the system develop a clear safety plan with the caregiver prior to case closure due to the concerns with the caregiver's ability to parent the focus youth as he ages. The team will need to provide information on a post-permanency program to the caregiver for additional supports. She will need to be counseled on the need to communicate consistently with the mental health professionals and the school. She will also have to develop a plan for calling the police or the mental health professionals when and if the focus youth becomes physically violent towards himself or her.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus youth maintains his lack of engagement in school, while having stability in his pre-adoptive home, and the high level of professionals providing mental health/behavioral services it is believed that this case will probably remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

At the April 23, 2009 debriefing, it was reported that the adoption trial that was set to occur mid-April had been postponed until July/August due to an attorney needing more time. This delay in moving forward with the adoption has now given the agency time to address some concerns that they have with the caregiver. The following “Next Steps” were developed to address the biggest concerns.

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. Social worker will follow-up with the caregiver’s attorney in order to obtain a written, clear cut plan for the caregiver’s back-up plan and support system. Social worker will request that this document be submitted within 30 days. | In Progress |
| Follow-Up | On April 24, 2009, the social worker met with the foster mother and requested that she complete and submit back-up/support plan within 30 days. As of June 30, 2009, the plan has not been submitted to CFSA. | |
| Next Step | 2. Social worker will request that an updated physical evaluation be completed on the caregiver to assess her health, especially after having a collapsed lung. Social worker will request this information through the caregiver’s attorney and request that it be completed within 60 days. | In Progress |
| Follow-Up | On April 24, 2009, the social worker met with the foster mother and requested that she complete and submit a comprehensive physical evaluation report within 60 days. As of June 30, 2009, the report has not been submitted to CFSA. | |
| Next Step | 3. After the above materials are submitted, the social worker and supervisor will review the case and if they still have concerns with the adoption, the supervisor will request a meeting with her Program Manager and Administrator to discuss how to move forward. | N/A |
| Follow-Up | As the materials have not been submitted to CFSA, this meeting has not occurred. | |

QUALITY SERVICE REVIEW CASE SUMMARY #16

Review Dates: April 13 -14, 2009

Current Placement: Group Home

Persons Interviewed (11): focus youth, birth mother, maternal grandmother, social worker, group home clinical director, therapist, mentor, education advocate, GAL, AAG, CASA

YOUTH & PARENT/CAREGIVER STATUS

Facts about the Youth and Family

The focus youth is a 17 ½-year-old African-American young woman who is the oldest of her birth mother's three children. Her 14-year-old and almost four-year-old brothers reside with their mother, where both are doing well. The focus youth has a positive relationship with both siblings. She also has an extensive extended family with whom she has much contact, most significantly with her maternal grandmother. Her birth father was not involved in her life for many years, but upon discharge from prison has reached out and begun to establish a relationship, which the focus youth values.

The focus youth initially became known to CFSA in December 2005 at the age of 14, when her mother refused to continue care for her due to the focus youth's frequent abscondances and physical aggression at home, at school and in the community. During the following ten months, she was in nine group home placements and several emergency, non-licensed placements, interspersed with frequent abscondances. In October 2006 she was placed in a DYRS facility, and then transferred to an out-of-state RTC in November, where she remained until March, 2008. At that time she had achieved level 6 out of 8 in the treatment program, wrote for the school newspaper, and participated in several sports. She describes her time there as "like being on a college campus." Upon discharge in March, 2008 she was placed in a group home, then in late May placed with her birth mother under protective supervision. Despite provision of CBI and a community support worker, the focus youth's school behavior deteriorated and her relationship with her mother continued to be contentious, culminating in a physical altercation initiated by the mother. That led to replacement in a group home in October, 2008, where she has remained for the past 6 ½ months. Her mother has expressed continued unwillingness to have the focus youth return to her care. The focus youth's goal was changed to guardianship with her maternal grandmother at the most recent court hearing in March 2009.

Youth's Current Status

The focus youth is safe in her current placement, where, despite frequent curfew violations, she is generally cooperative and well-liked by staff. Her group home is located very near her maternal grandmother and other relatives with whom she spends much time, including most weekends. She tends to isolate herself from other residents in the home, which she and the clinical director both report is a form of self-care, as she becomes very volatile when exposed to loud noise, chaotic situations or discord. She was observed by the reviewers engaged in positive and warm interactions with staff.

Her special education placement has been far more problematic, characterized by infrequent attendance, multiple suspensions for fighting, and poor academic performance. Most recently, in early March (immediately prior to the 30 day period of this review) she punched another female student in the face, resulting in 25 stitches for that student and a broken hand for the focus youth. She has not expressed remorse for the incident. No criminal charges were filed. She was immediately suspended and the school requested that another placement be located as soon as possible, although they agreed to keep her until a new placement could be secured. Due to miscommunication, the focus youth did not attend school for several weeks, as she and some group home staff believed she was expelled. She then attended for a day before spring break and possibly a day or so since.

The focus youth has now been accepted into a new school placement in Baltimore, one that has an affiliated group home. As of the date of the review, the necessary meeting with DCPS had yet to take place, so it is not yet known when her attendance will begin. The plan at this time is for the focus youth to remain in her current placement and commute to school, which will require her to leave very early in the morning. However, the focus youth has very frequently overslept and missed her bus to the local school, making the viability of this plan questionable. The focus youth appears eager to change schools and also eager to remain in her placement, where she is close to her grandmother and other family members. Therefore, the social worker has developed with the group home clinical director a behavioral contract for the focus youth with which she must comply to remain in her DC home. The primary requirement is regular school attendance. If she does not comply with the contract, she will move to the school's group home in Baltimore.

Academically, the focus youth is now considered a 10th grader and it is unlikely she will obtain 11th grade status by the end of the year. She has a diagnosed math and other learning disabilities and it is unclear whether in her special education placements for children with emotional disturbance those disabilities have been or will be addressed. The reviewers were unable to interview school personnel. No tutoring is in place.

The focus youth is physically healthy; routine medical and dental care is received. She carries Axis I diagnoses of Bi-Polar Disorder NOS, Sexual Abuse of a Child, R/O PTSD. [Note: The youth had a very significant history of promiscuity prior to her time in residential treatment and multiple people interviewed mentioned some concern about possible sexual abuse in the focus youth's history. However, she has consistently denied to all that she was the victim of sexual abuse. There have been no known pregnancies.] She takes three psychotropic medications and receives monthly medication management. She is compliant with medication, but continues to present with a good deal of lethargy that lessens later in the day, difficulty initiating even pleasurable activities, and significant irritability that can erupt into violent rage when she is provoked or frustrated. She receives therapy weekly, but has had several changes in therapists, with the most recent assigned in early March and as yet not fully familiar with her case.

The focus youth is developing some life skills with help from the group home, her social worker, her grandmother and her CASA. The group home has provided training in budgeting and money management. The focus youth takes care of her own laundry and has some meal planning and cooking skills. The CASA has helped her apply for jobs in local retail establishments. All

involved have worked with her on issues of safe sex. She has been encouraged to participate in the Center for Keys for Life, but so far has failed to do so.

While this young woman continues to exhibit very serious challenges, all interviewed indicated that in recent months she has made significant progress, with the exception of her behavior in the school setting and school attendance.

Parent/Grandparent Status

The focus youth's mother continues to play a role in her life, but is unwilling to resume care. The focus youth visits her independently for a few hours at a time, despite a court order to the contrary, and those visits have been without incident. The focus youth and grandmother describe the youth as being much like her mother, in that both become violent when upset or frustrated. The focus youth stated, "I'm a lot like my mother, only worse." The mother has in the past participated in some family therapy, but not individual therapy, and appears uninterested in either at this time.

Currently living in a half-way house and seeking employment, the focus youth's father is not a placement resource, but since his release from prison he has established a positive relationship with her. They speak frequently by phone and visit regularly in the community. The social worker has encouraged the development of this relationship, although she has not assessed the father or engaged him in planning to date. The focus youth indicated to the reviewers that she would like her father to participate in court reviews and any team planning meetings that are held.

The maternal grandmother is a calm and nurturing person who has a close relationship with the focus youth. She participates in all court hearings and any other meetings to which she is invited. Several persons commented that the grandmother was the one person the focus youth consistently listened to and went to for advice. The focus youth resided with the grandmother for a short period prior to her placement in residential treatment. At that time she had much difficulty accepting her grandfather's authority and a violent outburst eventually led to a request for removal. The grandmother reports that the focus youth has now improved her attitude and there are far more positive interactions with the grandfather. Other indications of her improved attitude include that when with the grandmother, the youth will now call and ask permission to go various places, rather than running the streets as she did in the past.

There is question about whether guardianship can be accomplished prior to the focus youth reaching her 18th birthday in September and guardianship cannot be established after that point. The grandparents are currently in a one bedroom apartment that cannot be licensed for placement. The grandmother expressed that while she wants her granddaughter with her, it will be difficult for them to locate an affordable two bedroom apartment in a comparable neighborhood. She also expressed that while she could manage a security deposit and first month's rent, she is hesitant to take on the long term obligation of a more expensive unit, given current employment instability. If the grandparents do move, kinship placement would then be a possibility, however. Whether or not placement occurs, the grandparents and other extended family members are committed to the focus youth and will be life-long connections for her.

Caregiver Status

The group home in which the focus youth resides is cheerful and nicely furnished, with a home-like atmosphere. Staff was observed having calm and appropriate interactions with the girls. The focus youth feels the home is “boring” because there is no cable television and, she claims, few activities. The staff points out that the focus youth is rarely there until late in the evening and with her grandmother most weekends, so she is not available to participate in the activities offered. The group home program does not have case management responsibility, but the clinical director is very knowledgeable about the focus youth’s needs, has participated in many reentry meetings following school suspensions, and has a good working relationship with the grandmother. The staff indicated that they have much difficulty in effectively supporting school attendance when residents refuse to attend. On the day that the reviewers visited, none of the six girls were in school, but instead most were still in bed at 10:00am. The focus child stated that this situation of non-attendance was common, and in fact, when she does go to school, she is most often the only one from the group home who attends. The group home’s actions to encourage school attendance are limited to withholding of portions of allowance, calling the social worker and calling truancy officers.

SYSTEM PERFORMANCE APPRAISAL STATUS

What’s Working Now

The social worker and supervisor in this case have both been involved for the entire four and a half years the focus youth has been in the system and appear to have a good understanding of her history, needs and the family dynamics involved. The focus youth is engaged in decision-making, as evidenced by her social worker accompanying her on visits to two schools and their affiliated group homes and respecting her choices. The young woman is doing well in her current group home, where she is viewed as pleasant and cooperative, she has not engaged in fights, and has acquired some life skills. While there are curfew violations and occasional unauthorized overnight absences, she has not repeated her history of extended abscondances. The focus youth has a CASA whom she and the grandmother view as an important support person in her life. The focus youth has many family members who are engaged with her and committed to her well-being, and her placement being within blocks of their homes is a great positive. The reentry of the focus youth’s father into her life is also a positive that has been supported by the social worker, who recognizes the importance of his involvement.

What’s Not Working Now and Why

A broad array of services is being provided to this young woman and there are many persons with roles in her life and her care, but there is not a well-functioning team. There is very limited communication among the various players and very little joint planning. Not all key players share a common understanding of or agreement with goals. Services are fragmented, rather than coordinated, there have been changes in critical personnel (e.g., therapist – third in a year; community support worker), and services have not been effective to date in adequately addressing the focus youth’s needs. Further, the court has imposed a permanency goal not recommended by CFSA that is unrealistic given the focus youth’s age and needs.

Many of those interviewed expressed that communication was difficult, both with the social worker and with each other, and most often occurred immediately prior to a court hearing, often

outside the courtroom. Multiple people indicated that it was often difficult to reach the social worker. The new therapist has been assigned to the case for approximately six weeks, but has not had an opportunity to obtain full information on the focus youth's history, nor is she aware of the specifics of the focus youth's medication regime. Not everyone understood that the focus youth could continue to attend her current school until a new placement was confirmed. The family did not fully understand that if the focus youth were moved to the proposed new school's group home, she could still visit on weekends, which led them to unnecessarily oppose the placement in court.

While the social worker periodically communicates with the various providers, the education advocate and the GAL, there is very little communication among the larger team or with the family. While the focus youth and her grandmother both view the CASA as a very important person, the social worker was unaware that the CASA was back from a military deployment and reengaged with the focus youth. The group home staff has not interacted with the CASA, and the social worker, group home staff and CASA do not have an agreed upon, consistent strategy for working with the focus youth. One person interviewed described the focus youth's team as not always supportive and, at times, overly punitive.

The family has not been fully engaged in planning and is not aware of all the services the focus youth is receiving. While the worker has supported the focus youth's new relationship with her father, she has yet to assess or engage him. The mother and grandmother stated they were unaware of an administrative review held in late March. A summary of the review has not yet been provided to those who were not in attendance.

While the focus youth has by all accounts made progress in recent weeks in her behavior outside of school, her school placement has clearly not met either her academic or behavioral needs. It is hopeful that she appears excited about attending a new school, but her education advocate is concerned that it is not sufficiently structured. The advocate had recommended an alternative school that she believed would provide a more appropriate setting, but DCPS did not agree. In addition, while the focus youth preferred the school suggested by the advocate, she preferred the group home affiliated with the school DCPS supported. If the focus youth does not do well in the new school, she may fail to attend, which will result in her move to the school's group home, but not necessarily a reassessment of the appropriateness of the school itself. The focus youth reports that her frustration and acting out are often associated with the classes she finds most difficult – those in which her learning disabilities play the biggest role – yet it is unclear whether either her old or new school have or will address those disabilities along with her behavioral challenges.

The focus youth has been diagnosed and is being treated medically for Bipolar Disorder and regularly attends monthly medication management. There is question as to whether her treatment is adequately addressing her difficulties. Although some adjustments in medication have been made, the focus youth continues to experience much fatigue, diurnal variation, inability to initiate activity, and irritability. Several of those interviewed recommended that a second opinion/reevaluation be obtained. The focus youth is also diagnosed with child sexual abuse, r/o PTSD. It is unclear whether there is a therapeutic plan in place with evidenced-based therapies for those disorders.

An evaluation of the court interface on this case is mixed. In general the social worker is respected by the court and the case has not been micromanaged. However, at the most recent hearing, the court imposed a changed goal that was not recommended by the social worker, based on her extensive knowledge of the case, which was not realistic or achievable. Neither the court nor the AAG recognized that the focus youth reaching the age of 18 would preclude guardianship.

There is no consensus among the team members as to the most appropriate permanency goal or placement for the focus youth. The goal is now guardianship, but some members feel that it is unlikely to be accomplished and/or is inadvisable. Some members believe that the focus youth should remain in her current placement, so as to be near family, while others believe she should move to the group home affiliated with the new school. Some members strongly encourage the focus youth's participation in an independent living program, with one warning the reviewers that the focus youth is likely to abscond from the group home because she is unhappy there. The focus youth is interested in an ILP, but other members of the team are firm in their belief that she will not be ready for that level of independence for quite some time. Yet there have been no in-depth discussions among the team members to achieve some resolution. Given the complexities of the focus youth's needs and the large number of players, it is particularly critical that full team meetings be held so that a comprehensive and coherent plan can be designed and implemented, one that can keep this young woman safe, continue her progress and be presented to the court as a consensus of opinion.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The prognosis is very uncertain in this case. If the focus youth adjusts well in her new school, her status will likely improve, whether she remains in her current placement or moves to the school's group home. However, if she either does not do well in the school and/or moves to the group home and does poorly there, her status is likely to decline, perhaps precipitously, as she may abscond to the street. As her current status is mixed, we project that it will remain mixed; status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
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| Next Step | 1. Obtain a psychiatric reevaluation/second opinion. This evaluation should incorporate information from all those with regular contact with the youth: the social worker, grandmother, group home and school staff, CASA, therapist, etc. Ensure that a focused therapeutic service plan is in place and implemented. | In Progress |
| Follow-Up | The social worker has not made an attempt to have focus youth reevaluated; thus a therapeutic service plan is not in place. | |

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| | Nonetheless, she stated that she is in the process of working on having a psychiatric reevaluation completed. | |
| Next Step | 2. Engage and assess the father and paternal relatives as current supports and life-long connections for the youth | Yes |
| Follow-Up | The birth father was engaged by social worker in May. The focus youth and father began rebuilding their relationship; as he was recently released from jail. Unfortunately, the birth father has gone back to jail and there has not been any contact. However, the focus youth visits with paternal relatives on a regular basis. | |
| Next Step | 3. Clarify the potential for accomplishing the goal of guardianship and review alternatives, such as kinship placement with the grandmother. | Yes |
| Follow-Up | The social worker explained to the grandmother what it means to be a guardian and a kinship provider. She also discussed the requirements associated with each. In order to proceed with either option, the grandmother must obtain a larger apartment, preferably a two bedroom to accommodate the grandmother, grandfather and focus youth. The social worker is in the process of providing her with a list of available apartments. | |
| Next Step | 4. Convene a LYFE (Listening to Youth and Families as Experts) Conference (already planned by the social worker) that includes ALL the relevant parties, including the father. As the CASA is viewed as an important person by the youth and her family, it is important that she be included as well. Every effort should be made to include school staff, even if by telephone. | Yes |
| Follow-Up | On July 20 th , a LYFE meeting was held, the following members participated: the GAL, maternal grandmother, social worker, director of the group home, educational advocate, paternal aunt and focus youth. The topics discussed were career goals, compliance with the rules of the group home, and identifying a school for the focus youth for the fall. School staff did not participate as the focus youth only attended ten days of school from March-June; however, the educational advocate was present. The CASA worker was unable to attend but met with the social worker prior to the meeting and highlighted agenda items that she wanted addressed at the meeting. | |
| Next Step | 5. Work with the new school to ensure that both the youth's behavioral and learning difficulties are appropriately | In Progress |

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| | addressed. | |
| Follow-Up | Due to the focus youth's non-attendance from March-June (school placement was in Baltimore; she attended school for only 10 days) social worker was unable to work diligently with the last school. However, the focus youth has an interview Monday, August 10 at a school located closer to her group home. Hopefully, progress will be seen in her daily attendance rate for the coming school year. | |
| Next Step | 6. If it becomes necessary for the youth to move to the school's group home, ensure that she maintains regular weekend visitation with her grandmother and contact with her father, mother, brothers, and other identified lifelong connections. | N/A |
| Follow-Up | As of 7/1/09 the focus youth had not moved. The outcome of the new school interview will determine if the focus youth will be attending a school within close proximity or far from her group home. She maintains regular visits with mother, grandmother, siblings and extended family members. | |

QUALITY SERVICE REVIEW CASE SUMMARY #17

Review Date: April 13-14, 2009

Current Placement: Kinship Care Foster Home

Persons Interviewed (7): CFSA social worker, mother's attorney, focus youth, maternal aunt/caregiver, mentor, maternal grandmother, and AAG

The caretaker's attorney did not respond to calls regarding the review.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year old, African-American male, who currently resides with his maternal aunt and his 14-year old sister in another state. His location is approximately 30 miles outside of the District, yet with traffic it can take over an hour in travel. His goal is APPLA and his sister's goal is Guardianship.

According to the agency record, this family has a long history with the Child and Family Services Agency (CFSA). For the focus youth, a CPS case was opened for him and several of his siblings in 2000, due to the mother not displaying appropriate parenting skills to ensure the welfare of the children. The mother agreed to attend a detox program and her sister, the current caregiver, came to take care of the children. Since 2000, the agency and the court have had an ongoing legal battle regarding the caregiver's lack of foster care licensure. Historically, over the agency's objection the court has banned the agency from removing the children from the home when it has been unlicensed. Over the past several years, a new judge has lifted the ban, but has encouraged the agency to work hard to get the caregiver licensed. In 2006, the caregiver and the children moved south of the District and the home continues to be unlicensed. The first out-of-state licensing agency refused to license the home due to the caregiver's lack of cooperation. CFSA has identified a second out-of-state licensing agency who has agreed to assess the home for licensing; however, they will not open the case until the caregiver provides CFSA with all required documents. From there, the licensing agency will conduct their assessment and determine if they will license her.

Youth's Current Status

The focus youth is described as being shy, quiet, and respectful. He is said to love his family and has a strong loyalty to them. The focus youth has lived with his maternal aunt for approximately 9 years. He is safe within his aunt's home and in the community. The licensing issues negatively impacts the youth's stability and permanency prospects as there is currently more than a 50% chance that the this young man will have to be removed from the home.

Approximately three months prior to the review, the focus youth, age 19, was expelled for bringing marijuana to school. The youth was in the 10th grade for the second time and has repeated other grades. His true literacy level is unknown. He currently wants to obtain a GED through a night school program that reportedly does not start until the Fall. The focus youth is

actively applying for employment at local businesses; however, he has not received any calls to schedule interviews. He does not have any adequate work experience. The social worker and GAL have met with the focus youth and provided him with at least two vocational/educational programs (i.e., Job Corps) that he has agreed to research. He is supposed to meet with the team again and discuss what program he would like to go to and then they will start the application process. He was also directed to research other programs that he would consider attending. The focus youth reported that he has not started any of the research and is unaware of when he is supposed to meet with the team again. He did say that he did not want to go to one of the programs because it was military based and he did not want to cut his hair. The caregiver said that the youth wanted her to research the programs for him.

Regarding responsible behavior, the focus youth does his chores and mainly follows his curfew. Most interviewees said that the youth does not get into trouble, yet all acknowledged his use of marijuana. The focus youth admits that he still uses marijuana on occasion as he finds that it “helps his creativity” when he writes poetry. He denies that he has a problem with substance use and feels that it does not negatively impact his daily living (even though he was expelled from school for marijuana possession.) By possessing and using an illegal substance, the focus youth is engaging in criminal behavior. If arrested, he will be considered an adult as he is nineteen. He has not thought about his drug usage and how it could negatively impact his future, i.e employment related drug testing. Even though team members are concerned about his substance use, he has not been offered a substance abuse assessment. The youth has a mentor paid for by CFSA.

Concerns regarding the focus youth’s responsible behavior blend into the concerns related to his life skills development. He does not have a GED or a high school diploma. As previously stated, he has no substantial work experience, he does not have a bank account as he does not receive an allowance, and therefore he has not learned budgeting skills. He is not allowed to do his own laundry because he "puts too many clothes into the washer", yet no one is teaching him how to do laundry correctly. He can take public transportation by himself and this will help him with getting to and from work on his own if and when he gets a job.

Team members believe that the youth shows signs of depression in his lack of motivation, his drug usage (self-medicating), and his isolation. Since living out-of-the area, he has not been offered mental health services, nor has he had a recent mental health assessment (This is discussed further under System Performance.)

Information reviewed shows that medical/dental appointments are generally received, but not always on schedule. For example, the focus youth has a current annual physical and had a dental examination on schedule. The dental showed a need for a root canal. While the oral surgery is scheduled to occur within the next 45 days, there was a large lapse in getting it scheduled due to the focus youth initially being assigned to a dentist who could not provide the right services. He had to be reassigned to an appropriate oral surgeon. He does not currently take any medications.

Parent Status

The birth mother is not involved in this case. She does not regularly attend court, although she maintains some contact with her attorney. She does not visit with the focus youth unless it is

around the holidays and she randomly telephones the youth. The mother does not provide any financial or emotional support to the focus youth or the caregiver.

The birth father's name is in the case record; however, this man named has made no attempts to contact the agency. There has been no attorney assigned to him in court. The focus youth indicated that he had no information about his father's current whereabouts and denied having any contact with him. He commented, however, that his mother may know. Other family members indicated the same thing.

Caregiver Status

The caregiver, the focus youth's maternal aunt, provides for his basic needs for food, clothing, and shelter. She provides a basic level of supervision. She does not take the youth to his medical appointments as she does not have transportation. She does not accompany the youth and the social worker to any medical appointments either. There is no evidence that she is actively assisting the focus youth in finding employment or obtaining information on a vocational/educational program that he needs to enhance his future.

The caregiver and the focus youth appear to have a more positive than negative emotional bond. They definitely love each other and the focus youth is appreciative of the fact that she has taken care of him and his sister over the years.

The caregiver's participation and engagement in the case is unacceptable for several reasons. The main reason continues to be the licensing issue. Even though one can be empathetic to her line of thinking related to her being allowed to be unlicensed for years and not understanding why the agency and the court have decided to enforce it now, she still needs to participate and cooperate in the licensing process if she wants the youth and his sister to remain in her care. She has the power to maintain stability for the focus youth and his sister, yet she is not cooperating. She has provided no evidence that she is actively searching for work, which is one of the last requirements before the licensing agency becomes engaged in the licensing process. It is unclear if the caregiver understands that even though she submits all required documents for licensure to CFSA, the out-of-state licensing agency still has to go through the process of investigating her home and making a determination on licensure. If the out-of-state agency denies her home, the focus youth and his sister will still have to be removed.

Additionally, the caregiver actively avoids court and does not reach out to her attorney for assistance.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The GAL and the social worker have done an adequate job of attempting to engage the focus youth in planning for his future. They have met together as a small team to provide him with several vocational/educational programs and in an effort to motivate him as he is 19 years old and appears to be just "floating" along in life. Various team members have asked him to express his thoughts related to the case. Even though he may not attend, the focus youth is invited to FTMs, court, and other planning meetings. The social worker has consistently offered

transportation to the meetings and court as a way of removing the distance barrier. The focus youth sees his mentor (of over five years) several times per month and engages in activities with her.

The current social worker is seen as the team leader and is actively coordinating all the meetings regarding the licensing issue. While people wish there was more communication from the social worker, they feel that she is aware of what is going on in the case and is always moving forward in terms of problem-solving and case coordination. The agency as a whole and the GAL have formed a united team in this case and the court has finally lifted its ban against maintaining the focus youth and his sister in an unlicensed home. The social worker feels supported by her supervisor, Program Manager, and Administrator around this complex issue. The AAG is informed and is an active participant in dealing with this issue. The caregiver and the focus youth have been invited to meetings to problem solve and plan around licensing. The agency appears to be bending over backwards to help the caregiver become licensed. There is only so many ways the agency can assist her in solving this problem, she must decide on her own to participate or not.

Team members appear to have a solid and thoughtful assessment of this young man. They see him as "floating" along in life with a lack of direction and strong support from his caregiver. They see signs of depression and acknowledge his marijuana usage. They see his potential and the need for him to start participating in his own life and case now that he is getting older. The social worker's thoughts around the focus youth needing to make the decision for his vocational/educational future is spot on as there will be more acceptance of a program if he chooses it. While team members see the legal problems with having the youth in an unlicensed home, they can also articulate the emotional concerns related to removing him from his aunt's care after so many years. They acknowledge that the system has set the focus youth up for instability and the emotional trauma related to removal. It is this empathy that will assist them in thoughtful planning around any removal and how to assist the focus youth in adjusting to changes.

The focus youth is able to connect with his siblings and family as he wishes. He does not need system intervention or assistance for contact to occur.

What's Not Working Now and Why

Engagement and assessment of the birth parents (other than the mother's attorney) is non-existent. The agency has not attempted to locate or maintain any contact with either birth parent. In court, the birth father does not have an attorney.

While team members have a solid assessment of the focus youth and have identified substance use and mental health as areas of concern, there has been no implementation of services to address these concerns. The system has failed to provide the focus youth with a substance abuse assessment and mental health services and has blamed it on the distance between the youth's home and the District and the fact that he resides in an unlicensed home. There has been a lack of problem-solving around how to locate community resources for the focus youth and how to pay for such resources. Regardless of proximity to the District, services that would assist the focus youth must be provided even if the agency has to pay directly. In addition, it appears as

though the agency is waiting to see what happens with the aunt's licensure; if the focus youth will be removed or not. If he is removed, he will return to DC where he will have access to multiple services. Waiting for the licensing process could take months. But while the system is waiting, this young man continues to use marijuana and continues to show signs of depression.

Even though the focus youth's permanency goal is APPLA, his pathway to safe case closure is unacceptable. His placement will more than likely disrupt if licensure fails. He will most likely be separated from his younger sister. He is 19 years old and does not have a GED, diploma, or a job. He is not at an acceptable level of independence necessary to age out of the child welfare system as a self-sufficient young man. While the GAL and the social worker have met with the focus youth and presented him with possible programs for him to attend, it appears as though this young man needs more concrete directives and timeframes in terms of how to research vocational programs, how to ask for applications/brochures, and how to complete an application for school, especially if the caregiver is not motivated to assist him. The focus youth's literacy level is unknown, so this could be a barrier to his participating independently in the process.

Case planning in this case is an area of concern in several ways. There is the poor case planning around the focus youth's substance abuse and mental health needs. Cases planning around the focus youth's vocational/educational future needs improvement as the objectives are not concrete and measurable. There was poor case planning at the most recent FTM when the focus youth and his sister were abruptly told they were going to be removed within the week; however, this did not occur and there has been some transitional planning around the impending removal.

There are also concerns regarding decisions made in family court on this case. Historically, the court has banned the agency from removing the children from this unlicensed home. After many years, the court lifted this ban. The court has enabled the caregiver to be noncompliant for so long that she does not understand why she has to be licensed now. This family has been set up to fail. In addition, everyone expressed concerns related to the caregiver's attorney and his lack of representation on his client's behalf. The caregiver and the focus youth do not attend court. This 19-year old should be attending court and participating in his plan for independence. The caregiver has not been mandated to come and participate in addressing the licensing issue.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that there is a high probability that the focus youth's placement will disrupt, it is believed that his situation is likely to decline.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
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| Next Step | 1. Social worker will provide the youth with information on two vocational/educational programs. Social worker will contact the mentor to discuss her helping the youth do research on the two programs. The youth, with the help of the mentor, | Yes |

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| | will summarize programs and email the social worker a summary and options he is interested in. By the end of April, the social worker will meet with the youth and develop a concrete plan for moving ahead with a vocational/educational program. | |
| Follow-Up | The social worker provided the youth with information on Job Corps and the Free State Program. Instead of contacting the mentor for assistance, the social worker took the time to work directly with the youth. The youth was found to be ineligible for the Free State Program. Job Corps was identified as the best option, yet the youth is still using marijuana and Job Corps will not accept him if he is using substances. A concrete plan could be developed if the youth would abstain from using marijuana. | |
| Next Step | 2. Social worker will have a conversation with the youth about his marijuana use and provide information for a referral to the local, out-of-state substance abuse program. Social worker will also engage the mentor regarding the youth's substance use and the need for a substance abuse assessment. | SW yes- Clt no |
| Follow-Up | Social worker met with the youth and outlined her concerns about his substance use/abuse. Youth admitted to smoking marijuana at a higher rate since the review due to his "rapping" events in the community. An APPRA evaluation was scheduled for the end of May 2009, but the youth cancelled the appointment. A new appointment is scheduled for June 16, 2009. The mentor has not been engaged in this area as a support. | |
| Next Step | 3. Social worker will ensure that the May dental appointment occurs. | Yes |
| Follow-Up | The appointment occurred and the youth's tooth was pulled. | |
| Next Step | 4. QSR Specialist will email the social worker the list of sliding scale mental health providers identified by the local, out-of-state department of mental health. Social worker will submit the Crime Victim's application. Social worker will contact multiple providers and identify a therapist for the youth and make the referral for services. | Yes |
| Follow-Up | QSR Specialist Kim Foster emailed social worker with the mental health information within one week of the QSR. The social worker submitted the application for Crime Victim's Compensation. She received a response requesting additional information in May and resubmitted the application. She is waiting | |

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| | for approval of these funds. The social worker reported that CFSA's Office of Clinical Practice identified two mental health providers near the youth's home that can be accessed should the funds from Crime Victim's become available. | |
| Next Step | 5. Social worker will consult with the CFSA team about how to explain to the caregiver, in writing, that even though she submits all required pre-licensing documentation to CFSA, the out-of-state licensing agency still has to complete their investigation and make their own licensing determination. It should be clearly written that if the out-of-state licensing agency does not license the home, the children will have to be removed. | Yes |
| Follow-Up | The social worker and GAL consulted with the CFSA team about providing a letter to the caregiver outlining the licensing issues. It was decided that the letter was not appropriate at this time. Verbal conversations have occurred informing the caregiver of the information listed above. July 13, 2009 is the deadline for the caregiver to submit all her licensing documents. It is felt that it is highly unlikely that the caregiver will comply with this deadline. | |
| Next Step | 6. Within the next 60 days, the social worker will send one letter to the mother and put a copy in the file. The letter will request any information that would assist the agency in locating the father. | In Progress |
| Follow-Up | The social worker went above sending a letter and met with the birth mother face-to-face with the GAL. They assessed that the mother is not an appropriate placement option for the youth at this time, but that a relationship can and should be maintained. The mother expressed a desire for better housing. The social worker said that she would work with the mother by giving her housing information. She is ineligible for Collaborative services as she has no children in her care. The social worker will continue to work with the mother around locating the father. | |

QUALITY SERVICES REVIEW CASE SUMMARY #18

Review Dates: April 14, 2009

Current Placement: Residential Treatment Center

Persons Interviewed (9): Social worker, therapist, AAG, GAL, RTC liaison, focus youth, birth mother, education advocate and sibling's adoptive parent.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17 year old, African American male, who currently resides in a Residential Treatment Center (RTC). His permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). The focus youth is the second oldest of four children. The family became known to the Agency in 1998 when the Metropolitan Police Department (MPD) contacted the hotline to report that the focus youth's mother had taken a drug overdose and was being rushed to the emergency room. MPD was requesting placement for the children who were home alone; in the interim the children were left with a neighbor. As a result of an investigation, it was determined that there was no relative resource for the children and so the focus youth and his two younger siblings were placed in foster care. The oldest child has been in her father's custody since birth and was never involved in the Child Welfare System.

The focus youth's two younger siblings were adopted together in 2006. He maintains a close relationship with his siblings and their adoptive parents and visits with them. The focus youth also has unsupervised visits with his birth mother. Whenever he comes home from the RTC for family visits, his time is divided between his mother and his siblings. It should be noted that the focus youth's siblings do not have contact with their birth mother, only the focus youth.

The focus youth is diagnosed with ADHD, cannabis abuse, oppositional defiant disorder and impulse control/mood disorder. He is currently taking Risperdal and Concerta. He was also tested and is at a borderline functioning IQ range. The focus youth was placed at a residential facility for treatment of emotional and behavioral disabilities. He is a few years behind in school due to a history of truancy and expulsion. The focus youth has a history of suicide attempts and has had at least five psychiatric hospitalizations for mental health treatment. Since entering foster care, he has had several placements, including two previous residential placements and at least two therapeutic group homes. He has a history of fire setting, aggression, substance abuse, gang activity, stealing and difficulty getting along with people. Additionally, there have been numerous System of Care Meetings to address the complexities of the focus youth's situation and his needs.

Youth's Current Status

There are no concerns reported regarding the focus youth's safety at the RTC. Reportedly, when he was first placed in August of 2008, he was very defiant and impulsive. He also presented with a lot of anger issues and had difficulty adjusting to the program. However, within the last few months, he has shown significant improvements, with no threat of violence. The current RTC is the focus youth's fifth placement and in reference to his educational placement, it is his fourth school placement. The focus youth is 17 years old, is in the ninth grade and is performing well below his grade level in all academic areas. He receives special education services, has a current IEP and is making substantial progress. According to his education review, he was described as a "hard working student" and one who was motivated to do well.

At the RTC, the focus youth is involved in various activities. He receives individual therapy weekly or as needed and he participates in family therapy via telephone with his birth mother. A part of his treatment goal in both individual and family therapy is to deal with his feelings about his mother and his behavior once he returns to the community. His treatment team reported that he participates in positive behavior therapy, and has been consistently achieving the highest level. The levels are 1 – 3, with 3 being the highest. Overall, the focus youth has shown a great deal of improvement at the RTC in all areas. He is being more expressive with his feelings, not reacting negatively towards others and appears to be demonstrating a calmer demeanor. He enjoys playing basketball and football, drawing, singing and playing the drums. During our interview with the focus youth, he reported that he felt his needs were being met by the RTC. He stated that he liked the idea that various people were available to him, including his therapist, whenever he is upset or just wanted to talk. The focus youth is very excited about his family visits and looks forward to seeing his mother, his siblings and their adoptive parents.

The focus youth's goal is independent living and the RTC is currently working with him around gaining some independent living skills. He attends an independent living skills group on a weekly basis, where he is working on money management; such as budgeting, balancing a check book and paying rent. He attends a Planned Parenthood workshop and participates in other activities that are geared towards preparing him for independence. Although the focus youth is involved in the above activities, it was noted that he sometimes has difficulty understanding the information being discussed or the content of the materials handed out. Team members have seen a big improvement in the focus youth's ability to make responsible choices and many hope this will continue in the community, once he is discharged. He is seen as a leader at the facility; he is involve in group activities and is currently the resident counselor. During his family visits, the focus youth spends the time with only his family members and does not hang out in the neighborhood or with old friends. As previously stated, he has been avoiding confrontations and walks away from heated situations.

Upon his admission to the RTC, the focus youth received a comprehensive physical examination, which included, vision, hearing, dental and a drug test. There were no concerns regarding the focus youth's health. The focus youth is scheduled to be discharged from the RTC by his 18th birthday; however, team members were not clear as to where the focus youth will be placed upon his discharge. The plan is to have another system of care meeting to discuss possible placement options for the focus youth, who is considered difficult to place. There was no identified

placement in mind due to the focus youth's history and so it appears that his discharge, although planned, was presenting a problem for team members.

Parent Status

The birth mother is a 34 year old, African American female, who is the mother of four children. Reportedly, the mother gave up custody of her first child to the birth father. That child has remained in her father's care to present. Her two youngest children were adopted and do not have any contact with her as per the adoptive parents' request. According to the mother, she was not completely involved in her children's lives after the removal and as a result, felt that her actions contributed to her losing custody of the two youngest children. However, she is very involved with the focus youth and is an active participant in the case planning process. The mother also participates in family therapy via telephone with the focus youth and has unsupervised visits with him. She attends all the meetings and if she is not able to be there in person, she participates via telephone. Team members describe her involvement as positive and one that was good for the focus youth's success. Reportedly, the agency purchased airline tickets for the mother and the oldest sibling to travel to the state where the focus youth is placed for a family visit. This gesture by the agency was very appreciated by the mother.

The birth mother and the focus youth share a very close relationship, but the mother admits that she is not a resource for her son at this time due to her circumstances. She is unemployed and is staying with the maternal grandmother; she is also in school studying criminology and is expected to graduate in 2010. She would love to have her son return to her care, but felt that now was not a good time, since she is in need of an apartment and a job.

The birth father of the focus youth is reportedly residing in another state; however, the mother did not know exactly where he was. The mother admitted to reviewers that the focus youth's father was not someone that she had a relationship with and therefore, did not have any contact information for him.

Caregiver Status

The RTC seems to be doing a good job of providing the appropriate services needed to address the focus youth's overall wellbeing. Information obtained not only from team members, but from the focus youth and the birth mother, seems to reflect that everyone was pleased with the placement and the progress that the focus youth was making. The facility knew the focus youth and was able to provide reviewers with a comprehensive report about him, which included not only formal assessments, but also general information about the focus youth himself. They appear to be right on target by being available to him to address issues as they come up, which is crucial considering the focus youth's history. Additionally, reviewers noted that they had a good understanding of the focus youth and his plight. "A strong love for his family" and "motivated to do well" was how members of the facility described the focus youth. They also noted that his educational deficiency will pose a big challenge for him as he moves towards independence.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The team members demonstrated a very good understanding of the focus youth, his strengths and his challenges. The focus youth and his mother seem to be very engaged and involved with the case planning process. The focus youth and his mother felt that people talk with them and ask their opinions regarding decisions that are being made. This case comes with a lot of challenges, however, the social worker, who was the clear leader, was very successful in maintaining strong communication with team members and kept the case moving. The team convenes periodically, via telephone as necessary, to discuss any concerns or issues as it relates to the focus youth's needs and services. Once identified, services were implemented in a timely manner and were of good quality to ensure that the focus youth's disabilities were being addressed. Furthermore, services were being monitored to target high priority needs, such as the numerous placement disruptions, and were being reassessed to ensure effectiveness.

The involvement of the adoptive father of the focus youth's siblings on the case was very impressive to reviewers. He is an active participant with the case planning process and maintains contact between the focus youth and his two siblings. Reviewers learned that earlier this year the adoptive father and the two siblings flew to the state where the focus youth resides to visit with him. He also purchased tickets for the focus youth and his siblings to go to Disney World during the visit. The adoptive family's home is open to the focus youth for him to visit whenever he wants; the focus youth seems to enjoy visiting with the family.

What's Not Working Now and Why

Some team members shared with reviewers their concern that the agency was not trying hard enough to work with the birth mother as a possible resource for the focus youth. Reviewers also thought that the mother could be an alternative placement option for the focus youth, who seems to present with a lot of difficulties in trying to secure an appropriate placement. Everyone agreed that the mother was very involved and was actively participating in family therapy with the focus youth. However, she was never seen as a possibility at the meetings that took place to discuss placement options. The focus youth has a relationship with his mother and has been having unsupervised visits for extended periods, such as a week at a time; therefore, exploring her as a possibility is not far fetched.

Reviewers understand that the focus youth's goal is APPLA and not reunification and knew this came about due to the mother's previous lack of involvement and failure to comply with services. There is no legal reason why his permanency goal could not be changed back to reunification, especially if this could be beneficial to achieving safe case closure. Everyone agreed that since the focus youth's current placement, the mother has worked hard and has made some positive changes. Furthermore, the focus youth is very difficult to place, due to his many needs, especially mental health needs and therefore, it is a challenging task for the team to find him placement. Take for example his upcoming discharge from the RTC; team members are already uncertain as to what is going to happen to the youth since there is no placement identified. Some team members also felt that even if a placement was identified for the focus youth's discharge, the mother should still be explored as an alternative plan in the event the focus youth returns to his old habits and the placement disrupts.

The focus youth is supposed to be working towards achieving independence. However, it seems this could become problematic if the appropriate placement is not obtained and sustained. His need to achieve stability will be paramount if he is expected to achieve permanence. He will require a lot of support, assistance and guidance to prepare him considering his current challenges. It was already reported that he is demonstrating some problems with grasping certain concepts and understanding some of the materials on independent living skills.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The case is likely to improve in the next six months. The focus youth would be back in the community and with the right wrap around services, and it is likely that he would continue to do well.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|---------------------------|
| Next Step | The social worker should schedule a meeting with the mother to assess what her current needs are and to make the necessary referrals to address those identified needs. | Yes |
| Follow Up | The social worker reported that a meeting was held with the mother a week after the review to conduct an assessment and to address issues regarding the relationship between her and the adoptive father. The mother informed the worker that she had a problem with food due to lack of funds. The worker provided her with information regarding the food banks in her area. Since the youth’s discharge was pending from his RTC, the mother was connected to a community agency that provides case management services to families in order to sustain their children in the community. The worker reported that soon after the youth returned to the community, his mother stop participating in case planning and did not follow through with services from the community agency. The youth is currently placed in a therapeutic foster home. | |
| Next Step | The social worker should have a discussion with the mother around her feelings towards the adoptive family and explore ways by which the mother could bridge the gap between herself and the adoptive parents. | SW yes- Clt no |
| Follow Up | The mother refused to address this issue and did not wish to establish a relationship with the adoptive parents. | |

QUALITY SERVICE REVIEW CASE SUMMARY #19

Review Date: May 11-12, 2009

Current Placement: Birth Mother's Home

Persons Interviewed (5): CFSA social worker, focus child, maternal grandmother, father, teacher

The birth mother is incarcerated locally and the interview was not able to be scheduled within the review timeframe.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a five-year old, African-American female, who currently resides with her birth mother, her maternal grandmother, and her two teenage aunts. Her birth mother is currently incarcerated locally and is reportedly scheduled for release within 45 days of the review. The focus child's birth father resides in the same building on a different floor. He lives with his mother, his four sisters, and their children. The father's sisters also have an open In-Home case.

According to the agency record, the focus child was initially known to the Child and Family Services Agency (CFSA) at the time of her birth four years ago when she tested positive for PCP. The current case was opened after CFSA received a report that the birth mother arrived at the focus child's daycare facility intoxicated in November 2008. During the investigation, the mother admitted to PCP usage and requested assistance. The current CFSA in-home social worker has been assigned the case since January 2009. The child's permanency goal is family stabilization.

Child's Current Status

The focus child is a beautiful, little 4-year old girl. She is described as being bright, friendly, playful and loving. She attends daycare and has been going there for two years. According to the teacher, the focus child is on-target developmentally, gets along well with her peers, follows directions (at an age appropriate level), and has positive behavior. There are no additional services that the team could identify as being needed for this child academically. She will begin Kindergarten next year as an age-appropriate change in academic settings.

The focus child appears to have a good level of safety in her grandmother's home. There are multiple adults to supervise her and the social worker developed a written safety plan in the beginning of the case to address the initial safety and supervision concerns.

In terms of stability in the home, even though the case has been opened with CFSA, the child has remained in her original home with her mother and grandmother. She appears very comfortable in her home and in her father's home. She seems to have a strong relationship with her grandmother, father, and several of her young cousins, who live in the same apartment building. The child has been told, in an age appropriate way, where her mother is at this time and has been

given the opportunity to talk about her feelings. Her grandmother takes her to see her mother each week at the jail and it seems that the child responds well to being able to see and talk to her mother.

The child's permanency goal is family stabilization. Even though the mother is currently at the local jail, the social worker feels that this home can be saved, especially since the mother lives with her mother who is very supportive and provides for a lot of the child's physical needs.

The focus child has current immunizations and has had a physical within the last year. She has no medical problems identified. She does not take any medications.

Parent Status

The birth mother is a 25-year old, African-American female. The social worker describes the mother as a woman who genuinely loves her child and someone who wants to be a "good mother". She is also said to be a positive self advocate in terms of locating community resources. It was reported by other interviewees that the mother is currently pregnant.

The birth mother was incarcerated locally in the beginning of March 2009. She is reportedly scheduled for release within 45 days of this review. Due to the incarceration, the mother has not been able to physically provide for the focus child, who is being cared for by the grandmother. She has not reached out to the social worker in the last month. The focus child visits with her mother every Monday during visitation at the jail.

Regarding the mother's progress to safe case closure over the last six months, she has made some progress; however this incarceration is definitely a setback for her. The mother has admitted a history of PCP usage and asked for assistance at the time of the November 2008 investigation. In January 2009, she attended a substance abuse assessment meeting at CFSA with her social worker and the CSFA Substance Abuse Specialist. She agreed to enter a drug detoxification program the following day, which she did. Within the last 90 days, the mother left the program early due to an argument with another client. Upon return to her mother's home, the social worker provided the mother with information on local Narcotics Anonymous (NA) meetings. It was agreed that if she did not attend an in-patient substance abuse program, she would attend three NA meetings per week and provide the social worker with sign-in sheets. Prior to her incarceration in the beginning of March 2009, the mother was attending at least two NA meetings per week and was attending a GED program.

The birth father is a 38-year old, African-American man, who is described as a man who loves his daughter and is active in her life. The father readily listed numerous strengths of his daughter; how smart she is, how well behaved she is, how loving she is, etc. He smiled as he discussed her and said several times that she was his "heart". The father lives downstairs from the child, and therefore is able to spend a great deal of time with her. He takes the focus child to and from school and keeps in contact with her teachers. He supervises his daughter, takes her out to play, and takes her to other appointments as needed. He also has a positive relationship with the child's mother and maternal grandmother.

The birth father is currently unemployed and not participating in any educational or vocational programs. He chooses not to participate in the Fatherhood Initiative Program. As previously reported, he resides with his mother, his two sisters and their children and there is an open In-Home case with the family. The father feels that his child is safe and happy living with her mother and grandmother and does not feel that he is in a better position to provide her with full-time physical care.

Caregiver Status

The maternal grandmother is currently the primary caretaker for the focus child. She provides for the child's physical and emotional needs. The grandmother smiled and chuckled when she described the focus child. She meets with the social worker regularly and has formed a positive team with the child's father. The relationship between the child and the grandmother appears positive. They are comfortable around each other and shared in telling the reviewer about their life together.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The social worker is seen as the leader in this case, yet she has appropriately attempted to empower both of the birth parents in making their own decisions regarding services and problem solving. The social worker keeps in contact with the grandmother, the child, the father and some of his family members, and the child's school. Everyone knew how to get in contact with the social worker and indicated that she is consistent with visitation. The mother signed the case plan and the social worker sat with the mother and discussed what was necessary for closing the case. The social worker has also made several attempts to visit the birth mother in jail. Interviewees indicated that the social worker is a good listener; she has asked them what that they see as their needs, and has followed-through with providing services and referrals. For example, a furniture voucher was obtained and a referral was submitted for the Fatherhood Initiative Program. (The father decided to not follow through with this referral).

The social worker has consistently assessed for safety and worked with the family to create a written safety plan to address concerns related to supervision. Thus far, the family has complied with the safety plan. The social worker worked with the team, including the school, to assess if the child needed any services; none were identified.

What's Not Working Now

While there were no areas of the system that were unacceptable, there were areas that could benefit from fine-tuning in order to enhance this case. The mother's incarceration is a challenge even though the social worker has maintained her efforts of trying to visit the mother in jail. In addition, the reason for the incarceration has not been verified; the grandmother indicated that the mother is in jail due to an old charge that was never addressed. The social worker, who was attempting to gain information from the mother regarding the reason for her arrest, was unaware that she could utilize CFSA's Diligent Search Unit in order to obtain the mother's arrest record. The case plan may need to be changed if the mother was arrested for a new drug charge versus an arrest for an old charge.

The social worker has assessed each of the parents as having symptoms of depression. Prior to the mother's incarceration, the social worker had spoken with the mother about her substance use and some of her concerns related to mental health. The birth father shared his own concerns with the social worker about problems he is experiencing with sleeping. He indicated that he was going to schedule an appointment with his doctor. While the social worker has attempted to engage both parents around mental health concerns, it would be beneficial for her to continue to talk with each parent about additional symptoms of depression and discuss how depression can interfere with daily living and parenting. Using examples from information provided by the parents could be helpful. For example, the father has trouble sleeping at night and then misses appointments during the day because he cannot get up in the morning. While mental health information may have been provided in the past, it should be provided again and it may be helpful to the parents if the social worker walks them through any intake processes.

In terms of case planning and pathway to safe case closure, the mother's incarceration has put forward movement on hold pending her release. The grandmother knew of most of the things that needed to occur prior to case closure, but the father was unsure of what needed to happen. Due to this father being so involved in the life of his daughter and being in close proximity to the child's home, it would be beneficial for him to be more included in the planning for case closure, especially in terms of supervising the child if the mother does not participate in substance abuse services. It should be noted that the father feels that the child is safe and happy in her current home. He has expressed that he is not in a position to provide full-time care for her. There are no safety concerns related to the grandmother's home, nor are there concerns warranting removing the child from her mother's care. This case has remained open due to the mother's need. However, the grandmother and the father could be helpful in assisting the mother in reaching her case goals in order to close the case safely if they are involved with the planning.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the child has remained in her original home with her mother and her grandmother, and the fact that she is doing well overall, it is believed that this case will remain status quo over the next six months.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------------------|
| Next Step | 1. Social worker will submit a Diligent Search referral requesting information on the birth mother's most recent incarceration. | Yes |
| Follow-Up | On 6/15/09, the social worker received information on the mother's incarceration from a Diligent Search Investigator. | |
| Next Step | 2. Social worker will contact the local jail and ask to speak with the birth mother's case manager. Social worker will discuss the mother's behavior in jail, her medical issues, and her | SW: Yes Clt: No |

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| | participation in any programs offered at the jail. | |
| Follow-Up | The social worker submitted a letter requesting visitation with the birth mother and made follow up calls to DC Jail, yet she received no response. The social worker went to the local jail three times to meet with birth mother and to obtain information about her case manager. However, it was reported that the birth mother was not at the jail each time due to appointments. Due to lack of contact with the mother and lack of response from DC Jail, the social worker was unable to identify a case worker assigned. Therefore, she could not gain additional information on how the mother was doing during her incarceration. | |
| Next Step | 3. Social worker will convene a family meeting with the mother, father and maternal grandmother to discuss the case plan; where it is at now and where it needs to go in order to safely close the case. Social worker and family will map out who will do what, what supports they can provide, timeframes, etc. | In Progress |
| Follow-Up | The social worker was unable to convene a family team meeting due to the birth mother's incarceration during most of the follow-up period and due to not having a specific release date. However, she was able to speak with both of the birth parents unexpectedly on 7/27/07 at an unannounced home visit and discussed the need to create a new case plan. Now that the mother has returned to the community the social worker plans on scheduling a case planning meeting along with a family team meeting. | |
| Next Step | 4. Social worker will meet with the birth father to discuss the medical concerns that he had and also the social worker's concern about his mental health. Social worker will provide resources as needed. | Yes |
| Follow-Up | The social worker attempted multiple times to meet with the birth father and was able to do so on 7/15/09. The social worker talked with the father about her concerns regarding his medical and mental health. She gave him a booklet on depression to review and he agreed to complete the depression quiz in the booklet and share the results of the quiz during their next meeting. The social worker also referred him to a medical group for medical and mental health services. | |
| Next Step | 5. Social worker will meet with the birth mother to discuss the social worker's concern about her mental health. Social worker will provide resources as needed. | Yes |

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| Follow-Up | The birth mother stated that she wasn't interested in receiving any information. The social worker gave her booklets and pamphlets on mental health in the event that she changed her mind. | |
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QUALITY SERVICE REVIEW CASE SUMMARY #20

Review Date: May 11-12, 2009

Current Placement: In-home with Maternal Grandmother

Persons Interviewed: (3) Maternal grandmother, CFSA social worker and collaborative community service worker.

The focus child's godmother was scheduled to be interviewed but could not participate due to a change in her work schedule.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is the third oldest child in a family of four children. This eight-year-old African American female resides with her maternal grandmother. The focus child's mother is unemployed and is considered to be homeless - living with friends for short periods of time. The mother receives TANF, food stamps, Medicaid, and SSI Survivor benefits for the death of her oldest child's father.

The case was opened during September of 2008 when the biological mother had an altercation with her 17-year-old son. As part of the investigation of this incident, it was discovered that the focus child was living with her maternal grandmother and that the youngest child was living with his father. Because the mother had been evicted from her apartment, the maternal grandmother agreed to care for the focus child.

The focus child resided with a friend of her mother for approximately her first six years of life while her mother was serving a prison sentence. Upon release, the biological mother cared for the focus child intermittently. The focus child states that she does not feel comfortable living with her mother due to her mother's unpredictable and inappropriate language and behavior. Also, her living circumstance is tenuous.

The social worker seemed to have a lack of clarity as to the identification of the focus child's biological father. The maternal grandmother stated that his identification was known to her daughter, the focus child, and herself.

Child's Current Status

The focus child lives in a safe, loving home with her maternal grandmother. She lives within a short walking distance to her elementary school. There are no safety concerns regarding her school environment. Records indicate that the focus child is in good health and all medical, dental and ocular exams are current.

The maternal grandmother is very involved in her granddaughter's life. The focus child's older brother also resides with the maternal grandmother and offers support by walking the focus child to and from school and assisting her with transportation.

The focus child is in the correct grade for her age and receives regular education instruction. School counselors and teachers are supportive of the focus child. Her grades are good and she has the support of a tutor at school. She also enjoys staying after school to participate in activities with her peers.

The biological mother still has custody of the focus child and occasionally picks her up for weekend visits. The maternal grandmother does not have the authority to stop these visits. The mother has a history of retribution against her mother when she feels that her parental rights are being threatened. The maternal grandmother reported that her daughter once called the police and stated that she had kidnapped the focus child because she did not release her for a weekend visit due to safety concerns. Thus the maternal grandmother has the on-going concern that her daughter may take the focus child into unsafe circumstances at anytime. However, as of the QSR there was no evidence that the child was actually unsafe while with the mother.

When the mother takes the focus child for the weekend, she frequently does not return her to the maternal grandmother's home in time for school on Monday morning. Thus her absentee rate on Mondays is inordinately high.

Parent Status

As reported by interviewees, the mother's ability to maintain employment and a safe a permanent home is doubtful. The community service worker states that the mother knows just how far to go to show that she is looking for a job and suitable housing without succeeding. She is considered to be street-wise in showing effort without attaining goals to appease those working with her. The biological mother does not appear to indicate that she wants the custody status of the focus child to change.

Caregiver Status

Although the maternal grandmother is not the legal guardian, she is the current caregiver. The maternal grandmother has a stable income as a retired federal government employee and owns her home. She reports good health and a comfortable lifestyle. She is willing to continue caring for the focus child until she graduates from high school. The maternal grandmother states that she enjoys working with the focus child on her school work daily. She is trying to acquire the legal rights to sign for emergency medical treatment for the focus child if the need ever arises.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker and community service worker are working with the maternal grandmother to offer any assistance required to assure stability for the child. The community service worker is working with the biological mother to locate housing and employment. There is also a plan for the mother to sign a release so that the maternal grandmother can sign for medical treatment of the focus child in cases when the mother may not be readily accessible. The working relationship between the social worker, maternal grandmother and school personnel is excellent.

What's Not Working Now

Planning for case closure is tenuous because the caregiver is not the legal guardian. As long as the mother does not have stable employment and housing, the chances of the focus child returning home to her are not good. In addition, the focus child does not wish to live with her mother or visit overnight. The maternal grandmother has concerns about the child's safety when she is with her mother. The mother seems to know exactly how far to go with showing effort while ensuring not to jeopardize her current custody status. Community papering has been considered but does not appear to be appropriate at this time, as it is likely to spark further retaliation from the mother.

The focus child has some problems with writing; the social worker and maternal grandmother believe that an IEP would be useful. However, the mother must initiate the special education evaluation process. Although this suggestion has been made, the biological mother has not pursued this idea.

The primary reason why the social worker has not requested an FTM is that the mother often does not keep appointments. If any form of a team meeting were to occur, it would most likely include the focus child, her mother and maternal grandmother, a representative from the school, the social worker and the community service worker and perhaps the friend of the mother who kept the focus child during the time while the mother was in prison.

SIX MONTH FORECAST/STABILITY OF FINDINGS

The six month forecast for focus child is "status quo." She will most likely continue to stay with her maternal grandmother and continue attending the neighborhood school. The case will probably continue to stay open as an in-home case with supportive services provided by the collaborative agency.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. Clarification on whether the man mentioned by the maternal grandmother is actually the focus child's father. a) A possible DNA testing b) If he is the father, research on whether he had extended family that could be supportive of the focus child. | In Progress |
| Follow-Up | The social worker received two possible names from diligent search as to the father of the focus child. A connection was made by the maternal grandmother with the possible paternal grandparents. However, the social worker has not engaged them to determine which name is a match from diligent search and the potential father's whereabouts. | |
| Next Step | 2. Work with school to obtain an IEP for the focus child. | No |

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| Follow-Up | The maternal grandmother does not have legal custody. Thus, the grandmother cannot sign a request for an IEP without legal custody or power-of-attorney. However, the focus child has been working with a tutor for the duration of the summer. | |
| Next Step | 3. Assistance for the maternal grandmother in obtaining legal custody of the focus child. Follow through with the legal clinic located at the Superior Court of the District of Columbia to see what her options are. | In Progress |
| Follow-Up | <p>At the time of the 60 day follow up it was learned that mother is currently incarcerated in a VA county jail on robbery charges and she has other pending criminal charges in another county. The QSR team also learned at the follow up meeting that the birth mother was taking the focus child to an alleged crack house during their weekend visitation and that the focus child slept on a couch in this apartment and was directed not to enter certain rooms of the home because of alleged drug activity. The QSR team expressed concerns regarding the focus child's safety upon mother's release from jail and communicated with the unit program manager. A request was made for the social worker to consult with CFSA's Attorney General regarding community papering of the case.</p> <p>Another follow up was conducted 30 days later. The case was discussed with CFSA's Attorney General who stated that at this time there was not enough cause to pursue community papering. She went on to state and that if the birth mother is released from jail and takes the focus child away from her current situation and does not make herself available, then pre-petition custody may be considered. If the birth mother takes the focus child into an unsafe situation, then a removal may take place and a petition may be filed. The social worker was instructed to encourage the maternal grandmother to once again pursue custody and the social worker should facilitate conversations between the birth mother and maternal grandmother to resolve the custody/power of attorney issue. The social worker spoke with the maternal grandmother who stated that she is willing to pursue custody of the focus child.</p> | |
| Next Step | 4. Because the birth mother is now homeless and not getting the focus child to school on time, if at all, on Mondays, request that the school report when she's reached the educational neglect standards for reporting to CPS. | N/A |
| Follow-Up | The focus child is currently residing with maternal grandmother; attending school on-time is no longer a problem. | |

QUALITY SERVICE REVIEW CASE SUMMARY #21

Review Date: May 13-14, 2009

Current Placement: Birth Mother's Home

Persons Interviewed (3): CFSA social worker, maternal aunt, birth mother

A second maternal aunt was scheduled to be interviewed, but she did not make herself available for the review. Attempts were made to schedule an interview with the birth father to no avail.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is one and a half-year old, African-American female, who currently resides with her birth mother and three older siblings. It was reported by the birth mother that the birth father, who does not live with her or the children, is in a substance abuse treatment program.

According to the agency record, the birth mother has a prior history with CFSA. The focus child became known to CFSA in December 2007, when she tested positive for PCP at birth. An in-home case was opened and there have been further reports to the agency's hotline about instances of a lack of adult supervision of the children. In July 2008, a report alleged that the birth mother was observed walking down the middle of the street with her four children and that she appeared to be intoxicated. The mother was treated by ambulance, but refused to be taken to a hospital for medical or mental health assessments. The children were reportedly begging for food. One child had a severe case of eczema and one of the toddlers appeared dirty. The in-home case has remained open since 2007.

Child's Current Status

The focus child is a beautiful little one and a half-year old girl. Team members do not have any current concerns related to her development. She is able to walk, feed herself finger foods, pick objects up, and play. She does not attend a daycare program. There were no outstanding services identified for this child. Regarding safety, there have been no reports of the children being left unsupervised during the last thirty days.

In terms of stability in the home, even though the focus child resides with her birth mother, there are concerns related to this setting being maintained. The birth mother has a history of leaving the children unsupervised and she has not addressed her mental health or substance abuse issues. The social worker makes multiple unannounced visits to the home in order to check on the children's well-being and to see if they are being supervised. He has serious concerns with the mother's ability to ensure the children are supervised over the long term.

The focus child's immunizations and physicals are current; however they were not completed on time. She has no medical problems identified. She does not take any medications.

Parent Status

The birth mother is a 25-year old, African-American mother of four children. Her mother passed away when she was approximately four years old and her father passed away when she was a teenager. She did not finish high school due to her first pregnancy and she does not have a GED. She is not currently employed. The birth mother has admitted a historical use of PCP. She is on probation (she submits to routine drug testing) through the criminal court. The birth mother is described as being able to advocate for herself and is seen as someone who has some insight into her own challenges, especially around her grief and loss issues. She is seen as a woman who loves her children and has strong extended family connections. When discussing her children, she smiled broadly, showed the reviewer pictures of her children, and readily listed their individual strengths and articulated her dreams for her children's futures.

Within the last month, the birth mother has provided for the focus child's basic physical needs. She struggles with keeping her home clean and maintaining an appropriate level of diapers in the home. She often receives assistance from family members and sometimes the social worker. The focus child has been found to be clean and dressed appropriately.

The birth mother has not actively participated in this case over the last three months and she is showing unacceptable progress towards safe case closure. She has not made herself available for the agreed upon substance abuse assessment outlined in the February Family Team Meeting. She has not made any efforts to locate her own substance abuse program (although she had stated that she preferred to find her own program), nor has she attended any NA or AA meetings. She has not signed a release of information for the social worker to review her drug test results that are required as a part of her probation even though proof of negative drug tests could provide evidence that could lead to her child welfare case being closed. While she admits that the social worker has asked her what is important to her, has asked her how they can work together to close the case safely, and agreed to all the items in the Family Team Meeting plan, she stated that she does not agree with the agency's concerns and does not feel that the goals and objectives are necessary. She has not taken any steps to make use of the mental health contact information provided by the social worker, even though she verbalizes the need for and the desire to receive help with her grief and loss issues.

A letter was sent to the birth father at the last known address inviting him to participate in the review, but it was returned to the agency. According to the birth mother, the birth father is currently in a substance abuse treatment program. Reviewers asked the birth mother on two different occasions for contact information for the birth father and if he would like to participate in the review. She indicated that she did not know what treatment facility he was attending. Team members reported that the father is involved in the focus child's life, but it is unclear to what extent. The birth mother stated that the father's mother is a support to her and the focus child through babysitting and some financial assistance, e.g. buying clothes.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The social worker is seen as the leader in this case and has attempted to coordinate services and referrals for the family. A furniture voucher, which was seen as very helpful, and transportation to the furniture store were provided to the birth mother. The social worker spoke positively about the mother and has a good assessment of her in terms of her strengths and challenges, such as her love for her children; her being a young, single parent of four young children; her grief and loss issues; and how her substance abuse may be her self-medicating. The social worker recognized signs of depression in the mother and has given her mental health resources, although she has not taken advantage of them yet. The social worker has a good assessment of the child and engages her in an age-appropriate way.

The social worker, who has been on this case for the past nine months, is well aware of this family's history with CFSA and with the agency's concerns related to the children's safety and well-being and has acted immediately when faced with safety concerns. For example, he identified the need for food and diapers one night and he went straight out and obtained the necessary items for the children. He has actively used supervision to work through concerns with the family, especially around finding the children without proper adult supervision. The social worker and his supervisor moved forward with a scheduled Family Team Meeting when the facilitator did not show up for the meeting.

The social worker has developed a working relationship with the birth mother's management office so that they will call him directly if they have any concerns related to the children. He identified the need for unscheduled visits with the family in order to make a better assessment of the children's safety and supervision. While this makes it harder to engage the mother sometimes, it is essential for the children's safety.

The social worker has provided the birth mother with community resources for food pantries and utility assistance. She will be connected to her local Collaborative should her case move towards case closure. She has support from her extended family. As requested by the mother, the social worker has provided information on free or low-cost activities to do with her children outside of her immediate neighborhood. The social worker has also provided her with contact information on how to access the Department of Mental Health. This information should be given to the birth mother again should her case be closed.

What's Not Working Now

While the social worker has attempted to engage the birth father when he is seen at the focus child's home, additional avenues of engagement have not been attempted. The father has not accepted any verbal offers put forth by the social worker to discuss his child. As no substantial communication has been made, the social worker is unable to assess and understand the birth father and how he can be a part of the case planning process. In addition, the birth mother reported that the birth father's mother is a support to her and the focus child. This paternal connection has not been explored.

Team formation and functioning, case planning, implementation of services for the mother, and pathway to safe case closure, need improvement in this case and all three indicators impact each other. For team formation and functioning, it is positive that there are at least four maternal family members who are involved in some level of teaming to help the mother. On the other hand, concerted efforts to bring the birth father and/or his family into the team have not been completed. In addition, while a Family Team Meeting was held and the social worker worked with the extended maternal family and the mother to develop a plan to address the agency's safety concerns, there has been no movement in accomplishing the agreed-upon tasks. The social worker has not checked in with those family members to ensure that they are providing the support they agreed to give the mother. Additionally, the team does not necessarily agree with the agency's concerns around the mother's substance abuse. Instead, their concerns lay with the mother's mental health. Without follow-up information from the social worker, the family depends on self-report by the birth mother and there is the impression that the agency has not assisted her with accessing mental health services.

Regarding implementation of services to the mother, the social worker has provided the mother with basic information for mental health services and has offered to help her access services, yet thus far the mother has refused. Navigating the mental health system can be a daunting task for anyone, let alone someone who is depressed. It could be beneficial if the social worker enlisted a trusted family member or if he provided more hands-on encouragement and action towards getting her connected to a grief and loss specialist. If the mother can be connected to someone and starts working through her grief and loss issues, she may then be more willing to focus on her substance abuse issues.

The marginal team formation and the team's lack of unified understanding create an incoherent pattern of effective teamwork and collaborative case planning cannot be developed or implemented. Family members seem to have forgotten what was agreed upon in the Family Team Meeting. Limited communication with the team members, other than the mother, has led to inconsistent tracking and adjustments in the case plan. There does not seem to be problem solving by the team to assess the mother's substance abuse issues. For example, if she refuses to go to CFSA for an assessment, perhaps the Substance Abuse Specialist could go to her home; perhaps the mother could attend NA meetings a certain number of times per week and show attendance sheets to the social worker; maybe she can release her drug test results to prove she is testing negatively.

There are no clear plans or timelines for case closure should the children be found to be safe and provided for by the mother or family members even if the mother chooses never to get treatment for her addiction. This case has been open for a year and half. If the mother does not understand the agency's concerns regarding how her substance abuse impacts her parenting, she will continue to resist assistance and the case will continue to stalemate until another incident occurs. The social worker is self-aware in that he sees his own challenge in making decisions on when to close this case. Decisions around safe case closure are made more difficult when new CPS reports are made against the mother that increase risk concerns, but do not necessarily create immediate safety concerns that would lead to a removal.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

It is believed that this case will remain status quo due to the fact that this case has been open since 2007, and the case seems to go in the same cycle of minimally stable to crisis (e.g. children being found left unsupervised or the need for food, etc), back to minimally stable.

At the case debriefing with reviewers, the social worker reported that there was another lack of adult supervision CPS report on this family during the week between the review and the debriefing. The social worker was conducting an investigation into the allegation. It is unclear if this new allegation will change the six-month forecast as it seems to be another part of the cycle with this family.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

The following next steps were developed with the thought of incorporating the latest allegation of neglect into the plan.

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Social worker will attempt to engage the birth father by sending a certified letter to the father's last known address. Social worker will also contact the paternal grandmother for the father's address if not located. | Yes |
| Follow-Up | QSR Specialists had informed the social worker that the QSR interview invitation letter sent to the last known address for the father had been returned to CFSA. The social worker asked the birth mother for additional information related to the birth father's location/address and information on the paternal grandmother. Reportedly, the birth mother told the social worker she did not know an address for the father, nor did she have any contact information for his mother. The social worker made further attempts to gain this information by speaking with the birth mother's brother and two aunts regarding contact information for the birth father and his relatives. No one was able to provide information, but indicated that they would try to obtain information and inform the social worker if they learn anything. | |
| Next Step | 2. Social worker will interview the birth mother and her oldest children to gather more information related to the recent 911 call regarding lack of parental supervision. | Yes |
| Follow-Up | The social worker interviewed the children and the birth mother regarding the latest allegations. While the information gained did not lead to a removal, it has added to the social worker's concerns related | |

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| | to risk. | |
| Next Step | 3. Social worker will convene another Family Team Meeting to assess new concerns and the goals from the previous meeting that were not achieved, including substance abuse, mental health, and supervision for the children. | SW- Yes Clt- No |
| Follow-Up | The social worker reported that the aunt agreed to attend an FTM, but the mother refused, therefore no FTM has been convened. The mother reported that she did not have a substance abuse problem nor did she have a need for therapy. | |
| Next Step | 4. Social worker will work diligently with the mother's criminal attorney, CFSA's Substance Abuse Counselor, and CFSA's AAG to obtain consent to view the mother's drug test results. Social worker will talk with the mother about how a review of her clean urinalysis tests will work toward case closure. | SW- Yes Clt- No |
| Follow-Up | The social worker spoke with the birth mother about releasing her drug testing results, but she continues to refuse. The social worker reported that the mother's attorney has not returned any of his phone calls. | |

QUALITY SERVICE REVIEW CASE SUMMARY #22

Review Date: May 11 - 12, 2009

Current Placement: In-Home with Birth Mother

Persons Interviewed (4): social worker, birth mother, paternal great-aunt, and daycare teacher

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a two-year-old, African American male. He resides with his birth mother and three of his four siblings. The focus child became known to the Child and Family Services Agency (CFSA) in February 2008, when a social worker at the Washington Hospital Center contacted the CFSA Hotline to report that the birth mother was pregnant and tested positive for marijuana. Contact was made with the family in February 2008, but consistent case management did not occur until August 25, 2008 due to the CFSA backlog of investigations. There were three previous cases with this family that were opened due to allegations of lack of food and drug activity in the home, lack of adequate supervision, and domestic violence. These cases closed without any court involvement.

The focus child's birth mother is actively involved in the case, and the birth father is minimally involved in the case. The birth parents have not lived with each other for the past two years, and the birth father reportedly does not provide financial assistance for the focus child. He does not visit the focus child and his siblings at the birth mother's home, but sees them on a sporadic basis at the homes of paternal relatives. Some team members reported that domestic violence was a frequent occurrence prior to the birth parents' separation.

Child's Current Status

The focus child resides in a stable home with his birth mother and three older siblings, and the prospects for further stability are very good. Overall, his home setting is safe, but all team members noted that there is visible drug activity in the neighborhood where the family resides. The house is also in need of several repairs to address leaking pipes and unstable stairs. The birth mother has restricted the focus child and his siblings from using the unstable stairs, and she contacts her landlord each time a repair is needed in the house. The birth mother stated that the landlord has been responsive to her calls, but often hastily makes the repairs with minimal materials so that additional repairs are needed a few weeks later.

The focus child is generally healthy and up-to-date with medical appointments and immunizations. The focus child has mild asthma and receives treatment and medication, as necessary, at a local asthma clinic. The focus child has not been diagnosed with any mental health disorders and has not been prescribed any psychotropic medications.

The focus child and his siblings will visit with their maternal grandfather and his wife during the summer for two months. Reportedly, they have visited with their grandparents during previous summer vacations.

The focus child attends a daycare that is addressing his social and developmental needs. The daycare teacher noted that he is “a sweet and happy child.” She reported that the focus child appeared shy and quiet at the beginning of the school year, but as the months have gone by, he has become much more expressive and engaged in the daycare activities. The daycare teacher added that the focus child interacts appropriately with the other children and is overall a mild-mannered child. The daycare teacher noted that the focus child has a daycare voucher from the Office of Early Childhood Development, which the birth mother obtained.

The birth mother is responsible in that she always drops the focus child off in the morning and picks him up in the afternoon from daycare. She has also identified another family member, her sister, to pick him up when she is unable to. The birth father reportedly went to the daycare once to check on the focus child.

The daycare teacher stated that the birth mother is responsive to her suggestions concerning the focus child. The birth mother, for example, once brought the focus child to the daycare with a shoe string for a belt. The daycare teacher explained to the birth mother that a belt was easier to manipulate when changing diapers and the birth mother soon got a belt for her child. The daycare teacher reported that the birth mother participated in the parent book club and created an “impressive” family book with the focus child. The daycare teacher also noted that the birth mother comes to some of the parent meetings that occur every other month.

It was reported that the focus child sustained a minor injury at the daycare within the past 30 days. The focus child tripped on his shoe laces and bumped his head on a chair, which resulted in a small abrasion. The daycare immediately contacted the birth mother, who quickly came to the daycare to take her child to the emergency room. The birth mother reported that the focus child received four stitches, and that he did not need additional treatment. The birth mother added that the focus child is an active toddler and “runs for everything.” All team members felt that the daycare and birth mother handled the situation very well, and that the focus child was not fearful of the daycare after the incident.

It was reported that the daycare will close within the next several weeks. The birth mother already contacted another daycare program and was informed that the focus child will be able to attend that program once the current daycare closes.

Parents’ Current Status

The birth mother resides with four of her five children. Her youngest child is being cared for by the birth father’s aunt throughout the week and returns to the birth mother on the weekends. This arrangement allows the birth mother to work and attend college, since the focus child and his older siblings are all in daycare or school. Through the DC Welfare to Work Program, the birth mother attends college courses part-time and works part-time as a clerk in an office. The birth mother has a Section 8 Housing Voucher and currently resides in a three-bedroom house. The birth mother’s current housing situation is a barrier to safe case closure. While the landlord reportedly addresses the repairs needed in the home, the problems are frequent and potentially dangerous and, therefore, threaten the focus child’s safety.

The birth mother was referred to the DC Addiction Prevention and Recovery Administration (APRA) for a substance abuse assessment. It was noted that the birth mother attended the assessment and was referred to an out-patient drug treatment program, but never went due to the fact that the program did not offer babysitting. The birth mother reportedly is not using drugs at this time, and team members stated that she appears to be focused on moving into a new house and taking college courses full-time. Team members noted that stress is a trigger for the birth mother's drug use, but they added that the birth mother is currently able to verbalize to friends and family members when she is feeling overwhelmed. This is a coping mechanism that appears to be working for her, as observed by the team. The birth mother has an ample support network, such as her sister, a close family friend, and the paternal aunt of the children. Team members, therefore, assessed that another referral to APRA is not necessary at this time.

The birth father reportedly does not have a permanent home, and currently stays with family members and friends. It was also noted that the birth father may be actively using drugs. The birth mother and father reportedly have a long history of domestic violence, and they currently do not have any direct contact with each other. The birth father reportedly has contact with his children through his extended relatives and the daycare.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most of the right people are working together to provide services for the focus child. All of the team members share an adequate assessment of the focus child's strengths as well as his challenges. The social worker has consistently communicated with all team members to ensure that services are in place for the focus child's medical, emotional, and educational needs. The daycare teacher and birth mother openly communicate about the focus child's strengths and needs.

Most of the team members were also aware of the birth mother's strengths and her triggers for becoming overwhelmed. Team members, such as the social worker and paternal aunt, are available to the birth mother in the event that she needs emotional or financial support.

What's Not Working Now

The Child Protection Services hotline call for this case was received in February 2008; however, consistent case management did not occur until August 2008. This major delay in the provision of case management and needed services postponed the overall safety and stability of the focus child. Once consistent case management was initiated, services were delivered in a timely manner.

Currently the birth mother is unable to search for new Section 8 housing, due to her work and school schedule and the responsibilities of caring for her children. The birth mother reportedly met with a representative from the DC Housing Authority on May 12, 2009 in order to inquire about having her housing voucher transferred to another home. The birth mother's plan is to look for a new home once her four children finish school and travel to see her father over the summer. This will provide time for the birth mother to search for a new Section 8 home.

There is a limited relationship between the focus child and the birth father. The birth father occasionally visits with the focus child at the homes of his extended relatives, who supervise the visits. It was noted that the birth father was able to obtain a report about the focus child from the daycare teacher; however, additional outreach to the father has not been conducted at this time due to concerns about his history of domestic violence.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will improve over the next six months. Identifying a new Section 8 house for the birth mother and her children will greatly affect whether the status improves or declines.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
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| Next Step | 1. The social worker will talk to the birth mother about the meeting with the Department of Housing that was scheduled for May 12, 2009. Social worker will discuss housing options with birth mother, such as moving into a new Section 8 home. | Yes |
| Follow-Up | The social worker reported that the mother attended a meeting at HUD in May 2009 and was granted, a new Section 8 voucher for a larger apartment on July 23, 2009. The social worker also stated that the mother has already been looking for an apartment in her aunt's neighborhood. | |
| Next Step | 2. The social worker will offer transportation assistance to the mother, so she can explore Section 8 housing. | Yes |
| Follow-Up | The social worker stated that she offered assistance with transportation to the mother, but the mother declined stating that she had family members who would provide transportation for her to look at apartments. | |
| Next Step | 3. The social worker will discuss holding a family meeting with the mother to assess her current resources and support network. | Yes |
| Follow-Up | The social worker held a family meeting at the mother's home. The mother's aunt, close family friend, and the social worker attended the meeting. Multiple issues were discussed including who will assist the mother in moving to a new home and which schools and daycares the children will attend after the move. The mother and family established concrete plans for the future. The | |

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| | social worker reported that the mother continues to have a strong support network. | |
| Next Step | 4. The social worker and the mother will discuss the mother's plans for moving into a new home, finding new schools, and daycare for her children. | Yes |
| Follow-Up | The social worker reported that she discussed with these matters with the mother at the family meeting. | |
| Next Step | 5. If stability is achieved for 30 to 60 days, the social worker will initiate a discussion about safe case closure with her supervisor and with the birth mother. | Yes |
| Follow-Up | The social worker discussed safe case closure with the mother. The social worker stated that she offered supportive services to the mother through the family collaborative, but the mother declined and added that she would not need additional services when the case closes. The social worker reported that the mother has extensive knowledge of community services in the event that she would need assistance in the future. The social worker's and supervisor's plan is to close the case by the end of August 2009. | |

QUALITY SERVICE REVIEW CASE SUMMARY #23

Review Date: May 13-14, 2009

Current Placement: In home with Birth Mother

Persons Interviewed (8): Social worker, supervisory social worker, Collaborative agency family support worker, nurse practitioner, CFSA Child Protective Services nurse, teacher, mother, focus child

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a medically fragile, African-American female, age 5, who resides at home with her mother and five siblings, ages 3 months to 12 years. Her father's whereabouts are unknown. Her family became known to the Child and Family Services Agency (CFSA) in 2006. Since then the family has been reported to CFSA several times for multiple concerns, including school absenteeism and disruptive behavior of some of the school-age children; inadequate hygiene, grooming, and clothing; insufficient supervision; and the mother's inability to consistently keep the focus child's medical appointments and administer her medications.

In 2007, the focus child was diagnosed with high-risk neuroblastoma, a cancer that forms in nerve tissue and occurs in infants and young children. Although she is in the maintenance therapy phase of her treatment, her medical team deems her at "very high risk of relapse" and reports that she has a "40 to 45 percent chance of long-term survival."

A CFSA social worker co-located at the family's neighborhood Healthy Families/Thriving Communities Collaborative manages this case.

Child's Current Status

The focus child's social worker, family support worker (FSW), teacher, and nurse practitioner described her as bright, affectionate, upbeat, and playful. Her teacher characterized her as "lovable, caring, and very helpful." Her social worker has observed her to be "clingy" toward both the worker and her siblings and believes she is hungry for attention and love.

In recent correspondence to the social worker, the focus child's medical team described neuroblastoma as an "insidious disease requiring a great deal of intensive treatment, both in the hospital and often at home, and close medical follow-up to keep [it] under control and to manage side effects...." The nurse practitioner reported that due to the focus child's high risk of relapse, she requires rigorous follow-up, including scans every three months, blood work, transfusions, and medicine to maintain her platelet counts and immune system. The nurse practitioner also reported that she has permanent, moderate hearing loss—likely due to the cancer therapies—and needs hearing aides. In addition, she requires a clean, mold-free home. This is concerning because her apartment reportedly contains mold and has had a history of poor sanitation.

The focus child's teacher described her as a "happy student" who is making "slow yet steady

progress.” The teacher said she submits her homework on time and is always appropriately groomed and clothed. Although she will advance to first grade, her teacher reported that her proficiency with letters and numbers is not comparable to that of her peers. She attributed this to her excessive absenteeism due to medical appointments. From September 2008 until the QSR review in March 2009, the focus child had missed 66 days of school, 58 of which were excused. However, the teacher noted that her attendance had improved over the past 30 days and that her mother had shown progress in furnishing doctor’s notes to explain any absences. The teacher believes the child is capable of being on par with her peers. The social worker likewise remarked that she is bright and inquisitive and reported that she advocated for her to progress to the next grade.

The teacher did not report whether the child has hearing loss. It is unclear to reviewers whether the teacher is aware of the deficit. The teacher shared her hope that the child will be healthy enough to attend summer school, noting that, although not essential, it would reinforce her learning. The teacher said she will recommend summer school to the mother. The nurse practitioner also voiced that the focus child would benefit from assistance to catch up academically.

The reviewers met the focus child at school. She was neatly dressed in a blue jumper, yellow blouse, and rain boots and was sporting fresh braids with colorful beads. She engaged easily with the reviewers and said that she likes school and homework. She grinned when the reviewers told her that her mother said that she likes to laugh and joke around. She was aware of her social worker and happily referred to her by her first name without prompting. She agreeably answered the reviewers’ questions and, when asked if she had any questions herself, she inquired about the reviewers’ favorite movies (her favorite is *Hannah Montana*) and whether they liked their jobs.

Parent Status

The birth mother, 27, lives with her six children in a reduced-rent apartment. Her boyfriend, the father of her two youngest children, was recently incarcerated for drug distribution. The mother expressed that she misses him and that she had encouraged him to enter a drug treatment program. She did not report the length of his sentencing. The social worker and FSW described the boyfriend as a provider of both practical and emotional support for the family.

The mother receives TANF, food stamps, and SSI due to the focus child’s illness. She reported that she is unemployed because she must take her daughter to frequent medical appointments and care for her two non-school-age children. She does not have a high school diploma or GED; however, she said that she wants to go to school to study dental hygiene. Her vehicle license plates have expired and her driver’s license was recently suspended for several reasons, including her being stopped while the focus child was not secured in a seatbelt. The social worker and mother reported, however, that Health Services for Children with Special Needs (HSCSN) has begun transporting the mother and the focus child to/from medical appointments.

Although the focus child’s nurse practitioner has observed some improvement over the last two months in the mother’s ability to keep her daughter’s medical appointments, the nurse described a historically consistent pattern of missed appointments, arriving so late for appointments that treatment was not possible that day, or appearing for appointments on the incorrect day. For

example, the nurse reported that the mother recently missed the focus child's appointment to be fitted for hearing aides; as of the review, the focus child had not been fitted. In an April 2009 letter to the CFSA social worker, the focus child's oncology social worker noted issues that have "persisted throughout the [focus child's] treatment: [the mother's] ability to independently complete necessary steps to secure services for [the focus child] and her ability to keep track of deadlines and of appointments."

The nurse practitioner also described the mother's difficulty in managing the focus child's medications, including consistently ensuring she takes them and obtaining timely prescription refills. The nurse stated that the mother requires constant monitoring, reminding, and prompting regarding the focus child's medicine and noted that, as of the day of the QSR interview (which occurred a week following the actual QSR), she could not contact the mother because her cell phone minutes had expired. The nurse further stated that the mother historically has not been "proactive" in following up on the focus child's health care, necessitating reminder phone calls to the mother and her relatives or reports to the CFSA hotline. The nurse also correlated the mother's recent improvement in keeping appointments with the current CFSA social worker's assignment to the family, which occurred five months ago. The nurse further described CFSA's involvement as "crucial" to the focus child's receipt of regular medical attention.

The nurse practitioner reported that she questions the mother's motivation and cognitive ability, noting she is "not sure if the mother intellectually grasps the importance of the medicines" and observing her as "overwhelmed." The nurse said the mother often "sits in a fog" when she brings her daughter to appointments, is "not interactive" or particularly affectionate with her children, and "seems apathetic." The nurse said the mother frequently appears exhausted and falls asleep in the waiting room and that often several of her children accompany her, including one or more of the older children who should be at school at the time.

The social worker also reported that the mother sometimes falls asleep during meetings, such as those held at school to address her older children's absenteeism. In addition, the social worker likewise shared her observation that the mother provides her children with little to no physical affection or nurturing, not even when her daughter undergoes chemotherapy and other medical procedures or experiences side effects. The social worker cited an instance when the focus child soiled herself following a blood transfusion. Her mother did not understand that she was exhausted and instead scolded her. The FSW also remarked on the mother's parenting skills, noting she provides no discipline or household structure, such as consistent meal and bath times.

Team members described the mother as "overwhelmed," "depressed," "tired," "unmotivated," and "inattentive." The social worker stated the mother has disclosed that she is depressed and sometimes angry. During the QSR interview, she presented with a blunted affect, softly smiling only when she described the focus child's playful personality. She did not change her facial expression or demeanor when the reviewers remarked that her children were adorable or praised her when she described her efforts to secure better housing for her family. The social worker likewise reported that the mother does not respond in any marked way to compliments or positive reinforcement. During the interview, however, the mother cooperatively answered the reviewers' questions and was open, patient, and thorough.

The mother was somewhat attentive to the children who were present during the interview. She held her youngest child and patiently fed and changed her; however, she did not seem to realize that her second youngest child, age 17 months, vied for her attention and wandered around the apartment, seeking interaction. Several times the toddler slapped his baby sister's hands and bottle and removed her pacifier. The mother reprimanded him and demanded that he kiss his sister in apology. She did not seem to understand that he wanted to be engaged or picked up and held. She also did not realize that her 11-year-old son had not departed for school, believing he had already left the home, and she relied on him to prepare a drink for the 17-month-old and assemble supplies when the baby needed changing.

Although the mother answered the reviewers' questions appropriately, several team members question her mental health and cognitive functioning. The FSW and the focus child's medical providers have observed that she struggles to comprehend information and concentrate and that she learns best from one-on-one, hands-on teaching. The social worker reported that she requires assistance with understanding and completing even simple forms, and usually needs the social worker to review them with her repeatedly. The FSW reported that she needs "hand-holding to do things and do them correctly." The FSW stated that he spoke with the mother about safe sex and birth control practices and she seemed to understand their importance "a little." The social worker reportedly has discussed with the mother undergoing psychological testing to identify any learning or mental health needs, but she has declined to do so.

Team members acknowledged that the mother has attempted to improve her family's living situation. Independently, she secured an attorney with a non-profit community organization to correct existing housing problems (including mold, mildew, water leaks, and pest infestations), challenge her landlord's claim that her rent is in arrears, and pursue obtaining a Section 8 voucher. Although new carpet and kitchen cabinetry were installed in the apartment, the mother shared that she wants to move her family into more appropriate housing. The social worker agreed that the family needs new housing and said she has been in communication with the mother's attorney to advocate for new housing. In the meantime, the social worker stated that the D.C. Department of Health's Air Quality Division is scheduled to inspect the apartment.

During the review, the mother expressed a desire for homemaker services. The social worker had reported that the mother had previously declined such services, despite the worker's explanation how they would provide concrete assistance around the house and teach her skills. In addition, the mother told the reviewers that she wanted to participate in a parents' support group to help her cope with stress and parenting. She stated that caring for her children can be "overwhelming and hectic." The social worker had reported that the mother previously was uninterested in such support, even though the worker and the focus child's medical team had repeatedly offered to link her to a parenting or caregiver support group.

The mother stated that her social worker and FSW "always want my opinion" and that they listen to her and involve her in planning for her family. The mother reported that the social worker is doing an "excellent job" and that she advocates for her daughter at the hospital and obtains services for the family. The mother described the FSW as "helpful" and cited his assistance in acquiring furniture for the family.

Team members did not know the status and whereabouts of the focus child's biological father whose full name appears in the case record. Some team members reported that he is in the Navy, while others said he is incarcerated. Case documentation does not reflect any recent efforts to locate him. The social worker stated she has not attempted to find him or any paternal relatives.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker and FSW have formed a strong partnership on behalf of this family. Although there is some indication that the social worker could delegate more tasks to the FSW or support staff, such as helping the mother obtain her children's birth certificates, they conduct joint home visits, identify tasks each one is responsible for, and exchange information. They have offered the family numerous supports. These have included concrete supports, such as creating a family calendar, linking the older boys to mentors, and providing food, furniture, and clothing vouchers, as well as those that are less tangible, such as dispensing advice and positive reinforcement. In addition, the social worker and FSW have persisted in offering services and resources to the mother and explaining how they could benefit her family.

The social worker has competently navigated a complicated in-home case involving multiple risk factors, including those associated with a medically fragile child, a depressed and overwhelmed parent, poor housing conditions, and excessive absenteeism of the school-age children. The social worker recently recognized the need for and coordinated an at-risk-of-removal Family Team Meeting during which goals were mutually established with the family. The social worker is in touch with relatives that periodically provide the family with money, child care, and help around the house. The social worker has also maintained contact with the focus child's medical and school professionals to ensure that she remains on track medically and academically. The social worker is in contact with the mother's attorney around securing an appropriate living arrangement for the family.

The mother expressed that she participates in planning and decision-making on her family's behalf and that the social worker and FSW solicit and listen to her opinions. The mother has demonstrated recent progress in keeping her daughter's medical appointments and furnishing doctor's notes to explain her daughter's school absences. The focus child's health is currently stable and, although she must continue to take medications and undergo scans and other check-ups, her cancer is considered in remission. In addition, she will advance to the first grade.

What's Not Working Now

The pathway toward case closure is decidedly unclear. The social worker, supervisory social worker, and FSW acknowledged that they cannot envision a realistic trajectory toward safely closing the case. They identified the mother's need for virtually constant oversight, support, and guidance in caring for her family, difficulty in accomplishing tasks independently, and her comprehension as barriers to case closure. Both the social worker, whose caseload is comprised of 14 cases and 49 children, and the FSW reported that this case is the most challenging and complicated one on their respective caseloads.

The nurse practitioner cited CFSA's involvement as essential to ensuring that the focus child

receives regular medical care and noted that if her cancer were to return, the “chance of a permanent cure would significantly lower.” There has been no identification of a relative or friend who could be responsible for ensuring that the focus child receives every possible support to prevent relapse; instead, the social worker and FSW try to provide some level of the necessary vigilance, and the focus child’s medical team continues to diligently remind and prompt the mother. In addition, the FSW reported that he is actively involved in ensuring that the healthy children attend their asthma and well-child appointments because the mother struggles to do so.

Although the social worker has assessed that the mother presents with mental health and/or cognitive concerns, her actual needs are undetermined as she has refused an evaluation. How these possible concerns are affecting her capacity to parent is unknown. The mother must interact with many service providers and it is unclear to what extent she is capable of ensuring that these interactions are helpful and effective. In addition, the family continues to reside in an apartment with poor living conditions, the most urgent of which is the possible presence of mold. Lastly, there has been no attempt to contact the focus child’s father and paternal relatives to determine if they could provide emotional or practical support.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Although the focus child’s cancer is in remission and she will advance to the next grade level, she is at high risk of relapse due to the nature of her illness. Her type of cancer requires complex medical attention and watchful care, including a caregiver who proactively and consistently ensures that she receives diagnostic tests, attends check-ups, and takes prescribed medications. Her medical team has reported that she is vulnerable to mold and other environmental hazards. Although her mother is attempting to remedy the family’s home environment, the focus child continues to reside in an apartment with mold and other unsanitary conditions. In addition, the mother has not seen to it that the focus child obtains hearing aides. The mother has demonstrated very recent progress in keeping her daughter’s oncology appointments; however, the family has a troubling history of missed or late appointments and excessive absenteeism from school, including those of the focus child’s healthy siblings. Given these findings, the focus child’s stability in her current home placement and with her mother is questionable and her situation over the next six months is likely to decline.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Social worker will monitor the focus child’s health and document the mother’s efforts to ensure that her health needs are met, including those concerning her cancer treatment and relapse prevention and her hearing loss. Social worker will use the consultation services of the CFSA Office of Clinical Practice’s nursing unit, which can assist in communicating with the focus child’s medical team, monitoring the mother’s administration of medications, and coordinating with HSCSN. | Yes |

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| Follow-Up | A CFSA nurse has been assigned this case and has had contact with the child, family, and hospital. The social worker has continued to have contact with a nurse at the Hospital. The social worker has also continued to discuss the child's medical needs with the mother. | |
| Next Step | 2. Social worker and supervisor will apprise CFSA legal staff of this in-home case involving a medically fragile child and unhealthy housing conditions. | Yes |
| | CFSA's General and Assistant General Counsel participated in the June 10, 2009, clinical staffing. | |
| Next Step | 3. Social worker will continue coordination with the mother, FSW, and the mother's attorney to obtain safe, clean housing for the family. | Yes |
| Follow-Up | The social worker and the FSW appear to have continued to work with the mother regarding housing issues. Homemaker services have been put into place and an improvement has been reported. There was a CFSA clinical staffing held on June 10, 2009, and the mother's attorney reported that the back-rent issue was resolved, and that the landlord had been ordered to fix some of the concerns related to the apartment. The mother has added all the children to her Section 8 voucher. The Department of Health completed a mold inspection and no mold was found. | |
| Next Step | 4. Social worker will secure homemaking services to assist the mother in day-to-day tasks and to teach her household management skills, such as cleaning, cooking, and bill paying. | Yes |
| Follow-Up | A referral for homemaker services was submitted and confirmed on 5/26/09. The social worker accompanied a homemaker services representative to the birth mother's home on 6/9/09. A start date for services was scheduled, but then postponed until 6/25/09. As of this follow up, services have started and there are reports of marked improvement. | |
| Next Step | 5. Social worker and FSW will identify and connect the mother to a parent support group. | No |
| Follow-Up | Supervisor reported that prior to the social worker going out on medical leave; they discussed identifying a parent support group for the birth mother. The supervisor indicated that the social worker did not document efforts to locate a program before she left. The supervisor shared concerns that this mother is very overwhelmed with the children, their needs, and all the things she has had to do | |

| | | |
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| | (landlord/tenant issues, the focus child's medical needs, her boyfriend's incarceration, her electricity getting turned off, working with homemaker services, etc.). The case has been reassigned and the supervisor will discuss this issue with the new social worker. | |
|--|--|--|

QUALITY SERVICES REVIEW CASE SUMMARY #24

Review Date: May 11 - 12, 2009

Current Placement: In home with paternal grandmother

Persons Interviewed (6): Social worker, therapist, teacher, paternal grandmother, focus child, and community outreach worker.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eight year old African American male, who is residing with his younger brother in the home of their paternal grandmother. The focus child has been residing with his paternal grandmother since he was six months old. Reportedly the birth mother brought him to the paternal grandmother's home where the father was living and did not return for him. The focus child's mother and father are both currently incarcerated and the father is diagnosed with a terminal illness.

The family became known to CFSA in 2008, as a result of a call to the hotline to report sexual acting out by the focus child's younger brother. It was reported that the younger brother was observed on several occasions initiating sexual acts on the boys he plays with, while the focus child watched. An investigation was conducted and the findings were substantiated for lack of supervision and substance abuse against the paternal grandmother. However, the children were not removed from the home. A case was opened within the Agency and the family is receiving ongoing case management services for family stabilization.

Child's Current Status

The focus child was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and as being Learning Disabled (LD). He has been attending the same school since kindergarten and is in the second grade where he receives special education services. He receives counseling once per week and occupational therapy for fine motor coordination. Additionally, the focus child receives individual therapy in the community once per week and family therapy two times per month. He is prescribed Risperdol and Concerta, and meets with a psychiatrist once a month for medication management. The focus child was described as very athletic and enjoys football and baseball. Some team members described him as "outgoing, expressive and determined".

There were no safety concerns for the focus child at school. However, some team members expressed concerns regarding the neighbors who were involved in the situation that initially brought the family to the attention of the Agency. Apparently, there have been confrontations since the report alleging that the focus child's brother initiated sex with the neighbor's son. It was reported that the paternal grandmother is waiting to be relocated to another apartment.

The focus child has a good relationship with his grandmother and enjoys living with her. He is very unfamiliar with his birth parents and it was reported that he suffers from anxiety if he thinks

someone is going to take him from his grandmother. The paternal grandmother has legal custody of the focus child and plans on caring for him until he becomes an adult.

The focus child seems to be adjusting well in school and presents no behavioral problems. It was reported that he follows directions, has a good attitude towards learning and completes his assignments on time. He is making acceptable progress on his IEP, which was recently revised. The focus child is reading at an early first grade level and his math is at an upper first grade level. It was reported that he is showing improvement daily and seems to be working hard at improving his reading and math skills.

Reportedly, the focus child has been in therapy for the past three years, due to hyperactive behavior and running away from school. His treatment plan was focused on his negative behaviors and trying to resolve the issues around him running away from home. Within the last year, the focus child's behavior has improved drastically and there have been no incidents of running away or behavioral problems. The focus child is now working on a few small goals, such as remaining focused on the task at hand, improving his communication skills and dealing with the issue of not having his parents in his life. The focus child last saw his mother two years ago, when she was out of jail, but does not maintain contact with her. The paternal grandmother was taking the focus child and his brother to visit with his father in jail. Unfortunately, these visits were stopped, because of the effect they were having on the focus child. It was reported that during the last visit to the jail last year, the focus child was very scared of his father due to his failing health; consequently, he no longer wishes to visit with his father. The child speaks with his father occasionally via telephone.

There are no outstanding medical concerns and the focus child is current with his immunizations, physical, vision and dental examinations.

Parent Status

The birth mother is currently incarcerated and it was reported that she has been in and out of jail since the focus child was born. Apparently, she was out two years ago but was incarcerated soon after. It is unclear how long the mother will be incarcerated. It was reported that the focus child saw his mother for the first time during her release from jail two years ago. There is very limited contact between the focus child, his mother and maternal relatives. The birth father is also incarcerated in a neighboring state but maintains contact with the focus child through phone calls. The father is also diagnosed with a terminal illness and his prognosis is poor.

Caregiver Status

The paternal grandmother has been caring for the focus child since he was six months old. She is very involved with the team and participates fully with all aspects of the focus child's care. Reportedly, she was the one who initiated the referral for individual therapy due to the focus child's behavioral problems several years ago. The paternal grandmother recognizes that although the focus child's behavior has improved, he continues to require therapy to address some of his issues regarding his parents. She meets with the therapist two times per month for family sessions and maintains regular contact with the school. Furthermore, she follows up with the psychiatrist on a monthly basis for medication management. One team member reported that the focus child was improving in school due to the grandmother's involvement and the fact that

she makes sure he completes his homework every night. The grandmother is open to feedback and suggestions in regards to the children and their wellbeing. She participates in services provided by a community based agency, where the family was referred for additional assistance. It should be noted that some team members were concerned with the length of time it was taking the grandmother to complete the necessary tasks for case closure.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The paternal grandmother is involved with the case planning process and is aware of the tasks that are included in her case plan. Some team members are aware of the goals that must be accomplished, which seem to be specific to the family's needs. Seemingly, services are implemented in a timely manner and are being monitored and adjusted to ensure that not only the focus child, but the family's needs are being met. During the review, it was noted that the family was dealing with a bed bug outbreak in their apartment building. It was very impressive to reviewers how involved the social worker was with the situation. The social worker was advocating strongly for the family with the property manager to ensure that the infestation was addressed expeditiously so the family could return to their apartment. An assessment was conducted to identify the family's needs and the worker was aggressively advocating for the family to ensure that they receive the appropriate services and necessary household items.

Although both parents are incarcerated, the paternal grandmother has made attempts to conduct visits with the focus child and his father in jail. Currently, the focus child speaks with his father occasionally on the telephone.

What's Not Working and Why

The case plan which outlined the necessary tasks for completion by the paternal grandmother is not being aggressively reinforced. Although there is some movement towards the goal of family stabilization, it is only minimal. The grandmother is behind in her rent and is supposed to be completing a budgeting class. However, at the time of the review, it was unclear when she is expected to begin. Additionally, substance abuse was identified as a part of the case plan; however, an assessment was still pending. There are no timelines established and all team members are not aware of the steps that must be accomplished for safe case closure to occur. Team members haven't had a joint meeting to discuss roles, responsibilities and tasks. This is evident from the community based agency and the social worker's lack of clarity regarding the grandmother's financial workshop classes.

The focus child has not had any contact with his mother within the last year and does not interact with his maternal relatives. Reportedly, the grandmother does not have a relationship with the maternal family and so they are not involved with the focus child. The social worker hasn't had any contact with the parents; subsequently, they are not included in the case planning process. However, the worker is aware of the father's situation as told to her by the grandmother, who speaks with him occasionally.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the review findings, over the next six months the child's situation is likely to improve.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker should discuss with the therapist the possibility of initiating grief and loss counseling with the focus child to address his father's illness. | Yes |
| Follow-Up | The social worker contacted the therapist to discuss the grief and loss counseling for the focus youth. The therapist agreed and was scheduled to begin grief and loss counseling in mid June. However, the focus youth's mother was release from jail to a half way house in the community and the focus youth is currently dealing with some issues relating to his mother's transition back to the community. The therapist plans to address the current situation in therapy and will re visit the grief and loss counseling once the issues relating to the focus youth's mother is stabilize. | |
| Next Step | 2. The social worker should monitor and assess the grandmother's progress with completing the required tasks to accomplish the case goal, of family stabilization. The tasks listed below will assist this case in achieving a timely and safe case closure: <ul style="list-style-type: none"> • Follow up with the community agency regarding the grandmother's compliance with her budgeting class. • Expedite the grandmother's drug screen assessment. | Yes |
| Follow-Up | The paternal grandmother started her money management classes at a local recreation center in June on Saturday mornings and is expected to graduate by mid August. The paternal grandmother was referred to APRA, where a substance abuse assessment was completed on in May, shortly after the review. Based on the assessment, it was determined that there was no further intervention required, since there was no evidence of current substance abuse. | |
| Next Step | 3. The social worker should collaborate with the housing manager to facilitate the purchasing of beds for the family, due to a bed bug outbreak in the building. | Yes |
| Follow-Up | In mid June, the family was provided with a furniture voucher from CFSA, which was used to purchase mattresses for the children's bunk bed. | |

QUALITY SERVICE REVIEW CASE SUMMARY #25

Review Date: May 13 - 14, 2009

Current Placement: In-Home with Birth Mother

Persons Interviewed (2): Social worker and birth mother.

The shelter case manager was scheduled to be interviewed; however, on the day of the review she was not in the office.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a one-and-a-half-year-old, African American female. She resides with her birth mother and two siblings, a ten-year-old female and four-month-old male, in a two-bedroom apartment. The focus child became known to the Child and Family Services Agency (CFSA) on January 26, 2009, when the CFSA hotline received a call regarding the focus child's sister, who had multiple unexcused absences throughout the academic year.

On September 15, 2008, the CFSA hotline received two neglect referrals that alleged her children were exposed to illegal drug activity and educational neglect. The allegations were unfounded. On December 12, 2008, the CFSA hotline received another neglect referral that alleged substance abuse that impacts parenting. The reporter called regarding the birth mother's roommate, who reportedly used drugs and engaged in prostitution in the home. The caller added that the birth mother was not involved in these activities. The report was unfounded but the birth mother was referred to her neighborhood collaborative agency for assistance in obtaining alternative housing.

The birth mother is actively involved in the case and she does not have any contact with the focus child's birth father. She reported that she filed for child support for the focus child. The birth mother added that all three of her children have different fathers, and none of them are involved in her life or the lives of her children.

Child's Current Status

All team members report that the focus child is a curious, friendly, and playful child, who also displays age-appropriate shyness when meeting strangers. The focus child resides in a safe and relatively stable home with her birth mother and two siblings, and the prospects for stabilization are very good. The day before the Quality Service Review, the birth mother, the focus child, and her siblings moved from a housing shelter to a two-bedroom apartment that is paid for by the shelter. The apartment was furnished and the focus youth shares a bedroom with her infant brother and birth mother. The focus child has her own crib. The birth mother and her children will be allowed to stay in the apartment until she finds permanent housing in the community.

The focus child is healthy and up-to-date with all necessary medical appointments and immunizations. The birth mother reported that the focus child has not seen a dentist yet, but she

will take her for a dental examination when she turns two in August 2009. The birth mother added that DC Medicaid, the focus child's health insurance, will not pay for dental appointments until the age of two.

The focus child is not in daycare and is currently cared for by the birth mother at all times. The birth mother reportedly has requested that the focus child be added to six daycare waiting lists. Now that she and the children have moved from the shelter to a temporary apartment, it is her plan to find a daycare for the focus child and her brother in the neighborhood.

Parents' Current Status

The birth mother is unemployed, but is interested in participating in job training and/or finding employment. The birth mother and her children were residing in a one-room apartment at a DC shelter since February 2009, and they moved into a two-bedroom, temporary apartment the day before the Quality Service Review. Some of the team members were unclear about how long the mother and her children could stay in the apartment. Team members were also unaware of how much funding, if any, will be provided from the shelter to the birth mother for permanent housing. Currently, the birth mother is unable to engage in job training and/or look for employment, which are integral to moving the case forward, until she identifies daycare for the focus child and her brother. The team members noted that there are often long daycare waiting lists, especially for two children under the age of two. This is a systemic challenge and not necessarily a reflection of a lack of effort on behalf of the mother and team members.

Some team members stated that the birth mother sometimes presents as despondent and depressed, even though she is still attentive to her children. It was noted that the birth mother, upon her initial arrival at the shelter, did not clean her room and often walked around in her pajamas. Improvement has been seen within the past 30 days by some team members regarding the birth mother's ability to keep her living space clean, and her interest in taking more care and time with her hair and clothing.

The birth mother has a high school diploma and work history. Approximately two to three years ago she was employed as a grocery store clerk. Prior to moving into the shelter, she resided with friends who reportedly used drugs and engaged in prostitution. The birth mother currently receives food stamps, TANF, WIC and DC Medicaid for all of her children.

The social worker and birth mother have a positive rapport with each other. During the review, the mother stated that she and the social worker talk on a weekly basis, but she would appreciate talking to the social worker more often during the week. The birth mother reportedly has a very limited social support network. The birth mother stated that her father and brother reside in the area, but added that she does not wish to have a relationship with them at this time. She added that she does not have any close friends who are a positive influence and she is avoiding her previous friends, who were often a negative influence. The birth mother's lack of a permanent and positive social support network may add to her stress and decrease her resilience.

It was reported, and observed by the reviewers, that the birth mother is very attentive to the focus child. She appropriately disciplined her during the interview by redirecting her to other activities. The birth mother was competent in holding a conversation with other adults and

watching what the focus child was doing in the room. Team members noted that the birth mother is also affectionate with the focus child and occasionally picks her up for a hug.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most of the right people are working together to provide services for the focus child. All of the team members share an adequate assessment of the focus child's strengths. The social worker has consistently communicated with all team members to ensure that services are in place for the focus child's medical, emotional, and educational needs.

The birth mother is receiving case management from CFSA and the shelter, and both social workers will assist the birth mother in moving forward with identifying daycare, training and/or employment, and obtaining a permanent apartment. While the new social worker from the shelter had not yet contacted the birth mother at the time of the review, he or she should have called the birth mother within 72 hours of the family's move to the apartment to begin case planning.

What's Not Working

Some team members and the reviewers noted that the birth mother presented with symptoms of depression, such as a flat affect and a lack of interest in creating or knowing how to create a social support network. The birth mother was reportedly evaluated by the staff psychiatrist at the shelter, but did not receive any treatment or referrals for treatment. It was noted that the psychiatrist stated that she did not believe the birth mother needed therapy or psychotropic medications.

The length of time that the birth mother and her children can remain at the temporary apartment was unclear to team members. The funding that the birth mother will receive for permanent housing, if any, from the shelter was also undetermined.

It was reported that there is no relationship between the focus child and her birth father. The social worker reportedly inquired a few times about the birth father from the birth mother, but the birth mother either did not have information about him or she was not interested in providing contact information for him. To the best of the reviewers' knowledge, no other out-reach was conducted in trying to locate and engage the father in services.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will improve over the next six months. Identifying and pursuing daycare, job training, employment, and permanent housing will greatly affect the outcome of the case for the next six months.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will hold a meeting with the mother and her new housing case manager in order to discuss next steps regarding permanent housing and training/employment. | Yes |
| Follow-Up | The social worker met with the transitional housing case manager and mother and it was determined that mother must find daycare for her two youngest children before she seeks training and/or employment. The status of permanent housing is dependent on employment. The mother was notified that her children are on a waiting list for a local daycare center and will be able to start in August 2009. The social worker reported that the transitional housing case manager is meeting the needs of the mother in a timely manner. | |
| Next Step | 2. Social worker will discuss support network with the mother and link her to community resources, as appropriate, and/or revisit family resources. | Yes |
| Follow-Up | The social worker reported that she discussed family, friends, and community resources with the mother, who stated that she was feeling less stressed now that she is living in the transitional apartment and is no longer in the family shelter. The mother added that her uncle has been visiting with her more often since she moved into the apartment two months ago. He reportedly provides emotional support to the mother and occasionally transportation. The mother felt that a link to community resources was not needed at this time. However, the social worker reported that the mother's ten-year-old child was not attending camp this summer and was staying at home with his mother and younger siblings. This reviewer identified a neighborhood park and recreation center for a two-week camp session in August, and she provided this information to the social worker to pass on to the mother. | |
| Next Step | 3. The social worker will refer mother for a mental health evaluation. | NA |
| Follow-Up | The social worker re-assessed mother's mental health status and determined that she was not in need of an evaluation. The social worker stated that she based her assessment on the fact that the mother was no longer presenting with signs of depression. The social worker discussed pursuing a mental health evaluation and the | |

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|------------------|---|------------|
| | <p>possibility of individual therapy with the mother, but they concluded together that the mother was feeling more in control of her life and more focused on her goals since she moved from the family shelter into an apartment. The social worker also discussed referring the mother to a mental health evaluation with the new transitional housing case manager, who reported that she did not have concerns about the mother's mental health and would not recommend an evaluation at this time.</p> | |
| Next Step | 4. The social worker will work with the mother on identifying and securing daycare for the two youngest children. | Yes |
| Follow-Up | <p>The social worker reported that the mother was recently contacted and informed that both children are on a waiting list for a local daycare center and will be able to start attending in August 2009. The social worker stated that the mother faxed the required documents to the daycare so there will be no delays in enrolling them.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #26

Review Date: May 13-14, 2009

Current Placement: In-home with Birth Mother

Persons Interviewed (6): Social worker, social work assistant, teacher, mother, and focus child and step father.

The birth father was scheduled to be interviewed but chose not to participate at the time of the review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a six year old African American female, who is currently residing at home with her mother, stepfather and two younger brothers.

The family became known to CFSA in 2008, when a report was received regarding the birth of the focus child's baby brother. The report indicated that the baby was born positive to a prescribed pain medication called Percocet. The baby was also exposed to a life-threatening virus in utero and was also being weaned off methadone. An investigation was conducted and the allegations were substantiated, but the children were not removed from their mother's care. A case was opened within the agency for case management services with a goal of family stabilization.

Child's Current Status

The focus child is currently in the first grade and has been attending her current school since kindergarten. She receives tutoring through her aftercare program, where she participates in a variety of extracurricular activities. The focus child resides with her mother, stepfather and two younger siblings; there is no plan of her being removed from her mother's care. She appears to be very affectionate towards her mother and siblings and seems to share a close relationship with her mother. While reviewers were at the focus child's home, reviewers noted the interaction between mother and daughter to be very loving, but challenging. It was clear that the focus child could become very challenging for the mother in regards to her behavior. Reviewers observed the mother redirecting the focus child several times on the same issue before she complied with her mother's direction.

Based on the information that reviewers obtained, it appears that the focus child was close to her father. The focus child spoke highly of her father during her interview and seems very happy talking about him. She showed reviewers her new book bag he recently purchased for her and shared with reviewers her last visit and what they did. Both the focus child and her brother spend the weekends with their father and they also have dinner with him two days per week.

The neighborhood where the focus child resides has its own challenges in regards to violence and this was one of the reasons why the focus child attends the aftercare program. The program

is design to keep the kids off the street and out of trouble. There is currently no specific concern regarding the focus child's safety at home. However, there are some concerns regarding the focus child at school. Apparently, she is repeatedly involved in altercations with other students, because she consistently provokes other children and can be very disrespectful. The focus child is in the correct grade for her age and is in regular education classes. Reportedly, however, she is not performing at the first grade level; her math and reading skills are currently at a kindergarten level, with some recent improvement. It was recommended by the focus child's teacher that she read daily at home, but this was never reinforced at home. It was recommended by the teacher that the focus child attend summer school to improve her reading and math levels.

There are no medical concerns for the focus child, who is currently up to date with her immunizations, annual physical, vision and dental assessments.

Parent Status

The birth mother is a 36-year-old African American female, who is the mother of three children: ages 6, 4 and 10 months old. The mother is also diagnosed with a terminal illness, but appears to be doing well physically. The father of the youngest child resides in the home and assists with caring for the children. The family's home appears to be clean and neat. The focus child appears to be well cared for and was appropriately groomed at the time of the review. The mother took the initiative to identify and enroll the focus child in a community aftercare program that assists with home work and provides extra curricular activities for the focus child. She explained that the program keeps the focus child busy and away from the negative activities in the neighborhood. The mother ensures that the focus child's health is in good status and that the focus child is up to date with her medical appointments.

The mother is very involved with the social worker and actively participates in the case planning process. She is aware of the goals outlined in the case plan and was involved with its creation. The mother described the social worker as someone who has a good understanding of her family's needs and is easy to talk with. Unfortunately, there were no timelines for the mother to accomplish the goals identified in the case plan for safe case closure. It was clear that she knew what was required for the case to be closed, but there were limited activities happening on the case to move towards closure.

Although the mother seems to be very involved with the services and was very cooperative with the social worker, she was not as involved with her daughter's education. She does not respond to notices from the school or reinforce the teacher's recommendations to help improve the focus child's reading level by ensuring that she is reading daily. The mother seems to rely on the aftercare program to address all of the focus child's educational needs.

The focus child's birth father is also the father of one of her younger sibling. He is very involved with the focus child and was described by the mother as "a very good father". However, he is not involved in the case planning process and has never had a conversation with the social worker. Reviewers were scheduled to interview the father, but at the last minute he declined to participate. It was reported that he picks up the focus child every weekend to visit with him and his family. Additionally, he meets the focus child at her aftercare program two days a week and takes her out to dinner. The mother strongly encourages these father-daughter activities, because

she would like for her daughter to continue to have a good relationship with her father. Reviewers were informed by some team members that the father was a strong disciplinarian and seems to have a better control of the focus child. Additionally, the focus child tends to adhere to her father's directions more so than her mother's.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker has established a very good working relationship with the mother and step father. The step father is included in the case planning process and works as part of the team. The implementation of services for the family, except for the focus child, has been timely and appropriately addresses the family's need. The social worker was very active in ensuring that the mother follows up with her appointments by giving the mother a reminder phone call and has even designated an assistant to accompany the mother to some of her appointments. The social worker's visits are viewed not only as requirements, but also provide emotional support to the mother and family who were dealing with a family member's death, as well as the mother's own terminal illness. Each family member interviewed spoke highly about the social worker.

The focus child has a positive relationship with her father, who is very involved in her life. She not only visits with her father, but she gets to see other siblings and extended paternal relatives as well.

There is some communication between the teacher and the tutor, which seems to be contributing to the focus child's recent improvement in her math and reading skills. Additionally, the father is now on board with the school to monitor the focus child's academic and behavioral progress.

What's Not Working and Why

The social worker seems to be focusing on the mother and the baby and seems to be overlooking some of the focus child's needs. Although the worker seems to have a good understanding of the family's collective needs, she did not have a good assessment of the focus child and what her needs were. She was not aware of the focus child's behavioral problems in school and therefore was not able to intervene. Reviewers also noted that most of the visits to the home were centered on the mother and the baby. The worker does not include the focus child as part of her case plan or meet individually with the child during her home visits.

The focus child's father is very involved with her, but the social worker has never had a conversation with him even though the mother provided her with his contact information. Therefore, it is unknown as to whether or not he would have wanted to be involved with the services being provided to the focus child and her family. Reviewers learned that the father has a tighter control of the focus child, and appears to be a strong disciplinarian unlike the mother. Additionally, the school actually preferred working with the father because they felt he was more consistent. Therefore, reviewers felt that outreach efforts should have been made earlier, both with the school and the case planning process. Consequently, becoming an essential team member in regards to the focus child's educational needs and behavioral problems.

The case does not seem complicated and the case goals appear to be clear and achievable. However, the progress towards a safe case closure seems very distant. The most important tasks in the case plan is for the mother to have a substance abuse assessment to determine whether or not she is using drugs, however, this had not occurred as of the review. It was discussed that the mother was not consistent with maintaining her appointments, as she keeps forgetting that she has these appointments scheduled. However, no one initiated a comprehensive medical assessment to determine if her forgetfulness was a medical condition related to her illness, depression or something else. Everyone on the case is aware of the goal and what is required for the case to be closed, but things seem to be moving very slowly and there is no timeline or consequences outlined in order to achieve safe case closure.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Due to the focus child's father's recent involvement with the school, it is anticipated that over the next six months the focus child's situation is likely to improve.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP OF NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker should have a discussion with the mother about her medical condition and request that she have a comprehensive medical assessment to determine the cause of her forgetfulness. | Yes |
| Follow-Up | The social worker obtained a release of information from the mother and the name of her primary doctor. The social worker left numerous messages for the doctor, however he has not returned her calls. The mother has agreed to allow the social worker to accompany her to her next scheduled medical appointment, so that she may talk to the doctor. | |
| Next Step | 2. The social worker should make one more attempts to speak with the CFSA substance abuse counselor. If he is unable to expedite the substance abuse assessment for the mother, then worker should have mother walk in to APRA. | Yes |
| Follow-Up | The mother completed a substance abuse assessment on May 28, 2009 with the CFSA substance abuse specialist. The assessment found that she does not suffer from any substance abuse, and the specialist did not recommend any substance abuse treatment at this time. | |
| Next Step | 3. The social worker should contact the birth father to discuss the significance of his role in the case planning process. | Yes |

| | | |
|------------------|---|------------|
| Follow-Up | The social worker reported that she has left several voicemail messages for the birth father, however he has not returned any of her calls. She plans to continue her efforts at trying to contact the father. | |
| Next Step | 4. Social worker to explore with the focus child concerns regarding her behavior at school. | Yes |
| Follow-Up | <p>The social worker has been able to speak one on one with the focus youth. The youth expressed that she had been having difficulty with one particular girl in her class; however her mother stepped in to mediate the situation. The birth mother had informed the social worker that she was aware of the problems with this particular girl, and did intervene. The two girls are now friends, and play outside.</p> <p>The focus youth further reported to the social worker that she continues to struggle with her reading, but has been working on it a little. The mother admits she has not been devoting as much time to this as she should. The social worker has been encouraging the mother to continue working with the focus youth on her reading with her. The social worker has been unable to intervene with the school staff to assess her needs further, as school is out for the summer.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #27

Review Date: May 11-12, 2009

Current Placement: Biological mother's home

Persons interviewed (5): Social worker, substance abuse counselor, Head Start teacher, mother, maternal grandmother

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 3 (nearly four) year-old African American male living with his biological mother and three siblings. The focus child has two brothers, ages three and two and one sister, age twelve. This family came to the attention of CFSA in May 2006 due to allegations of a child born testing positive for PCP and marijuana. The allegation of positive toxicology was substantiated, but because the family lived in Maryland at the time, they were referred to services in that state. In December 2007, the family again became known to CFSA due to another child being born testing positive for PCP. The allegation of a positive toxicology was substantiated, but the allegations of substance abuse impacting parenting deemed inconclusive, as the investigation did not find that the mother's substance abuse significantly impacted the care she provided her children. An in-home case was opened at that time, and is currently still open.

All four children have always lived with their mother. The focus child and the two youngest children share the same father. Their father recently served a nine-month jail sentence for assault against the mother. The father was actively involved with the children, visiting them frequently at the mother's home, before he was jailed for the domestic violence assault against the mother. He was recently released to a half-way house. Domestic violence has been an ongoing problem between the parents throughout the history of their relationship. In early 2008, a stay-away order was put in place against the father, but the mother continued to let him visit the children in the home until the assault against her occurred. The mother has been referred for a domestic violence service assessment, but she did not follow through.

The oldest sibling has a different father. The social worker reported not having any information on that father and stated that he is not involved in the child's life.

The mother has ongoing issues with substance use, and has tested positive for PCP and marijuana use several times. She has participated in several substance abuse evaluations and assessments with the CFSA substance abuse specialist. In early 2008, the mother was referred to a comprehensive outpatient program which addressed substance abuse and parenting issues, provided group and individual counseling, and conducted routine urine testing. She attended for 4-6 weeks, but stopped because she claimed she was too busy dealing with her children. In October 2008, she started back with the program, but again stopped attending after just a few weeks, telling the social worker that she was too busy with the children and had "a lot going on". According to the social worker, the mother's history includes many attempts at starting services, but little follow through to completion.

Child's Current Status

The focus child is currently safe and stable living with his mother and three siblings. The focus child presented as a healthy, happy three year old who looked to be developmentally on target for a child his age. The focus child interacted age-appropriately with his siblings and his mother and was very active, riding a small toy bike and playing. The child was outgoing and responded in a friendly, inquisitive manner when reviewers were in the home. The focus child presented as being comfortable in the home and appropriately bonded to his mother and siblings. The child has no significant ongoing health concerns. The social worker reported that the focus child is physically very healthy, full of energy, and is easy to engage.

The focus child attends Head Start and his teacher reports that academically he is “doing very well” and progressing at an age-appropriate pace. The focus child retains information well, is very good at counting, and especially likes tasks that involve manual dexterity and working with his hands. He needs no special attention at school and does not exhibit any behavioral problems. The focus child is usually very clean and well groomed when arriving to school. The teacher talks with the mother and maternal grandmother when either of them drops him off in the morning, but the mother has not attended parent-teacher conferences.

The focus child attends speech and language therapy weekly through Health Start at Howard University. He has difficulty forming his words properly. It is not known how well the focus child is progressing in speech therapy.

Parent/Caregiver Status

The birth mother has been the only full-time caregiver for the focus child and his siblings. Currently she is working part time and not attending a substance abuse treatment program, as required in the current service plan. The mother is able to provide physical support for her children through her employment and TANF.

Team members interviewed were all in agreement that the mother is an intelligent, caring mother, who is trying to take care of her children, but lacks the skills and the support system needed to completely provide for her family at this time. Team members all stated that they believed that the mother was probably not using drugs at the present time, and the mother also claimed that she had not been using. The social worker reported that the children's grandparents and the 12 year old daughter will inform her if they see that the mother is using drugs.

All team members are concerned that the mother has not been able to complete drug treatment. She has started and stopped treatment several times, and always claims that she stops attending because she is overwhelmed by her parenting responsibilities and cannot find the time. Team members reported that their main fear for the mother is that she has not taken drug treatment seriously, and is highly likely to use drugs again. A drug counselor described the mother as “struggling to maintain sobriety” and has failed on three occasions to complete a 15 week program of substance abuse treatment and individual counseling due to dropping out.

Team members reported that the mother has been a victim of domestic violence over a long period of time perpetrated by the father of her three youngest children. The last reported incident

of domestic violence in 2008 led to the father's arrest and incarceration. Team members interviewed all stated that the mother has taken precautions such as getting a protective order and not communicating with the father. However, the mother reported that she has had several contacts with the father since his being released from jail, and that the father sometimes stops at the home to see the children. The mother stated that she was allowing her children to see their father but was not concerned about domestic violence because she and the father were being civil to one another. The mother has not been involved with domestic violence counseling and although domestic violence was identified in the family case plan as being a "major problem", no counseling has been required or recommended in that document.

Team members interviewed were unanimously concerned that the mother did not have a sufficient support system to maintain being drug-free. The mother reported that she gets support from her parents, her pastor, and one good friend. The maternal grandmother watches the children some mornings, and sometimes takes the children to school and day care. The paternal grandfather sometimes takes some or all of the children on the weekends to give her a break from parenting and occasionally helps financially. The maternal grandmother also stated that given the very young ages of the children, family support is not enough, and she would like to see more services put in place for the family. Team members expressed their concern that the mother is overwhelmed much of the time and that without more support, she could start using drugs again.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

Despite ongoing struggles with drugs, domestic violence and financial problems, the mother has so far been able to maintain her family situation at a level that does not require the removal of her children. Team members interviewed all agreed that the mother is a caring, competent parent who has the potential to be an excellent parent if she can finally overcome her problems with using drugs and secure a better support system. Team members reported that, based on the mother's current behavior and appearance, she is most likely not using drugs at this point. The mother has been motivated in the past to initiate counseling for drug use and has completed a parenting course. Her substance abuse counselor/therapist described her parenting skills as "remarkable" and called her a "great mother" who always presents as a concerned and competent parent. The mother reportedly "takes the lead" in getting the focus child to speech and language therapy and is motivated to work and enroll in college classes. The mother had also been very motivated to go to counseling with her 12-year-old daughter to work on problems with their relationship. Both the mother and the therapist reported that the counseling was a positive experience while it lasted, but that it was inconsistent and ended after a few months because of the mother's schedule.

The mother has a small but willing informal support system of family members and others who are sometimes able to help her. Both maternal grandparents offer the mother breaks from some or all of the children, with the grandmother playing a larger role in getting the children to school and day care on many days. The maternal grandfather occasionally helps the family financially and regularly takes some or all of the children for the weekend. The paternal grandmother was also identified as a support, although her involvement in the children's lives is somewhat

inconsistent due to her relationship with the children's mother. The mother also identified a close friend and her pastor as important supports for her.

Some of the right professionals seem to be in place for this family. The CFSA social worker has been working with this family for over a year. Both the mother and the social worker report that they have a good relationship with one another. The social worker reports that the mother appears to be very open and honest with her and that she listens to and accepts what the worker is saying, even if she doesn't always follow through. The mother reported that the social worker regularly asks her if she needs anything, or if she can help her in any way. The mother's counselor is a strong advocate for the mother, and is willing to help her return to counseling and drug treatment if she requests. The team arranged a Family Team Meeting one year ago because the children were at risk of removal due to the mother's drug use. At that time, there was collaboration between the social worker and the family to arrange drug counseling and therapy for the mother.

The focus child's Head Start program is familiar with the mother and tries to engage her regularly. The staff informally talks with the mother and grandmother often, and gives them updates on the child's progress. The Head Start staff stated that the mother was quick to seek medical help for the child when they alerted her to a possible injury, and that the mother has showed up to sit in on classes with her son on occasion.

What's Not Working and Why

Teaming between the professionals and the family and engagement of the mother are in need of improvement. The mother seems to have made little progress toward case closure and stated that no one has told her what was required for her CFSA case to close. The mother and the therapist had been communicating regularly even though the mother was not in counseling or drug treatment, but the CFSA social worker was not aware of this and was under the assumption that the mother could not return to her prior counseling program. The counselor stated that she seldom talked to the social worker, but thought it would be very beneficial if they had more regular contact in order to keep each other informed.

The mother seemed to have no sense of urgency to complete drug treatment. She stated that she was currently not using drugs because she was "too busy to get with the bad people" who encourage her to use. Although she did say that she does not want to use drugs again, she stated that "anything can happen" and that she had to be very much cognizant that certain circumstances could tempt her to use again. While the mother indicated during the interview that she thought substance abuse counseling had been a positive experience for her, it was clear that she does not think it was required of her for case closure.

Engagement of the father is in need of improvement. None of the professionals on the team was aware that the focus child's father had been having visits at the home since his release from jail and no plan had been put into place to address the father's presence in the home. There seems to be little engagement of the child's father from any team members, although he seems to be a fairly consistent presence in the children's lives. The social worker had no contact with the father during the nine months of his incarceration. It is unknown whether the father has addressed the issue of domestic violence through counseling. The social worker made a referral

for the mother to meet with the CFSA domestic violence specialist for an assessment. The social worker reported that the domestic violence specialist contacted the mother, but she did not follow through with the assessment.

The family's support system is in need of improvement. While the mother does have some family help, her main support, her mother, has health problems and will not be able to assist the family at the level she has been providing. Although the mother did name a friend and a pastor as added supports, she was unclear on what role they played in her life and how they were helping her. No other team members, including other family members, were aware of how these people are giving the family any support. The mother and grandmother both mentioned that homemaker services would help the mother immensely, as the home is usually very cluttered and in disarray due to her several small children.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

Although most team members described the mother as having great potential and being a very caring, effective mother, and although the focus child seems to be doing very well at home right now, his situation is likely to decline over the next six months. Unless the mother can be convinced that substance abuse and domestic violence are important issues that need to be addressed, this case is unlikely to see any progress toward closure. The mother's intermittent drug use will most likely continue. The mother has not completed drug treatment, and has repeatedly dropped out of the program which was giving her education and support. The mother's inadequate support system forces her to periodically rely on the same drug-using friends she has been trying to cut out of her life. The mother is unaware of what is required of her to close the case, and so she does not know what to do to make progress in that direction. There is also the likelihood that domestic violence will continue to be an issue for the mother and father. The mother has not been required to get counseling for domestic violence, and it is unknown whether the father has had any counseling. The father has not been engaged at all in this case, and so an assessment of his role in the child's life is unclear. What was clear, is that the mother was not concerned enough about past domestic violence incidents to keep the father out of the household after he was released from jail, and that she will continue to allow him in the home to see the children if they are amiable toward one another.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

It was learned at the follow up meeting with the social worker that the case was closed on July 31, 2009.

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Approach mother to discuss homemaker services and make appropriate referral as needed. | Yes |
| Follow-Up | The social worker submitted a referral for homemaker services and, on July 24, 2009, services were initiated. The social worker | |

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| | spoke with the birth mother and the cleaning company and both reported that the service was going well. | |
| Next Step | 2. The social worker will coordinate a Family Group Meeting to include professional and all potential team members with the purpose of discussing necessary steps for safe case closure and any additional services the family may need. | Yes |
| Follow-Up | The Family Group Meeting was held with the birth mother, her parents, her sister, and pastor on July 23, 2009. The social worker reported that the outcome of the meeting was successful, as several key family members and the pastor came and expressed their support of the mother. | |
| Next Step | 3. The social worker will ask the birth mother for information regarding the family's pastor in order to determine if he is a possible support for her, and the social worker and mother will discuss and identify other potential supports. | Yes |
| Follow-Up | The pastor was invited to the Family Group Meeting and stated that he plans to be a source of support for the mother. Relatives who attended the meeting also agreed to provide support to the mother and children. | |
| Next Step | 4. The social worker will explore initiating speech and language therapy at Head Start for the focus child, and will identify a new speech and language therapist if necessary. | Yes |
| Follow-Up | The social worker contacted DCPS to request speech and language services for the focus child and was informed that the child was receiving speech and language services at his previous Head Start program prior to his family's move to a new neighborhood. A speech and language therapist was assigned to the child and services were initiated on July 29, 2009. The child is scheduled to receive speech and language therapy three times a week in order to address services that did not occur due to the transition to a new Head Start program. | |

QUALITY SERVICE REVIEW CASE SUMMARY #28

Review Date: June 8 - 9, 2009

Current Placement: Pre- Adoptive Foster Home

Persons Interviewed (9): Social worker, pre-adoptive foster mother, focus child, GAL, AAG, mother's attorney, classroom teacher, school counselor, and mentor.

Attempts were made to schedule an interview with the birth mother to no avail as there was limited contact information for her.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a twelve-year-old African American female. She became known to the CFSA in late October 2005 when her legal guardian brought her into the CFSA office and declared herself an unwilling caretaker. Reunification was explored with the legal guardian as well as the goal of guardianship with another relative, but both potential caretakers stated that they could not provide care to the focus child. The focus child's permanency goal became adoption in January 2006.

The focus child resides in a pre-adoptive foster home with her pre-adoptive foster parent. There are no other adults or children in the home. The focus child was placed in the home of the pre-adoptive foster parent in September 2007 and has experienced no disruptions since being placed.

The focus child's mother is minimally involved in the life of the focus child. She participated in several supervised visits during 2008. The birth mother is unable to provide care to the focus child and has stated to team members that she is willing to provide her written consent to the adoption by the pre-adoptive foster parent. The focus child's birth father is unknown. The focus child has four half-siblings, one younger brother, two younger sisters, and an older sister, with whom she does not have on-going relationships with. Her siblings are not in foster care and reside with their respective caretakers.

Child's Current Status

The focus child resides in a stable home with her pre-adoptive foster mother and the prospects for permanency are very good. The home setting provides optimal safety for the focus child, and she receives nurturing and attentive care from the pre-adoptive foster parent. The foster parent and focus child, by report and observation, appear to have a close and loving bond with each other.

The focus child attends sixth grade at a special education school. Her Individual Education Plan is current, and her educational advocate is actively involved in the case. At school, the focus child receives one hour a week of therapy in various forms, such as group therapy, individual therapy, or therapy with another peer. Behaviorally, the focus child usually demonstrates maturity and self-control in school; however, she occasionally engages in arguments with her

peers. Team members reported that the focus child is able to be redirected towards more socially appropriate behavior.

The focus child receives A and B grades and has excellent attendance. It was reported that the focus child is not yet on grade level, but has made significant progress this year. This summer, the focus child will attend summer school, which was recommended more so for social interaction rather than needed academic improvement. While the focus child has improved in many key academic areas, school staff shared a concern about the focus child's slightly delayed expressive language skills. The focus child, therefore, was referred for a speech and language evaluation through the school. The focus child reported that she loves attending school and other team members also noted this fact.

The focus child participates in weekly mentoring sessions with a mentor who appears to have a comprehensive understanding of the child's strengths and needs. Team members noted that the focus child reportedly enjoys most of the outings with her mentor, but occasionally does not wish to go out with her. Additionally, the focus child is assigned a tutor, with whom she meets twice a week. Team members stated that tutoring will most likely be terminated once the adoption is finalized since the focus child's academic abilities have significantly improved.

Team members noted that, over the past year, the focus child has had several individual therapists due to high turnover at the core service agency. The focus child underwent a psychological evaluation three months prior to the QSR interview. Individual and family therapy (with the pre-adoptive foster parent) were recommended to address the child's and foster parent's feelings about the adoption. At the time of the review, the recently assigned therapist had not communicated with several of the team members, but had gone to the focus child's school for an initial visit. Team members reported that the focus child does not like to miss any school time. At the time of the review, family therapy had not started.

The child welfare agency has provided opportunities for the focus child to visit with her birth mother and siblings, but the focus child stated several months ago that she does not wish to visit with either her mother or siblings. She has not provided a reason to team members why she does not want to have visits, and her decision has not yet been explored in therapy. The birth mother recently requested one more visit with the focus child and a supervised visit will be scheduled with the birth mother, focus child, pre-adoptive foster parent (as requested by the child), mother's counsel, and social worker.

The focus child currently states that she wishes to be adopted by the pre-adoptive foster parent, which was not always the case. Team members reported that the focus child became more open to the prospect of adoption within the past several months.

The focus child is healthy and up-to-date with medical appointments and immunizations. She is seen by an orthodontist and recently got braces. The focus child stated that her teeth occasionally ache from the braces but not to an extreme degree. She added that she is happy that she will have straightened teeth.

The focus child had been prescribed and was taking a stimulant to treat symptoms of Attention Deficit Hyperactivity Disorder (ADHD), but in January 2009 her psychiatrist stopped prescribing the medication, since the focus child's ability to concentrate in school was improving. The focus child is currently not taking any psychotropic medications. The team members reported that the focus child occasionally exhibits symptoms of ADHD, such as minor restlessness and impulsivity, but these symptoms do not interfere with her focus in school and most social interactions.

Caregiver's Current Status

The pre-adoptive foster parent is currently employed full-time and resides in a three-bedroom townhouse. She decided to adopt the focus child last summer and signed an "Intent to Adopt" letter in August 2008. The pre-adoptive foster parent stated that she was ineligible to receive a court-appointed attorney because she did not meet the requirements, but she added that she was referred to a law firm that provides pro bono representation.

The pre-adoptive foster parent reported that the law firm and the lawyer who first represented her were uncooperative and did not file the adoption petition with the Court until April 2009. She stated that she was not satisfied with this law firm and sought other representation after documents that she had signed were misplaced by the lawyer. The pre-adoptive foster parent reported that she has a new attorney, as of two months ago, and stated that she is more confident in the legal services that she is currently receiving. She added that she does not know what will occur at the next scheduled court hearing.

The pre-adoptive foster parent is actively involved in the focus child's education and medical care, and regularly communicates with the social worker and other service providers. She noted that she feels supported by the social worker.

The pre-adoptive foster parent reported that she is uncertain about services that will be provided once the adoption is finalized. She stated that she received a phone message from an adoption social worker the previous week, but they had not spoken with each other by the time of the QSR interview. The pre-adoptive foster parent said that she has not decided if she will re-enroll the focus child in her current school next year. She stated that she knows the focus child thoroughly enjoys the school, but she had concerns about the other children at the school adding that they can be very "rowdy". The pre-adoptive foster parent reported that, despite her concerns about the other students, she feels that the teachers and counselors at the school are competent and are providing quality educational services to the focus child.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most of the right people are working together to provide services for the focus child. All of the team members share a good assessment of the focus child's strengths as well as her challenges. The social worker has consistently communicated with all team members to ensure that services are in place for the focus child's medical, emotional, and educational needs. The social worker has created a rapport with the focus child and pre-adoptive foster parent.

It was reported by all of the team members that, at this time, there are no clinical reasons to keep this case open, and the only barrier to safe case closure is the time needed for the legal process of the adoption. The focus child currently presents with minimal behavioral problems that are addressed in school and by the foster parent. By report and observation, the focus youth appears to be a very healthy and happy child.

What’s Not Working Now

The pre-adoptive foster parent signed an “Intent to Adopt” letter in August 2008, but the petition to adopt had not been filed with the Court by the pre-adoptive parent’s attorney until April 2009. An adoption social worker, who recommends post permanency services and develops the final adoption report for the Court, was only assigned after the petition was filed.. Due to this delay, there is a general lack of clarity about services and school placement post-adoption. At the time of the review, two months after the filing of the petition, the ongoing social worker had recently spoken to the newly assigned adoption social worker and planned to meet with her to further discuss the case.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will improve within the next six months as team members continue to work towards the goal of adoption.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will facilitate a meeting between the birth mother, focus child, pre-adoptive foster parent, GAL, and the birth mother’s attorney in order to discuss the goal of adoption and plans for the future. This meeting was requested by the birth mother. | Yes |
| Follow-Up | The social worker facilitated a meeting with the team members listed above. The focus child stated that she wanted to be adopted and did not wish to have contact with her birth mother or her siblings. The adults stated that the pre-adoptive mother would be provided contact information for the mother and siblings if in the future if the focus child changed her mind and wanted to have contact with them. The social worker reported that the child was not very emotional before, during, or after the meeting. The birth mother reported at the meeting that she would consent to the adoption by the petitioner. | |
| Next Step | 2. The social worker will contact the educational advocate, adoption social worker, and other relevant parties to discuss the child’s school placement post adoption. | Yes |

| | | |
|-----------|---|------------|
| Follow-Up | The social worker reported that after discussions with the educational advocate, adoption social worker, and GAL, the team is confident that the child will be able to continue to attend her current school after the adoption. | |
| Next Step | 3. The social worker will discuss services for the focus child with the adoption social worker. (Services may be included in the Adoption Subsidy.) | Yes |
| Follow-Up | The social worker spoke with the adoption social worker, the GAL, and pre-adoptive foster parent regarding services for the focus child. It was determined that she will no longer need a tutor once the adoption is finalized, since her academic status has significantly improved. While the focus child enjoys the outings, it was also noted that she does not have a very close relationship with her current mentor, so when this service ends when the case closes, it will not be a hardship for the child. The social worker stated that the pre-adoptive foster parent takes the child on many family outings; therefore, the team feels that the child is receiving appropriate guidance and support through these relationships. No other services are warranted at this time; however, the pre-adoptive foster parent reported that she would identify services for the child on her own if needed in the future. | |
| Next Step | 4. The social worker will follow up with the focus child's therapist on the progress of individual and family therapy. | Yes |
| Follow-Up | Contrary to the recommendations from the psychological evaluation, the social worker reported that the team made the assessment that the child is emotionally and behaviorally stable and decided to terminate therapy at this time before it was under way. The team came to the conclusion that, if needed in the future, the pre-adoptive mother would seek a therapist for the child closer to home and once Maryland Medicaid was in place after the adoption. | |
| Next Step | 5. The social worker will speak to the pre-adoptive mother's attorney about clarifying with his client what will happen at the next hearing. | Yes |
| Follow-Up | The social worker did not have to speak to the pre-adoptive mother's attorney, since he had contacted his client soon after the QSR. The social worker reported that the pre-adoptive foster mother stated that she speaks with her attorney frequently and he has addressed all of her legal questions. | |

QUALITY SERVICE REVIEW CASE SUMMARY #29

Review Dates: June 10-11, 2009

Current Placement: Therapeutic Foster Home

Persons Interviewed (10): Social worker, Supervisor, foster mother, birth mother, birth father, paternal grandmother, maternal grandmother, GAL, mother's attorney, previous CFSA social worker

The new AAG was not interviewed as she had just received the case. She had not had any contact with any of the team members and had not gone to court yet on this case. The previous AAG was unavailable for the review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eleven-and-a-half-month old African-American male, who currently resides in a therapeutic foster home. He is placed with his 2-year-old half sister. His birth mother is currently pregnant with her third child. The birth parents live together with the paternal grandmother. They have weekly supervised visits with the two children. The focus child's permanency goal is Reunification.

According to the agency record, in January 2009, the CFSA hotline received a report from a doctor regarding the birth mother's ability to provide care to her two small children. It was reported that the mother missed several medical appointments and that the children's immunizations were not current. Additionally, the doctor indicated that the focus child's sister was a "Failure to Thrive" toddler and that the mother admitted to him that she did not have enough food in the home. Throughout the investigation, the birth mother failed to maintain medical appointments for the children and she was observed not properly supervising the children. At the time of the investigation, the birth mother and the two children were living in a hotel due to domestic violence between her and the focus child's father. The mother did not obtain a restraining order against the birth father. The children were removed from the birth mother's care and placed into foster care together by the end of January 2009. Case management was transferred from CFSA to a private foster care agency in April 2009.

Child's Current Status

The focus child is described as being a happy, healthy baby. Team members indicated that he laughs and plays with his sister and the other child in the foster home. He likes being held by the foster parents and exhibits age-appropriate behaviors.

Since entering care, the focus child's immunizations have been updated and he has had a full physical. He has received at least two developmental evaluations and was found to be on target in reaching his developmental milestones. However when the focus child was evaluated by a physical therapist, he was found to have weak muscles in the hip area that limited his ability to sit up on his own and hold himself upright. Weekly physical therapy was recommended and he will receive this service when he starts attending a local early childhood development center

within approximately ten days of the review. Team members agree with the plan for the child to enter this program and feel that it will be of great benefit to him.

Upon entering foster care, the focus child was placed at a local congregate care setting in order to medically stabilize him and his sister. Once the two children were stabilized, they were placed together in a therapeutic foster home. There were no concerns related to the children's safety in the home. Team members feel that this is a foster care placement that could be long-term if needed. There have been no conversations with the foster parents about their possible interest in adoption.

Parent Status

The birth father is a 22-year-old African-American male. He currently works part-time. Currently, the birth parents reside with the father's mother as they lost their apartment after the children were removed. Both the birth mother and the birth father receive support from his mother.

The birth mother is a 21-year-old African-American mother of two children. She is also currently pregnant. She completed high school and several weeks of college before she was “kicked out”. The mother has a strained relationship with her own mother. Both reported that the birth mother does not care to have contact with her mother. It was also reported that the birth mother has “burned bridges” with several family members, which has led to less support from extended family. Reportedly, the birth mother lacked stability in her childhood as she lived with her parents, then with her maternal grandmother, and then with another relative.

It was reported that the birth mother began showing signs of depression and experienced major mood swings in high school. She participated in therapy while in high school and marijuana use was first suspected during this time period. One team member said that the birth mother is “lost” and appeared sad that they couldn’t “figure out how to help her.” During the January 2009 investigation, the birth mother admitted to feeling depressed for over six years. She participated in a mental health evaluation and was prescribed Prozac. During this evaluation, the mother indicated that she was linked with a local mental health agency for therapy and medication management. This information was verified by the initial social worker. The mother participated in a psychological evaluation through Youth Forensic Services the day before this review (June 2009). The mother has not accessed mental health services within the review period.

In March 2009, both parents participated in court mediation and a Family Team Meeting (FTM). Evidence illustrates that the parents were notified of the concerns related to the children’s safety and an initial case plan was developed explaining what tasks needed to be completed in order for reunification to occur. Items identified in the case plan included the following: the mother’s participation in therapy and medication management; the father’s participation in anger management; both parents’ participation in a domestic violence assessment; and the mother’s participation in a substance abuse assessment and drug testing. In the beginning of April 2009, the social worker met with the birth parents and reviewed the written case plan. Both parents signed the plan. Additional tasks, such as parenting classes and anger management, were included in this document.

In speaking with the birth parents, they were able to articulate many items outlined in their case plan and ordered by the court. Even though the couple is able to identify case plan tasks, there has been very limited progress towards safe case closure on their part. For example, the mother has not followed through with mental health services for her depression nor has she stopped using marijuana. She has reportedly tested positive for this drug since February 2009. She has been referred for a substance abuse assessment with APRA, yet she has not participated in this evaluation. She continues to comply with court-ordered drug testing even though she feels she should not have to as she claims that her drug usage is not a problem for her.

In April 2009, the birth mother met with the CFSA Domestic Violence Specialist for a DV assessment. The mother was referred to a domestic violence support center for counseling around DV issues. There is no evidence that the mother followed through with this referral. The Specialist also helped the mother create a safety plan.

In May 2009, the birth father met with the CFSA Domestic Violence Specialist for a DV assessment. The father was referred to a neighborhood domestic violence group. This group meets on Saturdays, which accommodates the father's work schedule.

A referral for parenting was reportedly made in April 2009, and even though the family was given the name of this program they have not contacted this program. In speaking with the couple, they expressed feeling overwhelmed with the number of things they are expected to do and feel that they have no hands-on guidance in maneuvering through the system (i.e, making appointments, transportation, etc.). They indicated that, "The judge told us we needed to show her we are making progress towards getting our kids back." While there has not been a consistent social worker, the family has not taken adequate steps to contact a supervisor or engage their attorneys for help to address their feelings of being overwhelmed with all the tasks they have been court ordered to complete.

Caregiver Status

The foster parents are providing adequate food, clothing, shelter and supervision to the focus child and his sister. There is also another young foster child in this home. The focus child appears at ease with the foster parents and their extended family. They seem to provide him with love and care. Despite the changes in social workers, the foster parents have worked almost independently to ensure that the focus child has received all of his medical and developmental evaluations. The foster mother has worked with the early child development center to get the focus child registered. The foster parents ensure that the focus child is ready for his weekly visits with his birth parents. They provide the foster care agency with updates on the status of the focus child. There was one issue raised by the birth family regarding the foster parents cutting the focus child's hair and they do not believe the foster parents had the right to do so.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Engagement of the focus child by the social workers, the foster parents, and the GAL, is age appropriate for an eleven and a half-month old. The team has developed a solid assessment of the focus child through observation, direct engagement, interviewing of the caregivers and parents, and formal medical and developmental evaluations. Services for the focus child have occurred

and or are in progress (such as the early childhood development program and physical therapy). No other services were believed to be needed for this little boy.

Reportedly, there has been a great deal of social worker turnover in this case. The original CFSA social worker had to transfer the case to the private agency. The social worker interviewed for the QSR had been on the case approximately one month and the social worker that was assigned during the QSR had been on the case one week. Although the social workers have changed, there has been a basic level of engagement with both the mother and father in this case as the family attended the court mediation, the FTM, and reviewed the case plan with the first social worker. In addition, the first social worker met with the family several times and the newest social worker jumped right in and met with the parents very quickly. When asked about their interaction with the newest social worker, both parents smiled and expressed positive thoughts about her. Another example of good engagement is that both parents were able to verbalize several of the things they needed to accomplish for reunification. While they here has been limited forward movement, they have at least heard what the social workers and the court wants them to complete.

There is a very strong assessment and understanding of the birth mother; her history; her relationship with her mother; and the impact of the stress of having two, about to be three children. Team members are concerned about the history of domestic violence in the parents' relationship. In addition, team members have identified depressive symptoms in the mother and have compiled information related to her familial history of depression. It is also positive that each of the three social workers has an understanding of depression and how depression can impact sleeping and eating patters, substance abuse, and motivation and ability to accomplish tasks. In working with the mother, the social workers articulated that they need to prioritize the steps to reunification so that this already overwhelmed mother does not become so overwhelmed that she cannot function at all.

Regarding case planning, many team members, including the birth parents, participated in the development of the case plan. Most of the specified outcomes focus on safety and achieving reunification. Most team members are in agreement with the plan or even if they do not agree there is some compliance. For example, the birth mother does not feel she should have to drug test, yet she does.

The birth parents have weekly visitation with the focus child and his sister. Reports indicate that the visits go well, the parents do well emotionally during visits, they are loving towards them, engage them and have learned additional ways to appropriately interact with their children - reading books, watching movies, sharing snacks, etc.

Team members had a positive outlook on court. They felt that the court reports were written with adequate details. They felt that issues were mostly addressed outside of court. There were no outstanding court orders. Team members felt that they were given adequate opportunities to share their thoughts and felt respected by the court.

What's Not Working Now and Why

Coordination and leadership, team formation and functioning, the implementation of services and the pathway to safe case closure have been negatively impacted by the social worker

turnover in this case. Since February 2009, there have been three social workers, including the newly assigned social worker of approximately ten days. There is no leader responsible for coordinating the lengthy list of referrals or service implementation for the parents. Referrals that were supposedly done by the first social worker have not been followed up on causing a delay in service implementation and attendance and could lead to a duplication of referrals. Without a social worker to monitor services and engage the parents, it is highly unlikely that they will be able to address the identified challenges and make forward movement towards safe case closure within ASFA timelines. The maternal grandmother expressed an interest in providing care for the focus child and his sister, but her husband (the birth mother's stepfather) said no and refuses to consider the matter any further. The birth father's mother expressed a desire to provide care for the children, but she could not be explored as a caregiver due to the birth parents living with her. These grandparents attended the Family Team Meeting, although it is not clear as to what level of continued engagement with them has occurred.

While the parents signed the case plan and can verbalize several tasks that they need to complete for reunification, the problem is the tracking, coordination, and forward progress. Now that there is a new social worker, the plan needs to be revisited to make sure everyone is still on the same page and to identify timeframes.

Even though the birth father has been involved in this case from the beginning and is working towards reunification with his son, the system has a superficial assessment of him and his current functioning. There is a lack of historical information that could provide a context to current functioning; strengths, challenges, and needs.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus child's status is positive and the fact that the family is not making adequate movement towards permanency, it is believed that the child's six-month forecast is likely to continue status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

It was learned at the 60 day follow up that the birth mother gave birth to her third child in late July 2009. She continues to reside with the birth father and his mother. At the time of this follow-up, it was reported that the birth parents are "no longer in a relationship", but still live together and co-parent the baby. It is unclear as to if and when the birth mother will move out on her own.

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will send out emails or letters of introduction to all team members. This document will ask them [team members] for any concerns related to the case, ask how they can help with this case, and ask for continued contact. | Yes |

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| Follow-Up | The social worker indicated that she did not send out letters, but did send some emails and mostly made phone calls. She indicated that she talked with team members directly (GAL, DV Specialist, paternal grandmother, parents, mental health program, family visitation monitor, foster parents, etc.). The social worker identified team concerns as the parents' trouble with motivation, follow-through, and consistency. | |
| Next Step | 2. The social worker will submit an interim report to the court and parties before the end of July updating the parties on case progress. | Yes |
| Follow-Up | According to FACES, an interim court report was submitted in early July, with the name and contact information of the new social worker. As the social worker was newly assigned, there was limited case progress that she could outline in the report. | |
| Next Step | 3. The social worker will obtain a copy of the mother's Youth Forensic Services evaluation and follow through with the recommendations including medication and therapy (if recommended). | Yes |
| Follow-Up | <p>According to FACES and the social worker, the social worker obtained the YFS evaluation and gave a copy of it to the birth mother. She reviewed the evaluation and the recommendations with the birth mother. Most of the recommendations from the evaluation were already court orders (i.e., individual therapy, medication management, DV counseling, etc.).</p> <p>The social worker scheduled another mental health diagnostic assessment appointment for the birth mother at the mental health agency that has a pre-existing relationship with the mother for early September. The social worker will be transporting the mother to this appointment. The social worker reported that the mental health agency can do therapy and medication management, but they are concerned about the continued lack of involvement on the mother's part which must be addressed.</p> | |
| Next Step | 4. The social worker will meet with the birth father to conduct her own assessment of the father, including DV issues and [previous] referral to the Reintegrating Alternatives Personal Program (RAPP) program. The social worker will follow up with the CFSA DV Specialist regarding the DV referral to RAPP. | Yes |

| | | |
|-----------|--|--|
| Follow-Up | <p>The social worker has met with the birth father several times. The birth father had met with the CSFA DV specialist, but has yet to attend the RAPP program. The social worker has talked with the DV Specialist and has given the birth father the program's contact information several times and after a lack of follow-through on the father's part, she scheduled a recent intake appointment for him. She will check up to see if he attended.</p> <p>The social worker has assessed that the birth father is very engaged with the children during visitation. He has better parenting skills than the mother, but still needs some additional training in which modeling may be helpful. She sees that he cares about the focus child. She has assessed that neither parent has fully processed their relationship in terms of what reunification will look like if they are no longer a couple. The social worker sees that the birth father's mother, whom he lives with, as a support to him, the birth mother and the children.</p> | |
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QUALITY SERVICE REVIEW CASE SUMMARY #30

Review Date: June 8-9, 2009

Current Placement: Therapeutic Foster Home

Persons Interviewed (7): social worker, foster mother, mentor, mental health community support worker, focus child, GAL, CFSA Adoption Recruiter

The AAG, birth mother, and prospective adoptive parents did not respond to invitations to participate in this review. In addition, the prospective adoptive father had a heart attack just before the QSR and the family was dealing with his hospitalization.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an 11-year old African-American male, who currently resides in a therapeutic foster home. He has one sister (7), and two brothers (8 and 6), who reside in different foster homes. His birth mother sometimes attends visits. The identity of the birth father is unknown to team members. One man was reportedly ruled out as the father through paternity testing. The focus child's permanency goal is Adoption.

According to the agency record, in February 2006, CFSA received a report that the focus child's brother had swallowed a potentially lethal dose of Dilantin. The children's birth mother did not take any immediate action after discovering the child had taken the medication until he fell down the stairs later that evening. During the investigation, it was revealed that the birth mother has a history of prior allegations of neglect. The focus child and his three siblings were removed from their mother's care and placed in foster care in February 2006.

Child's Current Status

The focus child was described by reviewers as being funny, curious, and personable. He was also said to be strongly attached to his family, especially his birth mother. The focus child has lived with his current foster parents for approximately two and a half years. This family does not wish to adopt the focus child and have requested his removal from their home prior to the start of 2009-2010 school year. Team members feel that he struggles with lying, defiant behavior and manipulation, sexual acting out and anger management. The foster family feels that they are unable to maintain him in their home, especially due to their not seeing any improvement in his behavior. The focus child does not follow most directives, does not complete chores, does not bring home homework, and talks back to the foster mother. However, it was reported that the focus child "usually complies" with directives from the foster father. The child verbalized that he knows who he "can and cannot mess with" and tends to "test" adults to see what he can "get away with". This insight shows that he can control some of his behaviors when he wants to.

The focus child has been diagnosed with Major Depressive Disorder, Impulse Control Disorder, Reading Disorder, Math Disorder, and Disorder of Written Expression. He currently takes Concerta, 54 mg, and Risperidone, 1 mg in the morning and at bedtime. Team members differed

in their opinions related to whether the focus child is fully medication compliant. Some team members did express that they feel the medication is helpful and feel that the psychiatrist takes time to talk with the adults that bring this young man to his appointments.

Several team members reported that the focus child was receiving therapy while the mental health agency reported the child has not received therapy for a long period of time due to the therapist believing the focus child needed a specialized therapist to address his sexual behavior. Multiple team members were able to identify the initial incident of sexual abuse where the focus child reportedly stuck a pencil in his brother's rectum. Some team members felt that this was the only sexual act done by the focus child, whereas other team members could identify additional behaviors, such as exposing himself to others in school and engaging in sexualized discussions at school and within the foster home. (Therapeutic issues are further discussed under "System Performance".)

The focus child attends a full-time special education program and is in an ungraded classroom. Chronologically, he should be in the fifth grade. This is his second year at this school. As previously reported, he is diagnosed with a Reading Disorder, Math Disorder, and Disorder of Written Expression. He reportedly has a Borderline IQ. Even with his IEP, he is "below basic" in every major subject. He has a one-to-one aide with him every day, yet he does not do his work. His behavior in school is unacceptable in that he does little -to -no school work, tries to roam the hallways, and argues with peers and staff.

There is a plan for the focus child's tutor to adopt him. The timetable for placement has been pushed back several times and it is currently unclear as to when and if the focus child will be placed there. (This is discussed further under System Performance.

Information reviewed shows that medical/dental appointments are current. The focus child is diagnosed with asthma and takes Albuterol as needed. He has a problem with the drooping of his right eyelid. Reportedly the focus child has perfect vision despite the eyelid, but it is noticeable. Previous evaluations from an ophthalmologist have indicated that corrective surgery is not needed. The social worker feels that a new evaluation is necessary and has already submitted a referral for an updated assessment.

Parents' Current Status

Reportedly, the birth mother has visited with the focus child and his siblings several times within the last three months. The agency responsible for case management of the siblings has maintained some level of communication with the mother.

The identity of the birth father is unknown. There was one man previously identified, but he was ruled out by DNA testing and the birth mother has not provided any other names.

Caregiver's Current Status

The foster parents provide the focus child with the basic needs of food, clothing, shelter and supervision. Their participation and engagement in the case is inconsistent. They do not participate in court hearings or most school meetings. While the foster mother seems to have no problem telling other people how she feels about the focus child, she does not really attend

meetings face-to-face. The foster father transports the focus child to some appointments, but requires the social worker to do many other appointments due to the foster mother not being able to drive.

The foster parents and the focus child appear to have a more negative than positive relationship. It was difficult for the family to identify any of the focus child's strengths, yet they could easily report a lengthy list of his challenges and the family. When speaking, the family appeared to have a complete lack of empathy and concern for the focus child. It seems as though the focus child has hurt this family emotionally after he made an allegation of the foster parents hitting him in the past. His defiance is also a factor in the lack of positive emotions and support given by the family. They have requested his removal and are fully expecting him to be removed prior to the end of the summer.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Engagement of the focus child is acceptable. His tutor, mentor, GAL and mental health case manager have been on this case for approximately two years or more and have developed positive, lasting relationships with this young man. The social worker engages the focus child during her visits and during planning meetings that he attends, including Administrative Reviews and treatment team meetings. The focus child reported that team members ask for his opinion on how things are going and what he would like to see happen in the future. As the school did not respond to requests to participate in this review, it is unclear how the school truly engages the focus child as he is failing all subjects and has unacceptable behavior.

There is fair case coordination and leadership in this case and it has the potential to become better as the social worker has attempted to bring the team members together in order to coordinate services and monitor progress. The social worker has talked with all professional team members. She has invited everyone to a formal treatment team meeting within the last three months and provided an update to those who could not attend the meeting. There seems to be resistance from the mental health side of this case in terms of providing case updates and a clear outline of services received. However, both the child welfare and the mental health systems feel that the lack communication is due to a communication breakdown on the other side.

Team members seem to have an adequate overall assessment of the focus child's history, strengths and challenges. They also seem to have an assessment of the underlying issues of neglect, abandonment, chaotic family life that contribute to the focus child's current behaviors and adaptation.

Team members had a positive outlook on court. They felt that the court reports were written with adequate details. They felt that issues were mostly addressed outside of court. There were no outstanding court orders.

The focus child visits his siblings on a bi-weekly basis. Over the last three months, the birth mother has attended multiple visits with the children. Visitation is monitored by the agency

providing care for the focus child's siblings. The focus child is visiting everyone he wants to visit with.

What's Not Working Now and Why

Teaming, case planning, and permanency are challenges in this case even though a pre-adoptive family has been identified for the focus child. The identified pre-adoptive family (the tutor and his family) completed their adoptive parent training towards the end of 2008. They reportedly moved into a larger home to accommodate the focus child, which lengthened the licensing process, yet they are still not licensed. In addition, the week prior to the review, the pre-adoptive father had a heart attack. His health and both the short-term and long-term implications of this medical problem on the focus child's permanency are unclear. The timeframes for licensing and for placement have been delayed several times due to the lack of police and FBI clearances for household members and the family needing to find a larger home to accommodate the focus child. There is also no clear timeframe for future placement or adoption finalization. There is no concurrent plan or back-up plan for placement or permanency even though the current foster parents have reported that they are unwilling to continue to provide care for the focus child past this summer.

Engagement and assessment of the birth mother is non-existent with this team. The mother is engaged by the other agency providing care for the other siblings. In the last three months she has come to scheduled visits with the children and the other social worker has been able to connect with her, at least, around those visits.

Implementation of therapy for the focus child has not been addressed due to the lack of information sharing among the team members and the lack of coordination and case monitoring. As previously noted, several team members reported that the focus child was receiving therapy while the mental health agency reported the child has not received therapy for a long period of time due to the therapist believing the focus child needed a specialized therapist to address his sexual behavior. Multiple team members were able to identify the initial incident of sexual abuse where the focus child reportedly stuck a pencil in his brother's rectum. Some team members felt that this was the only sexual act done by the focus child, whereas other team members could identify additional behaviors, such as exposing himself to others in school and engaging in sexualized discussions with kids at school and occasionally at home. A referral for a specialized therapist was reportedly completed by the previous therapist almost a year ago, but nothing became of it. Team members blame each other's lack of communication for why this issue has not been addressed. In addition, there is no evidence that the concerns on either side were elevated up the individual chains of command.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The instability of the focus child's placement and permanency negatively impacts his prognosis. If the focus child has to move to a new foster home prior to or instead of the intended pre-adoptive home, his status will likely decline.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

The assigned social worker interviewed during the QSR was no longer employed by the agency at the time of the follow up. According to a July 24, 2009 Interim court report, a new social worker and supervisor have been assigned. The QSR Specialist obtained information for the 60 day follow up from the focus child's Adoption Recruitment Specialist, the GAL and the new supervisor.

| | | Outcome |
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| Next Step | 1. The social worker will submit a referral for specialized sexual abuse therapy on behalf of the focus child. | In progress |
| Follow-Up | The previously assigned social worker did not complete this referral. According to the new supervisor, the new social worker has been given the contact information for a specialized therapist and is supposed to submit the referral for this service. | |
| Next Step | 2. The social worker will convene another treatment team meeting with the team members and will discuss permanency issues. The social worker and team will develop a written plan for the adoptive family on moving forward with permanency. The Adoption Recruiter will be included and a discussion will be held about an alternative permanency plan. | No |
| Follow-Up | <p>As of the 60 day follow up, it was reported that no team meeting had occurred to discuss the focus child's permanency or his educational needs. The newly assigned supervisor indicated that a team meeting was not officially held by her agency, but there was a recent Administrative Review at which time permanency was discussed. The new supervisor and worker, the GAL, and the Adoption Recruiter were all present. While this small team meeting is positive, it is not the meeting that was agreed upon as the prospective adoptive parents, the therapist, or the foster parents were not present and no written plan for the adoptive family was developed.</p> <p>There is currently no signed Waiver of Confidentiality on file in order for recruitment of an adoptive home to begin for the focus child. As of the end of August, the GAL said he would work with the AAG on getting this filed.</p> <p>The new supervisor commented that the prospective adoptive family (the focus child's tutor) has contacted her agency and is almost finished with the licensing process; however, they do not wish to sign an "Intent to Adopt" form yet. It was agreed that the focus child</p> | |

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| | would move into the home (possibly in October) and the family would have 90 days to sign an “Intent to Adopt”. It should be noted that the Adoption Recruiter reported that the family had not contacted her directly regarding moving forward with licensing. | |
| Next Step | 3. At the team meeting the social worker and team will also discuss educational needs as the child is failing academically. | No |
| Follow-Up | <p>As no formal team meeting was held, team members have not discussed permanency or the focus child’s educational needs collectively.</p> <p>The focus child attended summer school and was promoted to the next level. It is unclear if the team shared their concerns with the focus child’s academic failure with the new social worker and supervisor as the focus child is in an un-graded, full-time, special education program that appears to be just barely managing his behaviors and not focusing on academics.</p> <p>It does not appear as though detailed and thoughtful communication and brainstorming around addressing this issue occurred. It should be noted that the new supervisor indicated that education was discussed at the Administrative Review. In addition, the focus child’s Educational Advocate was not present at the Administrative Review.</p> | |
| Next Step | 4. The social worker will send one letter to the mother in an attempt to engage her in the case planning process. | Yes |
| Follow-Up | The previous social worker agreed to send the birth mother a letter as she was not attempting to see the mother during supervised visits at another foster care agency. The new supervisor indicated that the new social worker has attended at least two supervised visits where she has met the mother and is working on establishing a relationship with her. The QSR Specialist recommended that these contacts with the birth mother be documented in FACES. | |

QUALITY SERVICE REVIEW CASE SUMMARY #31

Review Date: June 10 - 11, 2009

Current Placement: Foster Home

Persons Interviewed (7): Supervisory social worker, foster mother, focus youth, GAL, therapist, tutor, and family support worker.

The social worker was not available to be interviewed as he was no longer working at the agency. The birth mother and educational advocate were unavailable to be interviewed for this review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a fifteen-year-old African American male. He became known to the DC Child and Family Services Agency (CFSA) in October 2004 due to a lack of appropriate adult supervision. A special education bus driver dropped off the focus youth's sister, who is currently thirteen years old, at home; however, neither the birth mother nor any other adults were present. The bus driver briefly waited and during that time the focus youth returned home from school. The bus driver could not stay and contacted the CFSA hotline. Due to a substantiated investigation of neglect, both children and their brothers, who are now seventeen and eighteen years old, were subsequently removed from their birth mother's care.

The focus youth currently resides in a foster home with his foster parent and two foster brothers, both of whom are a few years younger than the focus youth. He has resided at this placement since September 2007. The focus youth's permanency goal changed from reunification to adoption in August 2007, and the foster parent expressed her interest in adopting him. Initially, the focus youth was in favor of being adopted by his foster parent, but approximately four months prior to this review, he stated that he was no longer interested in adoption and wanted to reunify with his birth mother.

The focus youth's birth mother is involved in his life, and he has unsupervised weekend visits with her on most weekends. When the focus youth stays with his birth mother, he has the opportunity to visit with two of his siblings; his seventeen year-old brother, who is also in a foster home and visits on the weekends, and another brother, who is eighteen and resides with the birth mother. The focus youth visits once a month with his thirteen year-old sister, who is currently placed at a residential treatment facility in Maryland, an hour drive from the focus youth's placement. Reportedly, the identity of the focus youth's birth father is unknown by the mother.

Child's Current Status

The focus youth resides in a relatively stable home with his foster parent and two younger foster brothers. The focus youth's permanency goal is adoption; however, team members reported that approximately four months prior to this review, he changed his mind and stated that he no longer wanted to be adopted. The focus youth did not provide a reason for his decision. Team

members speculate that the focus youth changed his mind when he heard that his sister was going to reunify with their mother. At the time, his sister was placed in a foster home. She was returned to the mother, but was then placed in a residential treatment facility two weeks after her return home. Team members stated that the focus youth has a strong bond with his mother and does not wish to sever the relationship. Team members also reported that the foster parent will allow the focus youth to remain in her home until another permanency plan is determined for him. The foster parent is reportedly supportive of the focus youth's contact with his mother.

In the fall of 2009, CFSA referred the focus youth to individual therapy at a counseling center in order for the focus youth to process his feelings about being adopted. At the time, he reported interest in being adopted and treatment ended successfully. When he decided that he no longer wanted to be adopted, the child welfare agency referred the focus youth to therapy with a psychologist at a local children's hospital in order to address his change of feelings. The change in counselors reflected the team's desire to provide a clinically trained psychologist for the focus youth. After several weeks of therapy, team members reported that the psychologist provided a letter to the Court stating that the focus youth has a positive relationship with his foster parent, but would like to reunify with his mother.

The focus youth is diagnosed with a life-threatening disease and cerebral palsy. He receives medical case management from an organization that schedules all of his medical appointments. Team members reported that this organization has been very helpful. The youth attends physical therapy twice a week and wears braces on his legs. His foster parent drives him to all of his medical appointments. The focus youth is currently taking eight medications a day to treat his diagnoses. The focus youth and foster parent reported that he is responsible for taking his medication, and added that overall he is usually compliant with taking his medication in a timely manner. They stated that he forgets his morning dosages once every few weeks. The focus youth and foster parent both reported that the foster parent often reminds the focus youth to take his medication, which is helpful for him. The focus youth can use stairs, but prefers to use elevators when available. A few team members reported that the focus youth's physicians recently stated that he is in very good health. Additionally, his outlook on his health is very positive.

The focus youth had been prescribed and was taking Medidate, a time-release stimulant, to treat symptoms of Attention Deficit Hyperactivity Disorder (ADHD), but in December 2008 his psychiatrist stated that he no longer needed the medication and stopped prescribing it. The focus youth is currently not taking any psychotropic medications. Team members reported that they have not seen a significant change, for better or worse, in behavior and concentration in him since he stopped taking the medication.

The focus youth's school placement is marginally stable. He attends ninth grade at the neighborhood high school. The focus youth was diagnosed as having a learning disability and he participates in special education classes. His Individual Education Plan is current; however, he is failing most of his classes. It was reported that the previous academic year the focus youth earned mostly B and C grades, but this year he failed all but two classes. Team members stated that the focus youth either does not complete his homework or completes the work but does not hand it in.

The focus youth participates in tutoring sessions twice a week. Team members reported that he frequently does not bring his homework to the tutoring sessions and states that he does not have homework or left it at school. Several of the team members noted that the focus youth may benefit from a smaller school and classroom size because he is easily distracted. To address this problem, a meeting was held at the focus youth's school three months ago, at which time a homework log was created to help him organize his homework assignments. Team members reported that the homework log helped the focus youth to bring home, complete, and turn in his assignments, but after approximately one month, he stopped using the homework log. Team members did not follow up on ensuring that the log was continuously used. At the time of the review, several of the team members did not know if the focus youth was recommended for summer school.

Team members stated that the focus youth does not like to spend time outdoors and prefers to play video games in his bedroom for hours. It was also reported that the focus youth is encouraged to engage in after-school activities and other appropriate social outlets, but he repeatedly states that he is not interested. The focus youth was offered a mentor, but he stated that he did not want one. He occasionally participates in outings with his godmother, who was his previous foster parent. The focus youth thoroughly enjoys attending a summer camp for children with disabilities, which he attended last summer. CFSA will register the focus youth this summer and pay the fees for him to attend.

Parents' Current Status

The reviewers attempted to contact the birth mother, but were unable to speak with her since her phone was disconnected. There was no other contact information for her. Team members reported that the mother may have mental health problems, but were unable to provide additional information. Reportedly, the mother resides in a two-bedroom apartment with her eighteen-year-old son. If reunification with the focus youth were to occur, then the mother would need to obtain a larger apartment.

Caregiver's Current Status

The foster parent is currently unemployed and reported that she is "taking a temporary break" from her position as an apartment maintenance worker at her apartment complex. She resides in a three-bedroom apartment with her two sons and the focus youth. Team members reported that the focus youth has a positive relationship with the foster parent and his foster siblings. It was also noted that the foster parent feels supported by the social worker and the child welfare agency.

Approximately one year ago, team members stated that the foster parent expressed interest in adopting the focus youth. She has been actively involved in his medical care and emotional well-being, ensuring that he attends all of his medical appointments and therapy sessions. The foster parent, team members noted, has attended school meetings for the focus youth, and they added that sometimes she temporarily takes away the youth's video games if his homework is not done. Some team members reported that the foster parent could be more involved in the youth's education, and ensuring that he studies for examinations and submits completed homework.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Some of the right people are working together to provide services for the focus youth. The team members share a good assessment of the youth's medical and emotional needs, and the social work supervisor has ensured that services are in place to meet those needs. For instance, in order to ensure the well-being of the youth and identify the most appropriate permanency goal for recommendation to the Court, the child welfare agency referred him to therapy twice. The first time was an opportunity for the youth to discuss his feelings about being adopted. The second time was to ensure that he had a chance to talk about his feelings regarding reunification.

Another positive aspect of the case is the on-going contact between the youth and his birth family, specifically with the youth's mother, sister, and brothers. The focus youth has a strong social support network that includes his foster parent, mother, and previous care provider. Overall, the focus youth is healthy, happy, and safe.

What's Not Working Now

The prospects for permanency, at this time, are limited and team members are not in unison on a permanency goal. The focus youth does not want to be adopted and team members do not have a clear assessment of the birth mother. Team members could not provide details about her current ability to care for the focus youth for longer than a weekend visit nor could they state what services she may need and objectives she must accomplish before reunification could occur. Without an assessment of the birth mother and her strengths and needs, it is difficult to create a case plan that addresses goals and objectives for her to reunify with the focus youth. Now is the time to expedite a comprehensive assessment of her and update the case plan.

All of the team members stated that the focus youth's stymied progress in school is a problem; however, there is no consensus about how to address this problem. There was a lack of clarity regarding school placement. Some team members believed the youth's current school is meeting his academic needs whereas others stated that he needs to attend a special education school. Additionally, few team members knew if the focus youth was recommended for summer school, one week before the end of the school year.

Communication between team members has not always been consistent. Some of the team members reported that everyone on the team meets approximately once every six weeks; however, several of them did not mention knowledge of these meetings.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will remain status quo within the next six months.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

A new social worker had been assigned to the case for at least six weeks at the time of the 60 day follow up.

| | | Outcome |
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| Next Step | 1. The social worker will convene a Life Meeting with relevant parties to discuss the youth's permanency goal. | Yes |
| Follow-Up | The social worker facilitated a family meeting similar to a Life Meeting for the focus youth and his siblings in late June. A follow up meeting was also held in August. Specific steps were created for the focus youth's mother, which reflect the youth's goal of reunification. The goal changed from adoption to reunification in August 2009. | |
| Next Step | 2. The social worker will submit the application for an alternate special needs school. | Yes |
| Follow-Up | <p>The social worker submitted an application to a private school that could better suit the focus youth's educational needs. The social worker reported that the school scheduled an intake interview on a day on which the youth had summer school. The social worker reported that she called and emailed the school multiple times in order to reschedule the interview, but to no avail.</p> <p>The QSR specialist recommended that the social worker contact the focus youth's educational advocate and inform her of the delay in rescheduling the interview with the private school and added that sending a certified letter to the school to request rescheduling may also be helpful. She will continue her efforts to get the intake interview rescheduled.</p> | |
| Next Step | 3. The social worker will assess the need for another tutor. | Yes |
| Follow-Up | The social worker contacted the director of the tutoring agency and expressed her concerns that the youth's tutor was not meeting the youth's educational needs. According to the social worker, the director believes that the youth's tutor is a competent instructor. The director also stated that he recently hired a tutor who is a specialist in working with youth diagnosed with ADHD. The director reported that the new tutor would be assigned to the youth and the service would start by the end of August 2009. The social worker was in agreement with this plan. | |

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| Next Step | 4. The social worker will check to see if the focus youth needs to attend summer school; if so, the social worker will convene a meeting with the youth, his teachers, foster mother, tutor, and GAL to discuss his progress and academic goals. | In Progress |
| Follow-Up | The social worker contacted the focus youth's school and found out that he was required to attend summer school. At the time of the follow up, a meeting has not been held yet to discuss his academic needs and how they are being met, but the social worker plans to convene a meeting with the educational advocate, GAL, birth mother, foster parent, teachers, and tutor at the beginning of the new school year. | |
| Next Step | 5. The social worker will work closely with the family worker to determine next steps (such as goals, objectives, and time lines for the birth mother) for reunification between the youth and his mother. | Yes |
| Follow-Up | At the family meetings in June and August, next steps were created for the birth mother in order for reunification between her and the youth to occur. The social worker stated that everyone was in agreement with the steps that needed to be accomplished; however, she added that the timelines for completion were not clearly defined. She stated that the timelines are contingent upon the mother's receipt of a larger apartment, which is dependent on the Housing Authority. | |

QUALITY SERVICES REVIEW CASE SUMMARY #32

Review Dates: June 8-9, 2009

Focus Child's Placement: Traditional Foster Home

Persons Interviewed (8): Social work supervisor, birth mother's attorney, school social worker, physical therapist, occupational therapist, foster parents, birth mother and GAL.

There was no social worker assigned to the case at the time of the review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an 18-month-old African American male, who is currently residing in a foster home with his two-and-a-half-year-old sister. The focus child and his family became known to the Agency, due to a report which was received in 2008. The Metropolitan Police Department contacted the hotline to report that they were arresting the mother and the father for domestic violence and there were two young children in the home. An investigation was conducted and the children were subsequently placed in foster care.

The focus child was diagnosed with failure to thrive and developmental delays. Additionally, it was documented that there were medical concerns regarding his digestive system. He currently receives services through a community provider who specializes in services for children with special needs; he receives physical and occupational therapy two times per week. However, reviewers learned that there was a recommendation pending to decrease his services to once per week, as a result of an Individual Family Service Plan (IFSP) meeting. Apparently this meeting took place immediately prior to the review. His medical needs are being monitored closely and he receives comprehensive medical care from a local hospital.

Child's Current Status

The focus child has been in his current placement since entering foster care in 2008. In the household are the focus child, his sister, his foster parents and their two children, ages seventeen and twenty. It was reported that the child was very close to his foster family and recognizes them as his parents. He refers to the foster parents as "mommy" and "daddy". He has progressed well in the home and was doing exceptionally well in regards to his medical and developmental needs. Reportedly, he is doing most things expected of a child his age and is now meeting his developmental milestones. Reviewers noted that the focus child seems attached to the foster mother and this was also echoed by both the foster mother and father. He clings to her and seems to always want to be with her. It was also obvious to reviewers that he was bonded with the other family members. He interacted very well with both his foster sister and the foster father during the QSR interview. Reviewers learned that even though he visits with his birth mother and birth father without any problems, he does not view them as his parents and does not say mommy and daddy to them.

It was apparent that the focus child's overall success was attributed to not only his educational setting, but his foster home. As a result of the foster parents' involvement with the focus child at home providing him with guidance and assistance and keeping in contact with the staff at his education setting, he appears to be making remarkable strides towards reaching his developmental milestones. He walks independently, follows simple directions, identifies objects and will go to the kitchen and point to whatever he wants. Additionally, his speech is improving each day, as he is learning new words.

The focus child was receiving physical therapy to address his difficulty with walking and standing. He has met his goals and is currently walking and standing independently and will only require limited physical therapy. Reportedly, there is some concern regarding his right foot, which appears to be "flat footed". Therefore, this will be monitored by the physical therapist to ensure there are no complications. The focus child also receives occupational therapy for spasticity management and gross grasp. It was reported that he had difficulty reaching for objects above his head and involuntarily clenches his fist. As a result of the child's progress with his occupational therapy goals, it was recommended by the therapist that he no longer receive this service.

It should be noted that the focus child's overall adjustment at school has improved significantly. The focus child started the program nine months prior to the review, at which time he would spend most of the day crying and would cry extremely loud. Furthermore, he would require continuous consoling and would not nap on his own; someone would have to provide him with comfort before he fell asleep. The focus child did not play or interact with his peers, but instead would play by himself. However, this has changed over the last thirty days; he is more sociable, happy, and confident and goes to sleep independently.

There are currently no outstanding medical issues for the focus child. He had a medical follow-up a few days prior to the review and is up-to-date with his physical appointments. It was reported that his weight fluctuates, but this could be a result of him being a picky eater.

Reviewers learned that the focus child's permanency goal was recently changed from reunification to adoption, due to the parents' failure to comply with court ordered services. The foster parents are interested in adopting the focus child and his sister. At the time of the review, they were in the process of completing their letter of intent and were already assigned an attorney to represent them in court.

Parent Status

The birth mother is a 24-year-old African American female, who is the mother of three children. The oldest child, a 5-year-old son, resides with her in the home. Reportedly, the mother has not been consistent with her pre-trial drug testing, but claims to be seeing her therapist on a regular basis. However, she failed to follow through on all the court-ordered services—drug testing, domestic violence counseling, individual counseling, parenting skills, anger management and participating in the children's medical and educational services—in order to meet the requirements to have her children returned to her care. Due to the focus child's developmental delays, the mother was advised to get involved with the school and the medical provider so she

can have a better understanding of her son's needs and follow up with his progress, however, she did not make herself available for the professionals.

The mother was encouraged to visit the focus child at school and get involved with school staff regarding the child's progress, but she failed to follow through and to date has only made one attempt to visit the child at school. Reportedly, since the last court hearing in May 2009, the mother has been visiting with the focus child on a consistent basis. Additionally, she maintains contact with the foster parents and follows up on a weekly basis as to the focus child's progress in the home.

The birth father is a 30-year-old African American male, who is the father of the two younger children. Initially, when the focus child and his sister were placed in foster care, the plan was for the children to be reunited with both parents who were a couple at the time. Subsequently, the parents separated and their relationship became antagonistic. The father then became the identified resource for the children and plans were initiated to work with the father so the children could be reunited with him. The agency purchased furniture for the father so he could have overnight visits with the children, but he did not comply with court-ordered services: drug testing, parenting skill, domestic violence counseling, individual counseling and participating in the children's medical and educational services. Furthermore, his visits with the children were very sporadic.

It should be noted that both parents had a suspected substance abuse history and were court ordered to complete pre-trial drug testing. However, it seems that the mother did some testing, but there was no indication that the father complied with this order. The agency has also provided the parents with financial assistance for transportation to ensure that they were able to attend the visits; however, they were still inconsistent. The parents are aware that the children's goal was changed to adoption and reportedly are extremely upset about the goal change.

Caregiver Status

The foster mother and her husband have been caring for the focus child and his sister since their placement in foster care. The family seems to be very bonded with the focus child and appears very affectionate and loving towards him. The foster mother is very involved with the child's medical and educational needs. She attends all the meetings and is in constant dialogue with his service providers around his needs. The foster mother also works with the child at home to ensure that he is meeting his developmental milestones. She has taken the lead with the child's care and is working with providers and coordinating his services. The foster mother was present at the IFSP meeting regarding the child's progress and is currently disagreeing with the providers about their recommendations. She feels strongly about the therapeutic services and felt that the child will require these services continuously. It seems that the foster mother was concerned that the focus child would regress if the services were decreased or stopped. Due to the lack of an assigned social worker on the case, she did not have someone to address her concerns regarding the focus child. Reviewers learned that the case was without a social worker for approximately 30 days and was being covered by the supervisor.

The foster parents seem to be very bonded with the children and see them as part of their family. It should be noted that the focus child has been in the foster parents' care since he was three

months old. The foster parents do not appear to have a good relationship with the birth parents and reportedly do not speak favorably of them.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

A strength in this case is that the focus child and his sister have been in the same foster home since coming into care and continues to be placed together. The focus child is in a home that team members believe will endure until he reaches permanency. His foster parents are interested in adopting both him and his sister. The foster parents are already assigned an attorney and have been participating in the court proceedings. The foster mother has taken the initiative to ensure that the child's needs were being met through the coordination of services with each provider. The services implemented for the focus child are appropriately addressing his developmental needs. Services have been timely and providers communicate with each other to ensure that they are all on the same page. As a result the focus child has made remarkable progress. The child is stable and seems to be meeting his developmental milestones. The foster mother has a good relationship with the school and maintains consistent contact the focus child's therapists.

What's Not Working and Why

The high turnover of social workers has contributed to the lack of progress on the case. According to documentation and information obtained through the interviews, it was noted that there have been approximately six social workers on the case since it was opened in March of 2008. There is no continuity when workers change and there seems to be a lot of confusion and miscommunication amongst team members. Although there were a few people involved with the family, they were not talking to each other and were definitely not on the same page in regards to the case plan and what needed to happen in order for the case to reach safe case closure. One interviewee commented that due to the social worker turnover, there was no real engagement with the family or any attempts to develop a relationship with the parents in order to have a better understanding of the parents and where they were in the process. Individuals on the case seemed frustrated with the lack of social worker stability and lack of appropriate coverage during social worker absence. Additionally, some individuals felt as though there was no support from the agency and they had to resolve difficult issues on their own. In the case of the foster mother, she had to take control of the focus child's medical needs and ensure that appropriate services were in place.

Reviewers learned that two months prior to the review, one of the social workers was asked to be removed from the case by the Judge. She was described as being too confrontational with the parents and reportedly they did not wish to work with her and requested in court for her to be removed from the case. Some individuals working with the family felt that the removal of this worker did more harm than good for the case, since she was described as being very firm with the parents.

The individuals who were supposed to be working with the family did not have a good working assessment and understanding of the family. Although the parents were not consistent with court-ordered services, it was clear that there was no one taking the lead in coordinating the services and encouraging and monitoring their participation. At the time of the review it was

unclear as to how many pre-trial drug tests the mother completed, or whether she was actually being seen by her therapist. This was information that reviewers felt could have been obtained for verification. Actually, some team members did not know if the mother even attempted to initiate any of the court ordered services. Reviewers observed that the case planning process was somewhat marginal, since it was not guiding the process towards permanence. Reviewers noted that each person had a different understanding of what was happening on the case and the case planning process seemed to be very disjointed.

Reviewers noted that there were some controversies in regards to the focus child's therapeutic services. There were reports that the focus child is making remarkable progress and therefore it was recommended that there be a decrease in the frequency of services. However, some team members disagree with these recommendations. As of the date of this review, it was reported that the recommendations were not signed and since there was no social worker involvement, a firm decision on the recommendation had not been made. It seems that the individuals who oppose the recommendations are concerned that the child may regress and not continue to progress if the services were discontinued. Furthermore, there were some concerns regarding him fisting his hands and the issue of his "flat foot". It was clear that no one disagreed with the child's current progress and it was understood by some interviewees that even though services will be decreased, because he is in his current school program, services can be reinstated if necessary. Reportedly, a second meeting will be scheduled to discuss the disagreements and to come up with a resolution.

The case was opened over a year ago and as of the review the only movement towards safe case closure, reviewers noted, was the goal change. There were no activities occurring to indicate that there was any active case planning, or efforts being made by the team to engage the birth parents in the case. It would also appear that the core reasons surrounding the removal of the focus child and his sister have not been addressed. Reviewers learned that the birth mother has an older child in her custody and there were no indications of whether or not this child was safe in the home. Reviewers were concerned that the barriers preventing reunification of the focus child and his sister have not been clearly identified and there is no solid plan in place to address/remove those barriers. Moreover, there appears to have been no attempts to identify and reach out to maternal and paternal family members as kinship/guardianship resources for the children.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the new goal change and the foster parent's intent to adopt, it is likely that over the next six months the child's situation will improve.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

There was no social worker assigned to this case during the review. The case was reviewed with the previous supervisor. However, a new social worker and supervisor were assigned by the 60 day follow up.

| | | Outcome |
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| Next Step | 1. The social worker will hold a meeting with all team members to discuss the focus child's therapeutic needs, assess the parents' current needs, the permanency goal and other relevant aspects of the case. She will formulate an agenda to cover areas of concern to ensure that team members are on the same page. | Yes |
| Follow-Up | <p>A meeting was held in late July with the following team members: birth parents and their attorneys, foster parents and their attorney, paternal aunt, focus youth and the GAL. During the QSR, it seemed unclear as to whether or not the goal was truly adoption or whether the court was planning on changing it back to reunification. Together the team was able to address many of these questions, such as exactly what was required of the parents and the identification of any relatives that could be a resource, to ensure that they were all on the same page.</p> <p>The paternal aunt has come forward as a permanency resource for the children. She is very active in the case planning process and as of the 60 day review has been participating in visits, medical appointments and the children's therapeutic services. The aunt was referred to another agency for assistance with having her home licensed.</p> <p>The birth mother is also actively participating in the case planning process. Both her and the aunt are working together to conduct the necessary visits together. The foster parents are no longer communicating directly with the birth mother and communicate through the new social worker.</p> <p>As it stands, both the paternal aunt and the foster parents are competing for the children. The court is working with the foster parents towards adoption and they are also working with the paternal aunt towards guardianship/adoption concurrently. It is unclear where the children will go, but both parties are very active in complying with the necessary plans.</p> <p>Everyone on the team seems more together and is in agreement with the case plan and goal and the direction that the case is going. It is clear to the team that there are two potential permanency options and both plans are being aggressively worked on to ascertain where the children will eventually go.</p> | |

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| Next Step | 2. The social worker will explore extended family members as permanency options. | Yes |
| Follow-Up | The paternal aunt was identified by the birth parents as an option for possible guardianship or adoption for the children and has been actively participating in case planning. | |
| Next Step | 3. Social worker will gather more information regarding the five-year-old living in the birth mothers home. | In progress |
| Follow-Up | It was discovered that the mother has a five year old son at home, who is in kindergarten. However, she does not bring the child to the agency for visits, due to her fear of losing that child. It was reported that she was reluctant to provide the social worker with information regarding her son and did not see the need to share info with worker about the child who was not involved with her case. The social worker will continue her efforts to gain more information. | |

QUALITY SERVICES REVIEW CASE SUMMARY #33

Review Dates: June 10-11, 2009

Current Placement: Foster Home

Persons Interviewed (9): Social worker for focus child, social worker for the family, birth mother, foster mother, focus youth, current and previous AAG, tutor and therapist.

The music teacher was scheduled to be interviewed; however she did not make herself available for the scheduled time.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14-year old African American male, who is residing in a foster home in Maryland. The focus youth has a total of five siblings: two toddlers, ages unknown, and two older brothers (ages 17 and 19) and a younger sister (age 14). His younger sister lives in another foster home with a goal of guardianship with the maternal grandmother and his two older brothers currently reside with their maternal grandmother. His two youngest siblings live with the birth mother. He has unsupervised visits with his mother; however she stated that her work schedule does not permit her to visit the focus youth on a consistent basis. He has no contact with his father.

The focus youth had been residing with his maternal grandmother for approximately five years; due to his mother's inability to care for him, the specific reasons however, are unknown. The focus youth was removed from his maternal grandmother's home in December 2006 at age 12. He was charged with 2nd degree sexual offense, sodomy, two counts of sexual abuse of a minor and 2nd degree rape involving his now 14-year old sister while both were residing with their maternal grandmother. An investigation was conducted and as a result the focus youth was removed from his grandmother and placed in foster care.

The focus youth has been diagnosed with Mood Disorder NOS and ADHD. He is currently taking Cymbalta 30mg, Zyprexa 7.5mg and D-amphet 15mg.

His case is managed by a private agency. His permanency goal is APPLA, which will be revisited at the next court hearing scheduled for July 16, 2009. He receives tutoring and individual therapy which includes sex offender therapy.

Youth's Current Status

The focus youth is a ninth grader and attends his local neighborhood school. He receives weekly tutoring for science, algebra, and American history. Even with continued tutoring, the focus youth is failing several core classes and may have to attend summer school. It had been suggested that a meeting be held with his teachers during the first quarter of the last school year, but this did not occur. A conference with appropriate educational staff to discuss the areas in which the focus youth is having difficulty (i.e. organization, subject matter and study techniques)

would be helpful for next school year. His reading comprehension is above grade level; however he is below average in math. It was suggested by the tutor that he should attend a summer enrichment program to strengthen his geometry skills before taking geometry in the tenth grade. Tutoring is only sustaining him; he is still not making much improvement. He does excel in his elective classes, especially chorus, and participates in choral competitions. The birth mother and maternal grandmother attended a choral concert in May, in which the focus youth was a participant. He was very excited to see his family, so much so that he could not remain still and ran off the stage to sit with them. The social worker also attended the concert after scheduled work hours. He exhibits no behavioral problems at school or in his foster home.

In terms of stability, the focus youth is in his first foster care placement and has been there for the past two years. The focus youth is safe at home and relatively safe at school. There has been one documented incident where the focus youth was locked in a locker by peers in early April 2009. The focus youth enjoys spending time with his maternal grandmother, mother and siblings. He has unsupervised visits with his maternal grandmother on weekends. Visitation with his mother has been sporadic as she states that her work schedule is not very flexible. After the Christmas holiday she had not seen focus youth again until March. The focus youth was observed by one of the team members to have exhibited strange behavior during a visit. It was stated that the youth was walking around the house saying “nobody wants me, no one cares about me” and mumbling similar comments under his breath. His skin was flushed and lips had an ashy film. His grandmother and biological mother often communicate that they are having financial difficulties and other personal problems. The focus youth openly discussed with his social worker that he feels like he should be contributing to his family and their household in some way. Those interviewed stated that these conversations increase the youth’s anxiety level.

The focus youth indicated that he is willing to be adopted by his cousin, who recently stepped forward as an adoptive resource for him. He explained that he would like to stay with his biological family. He feels like he would be betraying his family if he were to be adopted by someone who was not his biological family.

The focus youth has been participating in therapy since February 2007. He attends individual counseling weekly for his juvenile sex offenses and other emotional issues. It was reported that he has made significant progress. The focus youth was very resistant to therapy and would not speak about the incident that occurred with his sister. He now speaks candidly with his therapist about the incident. Through therapy, the focus youth has developed better coping skills, has become more open with his foster mother and is less moody. When the focus youth visits with this maternal grandmother and siblings he often comes back to his foster home sad. He was particularly affected when he found out that his grandmother took the two siblings that reside with her on vacation and he was not included. It was reported that these situations cause him to have a difficult time focusing on his school work. Interviewees stated that the focus youth is in denial about his family not visiting him on a regular basis; he made excuses to why his family members were not making regular visits. He now acknowledges their short comings.

The focus youth enjoys singing, computers, and will be trying out for his high school football team in the fall. He realizes that he could have done better academically this school year; but feels that the tutoring has been helpful. He has friends at school and communicates with them via

the internet outside of school. His career goals are to become an architect or an accountant, despite being below average in math.

Those interviewed stated that the focus youth is not a behavior problem for his foster mother; he cooks, keeps his room clean, does his chores, manages his own medication and helps out around the house. The focus youth had a physical in May and is up-to-date with his vision and dental appointments. Team members did report that sometimes he does not want to bathe and has to be reminded daily to do so.

The focus youth feels comfortable in his foster home. He stated that he feels safe, has some freedom, such as eating whatever he chooses. He stated that his foster mother is caring and understanding. He made Mother's Day cards for both the foster mother and the social worker.

Parent Status

The birth mother lives with her two youngest children and her sister. She is entitled to supervised visits with the focus youth but does not participate consistently. They speak on the phone periodically; the birth mother stated that the focus youth can call her anytime. The focus youth believes his mother's cell phone is not working; however, reviewers contacted her on her cell phone in order to conduct the interview. The birth mother apparently changed her cell phone number, but the focus youth does not have it.

The birth mother stated that her work schedule was very unforgiving. The social worker has tried to create a visitation schedule for her on her off days beginning in May. She has sent the birth mother messages via email and has left messages on her cell phone, and often times the voicemail is full. The birth mother would not comply with any of the scheduled dates or times. When asked about visiting with the focus youth and attending therapy sessions on her days off, she stated that she would have a difficult time finding a babysitter for her two youngest children. The social worker has offered to tend to the children during visitation to ensure that it occurs, and even offered to have visitation at a local park thus keeping the two youngest children occupied so the birth mother could visit with the focus youth. However, the birth mother still would not commit to a day, time or location.

The birth mother stated that she would like reunification to be the goal, but she understands that due to the incident that occurred at the grandmothers' house which caused the removal, it is no longer an option. The birth mother does not communicate with the social worker or attorney regularly and has only attended court once.

A diligent search was conducted for the biological father that revealed an address in Virginia, however, he has since moved and no follow-up has taken place. The focus youth does not have any contact with his paternal relatives.

Caregiver Status

The focus youth was placed with his current caregiver in December of 2006. Initially, there was a female foster youth who resided in the residence as well. Until she left in May 2009, they both got along well. The foster mother stated that in the beginning the focus youth was very scared but within a short span of two weeks he began to adjust. They have grown to trust each other

and he is very relaxed around with her. The focus youth feels comfortable enough to talk to her about anything, but is sometimes hesitant to discuss his biological family. She sets appropriate boundaries and the focus youth abides by the rules and regulations of her home. She is aware and is sensitive to the absence of the birth mother and how that negatively impacts him. She often dialogues with the social worker for advice. She stated that when the focus youth speaks with his mother he is fine, but if he goes long periods without speaking to her, she can see a definite change in his mood.

Approximately one year ago, the focus youth stole \$100 from his foster mother on two separate occasions, however, the money was eventually returned in both instances. He stated that his reason for taking the money was that he wanted to give his sister an expensive gift. It is assumed that he wanted to make amends for the incident. Foster mother dialogued about lying and being dishonest. Theft has not been a problem since then.

The foster mother appears to be a part of the case planning process. The GAL visits consistently with the focus youth and the foster mother feels that she is a good representative for him. Even though there is a support team in place they are not in agreement with his permanency goal. The foster mother is not interested in adoption but was adamant that the focus youth could reside with her until he achieves independent living.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The focus youth's placement with his foster mother is going very well. All parties interviewed had an excellent assessment and understanding of the family. All team members were in agreement that the birth mother has not complied with the visitation schedule or maintained contact with the youth. There is evidence of good teaming and communication amongst team members with the exception of narrowing down a permanency plan. The social worker is clearly the leader on the case, which was validated by other team members. The foster parent and other participants were all in agreement that the agency and social worker continuously made efforts to maintain family connections and encourage visitation between he birth mother and focus youth (i.e. offering babysitting services during visitation or during family therapy). The social worker facilitates the coordination of services, visitation, and makes calls to ensure information regarding the focus youth is properly circulated. She makes regular visits and promptly addresses any problems that may arise. The social worker, focus youth and foster mother work extremely well together. The foster mother believes that the agency has met her needs and the needs of the focus youth. Substantial progress has been made in therapy sessions. The foster home is stable and the foster mother is supportive, loving, and has been able to provide for the focus youth's physical needs. The focus youth thinks his social worker is great. He states that she is always open, honest, and straight-forward with him and that the lines of communication are always open.

What's Not Working and Why

There have been no efforts made to find and engage the birth father or paternal relatives. The social worker stated that she was so preoccupied with all the other issues surrounding this family that she has not actively searched for the biological father.

A major challenge in this case is that the birth mother has not attended visits on a consistent basis. The agency has made several attempts to engage the birth mother to participate more frequently with visits as the focus youth wishes to have this contact with her and appears to function better when contact is frequent.

The social worker is confident that the goal of APPLA will be changed to adoption, hopefully with the foster mother. However, those interviewed were not clear as to what will happen at the next court date. The focus youth also has a cousin who is willing to be his caregiver. She has taken foster parenting classes and is waiting for a home visit for approval of her home. However, the focus youth and cousin have not seen or spoken to each other in the last two years. She has stated that she is willing to adopt him. Those interviewed reported that visitation with this cousin has been difficult to schedule because the focus youth often visits with his grandmother on weekends and the cousin has not been able to schedule her visits.

The uncertainty of not knowing what his permanency plan is, reportedly has been affecting the focus youth emotionally; thus it is recommended that he be an active participant in his permanency planning. The therapist has sent numerous letters to the birth mother and copies to team members, specifically the family social worker, to give to the mother, in attempts to engage biological family members to take part in family counseling sessions. However, family members have been resistant and have not participated in any sessions. The focus youth's progress and overall well-being are dependent on his relationship with his family, their involvement and support of him.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The status of the focus youth will remain status quo. His stay with the foster mother is undeterminable at this point.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will hold a family team meeting to address failing grades, emotional needs, permanency, and family therapy. All team members should be present. | Yes |

| | | |
|-----------|--|------------|
| Follow-Up | The family meeting was held at the end of June with a majority of the team and the focus youth present. The birth mother and the therapist were not in attendance. The team addressed the issues mentioned in the next step and a plan was implemented to help move the case forward. The focus youth will remain with the same therapist, but his treatment plan will now be changed to address his emotional instability as it relates to his family situation and school. The cousin's home was licensed and the court is awaiting the guardianship package. | |
| Next Step | 2. Conduct a diligent search to locate and engage the biological father and possible paternal family members in the case. | Yes |
| Follow-Up | The social worker was able to obtain information without a diligent search as to the whereabouts of the birth father. He was found to be in Virginia. The social worker invited him and he attended the mediation hearing that took place at the end of July. He also brought the focus youth's sister with him to the meeting. The birth father is residing with the paternal grandmother and they are willing to participate in the case planning process, however, the focus youth is refusing to have a relationship with the father at this time. This issue will also be addressed in therapy. | |

QUALITY SERVICE REVIEW CASE SUMMARY #34

Review Dates: June 15-16, 2009

Current Placement: Residential Treatment Facility

Persons Interviewed (8): Social worker, focus youth, birth father, AAG, therapist, guidance counselor, teacher, and special education coordinator

The GAL declined to be interviewed due to his busy court schedule. The father's attorney did not respond to invitations to participate in this review.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an 18-year-old, African-American male, who currently resides in a residential treatment facility located over 100 miles from the District of Columbia. He has two brothers and four sisters. One sister lives with a relative out-of-state; two sisters reside with the birth father, and the three remaining children are committed to agency care. The birth mother died in 2005. The focus youth's permanency goal is APPLA.

According to the agency record, the focus youth's family has an extensive history with CFSA. In December 2001, the focus youth and his six siblings were found without proper adult supervision. The children were removed from their birth parents and placed with the paternal grandmother. In 2002, six of the children were reunified with their parents; however, one female child remained in care and was placed in a residential treatment facility. At some point, one of the female children went to live with a relative out-of-state. In 2006, the focus youth and four of his siblings were transported to CFSA by police after they were found without proper adult supervision. They were placed in shelter care and committed in March 2006.

After the children were committed to agency care, it was reported that the focus youth had sexually molested his two younger brothers. He was arrested and was committed to DYRS. In 2007, the focus youth pleaded guilty to 4th Degree Sexual Assault and Indecent Sexual Proposal. In November 2008, after spending time in a juvenile facility, the focus youth was placed in a residential treatment facility that specializes in the treatment of adolescent males who exhibit sexually reactive and sexually offending behaviors. There is a history of the focus youth having consensual sex with his older sister, who was placed in a residential treatment facility in 2002. The sister, who was reportedly raped by an adult family member, was seen as the perpetrator against the focus youth. The focus youth has not admitted to any sexual abuse by an adult.

Youth's Current Status

The focus youth, who is reportedly over six feet tall and weighs over 250 pounds, is described as being polite, intelligent, resilient, and goal-oriented. He is also said to have a wonderful sense of humor and the ability to take the leadership role among his peers. Treatment team members feel that the focus youth has made great progress in accepting responsibility for his behavior and in accepting the consequences from those actions.

Team members believe that the focus youth still struggles with the loss of his mother and the separation from his family. Those interviewed expressed that he needs to continue to increase his use of coping skills and be more consistent in expressing and managing his anger in a healthy and safe manner.

After the focus youth's arrest, he was detained in a local juvenile detention center until he was placed in his current residential treatment facility in November 2008. Within the last two months, the focus youth completed the specialized sexual abuse program at the treatment facility and has been stepped down to the "Honors Program". It is unclear as to when the focus youth will be discharged from this facility as his release is contingent upon his ability to reach to the top level of behavior and sustain that level for approximately thirty days. It is hoped that he will be ready for discharge within one to four months. The focus youth's team seems invested in creating a thoughtful transition plan into the community when he is ready for discharge. There are no safety concerns regarding the focus youth at the facility or in the community.

The focus youth has been diagnosed with Post-Traumatic Stress Disorder, Mood Disorder, NOS, Oppositional Defiant Disorder, Sexual Abuse of a Child, Focus on Perpetrator-Non-Parent, and Neglect of a Child, Focus on Victim. He participates in individual and group counseling. During the last month, the youth's behavior has improved; however, he still has sporadic difficulties with mood swings, verbal aggression with peers, and cursing around staff members.

Within the structured environment of a residential treatment facility, the focus youth is showing substantial responsible behavior in most areas. He is engaged in appropriate social activities with his peers. He enjoys community outings and playing sports on campus. Previous consensual sexual behavior with other residents is not occurring currently. He has developed positive relationships with peers and staff members.

The focus youth is currently prescribed Abilify and Zoloft and he is reportedly medication compliant. Team members believe the addition of Abilify within the last three months has made significant changes in stabilizing the focus youth's moods. The focus youth knows what medications he takes and the symptoms each medication treats. He expressed that the medication is helpful.

The focus youth attends school at the treatment facility. He does not receive any special education services. In terms of credits, he is still in the eleventh grade. He is on target to graduate next year with a high school diploma. For this past school year, the focus youth passed all of his classes and received As in History and Language Arts. He has shown improvement in his behavior in school in that he showed more focus, completed more work, and decreased his negative interactions with peers and staff. During the review, the school staff expressed a concern related to a lack of clear information on the youth's 2006-2007 transcript. This missing information could be from when the focus youth was detained through DYRS. The school staff indicated that it would be helpful if they could receive additional information from this time period as it may give the focus youth more credits towards graduation.

Life skills development has been limited due to the focus youth's placement at the residential treatment facility. This placement does not allow for the youth to do his own laundry, cook his own meals, shop for groceries, pay any bills (for example, a cell phone bill that many teenagers have to pay), etc. He does have a summer job on campus. He is required to save seventy percent of his paycheck in a special account that will be available to him at discharge. He is also in a placement where all of his needs and services are brought to him. He has no responsibilities around managing his time and transportation. As his permanency goal is APPLA, it will be essential that team members work very diligently with him around developing essential life skills upon his discharge from treatment.

Information reviewed shows that medical and dental appointments are current. While the focus youth is considered obese, he meets with a dietician, is on a low-fat diet, and is more physically active. Since making these changes he continues to lose weight. The youth can outline his dietary needs and is proud of his weight loss. Other than his psychotropic medications and a topical acne cream, the focus youth does not take any medications. He does not need eyeglasses.

Parent Status

The birth father provides care for two of the focus youth's younger sisters. He is also married and has a young stepson. The birth father does not believe that the focus youth engaged in any sexual behavior with his younger brothers even though the focus youth admitted to his behavior. He does not agree with the focus youth's placement at the facility and feels that the system is "painting his son as a monster." He has not participated in family therapy with the focus youth. He makes promises that he has not kept around his visiting the focus youth and providing physical items such as new shoes, new clothes, money, etc. Even though the birth father talks with the focus youth several times per month it is only when the focus youth calls him. The father does not reach out to the residential staff, nor does he contact the CSFA social worker. Team members feel that the father has undermined the focus youth's recovery by minimizing the focus youth's actions, blaming the younger brothers, and even encouraging the focus youth to leave the treatment facility. The father's denial has led to his not being a placement option for the focus youth, especially since the father has other children in the home. In addition, there is a history of the focus youth being very parentified and used as a caregiver for his younger siblings. Due to his past sexual behavior with his younger siblings, it would be unsafe for the focus youth to be put in the position of babysitter and caregiver upon his return to the community.

Despite the agency's offer to pay for the father's transportation to see the youth every three months, the father has not visited in almost a year. While the father provided several reasons for his lack of visitation, he verbalized to reviewers that the agency would pay for his trip and all he needed to do was tell the social worker he wanted a visit.

Caregiver Status

The facility is providing quality physical care for the focus youth in terms of food, clothing, shelter, and supervision. He has a very strong team at this facility that engages well with DC team members (CFSA social worker, CFSA residential specialist, and DMH representative), and with the focus youth himself. The team participates fully in planning meetings and implementing services. Their monthly treatment plans are thorough and are forwarded to CFSA in a consistent and timely manner.

The focus youth reported having strong, positive, supportive relationships with several facility staff members and with his CFSA social worker. He feels that people care about him and want what is best for him. He indicated that he feels comfortable talking with most of his team members and feels that they have been consistent in providing care, support, and assistance. It is also positive that interviewees could readily list many of the focus youth's strengths and have an optimistic outlook on his future.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Almost all areas of this case were seen as strengths. Engagement of the focus youth is very good in that he is clearly an active team member in terms of case planning and articulating and accomplishing goals. He participates in the monthly treatment team meetings at the residential treatment facility and he feels that the team wants his input. In addition, he participated via telephone in a recent Administrative Review held at CFSA.

The CFSA social worker is clearly the case leader. She is highly effective in coordinating and leading the team and works closely with the residential treatment case manager, who is the centralized information gatekeeper at that facility. She also works closely with the CFSA Residential Specialist and other team members. Supports and services are fully integrated across all domains for the focus youth and team problem-solving efforts are excellent.

Team members appear to have a thorough and solid assessment and understanding of both the focus youth and his father. They were able to outline the focus youth's strengths, challenges, past traumas and losses, current and future needs, and appear to consistently update their assessments as necessary. A particular strength in this case is the team's ability to recognize and understand how the focus youth's family dynamics, especially with his birth father, have negatively impacted his recovery. The father's denial of the focus youth's sexual behaviors is a major challenge in treating the focus youth, his ownership of his actions, and how to develop and adhere to his relapse recovery plan. After it was assessed that the father was undermining the focus youth's progress, it was deemed appropriate to work more individually with the focus youth around his relationship with his father and how, regardless of what his father believes, he has to be responsible for his own actions and future decisions.

The focus youth has extensive wrap-around services at this time. No one was able to identify any additional services or supports for the youth. The team has also already started to process what type of supports and services the focus youth will need when he transitions from the residential treatment facility back into the community (i.e., therapy, medication management, employment, etc.).

All team members, with the exception of the father, had a positive outlook on court. The father disagrees with the court in that he does not believe the focus youth committed any criminal acts against his brothers and he does not believe he should be in residential treatment, so he chooses not to attend court. Other team members felt that the court reports were written with adequate

details. They felt that issues were mostly addressed outside of court. There were no outstanding court orders.

Maintaining family connections was rated positively due to the focus youth's continued telephone contact with his birth father and the two younger sisters who live with the father. Transportation funds and arrangement for the father and these two sisters for in-person visits have been offered to the father; however, he has not taken advantage of this service. There is room for improvement in this area as the focus youth expressed a desire to have contact with an additional cousin. As the focus youth is an 18-year-old young man with limited familial support, it could be beneficial for him to make this connection. Contact with the youth's younger brothers is not considered clinically appropriate at this time.

What's Not Working Now and Why

While the overall case is very strong, there were some areas that could use enhancing. During this review period, there has been marginal engagement of the birth father. In talking with team members and with the father it is clear that there have been a lot of historical attempts at engaging the father. There is also a pattern of the father's lack of consistent participation and attempts to undermine the focus youth's treatment. This lack of positive engagement has been frustrating for the team and due to the youth's permanency goal of APPLA it seems as though the team has made minimal attempts to continue to engage the father. Until the father's parental rights have been terminated or his son exits the child welfare system it is the system's responsibility to consistently try to engage him. In addition, the focus youth wants his father involved in his life – good or bad – so assistance from the social worker could benefit the youth.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus youth continues to make progress at the residential treatment program and that he has a dedicated team committed to having a thoughtful and safe transition plan, it is believed that the six-month forecast is that the youth's status will improve.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

Efforts were made to meet with the social worker to discuss the 60 day follow up, however it should be noted that the supervisor provided the follow up information.

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will send the father a certified letter within the next two months. | No |
| Follow-Up | According to the supervisor, the social worker had not sent the birth father a certified letter. | |
| Next Step | 2. The social worker will talk with the focus youth and obtain information on how to contact his cousin. Social worker will also contact the focus youth's therapist about this issue. | No |

| | | |
|-----------|--|------------|
| Follow-Up | The supervisor indicated that the social worker had not talked with the focus youth about his cousin. It is unknown if the social worker contacted the therapist regarding this issue. | |
| Next Step | 3. The social worker will talk with the CFSA residential monitor about the focus youth's future discharge planning and get an update on discharge timeframes from the residential treatment team. | Yes |
| Follow-Up | According to the supervisor, the social worker maintained communication with the CFSA residential monitor regarding this case. As of early September, placement requests have been made through the CSFA Placement Office. Once an appropriate placement has been identified, the focus youth will be discharged from his RTF. | |
| Next Step | 4. The social worker will send information to the AAG to request an Education Advocate through the court. | Yes |
| Follow-Up | The AAG was contacted and an Educational Advocate was assigned. | |

QUALITY SERVICE REVIEW CASE SUMMARY #35

Review Dates: June 17 - 18, 2009

Current Placement: Juvenile Detention Center (Not in foster care)

Persons Interviewed (6): Social worker, probation officer, at the Department of Youth and Rehabilitation Services (DYRS) case worker, DYRS placement administrator, community service provider, and the focus youth.

Attempts were made to schedule the birth father and the paternal grandmother for an interview; however, he did not return any phone calls and her phone number was disconnected.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an 18-year-old African American male. He became known to CFSA in 1991 as an infant. A family case was already open at the time due to substantiated neglect allegations involving the focus youth's older siblings. The focus youth has four siblings: a 21-year-old brother, a 20-year-old sister, and a brother and sister (twins) who are 17 years old. In 1991 the focus youth and his two older siblings were removed and placed in foster care. They were subsequently returned to their mother's care in 1994, because the paternal grandparents agreed to assist the mother with raising the children thereby reducing the level of risk in the home.

In 2001, the focus youth and his siblings were removed again because his older sister alleged that her mother's boyfriend physically and sexually abused her. The children were returned to their mother within a year with the exception of the youth's older sister. A family case has been open since that time. For most of the youth's life, he lived with his mother, who died in August 2008. At that time the youth and his younger siblings went to live with their birth father. In March 2009, the youth's younger sister made an allegation that her birth father sexually abused her and she and her twin brother were removed and placed in a foster home. While there continues to be an open case for this family, the focus youth has not been a committed ward of CFSA since 2001.

At the time of this review, the focus youth was detained at a juvenile detention center, because he was arrested and committed to DYRS at the beginning of April 2009 for prostitution. Due to the low level of the offense, the youth was initially placed at a juvenile group home, but while there (approximately one month) he alleged that a staff member had sexually accosted him. He later recanted his statement; however, he could not return to the group home. The false allegation led to challenges with placement, because juvenile group homes were leery of caring for a child who has made false allegations about staff members. The focus youth identifies himself as a woman and prefers to dress in women's clothing, which further limited his options for an appropriate placement. Due to the fact that there were no juvenile group home placements for the focus youth at that time, the juvenile court judge detained him at the juvenile detention center. The judge also ordered that DYRS identify an independent living program for the focus youth.

After the death of the youth's mother in August 2008, he lived briefly with his father and then with his paternal grandmother. The focus youth was often in abscondance and reportedly lived on and off with his female hairdresser, which was a fact reportedly known by the father. The focus youth also lived briefly at a group home for transgender adults for \$100 a month, and began prostituting in order to pay the rent. The focus youth's father and grandmother both stated to team members that the focus youth could live with either of them if "he dresses like a boy." The father reportedly attends all of the focus youth's juvenile court hearings, but otherwise, is marginally involved in his life.

At the time of this review, the focus youth had turned 18 the prior week and CFSA was in the process of closing his case.

Youth's Current Status

The focus youth is deemed safe at the juvenile detention center. He recently received up-dated medical care, such as a dental examination and a general physical. The focus youth stated to several team members that he had been taking female hormones prior to his detainment. Several team members reported that they had conversations with the youth about safe sex and STD testing. Team members noted that the focus youth was becoming increasingly frustrated and occasionally appeared depressed due to not knowing where he would be living in the near future. Despite his apparent frustration, the focus youth still presented most often with an upbeat outlook about his future.

The focus youth was enrolled at a local high school and had been attending school sporadically for most of the 2008 and 2009 academic year. While at the detention center, he is participating in high school classes that focus on GED preparation; however, it was noted that the instruction is not very rigorous. All team members, including the focus youth, reported that attending a GED program would be in his best interest. The focus youth's career interests include cosmetology and computer programming.

To all of the team members, the focus youth expressed his preference for dressing as a woman and shared that he refers to himself as "transsexual." Some team members stated that the focus youth also likes to be referred to by a woman's name. While detained at the detention center, the focus youth stated that he is required to dress like a man. All of the team members stated that the focus youth does not have adequate emotional support and guidance regarding his gender preference and lifestyle.

Team members and the focus youth stated that he has an extremely limited support system. It was noted that the focus youth expressed interest in communicating with his older sister, who is placed at a residential treatment center, but he did not have contact information for her. The focus youth stated that he has called his paternal grandmother several times, but her phone is frequently disconnected. There are no other family members or service providers who serve as long-term supports for the focus youth. The team and the case record did not provide any information regarding any maternal relatives. It was noted that the father and paternal grandmother do not support the focus youth's preference for dressing and living as a woman.

While detained at the detention center, the focus youth underwent a psychological evaluation; however, not all of the team members received or obtained a copy of the psychologist's report. Two team members, who had copies of the report, noted that the psychologist's recommendations included referring the focus youth to an independent living program and to grief and loss counseling to address his feelings around the death of his mother. It was also recommended that the focus youth be referred to a GED program and to a community support group for Lesbian, Gay, Bi-Sexual and Transgender (LGBT) youth. Team members did not know if the focus youth was diagnosed with any mental health disorders, but they all stated that psychotropic medications had not been recommended.

Two days before this review, a community support worker from a community organization interviewed the focus youth. The support worker began to identify resources, such as counseling and LGBT support groups for the focus youth, in addition to locating an independent living program.

Parents' Current Status

Team members reported that the birth father and paternal grandmother have been minimally involved in the youth's life. It was reported that both the father and grandmother do not approve of the youth's life style choice and have thus reduced their contact with him. Services, such as counseling, were offered to the father; however he refused to accept any services.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Some of the right people are working together to provide services for the focus youth. All of the team members shared a good assessment of the focus youth's strengths as well as his needs. The CFSA social worker periodically contacted another team member to obtain updates on his juvenile case and status on his detention. All of the team members visited or called the focus youth, on average, a few times a month. The focus youth is safe and up to date with dental and general physical examinations. He is also receiving some educational instruction while at the detention facility. DYRS is actively looking for a placement for the focus youth and has identified a residential treatment facility in Virginia as a possible placement option.

What's Not Working Now

The prospects for placement stability were extremely tenuous at the time of this review. While the focus youth was temporarily safe and stable at the juvenile detention center, none of the team members knew where or when he would be placed by the juvenile court. Services, such as grief and loss counseling and LGBT support had not been identified at the time of this review nor was it clear when these services would be put in place. Team members reported that once the youth was placed in a program outside of the juvenile detention center, then these services would be initiated.

The case planning process for this youth is lacking. The reviewers questioned why services had not been identified for the focus youth prior to his arrest and subsequent detainment. One team member noted that the current social worker was assigned to the case in the spring of 2009, and she only had a few weeks to work with the focus youth before he was detained. It was also

reported that the focus youth was frequently in abscondance since his mother died, thus implementing services was reportedly a challenge.

While the youth was detained at the juvenile group home for a month, the social worker visited the youth and assessed his needs, but did not have time to implement services due to his detention. Besides the psychological evaluation, no other services were put in place for the youth while he was at the detention center. The team reported that they did not initiate implementation of services because they were uncertain when and where the youth would be moved by the juvenile court.

Team formation and communication is also a challenge. While several of the team members communicated with each other by phone and email, others did not, nor did they know everyone on the team. Two team members, for example, were looking for an independent living program for the youth, but neither of them was aware they were working on the same task. The reviewers also noted that while the father attended all of the focus youth's juvenile court hearings, limited outreach to the father had been conducted by team members. The youth did not have regular visits with siblings even though he wanted to visit with his younger sister.

Another major barrier towards safe case closure is the focus youth's age. Due to the fact that the focus youth had turned 18, CFSA is required to close his case. He was not a committed ward and, thus, is considered an adult at age 18. The CFSA case may close with only the knowledge of the focus youth's placement, but not specific services or outcomes of those services. Additionally, most independent living programs do not accept youth over the age of 18. There are some programs that work with individuals over 18, but team members who have the authority to place the youth could not persuade those programs to accept him. Team members attributed the lack of interest in the focus youth by these programs to his false allegations of sexual misconduct about a staff member at his previous group home.

SIX MONTH FORECAST/STABILITY OF FINDINGS

The CFSA case will close within the next month; however, reviewers noted that DYRS had identified a possible placement option for the focus youth at a residential treatment facility in Virginia. DYRS noted that the focus youth would have a greater chance to move quickly into an independent living program in approximately two months if he succeeded in meeting the identified treatment goals at the residential facility. All team members reported that once the focus youth is placed at the treatment center, other services such as counseling and enrollment in a GED preparation program will be implemented. Based on this information, the prospects for the focus youth's success are positive; however, in part due to the cessation of the CFSA case, the case will most likely remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | The social worker will suggest holding a meeting (in person or by phone) with all team members to discuss placement plans and services. | No |
| Follow-Up | The social worker did not have an opportunity to suggest a meeting to the team members because the youth was placed at a residential juvenile treatment center the day after the review. | |
| Next Step | The social worker will provide the focus youth with contact information for his sister. | Yes |
| Follow-Up | The social worker gave the youth the cell phone number of his sister during a phone call that was conducted a few days after he was placed at the residential juvenile treatment center. | |
| Next Step | The social worker will conduct a termination visit with the youth. | Yes |
| Follow-Up | The social worker did not have an opportunity to conduct a face-to-face termination visit with the youth due to the fact that he was transferred to a residential juvenile treatment center the day after the review. The social worker did however talk to the focus youth by phone a few days after he was placed at the center, and she discussed case closure with him at that time. | |

QUALITY SERVICE REVIEW CASE SUMMARY #36

Review Dates: June 17-18, 2009

Current Placement: In-Home

Persons Interviewed (6): Social worker, birth mother, birth father, teacher, school social worker, and focus child.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a nine-year-old, African-American male who lives with his birth mother and father. He resides with five of his fourteen siblings; their ages are eight, ten, eleven, twelve, and thirteen. Three of his siblings (ages two, four, and five), are in kinship foster care, and the remaining six children and young adults do reside with the focus child. The focus youth's permanency goal is Family Stabilization.

In 2006, the mother gave birth to a cocaine-addicted infant, which resulted in the subsequent removal of the eleven children then living in the home. After three months, eight children were returned to the mother, with the youngest three (ages two, four, and five) remaining in kinship foster care. In June 2009, another investigation was opened with the allegation of an older sibling sexually assaulting a younger sibling. The allegation of Failure to Protect was substantiated against the birth mother. The older sibling was arrested and detained through the Department of Youth Rehabilitation Services. As the perpetrator was removed from the home (older sibling), CPS felt that the younger children could remain safely in the home.

Child's Current Status

Team members describe the focus child as outgoing and respectful of adults, including his school teacher. He is in the appropriate grade level with interests and strengths in math and reading. While team members commented that the focus youth struggles with concentration and exhibits some mood swings during the school day, his behavior has not warranted formal intervention from the school or his parents. The reasons for the child's lack of concentration and mood swings observed at school have not been clinically identified through comprehensive psychological evaluations. He is currently not receiving any services and has not been enrolled in summer camp. At home, team members noted, the child does not present with any behavioral problems. The child's health status has been assessed as adequate.

The focus child reportedly has a positive relationship with his parents. Outside of normal sibling rivalry with his eight-year-old sibling, the focus child has positive relationships with his brothers and sisters. Visitation with his other siblings in foster care and those outside of his home take place on an informal and irregular basis mainly due to team members' reports of the mother being under the influence of substances at prior visits.

Parent Status

The child's birth mother is a 42-year-old, African-American female. She has a history of substance abuse, alcoholism, and depression. Team members reported that the mother disclosed that she was the victim of child sexual assault. It was noted that she attributes her feelings of depression and substance abuse to this victimization, which she has openly discussed with CFSA. She has been reluctant, however, to contact the Department of Mental Health for counseling and/or other clinically determined therapeutic interventions. It is not known whether medication for her depression would help the mother improve her motivation to manage the household in compliance with standards for safe case closure. At this time, the mother is unemployed.

The birth father is a 56-year-old, African-American male, who also resides in the home. He was recently diagnosed with prostate cancer. He is currently receiving SSI disability payments, but is continually attempting to supplement this income through odd jobs in order to provide for the family. It was reported that the birth father obtained several applications for summer camp for the focus child, but he was uncertain of how he would pay for the camp.

Team members reported that they have concerns about the parents' ability to adequately supervise and care for the children. For example, the recent investigation addressed allegations regarding a sexual assault allegation which left team members to question the level of parental supervision. They also noted a general lack of cleanliness in the home and the fact that there are no beds for the children; they are sleeping on mattresses on the floor. The family also does not have a working telephone. Team members also stated that the parents are uncertain about the steps necessary for reunification with their three children in kinship care and for safe case closure. The parents did not identify family or community supports.

Several team members stated that the parents have been very responsive in meeting with school staff for the focus child's eight-year-old brother who has had some behavioral concerns at school. It was also noted that the parents have a positive relationship with each other and with the children. The father is reportedly an authority figure, and the children generally obey him and the mother.

SYSTEM PERFORMANCE APPRAISAL SUMMARY**What's Working Now**

CFSA has been conducting diligent at-risk assessments involving an open investigation involving two other siblings in the household. The recently assigned CFSA social worker has documented no less than 15 to 20 home visits during the short period of time on the case.

What's Not Working Now and Why

While those interviewed felt that the parents were uncertain about the children's permanency goals and what steps need to be accomplished for reunification and safe case closure, there appears to be no sense of urgency on the part of the parents or other team members to provide that clarity. The parents' input towards safe case closure is currently unacceptable and needs to improve.

While it was noted that the parents responded to school outreach for a sibling and the father obtained camp applications, their engagement and participation has been marginally adequate.

Some team members noted that sibling visitation has not been consistent, especially between the children at home and the three children in kinship care. Reviewers were unclear as to why there is a lack of consistent visitation, outside of the concerns regarding mother coming to visits under the influence of substances. There were concerns that the birth mother came to a recent family visit intoxicated. The mother's historical and current substance abuse has not been explored or assessed.

A thorough assessment and implementation of services for the focus child could improve the current status of this case. Team members expressed concerns about the lack of a psychological assessment of the focus child and an assessment for tutoring and mentoring. The team was also concerned that a local and affordable summer camp had not been identified for the child.

Some team members expressed concerns about a lack of collaboration between the In-home social worker and the CPS investigative social worker. Improving the communication and coordination of efforts between these two workers, could send a consistent message to the parents whereby, the ongoing social worker can work with the family to create a concrete plan with the requirements for safe case closure. This could include a psychological evaluation or counseling for the birth mother to determine if medication is needed which could help her focus and ultimately support her in managing the household. Case planning goals should require compliance of the mother that includes addressing her mental health needs as well as, her substance use issues which was the impetus for CFSA involvement. Other possible goals would be assistance in achieving employment training/counseling for both mother and father for the financial stability of the household. Some team members expressed that initiating community papering on this case could potentially provide the motivation that the birth mother needs to initiate steps that will move the case towards safe case closure.

Additionally, the family does not have a telephone, which has made frequent communication with them a challenge. Some team members expressed that initiating community papering on this case could potentially provide the motivation that the birth mother needs to initiate steps that will move the case towards safe case closure.

SIX MONTH FORECAST/STABILITY OF FINDINGS

The six-month forecast for this case is that it will remain status quo or deteriorate in the absence of more intensive in-home supports and a thorough discussion of the case plan with the parents. In the event that the mother does not pursue a psychological assessment and counseling to begin to address her childhood trauma, the reviewers speculate that this issue will continue to impact her functioning and the members of the household.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. The social worker will verify the status of homemaker services. -If it is in place, the social worker shall have it discontinued; -If it is not in place, the social worker will make efforts to find community resources. | Yes |
| Follow-Up | While the family received homemaker services at one time, those services have ended. The social worker reported that while the home is cluttered, the mother maintains a relatively clean home and there is no current need for a community resource to assist the family. | |
| Next Step | 2. The social worker will submit a referral for intensive in-home services. | In progress |
| Follow-Up | The social worker spoke with one program and learned that in order for a family to be eligible for services, one person in the home has to have an Axis I diagnosis and has to be a certain age. At the time of the review, no one in the home had a formal psychological evaluation. The social worker spoke with the treating psychologist for one of the children in the home regarding the need for an evaluation. The psychologist is going to complete an evaluation of this child and will provide a copy of the evaluation to the social worker. This evaluation may allow the social worker to submit a referral to a CBI program so that all family members, including the focus child, will be able to participate in services. | |
| Next Step | 3. The social worker will submit a referral for an FTM to discuss, as appropriate, parental supervision. | |
| Follow-Up | The social worker submitted a referral for an FTM and this meeting was held in late July. The parents signed a safety contract with the social worker. | Yes |
| Next Step | 4. The social worker will request community papering of this case. | In progress |
| Follow-Up | Shortly before the QSR, another CPS investigation was initiated regarding allegations of an older child in the home sexually assaulting a younger sibling. The allegation of Failure to Protect was substantiated against the birth mother. The older sibling was arrested and is being detained through DYRS. As the perpetrator | |

| | | |
|------------------|---|---|
| | <p>was removed from the home (older sibling), CPS felt that the younger children could remain in the home. The social worker completed a draft of the community papering petition and has met with an AAG for review in late July. The AAG requested additional information to be added to the petition, which the social worker is working on submitting. The social worker stated that her expectations for community papering is not for the removal of the children, but for court involvement in order to stabilize the family through court mandates. The social worker believes that the case will be papered within the next 45 days.</p> | |
| Next Step | <p>5. A-The social worker will submit a request for a furniture voucher for a bed.</p> <p>B- The agency will counsel the family regarding the phone bill, washing machine, and desks.</p> <p>C- The agency will assist with summer camp.</p> | <p>A-Yes B-Yes C-SW-Yes, Client-No</p> |
| Follow-Up | <p>A- The social worker requested a furniture voucher for the family and was initially refused by the CFSA Finance Unit as the family had received a furniture voucher within the past two years. Despite this refusal, the social worker continued to advocate for this family and was able to receive a voucher for the bed.</p> <p>B- The social worker met with the birth parents to discuss ways to maintain their furniture (beds, desks, washing machine) in good working condition. The mother now has a working cell phone which will decrease the home phone bill.</p> <p>C- The children did not attend summer school despite the agency's offers of assistance to the family.</p> | |

QUALITY SERVICES REVIEW CASE SUMMARY #37

Review Dates: June 17 -18, 2009

Current Placement: Traditional Foster Home

Persons Interviewed (9): Social worker, therapist (individual), family therapist, AAG, GAL, birth father, birth mother, focus child and foster mother.

CHILD & PARENT/CAREGIVER STATUS

Facts about the Child and Family

The focus child is a six-year-old Latino female, who is currently residing in a foster home. She lives in the home with her ten-year-old sister, the foster mother and the foster mother's adult son. Her permanency goal is reunification. The family became known to the Agency in 2008, as a result of a report with allegations of exposure to adult sexuality, failure to protect and lack of supervision. It was alleged that the mother's paramour was sexually molesting the focus child's older sister. The allegations were substantiated and the children were removed from the mother's care.

Child's Current Status

There are no safety concerns for the focus child at home or at school. The focus child is in her second foster home placement since coming into care and seems to be adjusting well. It was reported that initially she appeared withdrawn, shied away from physical contact and rarely spoke. However, with the foster mother's support, she is more sociable, engages in appropriate physical contact with others and is affectionate in the home. There are times when the focus child would shut down if asked certain questions pertaining to her mother. She is still displaying some difficulty in therapy with discussing the issues around why she and her sister were placed in a foster home. It is speculated that the focus child may be feeling some guilt for reporting the incident with her sister to her father and therefore, it is very likely that she would remain silent the next time something should happen and not come forward. She is making limited progress in therapy, which was reported to fluctuate at times. While she attends play therapy sessions, sometimes she just will not participate. Additionally, her participation level depends on the topic being addressed.

It was reported that she has a good relationship with her father and her older sister. She voluntarily talks about the times that she spends with her father and the activities they do together during visits. She gets very excited about visits with her father and enjoys having him take her to school everyday. However, the focus child rarely speaks about her mother or the things they do together during their weekend visits. It was also observed that she seems to be more affectionate towards her father and sister than with her mother. The focus child and the foster mother seem to have a good relationship and this is a home where the focus child can remain until she is reunited with her family.

The focus child is in kindergarten and it was reported that this was her only school placement since coming into care. She is performing above average in her academics and received an

award for excellence in reading. There are no behavioral concerns for the focus child at school and she seems to interact well with her peers. The focus child demonstrates no emotional problems at school and her ability to learn does not appear to be affected by any emotional stress that she may be under.

The focus child was diagnosed as having low iron at the time she was placed in the foster home and was put on medication. Through a proper diet and better eating habits, her iron level is no longer low and she was taken off of the medication. She is up to date with her physical and dental checkups. Currently there are no medical concerns for the focus child.

Parent Status

The birth mother is a 39-year-old Latino female, who is the mother of two children. She is married to the focus child's birth father and both reside together. Reportedly, the parents reconciled soon after the children were placed in foster care. It was the parents' perception that a two parent household would be more acceptable for reunification. The parents are both employed and participate in family and couples therapy. It was reported by all team members that the father was the driving force for the family and is very committed to ensuring that he is reunited with his children. He actively participates in the services and communicates regularly with some team members in regards to the focus child and her well-being. The father volunteers to pick up the focus child each morning and drive her to school and bring her home after school. This arrangement was agreed upon by the team. Additionally, he picks up the focus child and her sister every Saturday and takes them to the park or for an activity. This has been occurring since the children were placed in their current foster home. It should be noted that the father has always had unsupervised visits with the children whereas the mother's visits were supervised. However, since the parents are now residing together, the focus child now has unsupervised weekend visits with both her parents. However, these overnight visits are conditional in that the father must be present at all times.

Interviewees reported that unlike the father, the mother has been very passive and has not demonstrated to the team that she was and is capable of protecting the focus child. She is not very engaging towards the focus child and does not follow up with individuals outside of formal meetings and therapeutic sessions. Furthermore, she does not speak to the focus child or see her until visits. As a result, the move towards protective supervision will be delayed for further therapeutic intervention with the family. The team believes that the mother may have a history of sex abuse, based on some information they were able to gather. However, she is not very forthcoming with information when asked about her past and the team did not have the psychological evaluation to guide their assessment. Consequently, some team members speculated that if the father was still separated from the mother and had his own apartment, the children would have most likely been placed in his care under protective supervision.

Caregiver Status

The foster mother appears to be very supportive towards the focus child's emotional needs and maintains regular contact with the therapist providing individual therapy. Her daily encouraging words and reassurance to the focus child have contributed to her being more confident and open. The foster parent is involved with the focus child's education and participates in school conferences. She provides the focus child with extra curricular activities and maintains consistent

contact with her parents, especially the birth father. Furthermore, the relationship between the focus child and her parents is encouraged and supported by the foster mother. She allows the parents to pick the focus child up from her home and has encouraged both parents to call and speak with the children. She maintains regular contact with the father, whom she sees more often and he also calls the home on a regular basis. The foster mother is actively working towards safe case closure by encouraging and supporting the focus child in achieving her permanency goal as demonstrated by her strong relationship with the focus child and her birth family.

The foster parent is very active with the child's medical appointments and has followed through on all medical recommendations regarding her low iron and the need for her to be on iron pills. Because of the foster mother's diligence in ensuring that the focus child was eating properly, she is no longer in need of iron pills.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker is the identified leader and coordinator of this case. She is the one leading the team by keeping team members informed and involved. The worker has been able to effectively engage the parents and has established a good working relationship, which has been beneficial to the case and its progress. Additionally, the parents' feel respected and felt that they were being included in the decision making and were equal partners on the team. The social worker was available for discussions, clarifications and to help guide the parents through the process. This was very critical for the parents, due to their cultural beliefs and language barrier.

Reviewers were very impressed with the team's shared understanding and assessment of the family and what needs to happen in order for the case to achieve safe case closure. There was a common conceptualization of the family's need. The team identified the following areas as a significant barrier to achieving permanence; both the mother and the focus child's lack of progress in therapy and the mother's detached relationship with her children. Additionally, the focus child seems to be at an impasse in therapy and is not making progress. Not only were the barriers identified, but there were planned steps outlined to address the issues in order to achieve permanence in a timely manner. It was agreed by all that the family's emotional issues would have to be addressed in order for them to be successful at home. Team members, including the parents, are aware of the timelines and the urgency to achieve safe case closure. At the same time, team members have recognized the father's progress, dedication and commitment to his children and his desire to achieve a safe case closure. The team members seem to play key roles in the case planning process and appear to be active participants. The therapeutic services (individual therapy, family therapy and couples therapy) have been modified to promptly address the afore-referenced issues.

A major challenge in the case is the language differences; the birth parents' primary language is Spanish with no English, except for the focus child. However, the social worker was able to successfully connect the family to all bilingual services. Furthermore, she coordinated all the therapeutic services for the entire family (mother, father, focus child and sibling) through the same agency. Since the emotional needs of the family are so intense and also includes sexual

abuse issues, utilizing the same agency provides the family with one stable place to address all their emotional needs. Furthermore, the staff at the provider agency can strategically plan with each other for continuity and at the level of intensity that the family requires. As a result, the team is kept abreast of the family's progress and has agreed on specific behaviors that need to change in order for the case to close. Goals are specific to address the issues which brought the family into the system and team members have been successful in working with the key professionals to achieving safe case closure.

What's Not Working and Why

There was a court order for the mother to receive a psychological evaluation through the court system; however, it took a few months before the mother was seen. Reportedly, this was due to a backlog for a bilingual psychologist. There are also concerns that the mother has been evaluated, however no one has received a report. This concern was shared by all team members and some individuals have already escalated this issue. However, this issue is also causing a delay in the therapeutic process, which is a major barrier in achieving safe case closure. The therapeutic team is desperately awaiting the report to see what it may reveal about the mother's psychological status and possible recommendations. This information could be very beneficial to the therapeutic process and provide team members with a better assessment and understanding of the mother's needs and the direction for their planning.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the review, it is expected that the child's situation is likely to improve. Thus far appropriate services are in place for the family, and the parents have unsupervised weekend visit with the focus child and her sibling. The social worker has built a strong relationship with the parents and other team members. While both parents are working towards safe case closure and are both involved in the case planning process, team members noted that more work must be done therapeutically before reunification occurs.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. Upon receipt of the birth mother's psychological evaluation, the social worker will confer with the therapeutic team to evaluate the recommendations, assess their appropriateness and immediately implement services as needed. | Yes |

| | | |
|-----------|--|--|
| Follow-Up | <p>The social worker was able to obtain a copy of the psychological evaluation for the birth mother. She was diagnosed with borderline mild mental retardation. It was recommended that the mother receives home based therapeutic service. A referral was made to for intensive home based services. The mother now receives individual therapy and 3-5 hours of coaching, parenting skills and family counseling. According to a report from the home based service provider, the family is making a lot of improvement and the mother and the focus child's relationship appears to be getting stronger.</p> <p>The children are spending more time with their parents and are currently on an extensive visit with the parents, due to the foster parents leaving town on a family emergency. Services were increased in the home to ensure that the family is coping and adjusting well to each other. It seems the family is moving in the right direction for safe case closure and it is anticipated that the case will be closed at the next court hearing.</p> | |
|-----------|--|--|

QUALITY SERVICES REVIEW CASE SUMMARY #38

Review Dates: June 15-16, 2009

Current Placement: Foster Home

Persons Interviewed (9): Social worker, birth mother, step-father, focus child, foster mother and father, bilingual school counselor, tutor, GAL, and therapist.

The AAG was scheduled to be interviewed; however she did not make herself available for the review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 7-year-old Latino female who arrived in the U.S. from El Salvador in July 2008. She is Spanish-speaking but is currently learning to speak English. She has one sibling, a younger half-sister; 2 years-old. This family came to the attention of CFSA in October 2008 due to allegations of physical abuse and neglect. The focus child was absent from school for two days and arrived to school the third day with a deep purplish bruise on her right eye, a bruise on her arm and scratches on the back of her neck. The focus child was also reported to attend school with body odor on several occasions. The birth mother has admitted to punching the focus child in the face with a closed fist out of frustration. She also admitted to hitting in the focus child in the past. The focus child and sibling were subsequently removed from the home and placed in foster care. The permanency goal is reunification.

The focus child's biological father resides in El Salvador. The birth mother does not have a telephone number or contact information for him. However, the focus child's half sister's father has been a step-father to her. He was aware of the physical abuse but did not report it, he was also charged with neglect.

Child's Current Status

The focus child is stable and safe in her foster home; she has been residing there for the last nine months. The foster parents are also Spanish-speaking. All parties interviewed for this review described the focus child as happy, sweet and as a caregiver to her half sister. They engage in play together and may get into arguments as siblings often do. Currently, the focus child has weekly unsupervised visits with her mother and step-father. Initially, visits with the birth mother were supervised.

The focus child was having difficulty grasping first grade concepts; as a result she has been moved into a kindergarten class and is progressing very well. There is speculation that she did not receive any type of formal education in El Salvador. She receives 10 hours of tutoring weekly. Her foster father also tutors her and reinforces what she learns at school. He makes sure not to go beyond what she has learned at school and works with her tutor. When she first arrived at school she could barely write her name. Working diligently in school and with her tutor and foster father, she now recognizes numbers, letters, colors and the days of the week. She has even

begun to add and subtract. She also receives tutoring for English and math recognition from her school counselor. Her Spanish and English have improved and she is now on grade level for Spanish. The focus child enjoys playing on the computer; educational software has been recommended. In an effort to retain all that she has learned through the year; a summer enrichment program has been identified and she is expected to begin once the program starts.

The focus child attends play therapy once a week. Therapy began shortly after the focus child came into care. Initially, there was a lot of aggression in her play, however, as therapy progressed, the aggression subsided. In therapy the focus child enjoys playing the role of “mommy/caretaker” and everyone else are her children. She was able to establish a relationship with her therapist and is very engaged in her sessions. The focus child has made significant progress in therapy, which positively contributed to her overall well being. Due to the progress that the focus child was making in therapy, it was recommended for her to have overnight visits with her mother. Currently, therapy sessions are working toward the transition from unsupervised visits to overnight visits then to permanently living with her birth mother. Family play therapy with the birth mother, step-father, and younger sister is also being considered.

The focus child is currently healthy. When brought into care she was underweight and had 13 cavities and one tooth needed to be removed. She has since received a cleaning, her cavities have been filled and she has had a tooth extraction. She is up-to-date on her medical and immunization appointments.

Parent Status

The birth mother speaks Spanish only. She is currently employed. She resides in her sisters’ basement in a room. The birth mothers’ accommodation is not very spacious but she is able to provide a suitable housing environment if reunified. She understands that she needs a larger apartment to be able to comfortably accommodate both children. She has been working with her therapist in lieu of her social worker to find housing and other employment options.

Those interviewed expressed some concerns of mental health issues. At the time of removal, the birth mother “fell out” in the middle of the street. She placed her hands on her neck and proceeded to choke and punch herself and then passed out on the street. An ambulance arrived; once in the ambulance, she tried to jump out while it was moving. She has since received a psychiatric evaluation and is awaiting a comprehensive psychological evaluation. The birth mother was prescribed and is currently taking Lexapro to combat anxiety and depression. Team members verbalized that they were not fully satisfied with the information contained in the psychiatric evaluation and are waiting to receive the comprehensive psychological evaluation to help guide their assessment of the birth mother. She receives counseling from a Spanish speaking counselor on a weekly basis. She has completed parenting and domestic violence classes. She is mandated by the courts to be randomly drug tested; all tests have been negative thus far.

The birth mother is very remorseful for her actions and feels better prepared to take care of her children since completing parenting classes. She is now aware that discipline causing injuries, bruises and marks are illegal and has since learned alternative ways of disciplining. She has also taken on an active role in providing support and guidance to the focus child in the foster home.

She shares a close relationship with the focus child and they were observed to be very affectionate with each other. The mother has been very consistent with visitation even during inclement weather and maintains regular phone contact with the foster family and the focus child.

The step-father and the birth mother have been separated since March 2009, but he has maintained a relationship with the focus child. He has unsupervised visits with the child and has completed his parenting class. The step-father shares a close relationship with the focus child and reports that she is happy when they have their visits. He visits weekly with the focus child and his biological daughter. He takes her to visit with his mother, buys her toys, takes her on outings and gives her snacks. He is adamant about keeping the siblings together and is also a permanent resource for the focus child. The step-father currently resides with his mother and brother, whom are very supportive. When the focus child visits with her step-father, she also visits her step-fathers' mother which she enjoys. The step-father has been diligently working with the social worker to find an apartment and has been connected with an outside agency that is also assisting with housing. His poor credit status and insufficient funds for a deposit on the apartment have made it very difficult for him to secure a place. He was referred to a community agency for assistance with budgeting and has completed a budgeting course.

The step-father is also having a difficult time comprehending the legality of the child welfare system and requires constant explanation and clarification each step of the way. The social worker constantly discusses with him the basis and purpose of the court hearings, what happens in court, what the court orders are and decisions and why certain decisions are made. Nonetheless, he does not appear to fully understand. For example, He is extremely stressed and fearful that he will lose the children if he doesn't find an apartment before the next court date. The social worker constantly assures him that that is not the case. The step-father has been showing great effort in trying to obtain housing and working towards reunification. The step-father is willing to have both children returned to him, even though the focus child is not his biological child. There are some concerns regarding the step-father appropriately disciplining his daughter, whenever she does something harmful to the focus child. Reportedly, his biological daughter tends to pull the focus child's hair in his presence and he does not intervene. Team members felt that he was not actively using the techniques that were taught in the parenting classes.

Caregiver Status

For the past eight months the foster parents have provided adequate shelter, clothing and food for the focus child. The focus child has adjusted extremely well and enjoys living with her foster parents. The home is safe, clean and appropriate from the observation of reviewers. When the focus child came into their care they noticed she was underweight and is also a very picky eater. They have since obtained a nutritionist who has provided them with balanced meal plans. The focus child has bonded with the foster parents and feels safe. There are two older foster children in the home ages sixteen and eighteen; they enjoy interacting with the focus child and they get along with her and her sibling. The foster parents noticed a major improvement in the focus child soon after her arrival in October 2008; she became more confident, more verbal, and more outgoing at school and at home.

It was reported that the foster father was a teacher in Peru and has been using his teaching background to assist the focus child with her academics. He provides her with one on one tutoring in the evenings with her school work. He communicates with her teacher and tutor to supplement what she is learning in school and maintains a pace that would keep her in line with what is being taught. The foster parents recognized the importance of the focus child having her space to complete her assignments and so they provided a desk in her room so that she is not easily distracted. They actively participate on the education team to address the focus child's educational needs and they follow through at home.

Additionally, they have been very involved with the case planning process and see themselves as a part of the team. The foster parents seem to have a good relationship with not only the social worker, but the birth and step parents as well. They are very encouraging of the parents' involvement with the focus child and are in support of the goal of reunification. Initially, focus child was apprehensive about going on visits with her parents and was unsure of how her mother was going to treat her, but the foster parents encouraged her that she would be safe and to have fun and enjoy the time she spent with her mother. The foster parents have provided exemplary care for this focus child and have contributed significantly to her overall progress. Reviewers learned that the foster parents were nominated for an award for exemplary service from the private agency managing the case.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

The focus child has progressed extremely well since entering her foster home. It has been stated that she has gone "from night to day". Her foster home is stable and appropriate.

The focus child has made significant improvement since the beginning of the school year. She has become more verbal in Spanish and is now utilizing English words as well. Additional tutoring and reinforcement at home has made a difference. Her teacher has really engaged her and the focus child gets along well with the other students in her class. The focus child speaks with the birth mother regularly and attends scheduled visits. When observed during a visit, the birth mother and step-father exhibited appropriate behavior.

The foster father's diligence has contributed significantly to the child's academic progress. There is a strong team working together to achieve permanence. All team members attribute the success of the case to the social worker's dedication and commitment to the family. The social worker was clearly identified as the leader and the one who the team seeks direction from. Team members described her as respectful, understanding, always available and competent. She team members work well together and even communicate with one another without guidance from the social worker. The social worker speaks regularly with the focus child's service providers to monitor and evaluate services to ensure that her needs are being met. The social worker is receptive; she answers and returns all calls promptly. She alerts the necessary parties of upcoming court dates.

The entire team has an excellent understanding of the family's needs, strengths and challenges. Everyone interviewed had a good assessment of the case and what steps needed to take place in order for the case to reach safe case closure. It was clear to reviewers that everyone understood

that housing was an issue and a barrier to achieving permanence. However, they were all involved and looking at different alternatives in order to achieve closure in a timely manner. The social worker was working very diligently to help the step-father secure housing. Although the mother's apartment was very small, it was anticipated that this was also an option for case closure. The team was working simultaneously with both parents to achieve the permanency goal. All team members are in agreement with the goal of reunification and were working to make it happen with either parent.

What's Not Working and Why

Finding affordable housing for the step-father is proving to be extremely difficult. Reviewers got the impression that although the team is working with both parents, it seems as though the majority of team members were hoping for reunification to occur with the step-father. This plan was also concerning, since he was not the biological father of the focus child. Some team members alluded to the fact that they may have to split up the children and have one go to the mother and the other go to the father, even though this was not a favored plan. Unlike the step-father, the birth mother had an apartment, but team members kept emphasizing that it was too small. However, the same effort that was placed on the father to find an apartment was not given to the mother.

The step-father's lack of discipline for his biological child whenever she acts malicious towards the focus child also appears to be becoming problematic. Reviewers noted that there was no discussion as to how this was going to be addressed to ensure that the focus child would be safe in his care.

Team members admit that at this time they are not fully aware of mother's mental health needs. Team members are expecting that the comprehensive psychological evaluation will answer questions regarding the birth mother's hysteria, depression and anger issues.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

The social worker, foster parents, birth mother and all team members are in agreement with the goal of reunification with the birth mother. Hopefully, this will occur in the next three to six months; beginning with protective supervision and then toward family stabilization. Overall, this case has drastically improved. The parents have been compliant with court orders and have complied with service requests (i.e. parenting class, domestic violence counseling, etc) to meet the qualifications for reunification. They attend all conferences in school and are on time for visits and court hearings.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will refer the birth mother to her local community collaborative agency to assist her with alternative employment options. Also, the birth mother has been relying | Yes |

| | | |
|-----------|---|-----|
| | on her therapist to assist her with housing options. The social worker will contact the therapist requesting to be informed of any new developments. | |
| Follow-Up | <p>The social worker had a discussion with the birth mother about a referral to her local community collaborative agency as a resource. The birth mother declined the referral at this present time; she feels overwhelmed with individual therapy, couples' counseling, parenting classes and work. This is a resource that she will explore at a later date.</p> <p>A meeting was held with the following members; social worker, birth mother, step father and therapist. After discussing housing options, it was decided that renting a room/den for \$500 monthly from her sister is the best option at this time. No other new developments have arisen.</p> | |
| Next Step | 2. The social worker will contact CFSA to obtain information on housing income assistance for the step father. She will explore the proper channels to assist the step father in obtaining financial assistance for first and last months' rent and security deposit toward an apartment. | Yes |
| Follow-Up | The step father has recently found a new apartment; the foster care agency will pay the security deposit and \$100 towards the rent for the first six months. | |
| Next Step | <p>3. A- The social worker will continue to reiterate to the parents that the step father is making progress, as well as continuing to discuss the legal ramifications pertaining to the case and that the ultimate goal is reunification.</p> <p>B- The social worker will also discuss with the birth parents, appropriate discipline for both children and how to utilize the techniques taught in the parenting classes (i.e. positive/negative rewards).</p> | Yes |
| Follow-Up | <p>A- The social worker continues to discuss with both parents how well this case is progressing to case closure. The birth mother is now having overnight visits and the step father is awaiting clearances and will then begin having overnight visits.</p> <p>B- The social worker held a meeting with the birth mother, step father and foster parents to discuss how the parents and caregivers will communicate with one another and maintain consistent discipline and structure for both children.</p> | |

QUALITY SERVICES REVIEW CASE SUMMARY #39

Review Dates: July 13-14, 2009

Current Placement: Foster Home

Persons Interviewed (6): Social worker, birth mother's attorney, birth father, foster parent, AAG, and the focus child's therapist. The focus child was observed by reviewers napping at his daycare.

The birth mother and GAL were scheduled to be interviewed; however, they did not make themselves available for the scheduled interviews.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a three-year-old African-American male with the permanency goal of reunification with either birth parent. He has four siblings, two half-sisters ages thirteen and nine, who are not in care, and two younger sisters ages six and one and a half, who are in care. He does not live with any of these siblings. The focus child has supervised visitation with his birth parents separately. Unsupervised visits are expected to begin in mid-July. The visit will begin unsupervised by the social worker for the first ninety minutes. If the social worker determines that the visit can continue without his supervision, the birth parents will continue the visit unsupervised, for the duration.

The focus child's family has a history with CFSA, with the most recent allegations occurring in October 2008 after a neglect case was submitted to the court after domestic violence took place between the birth parents. All of the children were released to their birth father under Protective Supervision. In February 2009, Protective Supervision was revoked and the children were removed from the care of their father due to continuous physical discipline. The focus child was placed in shelter care until March 2009, when he was placed in his first foster home.

Once placed, he began to exhibit unmanageable behaviors at home and in daycare. It has been reported that the daycare called the foster mother daily requesting that he be picked up, because he was biting, hitting, yelling and having tantrums that would last for long periods of time. In early April 2009, the daycare informed the foster mother that the focus child could not return stating that the facility did not have the staff or resources to manage his behavior. The foster mother refused to pick him up and decided that she did not want him to return to her home as well. As a result, the focus child was placed in a second foster home. He is the only child in his current foster home and attends daycare at the infant and maternity home care center where he was initially placed in shelter care.

The focus child has a diagnosis of Adjustment Disorder with Mixed Anxiety and Depression, Disruptive Behavior Disorder NOS, and ADHD. Currently he is not taking psychotropic medication.

Child's Current Status

When team members were asked to describe the focus child, he was depicted as engaging, playful, vivid and sweet. The focus child is stable and safe in his current foster home where he has been residing since late April 2009. The focus child is healthy, his weight and height are in normal range and he is up-to-date with all medical and immunization appointments. He had two cavities at his last dental visit, which have been filled. The focus child was prescribed Risperdal by a previous physician and then Abilify, in June 2009, by another physician. The birth parents were not in agreement with him taking the medication; thus, the focus child has never taken any psychotropic medications.

There are no other children in the foster home; however, the foster mother's grandson visits on some weekends. He is older than the focus child and has taken on the role of an older brother. It has been stated that they get along well and the grandson teaches the focus youth how to be mannerly and respectful to adults.

The focus child has weekly supervised visits his birth mother for three hours in the morning and then with his birth father for three hours in the afternoon. When visiting with either parent the focus child also visits with his siblings during the allotted time.

The focus child currently attends daycare. When he began, he exhibited aggressive behaviors; he kicked staff members, punched other children in the class, showed his genitals when coming from the bathroom, and had temper tantrums that would last several minutes. A tantrum chart was created to monitor the length of time each tantrum would last. Within the last three months the focus child has made significant progress in this area; tantrums lasting 45 minutes have since subsided to two to three minutes. The focus child also requires a lot of one-to-one attention during circle time because he struggles with sitting still. He plays aggressively and is very rambunctious thus acquiring several bumps and bruises, according to those interviewed. It has also been stated that he often uses his toys as if they were guns. His playtime is now being monitored more closely and he is being taught how to play with his toys appropriately. He enjoys playing in the water and going to recreational parks.

The focus child has been administered a battery of tests: psychological, educational and speech and language. Services have been put into place to meet his needs; for example, mentoring and daily individual, group and play therapy. He is learning to socialize and verbalize his wants and needs. A goal chart has been devised and is reinforced at home for consistency. He participates in group therapy with approximately five other children daily and works one-on-one with a therapist at a private practice. The focus child has a male mentor who meets with him on weekends for approximately four to six hours. They attend church, go fishing together and participate in other outside activities.

Parents' Status

The birth mother works part-time as a registered nurse through a temporary agency. She is no longer involved with the birth father of the focus child. She has attended parenting classes, has a mentor through a parent advocacy program and participates in outpatient drug treatment from Monday to Thursday. All of her urinalysis testing has been negative for marijuana to date. As of May 2009, the birth mother had attended at least five drug treatment group meetings per week

and five NA/AA meetings per week. It is also required that she completes a domestic violence assessment and participate in a domestic violence class, which she has not done yet. There have been some discrepancies with the birth mother taking the class. Domestic violence was covered in her group counseling sessions; however, she was still required to participate in a separate class. This issue has reportedly been cleared up and she is in the process of registering for the domestic violence assessment. Once the assessment is completed, a decision will be made as to which specific class or support group she will be enrolled in.

Regarding visitation, it has been stated that the birth mother would like more visits and for them to be unsupervised. There is a current plan in place for working towards this goal. When observed, birth mother and child enjoy their time together and are very affectionate and caring with one another. However, it has been stated that during visits the birth mothers parenting skills are still lacking and she is very inconsistent with discipline. It was further stated that she does not have a good understanding of how to meet his needs especially when he acts out.

The birth father resides in an apartment with his two oldest children who are not in care. He works sporadically, but is able to manage his financial responsibilities with the addition of TANF and Social Security benefits. The birth mother and birth father are no longer together. The birth father has a new girlfriend and is expecting a child with her. The birth father has also attended parenting and domestic violence classes. He stated that he has learned better parenting skills and coping techniques from the foster care agency's parenting classes. In fact, he gave positive accolades of how knowledgeable the instructor was. The birth father was consistently attending therapy in the beginning of the case. He stopped attending therapy after a June 2009 court date, as he thought he no longer had to attend sessions. After discussions between various team members, the birth father has since reconvened therapy sessions.

Regarding reunification, the birth father would prefer to separate the children temporarily. He prefers that the focus child and his infant sister reside with the birth mother and the oldest of the three children would reside with him. The logic for separating the children is for the birth mother to bond with the infant and the focus child and begin a structured daily schedule, after which the eldest child will join them. Both parents have the support of their families. Visits have occurred with the birth mother at the maternal grandmother's home and afterwards the focus child and siblings were driven to the paternal grandmother's home for their visit with the birth father.

There has been significant progress toward case closure; the birth mother has been consistent with attending outpatient substance abuse treatment, drug testing, AA/NA meetings, and parenting classes. The birth father has attended parenting and domestic violence classes and has resumed therapy sessions. The birth parents have stated that they will try to be civil and cordial to one another for the safety and well-being of their children.

Caregiver's Status

The focus child has been residing with his foster mother since early April 2009. The foster mother provides good food, shelter, clothing and supervision. The foster mother keeps an organized folder of important documents pertaining to the focus child and schedules all of his medical appointments. She takes him to the barbershop bi-weekly. They enjoy preparing and

cooking meals together. One team member reported that when the focus child was asked to name something he would miss about his foster home, he stated that he would miss his foster mother's home cooked meals.

When the focus child first arrived at the foster home, it was reported that he asked a lot of disturbing questions, such as "Are you going to hit me?" and "Are the police going to come?" The foster mother reassured him that he was safe, that the police would not come to their home and that she would not hit him for any reason. The focus child has his own bedroom and bathroom. The foster mother has given him chores, such as emptying the trash from his room, folding his pajamas and making his bed with her assistance. She reports that 30 days after arriving to the home, the focus child began bedwetting and crying for his birth mother in the middle of the night. She now wakes him up later in the night to use the bathroom and pats his back to put him back to sleep.

Initially, the focus child displayed inappropriate affection with his foster mother; for example, kissing her on the mouth and feet. She explained to him that he was only to kiss his parents on the lips, to kiss her on the cheek and not to kiss anyone's feet. It is reported that he has decreased these behaviors. She is firm but also loving with him.

The foster mother has also established a reward system to counteract his aggressive behavior. When the focus child listens and follows directions at home and school through out the week, he receives an additional 30 minutes of playground time, bike riding or the option of selecting a movie of his choice. They enjoy spending quality time together like reading from his prayer book nightly and practicing the spelling of his name on the chalkboard in his room.

While the foster mother is aware of the focus child's permanency goal being reunification, she is willing to adopt if necessary. She has taken the focus child in as her own child. The foster mother speaks with the social worker daily and feels that the agency has been supportive and has met her needs.

The foster mother has made it a point to reach out to the birth parents by inviting them to a school program that the focus child was a participant in. The birth parents declined and the focus child did not participate as it fell on a visitation day. Nonetheless, it has been stated by those interviewed that the foster mother's perception of the birth parents is insensitive and that she feels that they could do a better job raising the focus child. Team members stated that when the foster mother picks up the focus child from a visit; she often rushes him out of his parents' home resulting in temper tantrums. It has been suggested to the foster mother that she try to ease him out of the home in a more gradual manner.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

The focus child has made significant progress in his current foster care home, daycare and in therapy. His foster home is stable and appropriately meets his needs. His behavior has improved dramatically, for example his tantrums have decreased from lasting 45 minutes to now one to three minutes long. According to those interviewed, the initial therapist working with the focus

child was not a good fit and progress was not being made. The social worker sought out a new therapist who is a better suited for meeting his emotional and mental health needs. Interviewees stated that progress has been made with the focus child in such a short span of time mainly due to the group and play therapy he is receiving. The foster mother and social worker communicate daily and the social worker is in communication with the birth parents and daycare regularly for updates. The social worker is punctual when picking up the focus child for scheduled visitation.

In terms of engagement, the social worker has made significant strides. For example, there was reportedly tension between the social worker and the birth father; however, after further conversations between the two, the relationship seems to have improved. The birth parents are working diligently to complete the tasks set forth by the agency and are able to verbalize the goals and objectives that must be accomplished to reach case closure. In terms of service implementation, the social worker has linked the birth parents with a government referral office for updates on housing options, parent advocacy and employment programs.

All parties interviewed stated that the social worker was the clear leader of this case. He contacts all team members to give updates and reminders on court dates and calls to give the status and outcomes from court by phone and/or email to those who were not able to attend. The social worker has implemented services to address concerns surrounding safe case closure. The foster mother believes that the agency has met her needs and the needs of the focus child.

The reunification plan is an excellent start toward case closure and, once in place, the visitation plan will alleviate safety concerns. Due to the birth parents frequent confrontations during drop-off and pick-ups for visits, the visitation plan will include meeting at a neutral location, such as a police precinct to reduce the risk of a volatile confrontation. Team members are in agreement that adequate progress has been and is still being made toward case closure within specified timeframes.

What's Not Working and Why

While the overall case is very strong, there were some areas that could use enhancing. Key team members have not been responsive to the social worker; for example, not returning phone calls and emails. The social worker has called to give recommendations for the birth parents and the focus child and has not received responses from key participants involved in this case.

Financial stability for the birth mother is a barrier to safe case closure as her monthly expenses exceed her temporary/part-time income. A consistent and steady income must be established prior to reunification.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

The social worker, foster parents, birth parents and all team members are in agreement with the goal of reunification. It is hopeful that this will occur by the end of the year and a determination will be made regarding which parent the focus child will reside with. A visitation plan and schedule will be determined with assistance from the social worker. Overall, this case has dramatically improved within the last five months. The birth parents have been compliant with

parenting, domestic violence, outpatient treatment and therapy sessions. They are working diligently to reunify with the focus child and the remaining children in care.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|-------------------------|
| Next Step | 1. Social worker will contact the birth mother’s mentor with information on a budgeting class and request that she accompany the mother to this program. | In Progress |
| Follow-Up | The mentor and birth mother had a disagreement and are no longer working together. The social worker and birth mother found the mentor to be very inconsistent with following thru and attending scheduled appointments. As a result, the social worker has taken the lead on identifying a budgeting class. Thus far, the social worker has not found a class that best fits her needs. In the interim, the social worker is exploring the idea of bring in a private consultant as a resource. If that resource isn’t viable the social worker will then work with the birth mother himself. | |
| Next Step | 2. Social worker will meet with parents together to develop a visitation plan for how they will work together to have safe visitation transitions. | SW-Yes Client-No |
| Follow-Up | <p>The social worker has made several attempts to engage the birth parents in discussion regarding a feasible visitation plan. The parents are still having difficulty working as a team. The birth mother is still struggling with setting boundaries for the children and insight about parenting. Nonetheless, the birth mother would still like for the social worker to facilitate and transport the children for visitation with the birth father.</p> <p>The birth father has been exhibiting oppositional behavior toward the social worker and visitation (i.e. not being home when the social worker drops the children off). Thus, unsupervised visitation will resort back to supervised visits.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #40

Review Date: July 15-16, 2009

Current Placement: Foster Home

Persons interviewed (5): Social worker, career counselor at Job Corps, GAL, AAG, and focus youth

Despite numerous attempts to engage the foster mother, she did not make herself available to be interviewed for this review.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year-old African-American female with the permanency goal of APPLA. Both of her parents are deceased. Reportedly she has 6 siblings, none of which are currently involved with the child welfare system. The youth has contact with one sister who is in her early 20s and lives with her own child within the Metropolitan DC area. She also has contact with her maternal grandmother and one sister, who reside together in the southern part of the United States.

The focus youth became known to the agency in 2001, when the focus youth and her sister reported that they were afraid to go home to their mother due to physical abuse. There were also allegations that the birth mother was an active substance abuser. According to the agency record, the focus youth and her sister were removed from their mother's care in November 2002.

Youth's Current Status

The focus youth is described as being a sensitive, loving and caring young lady. She was also reported to be a good self-advocate and a person who is open to guidance and feedback. One person reported that this young lady has shown a commitment to "breaking the cycle of violence and neglect" that has been prevalent in her family.

The focus youth graduated from high school in 2008, and in March 2009, she made the decision to enter Job Corps in order to obtain a medical assistance certification. Reportedly, she has adapted well to the program, both academically and behaviorally. It was reported that the focus youth is making "steady" progress in obtaining her medical assistance certification. Through Job Corps, the youth has to complete the academic portion of the program, which includes Reading and Math classes, and 360 hours of volunteer services (120 hours of which is internship hours). Job Corps is able to provide tutoring and academic assistance should the youth need it. Only natural transitions from Job Corps are expected by the team. The focus youth has the option of staying at Job Corps in order to complete a second certification or she can return to the District in order to attend college or start employment. She will need to take the SATs in order to apply to some colleges.

Job Corps has four phases – four being the “honors” phase - which the youth has to navigate in order to earn greater freedom and responsibilities. Since her arrival in March, she has reached phase three. She has exhibited responsible behavior through compliance with curfew, chores, and participation in program activities. She has friends within the program and there have been no negative reports related to peer interactions. There were no safety concerns for her on the campus or in the local community.

In terms of stability, she has resided with the same foster family for over four years and still returns to their home during breaks from Job Corps. In fact, this foster family had an existing relationship with the focus youth and became foster parents in order to provide care for her. While this family is not an adoptive placement, team members, including the youth, believe the relationship between the youth and the foster family will continue after the youth transitions out of the child welfare system. There are no safety concerns related to the youth when she is in the foster home.

The focus youth has current annual physical, vision, and dental examinations. She schedules and maintains her own doctor appointments. There were no reported health concerns. The focus youth is reportedly sexually active and does not always choose to share information related to her sexual activities. She indicated that adults have provided her with safe sex and reproductive health information. The focus youth does not receive any mental health services at this time, nor is she prescribed any psychotropic medications. Team members expressed that the focus youth has matured a great deal emotionally, especially around the death of her parents. She has a positive emotional connection with her foster family and she continues to open up and discuss her feelings related to her parents’ deaths – especially around holidays and important milestones in her life.

The focus youth is making good progress in gaining and implementing independent living skills such as managing her time, managing her medical appointments, and advancing her education and employment opportunities through Job Corps. She is developing achievable future plans in terms of thinking about entering college. She has developed long-term supportive relationships with her foster family. She is learning to manage her relationships with her grandmother and her sisters; although it team members reported that the youth’s relationship with her birth family is often strained due to the family’s feelings that the youth has not “been loyal” to the family. It was said that the birth family does not have the best role models for the focus youth and she “wants to do better for herself” as she matures. She can do the basics of cleaning, food shopping and preparation, laundry, and using public transportation. The focus youth has not yet had to pay any bills (i.e., cell phone) and needs to learn how to budget her money. The team and the youth have recognized that this one issue is essential for her to master prior to exiting care. Job Corps has a budgeting course that is offered during the last portion of the youth’s transition out of the program. The youth has expressed interest in entering an Independent Living Program (ILP) when she finishes Job Corps because she would like to develop the necessary skills needed to function successfully and independently prior to exiting the child welfare system.

Caregiver Status

The focus youth is officially placed at Job Corps. This program provides for all of the youth’s physical needs in terms of food, clothing, shelter, education, medical care, and supervision. Job

Corps staff has maintained contact with the focus youth's social worker. They provide the youth with her bi-weekly allowance and offer a wide variety of extra-curricular activities. The focus youth has identified several staff members who she feels comfortable talking with and feels that the staff cares about her and her well-being.

As previously reported, the foster parents did not make themselves available for this review, so all information was obtained through interviews with other team members. While the focus youth is officially placed at Job Corps, she returns to the home of her foster family on breaks from Job Corps. If the youth cannot transition into an ILP from Job Corps, she can return to the home of the foster family. It was reported that the youth has a very strong bond with the foster parents and that she considers them her family. She refers to the foster parents as her "mom" and "dad". Whether the focus youth is in their home or away at Job Corps, they provide her with clothing, personal hygiene items, and spending money and care packages filled with goodies.

While there are no concerns related to the foster parents' love and direct care of the youth, team members feel that the family has inadequate participation and engagement with the child welfare system. The foster parents seldom participate in aspects of assessment, service planning, or case monitoring. They struggle to comply with foster care licensing requirements. There are reports that they do not readily respond to requests for information and home monitoring visits. It was said that the foster family feels that they should not have to do all of the licensing tasks because the focus youth is an older child and they provide all that is needed for her.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

Engagement of the focus youth is strong. Arrangements are made for the youth to participate in court in person or via telephone. The youth indicated that she feels that her social worker takes the time to talk and meet with her. She indicated that the team asks her opinions and asks her to participate in creating a plan for the present and for her future. She also feels that her team "gets things done for me", is "honest with me", and "listens to me."

The social worker and the focus youth are seen as the leaders in this case and that seems appropriate due to the fact that the focus youth is 19 years old. Team members praised the social worker for her ability to coordinate, plan and assess services for the youth, and for being creative in problem-solving, especially around trying to engage the foster parents. She is seen as the clear point of contact for all professionals. The focus youth is a leader in her self-advocacy skills and in being an active decision maker in her own case.

The social worker appears to have a strong assessment and understanding of the focus youth. They seem to understand her history, the grief and trauma history related to her parents' deaths, and the relationships she has with other family members. The team understands her current needs and strengths, and is aware of the maturity that she has displayed. It appears as though the team has a clear understanding of what independent living skills the youth needs to learn prior to safe case closure. The youth is receiving all needed services through Job Corps. There were no additional services identified by any interviewees.

In terms of pathway to safe case closure, team members clearly understand that the focus youth's permanency goal is APPLA and are aware of where she is in the timeline of her ageing out of the child welfare system. The focus youth's decision to attend Job Corps was a very positive step in moving her forward towards independence. She is gaining a vocational certification and they offer employment assistance. She has aspirations for attending college to further her education. Team members and the youth have talked about her entering an Independent Living Program (ILP) upon completion of Job Corps so that she will gain experience in the essential life skills needed, such as budgeting, time management, sustaining permanent housing and problem-solving, in order to live safely and function successfully on her own. The youth does not wish to be adopted and there is evidence that family members, including the grandmother, have been explored in terms of placement, yet none wished to become an option.

The focus youth is maintaining family connections without the assistance of a professional. She talks with and sees one of her sisters and has telephone contact with her maternal grandmother, who resides over 100 miles from the District. There are no other family members that the youth would like to locate and/or have communication with.

Family court is considered positive. The youth has a history of participating in court either by phone or in person. Team members felt that the youth is given the opportunity to talk to the judge and express her desires for her future and advocate for any services that she may need.

What's Not Working and Why

Team formation and functioning and case planning are challenging areas in this case due to the foster parents' lack of involvement with the child welfare system. Team members feel that the foster parents are such an integral part of the focus youth's life, that their lack of participation and cooperation is negatively impacting the ability to create a cohesive team.

While case planning is acceptable due to the quality work done by most of the team members, this area needs to be enhanced due to the foster parents' non-participation in most of the case planning. Without their observations and opinions on how the youth is doing and what she needs, it impedes the rest of the team's ability to create the best possible plan for the youth. It should be noted that reviewers felt that the social worker and foster care agency work very hard to get the foster family to participate and comply with agency requirements; the family have just chosen to not become full team members. In addition, while the focus youth clearly knew what was in her case plan and had been an active planning member, she did not sign her case plan.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

Due to the focus youth's current stability and forward progress in completing her Job Corps program it is believed that her case will improve.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|------------------------------------|
| Next Step | 1. The social worker will request that the focus youth review and sign the April 2009 case plan. The social worker will mail the youth a copy of the case plan and request that she send it back to Boys Town for record documentation. | In Progress |
| Follow-Up | The social worker was under the impression that she was to fax a copy of the case plan instead of mailing it. The social worker will mail a certified copy of the case plan to the focus youth's counselor. Once signed the counselor will mail it back to the social worker. | |
| Next Step | 2. The social worker will discuss a SAT preparatory class with job Corps. If Job Corps does not have the necessary component for SAT testing, the social worker will research programs via the internet. | SW –Yes Client – No |
| Follow-Up | The social worker spoke with the college specialist at Job Corp who assists residents in preparing for the SAT and also refers them to a college preparatory resource center. Even though, the focus youth expressed interest in attending college; she stated to her social worker that she does not have a desire to attend at this particular time. | |

QUALITY SERVICES REVIEW CASE SUMMARY #41

Review Dates: July 13-14, 2009

Focus Child's Placement: Kinship Foster Home

Persons Interviewed (8): Social worker, paternal grandmother and grandfather, AAG, maternal grandmother, focus youth, birth mother and father's attorneys.

The GAL and the mother's attorney were scheduled to be interviewed, but were unavailable at the time of their scheduled interviews.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year-old, African-American female, who is the mother of a two-year-old son. The youth and her son are currently residing with her paternal grandparents. The youth's permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). She has two adult siblings and six younger siblings, two of which, ages 15 and 8, are currently residing with their birth mother. Three of the children, 11-year-old twins and a 12-year-old, are in the maternal grandmother's custody and were never in foster care. The focus youth has a 17-year-old brother placed in a therapeutic foster home with another private agency.

The focus youth's family initially became known to CFSA in 2000, due to allegations of emotional neglect and alcohol abuse impacting parenting. The allegations were substantiated and an in-home case was opened for case management services. The birth mother continued to receive several reports with allegations regarding the birth mother's alcohol use and its impact on her parenting. It appears that service providers were unable to get the mother to fully participate in services and, therefore, the alcohol abuse remained unresolved.

Subsequently in 2004, a report was received with allegations of exposure to adult sexuality, sexual abuse and education neglect. Based on the result of the investigation, the focus youth and her three siblings were removed from their mother's care and placed in foster care. The mother later entered a drug treatment program through the court and was able to bring the youngest child (now age 8) with her. It should be noted that the 15-year-old was recently returned to mother's care under protective supervision. The focus youth and her 17-year-old brother remain in foster care.

Focus Youth's Current Status

There are no specific concerns regarding the focus youth's safety at home or in the community at this time. Furthermore, it was agreed by all interviewees that she has been able to ensure her son's safety and was viewed by all as a good parent. The focus youth would take her son with her to visit with family members or leave him in the care of a responsible caregiver when needed. There were no concerns regarding the care that she was providing to her son, which was the only area that the youth has demonstrated any type of responsibility. Apparently, she makes sure that he is always clean and attends to his overall well being. Reviewers learned that the

focus youth would bring snacks and books to court for her son to help keep him quiet and entertained. The youth also ensures that his medical needs are being met, even though there were times when she missed appointments, but immediately rescheduled. There were no health concerns shared in regards to her son, who is currently up to date with his medical status.

The focus youth had been residing with her paternal grandparents since coming into care in 2004; however, once her goal changed to APPLA, a decision was made for the focus youth to enter an independent living program for teen mothers. The purpose was for her to acquire parenting and independent living skills in line with her permanency goal. This proved not to be an easy task since the youth was not in school and was not employed. She entered the program about three months prior to the review and was discharged after thirty days for failing to comply with program rules. It was reported that she was breaking curfew and was not participating in program activities. The focus youth was then returned to the care of her paternal grandparents.

The focus youth is not attending school and is not currently employed. According to team members, the focus youth has not made any progress towards achieving independence. She is described as being very immature for her age and has not taken any initiative to get herself motivated to complete her education or obtain vocational training.

It was reported that the focus youth has a history of poor academic performance and at one point was appointed an education advocate to pursue special education services. The school system would not classify her as needing special education services and she was subsequently transferred from her traditional high school and was placed in an alternative education setting, which was more appropriate and would address her educational needs. Unfortunately, the work reportedly became too frustrating for the youth, so she dropped out. It should be noted that the youth never passed the ninth grade and it is suspected that she is probably reading at a fifth grade level.

The focus youth has been enrolled in five different settings to pursue her education, vocational training or employment within the last two years; however, she has not completed any of the programs. After dropping out of school, a vocational assessment was conducted and the focus youth was enrolled in a vocational training program to pursue a certificate as a home health aide. It was reported that the focus youth was linked with individuals in the program to serve as mentors and to assist her with any difficulties. However, the focus youth only attended the program for one week. Last summer she received her first job through the Summer Youth Employment Program, but quit after a couple of days. This summer, after a week on the job she received a phone call informing her that she would not get her first check, because she did not attend the orientation. It was reported that she got frustrated and instead of trying to figure out what she needed to do, she just did nothing. The youth did not show up for work the next day and did not attend the orientation. Subsequently, she was fired.

There are plans in place to re-enroll the focus youth at a vocational training program for the home health aide certification. Team members are concerned that this will be the focus youth's second attempt and there is a strong probability that she will not follow through. According to the youth she did not wish to engage in a program that was too long and informed reviewers that two weeks was a long time. She would like a program that she would complete in a few days.

Those interviewed stated that they found the focus youth's nonchalant behavior and lack of responsibility to be very frustrating for the team and for the court. Team members were concerned that legally she is an adult and her case is fast approaching closure, however, she has not acquired any life skills that would sustain her as an adult. This situation with the focus youth has remained a major barrier in closing the case.

It was reported that the focus youth now has a close relationship with her paternal grandparents and seems to enjoy living with them since returning from the independent living program. Reviewers learned that prior to the agency's involvement; the youth was spending the summer vacations with her paternal grandparents. The focus youth also shares a close relationship with her birth mother and her maternal grandmother. In fact, she spends most of her time visiting with siblings and family members. It was reported that she is very family oriented. Unfortunately, the focus youth's father recently moved to another state, so she is not able to see him regularly. Prior to his move, he would occasionally visit with the focus youth at the paternal grandparents' home.

The focus youth is in a home that all team members are confident will endure until her case is closed. Her paternal grandparents are committed to caring for the focus youth and providing support for her and her son.

The focus youth is healthy in terms of her physical health and there were no significant concerns shared. However, the focus youth's dental needs are not being addressed appropriately. Although she has been seeing the same dentist for three years, it was reported that the majority of her teeth require immediate dental care. She is in need of several extractions. The focus youth was scheduled to have one done a few days prior to the review, but refused to allow the dentist to extract her tooth because it was close to her birthday. In the meantime, she is having occasional toothaches and was prescribed pain medication to be taken as needed.

Parent Status Summary

The birth mother is a 40-year-old, African-American female, who is the mother of nine children. She is currently caring for two of her children, one of which was recently released to her care under protective supervision. Reportedly, at the time of removal, the mother agreed to enter drug treatment and was able to bring the youngest child with her to the program. According to documentation reviewed, the mother completed the Family Treatment Court Residential Program and was referred to the community upon discharge for continuing care at a local substance abuse treatment program. The mother completed both programs and received a certificate. Based on her successful completion, she was granted custody of her youngest child. The focus youth remained in care due to the issues regarding her independence. Reviewers noted that even though the youth's goal is APPLA, the mother believes it is reunification with her and is anticipating the focus youth's return home. The mother has remained very involved on the case and has participated in all the meetings involving the focus youth. She has a close relationship with her children and spends a lot of time with her family.

Although the mother is very supportive of the focus youth, she does not seem to have any influence over the youth in persuading her to think seriously about her future. Team members commented that the mother shares a friendship with her daughter and does not interact with her

as if she were the mother and the focus youth were the child. Therefore, team members cannot rely on her to be persuasive to the youth and her future.

Reportedly, the birth father moved to another state approximately two months prior to this review. Team members stated that he was initially involved with the court proceedings and was participating in the case planning process; however, for unknown reasons, he stopped participating. The social worker made several attempts to include him in the case planning process, especially during team meetings which involves various stages of planning regarding the focus youth and her future. Reportedly the birth father is aware of who some of the team members are and has had conversations with the social worker regarding the case. It was reported that the birth father has a history of substance abuse, but failed to comply with referrals for services.

The social worker also reached out to the paternal grandparents on several occasions to encourage them to talk to their son about accepting services and getting involved with his daughter and her future. Unfortunately, their attempts were also unsuccessful. The paternal grandparents expressed their disbelief at the fact that their son would turn his back on his daughter by relocating to another state. In fact, the paternal grandmother became very emotional when talking about the birth father and the efforts of the team to get him involved in his daughter's life.

Due to the fact that the birth father moved to another state, reviewers did not get the opportunity to speak with him. It should also be noted that the social worker had a meeting with the father prior to his move to obtain his contact information, so she could provide him with information as it relates to the focus youth. The birth father has not provided the social worker with his forwarding information; therefore, she communicates with the paternal relatives who pass the information on to the birth father whenever he contacts them.

Caregiver Status

The paternal grandparents are providing care to the focus youth and her two-year-old son. The paternal grandparents and the youth have a very close relationship. It was speculated by team members that the paternal grandparents spoil the focus youth and cater to her needs. It was reported that the paternal grandfather will travel to wherever the youth is to pick her up whenever she calls. He will do this no matter where she is or what time she is calling. Reviewers learned that after the youth was fired from her job, the grandfather contacted the summer program in an attempt to get the youth her job back, but was unsuccessful.

The paternal grandparents seem to be very supportive towards the youth and express their love and concern for her. They are very concerned that her case will close and she has yet to acquire the necessary skills to be able to sustain herself and her child on her own; including her lack of progress in completing job training or obtaining a certificate. According to the grandparents, the youth could stay with them for as long as she chooses, but team members expressed a concern that once the focus youth is not committed to agency care, the grandparents will not be able to use that as a motivator to get her to do certain things. It was expressed that if they were no longer foster parents and just seen as the grandparents, the youth could take advantage of the situation.

The grandmother became very emotional as she talked about her son, the youth's father, and the fact that he left his children behind and moved to another state. It appears that the paternal grandparents have made it their job to ensure that their grandchildren are cared for and to be available to them. They also made it clear that the focus youth could remain in their care indefinitely.

It was reported that they are very involved with the team and are active participants in all the meetings and in the case planning process. They attend all the court proceedings and seem to have a cordial relationship with the youth's mother and maternal grandmother.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker's ability to establish a good relationship and partnership with the focus youth, paternal grandparents, birth mother and maternal mother yielded a positive outcome on the overall case. It was amazing to see the paternal family and the maternal family coming together and working as one team for the betterment of the focus youth. The social worker was clearly identified as the leader on the case as she was meeting and talking with everyone involved and made efforts to include all parties in the decision-making and case planning process. Reviewers noted that all parties were well informed and had a common understanding of the plan and the expectations and requirements for the case to be closed. They all knew the case was still open because of the focus youth's lack of progress and indifferent attitude towards achieving independence.

The team was working together to address the issues that are preventing the case from achieving safe case closure. They understood the focus youth's and the family's strengths and needs and what the underlying issues are that need to be addressed in order to achieve case closure. Reviewers were impressed at the fact that everyone had a thorough assessment and understanding of the focus youth, as well as the same concerns regarding her failure to get motivated. Everyone is very active in the case planning process and they are all involved with the necessary modifications and adjustments whenever the focus youth fails to comply with a set plan. The focus youth also participates in case planning; she attends the meetings, and has an active voice in the identification of services albeit unrealistic. Plans are usually focused on the youth's permanency goal. The team has outlined the specific steps that need to be accomplished in order to achieve the case goal and close the case safely. These steps have been changed and adjusted each time the focus youth failed to stick with a specific plan, i.e. attendance in an educational/vocational program.

All the necessary services that the youth requires in order to achieve permanency and safe case closure were put in place. Within the last six months, the youth was placed in an ILP, enrolled in a home health aide training program and was employed by the Summer Youth Employment Program. Unfortunately, she failed to take advantage of any of the above opportunities.

What's Not Working and Why

The focus youth is not making any progress towards achieving independence. She is a 19 years old mother of a two-year-old child and she has no life skills. The youth has a ninth grade education, has not completed any vocational training, and has been unable to maintain employment. It is expected that her case will close at the next court proceeding, regardless of the fact that the youth continues to be unmotivated about her future plans and team members have not been successful in getting her motivated. This lack of motivation does not seem to be due to a lack of trying by team members. Interviewees felt that they have exhausted all possible resource with no progress. The youth is just not motivated and so far has not taken this process seriously enough to want to obtain the appropriate job skills. It was also speculated that because the youth gets whatever she needs, such as clothing, pocket money, etc, there is no desire for her to want to obtain the necessary skills needed to find employment. Reviewers also noted that the youth was not being realistic regarding the length of time it would take for her to obtain any type of training and did not seem to take the situation seriously.

The focus youth currently has a dental problem, which has resulted in her needing to have a few of her teeth extracted. Reportedly, the youth has been seeing the same dentist for about three years, but of recent seems to be having a lot of dental problems that are not being addressed by her dentist. It was reported that she was seen by the dentist a few weeks ago to have an extraction, but refused, because it was close to her birthday. In the meantime, she is relying on pain medication, which was prescribed by the dentist to be taken as needed. This was very concerning to reviewers, due to the fact that poor dental care can create some significant medical complications for the youth.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will remain status quo within the next six months.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will schedule a meeting with the paternal grandparents, maternal grandmother and birth mother to discuss putting in some rewards for the focus youth each day she attends her training program. This is to see whether or not it would get her motivated to complete the program. | Yes |
| Follow-Up | The social worker did not have the meeting with all the participants mentioned in the next step, because the youth had decided on her own that she was ready to participate in a vocational program. The worker met with the paternal grandparents and developed a plan to ensure that the youth will follow through on her decision. | |

| | | |
|-----------|--|-----|
| Next Step | 2. The social worker will make a second referral for the focus youth to a vocational program for home health aide training. A referral will also be made to RSA to assist the youth with educational and job training assistance post CFSA. | Yes |
| Follow-Up | The focus youth decided that she did not wish to attend the home health aid training program but agreed to participate in the program at RSA. The paternal grandfather took the youth to RSA for her intake. The social worker followed up with RSA and was told that the youth seems motivated and was enrolled in a vocational training program through RSA. The youth will begin receiving services through RSA that will continue post CFSA. | |
| Next Step | 3. The social worker to make appropriate referrals for dental care for the focus youth to ensure that her dental needs are being addressed. | Yes |
| Follow-Up | The focus youth's dental provider was changed and she was last seen in mid September for a cleaning. She has two up coming appointments for a root canal and other dental procedures as needed. | |

QUALITY SERVICE REVIEW CASE SUMMARY #42

Review Date: July 15-16 2009

Current Placement: Foster placement

Persons Interviewed (8): Social worker, foster parent, focus youth, GAL, AAG, community support worker, tutor, and the maternal grandmother.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a sixteen-year-old African-American female. She has five siblings, a 17-year-old sister, and brothers ages 15, 14, 13, and 8. According to team members, the focus youth also had an older brother who committed suicide in August 2005 while there was an open case for this family.³ Reportedly, the focus youth discovered her deceased brother, who was 15 years old at the time of his death.

The focus youth and her siblings became known to CFSA in January 2001 when they were removed and briefly placed in foster care due to a substantiation of physical abuse of one of the focus youth's younger brothers by the mother's boyfriend. The children were placed back in their mother's care and the case was monitored by the Court with the status of protective supervision. In October 2002, the case was closed. The children were removed again in 2004 when CFSA substantiated physical abuse by another boyfriend of the mother. All of the children were soon returned to the mother's care with the exception of one of the focus youth's younger brothers who had serious behavioral problems.

The case was open for three years, when, in September 2007, a CPS call was made regarding the focus youth and her siblings. At the time, the children were being cared for by their maternal grandmother, who was overwhelmed and having increasing difficulty caring for all of the children and their multiple special needs. The children's mother, who reportedly had been ill for several months and planned to move to a hospice, had asked her mother to take care of the children. The children had been living with their grandmother for only three weeks when at a family team meeting, the maternal grandmother admitted that she was unable to care for the children. They were removed and placed in foster care that night. The children's mother died in November 2007, a month after they were placed in foster care. The focus youth's father is not involved in the case and his whereabouts are unknown to CFSA and the Court.

The focus youth has lived with the same foster parents since coming into care in September 2007 and her current permanency goal is APPLA. The maternal grandmother filed a petition for guardianship for the focus youth and her siblings in the fall of 2008.

³ In October 2005, CFSA reviewed the death of this youth as part of its Internal Child Fatality Review Process.

Child's Current Status

The focus youth resides in a safe, stable foster home with her 17 year-old sister, who will be leaving in August 2009 to attend college in a neighboring state. Team members reported that the focus youth is closely attached to her sister and speculate that she may be lonely and sad when her sister leaves. The team has prepared for this transition and purposely sought out community support workers and mentors for each girl.

The focus youth completed the 11th grade at the end of the 2008-2009 academic year at a local high school. Team members reported that she is a good student and obtained a 3.0 GPA. They also noted that the focus youth struggled academically at the beginning of the school year, but put forth the effort to raise her grades. Team members reported that the focus youth is interested in culinary arts and took cooking classes that were offered at the school. During the year, she either took public transportation with her sister, who attended the same school, or their foster father provided transportation to and from school. Several team members stated that the focus youth is interested in attending college, and added that she participates in the Center of Keys for Life sessions once a week. The team members, and the focus youth in particular, stated that these sessions have been a positive experience.

Team members noted that the focus youth has begun dating, and that she has received counseling on sexual reproduction and safe sex. The focus youth has undergone a general physical within the past year and her immunizations are up-to-date. She sees a dentist twice a year. None of the team members expressed concerns about the focus youth's physical health.

The focus youth participates in tutoring, but some team members noted that the tutor has not been in contact with the foster family or youth since March 2009. The focus youth engages in weekly outings with a community support worker, and this therapeutic relationship has been beneficial for the youth. Team members stated that she attended grief and loss therapy for several months in 2008 and added that she successfully met her treatment goals. All of the team members reported that the focus youth does not need therapy services at this time.

The focus youth sees her sister on a daily basis since they live together. She visits with her brothers once a month on average and has unsupervised visits with her grandmother approximately once a month on weekends. Team members noted that the grandmother is occasionally invited to family outings, which she sometimes attends, with the children and their foster parents. Team members stated that the focus youth would like to visit with her grandmother and siblings more often; however, on some occasions she will decide not to visit with them and instead engage in school or church activities.

It was noted that the focus youth has conflicted feelings about her permanency goal of APPLA. She sometimes states that she is open to the goal of guardianship with her maternal grandmother. At other times, she reports that she would like to keep the goal of APPLA and remain living with her foster family. The focus youth has expressed interest in attending one of her court hearings and in talking to the judge, but is concerned about missing school.

Parents' Current Status

The birth mother died in November 2007 after a lengthy illness. The birth father's current whereabouts are unknown, and he has never been involved in case planning and has never provided care for the focus youth. The social worker submitted a diligent search request for the birth father in 2007, but no contact information was found for him. There have been no recent attempts by any of the team members to locate and contact the birth father.

Caregiver Status

The foster parents are actively involved in the focus child's education and medical care, and regularly communicate with the social worker. Some team members noted that the foster parents feel supported by the social worker. All of the team members stated that the focus youth's foster parents have been actively preparing the focus youth for independence, while still providing a nurturing and stable home environment. Team members also stated that the foster parents are willing to care for the focus youth if her goal continues to be APPLA, and they plan to be a life-long support for her.

Team members reported that in May 2009 a family team meeting was held to discuss permanency options. Most team members were present including the focus youth and her siblings. The focus youth's foster parents agreed that they wanted the grandmother to be first considered as a permanent placement option for the focus youth, since they felt that family relations should be considered first. They added that if she cannot care for the focus youth, then they would like to be considered as a permanency option for her.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most of the right people are working together to provide services for the focus youth. All of the team members share a good assessment of the youth's strengths as well as her challenges. The social worker has communicated with almost all of the team members to ensure that services are in place for the youth's medical, emotional, and educational needs. The social worker has created a rapport with the focus youth and foster parents, who stated that they feel supported by the social worker and child welfare agency.

Overall, the focus youth is progressing academically and socially, and is healthy and well-adjusted to her foster placement. The focus youth is expanding her life skills with the guidance of her foster parents and by attending the Center of Keys for Life program on a weekly basis. Team members reported that she aspires to attend college and already has vocational interests.

What's Not Working Now

The major barrier to safe case closure is the lack of thorough case planning and implementation of services for the grandmother. In order to consider the goal of guardianship with the grandmother, she needs to engage in individual therapy and obtain larger housing. There have been limited interventions to assist the grandmother with these objectives.

The maternal grandmother filed a petition for guardianship for all of the children in the fall of 2008. She did not want to pursue adoption of the children, since she was still married. She was separated from her spouse for over twenty years and was not planning on getting a divorce, which would have been required for the goal of adoption. Some team members reported that the grandmother would like to pursue guardianship of the children. They also reported that she has said that she would be content if the children stayed in their current placements as long as they were happy.

As ordered by the Court, the grandmother underwent a psychological evaluation in the fall of 2008, and it was recommended that she engage in individual therapy. Team members were unclear as to the purpose of therapy; some stated that therapy was recommended to address the grandmother's feelings of grief and loss, and others reported that therapy was recommended for assisting her with coping with the special needs of the focus youth's siblings. The grandmother was referred to a counseling agency soon after the evaluation. She reported, however, that the counseling agency focused on individuals with severe and chronic mental health problems, and added that she did not feel comfortable there. To date, another counseling agency or therapist has not been identified for her.

Some team members stated that the grandmother is unclear about the goals, objectives, and timelines of the case plan. Other team members stated that the grandmother has not fully participated in following the case plan. In order for the focus youth and her siblings to be placed with the grandmother, she needs to obtain a larger apartment. She is currently residing in a two-bedroom apartment that she has lived in for many years. Team members stated that the Housing Choice Voucher that belonged to her daughter, the focus youth's mother, was going to be transferred to the grandmother's name. In order for the transfer to occur, the children would have to be placed with her, but the children cannot be placed with her until she obtains a larger apartment. Several team members reported that the assigned community support worker was assisting the grandmother in working through this problem with the Housing Authority.

Another barrier to permanency is the fact that the focus youth has some ambivalence about her feelings of where and with whom she wants to live. Team members stated that she sometimes reports a desire to remain with her foster parents, and at other times reports that she would like to live with her maternal grandmother.

Communication between team members also needs to improve. The foster parents did not tell the social worker about the tutor's absence of more than three months. Team members were also unclear as to the objective of individual counseling for the grandmother.

SIX MONTH FORECAST/STABILITY OF FINDINGS

Based on the reviewers' findings, it is expected that this case will remain status quo over the next six months. The youth is safe, in a stable home, progressing in school, and learning life skills. The case, however, is stymied due to the lack of case planning and implementation of services with the grandmother.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. The social worker will ask the AAG about the focus youth meeting with the judge in chambers in order for her to not miss school and to have her voice heard by the Court. | Yes |
| Follow-Up | The focus youth will meet with the judge in December 2009 after the focus youth's hearing, which is scheduled at the end of the day. | |
| Next Step | 2. The social worker will discuss with the foster parents having set days and times for exclusive sibling visitation. | Yes |
| Follow-Up | The social worker had a discussion with all of the foster parents and they agreed that visits would take place on the weekends twice a month. The agency social services assistant helps with transportation. It was also reported that while the focus youth states that she wants to see her siblings, she sometimes does not go to the visits because she prefers to attend school and/or church functions. | |
| Next step | 3. The social worker will follow up with the assigned tutor/mentor and the agency regarding tutoring and mentoring services for the focus youth, and will monitor the delivery of those services. | In progress |
| Follow-Up | A new tutor was assigned to the focus youth, but had not started. The focus youth joined band practice at her school this year and thus has limited time in the evenings for tutoring. At the time of this follow-up meeting, the foster parents, tutor, and focus youth were looking at their schedules to see if tutoring could take place on the weekends or on Friday evenings. | |
| Next Step | 4. The social worker will talk to the community support worker about providing emotional support to the focus youth regarding her feelings about her placement. | Yes |
| Follow-Up | The social worker spoke to the community support worker about talking to the focus youth about her feelings about her placement, and the community support worker agreed to focus on this plan. | |
| Next Step | 5. The social worker will assure that the grandmother is linked to a therapist and will communicate with the therapist on a | In Progress |

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| | regular basis regarding the grandmother's progress. | |
| Follow-Up | The agency social services assistant identified a therapist for the grandmother, but reportedly the grandmother and the therapist had scheduling conflicts. The social worker stated that another therapist was being sought for the grandmother. The social worker also noted that the grandmother reported that she was no longer interested in pursuing guardianship of the focus youth due to her age and wanted to obtain guardianship of the focus youth's two younger male siblings since they were younger. | |
| Next Step | 6. The social worker will identify the focus youth's appointments and/or activities that the grandmother can attend in order to foster their relationship and assess the grandmother's level of engagement. | NA |
| Follow-Up | No appointments were scheduled during the past two months, but the social worker reported that she will encourage the grandmother to attend the focus youth's next general physical, which is scheduled for December 2009. | |

QUALITY SERVICE REVIEW CASE SUMMARY #43

Review Date: July 13-14, 2009

Current Placement: Therapeutic Group Home

Persons Interviewed (7): Social worker, mother's attorney, focus youth, therapeutic group home house manager, GAL, AAG, CFSA Adoption Recruiter

The birth father's attorney did not respond to calls regarding the review although he was scheduled to participate. The birth parents could not be contacted in order to participate in the interviews.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 16-year-old African-American female, who currently resides in a therapeutic group home located in another state. Her location is approximately an hour and a half outside of the District. Her permanency goal is Adoption.

According to the agency record, the case came to the attention of CFSA in September 1999, when a report was made regarding neglect of the focus youth and her siblings. The allegations were substantiated and the focus youth and her siblings were subsequently committed to CFSA.

Youth's Current Status

The focus youth is described as being bright, funny, personable, caring, outgoing, and outspoken. She has also been described as one who can advocate for herself and has no problems sharing what is on her mind. The focus youth has resided in the therapeutic group home for almost a month. The focus youth is not in school at this time due to it being the beginning of the summer. Once the school year starts, she will be enrolled as an 11th grader in the appropriate neighborhood school.

Prior to her current placement, the focus youth had been residing in a residential facility for at least a year. She shares her current placement with three other youth. Reportedly, she gets along well with all of the residents and does not get pulled into the "drama" of the house. She feels safe in her placement and community. At this time, there are no concerns that the focus youth will have to leave the group home in the future unless a permanent placement is found. The group home staff has indicated that she can remain there until she ages out. At this time, the focus youth appears to be stable in her placement.

The focus youth reported that she does not have any contact with her birth family nor does she want any. However, other parties reported that in the past there has been inconsistent contact between the focus youth and her siblings. The same parties reported that the focus youth does not want to have visits with her birth father, although he has expressed an interest in visitation. The focus youth reported that she has recently reestablished contact with her mother; although, there were no reported visits during this review period.

Regarding responsible behavior, the focus youth has a positive relationship with the group home staff. Reportedly she is cooperative and completes her chores and tasks. She also takes the initiative to help out around the group home without being asked. Most of the interviewees reported that the focus youth has not demonstrated any negative behaviors during this review period. The focus youth reported that she uses a lot of profanity in her speech and is working on decreasing this behavior.

Information received from most of the interviewees indicated that all needed services were in place. Team members were unable to report if the youth had a discharge physical prior to being released from the residential treatment facility. The social worker indicated that she needed to schedule an annual physical for the youth. While one team member was aware that the focus youth was supposed to receive individual therapy, it was not known that the focus youth had begun seeing her individual therapist in order to address her diagnosis of Mood Disorder and ADHD. The focus youth is currently taking Seroquel (mood stabilizer), Prozac (depression), and Allegra (allergies), and is seeing a psychiatrist for medication management. The focus youth is currently taking her medications, but has expressed that she does not need to take medication. When asked if anyone ever explained to her what the medications were for, the focus youth stated that she did not know why and that her social worker did not know why. However, the social worker was aware of the different medications that were being taken and the reasons for taking them.

Parent Status

The current permanency goal for the focus youth is adoption. Neither birth parent could be reached in order to be interviewed. The birth mother has recently reestablished contact with the focus youth based on information from most of the interviewees. However, there is no documented or stated information about visits for this review period.

The birth father is not an active part of the focus youth's life due to her desire to not have any contact with him. The birth father, however, has maintained contact with the social worker in order to express his desire to visit with his daughter.

Those interviewed did not provide reviewers with an assessment of the parents' current situation and functioning.

Caregiver Status

The focus youth resides in a therapeutic group home, where she was placed within the last 30 days. They reportedly are providing for her basic physical and emotional needs. She has identified at least one staff person that she relates to and can confide in. The group home has been responsible for making sure all identified services have been put into place. They will also be responsible for identifying and enrolling the focus youth in school once the school year begins. They have not had contact with either of the two birth parents. They have had contact with both the social worker and GAL. The group home provides some level of life skill training for all residents such as budgeting, cooking, and communications skills. They also assist residents in finding employment. They were not aware of the permanency goal or plan for the focus youth. As a result, they have not been able to make concerted efforts towards helping the

focus youth achieve permanency in her short time at the facility.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Interviewees indicated that they had a positive working relationship with the social worker. The social worker has been supportive and instrumental in helping to maintain birth family connections. Although the focus youth contacts her family at her discretion, the social worker has maintained communication with the birth parents and has relayed messages to the focus youth. The social worker has made herself available to provide any assistance to the focus youth as it relates to communicating with the birth family. The AAG is informed and is an active participant in dealing with issues as needed. One team member commended the social worker for being able to arrange the focus youth's problem-free transition back into the community from the residential treatment facility in such a timely manner. Most of the interviewees stated that they felt supported and respected by the court system. One team member felt that the private agency and the therapeutic group home were doing a good job.

The focus youth is able to contact her siblings and family as she wishes. She does not need system intervention or assistance for contact to occur.

What's Not Working Now and Why

While the team has done an excellent job in engaging the focus youth around placement decisions for a step-down facility from residential care, the team has failed to engage the youth in permanency planning. The focus youth was aware that her goal was Adoption and wanted an adoptive home, if one could be found. The rest of the team either thought her goal was APPLA or were moving the case in that direction. No team member had had a discussion with the focus youth about her goal or desire to be adopted, nor had they asked her if she wanted her goal to change to APPLA. Reasons given for her goal needing to be changed to APPLA were that she was residing in a residential facility and that she was 16 years old.

One of the issues that came up during the interviews was the focus youth's sexual identity. There was a concern that some of the team members were not fully accepting of her sexual identity and were trying to make her conform to societal norms instead of allowing her to express herself in a safe and healthy way.

While the team indicated that there appeared to be a positive working relationship, there appeared to be some communication gaps in the sharing of vital information. For example, the most recent court report indicated that the focus youth was going to be transitioning to a therapeutic group home. When the QSR interviews were conducted, some of the parties thought that she was still in the residential facility, but she had actually been in her new placement for little under a month. Discrepancies regarding the focus youth's mental health diagnosis and parental TPR status also came up during the interviews. There was a concern that the gaps in communication may have delayed permanency planning around the goal of Adoption. Reviewers did not have a clear picture around the team's efforts to achieve the current permanency goal.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus youth appears to be stable in her placement and that there has not been any active planning around the current goal of Adoption, it is probable that her status will remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
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| Next Step | 1. The social worker will engage focus youth with ongoing discussions around permanency planning. The social worker will also meet with the team to have ongoing discussions around permanency and concurrent planning and ensure that there is a clear and understood permanency plan. | Yes |
| Follow-Up | The social worker speaks with the focus youth consistently in reference to permanency planning. The social worker met with two adoption social workers and the goal will remain adoption. The social worker stated that the recruitment team is working diligently to place the focus youth in a pre-adoptive home. However, the focus youth is concerned with the amount of time it is taking to find her a placement. Alongside adoption they also discussed APPLA as a concurrent goal. | |
| Next Step | 2. The social worker will arrange for the focus youth to participate in court hearings either in person or by telephone. | Yes |
| Follow-Up | The therapeutic group home will transport the focus youth so she is able to participate in all court hearings. | |
| Next Step | 3. The social worker will ensure that there is clear and open communication amongst team members. All team members will be made aware of key information such as placement moves. | Yes |
| Follow-Up | The social worker has increased the amount of emails and phone calls with parents, attorneys, and the adoption social workers. The focus youth has had two recent suicidal episodes, were she tried to harm herself with a fork and attempting to run in front of a car. The focus youth was hospitalized for two weeks; all team members were kept informed either by email or phone of her mental status, recovery and discharge planning. | |
| Next Step | 4. The focus youth will be linked to a support system that will work with her around her sexual identity. They will also | No |

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| | address the issue of healthy relationships. | |
| Follow-Up | The social worker has not identified a support system to assist the youth regarding her sexual identity; nor has she addressed the issue of healthy relationships. The social worker stated that she will make it a priority to contact the focus youth's therapist to suggest that the discussion of her sexuality and relationships occur in therapy sessions. | |

QUALITY SERVICE REVIEW CASE SUMMARY #44

Review Date: July 20 & 21, 2009

Current Placement: Paternal Great-Grandparents' Home (The child's father also resides there.)

Persons Interviewed (5): Social worker, focus child (seen, brief interview), biological mother, biological father, paternal great-grandmother.

The focus child's mental health case manager was originally scheduled for this review, yet he did not make himself available for the review despite repeated attempts.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 7-year old, African-American male who, along with his birth father and 8-year old sister and 5-year old brother, resides with his paternal great-grandparents. This arrangement arose after the step-mother asked the birth father and his children to leave the home that they shared, due to a history of domestic violence. Furthermore, the birth father and the step mother's relationship was deteriorating. The focus child and his siblings enjoy regular contact with their birth mother, usually each weekend during the school year, and since the end of June for most of the summer of 2009. As an In-home case, the permanency goal for the focus child is family stabilization with the father.

The focus child's family has a history with the Child and Family Services Agency (CFSA). The most recent allegations were made in September 2008, when it was reported that the birth father threw the focus child and his sister to the ground causing injury to both. The case record indicated that the focus child sustained a "bump" on the back of his head and his sister received "scratches" to the face. During the initial investigation, the birth father did not make himself available for an interview and since the children could not be released to their step-mother as she did not have legal custody, they were removed from their home and were placed together at a congregate care facility for one day. The following day, the father was interviewed and he explained that he intervened in a fight that occurred between the children. The allegations of abuse were substantiated; however, the children were returned to their father's care and an In-home case was opened. The current social worker was assigned the case in November 2008.

Subsequently, the focus child and one of his siblings alleged that an older step-brother had assaulted them sexually. Although a full investigation resulted in no findings, an updated safety plan stipulates no further unsupervised contact should occur between the children and their step-brother.

Child's Current Status

The focus child appears to be in good health and is currently not on any medications. His physical examinations are up-to-date, but it was reported that he will have an updated health check before he returns to school in August 2009. The focus child has a dental appointment that was re-scheduled for the week of July 27, 2009.

Team members described the focus child as active, energetic, “expressive”, “in touch with his feelings” and “hard-working” at school. He likes to draw, sing, play video games, and he enjoys school and playing football. A family member insightfully referred to a strong resilient quality that the focus child must possess given the changes and uncertainty he has experienced. The birth mother commented that her son loves to read, has a great smile and an affectionate nature, and he loves to give hugs.

During a visit to the family home, the QSR team was shown the focus child’s impressive end-of-year school report. His attendance and performance appeared to be excellent, and he was promoted at the end of the school year. One team member noted that the focus child’s availability to learn at school improved greatly once the family was living with his paternal great-grandparents.

The social worker commented on being emotionally touched, having witnessed an “unthawing” in the focus child’s social behavior over the course of her involvement in the case. He was understandable mistrustful early on during CFSA involvement, but on a recent visit he greeted her openly with a hug. She explained that she thinks he has calmed a lot since the move from his step-mother’s home. Team members have observed that in general his behavior has become more manageable since the change of circumstances, referring to him as more “obedient” now. However, it was reported that the focus child needs to continue to work on controlling his temper, especially as he remains prone to outbursts when he fails to get his way. As the primary caretaker, the paternal great-grandmother is doing her best to pursue greater boundary setting strategies, and is taking strides to institute more responsibility in the home through the identification of age-appropriate household chores for the children, such as making their beds and keeping their rooms clean.

Parents’ Status

The birth father is a 29-year old African-American male. The birth father is a quiet man, and has a hearing impairment that makes it difficult for him to hear clearly. He does not wear hearing aides. He is currently out of work, and most recently was participating in a training program where he was learning to be a vehicle mechanic. Since the move from the home he shared with his estranged wife, he has taken specific practical action to acquire food stamps for the family and medical insurance for the children.

Team members have not witnessed or reported any physical aggression or discipline of the children by the father since the case opened. One team member confidently remarked on the predominant warmth and affection that the birth father displays in his interactions with the focus child. Team members described the father’s parenting style as almost too easygoing and lenient for much of the time and reported that he does not set clear and consistent boundaries with the children. This leads to the children taking control in their relationships with him as exhibited in their not listening to him and not complying with his directives. Encouragingly, the father has openly stated he wants to be a “better father”, and is taking some decisive action in pursuit of this goal. Most notably, he has fully engaged with the services offered by the local Collaborative Fatherhood Initiative Program to bolster his parenting skills, authoritativeness, self-esteem, and emotional and anger management. Team members observe him trying to be a more reflective and expressive parent, also commenting that he is trying harder to communicate with his children in an authoritative and consistent fashion instead of lashing out. He also has started to use

strategies to manage his own stress, including taking walks and using the personal computer to unwind. The father has stated that he really enjoys communal learning with other fathers, and he clearly derives value and meaning from this learning experience. He reportedly plays an active role in the sessions and has even attended with one of his older step-sons. Overall, the birth father believes that things are now going well for the children and appreciates the support his family has afforded him.

The birth father and his estranged wife are in the process of divorcing. Team members acknowledge that these two adults share a difficult relationship, and at least one interviewee commented that the step-mother's biological children are "out of control" and it is good that the focus child and his siblings are not in that home any longer. The birth father is reportedly complying with the safety plan that states his children should have no further unsupervised contact with the older step-sibling, who allegedly has exposed the children to sexualized behavior.

There are reports that the birth father has engaged in domestic violence with the children's birth mother. There are additional references to his improper use of alcohol, although it is noteworthy that the current social worker has never witnessed him drinking or suspected him to be intoxicated during any of their interactions. The case record shows that domestic violence and APRA assessments referrals were made at the conclusion of a previous CPS investigation in August 2008. Additionally, the CPS investigative summary from the September 2008 allegations highly recommended the follow-through with these two referrals. At the time of the review, the assessments had not been completed.

The birth mother is 27 years old. She resides outside of the District of Columbia and provides full care to her youngest child. Reportedly, the focus child and his siblings went to live with their birth father after the birth mother was unable to fully provide care for the children due to her work schedule. It was reported that at this time, the birth mother does not have adequate space within her home for the focus child and his siblings to live with her. While the birth mother would like a larger home so that all her children could reasonably live with her in the future as a permanent arrangement, she acknowledges that the focus child and his siblings are all safe and well cared for at the paternal great-grandmother's home. She confirmed that she has usually enjoyed regular contact with her children on the weekend and during holidays, even when the children lived with their step-mother.

The focus child and siblings have spoken to the great grandmother about being made aware of intimate activity between the birth mother and her boyfriend. It is suggested this has occurred as a consequence of the inadequate space in the mother's home and a lack of privacy. Additionally, one family member has expressed concerns about the "lifestyle" of the birth mother, particularly about the companions she keeps. It is said that previous boyfriends have used inappropriate physical punishment on the children, and punished a younger child by beating him following an enuresis episode. However, there have been no reports of physical discipline by the mother's current boyfriend.

In the interests of the children there appears to be open two-way communication between the birth mother, birth father and their paternal great-grandparents.

Caregiver's Status

As previously reported, the focus child, his siblings and his father reside with the paternal great-grandparents. Team members emphasized how much the presenting situation and prognosis had improved considerably since the focus child, his siblings and his father left the home of the step-mother. The team feels that the grandparents now meet all the needs of the children. Team members feel that the grandparents' home is safe and clean, and the paternal great grandmother sets firmer boundaries and expectations with the children, causing them to take notice and improve their behavior. The focus child reportedly indicated that he does not want to return to his step-mother's home, and that he likes the current arrangement. The paternal great grandmother confirmed that the family is currently stable in her home and that they can stay as long as they need.

The great-grandmother appears to be an effective and vocal advocate for all the children, and took time during our visit to explain to the QSR team a news item she had seen on the television about exploring holistic therapeutic approaches for children with emotional and behavioral difficulties. She explained that she strongly favors the primacy of non-medication therapy before resorting to a medication-based route.

The paternal great-grandmother commented that she finds her relationship with her Church very supportive. She said the children enjoy bible class.

The paternal great grandmother has been the lead in organizing and participating in most of the children's educational and developmental appointments. It is hoped that the birth father will increase his responsibility in participating in these activities.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The paternal great grandmother and birth father both indicated that they are very pleased with the social worker and her diligent child-centered approach, which has included her impressive ability to build a relationship with the focus child, and the fact that she makes visits to the children's school, as well as unannounced visits to the family's home in the evening. They see her as a good team player in their case, and have welcomed her support in getting the birth father to engage with the services provided by the 'Fatherhood Initiative', and they respect her clarity about her role and about the rationale for CFSA involvement. There appears to be a clear and cooperative team of most of the right people that meets, talks, and plans together. While the paternal great grandmother is seen as the team leader, which is appropriate within this In-home case, the social worker is coordinating and working with the right people. Some interviewees told the review team that although they have not received any case planning information in writing, they are given verbal information and updates from the social worker. The birth mother, who has not historically been involved in case planning, was recently contacted and engaged by the social worker.

In terms of pathway to safe case closure, it is felt that the likelihood of another physical abuse incident occurring that places any of the children in danger is very low, due to the overall supports provided by the paternal great grandparents. That the new living arrangement has

provided improved communication, access to local resources, and enhanced structure in the children's lives provides cause for optimism. The team feels that the family is making positive progress and they are assessing the possibility of case closure within the next two to three months.

Regarding implementation of services for the birth father, he remains committed to attend the 13-week Fatherhood Initiative program and is able to access support beyond this time limit. The birth father has recently turned his learning into action and is trying to be more consistent in imposing consequences for bad behavior with the focus child, including the withdrawal of games and toys, and in using "time-out" strategies.

What's Not Working Now and Why

The team has realized that due to the past safety concerns and instability experienced by the focus child, he should be receiving therapeutic services. One team member expressed that the focus child rarely "opens up" and talks about his experiences. A referral for therapy was submitted over three months ago. Even though the family has been linked with a neighborhood mental health agency and assigned a mental health case manager, the children have not been assigned a therapist. Multiple team members indicated that the mental health agency did not have enough staff to provide the services. Despite their concerns, family members are keen to retain if possible the input of this mental health agency due to the positive relationship they share with the case manager and its convenient location to their community.

Due to the fact that the birth mother is newly engaged in this case, there is a need for a more in-depth assessment of her and her ability to supervise the children.

While team members do not have any current concerns or evidence that the father is engaged in a domestic violence relationship or that he is abusing alcohol, the case record indicates that previous CPS referrals for domestic violence and APRA assessments remain outstanding for the father. If the social worker believes that the completion of these specific evaluations would lead to a greater understanding and assessment of the father and the case, then the referrals should be completed. Conversely, if the social worker has assessed that these referrals, made over nine months ago, are no longer warranted due to her continued safety assessment, interviews, and observations, the rationale needs to be documented. Addressing these referrals either way will provide documentation to take into consideration for case closure.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

In consideration of the acknowledged case facts that indicate the focus child and siblings now reside in a stable and nurturing family environment, free of risky individuals, and where their behavior is noticeably improving, the outlook is that this case will continue to improve over the next six months.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
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| Next Step | 1. The social worker's supervisor will contact the clinical director of the assigned mental health agency to discuss the assignment of a therapist for the focus child and his siblings. After receiving the information, the supervisor and social worker will discuss case closure. | Yes |
| Follow-Up | <p>In late July, the social worker met with the family and discussed the problems with the assigned mental health agency. The paternal grandmother (PGM) reiterated that she would like to remain connected to the assigned site for right now as it was conveniently located for her family.</p> <p>In mid-August, the social worker and supervisory social worker discussed the continued concerns related to the lack of therapy for the focus youth. It was agreed that the social worker will continue to contact the assigned mental health agency and the supervisor will contact them after that.</p> <p>In late August it was reported and confirmed that a new mental health case manager had been assigned the previous week, however a therapist has not been assigned. While a therapy appointment had been scheduled for the children shortly thereafter, it was rescheduled for early September, as the birth father was graduating from the Fatherhood Initiative Program and the family wanted to be present to support him.</p> <p>As of October 2009, the children had seen their new therapist for three weeks. The new therapist reportedly met with the father and the grandmother. He also went to the birth mother's home in order to meet with her and develop a plan for engaging her in the therapeutic process with her children.</p> | |
| Next Step | 2. The social worker will investigate the referrals for APRA and domestic violence assessments. If the assessments are required the social worker will follow-up. | Yes |
| Follow-Up | <p>Due to questions raised during the QSR debriefing, QSR Specialist Foster emailed the social worker and supervisor on 7/24/09 with the following information taken from the latest CPS Investigative Summary:</p> <p>1. Domestic Violence referral was submitted in a previous referral</p> | |

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| | <p>on 8/26/08.</p> <p>2. APRA referral submitted in a previous referral for the birth father on 8/26/08.</p> <p>Based on the substantiated findings and the HIGH risk level, it is recommended that the investigation be closed at intake. Case # 202498 has already been opened and is awaiting a case transfer staffing to In-Home services for continued monitoring and supportive services. It is suggested that follow up is made on the domestic violence and APRA referrals.</p> <p>Both supervisor and social worker responded immediately reporting that a new referral for an APRA assessment was completed and that the father had an appointment on 7/27/09. As of October 2, 2009, the social worker reported that the father had been referred to a local agency for group support meetings. The social worker has plans to follow-up with the father on his accepting these resources.</p> <p>The social worker had also contacted the CFSA DV Specialist to follow-up with the 2008 referral. The DC Specialist indicated that she received a DV referral in this case on 9/9/08. She made several attempts to contact the birth father and his wife, but they did not make themselves available. A letter was sent on 9/11/08.</p> <p>According to an 8/17/09 case note, the supervisory social worker reported that the DV issue was discussed during supervision. It was felt that the birth father no longer needed specific DV counseling as he has actively participated in the Fatherhood Initiative Program that covers DV issues and that abuse and DV would be addressed in therapy with the assigned mental health counselor. In addition, the birth father no longer resided with his ex-wife.</p> | |
| Next Step | <p>3. The social worker will talk with the grandmother and the father regarding the information the children shared about being at their birth mother's home. Social worker will then discuss safety and visitation with the mother again. This is part of the continued safety assessment.</p> | Yes |
| Follow-Up | <p>On 7/23/09, the social worker discussed the PGM and the father's concerns related to the children's visits with their birth mother. The social worker encouraged the PGM and the father to discuss their concerns with the mother and develop a plan for ensuring the children's safety and well-being.</p> <p>In late August, the social worker talked with the birth father further about how the children are doing when they visit their mother. The father explained that he talked with the mother and they agreed that</p> | |

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| | <p>the mother would be the only person to discipline the children – no boyfriends. He said that he also talked with her about her and her boyfriend’s actions around the children.</p> <p>As of October 2009, the social worker reported that the birth father does not allow the children to visit with their mother at her home any longer. It was reported that she still has telephone contact with the children and may possibly come to the grandmother’s home to visit with them in person.</p> <p>The social worker has not spoken with the mother directly about the reported safety concerns as she felt that the family needed to be empowered to deal with the issue themselves. Once the family did, she felt that they had made appropriate decisions. The social worker also felt that the new therapist has engaged the mother in an effort to address family issues, including safety.</p> | |
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QUALITY SERVICE REVIEW CASE SUMMARY #45

Review Date: July 22-23, 2009

Current Placement: Birth Mother's Home

Persons interviewed (2): Social worker and CFSA Substance Abuse Specialist

Despite numerous attempts to engage the birth mother, she did not make herself available to be interviewed for this review.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14-year-old, African-American female, who resides with her birth mother, a ten-year-old sister, a 15-year-old sister, a 17-year-old sister, and three adult siblings. One of the adult siblings also has a new infant in the home. It was reported that the mother's adult children do not substantially contribute to the family's financial stability. The focus youth's birth father has been named, but he has not been contacted by the Child and Family Services Agency (CFSA). The focus child has the permanency goal of Family Stabilization.

The focus youth's family has had a history with CFSA since 1996. The most recent involvement began in April 2009, after a hotline report was made by a local hospital alleging that the birth mother was physically fighting with her 15-year-old daughter and it was feared that the fighting would escalate. It was also alleged that the birth mother was abusing alcohol. The 15-year-old identified victim is said to have a history of psychiatric problems – to include at least three psychiatric hospitalizations - and was non-compliant with her psychotropic medications. It was also reported that the birth mother and the identified victim had sexual victimization histories and were suffering from depression. In May 2009, the allegation of Neglect, Substance Abuse Impacting Parenting was substantiated, but the allegation of Abuse, Hitting was inconclusive. The mother denied all allegations, but signed a safety contract that she would not physically discipline the children and that she would cooperate with an alcohol assessment and treatment.

In June 2009, another CPS report was made alleging that the birth mother had violated earlier safety contracts by hitting her 15-year-old daughter. It was reported that she physically separated the 15-year-old child and another child who were physically fighting. The allegations were unfounded. Additional information indicated that the 15-year-old in this case is "not afraid to hit her mother". At the time of the QSR, the 15-year-old was in need of therapy and medication management.

Youth's Current Status

The focus youth was described as being friendly, intelligent, helpful and "a little goofy". She is also seen as a good self-advocate in that "she isn't afraid to ask for things." Lastly, the focus child was said to be the "shining star" of the family.

The social worker indicated that the safety of the focus child has not been a concern for her as most of the conflict has been between the mother and the 15-year-old sibling. Within the last month, there were no reports that the mother and the older sister had engaged in physical altercations. It was also felt that the three adult children in the home had somewhat made themselves available for providing supervision of the focus youth.

The focus child has had no disruptions from her mother's home in the last two years and the social worker indicated no concerns related to the future possibility that the focus youth could be removed from her mother's care within the next six months.

There were no concerns related to the focus child's behavior within the home. She reportedly gets along with everyone in an age-appropriate way. She is very social and has a lot of friends. She complies with most chores. She is responsible for getting herself to school and now to work. She is said to notify adults of her whereabouts and when she will return.

The focus youth graduated from the eighth grade at a local Catholic school and has a summer job through the District's Summer Youth Employment Program. It was reported that the focus youth usually receives A's and B's in all her classes. There were no problems with her attendance or behavior. She is also participating in cheerleading through the Pop Warner program. The focus youth will attend a new school for the ninth grade as this is a natural transition to high school.

The focus youth has current annual physical, vision, and dental examinations. There were no medical concerns expressed by the social worker.

Parent Status

The birth mother is a 50-year-old, African-American mother of seven children. She is employed at least part-time. She is said to love her children and is a good advocate for them, especially in the education arena. For example, the mother enrolled the focus youth in a Catholic School and obtained scholarships for the tuition. The mother is also described as being overwhelmed with trying to take care of all of her children, even the adult children and an infant grandchild, by herself. It was stated that the mother is very overwhelmed having to deal with the mental health needs of her 15-year-old daughter, especially when she becomes physically aggressive. The social worker indicated that the mother is able to use other methods of discipline because she uses them with the other children, but this daughter "pushes her over the edge."

Even though CPS found that the birth mother's alcohol abuse negatively impacts her ability to parent, the birth mother does not believe she has a substance abuse problem. During the May 2009 CPS investigation, an APPRA referral was submitted for the birth mother to participate in an alcohol assessment. She completed this assessment the same month. A specific out-patient substance abuse program was identified for the birth mother, but there is no evidence that the birth mother made contact with this program. The social worker reported that since she has been on the case she has observed no evidence that the mother has abused alcohol. She has not found her intoxicated during any home visits, including "pop-up" visits. The social worker has not received information through interviews of the children that the mother has been intoxicated or neglectful.

The family is described as being very close-knit and somewhat supportive of each other. There are times when they all work together for the “common good”. For example, the social worker introduced the idea of a family chore chart in order to help the birth mother organize and maintain a clean home. The family came together to work out who would do what chore and when. It was reported that while most individual family members were completing their assigned chores, some family members were limited by the fact that another family member did not complete their chore. Therefore, the home has not been consistently clean and organized. It has been stated that the family needs to continue to improve upon this system and work together on specific days in order to achieve a clean home.

The birth father has been named by the birth mother, but his contact information has not yet been obtained. It was reported that the social worker has spoken with the birth mother about the location of the birth father and the birth mother indicated that she did not interact with the birth father, but has not kept him from his daughters. After speaking with the focus child, the social worker was told that the birth father had recently increased his visitation with her and often takes her and her sisters to buy groceries. It was relayed through the focus child that she visits with her father regularly and he has taken her and one of the older sisters out to buy groceries. During this conversation with the focus child and one of her sisters, it became confusing as to which child this man had fathered. The social worker appropriately chose to not question the children any further, but plans to talk with the birth mother in private about the paternity of all of the minor children. The social worker has also attempted to visit the home when she thinks the birth father will be there in order to obtain information and engage him in the case.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

Reviewers were unable to rate the system indicators and provide an assessment regarding the six month forecast and next steps for this case as they were unable to interview the focus youth or the birth mother.

Reviewers noted one positive example of service implementation for the family in the form of a furniture voucher. The social worker advocated for a furniture voucher for the family even though the request was initially refused. It was said that the family had received a voucher several years before; therefore they were not eligible for additional furniture. The social worker recognized that the beds were “falling apart” and were unsafe for the minor children to sleep on. Her advocacy prevailed and she was able to provide the family with new beds. One of the family’s adult children indicated that the beds were very helpful to the family and that they were very appreciative of the service. It was also stated that the minor children and the birth mother “really like” the social worker and that she visits the home regularly and was “helping with a chore chart”. The biggest barrier to case closure identified by a family member was getting the 15-year-old child into therapy and “on her meds”.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

The social worker expressed that she felt the case is likely to improve, however, without additional information the QSR review team cannot provide a 6-month prognosis.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|---|
| Next Step | 1. The social worker will meet with the family members to revisit the safety contract and the roles of each primary member. | Yes |
| Follow-Up | The social worker has met with the family consistently to talk about supervision and roles of each primary family member, especially the adult children. The birth mother now works nights, so the adult children have stepped up to take on the role of supervising the younger children. The social worker reported that the adult children have accepted their responsibilities in helping the birth mother and in maintaining the safety of the younger children. | |
| Next Step | 2. The social worker will meet with the family members to revisit the “chore chart” so that chore activities can be coordinated and the mother can experience some relief. | SW – Yes Client – No |
| Follow-Up | In early August, the social worker asked to have a family meeting in order to review the chore chart. The birth mother wanted to postpone the meeting until right before the children started school again as their chores would change. A few weeks later, the social worker attempted to discuss the chore chart again. It was reported that the family has continued to struggle in doing their assigned chores in a timely manner. As of the date of the follow up meeting, the social worker reported that while she has repeatedly tried to work with the family on improving their success with the chore chart, the family has been resistant to several suggestions. They have continued to use the chore chart, which is a plus. The mother expects that most of the chores are completed on a daily basis and has used various techniques to ensure compliance – such as when the focus child does not complete her chore before her extracurricular program, she has to complete it when she gets home and go straight to bed. | |
| Next Step | 3. The social worker will have a one-on-one conversation with the mother to establish paternity of the children and future roles of fathers in the family’s life. | Yes |
| Follow-Up | In late July, the social worker conducted a home visit and the focus youth’s birth father was in the home. The youth introduced him to the social worker and she explained her role. He indicated that he is the father of the focus youth and one of her sisters. He said that he | |

| | | |
|------------------|---|------------|
| | <p>visits the children several times a month and had started taking them to get groceries.</p> <p>The mother is okay with the focus child's father to be in her life and provide groceries when he can, but she does not depend on him for anything related to the children.</p> | |
| Next Step | 4. The social worker will empower the mother to pursue a mental health agency able to provide counseling services that can meet the mental health needs of the focus child's sister. (While this goal is not specific to our focus child, it is meant to address a barrier to case closure which impacts the entire family.) | Yes |
| Follow-Up | <p>According to an August case note, the mother reported that the 15-year-old child had an intake appointment that month with the originally assigned mental health agency. The first appointment was scheduled for early September. The social worker documented that during an August home visit, she encouraged the mother to call the assigned agency and ask for an earlier appointment. However at the follow up meeting, the social worker reported that the birth mother indicated that the assigned mental health agency had not provided a therapist or psychiatrist for the 15-year-old child to date. The social worker told the mother that the assigned agency has a backlog of children waiting for services and asked if the mother would consider contacting another agency to see if services could be provided through them. The social worker also indicated that the child's health insurance should be helping the mother identify a program that can provide appropriate services to the child in a timely manner.</p> <p>The focus child's sister is reportedly attending therapy at a local hospital and was meeting with a psychiatrist for medication at an alternative mental health program. This child was hospitalized in September and the hospital is not pleased with the medication management and has recommended that the mother change sites. There are questions related to what agency the mother's health insurance will approve. The social worker plans to continue to work with the birth mother on identifying the best appropriate psychiatrist for this child.</p> | |

QUALITY SERVICES REVIEW CASE SUMMARY #46

Review Dates: July 20-21, 2009

Current Placement: In-Home with Birth Mother

Persons Interviewed (4): Social worker, birth mother, maternal uncle, and focus child.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 6-year-old African-American female, who resides in a two-bedroom apartment with her 29-year-old birth mother and four siblings: three brothers ages 13, 7, and 2, and one sister, age 7 months. This youngest sister was diagnosed with severe respiratory problems at birth, but is receiving appropriate and consistent medical care. The focus child's father has been inconsistently involved in the focus child's life. His whereabouts are known to the social worker, but he has not been engaged recently. The goal for this case is family stabilization.

This family first came to the attention of the Child and Family Services Agency (CFSA) in February 2007, due to allegations of neglect. It was reported that both the birth mother and her youngest son, now 2 years-old, tested positive for marijuana at his birth. The birth mother admitted to using marijuana early in her pregnancy, and added that she was around people who smoked marijuana. She later admitted, however, that when she was two weeks past her delivery date, she inhaled marijuana to relax her just enough to start labor. The allegation of neglect was substantiated and an in-home case was opened.

In June of 2008, another hotline referral was received alleging that there was inadequate food, shelter, physical care and clothing for the children. The home was described as deplorable; for example, piles of trash, dirty diapers and cat feces were throughout the house. The allegations were unfounded, and the in-home case continued.

At the time of this review, reviewers on this case were informed that the gas in the home was turned off and had been off for a few days. The social worker was aware of this fact and noted that the birth mother gave the gas bill to him. It is expected that CFSA will pay the bill..

Child's Current Status

The focus child is a 6-year-old female. Those interviewed described her as caring, loving, and a good communicator. The focus child's home is generally safe and stable; it is however in dire need of new carpeting or flooring, and even though the gas was disconnected, the birth mother managed to cook meals by using a rotisserie oven, crock pot, hot plates and the microwave oven. Nonetheless, the focus child appeared very comfortable in the home. The reviewers witnessed her playing with siblings and showing affection to her maternal uncle.

During a brief interview with the focus child, she appeared to be developmentally on target for her age, as evidenced by her broad vocabulary, normal height and weight, and appropriate social

skills. The focus child completed kindergarten last school year and will be attending the first grade in the fall. She stated she enjoys all subjects, but her favorite subject is science. Reportedly, the focus child attends school regularly and does not exhibit any behavioral problems. She had one altercation while at school when another student began bullying her; however, the birth mother spoke with school staff and the problem was resolved.

The birth mother appears capable of taking care of the needs of the focus child and her siblings. She has not admitted to current marijuana or other drug use; however, it has been alleged that she smokes marijuana on weekends and sends her children to visit with extended relatives during those times. Those interviewed stated that if the birth mother is using marijuana on weekends, she ensures that the children are not present and, thus speculated, that the alleged drug use does not impede her ability to care for the focus child and her siblings.

The focus child is current with her annual physical, dental and vision examinations and does not take any medication. She gets along well with her siblings, but argues with them as most siblings do. It was stated that she is protective of them and they of her. She also enjoys spending time with her maternal uncle, who baby-sits regularly, and extended maternal family members with whom she visits on most weekends.

Parent Status

The birth mother has a history of substance abuse, and several attempts have been made to assist her in obtaining a drug screening and/or assessment. When appointments are made, she does not follow through and continuously makes excuses for not showing up. It has also been stated that she uses illegal substances when her children are away on weekends visiting extended family members, thus not exposing them to her illegal drug use. She is currently unemployed and does not intend to seek employment until she has identified a daycare for her two youngest children. She reportedly has a paramour who occasionally stays with her and her children.

When asked to describe the relationship between the focus child and the birth mother, those interviewed said it was loving, expressive and affectionate. The birth mother has continuous support from her brother, who lives with her sporadically. This maternal uncle baby-sits when the birth mother has to run errands and even when she is home to give her a break.. The birth mother appears to be resourceful and self-sufficient; she relies on family support and when the electricity was recently disconnected, she sought out several local churches to assist her with funds for the reconnection fee.

The birth mother reportedly understands the steps she needs to take to obtain safe case closure, which include completing a drug assessment, consistent upkeep of the home, ensuring that the utilities remain on, and exploring employment options. In terms of making progress toward safe case closure, the birth mother said she would schedule the drug assessment, but also expressed that she does not intend to follow through with it. She shared with reviewers that she is working a little harder to keep her home cleaner; however, she did state that it was very difficult to keep the household clean with four children, an infant and herself in a small apartment.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker's effort toward engagement with the family is a strength in the case. He has built a positive rapport with the birth mother, maternal uncle, focus child, and the other children in the home, and regularly visits the family at home and the children at school.

Team formation and functioning is another positive aspect in this case. The social worker has communicated with the birth mother and has ensured that she consistently follows through with the focus child's medical needs, as evidenced by the focus child's current physical and dental examinations. The social worker has also monitored the focus child's education, and she is academically and developmentally on target. It was noted that the birth mother ensures that the focus child attends school regularly and on time, and that there is adequate food and clothing for her and her siblings. Team members also reported that the birth mother has been resourceful in eliciting support from the maternal uncle and other extended relatives and from community organizations for utility assistance.

What's Not Working

The level of engagement of the father needs improvement. The birth father has not been invited to participate in any meetings or discuss planning for his child. Without engagement, there has been no assessment of the birth father or paternal relatives who may be resources for the family. The social worker has the father's contact information, but has not reached out to give the father his new agency phone number.

In terms of coordination and leadership, the social worker has not consistently made his role clear. While he has created a strong rapport with the family, team members reported that the birth mother views the social worker more as a friend of the family rather than a professional case manager. The social worker has assessed the birth mother's need for a drug assessment/screening, but has not evaluated why she repeatedly fails to follow through with this goal. Regarding implementation of services, he has not made the necessary arrangements to provide transportation for an assessment or have an addictions counselor come to the home.

While the birth mother is aware of the case planning requirements to close the case, team members noted that concrete timelines have not been implemented. One team member shared a possible timeline to close the case: refer the birth mother to a collaborative in August, address housing issues by the end of August, complete the drug assessment by the end of August and possibly close the case in October. The plan appeared to be realistic, but other team members had no knowledge of it.

The pathway to safe case closure in this case is tenuous. It is unclear if all team members understand that the mother's lack of follow through impacts closing the case. Without the drug assessment, one cannot confirm a correlation between the mother's drug use and her homemaking skills. A major concern in this case is securing appropriate housing; there are five children and one adult living in a two bedroom apartment. Additionally, the mother's paramour and the maternal uncle occasionally reside there as well. The birth mother has a housing voucher; however, it can only be utilized for the apartment management that she is currently

under. It has been stated that the landlord is very apprehensive about moving this family to a larger apartment for fear that the new apartment will deteriorate as has the current apartment. Reviewers on this case observed roaches, unsanitary carpet and broken doors. At the time of this review the gas was turned off, but there was no definitive reason presented as to why it was turned off and no discussion on how this can be avoided in the future.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The social worker has been on this case for a total of one year. The birth mother has consistently shown her inability to follow through with a drug assessment/screening. It has also been stated that she continues to use illegal substances on weekends. The likelihood of her obtaining a larger apartment is doubtful. Her failure to maintain cleanliness in her current apartment is an indication to her landlord that she will more than likely continue the same housekeeping habits in a newer and larger apartment. This case will most likely remain status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will contact the CFSA Drug Addictions Counselor to set-up an appointment for a drug assessment and/or screening. | Yes |
| Follow-Up | In late August the birth mother completed the drug assessment thru APRA and was then referred for outpatient treatment. The social worker transported her to the appointment. The birth mother was also referred to and had an intake appointment for outpatient therapy in September. She did not show up; stating that she did not have a babysitter. The social worker will schedule another appointment, transport and wait with her until the birth mother has completed the intake. | |
| Next Step | 2. Social worker will discuss a case plan for clear understanding of the steps that need to be taken for safe case closure with a timeframe. | Yes |
| Follow-Up | The social worker went over the case plan very slowly with the birth mother. The social worker made sure that the birth mother understood the steps she needed to take in order to close out the case. For example, the birth mother has completed the goal of having a drug assessment. | |
| Next Step | 3. The social worker will contact biological father of focus child to give him social worker’s new phone number. | Yes |

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| Follow-Up | The paternal aunt has been the most viable way to contact the birth father. The social worker has left messages with the aunt for the birth father to contact him. Nonetheless, the birth father has yet to contact the social worker. | |
| Next Step | 4. The social worker will explore employment options with birth mother. He will also discuss daycare options for the toddler once mother has gained employment. | Yes |
| Follow-Up | The birth mother is hesitant about returning to work due to her youngest daughter's severe medical needs. The reviewers were not aware that the infant's medical needs were a hindrance to the mother finding employment. It wasn't until the follow up that it was learned that licensed daycare centers and babysitters would not take her. The maternal uncle and birth father were options for babysitting; however, both are now working full-time. | |
| Next Step | 5. The social worker will conduct a family group conference to discuss mother's employment options, job training and family support in order to advance to safe case closure. | No |
| Follow-Up | The social worker spoke with the birth mother about conducting a family group conference, but she was not open to having a meeting. The birth mother's family is not aware of her life-style and she does not want to discuss her affiliation with CFSA to her family members. | |

QUALITY SERVICE REVIEW CASE SUMMARY #47

Review Date: July 22 - 23, 2009

Current Placement: In Home with Birth Mother

Persons Interviewed (4): Social worker, birth mother, focus child, and maternal aunt

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eight-year-old African-American female. She became known to the agency in January 2009 when the school contacted the hotline to report her excessive absences and tardiness. After an investigation, the case was substantiated for educational neglect, due to the fact that the child had multiple unexcused absences and, when present at school, she arrived chronically late. The focus child's permanency goal is family stabilization.

The focus child resides with her birth mother and four-year-old sister in a three-bedroom apartment. Her 13-year-old brother resides with the maternal grandparents; however, the children have the opportunity to visit with each other occasionally at the homes of extended family members. The birth mother is six months pregnant and is receiving pre-natal care at a local hospital. There are reportedly no other individuals residing in the home. The maternal aunt visits with the family on a regular basis throughout the week. The focus child's birth father is involved in her life, and the child reportedly visits with him periodically at the homes of paternal relatives. Additionally, the birth mother has a good rapport with the focus child's father and his relatives. The father provides monetary support for the child, but it was not specified if the assistance was from child support or an informal financial arrangement.

Child's Current Status

The focus child resides in a stable home with her birth mother, and the prospects for stabilization are very good. The home setting is safe for the children within the apartment, but it was noted that the family resides in a high-crime neighborhood. Team members also stated that the focus child is occasionally teased by other children in the neighborhood, possibly due to the fact that the birth mother dresses the focus child in stylish yet age-appropriate clothing.

Regarding the focus child's school stability and academic status, she was attending second grade during the 2008-2009 school year at a local public elementary school. It was documented that she had multiple unexcused absences and was frequently tardy. Reportedly, she is very bright and does not have a learning disability; however, she was in jeopardy of being retained in the second grade due to missing so much school. It was noted that her attendance improved during the spring after conversations were held with the birth mother. The focus child was reportedly promoted to the third grade, but this information was not known by all of the team members. The child is enrolled in the same elementary school for the up-coming school year. The mother plans to move to a new house in the coming months, and at that time the focus child would most likely have to change schools.

The focus child is healthy and up-to-date with dental and medical appointments and her immunizations are current. The birth mother has taken the focus child to the same two pediatricians and dentist for the past several years. The child's height and weight are reportedly within normal limits. The child has never seen a psychiatrist nor has she exhibited any behavior warranting a referral for an evaluation or services. Team members described the focus child as bright, inquisitive, and loving. Team members also commented that, on a few occasions, the focus child has verbally comforted the mother when she was grieving the recent deaths of the maternal great grandmother and a maternal aunt.

The birth mother provides age-appropriate and stylish clothing for the focus child, and she ensures that the child is exceptionally neat and clean. This appears to be a point of pride for the birth mother. Some team members speculate that the focus child's classmates and neighbors may be envious of her nice clothing, hair styles, and many toys, hence the teasing. Reportedly, the child is teased at school, and last year a group of girls became aggressive and pulled out her hair. At the request of the birth mother, there was a meeting at the school to discuss the incident; as a result of the meeting, the children's aggressive behavior towards the child stopped. Reportedly, the focus child tells her mother when she is upset by the teasing, and the mother comforts her with kind words, hugs, and kisses.

The focus child and her sister were attending a local summer day camp at the time of this review. Team members did not have any concerns about the child's safety or peer relationships at the camp. The reviewers were unable to talk to the camp counselors, but noted that on the day of the interview the focus child and her sister had not left for camp until the early afternoon. The camp sessions reportedly began in the morning.

Parents' Current Status

The birth mother is the mother of three children. She is currently six months pregnant with her fourth child. There were a few reports from team members that the mother is under a lot of stress; however, the source of her stress was not made clear to the reviewers. The birth mother's grandmother and aunt died at the end of 2008, and the birth mother reportedly has not participated, nor is she interested in grief and loss counseling; although it is speculated that she may still be grieving their deaths. It was learned that the mother has a wide social support network consisting of the maternal grandparents, two maternal aunts and other extended relatives.

The birth mother provides more than adequate food, clothing, and shelter for the child, and ensures that the child has appropriate supervision and attends all necessary medical appointments in a timely manner. Team members did not state any health concerns for the focus child. The mother, however, struggled to ensure that the focus child attended school on time on a daily basis last school year. The focus child reportedly was sick a few days and stayed home from school, and the mother had doctor's notes to validate the excused absences. Notably, there were more absences than doctor's notes. At one point throughout the year, the focus child's second grade teacher came to the family's home to pick up the child in the morning, but the child was often not ready to leave. The teacher reportedly stopped coming in the morning to pick up the child because she was often not ready to leave for school. It is unclear to team members why the birth

mother was unable to get her child to school on time, but it was speculated that it was due to stress.

The birth mother is currently not working, but she has a history of employment. She worked for a local government agency, and this past school year, she worked at the focus child's school as a teacher's aide. The school contacted the mother and offered her the position in an effort to encourage her to get the focus child to school on time. Team members noted that the focus child's attendance improved slightly while the birth mother worked at the school, but they were uncertain how long she was employed there.

Team members reported that the birth mother is currently looking to move into a new home. The mother would like a safer neighborhood and a yard in which her children can play. Some team members stated that the birth mother was promised assistance with identifying a new house and monetary help with a security deposit; however, it was unclear to the team if that assistance was received. A specific date to move has not been determined, but it was noted that the mother and her children may move before the birth of her unborn child or possibly soon after the birth.

It was also revealed that the birth mother has been frustrated with the child welfare system. Team members commented on the fact that the social worker and mother did not collaborate on a case plan together, and the mother did not know what she had to accomplish in order to have her case closed.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

At the time of this review, a new social worker had just been assigned to work with the birth mother and her children. The social worker already went to the mother's home and left her a letter requesting her to call. The birth mother reportedly received the letter and was planning on contacting the new social worker.

There was some coordination between the previous social worker and the focus child's teacher and school staff. Monthly visits to the school were documented in which the social worker at the time sought information on the child's academic progress and attendance. The school attempted to assist the family by providing the mother with a part-time position as an aide to help the mother get the focus child to school daily and on time. The focus child's teacher also tried to offer some support by attempting to pick the focus child up in the morning to transport her to school.

What's Not Working Now

The birth mother is reportedly disappointed with the child welfare system and service delivery. Reviewers noted that the mother did not understand why her case is still open and what specific things she needed to accomplish in order to achieve safe case closure. It appears that there was limited engagement by the previous social worker with the birth mother, and when she did interact with the mother, specific and concrete tasks were not discussed in order to safely close the case. Team members stated that a case plan had not been created by both the social worker and mother, and the lack of a clear plan thus far has negatively impacted the implementation of

services. The focus child's school attempted to engage the birth mother, assess her needs, and provide several solutions to the problem of the focus child's attendance issues, but their attempts were unsuccessful.

The case, at this time, is deficient in having a clear understanding of the birth mother's strengths and needs. Without an assessment of the mother, the team will not be able to address why the mother was having difficulty ensuring that the focus child attended school on a regular basis and on time, to avoid the same problem in the up coming school year. Furthermore, the mother appears to be dealing with some stressful issues that are clearly not identified or being addressed. One could speculate on numerous causes, but a current clinical assessment needs to be conducted. An assessment of the mother and child's relationship, especially the degree in which the child is providing solace to the mother, also needs to be assessed.

A current assessment of the focus child also appeared to be lacking; therefore, an assessment of her academic, social, and emotional needs must be conducted soon in order to move the case forward. It was also noted that the birth father is involved in the life of the focus child, but the team did not recognize any efforts towards engagement with him or an assessment of his needs. Perhaps he or his relatives may be of assistance with getting the child to school on time or in providing some support to the mother. Maternal relatives have been identified as supports for the mother; however, they have not been fully engaged in gathering an assessment and understanding of the family's situation.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will improve within the next six months. A new social worker has been assigned to the case and she has been updated by her supervisor and QSR reviewers about the status of the case. This change in social workers presents an opportunity for rapport and relationship building with the family.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next step | 1. The social worker will verify the medical and dental status of the focus child. | Yes |
| Follow-Up | The social worker was able to obtain the status of the focus child's last immunizations and her last physical which occurred in spring of this year. The birth mother is in the process of scheduling a dental check up for the focus child for the month of October. | |
| Next Step | 2. The social worker will obtain the focus child's school attendance record and report card and will discuss both with the mother. | NA |

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| Follow-Up | The school that the focus child attended last year has since moved to another location and she will no longer be attending that school. Thus, the social worker was unable to obtain the school attendance record and report card. The social worker, however, discussed with the birth mother that she will monitor attendance and report cards at the new school. | |
| Next Step | 3. The social worker will confirm that the mother is receiving appropriate pre-natal care and will assess her mental health. | Yes |
| Follow-Up | The social worker has confirmed that the mother is receiving pre-natal care through doctor's appointments. In terms of mental health, the birth mother stated that she is receiving therapy through the Green Door on a monthly basis; however, she feels that her mental health and involvement in CFSA are two separate matters and would not divulge any additional information to the social worker. | |
| Next Step | 4. The social worker will create a new case plan with the mother. | Yes |
| Follow-Up | The social worker has created a new case plan with the mother; thus far, the birth mother has been actively working to meet the set goals to reach safe case closure. (i.e. the birth mother has been getting the focus child to school on-time since school began in the fall) | |
| Next Step | 5. The social worker will speak to the housing specialist at her agency regarding the mother's housing situation and will follow up on recommended referrals. | |
| Follow-Up | The birth mother currently has a housing voucher and is able to move; however, both the social worker and birth mother agreed that it would be best to wait until the baby was born to explore moving to another apartment. | Yes |
| Next Step | 6. The social worker will contact the birth father and assess his role in the focus child's life. | In Progress |
| Follow-Up | The birth mother gave the social worker the birth father's name; however, the birth mother stated to the social worker that she would prefer for the social worker not to contact him. The social worker will conduct a diligent search to find demographic information. | |

QUALITY SERVICES REVIEW CASE SUMMARY #48

Review Dates: July 20 -21, 2009

Current Placement: In home with birth mother

Persons Interviewed (5): Social worker, school social worker, maternal grandmother, focus youth and birth mother.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14-year-old African American male, who is currently residing at home with his birth mother and five siblings. The focus youth is diagnosed with mild mental retardation, a learning disability, ADHD and adjustment disorder with aggression. The focus youth also has a history of violent behaviors, such as killing a pet bird, attacking a cat, attempting to strangle his birth mother, destroying property and punching holes in walls.

It should be noted that the focus youth and his five siblings are children with special needs and receive special education services. Their healthcare needs are managed through a local health service team. The children are diagnosed with mental retardation, learning disabilities, ADHD and two children have pervasive development disorder, of which one is autistic.

The family initially became known to the Agency in 2004, as a result of a report for educational neglect of the focus youth and one of his siblings. An investigation was conducted and the findings were substantiated. The children, however, were not removed from the birth mother's care and instead a case was opened within the agency for ongoing monitoring and case management services. In 2005, a second report was received regarding the focus youth's older sibling who was brought to the hospital with significant burns on her leg and side. Reportedly, the focus youth's sister was cooking noodles and spilled the boiling water on her side. She was found to have second and third degree burns.

In 2006, there were three reports received about the family, two of which were for educational neglect and one for general neglect of the children. Subsequently, in 2007, the court became involved with the family due to another report of educational neglect, as well as the overall number of reports received with substantiated allegations of educational neglect. The children were never removed from their mother's care, but remained in the home under protective supervision. The court case was closed within the year, but the Agency kept an open case for the family for monitoring and the provision of case management services. In late 2008 and early 2009, there were two more reports with allegations of educational neglect. The ongoing case remains open with a goal of family stabilization.

Youth's Current Status

The focus youth was enrolled in his current school placement, a specialized program for children with special needs, approximately four months ago. Reportedly, the previous school was not

meeting his educational needs. The focus youth has a current IEP and it was reported that he was making substantial progress. According to information obtained, the focus youth's adjustment in school over the last two months has improved significantly. Initially he kept himself isolated, did not interact with his peers or participate in activities and had difficulty asking for things in regards to his basic needs, such as going to the bathroom.

It was reported, however, that the youth has shown significant improvement in areas of participation, socialization and peer relationships. He is not displaying behavioral problems, as he responds to questions and follows directions with no problems. The focus youth is also trying new things each day and has demonstrated some improvement in his academics. His math, vocabulary and reading skills have improved; moreover, his reading was improved from the kindergarten level to first grade.

It should also be noted that the school had some concerns regarding the focus youth's attendance in the beginning, due to him missing more than 10 days in a short time period. However, this is no longer an issue and the youth has been attending school on a consistent basis.

The focus youth was never removed from his mother's care and has been in her care all his life. It was reported that he is very helpful and provides his mother with assistance in the home. There are no behavioral problems identified for the focus youth in the home and he seems to have a good relationship with his family. There were some problems identified in the past; however, he is able to manage his behavior and there have not been any recent reports of him acting out.

Although there were no concerns expressed regarding the safety of the focus youth, reviewers were concerned that he is being left at home in the care of his older sibling who is also mentally retarded. At the time of the review, reviewers arrived at the focus youth's home 15 minutes earlier than the scheduled visit to discover that there was no adult in the home supervising the five children. The reviewers notified the ongoing worker and the supervisor of this incident; their follow-up is described below. The oldest child is 16 years old and all the children have special needs. There are no concerns regarding the focus youth's safety at school.

The focus youth's healthcare needs are being monitored by a local healthcare agency and there were no concerns shared regarding any healthcare issues for him. He appears to be in good health and is up to date with his dental and physical examinations.

Parents' Status

The birth mother is a 36 year-old single African American female, who is the mother of six children. It was reported that there were concerns by service providers that the birth mother may have a mental health history; however, she has not been forthcoming with any information regarding her mental status. Reviewers noted that there was documentation which indicated that the birth mother reported having a learning disability and dropped out of high school in the 7th grade. The birth mother did admit that she was undergoing genetic studies at a local hospital due to the fact that all of her six children were born with some form of developmental disability; however, she has not provided the social worker with any specific information regarding this study. It was reported that the birth mother has participated in meetings held by the school and

the collaborative agency and that she was active in ensuring that her children's educational needs were being met. Reportedly, she obtained an educational advocate and worked closely with the advocate to find appropriate school placements for her children. The birth mother is able to manage her children's individual needs and so far does not appear to be overwhelmed.

The birth mother reported that the maternal grandmother was her only resource in the community. She added that she does not have any extended family members and does not have any friends; however, it was puzzling to reviewers that she was refusing to accept referrals for assistance in the community. The birth mother is also not involved with any community organization for supportive services nor does she participate in any activities with the children. The birth mother reported to reviewers that she was not in need of assistance and believed that her case was closed with the Agency. Even though the birth mother was familiar with the social worker, she did not identify her as the social worker for the case; instead, she identified the social worker as someone from the collaborative who was just checking in on her.

The reviewers conducted a home visit to interview the birth mother and discovered all six children home alone. Apparently, this was not the first time that the children were left home alone in the care of the 16 year-old male, who is diagnosed mentally retarded. The birth mother was not very receptive to reviewers and did not address the issue of leaving the children home alone. She actually ignored the reviewers concerns about the children being home alone and attempted to cancel the interview. In fact she did not allow reviewers to enter the home and so a brief interview was conducted outside the home.

The birth mother has provided a name for the focus youth's birth father; however, he is not involved with the focus youth or the family. Reportedly, the individual who was named as the focus youth's father does not wish to have any involvement with the focus youth or his mother according to those interviewed. The birth mother does not have any contact information for the birth father or paternal relatives and team members have not taken the initiative to try to locate the birth father. There was no evidence from the interviews held or documents reviewed to indicate that any efforts were made to make contact with the birth father.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The focus youth is in an appropriate school placement and is making progress. He is also attending school on a consistent basis and there are no concerns reported by the school. Although it is suspected that the birth mother has a history of mental illness, she seems to be adequately providing for the children's needs. At the time of this review, the birth mother believed her case was closed, but she continued to allow the social worker access to her home and the two have been able to establish a good working relationship.

The birth mother is a strong advocate for her children and is able to obtain the necessary resources as needed. She also has identified the maternal grandmother as a resource for her children.

What's Not Working and Why

The birth mother's continued refusal of supportive services places the children at risk. She believes she can manage her household and care for the children by herself and is not receptive to outside intervention. It was clear to reviewers, however, that she could benefit from some additional resources. There are six children in the home with mental health diagnoses of various stages and they all require intensive adult supervision. In fact, it was reported that while the birth mother was in the home, one of the children accidentally burnt herself while trying to prepare something to eat. The child was hospitalized with second and third degree burns. Additionally, at the time of the review the children were discovered to be home alone. The oldest child, age 16, opened the door to reviewers and walked away without even knowing who the reviewers were or why they were at the home. His decision to open the door was extremely dangerous and the fact that he let reviewers in the house and walked away presented an even greater concern. Reviewers also learned that this was not an isolated incident, but one that has occurred on other occasions when the mother has errands to take care of.

Unbeknownst to the social worker, the birth mother believed her case was closed in June 2009 and she no longer had a social worker. The birth mother indicated that the current social worker is employed with the collaborative and was doing routine visits with her and her children. She denied that she has an open case and was receiving case management services. It was also concerning that no one has been able to obtain a mental health evaluation for the mother to determine what her diagnosis is, if any, and to ensure that the family is connected with the appropriate resources. It is assumed by everyone working with the family that the birth mother appears to have a mental illness, but no one knows for sure.

While the children's health care needs are being managed by a local healthcare agency, it was unclear as to whether or not the mother has been consistent with the children's medical care. Reviewers got the impression from information obtained that there may be some concerns regarding the family's medical care; although, it was reported by the local healthcare agency that the focus youth was up to date with his medical and there were no concerns.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the review findings, over the next six months the child's situation is likely to remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker to have a discussion with the mother regarding her open case and possibly get the mother to sign a release for the social worker to obtain any evaluations she may have completed with Georgetown. | Yes |
| Follow-Up | The social worker had a meeting with the mother to discuss her role and to outline the case plan with the mother, who was not in | |

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| | <p>favor of the service being offered. The social worker was able to convince the mother to sign a release of information, however, the mother refuse to sign a release for Georgetown and refuse to allow the social worker access to that information. The social worker is trying to use the general release to see if Georgetown would provide her with any information. To date the social worker has not been able to obtain any info from Georgetown.</p> | |
| Next Step | <p>2. The social worker should explore with team members her concerns regarding the mother's behaviors and determine whether or not she has an existing mental health diagnosis.</p> | Yes |
| Follow Up | <p>The social worker consulted with team members, however, there was no known diagnosis for the mother and there was no existing evaluation.</p> | |
| Next Step | <p>3. The social worker to warn and counsel the mother around supervision issues regarding the children.</p> | Yes |
| Follow Up | <p>The social worker discussed the supervision issue with the mother at the meeting that was held in her home. The social worker reported that she explained to the mother the consequences of leaving the children home alone and the fact that she was putting the children at risk. As a result of the meeting, a plan was implemented to have the maternal grandmother serve as back up if the mother had to go somewhere. The mother would either bring the children to the grandmother's house or the grandmother would come to her house and stay with the children in her absence.</p> | |
| Next Step | <p>4. The social worker to follow up with the case manager at health services for children with special needs to discuss any concerns they may have regarding the family.</p> | |
| Follow Up | <p>The social worker contacted with the HSCSN care worker to discuss any concerns they may have regarding the family. According to the social worker, the HSCSN worker was concerned about the condition that the children would come to their appointments. On occasions, the girls' hair is unkempt and the youngest who wears diaper always need changing. The HSCSN worker was recommending for the mother to receive a Personal Attendant for the children. The social worker and the HSCSN worker met with the mother together on 8/21/09, to address their concerns and recommendation; however, the mother refused the PA services. Because this is not a court case, the mother has to agree to services. The social worker and HSCSN worker cannot put in the service unless the mother agrees – to date the mother is still refusing. There were no concerns regarding medical care.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #49

Review Date: August 10 - 11, 2009

Current Placement: In Home with birth mother

Persons Interviewed (7): Social worker, birth mother, focus child, community support worker, grief and loss therapist, family therapist, and housing case manager.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a seven-year-old African-American male with a permanency goal of family stabilization. At the time of the most recent child protection services (CPS) investigation in May 2009, the focus child resided with his 44-year-old birth mother, as well as three half siblings, males ages 21, 14, and 10. He has an adult half sister and adult half brother that live in their respective homes. The focus child's maternal great-grandmother also resided in the home, but died in June 2009. The focus child's birth father has no contact with him and does not provide child support to the birth mother.

In May 2009, the CFSA hotline received a call regarding the focus child and his family. The reporter, the focus child's therapist, stated that the focus child reported that his 14-year-old brother conducts oral sex on him. The therapist added that she informed the birth mother of the child's allegation and she appeared "upset" and said to the child, "You better not be lying." The therapist also stated that she told the mother that she would call CPS.

CPS began an investigation and the birth mother placed her 14-year-old son, the alleged perpetrator, out of the home with his step-brother. When the focus child was interviewed at the Child Advocacy Center a few days later, he did not disclose being sexually or physically abused. A Youth Division officer of the Metropolitan Police Department (MPD) was present at the interview and reported that the police investigation would stop since the focus child did not make a disclosure. Based on the CPS investigation that concluded at the end of May 2009, it was determined that the allegation of neglect due to lack of supervision was unfounded. This determination was based on the lack of disclosure by the focus child and interviews with the other children in the home who reported that all of the children in the home are regularly supervised by either their mother or great-grandmother. The CPS investigation was closed and linked to a case that was already open with the family for continued services and additional monitoring.

The family has a history with CFSA. In 1995 a hotline referral was received, but the details of the investigation are not available in FACES. A case was documented to have been open from 1995 to 1997. CFSA received another referral in March 2001 regarding the focus child's older sister and one of his older brothers. The children were caught shoplifting \$800 in jewelry and the allegations of educational neglect, inadequate physical care, and inadequate or dangerous

shelter were substantiated. A case was opened and subsequently closed in July 2003 after the family was assisted with services and locating appropriate housing.

In June 2006 another referral was received regarding the focus child, who was allegedly observed to have “touched the buttocks of his younger nephew.” The focus child lived with three of his siblings and his great-grandmother, who was caring for the children at the time. The birth mother was reportedly not participating in the care of her children, and the great-grandmother expressed interest in obtaining legal custody of them. During the initial investigation, an MPD officer went to the home and the focus child showed him a box of pornographic videos that were in his older sister’s closet. The allegation of sexual abuse was unfounded “due to the child being exposed to the pornography accidentally.”

Also in June 2006, CFSA received another referral when the great-grandmother transported the children to CFSA. She reported that she and the children were homeless, and that the children’s birth mother was a drug addict and not caring for them. The great-grandmother added that she and the children had been staying with the focus child’s oldest adult sister until the apartment management asked them to leave the premises. The family was referred to a homeless shelter. Based on a review of the FACES records, it appears that the focus child and his nephew were no longer residing with each other once the family moved to the homeless shelter.

In September 2008, a referral was received when the birth mother went to the school of one of the focus child’s brothers and reported that the child had a knife in his bag. When school officials checked the child’s bag, a knife was not found. When the birth mother was questioned at the school, she allegedly stated that she was diagnosed with schizophrenia and bi-polar disorder and took medication to manage her symptoms. Upon further investigation, domestic violence was determined to be a problem for the family and an allegation of neglect due to domestic violence was substantiated. A case was opened and the family was receiving services when the most recent referral was made in May 2009.

Child’s Current Status

The focus child resides in a stable home with his birth mother and three older half siblings. Some team members reported that they did not have safety concerns about the focus child. Other team members stated that they had concerns about the focus child’s safety in the home, because he was sharing a bedroom with his 14 year-old brother who allegedly sexually abused him. Even though the focus child did not disclose being sexually abused during the forensic interview, some of the team members said that the possibility may still exist. Those same team members shared their concerns about the birth mother’s dismissive reaction to the allegation. Almost all of the team members reported that the neighborhood was not a very safe environment and stated that the birth mother never lets the focus child outside without appropriate adult supervision.

During the 2008 and 2009 school year, the focus child reportedly fell below grade level in all subjects. Some team members stated that the focus child was tested in the spring of 2009 for special education services, but the testing was not completed prior to the end of the school year. It was recommended that he attend summer school and he went for one week. Team members stated that the birth mother decided to not let the focus child continue summer school because she reportedly had concerns about his mental health, sharing with team members that he was

depressed due to his grandmother's death. Specific symptoms of depression were not noted by the team members. On the contrary, they stated that the focus child was coping very well with the loss, and added that they did not observe him displaying any unusual behavior. It was noted, however, that while team members did not have major concerns about his emotional well-being, it was generally agreed upon that he should continue grief and loss therapy.

The focus child was referred to therapy by his school teacher, and he was receiving individual therapy approximately once a month for the past one and a half years at a local counseling agency. Reportedly, the therapist was available once a week for therapy with the focus child, but he was brought to therapy sporadically by either the birth mother or great-grandmother. Some team members noted that the focus child was diagnosed with ADHD and Learning Disorder NOS. It was also reported that, since therapy was not consistent, each session consisted of catching up on new developments. Team members stated that the birth mother had not brought the focus child to that therapist in several weeks.

The focus child is seen by a psychiatrist who works at the same counseling agency as the therapist. Reportedly, the birth mother takes the child to his monthly psychiatry appointments, but sometimes is not consistent with giving him his medication, Concerta, on a daily basis. The focus child's medical care is up-to-date and team members do not have any concerns about his physical health.

After the death of the focus child's great-grandmother, the social worker referred him to a specialized grief and loss counseling center and he had two sessions of grief and loss counseling from an individual therapist. The plan is for him to continue to see this therapist on a weekly or at least bi-monthly basis. The focus child was also considered for a week-long summer camp with this counseling center, but the therapist decided that the loss of the focus child's great-grandmother was too recent for him to adequately grieve with the other children. Team members reported that the camp will be considered for the focus child next year.

Team members noted that the focus child's social skills are limited and that he likes to spend most of his free time playing video games. Some team members reported that the birth mother was referred to a volunteer mentoring program several months prior to this review, but she did not follow through on enrolling the focus child.

Parent's Current Status

The birth mother has not been the sole care provider for her children in many years. Her grandmother had taken care of them, and she did not have many responsibilities in the household. Since the birth mother's grandmother died in June 2009, she has had to take over full responsibility of caring for her children. All team members noted that the birth mother has shown marked improvement in her parenting skills and her overall functioning. They added that the home is cleaner than it has been in a long time. Most of the team members stated that the birth mother's grandmother was not cooperative with service providers, and added that the birth mother has made efforts to be cooperative. The birth mother's understanding of the child welfare agency's case plan was limited, but it was reported by a few team members that the social worker reviewed the case plan with her.

Reportedly, the birth mother has a history of alcohol and drug abuse. Some team members reported concerns that she may still be abusing both, and speculated that the birth mother's recent difficulty with budgeting her food stamps was due to buying drugs. Team members stated that the birth mother ran out of food stamps the previous month because she used them all at the beginning of the month. Team members shared that the birth mother often receives support from her adult children for food and occasional help with cleaning around the home.

In addition to receiving case management from the local child welfare agency, the birth mother receives weekly visits from a community support worker from the counseling agency, where she and the focus child also receive individual therapy. She is also part of a local housing program that provides her with a free apartment and case management. It was noted that the birth mother recently requested a larger apartment in a safer neighborhood from the housing program. Team members reported that the birth mother is cooperative, but has difficulty following through with specific tasks and responsibilities, such as keeping therapy appointments for herself and the focus child.

The birth mother had been seeing the same therapist as the focus child on a monthly basis, but stopped attending after the therapist contacted the local child welfare agency. Team members noted that the birth mother attends medication management appointments regularly to treat symptoms of manic depression and schizophrenia, but added that she takes her medication sporadically. Team members could not recall the types of mental health medications she was prescribed. Some team members stated that the birth mother has had difficulty paying for public transportation to get to the therapy appointments.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Several team members commented that the social worker was responsive in meeting the family's immediate needs for food and clothing. She has provided the birth mother with information about food banks and free or low-cost clothing. The birth mother and her children are also receiving an array of services at this time including case management from the local child welfare agency, case management from a housing program, weekly home visits from a community support worker, therapy, and medication management. The focus child is also receiving grief and loss counseling. Service providers have reached out to the birth mother and focus child and have made significant efforts to engage both of them and the family as a whole.

What's Not Working Now

The focus child's father is unknown to the team and there have been no efforts to locate him and his relatives. Additionally, the assessment and understanding of the focus child's educational needs have significantly stalled to the detriment of the focus child. Concerns still exist about his supervision and safety in the home, specifically that he continues to share a bedroom with his older brother. There was also the concern that he was not getting his mental health medications regularly, as well as consistent therapy.

Most team members reported that team coordination and leadership were strong between service providers at each agency; for example, the community service agency and housing program, but

overall team functioning and communication was sporadic and limited. The birth mother has a general understanding of the case plan, but did not understand all of her responsibilities in moving the case forward toward safe case closure.

SIX MONTH FORECAST/STABILITY OF FINDINGS

It is expected that this case will remain status quo within the next six months as team members continue to work towards the goal of family stabilization.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will talk to the birth mother about the CPS allegations and will create a safety plan regarding the children’s supervision. | Yes |
| Follow-Up | The social worker created a verbal safety plan with the birth mother and, subsequently, the birth mother moved the focus child from his bedroom with his older brother, the alleged perpetrator, into a bedroom with his younger brother. | |
| Next Step | 2. The social worker will review the case plan with the birth mother and will adjust it according to the mother’s current needs and well as the children’s. | Yes |
| Follow-Up | The social worker reviewed the case plan with the birth mother and they decided that the birth mother must address her substance abuse problem and will attend out-patient treatment. No changes needed to be made in the case plan since drug treatment was already in the case plan, but the social worker reported that it was helpful to review with the birth mother specific objectives that need to be accomplished for safe case closure. | |
| Next Step | 3. The social worker will facilitate a meeting with the family and treatment team to address case planning. | Yes |
| Follow-Up | The social worker facilitated a team meeting in which most of the service providers and several family members attended. The social worker reported that the focus of the meeting was discussing and problem solving the birth mother’s struggles with budgeting as well as her substance abuse. The birth mother’s oldest adult son reported that he would help his mother manage her food stamps and will provide food to her and his younger siblings if she did not have enough food throughout the month. The oldest son also expressed | |

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| | his concern about his mother's substance abuse and asked her to attend out-patient drug treatment. | |
| Next Step | 4. The social worker will re-submit a referral for a mentor for the focus child. | In Progress |
| Follow-Up | The social worker submitted a referral for a mentor to the Agency, but no volunteer mentors were available at the time. The social worker talked to the therapist at the focus child's core service agency, and it was reported that a mentor would be identified by their program. | |
| Next Step | 5. The social worker will submit a referral for a diligent search for the birth father. | Yes |
| Follow-Up | The social worker asked the birth mother for identifying and contact information regarding the birth father. Reportedly, the birth mother provided limited information to the social worker because she did not know his whereabouts. The social worker submitted a referral to the Diligent Search unit with the information she obtained from the birth mother. | |
| Next Step | 6. The social worker will attend a school visit with the birth mother regarding the focus child's educational progress and will help the birth mother write a letter requesting educational testing for him. | Yes |
| Follow-Up | The birth mother went to the focus child's school on her own initiative to request educational testing for the focus child. The social worker reported that she did not have to prompt the birth mother to attend or accompany her to the school appointment. At the time of the 60 day follow up meeting, the birth mother was waiting for a Multidisciplinary Meeting to be scheduled for further discussion about the focus child's academic needs. | |

QUALITY SERVICES REVIEW CASE SUMMARY #50

Review Dates: August 10-11, 2009

Current Placement: In-Home with Birth Mother

Persons Interviewed (4): Social worker, birth mother, family support worker, and focus youth.

YOUTH & PARENT/CAREGIVER STATUS

Facts about the Youth and Family

The focus youth is a 16 year-old African American male, who resides with his birth mother and two brothers, ages 25 and 21 years old. The 21-year-old sibling is learning disabled and mildly mentally retarded. The focus youth lost his step-father to cancer approximately six months prior to this review; however, the focus youth's birth father has returned to the area and lives approximately 20 minutes away. The birth father has tried and had marginal success in becoming a significant part of the focus youth's life since he returned to the area. The focus youth also periodically visits with his paternal aunts, paternal cousins, maternal grandmother and maternal aunt.

This family first came to the attention of the Child and Family Services Agency (CFSA) in June 2008, when it was reported that the focus youth was being home schooled by his birth mother. The focus youth, however, could not show any books or school work that his birth mother had provided to him. It has also been stated that the birth mother can not teach him because she does not have the knowledge base to do so. Nonetheless, the birth mother home schooled him for the entire 2006-2007 school year. In January 2008 the focus youth returned to his local school but did not attend consistently; his attendance record stated that he missed 128 classes without an excuse. It has also been stated that the focus youth did not want to leave his mother home alone because she was involved in a relationship with domestic violence.

Based on the investigation, the allegation of educational neglect was substantiated and a case was opened. The focus youth is on a special education track with an IEP that was not being implemented due to his excessive absences. During the time of the investigation the family also had inadequate shelter. It was reported that their home was cluttered and smelled of garbage, and boxes were piled up throughout the house for at least one year. It was stated that the family had to leave the home by the end of June 2008. CFSA contacted the landlord to request a thirty-day extension. Unfortunately, the birth mother had submitted a vacate statement and subsequently the apartment had been rented. CFSA then assisted the family in arranging emergency housing. The family lived briefly with the maternal grandmother and was then referred to a homeless shelter until appropriate housing could be obtained. The family then moved into an apartment, but the birth mother was not happy with the violence in that community. The birth mother continued to work diligently to maintain her eligibility for public housing and was able to locate a house to accommodate the family.

Youth's Current Status

The focus youth is a 16-year old male. His current home is safe and stable. It was stated that during the beginning of this case the birth mother was in the process of moving. The focus child and his family members resided for a period of time with the maternal grandmother and then in a homeless shelter, after which they moved to an apartment. While living in the apartment, the focus child was accosted and beaten up by a group of teenagers. This incident pushed the birth mother to locate better housing. From this reviewers' observation the new home appears to be very safe, clean and stable. The focus youth appears healthy; however, he has never seen a dentist. His last physical was two years ago and the birth mother could not recall the last time his vision was checked.

The focus youth does not attend school regularly. It has been stated that he stays up late at night playing video games with his brothers and has difficulty waking up to attend school. His mother does not force him to go to school because she believes the school is dangerous because it is in an unsafe neighborhood and has a reputation for fighting. When he does attend, he goes late. The focus youth had an opportunity to attend summer school; however, he did not attend and his mother did not encourage him to go. It was stated that his mother needed his assistance in moving to their new home.

At the time of this review, the focus youth was uncertain as to whether he would be entering the 10th grade or repeating the 9th grade due to tardiness and excessive absences. The focus youth is classified as a ninth grader and will be entering the 10th grade in the upcoming school year. He is described as being academically on a second to third grade level. The focus youth receives full-time special education services. Initially he was classified as learning disabled; however, his IEP was updated at the end of the school year and now reflects a classification of mental retardation. It has been reported that the focus youth has made improvement since he was placed in his new classroom. The focus youth does not present with behavior problems; in fact, team members have described him as respectful and very social with his peers.

In terms of responsible behavior the focus youth is limited. He does not get up on time to get ready for school on a consistent basis, which has lead to truancy. The focus youth does not participate in any extracurricular activities. However, he has some life skills; he keeps his room clean and takes pride in his appearance. The focus youth is able to prepare food for himself that does not require using the stove. He is able to go to the store for his mother and bring back the appropriate items with the correct amount of change. Nonetheless, he is not progressing in his education and was unable to participate in summer employment. His career goals are limited; he would like to become a rapper, song writer or music producer.

The focus youth receives services through a collaborative and has been assigned to a Family Support Worker (FSW). They have been working together since February 2009 with the primary goal being to attend school regularly. The FSW has gone to the home to pick up the focus youth and transport him school on more than several occasions.

Parents' Status

The birth mother is a single parent and she recently lost her husband to cancer. She presents with mental health needs, and in the past was receiving counseling through a local mental health

clinic in conjunction with medication for depression. It is unclear when she began counseling, but services were terminated in May 2008 because the birth mother was not attending regularly. She admitted to these reviewers that she discontinued her medication because it was too strong.

The birth mother provides adequate food, clothing, shelter and supervision for the focus youth. She has participated in school meetings and teacher conferences in spite of not insisting that the focus youth attend school or participate in extracurricular activities. For example, arrangements were made on two separate occasions for the focus youth to participate in a mentoring program. In order for the focus youth to participate, a parent must attend an orientation. The birth mother informed the FSW that she would attend and appeared very motivated; however, she did not follow through. A second appointment was made with the option of transportation; she made it clear to the FSW for a second time that she had her own transportation. Again she did not attend the orientation.

The birth mother and the focus child appear to have a genuine bond; however, based on the focus youth's new classification as mentally retarded, team members have described her as an enabler. It has also been stated that the birth mother does not encourage the focus youth to attend school and underestimates his ability to accomplish tasks. The birth mother has participated in IEP and MDT meetings which will aid the focus youth in receiving the necessary services through special education. However, if he does not attend school and she does not encourage him to attend, the case will remain open. The birth mother has made marginal progress toward safe case closure, primarily because she allows the focus youth to stay home from school or attend late. The birth mother has not followed through with attending the parent orientation for the mentoring program. This review was conducted two weeks prior to school and the birth mother has made no attempts to register the focus youth for school. Due to the most recent move the birth mother has not ascertained which local school the focus youth will attend in the fall.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

There seems to be good engagement efforts with the focus youth by the FSW. The FSW has participated in school-based meetings and is known to the school staff. The FSW calls the focus youth in the morning to make sure he gets up early enough to attend school on time. The FSW has shown up to the focus youth's school a minimum of three times and 50% of that time he had to walk him to class to ensure his attendance. It has been expressed that the focus youth feels comfortable speaking candidly to the FSW more so than with his social worker when problems arise. The social worker has made good efforts to engage the birth mother; several meetings were held to explain the necessary steps toward case closure; a meeting was held to include the maternal grandmother as support to the birth mother; a case plan was created and signed by the birth mother. The birth mother, therefore, is aware of the steps that must be taken to ensure safe case closure.

The social worker and FSW have made efforts in coordinating with school staff to get updates on the focus youth's attendance. This case has good teaming, in that the social worker and FSW are located in the same building and are able to communicate on a regular basis for updates and changes. The birth mother and focus youth are satisfied with the functioning of the team. The

team members are committed to providing and referring the family to services and resources; for example, mentoring and mental health services. For example, team members have a fair understanding of the strengths and needs of this case. They are working diligently to ensure that the focus youth will attend school regularly in the fall and that the birth mother commences mental health counseling along with medication management.

The case plan has been designed with realistic goals and objectives. The focus youth must attend school and the social worker must verify his attendance. Additionally, the birth mother must build relationships with other adults in order to improve her social support system and attend and participate in mental health appointments. The team has also made linkage to a community collaborative for post permanency supports for this family and has worked closely with school personnel and mental health providers to establish outside supports.

What's Not Working

The team members have not engaged or assessed the needs of the birth father. The birth father has been involved with the focus child for the last four months. Prior to the family's last move, the birth father visited the family home often and constantly urged the focus youth to attend school. After this move, the focus youth asked his mother to not inform the birth father of their new residence. Nonetheless, the social worker was aware of his presence and has not made an attempt to contact him. It was also stated by the birth mother that she would like to have the birth father involved in the focus youth's life. A referral for an initiative geared toward helping relationships among fathers and their children was proposed to the social worker for further exploration.

In addition, though the FSW consistently engages the focus youth the social worker has not put in the same efforts and could improve in this area. She solely went off what was told to her from the FSW as to any updated with the focus youth.

Implementation of mental health services for the birth mother and focus youth needs improvement. The birth mother was taking psychotropic medication and attending counseling once a month. At present, her counseling services have stopped and she is not taking her medication. The birth mother stated to reviewers that the medication was too strong; thus, she discontinued the medication herself. No follow up has been made in this area. Team members have not explored a new counselor and psychiatrist for counseling and medication management for the birth mother. The focus youth has also stated that he would like to participate in individual counseling outside of school based counseling. No referrals have been made to locate a therapist for the focus youth.

Regarding safe case closure, at the time of this review there were still many barriers. The focus youth had not been registered for school, and the birth mother and focus youth were not sure where he would be attending in September. It was noted that since the family recently moved, the focus youth may need to attend a new high school that services his new neighborhood. Mom is not following through with her responsibilities as an adult to ensure that her son attends school.

The recent change in classification from learning disabled to mental retardation confirms that the focus youth was in the wrong academic setting. The focus youth believes that he is in the tenth grade; however, his academic functioning is at a second to third grade level. The necessary measures should be taken to find him an educational advocate who can assist in possibly finding a private school setting. This will allow the focus youth to be amongst other students with the same educational needs.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The six-month prognosis for the focus youth is that this case will continue status quo. Team members will have to closely monitor the focus youth's school attendance over several weeks, work with the birth mother in finding a counselor and ensure that the focus youth receives a dental and physical examination. These are the factors which will determine if the status of this case will improve.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. Social worker will hold a family meeting prior to school opening to discuss steps toward case closure (e.g. case plan, enrollment for school, engage birth father) -Social worker will contact birth father for his participation by phone, if possible. | Yes |
| Follow-Up | The social worker and Community Service Worker (CSW) held a meeting shortly after the debriefing, to discuss what needs to be accomplished to bring the case to closure. (All members reviewed and updated the case plan, the focus child has been enrolled in his new school with transportation, and the phone number given to the social worker for the birth father is now disconnected). -A diligent search has been put in to find the whereabouts of the birth father. | |
| Next Step | 2. Social worker will re-explore mentoring program with possible transportation options for birth mother to attend the parent orientation. | Yes |
| Follow-up | A new referral has been made for the mentoring program by the CSW; they are awaiting a response at for a date and time for the parent orientation. The CSW is also looking into transportation options for the birth mother to attend the orientation. | |
| Next step | 3. Social worker will explore therapeutic services outside of the school setting for focus child. She will also explore family | In Progress |

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| | therapy options. | |
| Follow-Up | The social worker sat with the birth mother; together they called the Access Helpline to choose a healthcare provider for a referral. The social worker tried to initiate finding a therapist but the office was closed. The birth mother needs to follow through by calling back to schedule the appointment. | |
| Next Step | 4. Social worker will discuss the Fatherhood Initiative with the birth father. If he is willing to participate the social worker will make a referral. | No |
| Follow-Up | The social worker is waiting on the results from the diligent search. Once the social worker receives information on the birth fathers' whereabouts she will discuss the Fatherhood Initiative Program in detail with him. | |
| Next Step | 5. Social worker will make a referral to an educational advocate for special education school placement options. | N/A |
| Follow-Up | A referral has not been made because the focus youth is doing well in his current special education program at his new school. The social worker will monitor his progress for the 1 st quarter and then decide if there is a need for an educational advocate. | |

QUALITY SERVICE REVIEW CASE SUMMARY #51

Review Date: August 12-13, 2009

Current Placement: In Home with Birth Mother

Persons Interviewed (4): CFSA social worker, birth mother, Family Support Worker, friend of the birth mother

The 2-year-old focus child was seen briefly during the mother's interview. The child's maternal grandmother was also seen in the home during the mother's interview, however she did not respond to questions asked by the reviewers.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 2-year-old African-American female, who currently resides with her birth mother, 3-year-old sister, and maternal grandmother. The child's permanency goal is Family Stabilization. The social worker is aware of the named birth father and has made attempts to locate him.

The focus child's family first became known to the Child and Family Services Agency (CFSA) in November 2007, due to allegations of neglect through inadequate physical care of the children. The allegation was unfounded and the case was closed. The most recent report was made in January 2009, after a report was made alleging that the focus child's home was filthy (piles of trash, dirty rags, food on the carpet, infestation of rats, etc.). Through the investigation, it was found that the mother struggled with cleaning her home and maintaining adequate food for the children. It was also found that the focus child's immunizations were not current. Allegations of inadequate shelter, inadequate food, and medical neglect were substantiated. The case was opened and transferred to the agency's In-Home and Reunification Program for services. As of May 2009, this case is being teamed with the local Collaborative and there is an assigned Family Support Worker (FSW).

Child's Current Status

The 2-year-old focus child has been described as quiet, observant, and engaging. Her immunizations are up-to-date, and she reportedly has current dental and physical examinations. Team members expressed concerns related to the focus child's speech and language development in that she has a very limited vocabulary and tends to use hand motions and grunting to get her needs met. It was reported that the family has a referral for a speech and language evaluation from the child's pediatrician; however, the hospital is unable to accommodate the referral until November due to a backlog of patients.

Team members expressed no concerns related to the child's behavior at home. She is typically compliant with directives, she plays age-appropriately with her 3-year-old sister, and appears to have age-appropriate behavior for a 2-year-old when she gets frustrated (i.e., a random temper tantrums.) The focus child is not currently enrolled in a day care or an early childhood

development program; although team members have verified that the mother has been working towards enrolling her into a local program.

While the child seems to be safe from intimidation and does not present with any risks to self or others, there are known safety concerns for this child. One risk is the focus child and her sister being supervised by their maternal grandmother, who has limited physical mobility due to a stroke. It is believed that due to the grandmother's limitations, she is not fully capable of monitoring and/or physically responding to the children in an emergency. A second risk is the children playing unsupervised on the family's third floor balcony. The focus child and her sister are small children, who could slip between the metal railings or fall over the top of the railing. The social worker and FSW have been a unified front in addressing these concerns with the mother and grandmother. A written safety plan has been developed and is in the case file. Since the safety plan was developed, the children have not been found alone in the home with their grandmother. There seems to be constant monitoring of these two known and manageable risks of harm.

In terms of stability, the focus child has remained in her mother's care since birth. However, team members believe there is a probability that the children could be removed from the mother's care due to the children's young ages and the lack of forward movement towards case closure, specifically around how the mother does not understand the agency's concerns regarding how her homemaking skills and parenting impacts the lives of her children.

Parents' Status

The birth mother is a 24-year old, African-American, mother of two children. She did not graduate from high school and has yet to pass her GED. She is not currently employed, however, it was reported that she does work "under the table" (hair, babysitting, and some office work). The mother has a sister, who also resides in the District. The birth mother's sister reportedly has her own home and is employed full-time. The birth mother often babysits for her sister. The team feels that the mother's sister is not effectively supportive of the birth mother, especially when it comes to sharing the responsibilities for taking care of their own mother. Despite attempts by the social worker to engage the birth mother's sister, she has not made herself available.

The birth mother is positively described as being determined, loving of her family, and as being a formidable advocate for things she feels strongly about. On the other hand, the mother seemingly struggles with consistency and focus over most domains of her life (financial, emotional, parenting style, etc). It was reported that the mother has a short attention span and "hates repetition"; she is easily distracted; she has trouble listening carefully to directions; and she is a procrastinator, is impatient, and has impulsive speech in that she can say things that come to mind without considering its impact. Team members further described her as being easily overwhelmed by tasks of daily living (laundry, grocery shopping, cleaning the home), and indicated poor financial management (not balancing the budget to ensure needs are met on a monthly basis).

Team members feel that the birth mother loves the focus child and her sister. They have been seen sharing physical displays of affection and the child follows most directives easily. The

mother can describe the focus child in positive terms and can articulate a desire for the child to have a “better life” than she [the mother] has had. There are concerns that the mother lacks an understanding of basic child development stages and how that impacts her parenting skills. One team member expressed a concern that the birth mother “expects the children to just be able to do things themselves” even though they are toddlers (i.e., potty training, walking down the stairs unassisted). Discipline techniques such as time-outs are reportedly used; although the mother could benefit from additional training in follow-through with discipline, how to not yell as much and how to use natural consequences and teaching moments.

Several team members expressed concerns with the mother’s cognitive functioning and/or mental health needs (possibly depression) in that there seems to be a disconnect in her understanding of how her actions or lack of actions have negatively impacted her children which in turn lead to child welfare involvement. It seems as though she does not understand that her participation and ability to consistently maintain her children’s safety is what will lead to case closure. Thus far, the mother denies being depressed and has refused to participate in any mental health assessments.

The birth mother has been a fairly regular participant in most aspects of service planning, implementation and monitoring of this case. She meets with the social worker and the FSW on a regular basis. She reluctantly accepted the homemaker services and has continued to work with the assigned homemaker. The mother has attended case planning meetings scheduled by the agency. She has signed her case plan and signed the July safety contract. The mother expressed concerns related to the need for replacement of the carpet in the three bedrooms and how to get her management office to better assist her in dealing with the rodent infestation within her home.

While the birth mother is seen as an active participant in this case, she is making poor progress towards case closure. Over the last 30 days, the birth mother has inconsistently met the focus child’s physical needs by struggling to maintain adequate food in the home and struggling to maintain a minimally clean home even with homemaker services in place. When the mother is out of food she contacts her social worker in order to alleviate the problem within a short time period. While she has a history of having utilities turned off, although that did not occur in the last month before the review. As previously stated, there is some concern about the stability of the placement due to the sense that the mother does not really understand CFSA’s safety concerns related to the children.

Regarding the focus child’s birth father, a man has been named by the mother. It was reported that this man is not involved in the life of the focus child, nor does he pay child support.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What’s Working Now

Engagement and assessment of the child seems to be age appropriate given her age and team members are able to identify strengths and challenges for her. Interviewees shared a common view of this little girl and shared the same speech and language concerns.

Engagement of the mother is significant in that team members consistently visit with her and call her. They invite her to meetings and work hard to accommodate both the birth mother's and the grandmother's schedules in order to optimize their participation – even holding over or rescheduling meetings when the mother is late. The mother has been asked her opinion about the homemaker services and other services that the team has tried to incorporate into the case plan (i.e., day care, budgeting, etc).

In terms of engaging the identified father in this case, the social worker was able to obtain information about the father from the mother and submitted a Diligent Search referral in order to locate him. Once she received information, she sent a certified letter to the address. In addition, the Family Team Meeting Specialist went to that address in order to invite him to a planned FTM and was told that the address was no longer valid for the father. There is an existing plan to talk with Diligent Search again for additional information.

The social worker is the identified team leader and it appears as though she maintains communication with involved team members and has attempted to engage additional people who are not active participants (i.e., the named father, and the birth mother's sister). People spoke highly of her and the work that she is attempting to do with the family. She invites people to team meetings. She asks their opinions and concerns related to the children and their mother. She monitors the homemaker services and has created a clear united front with the Collaborative Family Support Worker. Problem-solving efforts are good in this case as seen in moving forward with a team meeting after the FTM did not occur; figuring out how to provide food to the family even when emergency food cards are limited; teaching the mother what foods to buy that could possibly last longer through the month; and safety planning around new risk concerns.

There is a clear team of “most of the right people”, who definitely meet, talk and plan together. The social worker has included the children's godmothers in the team and this has been helpful in identifying additional people to problem solve and support the family. Professionals appear as a unified front in planning and evaluating services.

The identified case plan seems appropriate and feasible, although it would benefit from more clearly defined timeframes for completion. The collaborative agency's case plan works in conjunction with the CFSA case plan. The birth mother is able to identify most of the tasks outlined in the case plan for safe case closure and she signed the case plan.

Implementation of services for the mother is substantial, especially for what the mother will allow the team to put into place for her. The mother has been provided with furniture, food vouchers, financial assistance in paying utility bills, intensive homemaker services (which have been extended at least once), assistance in getting the focus child in day care, assistance in advocating with the mother's management office for new carpet, etc. As the mother has expressed an interest in continued support in working with her management office, it is recommended that the social worker and/or FSW continue to assist her with this. As the concerns regarding parenting have continued over time, the team has identified the need for a parenting program for the mother. The need for parenting classes was identified on the July 2009 safety contract and already appears on the case plan for the FSW.

What's Not Working Now and Why

Implementation of the speech and language evaluation for the focus child is a problem – albeit a larger systemic problem in children's healthcare in the District. It is unacceptable that a two-year old has to wait over five months for a speech and language evaluation due to reported backlog and lack of funds through other programs to provide this service. Accomplishment of this evaluation will lead to identifying necessary services for maximizing the chances for successful results in improving the child's speech development.

Assessment and understanding of the mother is acceptable; however, this is an area that needs to be enhanced. Despite the birth mother's refusal to participate in a mental health evaluation, the team continuously assesses her and tries to figure out "what works" with her so they can move the case forward. Various team members were able to identify strengths and challenges and shared a common view of her. When QSR reviewers interviewed the mother, it was quite clear that the earlier descriptions of how she would behave and what her thoughts would be on different topics were accurate. It seems like the team tries to figure out "what works" with the mother so they can replicate that in other areas. The team has recognized that the mother needs constant reminding and works better when appointments are written on a calendar or on paper. The team has also realized that they need to be a unified front with the mother so that she does not triangulate team members.

The team is very clear and on-point in describing the mother's challenges (inattentiveness, inconsistency, lack of focus, impulsivity, and being easily overwhelmed by tasks of daily living, etc.). No one expressed the possibility that the mother may be exhibiting symptoms of adult Attention-Deficit/Hyperactivity Disorder. Given the mother's reluctance to participating in a mental health evaluation, QSR reviewers question if she would consent to seeing a medical physician, as doctors can assess and treat ADHD. There are fewer stigmas attached to seeing a medical doctor versus a psychiatrist or psychologist which may make the birth mother more amenable to further evaluation and treatment. While an ADHD assessment would not replace the need for further psychological assessments, especially if the team feels the mother has symptoms of depression, it could be beneficial to the mother and the case if she agreed to see her medical doctor for an evaluation. If a medical professional made a diagnosis of ADHD it may offer the mother insight into her behaviors and allow her to become more aware and seek help with coping and treatment strategies, which may ultimately lead to progress towards safe case closure.

The team is not making sufficient progress toward safe case closure. It seems that the team has developed a fair case plan, but due to the mother's "disconnect" with how her actions or inactions impact the lives of her children she has not made progress in closing her case. This family became known to CFSA in January 2009, and is now into its eighth month. If the mother does not understand the agency's concerns regarding how her homemaking skills and parenting impacts the lives of her two toddlers, she will continue to resist assistance and the case will continue to stalemate. This case is at a juncture where there are increased risk concerns, but not immediate safety concerns that have lead to removal at this time. These concerns make it difficult to judge when the case could be safely closed.

While Post-Permanency Supports is acceptable in terms of giving the mother community resources for GED programs, for day care services, and for utility assistance, the mother could benefit from receiving contact information for neighborhood food pantries. It seems as though the mother has been able to identify and utilize utility assistance programs, but has not shown a knowledge base for finding alternative food sources, other than the social worker.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

This case is precarious in terms of stability due to the mother’s lack of understanding and safety concerns. However, it is felt that this case will continue status quo in that the team members will continue to work hard with the mother, but the mother will continue to not make adequate forward movement towards case closure.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
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| Next Step | 1. The social worker will review the Adult ADHD checklist with the mother and will then discuss the possibility of the mother seeing her medical doctor to discuss her options for diagnosis and treatment. | In Progress |
| Follow-Up | The social worker reported that she has taken the ADHD checklist with her on several occasions, but has not had the opportunity to thoroughly discuss it with the mother due to the chaos that often accompanies the visits – especially the issues around supervising the children. The social worker plans on continuing to try to isolate a time to talk with the mother about the checklist and her concerns. | |
| Next Step | 2. The social worker will meet with the mother and the leasing office manager to discuss housing concerns. | Yes |
| Follow-Up | The social worker and the mother met with the apartment leasing office. They discussed the mother’s concerns of wanting new carpet in the bedrooms, and the screen balcony door and window blinds repaired. The mother also expressed concerns that she had rodents coming into the apartment from behind her stove and she needed someone to professionally move the stove to check. The leasing office agreed to have someone move the stove and address the rodent problem (if identified by leasing staff). The leasing office had previously scheduled to have carpet laid throughout the entire apartment, but when they came to do the job, the mother had not removed the furniture from the bedrooms as agreed. The carpeting was not able to be installed and there is a \$150 fee to have | |

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| | <p>them come back out and do it.</p> <p>Regarding the screen door and the carpet, the family is responsible for paying for the repairs/laying down the carpet. The leasing office agreed to a payment plan for each. The social worker reported that CFSA has approved a demand payment for the screen door as that is considered a safety concern for the agency due to the little girls in the home. The mother will be responsible for the carpet fee. During the meeting, the leasing office manager indicated that a walk through of the apartment was needed. The mother then agreed to do it. The social worker reported that the apartment was not adequately clean during the walk through and the leasing office manager indicated that the mother had 30 days to clean the apartment or she would be “on notice” for eviction. The social worker indicated that this has happened before and the mother cleans the apartment in enough time to appease the leasing office.</p> | |
| Next Step | 3. The social worker will work with the Family Support Worker (FSW) to identify at least two parenting classes that would possibly meet with mother’s specific parenting needs. | Yes |
| Follow-Up | The FSW gave the mother information on two parenting classes, but the mother refuses to go to any classes because she does not feel that she needs assistance. The social worker supervisor commented that while parenting classes would benefit the mother, case closure is not contingent on her attending/completing a specific program. | |
| Next Step | 4. The social worker will provide the mother with a print out of available food pantries. A letter will be attached for documentation. The social worker will tell the mother that these resources should be the first line of defense before calling CFSA for food assistance. | Yes |
| Follow-Up | The birth mother was provided with a printout of available food pantries, but did not complete a letter for record documentation. The supervisor confirmed the resource list was given to the mother and commented that the mother called the supervisor one afternoon requesting food cards because she received “rotten” food from the food pantries and her mother got sick. Food cards were given to the family. The social worker has spoken with the FSW about going to the grocery store with the mother on the day she gets her Food Stamp card and walking through the store with her in order to teach her how to food shop. This did not occur in October, because the mother received her Food Stamps on a weekend. | |

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| Next Step | 5. The social worker will assist the mother in attempting to contact the two identified resources for the focus child's speech/language evaluation. | SW -Yes Client - No |
| Follow-up | <p>The birth mother has decided that her daughter does not need a speech/language evaluation. She reported to the social worker that a community agency social worker told the mother that the child did not need an evaluation. The social worker has repeatedly attempted to impress upon the mother the need for the focus child to have a speech/language evaluation. The social worker plans to obtain records from the pediatrician who recommended the evaluation and talk with the mother about that recommendation.</p> <p>The social worker and FSW are also continuing to encourage/assist the mother with getting the focus child in daycare. If the child is in daycare, the school staff may also be helpful in sharing any speech/language concerns with the mother and it is believed that the child needs to be stimulated by people other than her immediate family.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #52

Review Date: August 12 - 13, 2009

Current Placement: In-Home with birth mother

Persons Interviewed (4): Social worker, birth mother, birth father, and family support worker.

The birth mother's paramour was not available to be interviewed.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a three-year-old African American boy who resides with his birth mother and five siblings; two sisters ages eight and nine and three brothers six, five and four. The focus child is the youngest of all of the birth mother's children. The focus child's permanency goal is family stabilization.

The family has a significant history with CFSA since 2001, including allegations of physical and sexual abuse, and numerous types of neglect (medical, lack of supervision, inadequate food, inadequate shelter, educational neglect, etc.). The focus child's nine year-old sister was sexually abused in April 2007 by her godfather who was prosecuted in criminal court. She received individual therapy from a therapist through a local organization for children from May 2007 to May 2008.

In February 2008, a hotline call was made by the therapist of the focus child's nine year-old sister. It was reported that in January 2007, the birth mother's adult brother was trying to move the nine-year-old sister while she was sleeping and touched her on the buttocks. The birth mother reportedly asked her brother to move out of the house at that time, but he was known to have occasionally stayed with the birth mother and her children periodically over the years. The nine-year-old sister was interviewed soon after the hotline call, but did not disclose being inappropriately touched by the uncle. At the time of this review, the uncle was incarcerated for robbery. After the investigation, a family case was opened for educational neglect since the school-aged children had missed multiple days of school.

Child's Current Status

The focus child resides in a stable home with his mother and five siblings in a five-bedroom house obtained through the Public Housing voucher program. The family moved to this home one week prior to this review. Reportedly, the high utility bills at the previous home were difficult for the birth mother to pay and the home was in serious disrepair posing safety hazards to the family. Team members commented that the new home was structurally safe and was an improvement from the family's previous residence. The new home, however, is minimally furnished, and team members were concerned that the focus child and his siblings were sleeping on blankets on the floor due to the lack of beds. Several team members reported that the social worker submitted a request to CFSA for beds for the children, but the request was denied because the family received new beds and other furniture a year-and-a-half ago. When the birth

mother moved her family to the new home, she reportedly discarded the furniture because it was damaged. The social worker referred the birth mother to two local charities that provide free furniture.

The focus child reportedly has a close and loving bond with his siblings and his birth father, who is also the father of his four-year-old brother. The focus child visits with his birth father on an occasional basis, and team members noted that the birth parents have a cordial relationship with each other. The birth mother calls the birth father, who quickly responds, if she needs assistance with babysitting for the focus child.

Team members noted that it could be challenging for the mother six young, active children in the home. There are not a lot of varied and stimulating activities for them, and they tend to watch television or run around the house. Several team members reported that the birth mother occasionally takes them to the recreation center in their previous neighborhood

The focus child is up-to-date with all of his immunizations, annual physical and dental examinations, and is seen regularly at a neighborhood health clinic. Team members did not report any medical concerns for him; however, some team members noted that the focus child's speech appears to be delayed and he has difficulty pronouncing many words. Team members stated that the birth mother enrolled the focus child in Head Start, which begins in August 2009. The focus child has not attended daycare and has been at home with his birth mother since birth.

All of the team members reported that the case is close to closure since the birth mother met almost all of the case plan goals. The family reportedly will engage in family therapy in the home soon after this review. The prospects for permanency for the focus child are, therefore, extremely high.

Parent's Current Status

The birth mother is a 26 years old and is employed as a security guard on an as-needed basis. When she works, which is approximately a few hours a month, her female paramour cares for the children. Team members stated that the paramour was found to be a stabilizing and supportive presence for the family. It was also noted that the birth mother's paramour lives with the family, but sometimes leaves for a few weeks at a time when she and the birth mother are not getting along with each other. Team members reported that the paramour engages appropriately with the children and they listen to her when she redirects them to more positive behaviors.

The birth mother was in foster care when she was a teenager and, according to several team members, she sometimes struggles with expressing her love and affection to her children, as well as providing structured activities for them in the home. They added that she has made marked progress in being more attentive and affectionate with them since the case was opened. Several team members also reported that the birth mother is slow to initiate tasks, but has begun to break that pattern within the past year.

The birth mother was referred to individual therapy when her oldest daughter started therapy, but she attended sporadically. Team members noted that the birth mother may not be emotionally ready for engaging in individual therapy. They also noted that she has reported experiencing

symptoms of depression when her paramour leaves the home if they are not getting along with each other. Some team members suggested that a psychiatric evaluation for the mother might be beneficial, since to the best of everyone's knowledge she has not had one. The birth mother is open to participating in family therapy and a referral was submitted for in-home family therapy in July 2009. Several team members stated that family therapy would begin soon through a local counseling agency, as well as Community Based Intervention (CBI) for her nine-year-old daughter and six-year-old son.

Team members shared that the birth mother allowed her adult brothers and the maternal grandmother to stay at her homes over the years, which added more stress to her life. The maternal grandmother had multiple, untreated mental health problems, and after the birth mother contacted adult protective services by the urging of the social worker, the maternal grandmother was placed in a nursing home. Team members stated that the birth mother's brothers were incarcerated at the time of this review. All of the team members reported that the birth mother's extended relatives were more harmful than helpful to her.

The birth father is participating in the life of the focus child and provides care for him when the birth mother requests his assistance. Team members stated that the father visits and cares for the focus child once to twice a week. Several of the team members noted that the birth father was not abreast of the focus child's suspected speech and language delays. Furthermore, he was not included in the case planning process.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most of the right people are working together to provide services for the focus child and his family. All of the team members share a good assessment of the birth mother's and the focus child's strengths as well as their challenges. The social worker has created a good rapport with the birth mother, and he has taken the lead in communicating and problem-solving with other team members. The birth mother has reportedly made significant strides in improving her care of the focus child and his siblings, and has been actively engaged in working towards safe case closure, which includes participation in therapeutic services.

What's Not Working Now

Several of the team members shared that there has been a lack of outreach and engagement with the birth father and the paternal relatives. It was reported that the birth father was involved in the life of the focus child, but most of the team members had not spoken with him or any of his relatives.

At the time of this review, the children still did not have beds to sleep in and were sleeping on blankets on the floor. While the social worker gave the birth mother information about two local charities that provide free furniture, team members noted that it was unclear if the birth mother followed through on the referrals.

While the birth mother has several post permanency supports through the counseling agency and her children's health clinic, she does not have many consistent informal supports. Services for

the focus child, such as a speech and language evaluation, have not been implemented; however, team members noted that the birth mother enrolled the focus child in Head Start this year.

SIX MONTH FORECAST/STABILITY OF FINDINGS

The six month forecast for this case is that the child’s situation will most likely improve due to the fact that he will be attending Head Start this year.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will engage the birth father and subsequently paternal relatives to assess their involvement with the focus child. The social worker will encourage the birth father to actively participate in the focus child’s life. | Yes |
| Follow-Up | The social worker and family support worker spoke with the birth father, who reported that he is involved in the life of the focus child. He reported that his family is very involved in the life of the focus child. He was encouraged to continue to be strong presence and a support for the focus child and birth mother | |
| Next Step | 2. The social worker will assist the birth mother with requesting a speech and language evaluation for the focus child. | Yes |
| Follow-Up | The social worker contacted the focus child’s school teacher and discussed the possibility of the focus child obtaining a speech and language evaluation. The teacher reportedly stated that she would assess the focus child for a speech and language evaluation. The social worker also contacted the focus child’s health clinic and informed one of the nurses that the focus child may need a speech and language evaluation. The nurse reportedly stated that she would follow up on the request with the birth mother. | |
| Next Step | 3. The social worker will provide the birth mother with contact information for the neighborhood collaborative. | Yes |
| Follow-Up | The social worker provided the birth mother with the contact information for the neighborhood collaborative, but the birth mother stated that she was not interested in services provided by the collaborative at this time. She added that she will contact the collaborative in the future if she changes her mind about services. | |

| | | |
|------------------|--|------------|
| Next Step | 4. The social worker will talk to the family therapist about options for the birth mother to obtain a psychiatric evaluation. | Yes |
| Follow-Up | The social worker spoke to the family therapist about obtaining a psychiatric evaluation for the birth mother. The family therapist reported that she would assess the birth mother and will determine if an assessment is warranted. | |
| Next Step | 5. The social worker will facilitate a transition meeting with the birth mother and service providers in order to discuss case closure and long term supports for the family. | Yes |
| Follow-Up | A transitional meeting was held with the birth mother and service providers. A comprehensive list of the family's strengths and needs was developed for the core service agency, which will provide on-going support to the family as they transition from CFSA involvement. | |
| Next Step | 6. The social worker will follow up on the submission of the bed requests. In the event that CFSA will not grant a furniture voucher, the social worker will encourage the birth mother to obtain beds from a local charity. | Yes |
| Follow-Up | The request for a furniture voucher was denied, since the birth mother received free furniture from the agency the prior year. Once the voucher was denied, the family reportedly received furniture from maternal relatives. The family support worker stated to the social worker that on her last visit, the household had almost enough beds for the children. She also noted that the birth mother planned to go to a local charity that supplies free furniture for additional pieces. | |

QUALITY SERVICES REVIEW CASE SUMMARY #53

Review Dates: August 12 -13, 2009

Focus Child's Placement: In-Home with Birth Mother's

Persons Interviewed (5): Social worker, family support worker, healthy start nurse, focus child and birth mother

The birth father showed up during the interview at the home, but declined to participate in the review and left the home.

CHILD & FAMILY STATUS SUMMARY

Facts about the Child and Family

The focus child is a 9-month-old African-American female, who is an only child and resides at home with her birth mother. The family became known to the Agency late 2008, due to a report made by a local hospital alleging that the birth mother and the focus child both tested positive for PCP at the time of the child's birth. It was also reported that the mother admitted to smoking marijuana during the pregnancy. At the time of the report, there were no medical complications reported for the focus child. The focus child's permanency goal is Family Stabilization.

Focus Child's Current Status

The focus child appears to be safe at home and at the day care. Although there were some concerns regarding the mother's substance abuse history, parties interviewed did not believe the child was in an unsafe environment. The focus child has been residing with her mother since birth and there is no plan to remove her from her mother's care. She was recently enrolled in her current day care and seems to be adjusting to her new environment. It was reported that the focus child interacts well with day care providers and was described as a "happy baby". Reportedly, she is doing all the things that a child her age is expected do and is meeting her developmental milestones, except in one area. Reportedly, the focus child is not sitting up independently at 9 months, and it was speculated that this could be a result of the mother holding the child in her arms most of the time, instead of allowing her to play more independently. This was not reported as a medical concern and was more of a concern to the mother. Team members have addressed this concern with the mother and have emphasized the importance of the baby being allowed to explore and play more independently. Team members planned on having a meeting with the day care provider and request that they monitor the baby over the next few weeks to ensure that there are no developmental delays.

Reviewers observed the focus child with her mother and she seems to be very attached to her mother and the mother appears to be very affectionate with the child. The child's father visited the home during the interview and reviewers noted that the child reached for her father and was very playful with him. The focus child smiled a lot with reviewers and appeared very pleasant during the visit. There were no medical concerns reported for the child. She has been making all her well child visits and is up to date with her physicals and immunizations.

Parent Status

The birth mother is a 29-year-old, African-American female, who is the mother of one child. Reportedly, she has a history of substance abuse and, to date, has not cooperated with obtaining a substance abuse assessment. The mother has admitted to workers that she was using drugs periodically; however, it did not seem to be impacting her ability to parent her child. All parties interviewed reported that the mother has been able to consistently provide for the child's wellbeing and safety despite her drug usage. The home is always found to have adequate food and supplies for the focus child and the child is always observed to be clean and well kept.

The birth mother minimally participates in the case planning process and with service providers in order to achieve safe case closure. She is attending GED classes to prepare for her high school diploma and takes her child to day care, although it was reported that she is not always consistent in her school attendance or in taking the child to day care.

During the interview with the mother, reviewers learned that she was dealing with a medical issue regarding her legs. Apparently, she was shot about five years ago and the fragments from the bullets are still in her legs. It seems this causes her occasional leg pain and intermittent paralysis. She believes that she did not receive appropriate medical care at the time she was shot and is still not getting proper medical treatment at present. The mother appeared very overwhelmed with her situation and is very concerned about long term paralysis of her leg in the future if she does not get the proper medical treatment to remove the bullet fragments from her legs.

Additionally, the birth mother is still dealing with the death of her mother, who died about a year ago and seems to be having some difficulty coping. According to the birth mother, she often gets very depressed when she thinks about her mother and the fact that she is no longer around; the mother finds herself crying for long periods of time. However, she shared with reviewers that she is a Jehovah Witness and finds the church very helpful to her during some of her most difficult times. The mother also reported that she relies on both her social worker and her family support worker for emotional support and has chosen to not comply with her case plan to prolong the case from being closed. The mother informed reviewers that she liked having someone to call whenever she was feeling down and knew that if her case was closed, she would no longer have the services.

The birth father came to the home during the family interview. Upon entering the apartment, he was startled by the reviewers' presence and so the birth mother explained why the reviewers were there. She introduced him to reviewers as the child's father and he immediately stated that he was not the father and when reviewers asked him for his name, he gave a wrong name. However, the mother confronted him on his actions and told reviewers his name. He was rude and ignored reviewers, who made several attempts to engage him in a conversation. He sat with the baby and played with her. He visited for about 10 minutes before he got up and left. The mother apologized for his actions and informed reviewers that he was denying that the child was his. There is no DNA test pending and the mother was unclear as to whether or not she planned on pursuing DNA testing.

Reviewers also noted that there were attempts made to engage with the birth father around the case planning process for the child, but they were unsuccessful. Reportedly, one of the team members has tried to meet with him on at least two separate occasions, but he refused to cooperate. There was also attempts made to contact him by telephone, but that was also unsuccessful.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker and family support worker have established a good working relationship with the family. The mother reportedly feels connected to her workers and believes they contribute positively towards her emotional well-being. Consequently, she is skeptical about having her case closed as this would mean she would no longer have the services of the two workers. Reviewers also noted that appropriate services were implemented for the child,

Reviewers noted that there were some informal supports for the family that could assist them in maintaining safety, well-being and independence once the case is closed. The birth mother is involved with the church and attends on a regular basis for Bible class. She also has the opportunity to speak with the elders in the church if the need arises. The mother reported that whenever she feels sad about the loss of her mother or overwhelmed by other issues in her life, she would go to the Jehovah's Witness Kingdom Hall, which makes her feel better. Additionally, she has a few family members that she can reach out to, especially, her two brothers and an aunt.

What's Not Working and Why

A thorough assessment of the mother's situation is missing from the case planning process. The case plan outlined two specific goals for the mother to achieve in order to reach safe case closure; however, there is absolutely no progress or movement in that direction. The first goal in the case plan is the mother's completion of a substance abuse assessment. The mother has not completed this task and there are no specific timelines as to when the task was to be accomplished. The original reason for the agency's involvement with the family was due to substance abuse; however, there have been no progress in addressing the presenting problem. This was concerning to reviewers, since there is a young child in the home, even though workers did not report any signs of maltreatment.

The second item outlined in the case plan was completion of therapeutic services for the mother. It was reported that the mother was not interested in therapy because of past experiences; however, it was still listed on the case plan. Furthermore, reviewers got the impression that therapy was not being explored and therefore did not understand why it was still on the case plan. Although based on the interviews it was clear that the mother could benefit from mental health services. Reviewers found the mother's mental health needs to be of utmost importance and believe that it plays a very significant role in achieving safe case closure. Apparently, she is dealing with some serious issues, relating to one of her legs and the fact that she maybe loosing full mobility of the leg and the loss of her mother. She is having difficulty coping and often feels overwhelmed, which is contributing to her drug use. As stated earlier, the mother does find some solace in her church, but by her own admission, she relies heavily on her workers for

emotional support. In fact the mother admitted to not participating in a substance abuse assessment due to her fear that her case would close once she completes the assessment. As a result of the workers failure to aggressively address the mother's substance abuse issue and mental health needs, the case became stagnant.

It was reported that the focus child at 9 months was unable to sit up independently, which is not normal for a child that age. There was speculation that this could be due to the mother continuously lifting the child rather than allowing her to play more independently and practice sitting by herself. However, it seems as though this issue never came up prior to the review and therefore, an assessment was never conducted.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on review findings, over the next six months the child's situation is likely to remain status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will schedule a meeting with the mother to address the following issues: therapeutic intervention and explore with the mother services she was receiving through Crime Victims Compensation Program. | Yes |
| Follow-Up | The social worker and the collaborative worker both met with the mother to discuss the case plan and outlined to her the steps that need to take place in order for her case to close. Therapeutic services were added to the plan and the mother was in agreement. However, she was unable to provide workers with sufficient information regarding any services she may have received prior through Crime Victims Compensation Program. The social worker explored further with an outside source to obtain information on a possible crime victim's case, but was unsuccessful. | |
| Next Step | 2. The social worker will make a referral for the mother to the Wendt Center for grief and loss counseling to help her deal with the loss of her mother and her concerns regarding permanent paralysis of her leg. | Yes |
| Follow-Up | A referral was made to the Wendt Center and the mother was assigned a counselor. She is seen once per week and it was reported that she has been attending her session on Mondays. | |

| | | |
|------------------|--|------------|
| Next Step | 3. The social worker will refer the mother for a substance abuse evaluation. | Yes |
| Follow-Up | The social worker and the collaborative worker both accompanied the mother to APRA to complete the substance abuse assessment. The result indicated that the mother was in need of Level 2 – intensive treatment. She was referred to a community agency for treatment. However, she had not started treatment at the time of the follow up as the program is in the process of securing child care for the baby and transportation for the mother. There is also a possibility that the mother maybe referred for in patient treatment. | |
| Next Step | 4. The social worker will follow up with day care provider regarding a developmental evaluation for the baby to determine if she is meeting her developmental milestones. | Yes |
| Follow-Up | The social worker met with the director at the day care center, who reported that the baby was on par with her developmental milestones. She was on target with other babies her age and is progressing very well. It was speculated that the child may not exhibit the same behavior at home, because she is not given the opportunity to crawl and explore. | |

QUALITY SERVICES REVIEW CASE SUMMARY #54

Review Dates: August 19 – 20, 2009

Current Placement: Therapeutic Foster Home

Persons Interviewed (9): Social worker, AAG, birth mother, step father, birth father, foster mother, focus youth, CBI therapist and community support worker.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14 year-old African American female, who is the oldest of six children for her birth mother. All six children are in various foster care placements. The focus youth is currently placed in a therapeutic foster home and her permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). The focus youth's birth father is incarcerated.

The focus youth and her family became known to the Agency in 2007, due to a report of physical abuse against both the birth mother and the step father. It was reported that the step father had beaten his biological daughter, who also lived in the home, and left marks on her body. Additionally, the birth mother had beaten the focus youth, who sustained marks and bruises on her body. Based on the investigation conducted, the allegation of physical abuse was substantiated and as a result the focus youth and her step sister were removed from the home. Additionally, the focus youth's three younger siblings, who were not her step father's children, were also removed from the home. The two youngest children who were born to the birth mother and step father remained in the home.

Subsequently, in mid 2007, the focus youth's two youngest siblings were removed from the birth parents, due to substantiated allegations of physical abuse. It should also be noted that the birth mother was arrested for the abuse of one of the children, who was hospitalized with serious injuries. Of the seven children between the birth mother and the step father, six remain in care and one was reunified with her birth mother under protective supervision.

The focus youth has a history of absconding from all of her placements with the exception of her current placement. Reportedly, the youth has a history of being raped since coming into care. The incident occurred in the neighborhood where the group home that she was placed is located. This incident was reported to the authorities and an investigation was conducted; however, there were no arrests made. There was also information which indicated that this may have been the youth's second time being raped. There was also some speculation that she may have been sexually molested while in her parents care; however, the information was very vague. Reviewers were unable to get any factual information or clarification regarding the youth's history as it relates to the suspected first rape and possible sex abuse. Nonetheless, the documentation reviewed and the parties interviewed provided a comprehensive history of the focus youth's case.

The focus youth has two juvenile charges: one for destroying property and the other for physically assaulting another student. She has completed her probationary period for the first

charge; however, she was put on probation for six months for the second charge and was told that she should not get into any trouble for the next six months if she wanted to avoid going to jail. This six month period is schedule to expire in the next thirty days incident free.

Youth's Current Status

The focus youth is diagnosed with ADHD, mood disorder and depression. She receives six to eight hours of CBI services in the home, individual therapy once per week and a community support worker. The focus youth is also taking Abilify for her depression.

The focus youth is currently in her seventh placement. She has been in this foster home approximately six months and it is anticipated that this placement will disrupt within the next six months. It was reported that the foster parent submitted her thirty day notice for the youth to be removed from her home; the focus youth no longer desires to remain in the home and is in favor of the move. It was reported that the focus youth and the foster mother's daughter did not get along and this became problematic for the foster mother. Furthermore, there were other issues, such as the lack of communication between the focus youth and the foster mother and the focus youth feeling as though she is being singled out and blamed for everything that goes wrong in the home. Additionally, the foster mother has repeatedly threatened to submit her thirty day notice for the focus youth to be removed from her home.

This crisis situation was immediately assessed and the team implemented CBI services to prevent the placement from disrupting by providing therapeutic services to the focus youth and the foster family. The team wanted to sustain the placement, since the focus youth's other behavioral problems had improved and she was no longer running away; in fact, she was coming home on time and was adhering to her curfew. Unfortunately, it seems that the CBI service was not successful in sustaining the placement.

The team is currently seeking other placement options. It was reported that the team was exploring the possibility of placing the focus youth with her paternal grandfather for a second time. She was placed with her grandfather through third party placement when she first entered foster care. According to information obtained, this placement lasted for a brief period due to the youth's disruptive behavior. It was reported that "she was out of control," and so her grandfather and his wife were unable to keep her in their home. Furthermore, the youth did not have a strong relationship with her grandfather and his wife prior to her coming into care. It was also reported that if placement with the grandfather was to be successful, the focus youth and the family would require intensive home-based therapeutic services. Currently, the CBI services will remain in the home to mediate the current situation and to help with the focus youth's transition to her new placement.

Although the focus youth's placement situation seems to be problematic, team members reported that she has been responding well to her therapy and her emotional and behavioral functioning has improved. This will be the focus youth's second therapist since coming into care and she seems to have a good relationship with her. It was reported that the focus youth is now addressing her anger towards her mother and recently wrote a letter to her mother telling her how she felt. Reviewers learned that the focus youth was very angry at her mother for choosing her step father over her and she revealed that she "hates" her step father. Reportedly, the focus

youth would like for her mother to divorce her step father so that the family can be back together. The focus youth's birth father is incarcerated, but she maintains contact with him and speaks highly of him. It appears the two have a good relationship and they talk often. The focus youth expressed her desire to visit her father one day and also shared with reviewers that she would love for him to come home.

There are no concerns regarding the focus youth's safety at home or at school. It was reported that within the last few months her behavior has improved and there were no issues regarding her absconding or getting into any altercations. The focus youth recently graduated from junior high school, which was her third school placement since coming into care. She is scheduled to begin high school in another two weeks. It was reported that within the last few months, there have been no major incidents at school, such as suspensions, truancy or any physical altercations. It should be noted that these were some of the problems the focus youth was exhibiting at her other schools. Reportedly, she has also maintained above average grades with a C being the lowest.

There are no medical concerns regarding the focus youth and she is up-to-date on all her medical checkups.

Parents' Status

The birth mother is currently married and resides with her husband. The birth mother has five children, of which her husband is the father of three. He was also the father of a sixth child who is the same age as the focus youth, who was in his care and was living with the family. (It should be noted that the step father's oldest daughter was reunified with her birth mother.) The couple does not have any of their children residing in their care, since all the children were removed due to physical abuse. The mother and step father did not wish to participate in the review; however, reviewers decided to call the house during the review and were able to briefly speak to each parent. Both the mother and step father have chosen not to participate in the case planning process for the focus youth and did not comply with any of the court ordered services: visitation, anger management and counseling. In fact, according to documentation reviewed, the parents have the same court order for all six children and thus far have not made any progress.

The focus youth's goal was changed to APPLA. The younger children remain in care. The birth mother and the focus youth's relationship is more negative than positive and the focus youth seems to have a lot of anger directed at her mother. Reviewers learned from the birth mother that she was aware of the focus youth's feelings, but she did not seem to be bothered and felt the focus youth was responsible for her own removal from the home. In fact, both the birth mother and the step father did not believe they did anything wrong and blamed the system for breaking up their family.

It was clear to reviewers, based on the conversation that was held with the parents, that they were aware of the case plan and what the court has ordered them to do. The parents were able to verbalize to reviewers some aspects of their plan, which included participation in counseling, maintaining consistent visitation with the children and attend to anger management. The parents did not respond to most of the reviewers questions and maintained that it was the system that was "out to get them." They did not appear remorseful and when reviewers ask about their feelings regarding the focus youth not returning to their care, they saw it as what the focus youth wanted.

Reviewers were concerned about the parents' plan regarding the younger children who were in care and they informed reviewers that they were in the process of seeking counseling to start working on the court orders.

The birth father is currently incarcerated and is expected to be in jail for possibly another two years. He has maintained contact with the focus youth and the two seem to have a very good relationship. He speaks highly about the focus youth and his other children who are also in care. He would also love the opportunity to have the children visit with him. He also expressed his disappointment that the social worker never contacted him or kept him included in what was happening with his children. He has spoken with his father and step mother about having the focus youth come back to live with them. He did in fact speak highly of the focus youth's attorney and stated that the attorney sends him the briefing/documentation after each court case so he is able to keep up with his daughter's progress regularly by reading those documents.

Caregiver's Status

The foster mother has been able to provide for the youth's physical care. She ensures that the focus youth attends school on a regular basis and follows up on all the youth's medical needs. The foster parent has been providing adequate supervision for the focus youth and, since in her care, there have been no reports of the focus youth absconding. The focus youth and the foster parent do not have a close relationship. It seems the focus youth and the foster parent's daughter do not get along and so this situation had become problematic in the home for the foster parent. However, the foster parent was very active with the service providers in trying to resolve the issues in the home. Although she participated in the CBI services, she did not feel as though she could continue to care for the focus youth.

Reviewers wondered about the foster mother's decision to have the focus youth removed from her home considering that, at the time of the review, she reported that she took her daughter to college a few days ago. The foster mother was not very clear as to why she wanted the focus youth to leave even though her daughter was no longer in the home. The foster mother also alluded to the fact that the case will be transferred to a new worker, with whom she did not have a good relationship.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There have been no safety concerns for the focus youth within the last ninety days. There are no reports of her absconding or engaging in any physical altercations. She has remained incident free, as ordered by the judge in her juvenile case. The focus youth has a good relationship with her birth father and maintains regular contact with him. The social worker was successful in engaging the focus youth in the case planning process. The focus youth was aware of her case plan and felt she was being included in the decision making process. The social worker and the focus youth seem to share a trust-based working relationship.

The social worker was described by the team members as being a "good worker who is pro active." She is seen as someone who is always available; on top of what is happening and ready to resolve issues as they arise. This was evident in the implementation of services for the focus

youth. Although the youth had CBI services in her previous placement, there was no hesitation in requesting the services for a second time. Once the conflict between the focus youth and the foster mother's daughter escalated, CBI services were immediately put in place a second time to address the conflict and to preserve the placement.

Additionally, the focus youth receives individual therapy to help her cope with her behavioral problems and anger towards her mother. In fact, it was reported that the focus youth did not relate well to her first therapist and, therefore, she was not making any progress. This situation was immediately addressed and the focus youth was referred to a new therapist. Based on information obtained and documentation observed, she is making significant progress in therapy.

Throughout the case it was clear that the implementation of services were timely, consistent and provided at levels of intensity as needed. The team also seems to have a good assessment and understanding of the youth and her family and was able to verbalize to reviewers the barriers that were preventing the case from moving closer to safe case closure.

What's Not Working and Why

The focus youth is receiving mental health services from three different providers; however, there is no communication between the providers and they are each working on separate treatment plans. During the review, it was discovered that one mental health provider was not even aware that the focus youth was receiving services from three providers. There was no communication regarding the focus youth's treatment plan and there were no efforts made by the social worker to ensure that providers were aware of each other in order to develop a comprehensive treatment plan.

Team members all agreed that the birth mother and the step father's lack of interest, their nonchalant attitude about the case and their failure to comply with services, have significantly impacted the progress towards achieving safe case closure.

Reviewers learned that the birth father was interested in being apart of the focus youth's case; however, he was not included in the case planning process. In fact, it seems that the coordination and teaming on the case was lacking, as the social worker overlooked the importance of including the mental health professionals and the birth father's input.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on review findings, over the next six months the child's situation is likely to remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|--------------------|
| Next Step | 1. The social worker will contact all the therapeutic service providers to coordinate services and to ensure that providers are in agreement regarding the focus youth's mental health needs. | In Progress |
| Follow-Up | The social worker met with the CBI worker and the individual therapist. However, she did not include the Community Support Worker. It was imperative that the social worker included the CSW due to recent miscommunications around identification of the youth's needs and treatment planning for the youth, as required by Medicaid. The social worker will have a follow up meeting and will include the CSW. | |
| Next Step | 2. The social worker will initiate contact with birth father and include him in the case planning process. | Yes |
| Follow-Up | The social worker contacted the father in jail and updated him on the case plan. The worker also made arrangement for the youth and her father to write to each other. There is a plan for the youth to be transported to New York to visit with her father in jail. The visit will have to be on the weekend or on a holiday, since those are the only times the facility would allow visits. The social worker is planning to accompany the youth one weekend to conduct the visit. | |
| Next Step | 3. The social worker, who is new to the case, will convene a team meeting to formally introduce herself to the team members, review the existing case plan and develop specific steps that needs to be taken in order to achieve safe case closure. | No |
| Follow-Up | The social worker did not schedule a team meeting with all the parties involved on the case. She had a meeting with only the lawyers (AAG & GAL). Although this is important, it did not accomplish the same goal that a team meeting would have. | |

QUALITY SERVICES REVIEW CASE SUMMARY #55

Review Dates: August 17-18, 2009

Current Placement: Infant and Maternity Home

Persons Interviewed (8): Social worker, half sister, birth father's attorney, birth mother's attorney, mentor, focus child's therapist, AAG, and case manager.

The QSR Specialists attempted to speak with the birth mother, but she was unable to accept calls while residing at a half-way house. The reviewers also attempted to talk to the focus child, but he was moving to a new foster placement during the review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 12-year-old African-American male with a permanency goal of reunification. Since he came into foster care in April 2009, he has been residing at an infant and maternity home due to his multiple special needs. The focus child has end-stage renal disease and receives dialysis three times per week. He has one adult half sister, age 25, who attends college outside of the immediate area.

The focus child came to the attention of the CFSA in March 2009 when a hotline call was made to CPS by a social worker at a local hospital. The social worker reported that the birth mother struggled to get the focus child to his hemodialysis appointments on time and had missed appointments in the past. In April 2009, it was also reported that the birth mother was arrested for two bench warrants and was evicted from her home. At the time of the arrest, no other family members were able to provide care for the focus child, and subsequently, he was placed in foster care.

After the CPS investigation, Medical Neglect was not substantiated because once transportation was secured, the birth mother took the focus child to his medical appointments; however, the allegations of Neglect, Unwilling or Unable to Provide Care and Regularly Exposed to Illegal Drug Activity, were substantiated. The focus child has been in foster care at the infant and maternity home since his removal. On the last day of this review, the focus child was placed in a therapeutic foster home; case management, therefore, will be transferred to a private agency.

Child's Current Status

When the focus child first came into foster care, the social worker attempted to identify a drug treatment program for mothers and their children, but none would accept a mother with a twelve-year-old boy. Such programs, according to team members, usually only accept younger children. The social worker and agency placement team also investigated therapeutic foster homes for the focus child, but due to his multiple medical needs and disruptive outbursts, an appropriate foster home could not be identified for him at the time of or soon after his removal. A therapeutic foster home was eventually identified for the focus youth, and he was moved on the second day of this review. One team member reported that she had concerns about the stability of the

therapeutic foster placement adding that the focus child has extensive medical and behavioral needs that could challenge a foster parent. The majority of team members reported, however, that the therapeutic foster parent was prepared to care for all of the focus child's needs.

Prior to the move to the therapeutic foster home, the focus child had been in a stable placement at the infant and maternity home. However, the focus child has a history of aggressive behaviors in which he may pose harm to others. He was medically stable and was current with his annual physical and dental examinations. The placement was able to meet his medical and dietary needs with advisement from his health care providers, and while he was residing there, he did not contract any infections. Team members noted that while the focus child has received good care at the infant and maternity home, it has not been an ideal placement for him since most of the other children there are much younger than him.

The focus child receives specialized medical case management from a local health care organization. He was diagnosed with kidney failure in December 2008 when he was taken to a hospital for extreme fatigue and loss of appetite. In addition to having end stage renal failure, the focus child also has hypertension, anemia, and hypocalcaemia, which is an abnormally low level of calcium in the blood that can lead to painful muscle cramps. He also has a specialized diet, which consists of low potassium, low sodium, low phosphorus, and a restriction of one liter of fluids per day. The focus child struggles with abiding by his restricted diet, and had been receiving careful monitoring from the staff at the infant and maternity home especially around meal times. Some team members reported that the focus child attempts to steal snacks that he should not have and becomes emotionally disruptive when he sees other children eating snacks that he wants. It was also reported that since the focus child is in foster care and is considered not to be in a permanent placement, according to hospital staff, he cannot be placed on a kidney donor transplant list.

The focus child was hospitalized on a psychiatric unit in late June 2009 for 21 days, due to explosive and uncontrollable behavior. While hospitalized, he was diagnosed with Mood Disorder and Attention Deficit Hyperactivity Disorder (ADHD). At the time, his Global Assessment of Functioning (GAF) was rated at 20. Team members reported that at the hospital he was frequently non-compliant with directions given by the staff and acted aggressively; for example, ripping a phone from the wall, breaking a plexi-glass window in a quiet room and throwing furniture. He was prescribed Concerta to address his symptoms of ADHD and some improvement in his behavior was seen. The focus child was discharged in early July 2009. He underwent a neuro-psychological evaluation in July 2009 at a local assessment center and was diagnosed with Adjustment Disorder with Mixed Disturbance of Emotions, ADHD, Communication Disorder, NOS, Learning Disorder, NOS, and was assessed as experiencing Neglect of a Child and End Stage Renal Disease. His GAF score that time was assessed as being 53.

The focus child was also assigned a therapist in July 2009. They have counseling sessions once a week and had met four times at the time of the review. Team members reported that the focus child is learning how to identify and address the triggers that lead to his angry outbursts. Some of the coping skills he is learning and using consist of deep breathing, counting and taking walks when agitated. It was reported that the therapist and focus child are still in the rapport-building

phase, but slight progress in the focus child's insight and behavior has already been seen. At present, the focus child continues to take Concerta, which is prescribed by his current psychiatrist. He was temporarily off the medication after he was discharged from the hospital and while he transitioned to the psychiatrist in the community. Team members reported that, as a precaution for his kidney disease, the plan is to gradually taper the focus child off the medication pending his progress in therapy.

The focus child also meets with a mentor once a week for three hours per session or twice a month for six hours a session. Team members noted that the mentoring sessions have been going well, and that the focus child does not exhibit behavioral problems when they are out together. It was reported that she often plays basketball with him to initiate dialogue about his medical issues, transition into foster care, and his concerns about the future. The mentor has been informed about the focus child's dietary restrictions, and spends time talking to him about his feelings around those restrictions.

The focus child is in the fifth grade and receives full-time special education services. Team members report that he has mild mental retardation with an IQ of 64. He is, however, currently functioning on a second grade level. Team members speculated that the focus child's academic delays might be due to a combination of factors such as untreated mental health problems and missed school due to medical appointments. He has a current IEP which will be renewed in September 2009. The focus child has an educational advocate. The focus child has been referred for tutoring through a local college, the educational advocate will be following through to ensure that he also receives additional tutoring hours through DCPS. The focus child will be moving to a new school once he is placed at the therapeutic foster home. The team has been preparing him for this transition.

During the academic school year, the focus child had many absences due to attending dialysis Monday, Wednesday, and Friday every week from 12 p.m. to 3 p.m. The social worker explored the possibility of implementing dialysis at the infant and maternity home in order to reduce the time missed at school, but was informed that the risk for infection was too high and he would have to continue to receive dialysis at the hospital. At the time of this review, team members reported that the social worker collaborated with the hospital's dialysis social worker in order to change the focus child's dialysis schedule to 3 p.m. to 7 p.m., so he will not miss as much school. Due to his psychiatric hospitalization during the summer, the focus child was unable to attend summer school; however, summer instruction along with tutoring was provided at the hospital.

Team members reported that the focus child has supervised visits with his birth mother and it was observed that they have a warm and loving bond with each other. The visits have occurred at the infant and maternity home as well as the hospital when the birth mother was not attending in-patient drug treatment. It was also noted that the focus child's adult half sister also visits with him on occasion. Team members could not articulate how the focus child experiences the visits and the nature of his relationship with his sister; however, they added that the sister has been concerned about his well-being and care and often calls team members to check on his status.

Parent Status

It was reported by team members that the birth mother has a long history of substance abuse and is currently on probation for a charge of possession of illegal drugs. As a condition of her probation, she attended a 28 day in-patient substance abuse treatment program. At a team meeting initiated by the agency social worker, it was recommended from the staff at the program that the birth mother receive additional treatment to maintain her sobriety and to identify an appropriate aftercare program. The birth mother refused. After discharge from the in-patient program, she resided with her mother, but soon relapsed and tested positive for PCP. Since her last court date in August 2009 and as a condition of her probation, she was referred to a half-way house and is currently residing there. She has to wear an ankle bracelet and has a curfew to return home in the evenings. The birth mother is also required to submit to urinalysis twice a week and obtain employment.

It has been reported by various team members that the birth mother has stated that she is overwhelmed with the circumstances of her life. The birth mother has shared with several team members that, like the focus child, she often feels enraged, but does not act aggressively as he does. The social worker referred the birth mother for a domestic violence assessment, which she reportedly completed. She was referred to a local domestic violence counseling center, but the birth mother stated that she did not need such counseling. When asked if she could benefit from therapy that is not centered around domestic violence, she stated that she could and a referral for individual therapy was made.

Team members noted that the birth mother struggles to cope with stress and her emotional needs, and is therefore challenged to meet the medical and emotional needs of the focus child. Nonetheless, the birth mother has maintained phone contact and participated in supervised visitation with the focus child. Team members also stated that the birth mother attends most court hearings and some team meetings at the hospital for her son. The hospital dialysis unit meets regularly with parents who care for children with special medical needs. They also offer parent support classes and a weekly caregiver's education class, but reportedly, the birth mother has not participated in any of the classes. The birth mother is aware of the support services, court hearings, and school meetings. However, it has been stated by team members that the birth mother has a difficult time attending meetings and other services due to her own emotional stress and feeling overwhelmed. The social worker stated that she is more than willing to arrange transportation if necessary; the birth mother, however, has not articulated to the social worker the need for transportation.

The birth mother's participation and engagement in the case has been limited, as well as her efforts toward safe case closure. Team members are concerned about her refusal to participate in additional substance abuse treatment. The birth mother is unemployed and homeless; thus, she is unable to provide appropriate and stable housing for the focus child.

The birth mother is unsure if the putative father is indeed the birth father of the focus child. The putative father has not been actively involved in the focus child's life. Team members reported that the putative father has been minimally involved in the case and that he allegedly engages in drug use with the birth mother. He reportedly asserts that he is not the focus child's father. It

was unclear to most team members if he has taken a paternity test; however, it was reported that his attorney has sent letters to update him on the case.

Caregiver Status

The infant and maternity home has been a safe, stable environment for the focus child. His medical needs have been met and he has not had any infections while residing there. They are able to provide the focus child with the proper dietary needs associated with his medical condition. They keep track of his medication and how it interacts with his food consumption. The infant and maternity home is in weekly contact with the hospital for new developments with medication and dietary/nutritional needs.

Even though the focus child exhibits some behavioral problems at the infant and maternity home, the staff stated that when problems arise they are able to intervene and de-escalate the situation and calm him down. It has also been stated that the focus child was able to discuss his concerns with the social worker at the infant and maternity home. It was reported that the focus child has a close relationship with her and spends time in her office if he is having a bad day. The focus child, it was noted, tends to get agitated during lunch and dinner because he cannot have the same types of food given to the other children. He will throw food and become very disruptive, and only certain staff members are able to calm him down. Nonetheless, members of the staff have described the focus child as lovable, playful, affectionate and having leadership qualities.

The therapeutic foster home in which the focus child was placed on the second day of this review, was deemed to be a safe and medically appropriate placement for him.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

Excellent engagement efforts have been made with the focus child by the team members. The social worker visits with him frequently and transports him to his medical appointments regularly. The social worker monitors visitation with the birth mother and has consistent contact with her probation officer for updates.

In terms of engagement and assessment of the birth mother, the social worker and other team members have demonstrated great efforts by urging the birth mother to participate in the specialized parenting classes, hospital support groups, and hospital one-to-one education sessions for parents with medically fragile children. They have also encouraged her to seek individual therapy for herself. The social worker has made numerous attempts to build a rapport with the birth mother by trying to meet with her during the focus child's appointments and by conducting visits to the maternal grandmother's home when the birth mother was residing there temporarily.

The social worker and team members have an exceptional assessment and understanding of the birth mother. Team members are knowledgeable of her needs, her lack of support with the exception of her adult daughter, history of drug abuse, domestic violence, unemployment and mental health needs. They continue to encourage the birth mother to get involved and become a consistent participant in the services set forth to move toward reunification and ultimately case closure.

Various team members identified the social worker as the leader. It was reiterated that the social worker makes sure that all team members are kept abreast of the focus child's ongoing progress, upcoming meetings, and court dates. It was reported that the court reports are detail-oriented. Team members found the social worker to be easily accessible by phone and email.

Team members are also working together to ensure that case planning is understood and agreed by all parties involved. The social worker and mother's attorney have both given a copy of the case plan to the birth mother. All involved are aware of the goals and timelines set forth to obtain safe case closure. The necessary interventions and services have been put into place to support the focus child and the birth mother. The focus child receives mentoring, individual therapy, community support services, tutoring, and exemplary medical care. Numerous services have been extended to the birth mother including extended time at the substance abuse treatment facility, domestic violence assessment, parenting classes, a support group for parents with children on dialysis, and weekly caregiver education classes. While there are still several barriers to safe case closure, such as the birth mother's lack of engagement in services, overall the team has developed a good plan but has not yet made significant progress on it. It is evident that the team has a good assessment and understanding of the case; team members easily identified the family's strengths, challenges, and service needs; and are all working diligently to guide them to safe case closure.

In terms of maintaining family connections, the family appears to be close knit and communicate with each other on a regular basis. The birth mother has an older daughter who attends college away from the immediate area, but makes herself available for court visits and calls her brother regularly. It was shared with the reviewers that the maternal grandmother is also a support for the family; she provided the birth mother shelter when she was evicted and when she was discharged from the residential treatment facility.

All members of the team have emphasized that the family court interface has been optimal. Team members communicate with one another before court to ensure that everyone is on the same page and everyone feels heard and respected when in court. When decisions are made, the team is in agreement that it will improve the case and lead to permanency.

What's Not Working Now and Why

A major challenge to this case is the whereabouts of the putative birth father. The social worker and his attorney have an address and phone number for him; however, the putative birth father has not been contacted. By attempting to contact him a paternity test can be administered to determine if in fact he is the birth father.

Another major challenge in this case is that there is no concurrent plan in place. The team has not made considerations for an alternate permanency goal if reunification with the birth mother is not possible. There are also no concrete time frames set for specific case activities that will lead the case closure.

Follow up with the educational advocate is necessary to gain a better understanding of the focus child's educational needs, especially since he will begin attending a new school at the time of his placement at the therapeutic foster home.

It was also noted that the focus child cannot be placed on a kidney transplant list because of his placement at the infant and maternity home. Reviewers of this case had difficulty understanding the logic, policy and procedures as to why foster care placement would disqualify the focus child from being on the list.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The six month prognosis for the focus child will continue status quo given the birth mother's inability to follow through on her case plan. If she continues to have positive urinalysis it will prolong reunification.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will write the birth mother a closure letter, which will include a briefing on her new social worker and agency. | Yes |
| Follow-Up | The social worker was unable to write the birth mother a letter. However, the social worker transported the birth mother to an IEP meeting at which time she explained to her that she would no longer be her social worker. The social worker also expressed to the birth mother that she would have new social worker through a private agency that manages the foster home and that she needed to keep in contact with the other team members i.e. her attorney, mentor, therapist, and case manager. | |
| Next Step | 2. The social worker will follow-up with the educational advocate to ensure necessary services will be explored at his new school. | Yes |
| Follow-Up | The social worker followed up with the educational advocate at the September 9 th IEP meeting. As of September 29 th a treatment plan was devised; various goals from the treatment plan will also be worked on in school. | |
| Next Step | 3. The social worker will ensure that the tutor is in place to catch up the focus child in needed academic areas. | Yes |

| | | |
|------------------|---|--------------------|
| Follow-Up | The Vice Principal of the school comes to the focus child's home daily for tutorial services. The hospital will also be providing additional tutorial services; a start date is still pending. | |
| Next Step | 4. The social worker will follow-up with the medical liaison on policy and procedure for placing the focus child on the waiting list for a kidney transplant. | In Progress |
| Follow-Up | The social worker began her follow up with the social worker at Children's Hospital; she explained that the focus child is now in a stable home and should have an opportunity to be placed on the waiting list for a kidney transplant. The hospital social worker explained that more discussion would take place between October-November during the next transplant clinic meeting. | |

QUALITY SERVICES REVIEW CASE SUMMARY #56

Review Dates: August 19-20, 2009

Current Placement: In-home with Birth Parents

Persons Interviewed (8): Birth mother and father, focus child, GAL, AAG, focus child's therapist, support worker and case manager from the previous placement with infant and maternity home.

CHILD & PARENT/CAREGIVER STATUS

Facts about the Child and Family

The focus child is an eight-year-old African American male with three younger siblings: two sisters, ages four and seven and one brother, age five. The family has a history with CFSA and has had open cases in the past. The most recent investigation was conducted in May 2009 when a call was received on the hotline regarding the apartment that the focus child shared with his siblings and parents. The entire apartment was reportedly dirty and had an unbearable smell; two cat litter boxes in the bathroom were filled with feces and urine. The children were dirty and unkempt, and the girls' hair had not been combed. The allegation of neglect, inadequate shelter and physical care, was substantiated for the unsanitary conditions of the home. All of the children were removed and placed together in an infant and maternity home for several weeks. It should be noted that the family had been receiving services from a local collaborative agency and a mental health agency. The birth mother and the focus child's seven-year-old sister have been diagnosed with mental retardation and autism respectively. The current legal status of the case is protective supervision.

Child's Current Status

The focus child is moderately safe and stable in his home. It was disclosed to reviewers that the focus child attempted to engage in sexual behavior with another male child six years of age (identified as a Godbrother) during the week of the review. According to sources, this was not the first occurrence; another incident took place at school earlier in the year (outside the period of review). Thus, the focus child requires a high level of supervision. While residing at the infant and maternity home, the focus child was reportedly not exhibiting any behavioral problems. Initially, he had some difficulty with the adjustment but once he adapted to his surroundings he was reportedly fine. He even helped to comfort his younger siblings who were not doing as well with the change in placement.

The focus child is in the second grade and receives generalized education. The focus child completed a psychological evaluation from his school in August 2009, but he did not meet the standards required for special education services. This evaluation was conducted by DCPS and did not include any Axis diagnoses. His last report card reflects that his school work is satisfactory and he is progressing well in his core subjects. The focus child, however, had fifteen unexcused absences; four excused absences and was late three times throughout the school year. The focus child is up-to-date with all of his physical, vision and dental examinations.

The focus child was diagnosed with ADHD and mild mental retardation in early 2009. This evaluation was conducted by the mental health agency providing services to the family at the time. He was prescribed Ritalin for the ADHD, which was discontinued once he was removed from the home alongside the birth parent's inability to keep appointments on a consistent basis. The focus child has been receiving individual therapy once a week for the past year through home based services to address boundaries and limits, peer interaction, impulse control, consequences and behaviors, and temper tantrums. It was stated that the focus child has made improvement; however, those interviewed reported that these new skills are not reinforced by his parents. The focus child also has a Community Support Worker (CSW) who has been working with him as well as the family since March 2009. The CSW works with the focus child to improve his coping skills when he gets frustrated, such as teaching him, breathing and counting exercises to calm down and manage his behavior. It has been stated that the focus child has made improvements since working on these exercises.

The focus child had supervised visitation twice a week with his parents while residing at the infant and maternity home. It has been stated that the parents' interaction with the focus child was appropriate. From observation by staff members, the focus child and siblings seemed to enjoy the visits and it was stated that the family appeared bonded and cohesive.

Parents' Status

The birth mother and father reside in a two bedroom apartment with their four children. She is currently unemployed and receives SSI, food stamps, TANF, and reduced housing. The birth mother has diagnoses of depression and mental retardation. At one time the birth mother was receiving therapy; she has a prescription for psychotropic medication but is not taking it at present. The birth father is also unemployed due to medical reasons and is awaiting the outcome of a disability claim. The birth father is the primary caretaker of the home and the children due to the birth mother's cognitive delays. The birth mother's mental retardation inhibits her ability to set boundaries, and make sound parenting decisions. It was reported that the birth mother was seen giving the children donuts and soda for breakfast before sending them off to school. The birth father reports that he has severe back pain which restricts his physical activity and the ability to handle much of the heavy labor and cleaning in the home.

According to those interviewed the conditions of the home have improved considerably within a three month timeframe and the parents have been receptive to home-making services. The home is not as cluttered and is free from trash, debris and pets. It should be noted that the apartment is very small and the two bedrooms are not accommodating to a family of six.

When observed by these reviewers, the parents appear to love their children, would like for them to remain in their care, and are dedicated to being in compliance with the goals that have been created to close the case. The birth parents have also participated in in-home family therapy, court hearings, parenting classes, home-making services, and community collaborative agency services. Additionally, they are preparing to work with a new mental health agency that will teach them behavior modification techniques and skills on effective disciplining. The birth parents have been receptive, cooperative and willing to receive the necessary in-home services to reach safe case closure.

The community collaborative agency has been working with this family for the past two years and provides the family with family therapy, case management, and medication management for the other children.

This family has been maintaining family connections with cousins and godparents of their children. These extended family members offer support by watching the children and helping out when needed. The birth father reported having a good relationship with his mother, though they have not seen one another in a few months. The birth mother has a tenuous relationship with her siblings, her father lives out-of-state and her mother is deceased. This family relies heavily on support from extended family members, service providers and CFSA.

What's Working Now

The focus child did not exhibit behavioral problems while living at the infant and maternity home and has shown resilience during his time in care. The focus child is in the right grade for his age and the home disruption did not affect his school performance. The family feels engaged by their social worker; they like her and feel that she is efficient and helpful. The birth parents are able to verbalize all of the services that come into the home and their purpose.

Most team members viewed the social worker as the team leader in that she kept them abreast of court dates, provided updates on the family, was easily accessible by email and phone, and has been helpful in the coordination of services. It was also stated that the social worker is receptive to comments, suggestions, and concerns.

In terms of assessment and understanding, the majority of team members have a working knowledge of the needs of the family. Services have been put in place to address interpersonal skill building, behavior management and anger management. The family, for example, has in-home family therapy sessions once a week to improve communication, build self esteem and listening skills. The goals set by the therapist consist of exhibiting appropriate problem solving and coping skills.

What's Not Working

While the social worker has attempted to keep team members abreast of new case developments, essential service providers are not in contact with one another. For example, the infant and maternity home had no communication with the focus child's therapist. They were unaware of any accommodations necessary for the focus child. The focus child was taking Ritalin for ADHD, but the medication was discontinued by the therapist once he arrived to the infant and maternity home. The parents were not informed of this decision and felt that he should not have been taken off the medication. A psychological assessment was conducted at the focus child's school; however, according to the psychologist, they are unable to provide a diagnosis. A complete psychological assessment needs to be administered for further clarification of whether the focus child requires medication for ADHD. Several team members were in agreement that the focus child does not need medication but there is no documentation supporting this conclusion.

Team members also feel as though the focus child could benefit from art therapy in conjunction with some individual therapy. The focus child showed these reviewers some of his art work

during the home visit. It has been stated that if this is an activity that the focus child enjoys, the therapist should hone in on it as a means of therapy.

There are several in-home services for this case that are overlapping. The family receives in-home family counseling in which the focus child participates along with individual therapy; the therapist comes once a week for a maximum of eight hours to work on daily living skills, problem solving case management, and parenting skills. A community support worker comes in once a week for two hours to work on coping skills and managing behaviors. She also encourages and motivates the birth parents to use the skills they learned in parenting classes. A new mental health service agency will begin providing home-based services approximately two weeks after this review to assist the parents on how to manage the behaviors of the children. This is a similar service that the therapist is providing. Home-making services were also implemented in the home to assist the birth mother for approximately ten hours a week to teach kitchen and bathroom maintenance, heavy duty cleaning, grocery shopping and meal preparation. All of these services take place in a small and crowded two-bedroom apartment

While the birth mother completed a parenting skills class, it was not geared toward participants with cognitive delays thus it is still not clear if the birth mother is able to comprehend how to maintain and manage the house, children, medication management and service appointments. The birth mother has difficulty caring for the children and relies heavily on the birth father. Team members do not have a complete assessment and understanding of the birth mother. The birth mother has a diagnosis of depression and was prescribed medication; however, no one has investigated why she stopped taking the medication. The birth mother was also participating in individual counseling; again essential members have not stated why therapy had been discontinued. At the time of this review, the birth mother had not been connected with DDS (Department of Disability Service) for support. Although the birth parents are receiving in-home services at a high level of intensity, it is not clear if these services, with the exception of home-making services, are conducive to their home setting. More specifically there is no privacy for individual sessions due to the size of the apartment and the need for intense supervision of the children.

The case plan and timelines for case closure are not clear. Though several in-home services are in place for this family, the parents have not been made aware of any timeframes. This is a result of the service providers' lack of information sharing regarding the family's status with services. Moreover, the birth parents are doing what has been asked of them to reach safe case closure but have not been given a proposed date of when the case will close.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

Overall, this case has the potential to improve if clinically appropriate services are fully implemented. A meeting with all service providers is necessary so that all team members are in agreement with the types of services that are most beneficial to this family and the steps needed to meet goals and timelines.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. A case plan meeting will be held with birth parents, service providers and social worker to discuss specific measurable goals. | Yes |
| Follow-Up | The case plan meeting was held in October with the new behavioral program, the community support worker, parents and social worker. All attendees now understand the goals necessary to close the case. The service providers will work more closely with the parents to ensure that they are meeting benchmarks toward case closure which were identified at the meeting. | |
| Next Step | 2. The social worker will make efforts to implement play therapy as part of the focus child's therapeutic services. | Yes |
| Follow-Up | A family preservation program has made accommodations with the focus child's school to conduct play therapy once a week after school hours. | |
| Next Step | 3. The social worker will make efforts to have a psycho-educational, and/or clinical psychological evaluation completed for the focus child. | Yes |
| Follow-Up | A referral for the clinical psychological evaluation was submitted in late October; the social worker is now awaiting an appointment date. | |
| Next Step | 4. The social worker will make a referral for appropriate homemaking services in accordance to the birth mothers' MR classification. | Yes |
| Follow-Up | The new behavioral program is providing homemaking services geared specifically toward this family needs; in conjunction with the other weekly services provided to them. | |
| Next Step | 5. The social worker will continue to follow-up with DDS to ensure that an evaluation will be completed for the birth mother. | In progress |
| Follow-Up | The referral has been made to DDS, however, in order to begin the evaluation process they are requiring that the birth mother submits documentation from her high school stating that she was first classified as MR in a school setting. The social worker is having difficulty obtaining this information; the birth mother attended high school twenty years ago outside of the city. The social worker and supervisor are brainstorming alternative options. | |

QUALITY SERVICE REVIEW CASE SUMMARY #57

Review Dates: August 19-20, 2009

Current Placement: Foster Home

Persons Interviewed (8): social worker, focus child, birth father, GAL, AAG, therapist, mother's attorney, foster mother

The birth mother and Community Support Worker were originally scheduled for interviews; however, they did not make themselves available for the review despite multiple attempts by the review team.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a ten-year-old, African-American female, who currently resides in a foster home with her 12-year-old and five-year-old brothers. The focus child has a total of eight other siblings, including a 15-year-old sister, who is also committed to agency care. This sister resides in a different foster home. It was reported that four of her older brothers are incarcerated. The focus child has weekly visitation with both of her birth parents. Her permanency goal is Adoption.

According to the agency record, the focus child's family has an extensive history with the Child and Family Services Agency (CFSA). The most recent case stemmed from a report in February 2006, alleging that the birth mother was abusing drugs and was not ensuring that the children received proper medical care. An In-home case was opened, however, the focus child and her two brothers were later removed from their mother's care in September 2006, after it was found that the birth mother's substance abuse issues continued to negatively impact her ability to parent her children. The children's older sister was removed from the mother's care later in June 2008.

The birth mother entered a substance abuse treatment center through the drug treatment court where she could live with her children. The focus child's 5 year old brother was reunified with the birth mother in May 2007, but he was removed from her care in April 2008, due to the birth mother's relapse. As the mother remained at the treatment facility, he was returned to her care again in April 2008. The focus child was reunified with her mother in June 2008. Then in September 2008, both children were removed from their mother's care again due to another relapse that led to the mother leaving the treatment facility. The focus child and her younger brother were placed in the foster home of their older brother, who had never been reunified with the mother.

Child's Current Status

The focus child is described as being polite, inquisitive, resilient, and articulate when she wants to be. She is also said to be a talented singer and song writer. The focus child has excellent personal hygiene and takes special care to "look put together and clean". The focus child is

reportedly very social and has many friends. Team members and the child articulated that she would like to be either a teacher or a lawyer.

Team members also described the focus child as difficult to engage past the superficial level, but once she “gets to know you”, she is friendly, considerate, and respectful. She struggles with trust and sharing personal information about her family, and with expressing emotions, especially anger and frustration.

The focus child has good safety within the foster home and at school. There was an issue between the foster parents described as a verbal argument that ended with the police coming to the home. The foster father had left the home, but has reportedly returned to the home. Team members are aware of this and are working with the foster parents to ensure safety of everyone in the home.

The focus child was promoted to the sixth grade. She has an IEP and is diagnosed as Learning Disabled. She receives minimal pull-out services for Math and Reading. It was reported that the focus child’s grades for the last semester were average. While there were some behavioral issues at school last year (argumentative behavior and fighting with another student over a statement about her mother), there were no reports of problems during the last two months of school. The focus child attended the extended school year summer school for half-day and then the school’s summer camp program for the remainder of the day. There were no reports of negative behaviors during the summer.

Over the last two years, the focus child had one disruption in placement after reunification with her birth mother was unsuccessful. One positive aspect was that the agency looked at placing the focus child in her previous foster home, but the team decided to place her in the foster home with her older brother. Another positive aspect of this placement is that this foster mother is the sister of the focus child’s previous foster mother, so there was an existing relationship prior to placement. The foster parents do not wish to be considered as a permanent placement for the focus child. As for school, the focus child went to another school when she was reunified with her mother. When the placement disrupted the focus child was able to return to her original school. This helped with her transition and stability due to the familiarity with the teachers, students and the building.

The focus child has been diagnosed with Adjustment Disorder, with Disturbance of Emotions and Conduct, ADHD, and a Learning Disorder. She is not prescribed any medications. The focus child participates in weekly, in-home, individual therapy. Therapeutic goals are to increase the child’s tolerance levels when she becomes frustrated; decrease conflict between siblings; and increase verbalization of feelings. It was said that the focus child responds to most life stressors by shutting down. One person commented, “Her stress response is almost identical to her mother.” However, through therapy, the focus child is said to be making advancements in sharing her feelings.

Most reports regarding behavior in the home suggest that the focus child has sporadic behavioral difficulties, but is generally functioning well. She complies with directives easily and is

considered helpful with chores. It was said that the focus child does better when limitations and expectations are set from the beginning. .

A concern expressed by several team members, although said with varying degrees of apprehension, is the way the focus child responds to her 5-year-old brother. She apparently has a low tolerance level for him and has responded to him physically – usually through shoving him away from her. Reports seem to indicate that the focus child displays this behavior more during visitation with the birth parents than in the foster home. It is believed that the focus child struggles with her previous role of parent for this younger brother stemming from their time under their mother’s care. In addition, the focus child expressed feelings of jealousy towards her brother as he reportedly receives most of their mother’s attention. The therapist and foster mother have seen improvements in how the focus child responds to her siblings in that she is able to walk away more and has decreased her name calling and her physically touching the younger brother when upset.

Information reviewed shows that medical/dental appointments are up-to-date. The focus child wears eye glasses and has a habit of breaking or losing them, so they have been replaced multiple times. There are no current medical concerns other than a reported elevation in cholesterol, which the foster parents are addressing by giving her oatmeal and limited fried foods.

Parent Status

The birth mother is a 41-year-old, African-American mother of nine children; the youngest four are committed to agency care. It was reported that three or four of the older male children are incarcerated. There was no information related to the other one or two adult children reside, although none of them live with the birth mother. The birth mother reportedly has a 20+ year substance abuse problem (heroin being her drug of choice). She did not graduate from high school and has not obtained her GED. She is not currently employed. Team members expressed that the birth mother loves her children and wishes she had done and could do the right thing for them, but she struggles with how to maintain her sobriety. Records indicate that the birth mother used illegal substances during all of her pregnancies. It was reported that the focus child is a “methadone baby”. Records and interviewees indicated that the mother has a history of poor insight into how her drug usage during pregnancy has affected the development of her children.

The birth mother currently resides in a women’s transitional shelter and participates in a methadone maintenance program where she receives daily methadone. It was reported that the mother participates in individual and group counseling through this program. She has to attend NA/AA meetings and participate in drug testing. One team member commented that, “Stable recovery from a 20+ year drug dependency takes a long time - longer than these kids have to be in foster care.”

The birth father is a 46-year-old, African-American male. He returned to the Washington, D.C. area in July 2009, after being incarcerated for drug related offenses. He has an admitted history of substance abuse and participates in drug testing. The birth father reportedly has an ankle bracelet monitor as he has pending charges in another jurisdiction. He is a military veteran, who is reportedly receiving services through the Veteran’s Administration. The father is not currently able to provide care for the children due to his living in a transitional shelter, being unemployed,

and having pending criminal charges. Upon discharge from prison, the birth father attended court for the children and met with the social worker to discuss permanency options. The birth father reportedly provided approximately five names of family members who he wanted to be considered as permanency options and one has been found as a viable option by the team.

Caregiver Status

All but one team member feels that the foster parents were doing a wonderful job in providing care for the focus child and her brothers. The foster parents allow the birth parents to call the foster home daily to speak with the children and the foster mother often provides the birth parents with updates on how the children are doing.

Most team members believe that there is a good relationship between the focus child and the foster parents. The focus child expressed to a therapeutic professional, that the foster mother shows love, caring and affection to her and her brothers. The family does fun things with the children and there appears to be a level of trust between the focus child and the family – especially the foster mother.

While engagement with the social worker has been problematic due to a history of troubled communication, most team members indicated that the foster parents are very engaged and meaningful team participants. A majority of interviewees feel that the foster parents share information on how the children are doing and are open to suggestions on how to better work with the focus child. The foster mother participates in requested meetings and meets with the therapist, tutor, and mentor weekly.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most team members have made good efforts to engage the focus child. They know that she is emotionally self-protective, which makes meaningful engagement difficult, but consistent efforts are made to get her to open up and share her thoughts and feelings. Team members verbalized a shared and thoughtful assessment of the focus child that has directed how they each engage with her. They are able to articulate how the focus child's history of neglect, parentification, and loss has molded her current functioning. Team members all outlined the need to be patient with the focus child when building relationships.

Engagement of the birth mother is pretty good. She has been invited to the court-ordered team meetings and has been accompanied by her attorney. Most team members say that the mother's attorney is very engaged with her and has been a strong advocate for her. The focus child's therapist has met with the mother and the foster mother talks with the mother often checks in with the mother on the phone when she calls the focus child.

Team members verbalized a quality assessment of the birth mother's history of loss and substance abuse. They understand the mother's strengths and challenges, especially around her maintaining her sobriety. They see that she loves her children, but struggles with parenting. They see that she may not be able to parent her children as a full-time caretaker, but she will probably always be in their lives. She is important to them.

The court-ordered team meetings improved case planning to a point where most team members are attempting to plan together. Most team members are in agreement with the steps needed for the focus child to achieve permanency with either the newly engaged cousin or through recruitment for adoption. Due to the challenges in coordination and leadership, there is less comprehensive information sharing and less tracking of service implementation than would be ideal; however, improvements have been made in case planning and team members have optimism for moving forward.

While there is much strength in teaming that makes team formation and functioning acceptable, the challenge in this case is the social worker's teaming abilities. The GAL is the identified team leader. She has created a functioning team with the foster parents and most of the professionals. The social worker seems on the outside of this collective team – although all team members commented that this has improved and they have hopes for continued inclusion of the social worker into the team.

Implementation of services for the child is strong as the child has an individual therapist, a Community Support Worker (CSW), a tutor, and a mentor. The foster parents also receive CBI services for the focus child and her older brother. The focus child has a current IEP and attended summer school and summer camp. There were no additional services identified for the child at this time. Team members feel that services are necessary and have been beneficial for the focus child.

Pathway to Safe Case Closure within the last ninety days has been acceptable. Another relative had been named earlier, but was found to be too overwhelmed to take on the needs of three, special needs children. Adoption recruitment packages for the focus child and her two brothers were submitted so that recruitment as a sibling group could occur. The birth father identified several family members and one female cousin has been identified as a viable option. The application for kinship care has been submitted, Child Protective Registry and police clearances have been returned and the FBI clearance request has been submitted. The cousin has already attended the foster parent orientation and is scheduled to begin foster parent training within the next three weeks. The cousin needs a larger apartment in order for all of the children to reside with her, but she is reportedly already looking for larger accommodations. She is planning on attending the next court hearing. She has started visitation with the children. If the identified cousin becomes licensed, the team will consider changing the goal to Guardianship with her.

There has been a reported improvement regarding how the team interfaces with the court. There was a recent history of the parties using court as the arena to solve case problems, so much so that the judge ordered monthly face-to-face team meetings. As all services were put into place and team communication improved, the judge lifted that court order at the July 2009 court hearing. Various team members reported that court had been “chaotic” and “adversarial”, but things have “changed for the better.” There are currently no outstanding court orders. There have been concerns related to the accuracy of the court reports, but the team appears to work together before court in order to obtain the correct information. Most team members feel respected and listened to at court. While the birth parents may not agree with the permanency goal of Adoption, they still feel that the court listens and wants them to participate in planning

for their children. It was reported that the birth father's attorney did not attend the last court hearing even though the father was present.

Maintaining family connections is positive due to weekly visits with the birth parents. The birth parents call the children at the foster home almost daily. The 15-year-old sister often attends the supervised visits with the parents and visits the focus child's foster home on her own. The birth mother has often brought other family members to the visits and the newly identified paternal cousin has started visitation with the children.

What's Not Working Now and Why

While the birth father has been engaged since his release from prison through court, visitation, and a face-to-face meeting with the social worker, there was very little engagement while he was in prison. Multiple team members commented that they did not engage the father because "he wasn't in the picture" because he was incarcerated. No one assessed him for the appropriateness of contact with the focus child while he was incarcerated. In addition, there was no evidence that the birth father was given the opportunity to identify placement options for the focus child while he was incarcerated. It could be speculated where the children would be right now if the birth father had identified his cousin earlier in the case.

Assessment of the birth father is in need of improvement in terms of understanding his familial history, the extent of his substance abuse, the services he receives from the Veteran's Administration, etc. In addition, assessing how he can aid the team in transitioning the focus child through to permanency. The therapist would like contact information for the father in order to talk with him about how to help the children transition.

Almost all team members identified the GAL as the team leader and felt that she is the most responsive, the most open towards communication, and the person that "gets things done." Team members described a power struggle between the social worker and the GAL that historically negatively impacted coordination and leadership. Interviewees described that the social worker has shown efforts in improving her responsiveness; however, the GAL is still seen as the person to turn to with concerns or information sharing.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus child is receiving and participating in appropriate service and the fact that the team is moving forward with the permanency goal, this case is likely to continue as status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

The follow up for this case occurred in early November 2009. The social worker reported that in September, the focus child's foster father was shot to death within three blocks of their home. Initially, the foster mother felt that she could not care for the focus child and her two siblings during this crisis; however, the team came together and services were put into place to assist the children and the foster mother. The children have been maintained in the foster home thus far.

The therapist has increased her sessions with the children and their birth family to several times per week. The CBI worker has increased her time in the home and individually with the children. The children's paternal cousin, who is attempting to become a kinship care provider, has provided a lot of support to the children and their foster mother. The cousin has taken the children for weekends, she has gone to the foster home in the evenings to help with homework and make dinner, she participated in team meetings, and she accompanied the children to the foster father's funeral.

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will continue to work with the CFSA Licensing Unit, to obtain a temporary kinship care license for the focus child's cousin while waiting for the completion of permanent licensing. | Yes |
| Follow-Up | <p>The social worker reported that the focus child's cousin has been assigned a licensing social worker in Maryland to assist her through the licensing process. The barrier right now is still the cousin's lack of adequate housing. She still has a one bedroom apartment and needs to move into a 3 bedroom apartment/home. CFSA is committed to helping her with the security deposit. It was reported that the cousin is looking for new housing, but is concerned that when she moves into a larger home she will have to pay the increased rate for several months without the board payments that would come with the children's placement.</p> <p>The permanency goal was changed from adoption to guardianship during an October court hearing. The court has not assigned the cousin an attorney as she has not yet licensed.</p> <p>The most recent court report indicates that the cousin has enlisted a real estate agency to assist her in locating a larger home.</p> | |
| Next Step | 2. The social worker will meet with the father and preemptively plan around the father's pending criminal hearings – specifically around visitation with the children and how he would like to continue to engage with this case. | Yes |
| Follow-Up | The social worker reported that she has met with the father and has talked with him regarding his maintaining visitation with the children. He has been mostly consistent with spending time with his children; however, he is now homeless and has stopped receiving services through the VA. The social worker indicated that the father's attorney was supposed to present information on the father's drug testing results and participation at the VA at the October court hearing, but he did not submit any information. The attorney also did not present any information related the father's pending criminal | |

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|------------------|--|------------|
| | charges in another jurisdiction. | |
| Next Step | 3. The social worker will attempt to schedule a meeting with the attorneys to discuss case updates, especially permanency. This meeting is contingent on if the attorneys will commit to a meeting time. | Yes |
| Follow-Up | The social worker reported having two team meetings on this case with the therapist, the CBI worker, the children's cousin, and the GAL. The social worker reported that the meetings were productive in that the team came together to problem solve ways to maintain the children's well being and the placement during this crisis period. The social worker indicated that team meetings, while no longer court ordered, will continue to occur as they have been helpful. | |
| Next Step | 4. The social worker will talk with the father and facilitate a connection between the father and the therapist. | Yes |
| Follow-Up | The social worker reported that the therapist has had at least two sessions with the birth father and the children. | |

QUALITY SERVICE REVIEW CASE SUMMARY #58

Review Date: August 18 - 19, 2009

Current Placement: Foster Home

Persons Interviewed (9): Social worker, foster parent, AAG, GAL, adoption recruiter, psychiatrist, home health aide, teacher, and the case manager supervisor.

The reviewers did not interview the focus youth due to his disability, but they had the opportunity to observe him at his foster home.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a thirteen-year-old African-American male with the goal of adoption. He became known to CFSA in June 2007 when a hotline call was received from his sister/caretaker. The sister reported that she was caring for the focus youth since 2005 due to their mother's chronic crack cocaine addiction. The sister reported that she was no longer able to care for the focus youth, who is autistic and mentally retarded, because she had obtained full-time employment and could no longer provide the extensive care that the focus youth needs. The sister, who is currently 23 years old, became the legal guardian of the focus youth's other siblings, who include a 15 year-old brother, a 13 year-old sister, and two 7 year-old sisters.

The birth mother has not visited the focus youth since he has been in foster care, nor has she responded to the social worker's outreach to her. It was noted that the birth mother's current whereabouts are unknown. The birth father was reportedly involved in court hearings at the beginning of the case. He was invited to visit with his son, but he never followed through. His current whereabouts are unknown, but the social worker has asked other family members about how to locate him, to no avail. The focus youth's sister used to visit the focus youth and brought his siblings along to the visits, but she stopped coming approximately two years ago. Efforts to reach out to the sister were made, but she insisted that she did not have time to visit with the focus youth. The focus youth's other siblings also expressed a lack of interest in visiting with him.

Youth's Current Status

The focus youth is diagnosed with autism and severe mental retardation. He is non-verbal but occasionally grunts to communicate what he wishes to eat. The focus youth frequently demonstrates head banging on walls and floors, picking of his skin, biting himself, and aggressive outbursts. Similar to other individuals diagnosed with autism, he is sensitive to loud noises and when meeting people for the first time, he likes to get close to the person and smell his or her hair. The focus youth is ambulatory, tall, and overweight for his age. He needs assistance with all activities of daily living, such as eating, dressing, bathing, and changing his pull-ups.

Team members reported that there are minimal safety risks for the focus youth. They added that he is monitored very well at home and school, so that his aggressive outbursts do not pose serious risks to himself or others. There was one incident three weeks prior to this review, in which the focus youth hit the living room wall of his foster home with his fists. He did not sustain any injuries, but the damage to the wall was reportedly close to \$200 dollars. The focus youth is also thirteen years old and, with the onset of puberty, he has begun to masturbate. Team members stated that the focus youth's teacher gave him a basketball to masturbate, so he would not use random objects, especially soft ones that resemble people. All of the team members reported that he must have one-on-one supervision close by at all times except when he is sleeping.

The focus youth receives case management from the agency; however, when he came into care he was placed in a foster home with a contracted therapeutic foster care agency. This foster care agency initially stated that the focus youth could be placed in the foster mother's home as long as the child welfare agency provided case management. This has been confusing for team members and has led to disagreements about which agency would pay for the focus youth's damage to the foster mother's house. Team members reported that there have been team meetings about transferring the focus youth's case management to the therapeutic foster care agency, but this has not been resolved yet. If this happens, it was noted that the focus youth will then most likely be placed in a residential treatment facility or an institution, because the foster care agency has reported that it does not have qualified social workers to manage the focus youth's case.

All of the team members reported that the focus child is in a stable foster home and is well-cared for by the foster mother, adding that he is always neatly dressed and groomed. Some team members expressed concerns about his extra weight and added that sweet snacks, such as gummy bears, are often given to him at school and at home as an incentive for completing a task. The foster mother has reportedly begun to give the focus youth more nutritious snacks, such as fruit, but the focus youth is intermittently interested in these healthier snacks.

The focus youth receives ten hours a week of care from a personal care assistant, who comes to the foster home in the evenings to assist with laundering the focus youth's clothing and sheets, changing his pull-ups, bathing him, and taking him outside to walk in the neighborhood. The focus youth reportedly interacts and responds well to his personal care assistant.

The focus youth also receives ten hours a week of Applied Behavior Analysis (ABA), where he works one-on-one with a trained ABA therapist in the foster home. ABA is frequently used with individuals with autism, and it focuses on breaking down tasks in a sequential manner in order to teach the learner functional skills such as self-care and social interaction. The focus youth was approved for 40 hours a week of ABA by his insurance company, but is only receiving 10 hours a week because of time constraints. By the time he gets home from school in the early evening, he still needs to eat dinner, bathe, and have some recreation time. At the time of this review, ABA services were not available on the weekends, but the team members stated that the social worker was pursuing weekend services. Most of the team members reported that the focus youth has made some progress since ABA services started.

The focus youth attends a specialized school for children with cognitive disabilities. The local school system pays for his tuition, as well as transportation to and from school. Team members reported that the school staff understand the focus youth's strengths and needs well, but added that he has not made much progress on his IEP. Team members expressed frustration with the fact that the school will not allow the ABA specialist to work with the focus youth while he is in school.

The focus youth receives medical case management and health insurance from an agency that schedules all of his medical appointments. He currently has up-to-date medical and dental appointments. The focus youth must be sedated in order to receive dental cleanings and examinations due to his occasional aggressive outbursts. He is receiving medication management from a psychiatrist who has prescribed the following medications: Abilify to treat psychomotor agitation, Topomax as an anticonvulsant, Seroquel to treat symptoms of mania, and Cogentin to control tremors and muscle stiffness.

Team members stated that the foster mother was initially interested in adopting the focus youth, but changed her mind over a year ago because she felt that she could not care for him for the duration of his life, saying that she was getting older. It was noted that the foster mother has agreed to be a placement option for the focus youth until a permanent placement can be found for him, even if the process takes several months or years. The focus youth has bonded to the foster parent as evidenced by his affection towards her and preference to be near her. Team members reported that the focus youth and his foster mother have a good rapport with each other, and expressed concerns that if he is placed at a residential treatment center or in an institution, he will severely regress in all areas.

The focus youth is currently waiting to be placed in a pre-adoptive home, and an adoption recruiter has been actively searching for an appropriate adoptive home for him. He was presented on a local television station's Wednesday's Child segment approximately one year ago, but no one responded to the video clip. His photograph and description were part of the "Heart Gallery," a traveling photography exhibit of foster children eligible for adoption. At this time, his prospects for permanency are poor.

Caregiver's Current Status

Since coming into the foster care system, the focus youth was placed in the foster home where he currently resides. The foster mother is committed to providing care to the focus youth until a permanent placement is found for him. She is knowledgeable about his strengths and needs and she advocates on his behalf. She takes him to all of his medical appointments with the assistance of an aide from the insurance company. All of the team members reported that the foster mother is a stable, positive, and nurturing adult in the focus youth's life.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The foster parent's physical and emotional support of the focus youth has been commendable. She is thoroughly engaged in his care and long-term prospects for permanency.

The social worker has also been committed to the care of the focus youth and has advocated on his behalf. She identified and contacted the organization that provides ABA services to the focus youth. She was persistent with his health insurance company, stressing the value of ABA services, when the company initially declined payment of this service. Team members stated that the social worker spoke to extended birth family members to attempt to obtain the whereabouts of the birth mother and birth father, as well as offer supervised visits with the focus youth.

The team members articulated a strong understanding of the focus youth's strengths and challenges. He is attending a specialized school that meets many of his developmental and social needs, is receiving in-home personal care assistance, and is participating in some ABA services.

What's Not Working Now

One of the major challenges in this case is the fact that the focus youth has made noticeable improvements with ABA services, but he is only receiving 10 hours a week at home. Team members reported that he would benefit by getting more ABA services at school and/or on the weekends at home. It was also noted that there was no communication between the ABA service provider and school staff regarding the focus youth's treatment goals and his progress.

Most of the team members reported concerns about working with two agencies, the child welfare agency, which provides case management, and the therapeutic foster care agency, which has provided the foster parent. Team members do not know if or when the focus youth's case management will be transferred to the therapeutic foster agency.

The focus youth's permanency prospects are severely limited, despite efforts made by the child welfare agency's adoption recruitment unit. The agency needs to ensure that a future placement for the focus youth, who has major multiple needs but who is still ambulatory, can meet those needs and still provide ample positive human interactions for him. Team members reported that only foster homes have been sought for the focus youth. It is unclear to the team if any placement alternatives, besides foster homes, exist for the focus youth.

SIX MONTH FORECAST/STABILITY OF FINDINGS

Based on the review findings, the six-month prognosis for the focus youth is status quo. In the event that additional ABA services are put in place, then the focus youth's status may improve slightly.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

The case was transferred in September 2009 to a social worker at a contracted therapeutic foster care agency. She had not received a copy of the Next Steps list during the case transfer staffing and therefore did not follow up on the specific next steps.

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. The social worker will schedule a meeting at the focus youth's school to discuss ABA service delivery in school or at least the sharing of treatment plans between the ABS service providers and school staff. | In Progress |
| Follow-Up | The social worker reported that she met with the focus youth's teachers at school and introduced herself as the new social worker. Allowing ABA services in school was not discussed; however, the social worker reported that she asked about the focus youth's behavior in school, as well as the behavior management techniques that the school staff implements with him. The teachers shared several techniques that they have found to be useful in managing his behavior, such as locking all food in the classroom so he does not steal it, and putting on his belt backwards so he does not undress in the classroom. The social worker stated that the foster mother and school staff communicate through occasional phone calls and notes, but rarely in person. She added that she will ask the foster mother to go to the focus youth's school and speak directly with the teachers. The social worker also stated that she has a scheduled meeting with the ABA providers and at that meeting she will ask them to contact the school staff directly to exchange behavior management strategies. | |
| Next Step | 2. At the school meeting, the social worker will explore with the team alternative and healthy snacks for the focus youth. | Yes |
| Follow-Up | The social worker reported that she does not have concerns about the focus youth's school giving him unhealthy snacks, because they reported concern about his weight gain. Reportedly, school staff is locking all food in the classroom so the focus youth cannot get to it. Teachers noted that they are concerned about what the focus youth is eating at home because of his weight gain. The social worker reported that she will address locking all food at home with the foster mother. | |
| Next Step | 3. The social worker will meet with the adoption recruiter and placement worker to discuss efforts made and strategy ideas regarding placement options for the focus youth. | In Progress |
| Follow-Up | The social worker met with the adoption recruiter, who reported that there have been no adoption inquiries about the focus youth in the past year. The social worker spoke with her agency director about addressing the challenges to permanency for the focus youth, and at this time the plan is to continue to focus on identifying an adoptive home for him. | |

QUALITY SERVICE REVIEW CASE SUMMARY #59

Review Date: October 19 – 20, 2009

Current Placement: Residential Treatment Center (DYRS)

Persons Interviewed (11): Social worker, CFSA supervisor, RTC primary therapist, focus youth, CFSA OCP RTC monitor, GAL, mother's community support worker, AAG, maternal great uncle, father's attorney, mother's attorney.

The focus youth's mother was scheduled to speak with the review team from the office of her support worker, however, did not make herself available for this call.

YOUTH AND PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an 18-year old, African American male who currently resides in a residential treatment center (RTC) located more than 100 miles from the District. Due to involvement in the juvenile justice system, the focus youth was placed in residential treatment by Department of Youth Rehabilitative Services (DYRS). DYRS has responsibility for this youth until he turns 20. The permanency goal is APPLA.

The focus youth has a mental health diagnosis as follows: Axis I - Depressive Disorder NOS, Conduct Disorder, Childhood-Onset Type, Poly-Substance Dependence; Axis II – Borderline Intellectual Functioning. He is currently prescribed Risperdol and Zoloft to address his reported aggressive behavior and his symptoms of depression.

The focus youth became known to CFSA during July of 2007 when his maternal great uncle, serving as his legal guardian, refused to allow him back in the house due to non-compliance with curfew restrictions. The focus youth had 16 placements between July 2007 and his current RTC placement in February of 2009. At least four of these moves were due to the focus youth absconding from placements. After the focus youth became involved in criminal activity, he was placed under the supervision of DYRS and then placed into his current RTC placement.

Besides the focus youth's maternal great uncle (legal guardian) he was placed briefly with another uncle and his wife. This placement was not successful due to the focus youth's acting-out behavior, including running away and non-compliance with house rules. The focus youth's mother was released from prison in June 2008, and has had some telephone contact with her son. The youth's four younger siblings live with his maternal great uncle.

Youth's Current Status

The focus youth is currently safe and has made some progress in his out-of-state placement. His primary therapist at the RTC states that he has had fewer incidents of aggressive behavior during the past three months. There have not been any incidents with staff members, but there have been two incidents of aggression with other residents within the past month. His grades vary from good to poor and he has decided to take the GED exam because he is currently in the 10th

grade. He reportedly told his treatment team at the RTC that he does not want to be 20 years old and still in high school.

During a phone interview, the youth stated that he is interested in the Job Corp, though could not identify a vocational goal. He has not applied for admission to this program at this time. He stated that he might like to work in a job where he could help people. It was reported that in recent months he has been exploring the Islamic faith.

Because the focus youth has a history of criminal activity, substance abuse, poor compliance with caregiver rules, and absconding, it is difficult to determine whether he has made significant behavioral changes or whether his placement in a restricted and remote location is mostly responsible for his improved behavior.

Parents' Status

The focus youth's mother is living independently and is receiving services through a local community provider agency. She is reportedly addressing substance abuse issues and chronic health problems. She has sporadically attended her son's permanency hearings, though it does not appear that she has attended the last three hearings. She is in frequent phone contact with her son and he expresses the desire to spend time with her upon his return to the DC area.

The mother spent many years incarcerated and returned to the DC area approximately one year ago. The reason for her incarceration was not clear, nor was her current legal status. Her incarceration was reportedly the primary reason why the target child and his siblings resided with the great uncle (legal guardian).

The maternal great uncle with whom the focus youth resided prior to coming to the attention of CFSA has recently initiated telephone contact with the youth. While the great uncle is reportedly not willing to have the focus youth reside in his home again, he is willing to remain involved in his life as long as the youth is "doing right." He expressed concern about the focus youth's well being and his potential future plans.

Caregiver's Status

The current caregiver in the case is the RTC. This has been the most successful placement for the focus youth since he came into care. The RTC has implemented active treatment, which includes both individual and group interventions. The focus youth has reportedly made some positive progress toward meeting his treatment goals. It was reported that the treatment team will soon begin exploring community resources to assure continuity of care for the youth once he is transitioned from his RTC back to placement in the District.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The RTC placement appears to be providing the focus youth with an appropriate level of treatment and supervision necessary to address his needs at this time. He reportedly is exhibiting fewer incidents of aggressive behavior and has been more compliant with regard to following directions. He has stated some general goals for his life. The RTC has developed attainable

goals and objectives and behavioral measures of success. The youth is reportedly medication compliant, though there is some concern about his insight into his need for medication and his potential for future medication refusal once he is not in a highly controlled environment. Health and well being measures indicate that the youth has current medical, ocular and dental exams.

The family court has been inclusive in hearing from attorneys for the mother, father, great uncle (guardian), GAL, AAG, and social worker. Reports to the court have been thorough and goal-oriented.

Teaming between the parties has occurred. Both the social worker and the residential monitor have visited the focus youth in the RTC and the GAL is scheduled to visit soon.

Through phone calls, the focus youth is keeping the lines of communication open with his mother, great uncle and siblings. The RTC has encouraged and facilitated these communications.

What's Not Working Now

The case planning process is not working to maximize the youth's prognosis to successfully transition into adulthood. Integral family members have not been fully engaged in case planning. The focus youth has always maintained communication with his relatives, including his mother, maternal aunt, and great uncle. This was true even when the focus youth was absconding from placement, and when the mother's whereabouts were ostensibly unknown by others. He is maintaining communication with both his mother and great uncle while at the RTC. The mother is back in the District and is receiving services. The uncle is willing to serve as a support person for the focus youth upon his return to the District. The process of including his mother and uncle in case planning that focuses on his re-entry into the DC area could enhance his opportunities to successfully transition into adulthood.

A representative from DYRS has not communicated the need to work in tandem with CFSA to assure continuity of care from the RTC to a lower level of care in the District. Such a step-down would be critical to his success given the difficulty of his prior behaviors and prior inability to sustain his behaviors outside of the controlled setting of an RTC. As such, a well planned transition that fully realizes all possible resources of CFSA has not been discussed with DYRS.

SIX MONTH FORECAST/STABILITY OF FINDINGS

Based on the review findings, over the next six months, the child's situation is likely to decline. The focus youth has successfully improved target behaviors including eliminating his use of substances and aggressive outbursts while in the highly restricted and remote RTC placement. However, it is unclear whether he has the intellectual capacity, motivation, or necessary coping mechanisms to have internalized the skills necessary to make a successful transition back into the District. There is a significant amount of concern that given the child's history of lack of compliance with rules, his criminal involvement, substance abuse history and absconding behavior, he will likely return to old patterns of behavior once he return to a familiar environment.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|------------------------------|
| Next Step | 1. Social worker will foster family connections, particularly with the mother and great uncle, by contacting them via phone (using CSW to contact the mother as appropriate) by December 1, 2009. | SW – Yes Clt - No |
| Follow-Up | <p>The social worker contacted the focus youth’s great uncle to discuss his relationship with the focus youth. The social worker reported that the great uncle is more forgiving of the youth and wants to be a part of his life (however, not as a placement option).</p> <p>In an effort to reach out to the birth mother, the social worker found out that the birth mother left the substance abuse treatment program early and is considered “missing in action.” The social worker contacted the great uncle, an aunt, and the birth mother’s mother, but no one provided her with information pertaining to the mother’s whereabouts. The social worker reported that she has left her own contact information with all the family members she has spoken with in case the mother reaches out to them.</p> | |
| Next Step | 2. Social Worker will initiate discussions with DYRS regarding possible discharge scenarios that may serve youth’s needs upon his return to the D.C. area by December 1, 2009. | Yes |
| Follow-Up | The social worker participated in a discharge meeting for the focus youth and he is scheduled to exit the RTC in March 2010. The social worker expressed that the DYRS worker seems open to working together to address the needs of the youth. The plan developed during the discharge meeting is for CFSA and DYRS to both submit placement requests for the youth and then confer with one another to determine which therapeutic group home can best meet his needs. The focus youth expressed a desire to reside in a Maryland group home versus a DC group home, as he speculates that he would get into more trouble in the District. | |

QUALITY SERVICE REVIEW CASE SUMMARY #60

Review Dates: October 21-22, 2009

Current Placement: Abscondance from group home

Persons Interviewed (6): Social worker, supervisor, mother, sister, educational advocate, GAL

Interviews were scheduled with the mother's attorney and the youth's former school therapist, but neither returned messages left for them at the scheduled interview time.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year-old African-American female, who has been in abscondance from her group home placement for the past three months. She has two sisters and five brothers. Three brothers are adults, two were adopted, one sister lives with a guardian, and the other sister would like to be a placement resource for the focus youth. The birth mother lives in another state, and the father died when the focus youth was very young. The focus youth's paternal grandparents are deceased, and it was reported that she has a paternal aunt who "doesn't claim her." The focus youth's permanency goal is APPLA.

The focus youth's siblings were removed at different times. She was removed with two of her brothers in 1997 due to allegations of physical abuse by her mother. She later disclosed that she had also been sexually abused by her older sister's boyfriend over a period of a year. After reunification efforts did not succeed, the focus youth's goal was adoption for many years. She had multiple foster care placements (at least seven), one group home placement, and multiple psychiatric hospitalizations due to suicidal ideation and explosive behaviors. Placement in a pre-adoptive home in 2002 disrupted when the focus youth was sexually inappropriate with the other children in the home. She was placed in a residential facility for three years and then a step-down program for two years. Next, she lived with the family friend who had guardianship of her younger sister. After a year and a half she absconded and alleged that the foster parent's boyfriend touched her inappropriately. She was placed in three more foster homes, absconded again, and was placed in a group home four months prior to the review. She absconded from the group home, returned for one night, and has not been in placement since three months prior to the review.

Youth's Current Status

The focus youth was described as very likable but also prone to explosive outbursts. She is reportedly immature and does not seem like she is almost 20 years old. Because she is in abscondance, there are concerns for her safety. While she is not known to drink alcohol or use drugs, interviewees reported concern that she has been meeting young men on the internet and staying with them. Interviewees reported that the focus youth was living with her older sister for much of the time she was in abscondance, but two weeks prior to the review she left after escalating disagreements about her boyfriends not being allowed to spend the night and her other out-of-control behaviors. It was learned during the review that she remains in contact with her

mother but gave her mother the name of a different young man she was staying with than she previously gave her sister.

Stability for the focus youth has been poor for the past six months, since the disruption of her placement with her younger sister. Team members are not confident that, even if the youth did return to be placed, she would stop absconding. The last time the social worker saw the youth was a few weeks prior to the review, when the social worker ran into the youth at the Courthouse. The youth was with a boyfriend, who was there for drug testing. She refused to be placed and would not give her boyfriend's contact information. Since then she has left sporadic messages for the social worker, stating both that she wants her case to be closed and, more recently, that she wants to return for placement. Each time she has said she wants to return for placement, she has not followed through.

The focus youth's IQ is in the low average range; her reading level was most recently assessed to be at the 6th grade level, her writing at the 7th grade level, her math at the 5th grade level, and her spelling at the 10th grade level. She has a current IEP, although she is not enrolled in school. The focus youth's previous specialized school would allow her to return, and she reportedly had a mutually positive relationship with staff there, but DCPS might not authorize the school placement without intervention from the educational advocate. Many interviewees reported that the youth wants to finish school, but she has not worked with anyone to get re-enrolled.

The focus youth has been diagnosed with Mood Disorder, NOS, Bipolar Disorder, Learning Disorder, NOS, exposure to alcohol and other illegal substances in utero, Asthma, History of Neglect and Physical Abuse, History of Sexual Molestation, and Multiple Placements. She was prescribed Lithium, Abilify, and Singulair, but she has not been taking them while in abscondance. Reportedly, she felt sluggish while on these medications. Interviewees consistently described the focus youth's behavior as calmer when she was taking her medications.

The focus youth is up-to-date on her medical, dental, and GYN appointments. She was being assessed for a thyroid problem but absconded before a diagnosis could be made or follow-up treatment implemented. The focus youth reportedly does not have her asthma medication at present. She was described as being thin, although she had gained some weight as a symptom of her thyroid problem.

The focus youth was receiving counseling at school, and she reportedly had a good relationship with the therapist. While in abscondance, she has reportedly had emotional and behavioral problems. Her moods seem to fluctuate rapidly; for example, she will call the supervisor and leave an angry message and call the social worker ten minutes later and leave a calm message. While staying with her sister, she would reportedly run away if given boundaries she did not like, such as not being allowed to have her boyfriends spend the night. She reportedly took her sister's money to buy food for various boyfriends. The focus youth was once on birth control but is reportedly not currently. No one interviewed expressed confidence she was practicing safe sex.

The focus youth reportedly has some strong life skills, although she has never been employed. She is able to cook, clean, do her laundry, shop for groceries, and take public transportation. Her sister reported she kept the apartment clean when she was staying there. The focus youth was described as having various vocational interests, including being a doctor, doing hair, singing, and working with children.

Parent Status

The mother moved to another state approximately a year prior to the review. She reports being clean and sober, but others interviewed expressed doubts about this. The mother states she would prefer for her daughter to come live with her, but she has not taken steps to make this happen. She reports having spoken to the social worker infrequently and not initiating communication, stating “[the social worker] has my number.”

The mother is the person interviewed that the focus youth has most recently spoken with. She expressed concern about her daughter’s behavior and the older sister’s ability to maintain the youth. The mother described the older sister as stressed and the focus youth as not listening to the sister.

Caregiver Status

The focus youth does not currently have a caregiver, as she absconded from a group home almost three months prior to the review and was discharged from their program.

The focus youth’s older sister has been considered as a placement, but there have been complications. The social worker tried work with the mother to transfer guardianship to the daughter, but this did not happen. Because the focus youth is 19, there is no need for the mother to transfer guardianship – the youth could potentially move in with her sister and have her case closed while receiving her own services.

The sister reported a great deal of frustration in dealing with the focus youth, beginning the interview stating she no longer wanted to care for the youth but reiterating by the end her commitment to having the youth come live with her. The sister has moved into a 2-bedroom apartment and is employed. She expressed mistrust of the social worker and child welfare system since the police came to her apartment looking for the focus youth. She was indeed there at the time and climbed out a window to avoid being brought back to the agency. The sister did not disclose to the social worker that the youth had been staying with her. The sister reported a willingness to do whatever is necessary to have her sister live with her but also expressed nervousness about working with the child welfare system.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What’s Working Now

The focus youth has been in abscondance for the entire review period. Efforts have been made to locate the youth and engage her in planning for her future. The social worker has consistently worked with abscondance staff to try to find the home of a boyfriend the focus youth was reportedly staying with, although all that was known of his address was a neighborhood. The police tried to find the youth at her sister’s house, but she left through a window. The social

worker saw the youth at the Courthouse and tried to convince her to return to be placed, but she refused.

The social worker is the leader of a small team that includes the GAL, AAG, and former school therapist. If the focus youth calls on a phone number that is not blocked, the social worker shares that phone number with the GAL and former school therapist so that they can all try to contact her.

The focus youth has had recent educational and psychological evaluations as part of planning for involvement in the adult mental health system. Team members had a consistent understanding of the youth's overall behaviors and mental health issues, including her history of sexual abuse, although there is a great deal of information in the record that may not be known to all team members. Team members also have good understanding of the mother and sister, including the inconsistency in the relationship between them.

There is a strong case plan ready to be implemented if and when the focus youth returns from abscondance. She would be placed in a foster home, re-enrolled in school with the assistance of the educational advocate, and an appointment would be made with the psychiatrist for medication management. The team would engage RSA and work with them on a vocational assessment. As the focus youth is almost 20 years old, she could soon be referred for the Rapid Housing program, if she had a job. She would also be referred to the Collaborative. If the focus youth persisted in her recent request to have her case closed, the team would work with her on what she wanted and try to ensure she could achieve safe case closure in a stable situation. If she and her sister want to explore living together, the team would support them in planning for that possibility.

Prior to her abscondance, supportive services had been implemented. She received counseling at school, with a therapist with whom she had a strong connection. This service is available to be implemented again if the youth returns. The youth had evaluations in preparation for a connection with RSA once she emancipated. While the youth has been in abscondance, the social worker has been in consistent contact with the Abscondance Unit and has worked diligently to try to locate the youth.

What's Not Working Now and Why

Engagement of the mother and sister has been challenging. The social worker described a lack of honesty on both of their parts regarding the guardianship issue, and the sister did not communicate to the social worker that the focus youth was staying with her. The mother is consistently in contact with the youth, but she has not been engaged to share the information she has.

In addition to the mother and sister not being consistent team members, there are family members who are not involved at all but might be strong supports to the youth. The focus youth has two older brothers who are married with children and are described as being strict with her. According to the mother and older sister, the youth does not always want to listen to them when they try to talk to her about her poor decisions, but she is sometimes motivated by them. Because of their family situations and their reported refusal to put up with the youth's behavior,

they are unlikely to be placement resources, but they might be valuable team members who can assist with engaging and planning for the youth.

Because the youth was in abscondance for the entire review period, with no indication she planned to return, her pathway to permanence is unclear. While there is a case plan that could be implemented if the youth does return, at the time of the review she was not on a path to a positive exit from foster care.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

If the youth remains in abscondance, her situation is likely to remain status quo.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|-----------|---|---------|
| Next Step | 1. Suggest an offsite meeting the next time the youth calls. | Yes |
| Follow-Up | The youth called the social worker the same day of the debriefing later on in the evening. Soon after, the youth and her sister came to the agency and met with the social worker to discuss placement options. | |
| Next Step | 2. Call the mother to get the phone number of the boyfriend with whom the youth is reportedly staying, and then call the boyfriend. | NA |
| Follow-Up | The social worker did not have to contact the youth's mother, since she showed up at the agency the same day after the debriefing. | |
| Next Step | 3. Check the youth's My Space page to keep tabs on where she might be. | NA |
| Follow-Up | This was no longer necessary, because the youth came to the agency the day of the debriefing. | |
| Next Step | 4. If the youth comes back, find a foster home placement, make an appointment for medication management, and re-enroll her in school. | Yes |
| Follow-Up | An arrangement was worked out with the youth's sister for the youth to remain in her sister's care. The sister was provided with a kinship foster care package for her to complete in order to be licensed as a kinship provider. However, in the meantime, the youth is placed in an unlicensed home, which was the only place she would agree to be | |

| | | |
|------------------|--|------------|
| | <p>placed. Since placement in October, she has not absconded and there have not been any safety concerns regarding the placement.</p> <p>The youth was seen at the for medication management the following day and was also re enrolled the next day at her previous school.</p> | |
| Next Step | 5. Call the older sister to try to rebuild trust. | Yes |
| Follow-Up | <p>The sister has been very cooperative with the social worker and the two have been able to form a good working relationship on behalf of the youth. The social worker has volunteered to assist the sister with completing the kinship forms, but the youth's sister declined the offer and agreed to have the forms completed and returned to the social worker. At the time of the follow up, the forms had not yet been submitted and no timeframe identified as to when they would be submitted.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #61

Review Date: October 19 - 20, 2009

Current Placement: Independent Living Program

Persons Interviewed (7): Social worker, former social worker, focus youth, mother's attorney, social worker at the independent living program, GAL, and AAG.

The reviewers attempted to schedule an interview with the focus youth's sister, but were unable to contact her.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is a twenty-year-old African American male, whose permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). The focus youth is a junior at a college out of state and his anticipated graduation is May 2011. He resides at a local independent living program during holiday and summer breaks.

The focus youth became known to CFSA in October 2006 when a referral was taken by the CFSA hotline regarding the focus youth, his younger sister, and their maternal grandmother. Reportedly the caller responded to the residence twice in one night due to the focus youth continuously calling 911 to report a family disturbance. According to the caller, when he arrived on the scene, the maternal grandmother was yelling because she did not approve of the focus youth talking to his male paramour on the phone. The grandmother threatened to expel the focus youth from the house.

Following an investigation the focus youth and his sister, were removed from the home in late November 2006. The focus youth was placed at a local independent living program and his sister was placed at a girls' group home. The grandmother stipulated that she would no longer be able to care for the children due to their behavioral issues and disrespectful attitude towards her. The focus youth's permanency goal changed from reunification to APPLA on July 26, 2007.

The focus youth only has one sibling, a sister who is currently 17 years old. She is in foster care and lives in a group home. The focus youth's birth mother and birth father do not participate in the case planning process and are not involved in his life.

Youth's Current Status

The focus youth had been living on and off with his birth mother and maternal grandmother throughout his childhood. When he was eleven years old, his maternal grandmother obtained legal custody of him and his younger sister. Reportedly, the birth mother has struggled with drug addiction for many years and has been unable to adequately parent her children. Team members stated that the focus youth and his maternal grandmother had a tenuous relationship in the past, but now they have a cordial relationship. During holiday and summer breaks, he visits with his maternal grandmother at her home and occasionally spends the night. The focus youth reportedly has sporadic contact with his birth mother and birth father and he contacts them

whenever he wants to see them, which team members shared, is rare. Team members noted that the focus youth has stated that he blames his parents for his involvement in the foster care system and feels animosity towards them.

The focus youth has a positive and mutually supportive relationship with his sister. All of the team members reported that they are closely bonded and speak to or email each other every day. Team members added that the focus youth is a role model for his sister, and he advises her to live up to her fullest potential. During holiday and summer breaks, the focus youth visits his sister frequently.

Team members describe the focus youth as intelligent, academically focused, and determined to achieve his personal goals. He graduated as the valedictorian from a local high school and received a full college scholarship. At college, he is majoring in Mass Communication with a Theater minor. In order to retain the scholarship, he must maintain a 3.5 grade point average (GPA). As of last semester, he earned a 3.4 GPA. Team members did not report concerns about the focus youth achieving the mandatory grades to keep the scholarship and added that he has been an excellent student throughout high school and college. The focus youth reported that after graduation, he would like obtain a master's degree in business administration. Most of the team members, however, stated that the focus youth was interested in pursuing a career in the entertainment industry after college.

None of the team members expressed concern about the focus youth's safety either at the independent living program or at college. They expressed concern, however, about his medical care. While the focus youth is up-to-date with dental and general physical examinations, he did not attend an important cardiology follow up appointment that was scheduled this summer. Reportedly, the focus youth was diagnosed with a staph infection over a year ago and was treated at a local hospital near his college. The staph infection was quickly resolved, but the medication he was taking for the infection triggered an underlying heart condition called Wolff-Parkinson-White Syndrome. This condition is due to an extra electrical pathway in the heart. Most individuals with this syndrome remain asymptomatic throughout their lives; however, it still needs to be closely monitored by a cardiologist. The social worker scheduled the cardiology appointment this past summer and offered to provide transportation, but the focus youth reported that he would go on his own. He did not attend the appointment and reported that he did not need continued medical care because he reportedly was seen by a physician at his college.

Overall, the focus youth has demonstrated extremely responsible behavior. He has maintained excellent grades and continues to be eligible for a full college scholarship. He follows the rules at the independent living program when he is staying there and cooperates with the staff and his social worker. The focus youth maintains a balanced bank account and keeps in touch with the Center for Keys for Life staff. He participates in his quarterly Youth Transition Plan meetings, at which time progress regarding his goals for independent living are assessed and discussed. He exudes a positive emotional outlook even while sharing his frustrations about the foster care system. According to all of the team members, the focus youth's maturity is an asset and the foundation for his continued success.

An exception to his mature behavior, as noted by team members, has been his disregard for an outstanding medical bill. When he was initially diagnosed with the staph infection, he went to a hospital near his college campus. He was charged for the services rendered, but has not filed an insurance claim nor given the bill to the social worker for payment. Team members are concerned about how this bill may affect his credit.

The focus youth was ordered by the Court to come to his hearings but has never attended any court proceedings. Now that he is in college, he reports that he can not attend his hearings nor participate by phone because he is too busy. Team members stated that he has no interest in going to Court and is anticipating the day when he will be out of the foster care system. Team members have talked to the focus youth about the benefits of attending court proceedings, such as being able to state his wants and needs to the judge. Some team members stated that the focus youth would like to have a new GAL, and they informed him that participating in his hearings would be the most effective way to request a new attorney.

Given that the focus youth has achieved considerable academic success and has developed many independent living skills, his prospects for permanency are extremely high. The only barrier to safe case closure at this time is his age. When he turns 21 in the fall of 2010, he will emancipate from the foster care system.

Caregiver's Current Status

The focus youth resides with a roommate in a dormitory at college, but during holiday and summer breaks he returns to Washington, D.C. and stays at an independent living program. This has been a stable placement for him since he was placed there when he came into care three years ago. Team members report that the focus youth is respectful of the staff and follows all of the program rules. It was also noted that on rare occasions he has an emotional outburst. Team members reported that he briefly became argumentative with the program director when several of his personal items were stolen from his room. Team members stated that the focus youth mostly keeps to himself, and it was also noted that he is much more mature and responsible than the other residents. While most of those interviewed stated that the focus youth adheres to the curfew set forth by the independent living program, one team member reported that the focus youth sometimes does not return to the independent living program by curfew and stays out late into the night. However, due to the focus youth's age and overall maturity, this was not a concern to any of those interviewed.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Most of the right people are working on this case, and all of the team members reported that the social worker was the team leader. It was noted that the social worker has been thorough in his monitoring of the focus youth's academic standing as well as his medical care. Team members have engaged the focus youth and have a good understanding of his strengths and needs. Additionally, most of the team members could articulate the goals and objectives in the case plan. The focus youth has a safe and stable place to stay at the independent living program when he is home from college on breaks. The focus youth has maintained a connection to the Center

for Keys for Life and has several supports at CFSA and his independent living program. He is an extremely independent, mature, and focused young adult.

Youth Transition Plan meetings are held on a quarterly basis and the focus youth, social worker, and independent living specialist from the Center for Keys for Life participate. All of the team members were aware that the focus youth would have a final Youth Transition Planning meeting in the near future to discuss the focus youth's emancipation from the foster care system, his long-term supports, family connections, and financial planning for living on his own.

Team members have encouraged the focus youth to maintain family connections. He communicates with his sister several times throughout the week and has the opportunity to visit with her during college breaks. He also goes to see and occasionally stays with his maternal grandmother when he is home. The focus youth visits with his birth mother and birth father at his discretion, and he reportedly knows how to reach them through extended relatives.

What's Not Working Now

Overall, the performance of the system in this case has been extremely strong; however, a few key components could be improved. There were limited efforts of outreach to and engagement with the birth mother and birth father. Even though the social worker reportedly communicated with the birth mother over a year ago, he has not done so in the past 90 days. Additionally, there has been no contact with the birth father by any of the team members.

The focus youth has not attended a follow up medical appointment even though the social worker scheduled the appointment and offered transportation. The focus youth has also not addressed an outstanding medical bill that may be damaging his credit. While he is extremely responsible and mature for his age, he still needs additional support and encouragement with following through on these important matters.

Lastly, the team formation and functioning was strong, however, several team members noted that the focus youth's attorney could be more involved in engaging and supporting the focus youth.

SIX MONTH FORECAST/STABILITY OF FINDINGS

As the team continues to work toward supporting the focus youth's independence, his case shall most likely improve within the next six months. The focus youth's permanent housing situation will be identified at his last transition planning meeting. The youth has expressed interest in acquiring an own apartment near campus. It is expected that he will continue to have his grandmother as a resource as well as be connected to other extended family members.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will visit the focus youth at college to check on his progress and will bring the youth's 18 year-old sister along for a sibling visit if she is willing. | Yes |

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| Follow-Up | The social worker conducted a visit in November 2009 with the focus youth. The social worker reported that the focus youth continues to excel in his studies and was open to conversation. The social worker brought the focus youth's sister along and a sibling visit was enjoyed by both youth. | |
| Next Step | 2. The social worker will continue facilitating "Youth Transition Plan" meetings and "Individual Transitional Independent Living Plan" meetings. | Yes |
| Follow-Up | A CFSA Independent Living Specialist (ILS) joined the social worker in November for the visit with the focus youth. The ILS attended the visit in order to conduct the "Youth Transition Plan" meeting, which was successfully completed. | |
| Next Step | 3. The youth will provide outstanding medical bills to the social worker, who will pass them on to the Office of Clinical Practice for final processing and payment. | In Progress |
| Follow-Up | During his visit with the focus youth, the social worker obtained most the focus youth's medical bills from the focus youth. Reportedly, there are a few additional bills at the focus youth's independent living program, where he stays on college breaks. The social worker stated that he will obtain the remainder of the bills from the Independent Living Program once the focus youth is home on winter break. | |
| Next Step | 4. The social worker will follow up on cardiology appointments for the focus youth; for example, he will request a new cardiology appointment for the focus youth's next visit to Washington, DC. | In Progress |
| Follow-Up | The social worker reported that he had a constructive conversation with the focus youth regarding the importance of the follow up cardiology appointments. Reportedly the focus youth stated that he feels fine and does not see the need for additional medical examinations, he agreed to meet with a cardiologist during his winter break. The social worker has yet to schedule the follow up appointment, but stated that he would schedule prior to the youth's vacation. | |
| Next Step | 5. The social worker will send outreach letters to birth mother, birth father, and maternal grandmother. | In Progress |
| Follow-Up | The social worker spoke by phone with the birth mother in November 2009. The social worker asked about her living status | |

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| | <p>and she replied that she was living “here and there.” The social worker stated that he wanted to ask the birth mother if she needed assistance with housing, employment and to give her an update on the status of the focus youth, but even though she was cordial with the social worker, she quickly ended the conversation and hung up the phone. The social worker also spoke by phone with the maternal grandmother, who reported that the focus youth wanted to visit with her during the Thanksgiving holiday. The social worker stated that he does not have contact information for the birth father. He added that he plans to talk to the focus youth about inviting family members to the next administrative review and to obtain contact information for both the birth mother and birth father in order to mail them status updates.</p> | |
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QUALITY SERVICES REVIEW CASE SUMMARY #62

Review Dates: October 21-22, 2009

Current Placement: Independent Living Program

Persons Interviewed (5): Social worker, GAL, FTM facilitator, focus youth and ILP case manager

YOUTH & PARENT/CARGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year old Latino female, who has a goal of Alternative Planned Permanent Living Arrangement (APPLA) and is currently residing in an Independent Living Program (ILP). The focus youth became known to the Agency as a result of a physical altercation between her and the birth mother. In 2004, the hotline received a report for physical abuse by the youth's mother. It was reported that the youth was observed at school with marks and bruises on her neck and it was reported that the birth mother attempted to strangle the youth.

The focus youth was removed from her mother's care and placed in foster care. Based on the investigation that was conducted, it was discovered that the youth had recently arrived in the United States from Guatemala. The focus youth was residing with her maternal aunt in Guatemala for several years, until her mother brought her to the United States in 2004.

The birth mother has not been very active in the youth's case due to the language difference and the fact that the youth did not have a positive relationship with her mother. The two did not communicate and there had been no visitation between the youth and her mother as per the youth's request. There are a limited number of extended family members available to the youth, which includes the youth's older sister. However, the youth's family is very skeptical of the legal system, due to their immigration status and their inability to speak English; therefore, they avoid all contact and communication with the agency and Court. The youth's goal was changed to APPLA because she was not interested in being adopted and her family members were not interested in becoming a permanency resource for her. Furthermore, the youth did not wish to return to her mother's home. The focus youth maintained a close relationship with her elder sister and extended family members; she visits with them on a regular basis and maintains regular contact. Additionally, the youth maintained contact with her family in Guatemala, especially, with her maternal aunt, who cared for her prior to her coming to the United States. Reviewers learned that the focus youth and her mother's relationship has been improving and the youth recently started to visit with her mother.

Youth's Current Status

"Self motivated, strong work ethics, ambitious, grateful and committed" was how the team described the focus youth.

There were no concerns expressed regarding the youth's safety at school or at home. She is in compliance with the rules of the ILP and is not in jeopardy of losing her placement.

The focus youth is has been residing in a one bedroom apartment for about a year and a half through the ILP. She was transitioned to her own apartment after residing in a transitional group home for over a year, where she completed the requirements to be accepted into the ILP. The focus youth's permanency prospects are good and it is anticipated that the youth will remain in the current ILP until she ages out of the system at 21-years old.

The focus youth's medical status is unacceptable. Reviewers learned that the youth suffers from headaches and recently had to go to the emergency room. However, she has not taken the responsibility to follow through on her medical appointments. As of the date of the review, the youth was behind in all her medical follow ups, which includes a comprehensive physical, gynecological exam and dental exam. The youth reported that at the time of her appointments, she could not take off from her job to go to the doctor. She reported that she was only entitled to two absences from work and if she took off to go to the doctor, she would lose her job, which she needed in order to keep her placement in the ILP. During the review, reviewers learned that the youth had an up coming appointment with a neurologist regarding her headaches.

The youth is currently a second year student at a local college and is reportedly doing well in her courses. Although the youth is in her second year, she does not have enough credits towards her associate's degree. Reportedly, the youth has to take a few remedial English classes because English is her second language. This is also preventing her from progressing the way she is supposed to in order for her to complete her associate's degree before she reaches 21. Furthermore, the youth also had to deal with some other set backs during this school term. Reportedly, there were some issues with her school payments not coming in on time from the Center of Keys for Life (CKL). She had to withdraw from the classes because she could not purchase her books. This was very frustrating for the focus youth who is concerned about completing her degree before she ages out of the system. Additionally, she felt that she completed all the paperwork that was requested of her and did not understand what the problem was. The youth expressed her concern that it was not made clear to her as to what the problems were that caused her to have to withdraw from school. She is hoping that everything will be in place for the January 2010 school term.

The focus youth has maintained a close relationship with her extended family members. She is also a resource to them due to the fact that she is a legal resident of the United States. She communicates regularly with her family in Guatemala and it was reported that the youth is planning a visit to Guatemala for the Christmas holiday. When asked about her family in Guatemala, the youth reported that she has a large family in her country. She has an older sister and her niece and the aunt who cared for her in her mother's absence. Reviewers asked the youth about her father and she reported that he is Guatemala and she did not have a relationship with him or any of her paternal relatives. She is aware of who her father is, but explained that he has another family and does not acknowledge her. She has no desire to have a relationship with him. Reportedly, the youth and her mother did not have a good relationship and the two did not visit with each other. However, within the last few weeks, the youth had been visiting with her mother and the two are working on their relationship. Although the focus youth's family was not a permanency resource for her, they are very supportive of her. They will remain life long connections for her and provide assistance to the youth even after her involvement with the agency has ended. The focus youth is positive that she is heading in the right direction regarding

achieving permanence. She informed reviewers that if her case was to close today, she would be able to sustain herself safely in the community. When asked what her one wish was, she stated “to be successful and grow more as a person.”

The focus youth has consistently maintained employment since entering college and is in the process of starting a new job as an Assistant in a day care facility. Her future plan is to transfer into a bachelor’s program once she completes her associate’s degree to study Early Childhood Education or Interior Design. The focus youth informed reviewers that she has a great deal of experience working in the early childhood field and may choose this path as her focus. Reviewers were very impressed with the fact that the focus youth did not just accept any job. Instead, she sought to find employment in the area of her interest that could potentially lead to a career. It was reported that the youth has demonstrated exceptional independent living skills. One team member credited the focus youth’s skills to the training she received when she was in the transitional program prior to moving into her own apartment. The youth maintains her apartment in excellent condition and follows up with her ILP case manager as scheduled. She has a strong desire to work and is very determined to obtain her associates degree. Reportedly, the youth frequently receives gift cards and certificates from the ILP, due to her accomplishments.

Although the focus youth appears to be very responsible in most areas, her decision to neglect her health was poor and is potentially harmful to her overall wellbeing. The youth appears to be very mature and seems to be making some good decisions regarding her future. Specifically, relating to her education and employment.

Parents’ Status (as reported by team members)

The birth mother is a legal resident of the United States, and does not speak English. She is the mother of three daughters; two adults and the focus youth. Reportedly, the birth mother and the focus youth did not have a positive relationship prior to coming to the United States. Therefore, when the youth was brought to the United States to live with the mother, the two continued to have a strained relationship. After the youth’s removal, the two were further estranged from each other and the youth did not wish to return to her mother’s care. As a result, there was no visitation or contact between the two for years. However, the birth mother and the focus youth recently started visiting each other and are currently working on their relationship. Throughout the life of the case, the mother remained uninvolved; she did not attend any meetings at the agency and did not have any discussions with workers regarding the case plan or the focus youth. Additionally, there was no court ordered services for the mother and no assessment was conducted to determine if she was in need of any services. It should be noted that the mother reportedly regularly attended the court proceedings with the exception of the most recent one.

According to information obtained, the focus youth’s father is still residing in Guatemala with his family and has never acknowledged the youth’s existence. Reviewers learned that the judge dismissed the attorney who was appointed as the father’s attorney, due to the fact that they have not received a response from the person identified in Guatemala. It should be noted that the birth mother has not had any contact with the individual who she claimed is the father, since the focus youth’s birth. Reviewers also learned from the focus youth that she was not interested in

meeting her father, who has not claimed her as his daughter and has no intention of seeing him when she visits Guatemala for Christmas.

Caregiver's Status

The focus youth has been in the Independent Living Program for a year and a half. The youth was satisfied with the services that she has been receiving through the program. They provide the youth with a one bedroom apartment and case management services. The case manager meets with the youth two times per month to discuss any pending concerns and to provide assistance as needed. The case manager also ensures that the youth is meeting her ILP goals and objectives through the transitional planning meetings. There are staff members available to the youth in case of emergency 24 hours a day. The focus youth is provided with an on call number and instructions as to what she should do in the event of an emergency.

Reviewers learned that the case manager was aware of the youth's medical concerns regarding her headaches, however, immediate assistance was not offered. Instead the youth was referred to the program nurse, who had not met with the youth as of the date of the review. Furthermore, it was reported that the current case manager was assigned to the case approximately three months ago, but did not make contact with the youth's agency social worker, or submitted any monthly progress reports on the youth.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The youth has been able to establish a good working relationship with everyone working on her case. She was very satisfied with the services she has been receiving from the team. It was clear that the youth is very involved with the case planning process and was instrumental in the development of her case plan. She is the driving force on her case and seems to be able to advocate for herself in order to accomplish her personal goals, which are: to maintain stable employment and obtain her associate's degree before age 21. The team seems to be working together with the focus youth in planning and making sure that the agreed upon steps are focused on the permanency goal. All key service participants have a shared understanding of the youth and a good assessment of her situation. Everyone is aware of the significance of her completing her degree and the frustration she is feeling as she moves closer to age 21 and has not yet completed the associate's program.

The team knew what the barriers were that would delay the youth in accomplishing her goals and they were already discussing strategies to address those barriers: the youth's financial aide package and her curriculum. In fact, at the time of the review, reviewers learned that there is a pending meeting with the youth's college to address these issues. Team members were very concerned about the youth having to withdraw from school this semester and wanted to make sure these issues were addressed in time for the new school year. Some team members expressed their frustration at the system and are eager to work together to do whatever is necessary to make sure the youth is not faced with any more interruption of her studies. Additionally, the social worker recently organized a permanency Family Team Meeting to identify and establish the youth's permanent life long connections after she achieves case closure.

The focus youth has been making good strides on her pathway to safe case closure. Everyone on the team including the youth understands the case goal and has been making good efforts to achieve the permanency goal. The youth has made sure that she maintains employment, which is a requirement for her ILP and she is working closely with her team to address her concerns regarding her education. She has demonstrated that she is developing the ability to live safely and function successfully and independently in the community. Team members, including the youth are clear on the case goal and everyone is in agreement as to the identified steps that must be accomplished and the timelines to move towards case closure.

The social worker has been on the case for less than a year, but was the identified leader on the case and seems to have established a good relationship with not only team members, but also with the youth. The worker maintained good communication with team members and has kept everyone informed and involved with the case planning process. It was evident that the team was planning together and developing the steps needed to address the youth's needs to ensure safe case closure.

What's Not Working and Why

The focus youth's strong work ethics, moral obligation to her job and the ILP requirements, has caused her to neglect her medical needs. However, she received no intervention from the team to assist her in addressing her medical needs. The team was aware that she was having chronic headaches, but there was no intervention in place to address these concerns. Everyone talked about the youth's strong work ethics and the fact that she would not jeopardize her job, but the team failed to put a plan in place to address these medical concerns. The youth has been missing her appointments dating back to March 2009. At the time of the review, October 2009, she still did not have a medical follow up. It was reported that the youth had an emergency room visit a week before the review and was told she needs to be seen by a neurologist. The ILP case manager reported that during a home visit, the day after the youth was seen in the emergency room; the youth reported that she felt that she maybe having a stroke during a home visit. However, there was no emergency intervention by the ILP. The youth was referred to the ILP nurse, who had not had an opportunity to assess the youth up to the time of this review. It was shared with reviewers that the youth has a few pending appointments within the next month.

Reviewers were dismayed at the fact that the youth had to withdraw from school for the fall 2009 semester, because she did not receive any funds, from CKL, to purchase her books. This was a major set back for the youth, who was already behind in credits due to the remedial English classes that she has to take. Although she is in her second year, she is still behind in the number of credits she would require to put her on schedule. This is solely due to the fact that the college has limited her on the number of classes she could register for while still taking her remedial English. Reportedly, she still has two remedial English classes to complete. Until then, she will continue to be limited as to the number of credits she can take. Although this seems to have been a systemic issue, rather than an individual's error, reviewers did not understand why there was no back up funds available for the youth until her other funds came through, to prevent her from withdrawing from school. Additionally, no one made any attempts to contact the college to see whether an arrangement could have been worked out so that the youth could receive her books on loan until the money became available. This situation was clearly very frustrating to the

youth, who realizes that she has two more years in the system and wants to make sure that she is able to obtain her associate's degree prior to case closure.

The new case manager from the ILP seems to have been missing from the team within the last three months. Reviewers understood that there have been no monthly reports received by the social worker from the ILP since the new worker came on board. It was not clear as to why the disconnection with the new case manager occurred. It should also be noted that prior to the change in workers, the social worker and the previous case manager worked closely on behalf of the youth and monthly reports were received as scheduled. Team members have no formal reports regarding the youth's progress at the ILP and have relied on the youth to provide updates.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

It is expected that the focus youth's situation is likely to improve, since she is scheduled to be seen for all her medical follow ups within the next month. The team is also scheduled to meet to develop a plan to ensure that her education is not interrupted further and to ensure that she is given the opportunity to increase her credits in order to obtain her associate's degree on schedule.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | <p>1. The social worker will take the following steps to ensure that the youth attend all of her medical appointments.</p> <p>a) Contact the youth a few days before her appointments, the day before the appointment and the morning of the appointment.</p> <p>b) Social worker should provide the youth with transportation if needed.</p> | Yes |
| Follow-Up | <p>The social worker went to the youth's apartment and took her to the emergency room the day after the review, due to complaints of headaches. While at the hospital, several tests were completed and it was determined that there were no neurological problems and the youth did not need to be seen by a neurologist. Coincidentally, since the visit to the emergency room, the youth has not complained of any headaches.</p> <p>The youth was seen for a GYN exam and was prescribed birth control. She received a comprehensive physical exam and dental check up. Her braces are scheduled to be removed in January.</p> | |

| | | |
|-----------|---|-----|
| Next Step | <p>2. The social worker will arrange a meeting with the CKL representative and supervisor to address the following issues:</p> <p>a) The youth’s educational needs, as it relates to the number of credits she is allowed to register for and the remedial English classes.</p> <p>b) The financial commitment from the agency and other financial aid in regards to the purchasing of books and tuition payment.</p> | Yes |
| Follow-Up | <p>The social worker met with the CKL representative and the youth to discuss her educational needs. At the time of the meeting, the youth reported that she no longer desired to return to the college she was attending and will be completing an online Associates degree in Early Childhood Education. The social worker reported that the youth was employed as a teacher’s aide at a local school and they were the ones who informed her of the online option. The school will promote the youth once she completes the online degree and this would also mean an increase in salary for her.</p> <p>At the meeting, the social worker ensured that the youth completed and updated her forms for financial assistance. At the end of the meeting, all the necessary documents were completed and the youth was scheduled to begin her online courses in January. It is expected that the youth will complete her Associates degree before she ages out of the system at 21.</p> | |
| Next step | <p>3. The social worker will coordinate with the ILP case manager, to ensure that monthly reports are received as scheduled.</p> | Yes |
| Follow Up | <p>The social worker, the youth, the birth mother and the ILP case manager had a meeting at the youth’s apartment to discuss the case and to review their case plans. It was also established that the social worker is expecting a written monthly report regarding the focus youth’s progress at the ILP. It should be noted that since the review, the social worker has been receiving the monthly reports from the ILP case manager; they also speak regularly in reference to the youth.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #63

Review Dates: October 19 and 20, 2009

Current Placement: Therapeutic Group Home

Persons Interviewed (8): CFSA social worker, birth mother, AAG, GAL, mother's attorney, wrap-around services case manager, DYRS case manager, group home therapist, and education advocate

The focus youth was contacted for an interview, but he declined to speak with the lead reviewer.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 15-year-old, African-American male, who currently resides in a therapeutic group home located over 50 miles outside of the District of Columbia. He is an only child. The focus youth is encouraged to have telephone contact and supervised face-to-face visitation with his birth mother. The social worker has made recent efforts to locate the birth father (further information discussed under "Parent Status".) The focus youth is committed to and placed through DYRS. His child welfare permanency goal is reunification with his birth mother.

According to the agency record, the focus youth became known to CFSA after several different CPS reports were made during the summer of 2005 alleging physical abuse and lack of supervision against the birth mother. An additional report of sexual abuse was made that summer alleging that the focus youth had been abused in the past by a mother's boyfriend. At the conclusion of the investigation the following allegations were substantiated: Abuse – Physical and Psychological; Neglect – Medical; Regular Exposure to Illegal Drugs; Substance Abuse Impacts Parenting; and Domestic Violence. The allegation of sexual abuse was unfounded. The focus youth was committed to agency care for a period of time and then he was returned to his mother's care under Protective Supervision.

There is a long juvenile criminal record for the focus youth starting at around age ten. Some of his criminal charges include: theft; assault; threats of harm; carrying a dangerous weapon (BB gun); unauthorized use of a vehicle; and destruction of property. At age 13, the focus youth reportedly had a history of using marijuana. In 2007, the focus youth was committed to DYRS and was placed at a residential treatment facility over 100 miles outside of the District. He was discharged from the treatment facility during the QSR review period and was placed at his current placement in a therapeutic group home. His DYRS commitment is scheduled to end in March 2010.

Youth's Current Status

The focus youth is described by almost all team members as being friendly, street savvy, athletic, charming, manipulative, opportunistic, physically aggressive, verbally provocative, and "dangerous". The focus youth is diagnosed with ADHD, Rule Out Bi-polar Disorder, History of Cannabis Abuse, Learning Disability, Parent and Child Relationship Problems, and Borderline

Intellectual Functioning. He receives monthly medication management through the therapeutic group home and is currently prescribed Seroquel and Concerta. He is said to be medication compliant. Multiple team members reported that they believe the medication has been helpful as the youth exhibits an increased level of concentration and engagement when he is medicated. People commented that the youth has recently been more respectful in meetings and that he has been able to increase his tolerance level for sitting through team meetings (he can manage about an hour now.)

Within the first ten days of his current placement, the focus youth displayed unsafe behaviors such as smoking cigarettes, going AWOL from the group home, engaging in physical altercations with other residents, and using disrespectful and often sexually provocative language and gestures towards female staff members.

Over the last month, the focus youth has continued to engaged in physical fights with peers, including two fights within seven days of the QSR, one of which the focus youth may have broken his finger. The other altercation resulted in a criminal complaint of Assault in the Second Degree being filed against him by another resident. At the time of the QSR, there was no further information related to these charges. The focus youth continues to exhibit sexualized behavior including his “grinding” against a female staff member.

In an effort to manage the focus youth’s behaviors and increase direct supervision, the focus youth’s mental health case management agency recently implemented a one-on-one aide for the youth at the group home four days a week from 3:00-9:00 pm. The focus youth also receives individual and group therapy at the therapeutic group home. In addition, within the last month, the group home has started family therapy with the focus youth and his mother. Due to the focus youth’s unsafe and physically aggressive behavior there are concerns related to the safety of others and his future stability at the group home.

The focus youth is in the ninth grade at the therapeutic group home’s Level V special education school. There are questions among team members and the focus youth regarding what credits should have transferred with him from the residential treatment facility. The focus youth believes he should be in the tenth grade. Team members are aware of the concerns and are taking steps to obtain the correct information from the treatment facility. For now, the focus youth’s classes are ninth grade level; however, he is reportedly reading at the 5-7th grade levels. According to team members, he is making progress on his IEP.

In the last 30 days, the focus youth attacked a peer with a pair of scissors at school. He was suspended for 45 days, but after a team meeting it was decided that his behavior is partly due to his diagnoses and that he would not benefit from a suspension of that length. A one-on-one aide was quickly instituted during school hours to increase supervision. Since the one-on-one started, team members feel that there has been a slight improvement in the focus youth’s behavior. For example, he has been able to refrain from getting involved in at least two larger fights at school. Socially, the focus youth is seen as only having superficial relationships with peers. He tends to zero in on weaker students and has the ability to charm and manipulate his peers. Activity wise, the focus youth participates in the school’s flag football team. He wanted to participate in a

karate program that the mental health agency was going to pay for, but he lost the privilege of this activity due to aggressive behaviors.

Additional services offered to the focus youth through his mental health agency include the implementation of a psychosexual evaluation and an in-home behavioral psychologist. The first service is an eight week psychosexual evaluation and any recommended treatment in response to the focus youth's alleged history of sexual abuse and his existing sexualized behaviors. A majority of team members feel that the focus youth is a "sexual predator" and that he exhibits "grooming" behaviors where he uses his charm and leadership skills to develop superficial trust relationships with weaker or needier children/people in order to manipulate them and engage in inappropriate boundary invasion. For example, just prior to his discharge from the RTC, allegations were made by another resident that he performed oral sex on the focus youth. Team members reported that while the investigation outcome was that it was "consensual", the reporting child indicated that there was an element of fear of the focus youth. In addition to that incident, there is the inappropriate sexualized language and behavior exhibited by the focus youth at school and at the group home.

The behavioral psychologist is meant to work with the birth mother prior to and after the focus youth returns home. This specialist will focus on preparing the mother for dealing with the focus youth's behaviors and having realistic expectations for him and their relationship. This service has not started yet as the birth mother just signed the release of information within the last 30 days of the review.

Physically, the focus child has a current annual physical and vision. There was a question as to when his last dental evaluation was completed. During the QSR, it was reported that the focus youth had possibly broken a finger during a physical altercation with another resident. The group home staff was ensuring that the youth received appropriate medical attention. The school is reportedly providing the focus youth with reproductive health information.

The focus youth identifies himself as Muslim. He reportedly studies the Koran and has dietary preferences. All team members reported that the group home does not prohibit the youth in any way from practicing his religion. They comply with his dietary preferences.

The focus youth is not making consistent responsible behavior choices as described above. In terms of independent living skills, his placement in a group home limits his freedom to learn many skills. Despite that, he is said to be an excellent cook and he has cleaning and organization skills. He has expressed a desire have a career as a barber. He has not had the opportunity to have a job due to his need for strict supervision.

Parent Status

The birth mother is a 31-year-old, African-American mother of one child. She is not employed or engaged in a work or education program. Team members described the mother as being a strong self advocate and a strong advocate for her son when she believes in the need. She is also described as having an attitude of "entitlement", a lack of ability or desire to manage her money, and a lack of taking responsibility for her role in parenting the focus child. She is inconsistent with her boundaries and her responses to things. For example, it was reported that "She will like

you one minute and then hate you the next.” She verbally blames CFSA for the problems with her son and says that the agency took her parental power away from her.

In 2005, the birth mother participated in a court ordered psychological evaluation and was diagnosed with Adjustment Disorder, with Depressed Mood, Parent-Child Relationship Problems, Cannabis Abuse, and Personality Disorder, with Narcissistic and Paranoid Features, and Borderline Intellectual Functioning. The evaluation indicated that the parent/child relationship problems reflect the mother’s difficulty with effectively providing structure and discipline to the focus youth. It further indicated that the mother feels “entitled” and has a “tendency to extreme responses”. Another statement was that the mother “tends to absolve herself from accountability for parenting” and predicted future disruptions. Evaluation recommendations included individual and family therapy and drug testing and treatment. Until the last court hearing in August 2009, the birth mother had not participated in any recommended services. The current social worker realized this lapse and attempted to address this disparity in court. The mother denied the need for individual therapy. The court refused to order individual therapy, but did order the other services.

In terms of engagement and participation, while the mother attends all the meetings for the focus youth it is her lack of quality engagement that is a major concern. Team members feel very strongly that the birth mother’s participation in this case is unproductive and that she has a non-realistic point of view of the future. They feel that she is in denial about the focus youth’s behaviors and mental health needs. She maintains that she never physical abused the focus youth. She denies that he could have ever been sexually abused by anyone. Team members feel that she does not take responsibility for parenting her son and often makes statements about the need for other people to supervise him and “change his behaviors”.

The relationship between the birth mother and the focus youth is seen as emotionally inappropriate and destructive. The mother tends to “trigger” the focus youth during meetings and these interactions have set the focus youth back in his treatment. Team members see their relationship as “boyfriend and girlfriend” over “mother and child”. The mother tends to use very narcissistic language when discussing the focus youth and this case such as “look at what he’s done to her”, “look at how this impacts me”, “look at what I have to do for him”. Due to their relationship and the youth’s continued aggressive, unsafe behaviors, the team feels that the focus youth is not ready for “home passes” to visit with his mother in the District.

The birth mother is not helping this case move towards case closure. She refused individual counseling, she tested positive for marijuana use, has not completed the APRA assessment, and she has not been visiting the focus youth at his group home unless it is for a scheduled meeting. She reports that she does not have any money for transportation, although it was reported that she still receives the focus youth’s SSI check each month. Family therapy just began the month of the QSR and the mother requested funds and/or transportation to the group home. CFSA and DYRS have provided funds for transportation; however, after the first family therapy session she asked the therapist for money for her return trip to the District. When the therapist would not give her money, she borrowed money from the focus youth. The birth mother says that she is ready for the focus youth to come home, yet immediately outlines all the services, including a one-on-one aide in the home, that she wants in order to maintain him.

The birth father is unknown at this time. The social worker has made attempts to identify and locate the named birth father to no avail.

Caregiver's Status

All team members praised the group home and the school. They feel that they are really putting in a lot of effort to work with the focus youth. The group home is seen as providing for the focus youth's physical needs – especially food, clothing, shelter, medical, and education. As previously stated, the group home complies with the focus youth's religious needs. Although this young man continues to find holes of opportunity to manipulate and fight with people, there is a great deal of supervision in the group home, especially with the implementation of the one-on-one aide.

Regarding relationships in the group home, the focus youth has made superficial connections with staff members. There was one connection indicated between the focus youth and his female one-on-one aide. Due to his history with inappropriate sexualized actions towards female staff members, the team is monitoring this relationship, but thus far it has been found to be appropriate.

The group home participates in all meetings and treatment team planning sessions. They are conducting his therapy and have him enrolled in their special education school. They are working with DRYS and CFSA in terms of engaging the birth mother. They have been open to trying new interventions with the focus youth (i.e., the one-on-one aide at the group home).

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Despite the struggles with the focus youth and the birth mother, the “system” is highly functioning in this case. It is clear that there is a strong, cohesive, and competent team involved in this case. The DYRS case manager is the team leader as appropriate since the focus youth is committed and placed through that agency. However, the CFSA social worker is a team member who is linked in with the team and is aware of what services are occurring, attends all meetings, and is monitoring what's going on so that when DYRS exits the case she can step in as leader.

Interviewees used the words “team” and “teaming” in their interviews and in documentation. The team uses email chains as an effective communication tool in order to share information, ask for opinions, monitor transitions, and as an avenue to creatively problem solve. Many team meetings and court hearings are held in this case and almost all team members participate. There is good communication between the attorneys before court and reminder emails about court orders, etc.

Engagement of the focus youth is very good in that he is clearly an active team member in terms of case planning, articulating and accomplishing goals. He participates in the monthly treatment team meetings at the residential treatment facility and he feels that the team wants his input. Team members appear to have almost the same assessment of the focus youth; his strengths, his challenges, and his needs. They all share the same fears related to the focus youth's continued

aggressive. The team appears to have a solid assessment of the relationship between the mother and the focus youth and how the mother's challenges negatively impacts her son. It is from the in-depth assessment of the focus youth that the extensive wrap-around services were implemented. Even with the services, the team recognizes that this young man struggles to maintain even minimally safe behaviors. The challenge remains that even with a great deal of support, the focus youth maintains a low level of appropriate behaviors.

Even with the extensive services put into place for the focus youth, he is still engaging in inappropriate and violent behaviors. Every team member expressed concerns that this young man will immediately reoffend if placed back in his mother's care – this reoffending could very well be his hurting his mother. One team member offered to have a Muslim co-worker talk with the youth about their religion and help make some community connections for him. Thus far the youth has not accepted that offer.

While the current assessment of the birth mother is shared by the team members and seems to be thorough, thoughtful and in-line with her behavior, reviewers feel that the Court has limited the team's assessment by not ordering individual therapy for the mother. In addition, the family therapist and the behavioral therapist would benefit from reviewing the mother's 2005 psychological evaluation. DYRS and CFSA have provided extensive transportation for the mother to attend meetings, Court and visits. Individual therapy was offered and rejected. Drug testing was implemented and when the mother tested positive for marijuana, an APRA appointment was scheduled and rescheduled. Family therapy has been implemented by the group home and they are using this as a creative way to do some individual work with the mother by meeting with her for most of the session and then bringing the focus youth in at the end. The focus youth's mental health agency put into place a family total care program for the mother to help her identify a vocational or educational program, find a job, and possible parenting classes. The in-home behavioral psychologist is also being implemented in order to help the mother learn how to deal with the focus youth's behaviors.

The social worker has attempted to obtain updated information on the birth father from the mother, but she did not share any constructive information. The social worker attempted to find more information through a Diligent Search referral with the limited information that she has. The Diligent Search Unit reported that more information would be necessary in order to do an effective search.

Team members had an overall positive outlook on court. Everyone expressed that they felt respected by the Court and that their opinions were listened to. The mother received a new attorney in order for her to have better representation as her old attorney neglected to be present in court.

What's Not Working Now and Why

While the "system" in this case is very strong, there are two areas that need refinement. The first area is for the team members to continue to assess the focus youth's medication. He is currently taking Concerta for his ADHD, and Seroquel, an anti-psychotic typically used to treat schizophrenia and Bi-polar disorder. The youth continues to have highly impulsive and physically aggressive, dangerous behaviors. It is recommended that the team continue to closely

monitor the youth's behaviors and provide the treating psychiatrist with detailed descriptions of the youth's behaviors and interactions.

The second area needing enhancement is in the area of safe case closure. Right now, team members are doing what they need to do for this young man and all the service and meetings are aimed at improving his behavior and assisting his mother in preparing for his return home. The united concern centers on DYRS' scheduled exit from the case in March 2010. DYRS is paying for his therapeutic group home placement and engaged his mental health agency; both of which will end when DYRS exits the case. As the focus youth is not committed to CSFA, he would be immediately placed with his birth mother. Team members feel that the decision to return the youth to his mother's care under the existing protective supervision is a grave mistake. They believe he will reoffend immediately upon placement and his stability will be severely impacted. Several team members commented that there is the strong potential that the focus youth will severely harm his mother if returned to her care. While team members attempt to solve problems outside of court, there is disagreement around case closure. CFSA has tried to close the focus youth's case several times as he is committed to DYRS. Other team members believe that the youth should be committed to CFSA care due to the pending exit of DYRS. While some team members understand CFSA's legal standing in this case, there are a few people who do not understand the legal boundaries that CFSA has in the case where we have an uncommitted child that is not living with his mother. This case is complicated by the fact that in order to commit the focus youth to agency care, CFSA would have to prove abuse and neglect by his mother to justify and out of home placement, yet he does not live with his mother.

The CFSA social worker is also concerned with the future plans for the focus youth and she seems to be acting proactively in terms of documenting on the record that the services and court orders that the mother engages in. The social worker is closely monitoring the focus youth's behaviors and service needs as this information will be helpful in identifying future plans. It would be helpful to the team if the assigned AAG would talk with the united team around explaining CFSA's legal requirements and limitations in this case.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus youth continues to engage in unsafe and violent behaviors – one of which resulted in new criminal charges – it is believed that the focus youth's status will decline.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

The social worker reported that the focus youth was almost expelled from this special education school due to continued violence against two students (one required medical treatment) and for being AWOL. A new special education school was quickly identified for the focus youth. He was then suspended and there is a question of what school placement will be best equipped to handle his behaviors.

The social worker also reported that an emergency meeting was held regarding the focus youth's placement at the therapeutic group home. The CFSA social worker was unable to participate in this meeting due to it being scheduled so quickly. During this meeting, it was decided that due to continued violent, threatening, and unsafe behaviors the focus youth would be discharged from the therapeutic group home and returned to the home of his birth mother despite team members' concerns. CFSA has worked with the mother and other agencies to attempt to get multiple services both in and out of the home. As a reminder, the focus youth is not committed to CFSA and is under Protective Supervision with his mother. He is still committed to DYRS.

The social worker and supervisor reported that the Program Manager and the Administrator have been advised of this situation and of the concerns related to this youth. There are concerns that if the youth were to become committed to CFSA there would not be a safe placement for him due to his level of violent aggression. If his aggression cannot be controlled, which thus far it has not, placing him a foster home or a group home would most likely endanger other children/youth in our system.

When asked about DYRS, the social worker indicated that according to the DYRS case manager, the youth "has done his time" and he has not committed any new criminal acts within the District (all his assaults have been in Maryland).

| | | Outcome |
|------------------|---|--------------------|
| Next Step | 1. The social worker will follow-up with the group home regarding possible new juvenile charges in Maryland and possible broken finger from recent physical fight. | Yes |
| Follow-Up | The social worker reported that the focus youth received appropriate medical care for his broken finger and that it is healing fine. The social worker provided an update regarding the focus youth's pending new Maryland juvenile charges stemming from an assault against another resident. The focus youth met with a Maryland juvenile services intake person, but there have been no court hearings to date. It is unclear what will happen in Maryland, especially now that the focus youth has returned to DC. | |
| Next Step | 2. The social worker will meet with the AAG to discuss the focus child's legal status, team concerns, and possible future court options (i.e., commitment) for the focus youth. After that meeting, the social worker will request that the AAG participate in a service team meeting to discuss the above. | In Progress |
| Follow-Up | The social worker attempted to meet with the AAG in person, but ultimately discussed this case over the telephone. It was felt that the AAG did not give clear guidance on the concerns related to the youth's commitment to CFSA and his possible return home to his | |

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| | mother under Protective Supervision. The AAG did not participate in any service team meetings. | |
| Next Step | 3. CFSA will request an updated psychological evaluation of the birth mother. | In Progress |
| Follow-Up | The social worker had planned to request an updated psychological evaluation of the birth mother at the December court hearing, but the GAL filed a motion requesting an evaluation on his own. CFSA agreed with his motion. At the December court hearing, the mother's attorney indicated that she did not have adequate time to respond to the GAL's motion and more time was allotted. | |
| Next Step | 4. The social worker will follow-up to see if CFSA can provide the family therapist with a copy of the birth mother's 2005 psychological evaluation. If yes, the social worker will give it to the therapist. | Yes |
| Follow-Up | The social worker faxed the birth mother's 2005 psychological evaluation to the family therapist and receipt was confirmed. | |

QUALITY SERVICE REVIEW CASE SUMMARY #64

Review Date: October 21 - 22, 2009

Current Placement: In-Home with Birth Mother

Persons Interviewed (5): Social worker, focus child, birth mother, family's pastor, and mother's therapist.

The reviewers scheduled an interview with the family's assistant pastor, but were unable to talk to him due to time constraints.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eight-year-old boy from El Salvador, whose permanency goal is Family Stabilization. The focus child, his birth mother, and ten-year-old brother moved to the United States in September 2008 in order for the brother to obtain medical treatment for a leg disability. The family is Spanish-speaking and was sponsored to come to the United States by a local pastor and her mission. The focus child and his brother have a 19 year-old sister who lives in El Salvador. The birth father of the focus child and his brother lives in El Salvador and reportedly has not had contact with the family for many years. The birth mother has epileptic seizures on a daily basis and has also been diagnosed with mental health disorders.

The focus child and his brother live with their mother at the mission's group home that is run by the pastor. Approximately ten boarders, all Hispanic men who had histories of incarceration and/or substance abuse, reside in the home. The pastor operates a church in the basement and functions as the manager of the house.

The focus child became known to CFSA in April 2009 when a school nurse contacted the hotline to report that the focus child's brother had come to school with pain to his right ear. The child told the nurse that his birth mother "punched him on the back of his ear." The child was reported as being fearful of his birth mother, who allegedly threatened to kill the focus child and his brother when the family returns to El Salvador. During the CPS investigation, the child's pain in his ear was determined to be from an ear infection. Physical abuse, however, was substantiated and an in-home case was opened. The children were not removed due to the fact that the birth mother was admitted to a local hospital for emergency psychiatric care for a few days, and the pastor agreed to care for the boys in the interim and to provide long-term support to the birth mother.

Child's Current Status

The focus child is a friendly and engaging little boy. His basic needs for food, shelter, clothing, medical care, and enrollment in a neighborhood school have been met, primarily due to the care and attention from the pastor, who takes the focus child to medical appointments in a timely manner and attends all of his school meetings. Team members reported that the birth mother is unaware of the focus child's progress in school and states that her pastor knows everything about

his education and medical care. They added that the birth mother reports that she has a “condition” when referring to her diagnosis of epilepsy, and cannot stay up-to-date with and remember her sons’ educational status and medical care.

Team members provided differing perspectives on the focus child’s safety at home. Some team members expressed concerns regarding the mother and pastor’s supervision of the focus child and his brother in the home. They noted that the children sometime spend time with the male boarders that live there. Reportedly, the birth mother’s therapist discussed this concern with the birth mother and the assistant pastor, but neither of them had worries about the children interacting with the boarders. Other team members stressed that the boarders were a positive influence on the children; they play soccer with the boys and occasionally assist with homework assignments.

It was shared that the focus child thoroughly enjoys staying in the United States. The pastor has ensured that the focus child has nice clothing and a few toys, which the focus child appears to appreciate. He reportedly experienced a plethora of hardships in El Salvador, such as living in a make-shift shelter without running water and basic sanitation. He did not attend school and it was noted that he used to go fishing everyday to provide food for his mother and brother. Team members stated that the focus child is extremely close and bonded to his brother and is affectionate with the pastor. It was noted that the focus child is only occasionally affectionate with his mother, but it was also pointed out that she has only recently begun to respond positively to his attention. The stability of his current home situation is somewhat tenuous, because the birth mother has discussed moving from the group home and is also anxious to return to El Salvador to be close to her family members.

The focus child attended first grade last year and summer school at a local elementary school, but is repeating first grade this academic year. He takes classes in English and Spanish, but since he did not attend school in El Salvador, his knowledge of math and reading is extremely basic. His English language skills are also quite limited. The focus child reportedly receives homework on a daily basis, and the assistant pastor occasionally helps him complete his assignments or he does it on his own. All team members stated that the focus child does not like being in a classroom with smaller children; however, they added that he enjoys attending school and puts forth much effort to succeed.

Given that the birth mother is receiving intensive support from the pastor, the prospects for permanency and safe case closure for the focus child are quite strong.

Caregiver’s Current Status

The birth mother is a 35 year-old woman from El Salvador with an extensive history of alcoholism and physical and sexual abuse. Reportedly, her mother and sister both committed suicide, and the birth mother has expressed suicidal ideation while in El Salvador and in the United States. She is diagnosed with a mood disorder and bi-polar disorder in addition to epilepsy. She is illiterate and does not speak any English, and her visa status, as well as her children’s, was unclear to the team members. Immigration officials visited the birth mother after the child welfare case opened, but no additional information was available to the reviewers.

The birth mother and pastor, according to most team members, have a tenuous relationship; one that is often positive for the birth mother and then at other times stressful. The birth mother completes household chores during the day, but she also has a lot of free time. Several of the team members stated that she is socially isolated and rarely leaves the house. She is reportedly frustrated with her financial situation, and it was noted that she must ask the pastor for money for all purchases for herself and her children. One team member stated that the birth mother recently talked about moving out of the mission's home, but she decided against it since she did not have another place to stay. The birth mother stated that she is grateful to the pastor and the mission, but once her son's surgery is completed, she plans to take her children back to El Salvador. She reportedly does not know when the surgery will take place and defers all questions about it to the pastor.

Team members did not share a similar understanding as to why the focus child's brother needs surgery on his right leg. Some team members reported that the child was born without toes on his right foot. Others stated that he needs surgery to correct a shortened leg that affects his gait. All of the team members stated that the child is not in pain and is otherwise healthy. The social worker inquired when and where the surgery would take place, but the pastor reported that she was waiting for more information from the university hospital that agreed to provide the medical care.

The birth mother has been receiving medical care in the United States, paid for by the mission, to treat her diagnosis of epilepsy. She is taking anti-seizure medication and is not experiencing as many seizures as several months ago; for example, she used to have five to six seizures a day and lately she has had only two to three. The birth mother had a follow up appointment scheduled with a neurologist the day after this review. She reportedly experiences a lot of anxiety about the seizures, not knowing when they will happen or how long they will last.

The social worker referred the birth mother to a local counseling center that provides Spanish-speaking therapists, and she had been receiving individual therapy for approximately one month prior to this review. The therapy sessions address several topics including, but not limited to: the birth mother's financial situation, her feelings of guilt around the physical abuse of her children, suicidal ideation, family history of suicide, and how her suicide would impact her children's lives, the birth mother's seizure disorder, and effective parenting.

The birth mother consistently meets with the therapist once a week and the assistant pastor provides transportation. She also receives medication management at the counseling center from a psychiatrist, whom she sees once a month. The birth mother was briefly hospitalized for psychiatric evaluation for a few days when CPS investigators initiated their investigation, because she threatened to kill her sons when they return to El Salvador and also stated that she was thinking about suicide. Since that time she has not expressed any homicidal or suicidal ideation and has remained emotionally stable with out-patient treatment. Team members reported that she takes Depakote, Neurontin, and Seroquel to control her seizure disorder and symptoms of bi-polar disorder. The therapist plans to include the focus child and his brother for a few family sessions after she has several more appointments with the birth mother. All of the team members stated that family therapy would be beneficial for them.

The birth mother's compliance and cooperation have favorably impressed team members, and it was noted that she has made significant progress towards safe case closure. Team members stated that she has made moderate progress in improving her parenting skills. They stated that she no longer physically disciplines the children, but she still occasionally yells at them. The birth mother also has not employed the use of rewards and consequences for managing her children's behavior. Most of the team members observed that the focus child and his brother have been on their best behavior lately, which has added to the overall peace in the family.

Team members, who do not speak Spanish, conduct their interviews with the birth mother through the assistant pastor, who speaks minimal English. There is a translation service through the local government and the social worker has used this service once, reporting that it was productive.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The birth mother and focus child's strengths and needs are generally understood by the team members. Several beneficial services have been implemented in this case, such as individual therapy and medication management for the birth mother, who actively participates in both. The birth mother's Spanish-speaking therapist said that she would include the children in family therapy after working with the mother for several more sessions. Team members recognize that the mission and the pastor are a stabilizing influence for the birth mother and her children, and the focus child's basic needs are being met.

The social worker has taken the lead in this case by identifying the counseling agency where the birth mother receives therapy and medication management from Spanish-speaking mental health providers. He also maintains regular contact with them in order to obtain updates on the birth mother's progress.

Team members were in consensus regarding the pathway to safe case closure, and added that the case may close in the near future pending continued stability. All of the team members reported that the birth mother needs additional support, the focus child needs a tutor, and specific details about the brother's pending surgery must be clarified.

What's Not Working Now

In terms of engagement with the birth mother, focus child, and particularly the pastor, the limited use of professional translation services has been a drawback to the overall success of case management. While the social worker uses the assistant pastor for translation during interviews with the birth mother and focus child, he reported that the use of a professional translator provided him with more detailed information about the family's status. Increased use of professional translation services may be helpful in obtaining more detailed information from the family. The social worker also has not had an in-depth interview with the pastor, who is the manager of the household and one of the primary caregiver's of the focus child. He may, therefore, be missing additional opportunities to build rapport with the family and pastor.

The birth mother's reported feelings of isolation are also of concern. Even though she is receiving therapy, medication management, and medical care to treat her symptoms of epilepsy, additional services such as a Spanish parenting class and/or a Spanish-speaking support group might alleviate some of her feelings of loneliness and help her to continue to adjust to American culture.

While no one on the team reported immediate safety concerns in the home for the focus child and his brother, safety regarding their interactions with the mission's boarders has been discussed amongst some team members, but not all of them. The birth mother reportedly believes that it is appropriate for her children to have unsupervised time with the mission boarders; however, further discussion and education with the birth mother and pastor is warranted on this issue.

Services have been implemented for the birth mother, but the focus child's academic delays have not been fully addressed. The team members were aware that the focus child needs tutoring, but none of the team members knew if tutoring was available at school or at a neighborhood community center.

Given the fact that the team was unclear about the purpose of the focus child's brother's surgery as well as when and where it would take place, the team functioning requires some refinement. While most of the right people are working for this family, communication regarding the surgery was extremely limited and problematic for effective case planning for the case as a whole.

SIX MONTH FORECAST/STABILITY OF FINDINGS

The birth mother is emotionally stable at this time and receives support from the mission and pastor. She is attending therapy and medication management appointments on a regular basis. The focus child's basic needs are being met with the exception of additional academic help. With added support for the birth mother, in the form of a parenting class or social group, and tutoring for the focus child, it is likely that this case will improve within the next six months.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
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| Next Step | 1. The social worker will refer the birth mother to a day program or cultural center for her to increase her social network. | In Progress |
| Follow-Up | The social worker contacted eight community service organizations and inquired about Spanish-speaking day programs for the birth mother, but despite his efforts, he did not learn of any appropriate day programs for her. He found, however, a parenting class for Spanish-speakers through one of these organizations and planned to share the information with the birth mother at the next home visit. | |

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| Next Step | 2. The social worker will discuss the focus child's academic status with his teachers and will investigate tutoring services offered at the school. If tutoring is not available at school, then the social worker will find tutoring in the community for the child. | In Progress |
| Follow-Up | The social worker spoke with the school's general resource counselor, who knows of the focus child and his brother's academic and social progress. She reported that there are no tutors available at the school for one-on-one tutoring; however, since both boys attend the aftercare program, she suggested to the social worker that he contact the local Boys and Girls Club for a tutor/mentor to work with the focus child on his reading skills at the aftercare program. The social worker reported that he made contact with the Boys and Girls' Club and was informed that the focus child's mother or the family's pastor will need to come to an orientation session. The social worker stated that he scheduled a home visit with the family and the pastor for the evening of the 60 day follow up meeting, and added that he planned to discuss the orientation meeting at that time. | |
| Next Step | 3. The social worker will contact the district attorney to check on the birth mother's immigration status which once determined, may help in identifying additional resources available to the family. | In Progress |
| Follow-Up | The social worker reported that he contacted the district attorney, but was informed that she was out of the office on maternity leave. The covering attorney has yet to return the social worker's phone messages. The social worker reported that he will continue to contact the district attorney's office regarding this matter. | |
| Next Step | 4. The social worker will meet with the birth mother's pastor, along with a translator, to discuss the impending surgery for the focus child's brother. | In Progress |
| Follow-Up | The social worker reported that he had not met with the family's pastor, but he reported that he had a meeting scheduled with her and a translator by phone the evening of the 60 day follow up meeting. | |
| Next Step | 5. The social worker will contact the birth mother's therapist to discuss additional supportive services for the birth mother, as well as discuss strategies to educate the birth mother on appropriate supervision for her sons. | Yes |
| Follow-Up | The social worker contacted the birth mother's therapist to discuss | |

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| | <p>additional supportive services; however, she did not have any suggestions for the social worker. The social worker added, however, that the therapist reported that the birth mother comes to all of her therapy sessions, that she is open to sharing her thoughts and feelings, and that they have built a strong rapport with each other.</p> | |
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QUALITY SERVICES REVIEW CASE SUMMARY #65

Review Dates: October 19 – 20, 2009

Current Placement: In home with birth mother

Persons Interviewed (7): Social worker, collaborative school coordinator, family support worker, vice principal, shelter case manager, birth mother and focus youth.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 15-year-old African American female who is the mother of a 17-month-old son. She is the youngest of three children, two of which are adults. The focus youth and her son are residing with the birth mother at a local shelter. The family has been homeless throughout the life of the case and has been residing with friends or in various shelters.

The focus youth and her family initially became known to the agency in the summer of 2008, as a result of a call from the Child Welfare Agency in a neighboring state. It was reported that the mother had moved to this jurisdiction with two minor children and was staying with a friend. The home of the friend was found to be in a deplorable condition and there were concerns for the safety of the focus youth's son. Additionally, the report indicated that the birth mother had a long history of substance abuse and admitted to using drugs a week prior to the report. It should be noted that during the investigation, it was discovered that the family had a long history with the Child Welfare Agency in the neighboring state and had an open case. Reportedly, the family was homeless, the youth was not attending school and the mother was not participating in any drug program, although she had been referred for treatment. Therefore, a case was opened with the In-Home program, and a referral was made to the local Collaborative for joint case management services. The permanency goal is family stabilization.

Subsequent to the initial report, there have been three additional reports made on the family. Two reports are for allegation of physical abuse of the focus youth's son, which were unfounded. The third report was for domestic violence. It was reported that the birth mother got into a fight with the friend they were staying with and the focus youth was physically assaulted by the friend. As a result of the domestic violence situation, the family was placed at a local domestic violence shelter for thirty days through Crime Victim's Compensation. At the end of the thirty days, the family was discharged. The focus youth and her family were offered shelter placement with a local family shelter. The birth mother initially refused and went to stay with a friend, but she eventually accepted the placement of the family at the local family shelter.

Since becoming known to the agency, the focus youth and her family have resided at five different addresses, all of which were friends' residences, except for the two shelters. It should also be noted that the focus youth did not attend school during the school year 2008 -2009, even though the family was known to the agency and was receiving case management services. There were also no subsequent referrals for educational neglect during this time, since the necessary documents needed for enrollment was not available. The focus youth was enrolled in school in

September for the school year 2009-2010. According to information obtained and documentation reviewed, the birth mother was uncooperative with service providers and school personnel and consistently failed to obtain the necessary documentation needed to enroll the focus youth in school. This was problematic initially, since there was no history of the focus youth attending any school in the local area and so the birth mother needed the youth's education record from the previous school district. However, the situation was never resolved and so the youth was out of school for an entire school year. It was also discovered that the youth was not attending school for the school year 2007 – 2008 prior to the agency's involvement, due to the birth mother's failure to ensure that the youth attended school.

Youth's Current Status

The focus youth and her son are residing at their fifth residence since moving to DC, which is a local family shelter. This placement is temporary and it is anticipated that the family will move to their sixth residence within the next six months. The focus youth is currently enrolled at a local school and is in the eighth grade. Based on the focus youth's age, she is supposed to be in the ninth grade; however, because she repeated the fifth grade three times and went to school sporadically, she is about three grades behind academically. It was also reported that the youth was placed in the eighth grade even though she is not on that level due to "social promotion". Apparently, she would be too old to be placed in a lower grade and could not be placed in the ninth grade because she would be too far behind. Although the focus youth is far behind in her key academic areas, she has been making some progress in the last month. The focus youth has been completing her assignments and has been demonstrating an ability to learn. The focus youth is not receiving special education services and at this time there are no plans to have the youth evaluated for such services.

The focus youth seems to have some difficulty with her family not having their own apartment and expressed her wish of her family getting their own apartment. The focus youth shared with reviewers that she was tired of the moving from one place to the next and being in a shelter. She also shared her frustration with not having adequate clothing and in fact started to argue with her mother, during the interview, about getting money to purchase some clothing items. The youth and her mother got into an argument about money and reviewers were able to observe their interaction and noticed that the focus youth was in fact being disrespectful to her mother. Reviewers observed that the mother did not reprimand the youth, instead she was defending her actions regarding her expenditures. It was reported by some team members that the focus youth's behavior is generally fair and most times are appropriate for her age. Reportedly, the youth adheres to the rules at the shelter, she is respectful to the authority figures at the shelter and there have been no reports of any behavioral problems. What was concerning to team members was the youth's tendency to be rude and disrespectful to the birth mother, as well as speaking to her mother as though the mother is the child. One team member speculated that the focus youth and the birth mother could benefit from family therapy; to address relationship issues between them and role identification.

The focus youth has been able to establish a meaningful relationship at school with the vice principal, who serves as an unofficial mentor to the focus youth. She seems to be adjusting well in her new school and reportedly, there are no concerns regarding her attendance. However, it

was brought to reviewer's attention that the focus youth could benefit from a tutor, considering that she is so far behind academically.

There are currently no safety concerns regarding the youth, either at school or at the shelter. The focus youth is free from intimidation and presents no safety risk to self or others. Prior to the review, the youth was diagnosed with an STD; however, she was treated and reportedly is currently in good health. She is up to date with all her health requirements, such as dental and vision examinations. The youth is not within her normal weight and was observed to be over weight; however, there is nothing being done to address her weight issue. There was concern that because the family resides in a shelter her weight might be difficult to manage at this time.

Although the youth is the mother of a 17-month-old son, she does not take on the full responsibility of a mother and relies on the birth mother to be the primary caregiver for the child. It was reported that the focus youth would assist in her son's care, when asked by ensuring that he is clean and his hair is well groomed. She would also take him to day care and pick him up in the event that the birth mother is not able to. She adheres to shelter policy and is home as scheduled. According to team members, the focus youth has been making minimal progress in her independent living skills. She can travel by herself and can shop for clothes and food; however, she requires a lot of assistance with budgeting. It was also speculated that the youth needed to take on some more household activities, such as learning how to do the laundry.

The focus youth does not have a relationship with her son's father, as it is unclear as to who the birth father is. Reportedly, the focus youth identified a 15-year-old male as the father, but his family is denying that and so they forbid any contact between the focus youth and this young man. They are also not in favor of a DNA test at this time.

Permanency Prospects for the focus youth is substantially resolved. The focus youth was never removed from her mother's care and there is no indication that this situation is about to change. However, the achievement of stability in the focus youth's life is uncertain, due to the family's housing situation. Nevertheless, it is believed that the focus youth will probably remain with her mother until permanence is achieved.

Parents' Status

The birth mother is a 40-year-old African American female, who is the mother of three children, two adults and the focus youth. She is also the primary caretaker for her grandson, the focus youth's child. Reportedly she has been homeless for about two years, since the death of the maternal grandmother in 2007. According to the birth mother she is still grieving the loss of the maternal grandmother, whom she cared for while she was sick up to her death. Since 2007, the family has been staying with a variety of friends and has been in two shelters. The birth mother is currently unemployed, but maintained employment for most of the time she was homeless. Apparently, she was working for a moving company and has the option of returning once her medical concerns are addressed. It was reported that the birth mother is complaining of various medical issues, in particular kidney problems and arthritis of the knees. She was seen in the shelter clinic for medical care, but was advised to see a primary care physician to address her list of medical concerns.

The birth mother participates in her case planning with both the agency social worker and the shelter case manager. She was able to tell reviewers what her case plan goals were but did not have a clear plan as to how she was going to accomplish her goals. She was pleased with the services she has been receiving from the agency, and was able to share with reviewers some of the assistance she has been receiving. Reportedly, she receives fare cards for public transportation or the social work assistant would pick her up to ensure that she make her appointments. Additionally, she has received food vouchers on a few occasions, when staying with friends. The mother explained that she has been having a difficult time managing her money and was looking forward to some assistance in this area. The family support worker is scheduled to work with the birth mother around budgeting. She denied any substance abuse and was open to a drug screen. Reviewers observed the interaction between the mother and the focus youth, and noticed that the youth spoke with the mother as though she was the adult and the mother was the child; she was also not respectful of the mother's authority. The birth mother did indicate to reviewers that she was having some difficulty handling the youth and the two seem to be battling over the money that the mother receives for TANF for the family.

The birth mother has not been able to provide the focus youth with a stable home and as a result, the focus youth has experienced some minor problems regarding food, clothing and shelter. Although the birth mother and the focus youth are experiencing some difficulties in their relationship, it was described as more positive than negative. The birth mother is also more supportive of the youth and her education, unlike in the previous school year. This was demonstrated in the active role she has taken on to ensure that the youth attends school on a daily basis. The birth mother is receiving mental health services through a local agency, where she receives monthly medication management by a psychiatrist and is schedule to begin weekly therapy. She is taking Trazadone and Paroxetine and was last seen by her psychiatrist a few days prior to the review. The birth mother was pleased with the services she has been receiving from the mental health agency.

The only information that is known about the birth father is that he is a trucker in North Carolina. It was reported that the birth mother has not provided a name of who the focus youth's birth father is, and has reported that she is not in contact with him. The youth is not aware of who her father is and does not have any information regarding his family or his whereabouts. The mother was very evasive on the topic of the youth's birth father and did not provide reviewers with any information.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The team has been able to develop a good working relationship with the birth mother and was successful in engaging her in case planning process. The birth mother was aware of all the service providers and was able to identify each individual and explain their roles as it relates to her case. The youth was enrolled in school and is currently attending and is completing her school assignments. The mother has also taken the initiative to ensure that the youth was getting up on time in the mornings and walk the focus youth to the bus for school. The youth has been attending school daily since entering her new school in September.

The family remained together even through the multiple moves from one residence to the other and the birth mother has been able to keep the two children in her care. The birth mother is connected to a mental health provider and is being treated for her mental health issues. The family is in a local shelter, rather than staying with friends, which would make it easier for the birth mother to obtain permanent housing. The birth mother is scheduled to receive budget counseling to assist her with managing her finances and to eliminate the need for her to request for monetary assistance each month.

What's Not Working and Why

The case planning process is unacceptable. The social worker and the shelter case manager are not working together and therefore are not aware each other's case plan. The ultimate goal for both is for the mother to obtain housing; however, how this was supposed to be accomplished was different for each. This was a significant deficit in the case, because the social worker was not aware of the shelter's goals for the mother; which could impact the direction the case is going and the progress towards safe case closure. This was also confusing to the client, since she was expected to comply with both case plans, with no real direction.

According to the shelter, the birth mother's first plan of action was to obtain medical treatment to address her many medical complaints and to comply with her mental health services. Once this was accomplished, she would start working on obtaining employment, which would be followed by transitional housing. The social worker's case plan was for the birth mother to obtain stable housing. However, there was no clear step identified as to how this was going to be achieved. The plan did not include the medical issues, which clearly was a significant barrier to the mother achieving case closure. It was obvious to reviewers that except for the shelter, team members were primarily focused on the family obtaining housing in order for the case to be close.

The team's assessment and understanding of the family was minimal and affected the implementation of services for both the focus youth and the birth mother. Reviewers noted that some team members working with the mother did not seem to be aware of the significance of the mother's medical issues, nor were they aware that the mother was not going to move forward until she was able to address her concerns with a primary care physician. Because this information was unknown to most team members, they failed to provide her with the assistance needed to locate a physician. Furthermore, the mother was seeing a psychiatrist and was taking psychotropic medication, but most key team members were not aware of this information. Some team members acknowledged that the family could benefit from family therapy, but no efforts were made to refer the family for therapeutic services. It was also clear to reviewers that everyone on the team recognized that the focus youth was in need of therapy, yet it was unclear to team members whether or not the focus youth was receiving therapy. In fact, some team members believed the youth was receiving counseling; however, reviewers discovered that this information was not correct.

Reviewers were informed by team members that the focus youth received a clothing voucher last year and therefore was not qualified for another clothing voucher this year, even though it was obvious that the youth was in desperate need of clothing. The focus youth received two sets of uniforms for school, but did not receive any assistance with obtaining other clothing items. Furthermore, the social worker did not utilize the agency's onsite clothing center or other

alternatives to assist with the clothing situation. The birth mother appears to be evasive regarding the identity of the focus youth's birth father; however, there was no evidence that the social worker has had any recent discussion with the mother regarding the focus youth's birth father.

Although most of the right people were involved with the family, teaming and coordination was lacking and therefore have negatively impacted the case. Everyone involved in the case was not clear on the case goal and there was no agreed upon steps or timeframe outlined for the birth mother to achieve safe case closure. There were inconsistent efforts being made to achieve the permanency goal and to remove any barriers to permanence, such as elevating the mother's medical concerns. The two major team members, who control the outcome of the case, are working in different directions, thus preventing the case from making sufficient progress towards closure.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the review, the family's situation is likely to improve. The youth is currently attending school, which she clearly has not done in over a year. It is expected that once the birth mother is able to address her medical concerns, the family will move closer to obtaining permanent housing.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

It should be noted that this case was closed on 12/31/09 and was turned over to the shelter for continued case management services. The reasons for CFSA's involvement were addressed and therefore, the goals were accomplished and safe case closure was achieved.

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will schedule a meeting with the mother and the shelter case manager to discuss both workers' case plan and to address the mother's medical concerns and mental health issues. | Yes |
| Follow-Up | A meeting was held with the shelter case manager, the birth mother, family support worker and the social worker in November. The social worker and the shelter case manager shared their case plans to ensure that they were aware of what each other was working on. They also discussed the mother's medical and mental health issues. | |
| Next Step | 2. The social worker will provide the mother with information for a primary care physician who accepts Medicaid and ensure that the mother obtains an appointment. | Yes |
| Follow-Up | At the meeting, it was discovered that the mother did not have DC Medicaid; she has Maryland Medicaid and therefore is not eligible for medical services with a private physician in DC. The social worker | |

| | | |
|------------------|--|------------|
| | connected her with a physician at DC General and a physician with CCNV (they provide healthcare to the homeless). She has been receiving medical follow up by both physicians and was prescribed medication for her knee problems. | |
| Next Step | 3. The social worker will contact the mental health provider to discuss their treatment plan for the mother. The worker will also discuss the possibility of providing family therapy and individual therapy for the youth. | Yes |
| Follow-Up | The social worker contacted the psychiatrist to discuss the mother's mental health treatment and the possibility of family therapy. The psychiatrist is recommending that the mother continued with individual therapy, due to the fact that she seems to have a lot of issues that she was working on and not pursue family therapy until a later date. The youth is receiving individual therapy at school and will continue to receive that service even after family therapy is initiated. | |
| Next Step | 4. The social worker will arrange a meeting with the school to discuss the youth's progress and to explore tutoring and mentoring services through the school. | Yes |
| Follow-Up | The youth is receiving tutoring services through her school 2 hours a day as needed for math. Reportedly, the youth has shown some progress in her academics, especially in math on her most recent report card. She is also receiving mentoring services from the vice principal at her school. Mentoring services appear to be going well and the youth seems to be adjusting well. Currently no behavioral problems have been reported. | |
| Next Step | 5. The social worker will meet with the team to clarify the responsibility of each team member. | Yes |
| Follow-Up | The social worker addressed this issue at the meeting that was held at the shelter and it was clearly stated, as to who would be responsible for assisting the birth mother with specific task as she works towards accomplishing her goals. | |
| Next Step | 6. The social worker will explore with the birth mother, the identity of the focus youth's biological father. | Yes |
| Follow-Up | Prior to closing the case, the worker made another attempt to inquire about the birth father's identity, but the mother did not provide her with any information. | |

QUALITY SERVICE REVIEW CASE SUMMARY #66

Review Dates: October 21 and 22, 2009

Current Placement: In-Home Birth Mother's Home

Persons Interviewed (8): CFSA social worker, birth mother, focus child, Collaborative FSW, school social worker, previous school social worker/assistant director of the school, paternal grandmother, mental health and housing case manager

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 9-year-old, African-American female, who currently resides with her birth mother and three younger siblings (ages 5, 2, and 2 months). Though the specific address of the biological father is unknown to CFSA, it was reported by two team members that he resides within the Metropolitan DC area. The focus child visited with her birth father and his extended family during the summer of 2009. Her permanency goal is Family Stabilization with her birth mother.

According to the agency record, the focus child's family has a history with CFSA stemming back to 2005. The most current involvement stems from a November 2008 report alleging that the focus child was home alone supervising her younger siblings and one other younger child. The allegations of Neglect - Lack of Supervision and Left Alone were substantiated based on the findings that the birth mother knowingly left the children home alone. It was recommended that the investigation be closed at Intake and reopened as an In-home case.

Child's Current Status

The focus child is described as active, friendly, helpful in the home and with her younger siblings, engaging, sweet, and honest. Team members stated that the focus youth has severe academic delays and that she struggles with the ability to focus and control her impulses. Several interviewees also worry about the focus child's tendency to be "overly friendly" with people, including strangers. They fear that this behavior could lead to exploitation by adults.

The focus child has resided with her birth mother consistently since birth with the exception of a brief removal due to the mother being detained for questioning in relation to a murder that occurred in close proximity to her home. The children were returned to their mother after her release. Within her home, the focus child is said to exhibit some sporadic difficulties usually centered on listening and lack of safe boundaries. Team members feel that the focus child requires more redirection and supervision than she receives; however, the focus child is capable of following directions while helping with her younger siblings and in helping her mother around the house.

The focus child is currently in the third grade at a Level IV special education school. This is her third year at this program. She is one of six students in the classroom with one full time teacher and an aid that provides her with a great deal of one-on-one supervision and support. She

receives two hours of group therapy per week that focuses on team building, self awareness, coping skills and communication skills. She also receives thirty minutes of individual counseling. Team members reported that the focus child is functioning academically at a kindergarten level and is said to be unable to read. She has a history of truancy due to her mother not getting her to school. Due to problems with the special education bus, the focus child missed the first four-to-five weeks of school this year. Summer school was recommended for the focus child last year, but the mother did not enroll her. Updated occupational therapy and psychiatric evaluations are recommended for the upcoming IEP meeting in November 2009, and team members reported that DCPS would be responsible for ensuring these evaluations occurred.

Behaviorally, the focus child is said to have made improvements in school. She has made a connection with her teacher this year and has made some positive relationships with a couple of her peers. Friendships with peers is a big step for the focus child as she struggles with picking up social cues and is very impulsive. She engages in attention seeking behaviors, but improved since the beginning of the school year especially in her aggression. She used to hit, bite, spit, kick, etc. She tends to get easily frustrated and whines about things. The school has an extensive behavioral modification program that uses a point system that has constant reinforcement and privileges. The focus child is said to be on a high level an average of two days a week, but struggles with maintaining the same behavioral level on a regular basis due to her impulsivity.

Physically, the focus child is healthy. She has a current annual physical and a six-month dental check up. She does not take any prescribed medications. Team members did not express any medical concerns. The focus child is diagnosed with ADHD. In the past, the focus child has been prescribed medication for ADHD, but her mother decided to stop medicating her. While some team members question the benefits of ADHD medication for the focus child now, the mother has not been pressed to consider medicine.

Parent Status

The birth mother is a 23-year-old, African-American mother of four children. Reportedly, the birth mother has been diagnosed with Bi-polar Disorder. Several team members described the mother as having a “flat affect” most of the time and tends to “shut down” or “not be present” when she is overwhelmed. They describe fluctuation in the mother’s ability to take care of her personal hygiene and that of her children and in the upkeep of her home. Team members feel that the mother has improved slightly in opening up to different providers when she needs help or does not understand something. Some team members question the mother’s cognitive abilities due her inability to understand why certain actions need to be taken, her lack of follow through, and the need for intense “hand holding” in order to ensure that the mother completes certain tasks for the children (i.e., registering the new baby for WIC and TANF; lack of advocacy to get the focus child’s school bus scheduled at the beginning of the school year, etc.)

The birth mother is currently linked with a mental health agency where she has been assigned a psychiatrist and case manager. It was said that she has been consistent with attending her psychiatric appointments and in meeting with her case manager. At this time, the birth mother has chosen to be not medicated, partly due to her breastfeeding, and it was reported that the mental health agency feels that her condition has been managed thus far without it.

This case appears to be stagnate and causing frustration among team members. The mother is unemployed and is not involved in a vocational/education program. She has been consistently unable to financially pay her utilities and both CFSA and the Collaborative have paid several bills for her. During the QSR she requested assistance with another utility bill. Diapers, cribs, and clothes have been given to the mother repeatedly. She struggles to get her children to school every day, which is a requirement for case closure. The mother participates in a housing program through the District and her mental health case manager is also responsible for monitoring her housing. The mother's rent is paid for as long as she complies with the housing program.

The relationship between the birth mother and the focus child is felt to be lacking. There are four children that all need attention and the two youngest children, ages 2 years and 2 months, receive the most given their ages. The mother provides inconsistent and inadequate discipline – she struggles with redirecting the children's behaviors and enforcing consequences and rewards. The mother is overwhelmed with her own struggles, compiled with caring for all of the children; she has not been able to strengthen her one-on-one relationships with them. The focus child is the most difficult to manage and requires more redirecting. Some team members feel that the focus child has more needs more than the mother is prepared to manage.

The mother has some extended family members who are supportive of her, including her mother and one of her sisters. In addition, the focus child's paternal family is supportive and has been utilized for babysitting and some financial assistance. The father of the newest child is involved in the family's life.

The name of the focus child's birth father is known to the social worker, but his location is unclear. CFSA has little to no documentation about the birth father's history, employment, relationships, etc. One team member disclosed that the father lives in the grandmother's neighborhood, has his own apartment and has a girlfriend. Team members commented that the focus child spent part of her summer with the paternal grandmother and her father. Contact between the birth mother and the paternal grandmother has reportedly not been maintained because there was a falling out between them over "how to raise the child." One team member expressed a desire for more familial contact.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The team seems to have positive, age-appropriate engagement with the focus child in that they speak with her during visits, different techniques are used to affect change, especially in school, and the child knows who her social worker is. The team's assessment of the child appears appropriate. They can identify the focus child's strengths and challenges and how her mother's parenting challenges impacts her life. They acknowledge that she has severe academic challenges and recognize that her missing the first four-to-five weeks of school puts her at a disadvantage. There is planning around how to address the focus child's deficits.

Team members have extended a great deal of effort to engage the birth mother. She is invited to all the meetings. They visit the mother at home, talk with her on the telephone, and have attempted to have meetings at the Collaborative instead of the main CFSA building as the Collaborative is closer to the mother's home. The mother is provided transportation in order to ensure she attends appointments and meetings and gets things done for her children (i.e., transporting the mother and the children to the vaccination clinic and to the TANF office). It was reported that the mother felt respected by professionals and that she is asked her opinion on case planning.

The social worker is seen as the leader in the case overall and team formation and functioning is positive. Most team members reported that the social worker keeps in contact with them and that information is generally shared in a timely manner. Face-to-face meetings with the family and team members are utilized. For example, there are scheduled meetings between the Collaborative worker and agency social worker to review the individual case plans and assess where the case needs to go and who will do what tasks. Email chains are another effective communication tool that this team utilizes to discuss observations, opinions, links to community services, and team responsibilities. There is evidence of the social worker asking people's opinions on different issues and services for this family. For example, the social worker advocated for the FTM to be held at the Collaborative as it was more convenient for the birth mother. There was also a request for team members to problem-solve how to obtain a crib for the birth mother and how to obtain compensatory education for the focus child. The social worker was praised by several team members for "all the work" she does on this case.

The team seems to have a good assessment and understanding of the birth mother. The mother has a long history of CFSA involvement. The team sees some cognitive deficits and knows that her mental health issues impact her individual functioning, which in turn impacts her parenting. She needs consistent hand holding to accomplish tasks for the children.

The team has developed an appropriate case plan for this mother to move towards safe case closure, however, the mother has not fully accepted her role in case closure. It was said that the case can close when the children get to school every day and there are no truancy issues and when the mother can manage her finances as well access community resources to provide for her children's needs. There is a concern that this mother struggles with cognitively understanding the problems and the need to address them. Even with a great deal of assistance, she has not made adequate progress on the case goals. This impacts movement towards safe case closure. While the mother has made small improvements in keeping her home clean and in engaging in mental health services, there are continued concerns with her ability to function and provide for the children.

The team is also trying to creatively problem solve the issues of the focus child's academic needs and for the mother's financial concerns. There is discussion and investigation on how to obtain a representative payee to manage the focus child's SSI money for the mother, so that some of her bills are paid on time. Along the same lines, the team has spoken with the previous educational advocate in order to create a strategy for requesting compensatory education from DCPS. Additionally, there is an investigation into if another family member or a proxy can be found to help the mother deal with the focus child's educational issues.

Implementation for the mother is a strength in that many services have been put into place for her, including: the provision of diapers and clothes; a referral to a SIDs class; donation of a Pack 'n Play for the new baby; tokens; referral for a holiday food basket at CFSA; information on Toys for Tots, The Salvation Army angel tree; and food stamp benefits at farmers' markets. The agency also paid for copies of one child's birth certificate. Additionally, the level of transportation and in-person support is substantial in this case. For example, the social worker transported and then sat with the mother and the children for approximately four hours at the vaccination clinic, and multiple trips to various agencies that provided resources for pregnant women and their newborns.

Post-permanency supports exist in mental health and housing. The birth mother will have continued access to the neighborhood Collaborative should she require services. There is the possibility of a re-connection with the focus child's previous Educational Advocate. The birth mother also has connections with the children's schools.

What's Not Working Now and Why

Implementation of services for the focus child is unacceptable in that she missed the first four-to-five weeks of school due to DCPS not scheduling her special education bus. This is a child that has an extensive history of missing school due to her mother's inability to ensure her attendance, has an IEP, and is considered to be functioning at a kindergarten level instead of the third grade. The school does not have any additional tutoring services and since this case is an In-Home case, there are no paid tutoring services available for this child through CFSA. While there is an IEP meeting scheduled within the next month to discuss compensatory education (due to the missed schooling), the social worker can only do so much. There had been an Educational Advocate involved in this case, but closed the case due to the mother's lack of continued communication/involvement. The birth mother has not attended IEP meetings in-person; although she participated in the last one via telephone. It was said that the mother does not see the focus child's academic problems as a concern. If the mother is unable to see the importance of the focus child's deficiencies, another capable adult needs to be identified who will take responsibility for ensuring her academic needs are fully met. At this point, the team should impress upon the mother the urgent need for advocacy for the focus child's education and explore the mother's willingness to accept an educational advocate or an education proxy.

The agency has not attempted to engage or assess the birth father. It seems as though the birth father can be contacted through his mother or sister, both of whom are involved with the family. The birth father should be assessed for his ability and desire to take on a greater role in his daughter's life, especially as it relates to her academic needs.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that this family has had a history of involvement with the agency and the mother is not making sufficient progress, it is believed that this case will continue status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will convene the scheduled team meeting to develop a plan for if the Collaborative case closes, in what ways will the other agencies step up to take responsibility with the mother and discuss community representative payee and educational issues [for the focus child]. | Yes |
| Follow-Up | <p>The social worker reported that this meeting occurred. There have been continuing problems with the birth mother's ability to maintain a clean home and her son is having a lot of trouble in school. The Collaborative has decided that they would like to achieve the following prior to closing their case: follow-up with the Healthy Babies Project services for the birth mother; and convene a Family Group Conference to address issues and develop an additional plan for familial and community supports to work with the family when the Collaborative exits the case. The social worker would like the birth father and his family to be invited to the Family Group Conference.</p> <p>The mother's mental health agency has agreed to help the birth mother keep her home clean and teach her some additional skills. They will also work out a payment plan with the mother to pay off her overdue utility bill.</p> <p>The group discussed the representative payee option and it was decided that the mental health agency needed to do more research into how to apply for this program.</p> <p>The group also discussed the focus child's educational issues. In order for the focus child to be assigned an educational proxy, she has to be linked to a mental health agency, which she is not. The positive thing is that the social worker attended the child's IEP meeting the first week of November and requested updated psychological and psychiatric evaluations. The school agreed and they should be completed within 60 days. The social worker will use these evaluations when referring the focus child to a mental health agency.</p> | |
| Next Step | 2. The social worker will explore the mother's willingness to bring an educational advocate back on the case. The social worker will express the importance of the child's academic problems with the mother. | Yes |

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| Follow-Up | The social worker reported that she spoke with the birth mother about the focus child's educational needs, but the November IEP went so well that the social worker feels that an educational advocate is not needed right now. As previously stated, the school agreed to complete updated evaluations. Compensatory education was also approved due to the focus child missing the first 4-5 weeks of school due to transportation issues. The social worker expressed that the school is doing a great job with the child and that they are being very good advocates for her. | |
| Next Step | 3. The social worker will send a letter to the father asking for his assistance in the case. | Yes |
| Follow-Up | The social worker reported and documented that she sent a letter to the birth father introducing herself and asking for his assistance in the case. The social worker reported that she has not had any contact from the father as of yet. | |

QUALITY SERVICE REVIEW CASE SUMMARY #67

Review Date: October 21-22, 2009

Current Placement: Kinship Foster Care

Persons Interviewed (7): Social worker, day care provider, kinship foster parent, AAG, GAL, foster parent support staff (CFSA), the focus child was observed by reviewers in his home.

Attempts were made to schedule the following people for interviews to no avail: birth mother, mother's attorney and the maternal great uncle who was identified as a supportive resource to the foster parent. An interview with the kinship foster mother's niece (also identified as the successor guardian of the focus child) was scheduled; however reviewers were unable to contact her during her scheduled interview time.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a two-year-old African American male. He has three siblings; a brother age 8 and two sisters ages 10 and 5. The focus child resides with all of his siblings in the home of his maternal great aunt and uncle in kinship foster care. His eldest sister is not part of the neglect case and had been residing with the maternal great aunt prior to the removal of the other children. The focus child and his two siblings were removed in November 2008. The family became known to the agency in December 2006 after the focus child was born with a positive toxicology to PCP. At the birth, the mother also tested positive for PCP and marijuana. An in-home case was subsequently opened to monitor the family. It was determined in November 2008 that the children were not properly cared for and were unsupervised as a result of the mother's continued substance abuse, which led to their removal. The focus child and his siblings had a goal of reunification until March 2009 when it was changed to guardianship due to mother's reoccurring incarcerations which impacted her ability to participate in court ordered drug treatment and mental health services. The identity of the focus child's birth father is currently unknown. Two men have been identified. One man was tested and deemed not to be the father. The whereabouts of the other man is currently unknown and the birth mother has not identified anyone else as the focus child's father.

The birth mother has been in and out of jail in Washington D.C. and neighboring states since the focus child and his siblings have been removed from her care. She has been linked to a local agency to address her substance abuse issues and has been receiving services on and off over the past year. The mother had been released from jail approximately three weeks prior to the review, however her whereabouts were unknown. She had showed up to the foster mother's home to visit with the focus child and his siblings, however she was under the influence of drugs and the foster mother refused to let her in the home to see the children.

Child's Current Status

Reviewers were able to observe the child in the home of his foster parent. The focus child initially presents as apprehensive of strangers which is age appropriate. With his foster mother

he is very comfortable and was very playful with her. Reviewers observed that he speaks very clearly and has a more than adequate vocabulary for his age. His great-grandmother was present at the interview and was observed to be reading to the focus child. He mimicked every passage she read to him enthusiastically and asked for more. Interviewees described the focus child as being very intelligent, creative, funny and playful and a joy to be around.

The focus child has been in the same placement since his removal. He is safe at home and at his daycare setting. He is free from intimidation and is very comfortable in both settings. Interviewees noted that he is very attached to his foster parent. Reviewers observed that he insisted on being held by the foster parent throughout the interview. There were also reports that he and his five-year-old sister vie for the foster mother's attention daily. It was reported that despite some typical sibling rivalry, the focus child gets along well with all of his siblings. The focus child is not currently receiving any services or interventions. He has participated in two early intervention assessments for preventative purposes in the past year and was found to be developmentally on target. He has asthma which is treated with an inhaler. His foster family and daycare provider have been educated and are prepared to administer his inhaler as prescribed when needed. He is reportedly otherwise in good health and family and team members have no concerns.

Caregiver's Status

The foster mother is able to provide a stable and loving home for the focus child and his siblings. She was described as being very loving towards the focus child. Interviewees stated that she "coddles" the focus child a little which may result in his strong attachment to her. Reviewers observed that the foster mother often referred to the focus child as her "son" or her "child". During the interview reviewers noted that the foster mother was very patient with the focus child and also very mindful of her vocabulary as she did not want the focus child exposed to some of the subject matter of the interview.

The foster mother ensures that the focus child and his siblings know who their birth mother is. She allows the birth mother to have liberal, supervised visits with the children as long as she is not under the influence of drugs and alcohol.

The foster parent was described by those interviewed as the leader of the focus child's case. She was said to be the coordinator of all services and interventions on the case. She ensures that the focus child's medical appointments are made and ensures that he receives the proper care when needed. The foster mother was also described as the person who communicates with all team members and keeps them up to date with the status of the focus child.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The focus child's placement is stable and he is in a good environment, placed with all of his siblings and in a kinship home. He has access to his family members and the caregiver supervises visits with his birth mother when she is available and sober. The focus child has received several developmental evaluations to determine his need for services. At this time he is developmentally on target and the evaluations are preventative measures. His current day care

setting provides adequate structure and instruction, as well as a nurturing environment which is appropriate for his age. The foster parent has plans in place for him to attend a pre-kindergarten class at a local charter school once he turns three years old in the next few months to further his learning and social development.

The caregiver is very tuned-in to the focus child’s development and needs. She has taken on the lead role in the case and tracks and coordinates all services as necessary. She is committed to taking care of the focus child and his siblings for the long term.

Those interviewed are aware of the current permanency goal and the steps needed to achieve it in a timely manner. All team members are aware of the current case activities and are updated regularly by the caregiver as to the status of the focus child. Those interviewed expect that the goal of guardianship will be achieved within the next thirty to forty five days.

Interviewees felt that the pace of the case was somewhat slow; however, everyone attributed this to the team members and the court giving the mother many opportunities to enroll in services and become drug free. However, her numerous incarcerations hampered her participation in programs and ultimately her progress in treatment.

What’s Not Working Now and Why

At this juncture, the system performance is adequate. When looking at the past ninety days, there are no system status indicators that are unacceptable. The current case activities have put the case on the path to safe case closure. One issue that was brought up during the review was the need for the court to stipulate a formal visitation plan between the mother and children before guardianship is finalized. This is to help curb unexpected pop-ups by the mother and prevent the mother from showing up intoxicated for visits. This would be a preventative measure to avoid volatile confrontations with the mother.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

It is likely that the focus child’s situation will improve within the next six months. Those interviewed strongly believed that the permanency goal of guardianship with the current caretaker, the maternal great-aunt, can be safely achieved before the end of the calendar year. Completion of the guardianship subsidy was identified as the only outstanding issue to be resolved before guardianship can be finalized.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will work with team members to develop a visitation plan between the birth mother and the children to ensure there are no disturbances in regards to the children’s well being. The plan will be presented to the judge for approval. | Yes |

| | | |
|------------------|--|------------|
| Follow-Up | A plan was submitted and is pending approval from the judge along with the final guardianship order. It was proposed that the maternal aunt will have sole discretion regarding the parameters of visitation with the birth parents. The social worker reported that in the past sixty days, the birth mother has had regular visits with the children in the maternal aunt's home. She has reconnected with the community based treatment agency she worked with off and on in the past and has not attended any of the visits inebriated. The maternal aunt stated that she is willing to arrange offsite visits with the children's birth upon his release from prison. | |
| Next Step | 2. The social worker will continue to work with the foster mother to complete the paperwork for the guardianship subsidy. | Yes |
| Follow-Up | The social worker reported that the paperwork for the subsidy has been completed and approved. Team members are awaiting the final order which is expected to be approved at the next court hearing in early January. The social worker reported that the order has not yet been signed as the court is awaiting the birth father's consent to the guardianship. If the father does not consent, the court will waive his rights and finalize the guardianship. Once the order is finalized, it is expected that the case will be officially closed shortly thereafter. | |

QUALITY SERVICES REVIEW CASE SUMMARY #68

Review Dates: October 19-20 2009

Current Placement: In Home with Maternal Grandmother

Persons Interviewed (7): Social worker, maternal grandmother, previous therapist, birth father, AAG, GAL and focus child.

The previous foster mother and the father's attorney were scheduled to be interviewed but were unavailable when called. Time constraints prevented reviewers to speak with mother's attorney.

CHILD & PARENT/CAREGIVER STATUS

Facts about the Child and Family

The focus child is a 9-year-old African American female with a goal of guardianship with her maternal grandmother and her husband, with a concurrent goal of reunification. She resides with her 3-year-old brother, 12-year-old sister and their maternal grandmother and her husband. The focus child's 12-year-old sister is not under the protective court order and has always resided with the maternal grandmother. The focus child was residing in a foster home prior to being placed with her maternal grandmother. In January 2008, CFSA received a neglect complaint in regards to the birth mother's mental health and her inability to make sure her children attended school on a regular basis. The birth mother suffers from substance abuse (admitting to PCP use), has a diagnosis of bipolar disorder and often presents with psychotic symptoms i.e. hearing voices, people listening in on her phone calls and arbitrary people stalking her. After the investigation was conducted the birth mother was involuntarily committed and was then taken to a psychiatric hospital for further evaluation; she has since been discharged. As a result of the investigation the children were removed from the home.

The birth father is currently incarcerated and due to be released July 2012; however, he receives periodic updates on the focus child from his attorney.

Child's Current Status

The focus child appears to be safe and stable at her maternal grandmother's home; at the time of this review the focus child had only been in the home approximately three days. However, some team members are not confident that guardianship with the maternal grandmother will be a permanent placement. Since coming into care the focus child began living with her maternal aunt and then into two separate foster placements prior to residing with the maternal grandmother and her husband. The focus child is currently in the fourth grade and will be attending her third school since August 2009. Academically the focus child is performing at an average level considering the instability of school placements. When asked what her favorite subject is she stated "reading". This reviewer witnessed her reading while conducting the interview with the maternal grandmother. She also stated that her least favorite subject is "math and social studies". The focus child was receiving tutoring services three times per week. Due to the change in residence a new tutor will soon be identified. The focus child is in good health and is current

with her immunizations and up-to-date with her physical examination and has had a dental cleaning in May 2009. The focus child is not taking any medication at this time.

While living in her last foster home with her younger brother the focus child felt responsible for taking care of him and often acted as if she was his mother. Thus play therapy was instituted once a week to aid in the focus child in developing more appropriate thinking and how to express her feelings and cope with the separation from her birth mother. Unfortunately, the previous foster parent was unable to transport the focus child on a consistent basis. It has been stated that at the onset of therapy the focus child was aggressive, anxious and had obvious attachment issues. Team members have stated that the focus child had feelings of abandonment and lack of peer relationships; she had even attempted to hit her therapist as a means of getting attention. The focus child's treatment goals included working to reduce her anxiety level and improvement of peer relationships and coping skills. The focus child had a difficult time comprehending why her maternal grandmother had custody of her older sister and not her and her brother. It is unclear if team members explained to the focus child the process and timeframes of guardianship. It has also been stated that once comfortable with her therapist she was eager to continue her sessions and made excellent progress during the sessions that she was able to attend. During the course of therapy the focus child missed six sessions along with the termination session, a vital element to ending therapy.

Team members described the focus child as observant, easily engaged, and an avid reader.

Parents' Status

The birth mother has a long history with mental illness dating back to pre- adolescence and has admitted to the use of illegal substances, which is an obvious setback for reunification with the focus child. In terms of housing the birth mother does have an apartment but refuses to stay there because she believes people are listening in on her conversations through the walls and over the phone. The birth mother has been court-ordered to drug test weekly, complete parenting education classes, attend and comply with mental health services including compliance with psychotropic medication, complete a substance abuse evaluation and if recommended complete a residential substance abuse treatment program and attend supervised visits with the focus child. Despite court orders the birth mother has not complied with drug testing, she has refused to accept referrals for parenting classes, and is inconsistent with therapy and medication management. A residential placement has been secured for her with transportation on three different occasions; each time she did not call or show up.

The birth mother has constant encouragement from family members to stay in contact with her social worker to begin planning for the return of her children. She has disregarded all efforts made to provide her with the necessary services to reunite her with her children. She had failed to partake in visitation or contact the social worker. Nonetheless, the social worker have left several voicemail messages and sent letters to inquire about the visitation plan, services and any additional follow-up. No progress has been made toward reunification based on lack of engagement on the birth mother's part. Thus the goal has been changed to guardianship with maternal grandmother.

The birth father has been incarcerated for the past five years and is scheduled to be released in the summer of 2012. He receives correspondence on the case through his attorney on occasion. The birth father has expressed that he would like to participate by phone for court hearings and other meeting if possible.

He has had minimal contact with the focus child and would like very much to establish a more consistent relationship with her and become an active participant in her care and well being. The birth father stated that he had not seen the focus child since 2007 and would like to increase communication via phone, through letters and visitation. There has been some discussion by team members that the birth father maybe transferred to a halfway house at some point in 2010. If this occurs a visitation plan will be explored. The birth father also expressed that he would the focus child to have more interactions with her paternal family.

Caregiver's Status

At the time of this review the focus child had only been residing with her maternal grandmother for three days. Prior to the change in placement, the focus child frequently visited her maternal grandmother, her husband and her older sister on weekends and holidays. The maternal grandmother seems able to provide adequate food, clothing, shelter and supervision. There is some concern in terms of physical support for the focus child. It was stated that the maternal grandmother is no longer working. The home appeared clean and safe for the focus child. The focus child stated that she was happy to be residing with her maternal grandmother, older sister and younger brother. When asked if the focus child has any behavior problems it was stated that she does not listen when given directions, has a vivid imagination (often making up stories that are not true) and does not want to do her chores. The maternal grandmother firmly believes that once the focus child gets adjusted and into a daily routine these behaviors will subside.

This interviewer observed interactions between the focus child and maternal grandmother. It was apparent that they are bonded and that the focus child enjoys living in the same home as her siblings.

The maternal grandmother and her spouse are somewhat aware of what is required of them as guardians to the focus child.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

It appears that the focus child will progress while residing with her grandmother and have a chance to excel once stable at one school. The focus child has been very resilient: at the time of removal she began living with her maternal aunt and was then placed in two separate foster homes and finally with the maternal grandmother.

Several attempts have been made to engage the birth mother by various team members on a consistent basis through phone calls, leaving voicemail messages, sending letters, and driving to her home. The birth mother has made appearances at court. While there team members try to involve her on any in occurrences and updates about the focus child. However, she has no interest in engaging in conversation.

The social worker is the clear leader on this case; team members have identified her as such. She understands the services that are needed for the focus child and has worked diligently to make sure they are put in place. She keeps team members abreast of court dates, her court reports are received in a timely manner and she makes sure to give updates on any new developments of the focus child.

The team members on this case are in constant contact with one another, brainstorming on ways to engage the birth mother or how to quickly move the process of guardianship with the maternal grandmother forward. When interviewed each team member indicated that they work well together. They communicate through phone and email and have brief discussions prior to court proceedings to make sure everyone is on the same page. The team has a good assessment and understanding of the focus child's needs, they all realize the need for play therapy based on the separation from the birth mother, tutoring for the flux of school placements and a possible mentor to partake in outside activities.

Initially, the case plan goal was reunification. After several attempts to engage the birth mother team members worked diligently on changing the goal to guardianship with the maternal grandmother. In terms of implementation, supports and services were in place and will be more consistent now that the focus child is residing with her maternal grandmother. The maternal grandmother is adamant about making sure the focus child receives the needed services on a timely basis.

All team members and the maternal grandmother are aware of the change in goal in order to reach case close closure and incorporate post permanency supports. However, the focus child has only been residing with her grandmother for three days which makes it difficult to measure sufficient progress.

What's Not Working

The system has made very little effort to engage or assess the birth father who is incarcerated. Reviewers were able to speak with the birth father by phone for his interview. The social worker was unaware of which correctional facility he was in, his expected release date and that he was even interested in participating by phone for court proceedings. The Quality Service Review team was able to identify the correct correctional facility that the birth father is in and was able to communicate with the facility to schedule an interview for the review using the same resources available to team members on the case. In addition, paternal relatives have not been sought out as a support system or as a resource for kinship placement. It was stated by the birth father that paternal relatives are very interested in having a relationship with the focus child and having regular visitation.

Although the focus child was attending play therapy; she was not going on a consistent basis. The need to terminate from the previous therapist is still necessary. Now that a new therapist will be assigned, funding for the previous therapist to terminate with the focus child is an issue. Tutoring began at the onset of this case, yet team members are unaware of when the gap in services took place and why the tutor hasn't been showing up for sessions. Although a new tutor is being identified it was critical for the focus child to receive all the additional assistance she could get given the changes in school placements.

SIX MONTH FORECAST/STABILITY OF FINDINGS

The sixth month prognosis for the focus child is that the case will improve. The focus child's academics should improve because a new tutor will be provided within the month. Play therapy will also resume. The focus child will feel a sense of stability by residing with her maternal grandmother, young brother and older sister.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | <p>1. The social worker will contact the birth father's attorney to ensure availability and participation via phone for the December court hearing.</p> <p>-The social worker will contact birth father by phone thru his counselor to discuss paternal family involvement.</p> | Yes |
| Follow-Up | <p>The social worker contacted the father's attorney and the father regarding his participation in the December court hearing. An arrangement was worked out for the father to participate in the hearing, however, there was an emergency at the facility at the time and so the father did not get to participate.</p> <p>The social worker has been in contact with a paternal aunt and a paternal uncle. She has made two home visits to the relatives and visitation was initiated with the youth and the paternal uncle. Visitation with the aunt is pending.</p> | |
| Next Step | <p>2. The social worker will ensure tutoring services will be put in place for all core subjects.</p> | Yes |
| Follow-Up | <p>The youth is currently receiving tutoring services from AFC Scholarships. She receives 3 hours per week to assist with her core subjects.</p> | |
| Next Step | <p>3. The social worker will make efforts to have the focus child and previous therapist conduct a termination session.</p> | Yes |
| Follow-Up | <p>The social worker contacted the previous therapist to arrange for the youth to have a termination session. However, the therapist refused to see the youth, because she would not be paid. The social worker also discussed this issue with OCP and was told that the previous therapist could not get paid, because payment is being made to the new therapist. Therefore, it would be up to the previous therapist to agree to see the youth without payment. The therapist is not in agreement to conduct another termination session without payment.</p> | |

QUALITY SERVICES REVIEW CASE SUMMARY #69

Review Dates: October 21-22, 2009

Current Placement: Traditional Foster Home

Persons Interviewed (9): Social worker, birth mother's attorney, birth mother, maternal grandmother, foster parent, AAG, GAL, school counselor and the focus child.

CHILD & PARENT/CAREGIVER STATUS

Facts about the Child and Family

The focus child is an 11-year-old African-American female with a permanency goal of reunification with her birth mother, which will be revisited at the next court hearing. The focus child has three siblings in care: two sisters ages 14 and 16 and a brother age 18. She also has three other siblings not in care, two sisters and two brothers, ages unknown. The birth mother has had 10 pregnancies and eight children survived.

The focus child's family has a history with the Child and Family Services Agency (CFSA) that dates back to 1989. The most recent allegations occurred in July 2008, when a call was received by the hotline at approximately 1 am stating that the birth mother had left her children home alone. A witness stated that she was seen out in the community drinking. The eldest sister stated to authorities that she had not seen her mother since the evening before when her mother got in a van with some unidentified people. It was then told to the authorities that the birth mother has been struggling with substance abuse for most of her life and that this type of behavior was a frequent occurrence. At that time only three children, the focus child and her two older sisters, were found in the home. All three children were removed and placed in kinship care with their maternal aunt.

In early June the focus child and her two older siblings reported to their social worker that they were experiencing some conflicts with their maternal aunt. A Family Team Meeting (FTM) was held in July 2009 to discuss permanency options and other concerns. The focus child and her siblings expressed discontent while being placed with their maternal aunt's home. Both parties expressed tension over the lack of space, privacy and respect. The social worker took the time needed to explore permanency options. As a result, in August 2009 the focus youth began living in her current foster home. The focus child has unsupervised visitation with her maternal grandmother, which occurs on weekends and holidays. The focus child's biological father is deceased. The focus child is not receiving social security death benefits at this time. The focus child has no contact with her paternal relatives. This case is in the process of being transferred to a private agency.

Child's Current Status

The focus child is currently safe and stable in a foster home which she has been residing in for the past three months with her 16-year-old sister. The focus child has a hip disorder due to being overweight; however she is being assessed for muscular dystrophy. She is approximately 70-80 pounds overweight; it has been stated that the focus child has spent most of her money on junk

and fast food. It has also been stated that the focus child is an emotional eater. The focus child is scheduled to be hospitalized at the beginning of November for two weeks for intensive physical therapy. When the focus child is experiencing hip pain her foster mother administers over-the-counter medication as instructed by her physician. Nevertheless, the focus child participates in gym activities at school and her foster mother prepares nutritionally balanced meals.

Interviewees described the focus child as having a good sense of humor, smart, helpful and friendly. However, she has been known to throw temper tantrums when she does not get her way. She also has arguments with her older sister whom she often feels the need to compete with. It has been expressed that this sibling rivalry is a common occurrence. Otherwise, the focus child has adjusted well to her new foster placement and enjoys spending time with her foster mother whom she refers to as “aunt”. It has been stated that the focus child would like to stay in her foster placement until graduating from college.

The focus child is in the 6th grade and doing quite well thus far. She has received all A’s except for one F for failing to submit an assignment. She is working diligently to bring that grade up. The focus child stated that she enjoys science, social studies, art and math, with language arts being her least favorite subject. This is her second school placement in the past two years. Nonetheless, she does not have any behavior problems at school, home or in the community. In fact the focus child submitted an application, along with two letters of recommendation, to become part of a peer leadership program. As a peer leader she will be an ambassador to the school and assist with peer conflicts among the younger students. Her foster mother is very involved with the school as well and is in contact with the focus child’s teachers on a regular basis. School personnel have stated that the focus child is happy, energetic and very enthusiastic when observed during school. The focus child had good peer interaction at school and in the community. While conducting the interview the focus child informed this reviewer that she would be attending a sleep over the following weekend.

The focus child was attending therapy up to six months ago; it is unclear when and why therapeutic services ended. Team members did not feel that the focus child was in desperate need of therapy and believe that she is emotionally stable, but felt that it should be discussed with the focus child whether or not she would like to resume services. The focus child is not taking any psychotropic medication. However, she has been linked with a mentor who is scheduled to begin the week after this review.

Parent’s Status

The birth mother has a long history of substance abuse, addiction and mental illness. She suffers from medical conditions including having had two strokes previously, depression, and diabetes. She was scheduled to receive a neuropsychological exam in February 2009; it is unclear as to whether this exam took place and what the results were. The birth mother has not been employed in the last three years and currently receives disability and food stamps. She lives with her husband and two of her other children in a two bedroom apartment.

It has been stated that the birth mother calls the focus child frequently to find how she is doing. She will visit with the focus child on weekends when the focus child visits with her maternal grandmother. Nonetheless, she has not seen the focus child in the last two months. It is apparent

that the focus child loves her mother and would like to be reunified with her if she is able to properly care for her. However, the focus child has come to the realization that reunification will not happen in the near future. The birth mother is aware of the permanency goal and the steps needed for reunification; i.e. obtain suitable housing, participation in parenting classes, ongoing therapy, possible in-patient treatment, medication management, domestic violence classes and job training. The birth mother has not been consistent or compliant with participating in the steps needed for reunification. She has minimally participated with NA/AA and has trouble keeping up with appointments for therapy and medication management. She also has not been actively looking for or acquired or suitable housing. The birth mother has not returned calls from the social worker or made attempts to keep in contact with the social worker to be briefed on any problems or concerns the focus child may be having. The birth mother makes minimal contact with the focus child. As stated she has not seen the focus child in two months and prior to that she only visited her when the focus child is at the maternal grandmother's home during weekends and on holidays.

Caregiver's Status

The focus child has been safe and stable with her foster mother for three months. The foster mother appears to be providing good nutrition, shelter, clothing and supervision for the focus child. The home was clean and this reviewer had no safety concerns for the focus child in the home. It appears as though the focus child and the foster mother have created a bond in a short period of time. It has been stated that the focus child respects her foster mother and they get along well. The focus child is able to speak freely and dialogue with her foster mother about any concerns, such as continuing to reside in her foster home until graduation from college. It has also been stated that the foster mother is willing to allow the foster child to remain in her home indefinitely. The foster mother stated that the focus child is not a behavior problem, that she follows the house rules and keeps her room neat and clean. The foster mother transports the focus child to her maternal grandmother's home for weekend visitation.

It was also noted that the foster mother has positive interaction with team members. She speaks freely with team members and is an active participant for meetings when called upon.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

The focus child is thriving quite well in her foster placement even though it has been a short period of time. The foster placement is stable and meets the needs of the focus child. She is enjoying her new school and has positive interactions with her peers. The social worker has made good efforts to include the focus child on any decisions made on her behalf. For example, prior to the FTM the social worker explained that they would be discussing permanency options and encouraged the focus child to ask any and all questions that she may have. The focus child understands and has read her case plan even though is his unable to sign due to her age.

The social worker has been identified as the leader on this case by all team members, all of which have stated that she has done an exemplary job in managing this case for the focus child and her siblings as well. It has been stated that the social worker is cooperative, organized and efficient and makes sure to keep other team members abreast of court dates and meetings and

court reports are completed and received in a timely manner. It was also noted that the social worker makes sure to follow-up with team members when questions and concerns arise, if she is unable to answer at that moment she responds in 24-48 hours. The social worker assists in organizing doctors' appointments, and provides transportation to and from weekend visits when the foster mother is unable to do so. Team members speak with one another without having to communicate through the social worker; they feel as though they are all on the same page. If questions and/or concerns arise they make sure to address them with one another. They work out any differences prior to court and feel well-respected in court. The social worker is very knowledgeable of this case and the needs associated with it. For example, obtaining a mentor for the focus child who will be a role model, a help to increase her motivation, and act as a positive support outside of CFSA.

The social worker has worked hard over several months to build trust and a positive rapport with the birth mother. It has also been stated that CFSA has done everything in its power to provide services for the birth mother. However, the birth mother picks and chooses to complete some aspects of the case plan but not others; she attends some services sporadically or decides not take part at all. For example, the agency has referred the birth mother to therapy, medication management, and will provide transportation for visitation to meet with her social worker weekly to discuss any area of concern. Still the birth mother does not follow through. All of these have been challenges and barriers to the social worker in trying to assist the birth mother in achieving the objectives for reunification. Nonetheless, the birth mother has completed parenting classes. The system has good understanding of the birth mother's needs and continues to make the necessary referrals.

The case plan is clear, comprehensible and achievable. The birth mother will adhere to some items on the case plan and not to others. For example, she will call the focus child but has made no attempt to visit with her in the past two months. The social worker has made numerous attempts to contact the birth mother by phone, letter and in person for clarification on why she has not kept up visitation with the focus child. Moreover, when visiting another sibling at the grandmother's home the social worker will often run into the birth mother, as the grandmother's house is a hub for family and friends to gather. The social worker will often use that time to assess the birth mother, especially if some of her needs have changed since that last time they have spoken. A good quality of care, along with supports, and services has been put into place for the focus child and the birth mother; all team members have stated that they are satisfied with the implementation of services. The extended family (maternal) is very supportive, especially the maternal grandmother whom the focus child visits with on weekends and holidays. The focus child also speaks with her maternal grandmother via phone on a regular basis. The focus child visits with her siblings in care and out of care at the grandmother's home as well.

What's Not Working and Why

The focus child was receiving therapy at one point. The team has not revisited why this service was terminated and if it is necessary to resume it. Also, the permanency goal is reunification, which is clearly inappropriate as the birth mother is not making progress. There are no set timelines for changing the goal and there has been no a discussion with the focus child and foster parent about a change in goal and how it will affect the focus child.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

The six month prognosis for this case is that the status will improve. The focus child is thriving in her new placement. She is excelling at her new school, has made friends and expressed wanting to reside with foster parent until graduating college. Her health has improved and will continue to improve with the intensive physical therapy. The foster mother is adamant that the focus child can reside with her indefinitely.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|--------------------|
| Next Step | 1. The social worker will explore social security death benefits for the focus child. | In Progress |
| Follow-Up | The social worker reported that she has made efforts to find a date of birth for the father to provide to social security. She stated that she has enlisted the help of the agency's Diligent Search unit, however there is just not enough information to try and find the father. The social worker and her supervisor reported that they have both looked through the original hard copy file as well as researched the FACES and SPISS databases for information to no avail. It was suggested that the worker contact vital records for information regarding the father as he was identified on the focus child's birth certificate, there may be an application that contains more information on the birth father. It was also suggested that the social worker ask the AAG to research archived hard copy files for any information the court may have on the birth father prior to his death several years ago. | |
| Next Step | 2. The social worker will have a family conference to discuss changing the goal from reunification to adoption. | In Progress |
| Follow-Up | The social worker reported that she submitted a referral in November for a FTM and was unaware of the status of her referral at the time of the follow up meeting. She did state that there have been at least three FTMs for this family and there continues to be no new permanency resources identified for any of the children. The social worker stated that at the last court hearing in late November, the judge change the goal to guardianship although the agency recommended adoption. The social worker went on to state that mother's attorney heavily advocated for guardianship, however, the birth mother did not identify any familial options for guardianship of the focus child. The social worker stated that she | |

| | | |
|------------------|---|------------|
| | expects the goal of adoption to be further explored at the next court hearing since there will most likely be no guardianship resources. | |
| Next Step | 3. The social worker will discuss therapeutic services with the focus child and a make sure that mentoring services begin on the set start date. | Yes |
| Follow Up | The focus child is now receiving therapy one time weekly through the same agency providing her physical therapy. A mentor was also assigned to the focus child. | |

QUALITY SERVICE REVIEW CASE SUMMARY #70

Review Date: October 19-20, 2009

Current Placement: Kinship Foster Care

Persons Interviewed (11): Focus youth, birth mother and father, kinship foster mother and father (paternal grandparents), school principal, social worker, individual therapist, AAG, mother's attorney and father's attorney

The CASA worker was scheduled to be interviewed but could not be reached during the review. Attempts were made to schedule an interview with the family therapist and the GAL, to no avail.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a thirteen-year-old African American female. She has four sisters ages 15, 11, 6 and 4. She currently resides with her paternal grandparents and 15-year-old sister in kinship foster care. Her other sisters live with their paternal aunt and her husband. The children were removed from their parents in May 2008 due to excessive corporal punishment by the father specifically to the focus youth and her 11-year-old sister who were observed as having marks and bruises. It was also reported that the family had a history of domestic violence and that father had a gun in the home. The birth father had a criminal case against him for the child physical abuse which was closed in August 2009. He was found to be not guilty.

The focus youth has been in her current placement since two months following her removal to present. The current permanency goal for the focus youth and her siblings are reunification with the birth parents. She currently participates in individual and family therapy bi-weekly. She has no DSM IV diagnosis and is not prescribed any psychotropic medication. She has liberal, supervised visits with her parents.

Youth's Current Status

The focus youth is currently safe at home and at school. She is free from intimidation and is very comfortable in both settings. Visits between the focus youth and her birth parents are always supervised by one or both of her foster parents and usually occur in the foster home. She also visits with her other siblings in care with her paternal aunt and uncle on a weekly basis. There were inconsistent reports by those interviewed regarding the focus youth's desires regarding her current permanency goal and the proposed goal of guardianship with her paternal grandmother. It was unclear if this was due to individual perceptions or misrepresentations by the focus youth.

The focus youth has been receiving individual and family therapy since approximately one year prior to the review. She has each once every two weeks on alternating weeks. She has had the same individual and family therapists from the onset of services. The focus youth, her parents, foster mother, and older sister participate in the family sessions. According to those interviewed, the focus youth has made tremendous strides in therapy. She is described as being very vocal

and expressive and as able to be honest with others about her feelings. Interviewees stated that she is a lot more thoughtful about her role in situations. For example, if she is having a disagreement with a friend she will look at how her actions and reactions contributed to the situation, not just the other person's behavior or attitude. In family therapy sessions, she is described as being engaged and as an active participant. Interviewees described her as initially presenting with some depressive symptoms which have dissipated. She is described by those interviewed as being very outgoing, friendly and sociable. Interviewees reported that she has been able to vocalize how the past abuse made her feel. There is also a Community Support Worker (CSW) assigned to the focus youth, however, it was reported that this service has not been consistent and that there has been approximately three workers who have made sporadic visits in the past year stating that they were the newly assigned CSW.

The focus youth is not exhibiting any maladaptive behaviors at home or at school that warrants concern from family members and those on her team. She is currently in the 8th grade receiving regular education instruction. She has been attending her current school since the third grade and receives a partial scholarship. She is on the honor roll and was reported as receiving excellent grades since in placement with her paternal grandparents. She is described as being very talented and participates in cheerleading and a dance troop at her church made up of her siblings and cousins. She likes to write short stories and reads to the younger children at church weekly and stated that she truly enjoys this. Reviewers observed the focus youth to be very charming and pleasant. She appeared to feel at ease talking to the reviewers, smiling and making jokes throughout the conversation. She spoke very articulately and can be perceived to be older than her age based on the level of insight she had when describing her situation to reviewers.

The focus youth is reportedly in good health and family and service providers on her case have no concerns. Her last general physical, dental and optical examinations were in April of this year. She has no Axis I diagnosis and is not ever been prescribed any psychotropic medication.

Parents' Current Status

The birth parents are married and reportedly reside in a two-bedroom apartment. The mother works at a nearby airport part time and the father is presently unemployed. The father's last position was as a truck driver earlier this year. Both parents have been court ordered to complete the following services: parenting, anger management, forensic evaluations and family therapy.

The mother has complied with all services. Those interviewed gave conflicting reports regarding the father's level of participation in family therapy, while they were able to report that the mother attends all sessions. The parents report that they both completed domestic violence classes early on in the case; however some interviewees stated that they are not aware of this. Reviewers were unable to find any evidence in the case record regarding the parents' completion of this service, but were able to review proof of their completion of anger management and parenting skills classes.

Both mother and father have supervised visits with the focus youth and the other children. The visits are supervised by the children's respective caregivers. She also has liberal telephone contact with them. There has been some difficulty in maintaining consistent visits with the focus youth and the other children due to their individual schedules as the children participate in a number of extracurricular activities. It was also reported that the parents do not get along with

the father's sister, the foster parent for the focus youth's siblings, and therefore do not visit as regularly with the children that are in her care. Some team members that were interviewed felt that the visits should have moved to unsupervised by now since the mother has been actively participating in services. The mother participated in a forensic psychological evaluation in April of this year. The examiner stated that the mother did not appear to be suffering from a major mental health disorder or Axis I diagnosis. It was noted that the mother is a victim of domestic violence and is in denial regarding abuse against herself and her children. The examiner further recommended that mother participate in individual therapy to address these issues. To date, the mother has not begun individual therapy.

The father had a criminal case with child physical abuse charges. Team members reported that the father was found not guilty and the criminal case closed within the past 90 days. The focus youth and her eldest sibling had to testify against their father. Both girls were reportedly very anxious and uncomfortable doing this. Reportedly, the father declined to participate in the forensic psych evaluation or in family therapy until his criminal case had been closed. There are conflicting reports among those interviewed regarding his past involvement in family therapy.

Caregiver's Status

The paternal grandparents are able to provide the focus youth with a safe, comfortable and loving environment. As the primary caretakers they ensure that the focus youth attends school every day and receives the necessary support and guidance regarding home and school work. There is adequate supervision of the focus youth and in the home and during visitation with her parents. Based on interviews and observations, it appears that the focus youth and her paternal grandparents have a very close and trustful relationship. The foster parents ensure that the focus youth and her siblings participate in extracurricular activities to keep their time constructively occupied.

Interviewees had contradictory statements regarding the relationship between the caregivers and the birth parents. Some people recounted a contentious relationship while others stated that there were no communication problems between them. Reviewers were able to note that the birth parents and foster parents have a respectful relationship. It is clear that the foster parents are sincere in their concern for the safety of the focus youth and her siblings and they would continue to be a crucial support to the children if they were to return home. There was no indication that the foster parents deny the birth parents supervised access to the focus youth.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The focus youth's placement is stable and she is in a loving and caring environment. She's placed with a sibling and has access to other siblings and family members including birth parents. She is in the least restrictive setting and living with family which is optimal. By all accounts, the focus youth is very resilient and has been able to address many of her emotions and feelings in therapy regarding the physical abuse in her birth home. There have been tremendous improvements and advances in her attitude and demeanor. She is excelling in school and committed to a number of extracurricular activities. It would appear that the individual therapist has made a real connection with the focus youth which has contributed to her high level of

functioning. Both the individual and family therapy, for the focus youth, have been consistent. Most interviewees stated that there has been a marked improvement in the case overall since the implementation of family therapy. Some interviewees reported better communication between family members since their participation in family therapy.

What's Not Working Now and Why

There have been approximately four social workers on the case since its beginning. The current social worker has been on the case since February 2009, approximately 8 months. The multiple changes in social workers appear to have affected the level of communication amongst the people working on this case. Some interviewees stated that having to bring each social worker "up to speed" on the case has slowed the momentum of the case. Reviewers found that there is a significant lack of teaming on this case which is in part due to minimal to non-existent communication between the social worker, the leader in this case, and the birth parents, as well as other service providers. Information is not shared amongst all persons on the case and may not be accurate, current or relevant to the current status of the case.

The lack of teaming leads to the case planning process being one sided. The family members, specifically the parents, are not clear on what must be achieved in order to reach the current permanency goal of reunification. More specifically, the behaviors that must be modified and/or present for those on the case to feel comfortable allowing the children to have unsupervised visits and ultimately to return home, have not been identified. Safety and risk factors to be alleviated have not been identified or communicated to the birth parents or other people on the case.

There is no clearly identified leader in this case. There is no mechanism in place to ensure that all those on the case are on the same page with the case goal and activities that must be completed. The service providers have not submitted any reports in writing regarding the family's progress and recommendations.

Implementation of services for the birth parents has not been timely, including a referral for birth father's evaluation and a referral for individual therapy for the birth mother. Interviewees speculated as to why services for the birth parents have not been addressed, however, reviewers noted that the lack of communication is the most likely explanation as well as the father's criminal case.

There is little no effort made to engage the birth parents by the social worker. The social worker has not been able to build a rapport with either of the parents. This lack of regular communication and dialog has impacted the ability of the social worker and others on the case to make an accurate assessment of the birth family's current functioning.

The aforementioned issues have affected the level of progress towards the attainment of the current permanency goal of reunification with the birth parents.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Given the magnitude that improving communication has on this case, it is likely that the case will continue status quo, until those on the case come together to form a cohesive team that meets, plans and executes together.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
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| Next Step | <p>1. The social worker will facilitate a team meeting scheduled for 10/30, which will include the birth parents and their attorneys as well as AAG. At the meeting, the following will be discussed:</p> <ul style="list-style-type: none"> A) Identification of the behaviors that must be modified and/or present for those on the case to feel comfortable allowing the children to have unsupervised visits and ultimately to return home. B) Explore alternative permanency goals, such as guardianship, for the focus youth. C) Verify that parents have completed domestic violence services by asking parents and their attorneys to provide proof of completion or contact information on the program where the service was completed. D) Plans for ensuring that father receives evaluation from Youth Forensics. E) Plans for ensuring that mother receives a referral for individual therapy. | <p>SW – Yes Clt – No</p> |
| Follow-Up | <p>The social worker reported that the October 30, 2009 team meeting occurred; however, the birth father and his attorney and the AAG were not present. The birth mother expressed a desire to not discuss some of the issues due to the birth father's absence.</p> <p>A.) The following was discussed: unsupervised visits cannot be considered due to the father not being present at this meeting or at many other meetings, including court hearings. There has been no proof that the birth parents have completed the DV services and the father is inconsistent with family therapy. In addition, relatives and the children have reported that the father still struggles with aggressive behaviors. The social worker reported that one of the attorneys brought up barriers in terms of the birth mother's lack of participation in therapy as recommended in her Youth Forensic Services evaluation. The social worker reported that the GAL and CFSA are opposed to unsupervised visitation at</p> | |

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| | <p>this time.</p> <p>B.) The social worker reported that the birth mother only wants reunification and does not wish to discuss alternatives. The plan is for further discussions between the professionals and the parents.</p> <p>C.) Neither the birth mother nor her attorney, provided any documentation that she completed/participated in any domestic violence program, nor were they able to provide the name of the program. The mother's attorney did articulate that her client had participated in some type of DV program. The social worker plans to continue to request this information.</p> <p>As previously stated, the birth father was not present therefore he did not provide any information related to this topic.</p> <p>D.) The social worker reported that the birth father participated in the Youth Forensic Services evaluation, but the report has not been forwarded to her to date. The social worker plans to follow-up with YFS regarding the completed report.</p> <p>E.) The social worker reported that the birth mother and her attorney indicated that the mother found her own therapist and was supposed to start soon. They did not provide the social worker with the name of the program. The social worker plans on obtaining the name and contact information for the therapist at the beginning of 2010. She will then make contact with the therapist and request documentation.</p> | |
| Next Step | <p>2. The social worker will contact OCP and attempt to get copies of the previous progress notes from the family and individual therapists. If she is unable to get information through OCP, the social worker, with the assistance of her supervisor, will request verbally and in writing that the therapists furnish them with a progress report, treatment plan and recommendations for the focus youth and family.</p> | In Progress |
| Follow-Up | <p>The social worker did not contact OCP as she met with the mental health program's supervisor the week after the review. It was reported that the individual therapist is withholding the focus youth's paperwork (reports, treatment plans, etc.) because she has not been paid. She has also stopped providing individual therapy to the youth until she is paid. The family therapist has not provided any documentation either. The social worker indicated that the supervisor asked for a "couple weeks" to address the issue with the therapist.</p> <p>The social worker reported concerns related to the family therapist's relationship with the birth father. She questions some of his comments about how the birth father could not possibly be an abuser/showing aggression and that the children have been lying about it. The therapist will then provide conflicting</p> | |

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| | <p>statements like, “The father still needs to work on his aggression.”</p> <p>In a follow-up email after the 60 day follow up meeting, the social worker reported that she has now been in contact with OCP and the mental health agency. She stated that the mental health agency has a new clinical director who is supposed to be assisting with this matter. The social worker plans to contact her again next month.</p> | |
| Next Step | 3. The social worker will have a frank discussion with the focus youth regarding her desire to remain in the home of her paternal grandparents or to return home. | Yes |
| Follow-up | <p>In November, the social worker met with the focus youth alone to discuss her wishes regarding permanency. It was reported that the youth, who is usually outgoing and verbally expressive, is having trouble clearly articulating her desires and appears confused about the issue; one moment she wants to go home, the next she wants to stay with her grandparents. The social worker feels that she will have the most trouble out of her siblings in making the decision. The focus youth has reportedly expressed that “nothing has really changed” with her parents and has said that she does not wish to return to her parents home until they get a larger apartment. The social worker plans to continue to work with the CASA worker, the GAL and the youth’s grandmother around helping the youth make the best decision for herself. In addition, the social worker plans to work with the professionals in order to determine the best, safest option for each individual child.</p> | |
| Next Step | 4. The social worker and team will make an assessment regarding the domestic violence in the home based on the parents’ Youth Forensics evaluation, information contained in the case record, specifically the recommendations from the CFSA domestic violence specialist and information received from the family therapist. | In Progress |
| Follow-Up | <p>The team is not able to make an assessment regarding domestic violence in the home at this time due to the following reasons: the parents have not submitted documentation regarding completing a DV program; the social worker has not yet received the birth father’s YFS evaluation ; and the family therapist has not submitted a written report and has provided conflicting information verbally on the birth father to the social worker.</p> | |

QUALITY SERVICE REVIEW CASE SUMMARY #71

Review Date: October 26 - 27, 2009

Current Placement: Foster home

Persons Interviewed (9): Social worker, foster father, birth mother, birth father, GAL, AAG, educational advocate, the focus child's therapist, and the focus child's teacher.

The reviewers scheduled an interview with the foster mother, but on the day of the QSR, she was sick and was unable to participate in the interview.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eight-year-old African American boy, whose permanency goal is reunification with his birth parents. He was placed with foster parents when he initially came into care in April 2009 and has resided with them since that time.

The focus child became known to the CFSA in April 2009 when he came to school with a red circular mark on his face. A call was made to the CFSA hotline and the reporter stated that the focus child said that his younger brother hit him with a belt. The focus child, however, does not have a younger brother and soon admitted that his mother had beaten him with a belt the previous night because he hid his school progress report and lied to her. Reportedly, the birth father also hit the child. The caller stated that the focus child had red lines on his left arm which appeared swollen and he was walking with a limp. An investigation was conducted and physical abuse was substantiated.

The birth parents have been extremely remorseful about the incident and have fully cooperated with the agency and the Court. At the time of this review, the focus child had unsupervised weekend visits with his birth parents. The focus child has three adult siblings that do not live with their parents, but he has opportunities to visit with them during weekend visits. Reunification and a subsequent period of Protective Supervision between the focus child and his birth parents are anticipated to occur at the time of the next Court hearing in November 2009.

Child's Current Status

The focus child resides in a safe, stable, two-parent foster home, where there are no other children. When the focus child was first placed with his foster parents, he reportedly had multiple tantrums, where he would yell, cry, and roll on the floor. Team members stated that the tantrums would last up to 45 minutes. Over the past several months, the focus child has gradually adjusted to the foster home and his tantrums have dramatically decreased in frequency and duration. Team members attributed this positive change to the foster parents' kindness and patience with him. Team members reported, however, that three weeks prior to this review the focus child's emotional and behavioral functioning regressed. It was noted that he was exhibiting occasional tantrums again. Several team members believe that the focus child's recent

functioning reflects the fact that there is a temporary lapse in individual therapy due to a change in therapists.

When the focus child first came into care, he had supervised visits with his birth parents. The visits reportedly went well and unsupervised weekend visits were soon recommended by the agency and approved by the Court. These weekend visits, according to team members, have been a positive experience for the focus child and his birth parents. The focus child has the opportunity to spend quality time with his parents, and they have the chance to practice newly learned parenting and anger management skills. The focus child reportedly does not have difficulty transitioning from his foster home to his birth parents' home on Friday evenings and does not exhibit behavioral and emotional problems when returning to the foster home on Sunday evenings. The birth parents stated that the foster parents have been influential in supporting the focus child with these transitions.

The focus child fortunately did not have to change schools when he was placed in foster care because his foster home is in the same neighborhood where his parents live. When he is reunified with his parents, he will continue to attend the same school.

Educationally, the focus child is functioning below grade level. He is attending third grade at a local public school, but according to most team members, he is performing at a first grade level. He was assessed for special education services in the spring of 2009 and classified as Emotionally Disabled. An IEP was created for him; however, the birth parents were not in agreement with the IEP, stating that their son's psychological evaluation from the public school was substandard and the recommended services did not meet their son's learning needs.

The focus child has an educational advocate and she concurred with the birth parents' decision not to consent to the IEP. All of the team members reported that the educational advocate requested additional testing, such as a comprehensive psychological evaluation, a speech and language evaluation, and an occupational therapy assessment. The education advocate identified specific specialists for these evaluations and the public school agreed to pay for them. At the time of the review, the testing had not been scheduled yet and several team members were unclear as to when they would take place.

The focus child's IEP from the spring of 2009 was being implemented, even though it was not signed by the birth parents, and he is receiving several hours of out-of-classroom special education classes. Those interviewed were unsure of how many hours he is receiving of special education instruction and added that more testing will take place in the near future. It was reported that the focus child has extreme difficulty with focusing on his school work; he has tantrums, sometimes walks out of the classroom, and occasionally argues with his teachers. It was also reported that the focus child is very bright, but he needs one-on-one attention most of the time in order to be productive.

In addition to describing the focus child as bright, team members stated that he is friendly and outgoing. They added that he also has difficulty expressing his feelings appropriately and struggles with social awkwardness with his peers. Some team members stated that, due to the

focus child's most recent pattern of tantrums, the school principal recently called the foster parents to pick up the focus child from school. Team members added that the focus child does not engage in tantrums at his birth parents' home.

In order to address the focus child's emotional needs, child-centered play therapy was implemented in August 2009. The therapist initially went to the foster home once a week to work with the focus child, but when weekend visitation began, she switched the location of therapy to the birth parent's home. At the time of this review, the focus child had not been receiving therapy for three weeks and the newly assigned therapist had not started. The reason for the change in therapists was a scheduling and location issue. The focus child receives Medicaid because he is committed to the foster care system at this time, but once he returns home to his parents, his health insurance will switch back to his parents' private health insurance. It was unknown by team members if the therapy agency accepts the parents' health insurance.

Up until the focus child's therapy stopped, the therapist working with the him was a licensed clinical social worker and doctoral candidate in psychology. The focus of therapy was to encourage the focus child to express his feelings through child-centered play therapy techniques. Reportedly, he responded well to the therapy and was gradually feeling safe about sharing his feelings. It was noted that family therapy would be soon implemented and it was predicted that the combination of the focus child's individual therapy and family therapy would further stabilize the family. The focus child is not receiving any other services at this time, but team members reported that identifying and initiating tutoring and mentoring services would be beneficial for him.

Team members reported that the focus child is physically healthy and has up-to-date immunizations. They also stated that he had a dental examination five months prior to this review, and one more dental appointment would take place before he is reunified with his parents. He is currently not taking any medications and there have been no discussions yet about obtaining a psychiatric evaluation for mental health medications.

The focus child's permanency prospects are extremely strong, as his birth parents have been diligent in completing Court orders and cooperating with the agency case plan.

Parents' Status

All of the team members reported that the birth mother has been extremely penitent regarding the physical injuries her son sustained and the fact that he had to be placed in foster care. Within the past three years, the birth mother reportedly experienced the death of her father and her younger brother and sister and was struggling with depression, grief, and overwhelming feelings of loss. It was also reported that she has been experiencing mood swings since menopause started for her a year ago. At the time Child Protective Services removed the focus child from the birth parents' care, the birth mother admitted herself to a hospital for psychiatric services. After a brief hospitalization, she sought out individual therapy and medication management from a psychiatrist.

Team members stated that the birth mother completed court-ordered parenting and anger management classes. It was also confirmed that she is attending individual therapy on a weekly basis and is compliant with taking the mental health medication Wellbutrin. According to the birth mother these services have been helpful for her. She continues to work full-time as an administrative assistant for over 22 years. Team members reported that the birth mother and focus child share a close and loving bond and that the focus child has no fears being around her. The birth mother participates in all of the focus child's school meetings and has been a strong advocate on his behalf.

At the most recent court hearing in September 2009, team members stated that reunification was recommended with a six-month period for Protective Supervision. At that hearing, the birth mother had a private discussion with her attorney and afterwards she stated to the Court that she wanted a few more months to continue individual therapy before the focus child came home. Reportedly, this was a difficult decision for the birth mother and father, but the birth mother wanted to feel secure in her ability to manage her emotions in order to appropriately parent her son.

The birth father has also been remorseful about the incident with his son and subsequent involvement with the child welfare system. He completed parenting classes and anger management classes, and reported that they were helpful. He is employed full-time and reportedly has a strong bond with his son. Both of the birth parents have been actively involved in case planning and decision-making for the focus child. All of the team members have commended them on their commitment to their son and cooperation with the Court and agency.

Caregivers' Status

Team members have also spoken highly of the dedication of the foster parents. It was noted that they have been extremely supportive of the birth parents; for example, they have allowed the birth parents to call the focus child whenever they wish and they provide updates to the birth parents on how he is doing. Several team members stated that since the foster parents do not have other children in their home, they have been able to focus their attention on the focus child's emotional needs. They sometimes ignore his tantrums and he eventually stops or they talk to him after he has a tantrum to help him understand that there are other ways he can express his feelings. Team members stated that the foster parents have been effective in helping the focus child become more mature. Team members also observed that the foster parents have been role models to the birth parents, and it was shared that they plan to remain in contact with them after the focus child returns home. The foster parents, like the birth parents, are active in case planning and decision-making for the focus child.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Several factors have contributed to the excellent progress made thus far toward safe case closure. The team has reached out and engaged the birth parents, foster parents, and focus child in order to develop strong assessments of each of them. Team members demonstrated a thorough understanding of the birth parents' and the focus child's strengths and needs. Regarding implementation of services for the birth parents, the agency referred them to parenting and anger

management classes, which they successfully completed, and the birth mother took the initiative to participate in individual therapy and to obtain medication management. The birth parents and foster parents were actively involved in the case planning process, and all team members were aware of what needs to be accomplished for safe case closure.

The birth parents were remorseful about their actions and have been tenacious in following the case plan and court orders in order to reunify with their son. Unsupervised visitation takes place on weekends allowing for the child and his parents to maintain their bond with each other. Furthermore, the birth parents are dedicated to advocating for the focus child's academic progress.

The focus child has resided in the same two-parent foster home since being placed in foster care, and his foster parents have been committed to his well-being and care. The foster parents stated that they plan to stay in the life of the focus child and his parents after reunification occurs. The birth parents are reportedly grateful for their involvement with and support of their family. All of the team members commended the working relationship between the birth parents and foster parents.

What's Not Working Now

While there were multiple strengths in this case, several challenges were also present. It was unclear to team members when family therapy would start and who would pay for it. A referral was submitted by the social worker, but bureaucratic delays with the counseling agency have resulted in a lapse in service provision. Team members did not know if the birth parents' health insurance would pay for the service or if the agency would pay for it.

Once the focus child is reunified with his parents, the case will remain open for a period of several months while the child is in the legal status of Protective Supervision. At that time, he will no longer be eligible for Medicaid and he will be placed back on his parents' health insurance plan. Payment for his individual therapy when he returns to his parents' care is also uncertain. Several team members spoke of implementing community based services (CBI) once the focus child returns home, but as with family therapy and the focus child's individual therapy, payment for this service had not been determined. It was concerning for the reviewers that the focus child was close to being reunified with his family and family therapy had not started yet nor was there a determination on funding for therapeutic and/or CBI services.

During the past three weeks prior to this review, the focus child's emotional processing and behavior regressed, as evidenced by his more frequent tantrums. There was also a lapse in his individual therapy during the past three weeks, and team members speculated that the lack of therapy may have been the impetus for his acting out. Team members were also uncertain as to when the focus child's therapy would resume. Moreover, the foster parents and birth parents expressed confusion and doubt about the purpose and value of child-centered play therapy for the focus child.

Additionally, the child's academic progress is extremely stalled, and his emotional well-being at school is only fair. Educational testing has not happened yet even though he is academically far behind, and team members were unclear as to when the testing would take place. Furthermore,

the focus child was not assessed for services such as tutoring and mentoring services either by the school or any one on the team.

Coordination and leadership, however, could be improved in that the social worker, at the time of this review, had yet to have any discussions with the focus child’s teacher or the educational advocate.

SIX MONTH FORECAST/STABILITY OF FINDINGS

As the team continues to work toward the goal of reunification, the focus child’s case shall most likely improve within the next six months.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will contact team members to check their availability for a transition meeting (before the next court hearing). Possible team members to invite: birth parents, foster parents, GAL, new therapist, SW. | Yes |
| Follow-Up | The focus child was reunified with his birth parents at the end of December 2009, and he and his parents are reportedly doing well. The social worker attempted to convene a team meeting prior to the court hearing, but due to time constraints, she was unable to gather all the parties for a meeting. However, the social worker stated that she ensured that all of the team members received detailed information about the focus child’s move home. | |
| Next Step | 2. The social worker will follow up on payment for individual and family therapy as well as specialized in-home community-based services, and will identify alternative providers if necessary. | No |
| Follow-Up | The social worker reported that she has yet to contact the counseling agency to inquire if they accept the birth parents’ health insurance for the focus child’s individual therapy and family therapy. The focus child will no longer be eligible for services through Medicaid, which will be terminated soon. The social worker reported that she no longer thought that the specialized in-home community-based services are necessary, because family therapy is in place. | |
| Next Step | 3. The social worker will contact the educational advocate to clarify when educational testing for the focus child will be completed. | No |

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| Follow-Up | The social worker reported that she has not contacted the educational advocate, but stated that the occupational therapy testing was completed and she has a copy of the report. Regarding other educational testing, the social worker stated that she does not know when or if it was completed, nor does she know when she will obtain copies of the reports. | |
| Next Step | 4. The social worker will encourage the child's therapist to educate the birth parents and foster parents on the clinical value of child-centered play therapy. | In Progress |
| Follow-Up | The social worker stated that she spoke with the therapist regarding this concern, but she does not know at this time if the therapist has talked to the birth parents. | |

QUALITY SERVICE REVIEW CASE SUMMARY#72

Review Date: October 28-29, 2009

Child's Placement: Kinship Foster Home

Persons Interviewed (6): Social worker, foster parent, focus youth, AAG, GAL and therapist

YOUTH AND PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an eighteen year-old African-American female who currently resides in a foster home with a relative where she has lived for the past four years. Her permanency goal had been guardianship but was changed at the last court hearing to Alternative Planned Permanent Living Arrangement (APPLA). It was reported that the goal was changed because the youth wanted to be transferred to an Independent Living Program and not remain with her cousin. The focus youth visits with her sixteen-year-old sister, also in foster care residing in MD.

This case became known to CFSA in March 2004 due to the birth mother's inability to keep her children safe. The mother withdrew her son from school indicating her son was going to live with his father but returned the following day indicating she had lied. The son had a busted lip which was inflicted by the mother's adult nephew whom she was afraid of. Subsequently, the children were removed from the care of the biological mother due to imminent danger and physical abuse by the nephew.

Youth's Current Status

The focus youth is a teen parent of a three-year-old daughter. She is a senior in high school and looking forward to graduating. This is significant, as the focus youth in the past had been retained. She has now accumulated more than enough credits for advancement. The focus youth has expressed an interest in nursing but doesn't plan to attend college. In regards to furthering her education, it was suggested to the focus youth that she do some research regarding her career interests and the requirements; as well as, schedule a time to meet with an educational specialist in the Office of Youth Empowerment who could further assist/guide her as it relates to postsecondary education.

The focus youth currently resides with her paternal cousin. She has been in this placement for four years which is safe and stable; however, at times the relationship between the caregiver and focus youth can be tenuous. At times the focus youth's defiant demeanor is a source of contention. Reportedly, the lack of completion of chores around the house has been an area where the caregiver and focus youth argue frequently. The focus youth is interested in an independent living placement and feels that she has to try to make a home for her and her daughter. Team members stated while the agency has been advocating, the focus youth has insisted on becoming independent. She has a significant support system that she utilizes when it comes to needing respite with her daughter, including her daughter's paternal family members. In addition, the caregiver assists the focus youth regularly in the care of the daughter.

The focus youth is current on her medical screening for a physical; however, she has missed three dental appointments that were scheduled on her behalf. The social worker indicated she is going to schedule a weekend dental appointment for the focus youth with the hope that she will attend the appointment. The focus youth currently receives individual therapy on a weekly basis and has a good rapport with her therapist with whom she identifies as part of her support network. All parties indicated the focus youth would benefit from parenting classes in which a referral was made; however, the focus youth hasn't followed through with attendance. In addition, the focus youth was court ordered to have a substance abuse test due to speculation of her smoking marijuana but testing hasn't occurred. The focus youth receives mentoring services; however, while talking with parties no one was able to clearly articulate the frequency of contact with the mentor. Interviewees reported that the focus youth does well in taking care of her daughters' basic needs. However, they also reported that takes advantage of her cousin's presence and instead of developing a plan for babysitting, the focus youth assumes the cousin is available to care for her daughter and will just leave the home.

While the focus youth attends school daily and provides care to her daughter, she needs improvement in the area of life skills development, specifically, completing chores without being prompted, enhancing her meal preparation skills and taking the initiative to schedule and attend necessary appointments, i.e. dental and medical.

Parent Status

The social worker reports being unaware of how to reach the focus youth's parents but according to the caregiver and focus youth they know the whereabouts of each parent who resides in the metropolitan area. The mother calls to speak with the focus youth however the youth refuses to talk with her mother and father.

Caregiver Status

The foster mother is very involved with the focus youth and is a strong advocate for the achievement of her goals. The foster mother reports being proud of the focus youth's academic progress but quickly points out she needs to be more responsible in the areas of her chores and assuring the care of her daughter prior to making plans instead of taking advantage of her support system all the time. The foster mother indicated the focus youth has a desire to move into an independent living program but all parties are in agreement that remaining in the home until she at least graduates from high school provides the most stability at this time. She further indicated despite the focus youth wanting to leave, her home will always be open and available for placement considerations.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The focus youth is in a safe placement and attends school regularly. She is excited about graduating, takes pride in her work and has identified goals beyond high school. She has been receptive to therapy and attends sessions as scheduled. The focus youth has a strong support system amongst family and friends to help her with the care of her daughter. All the team members speak very highly of the focus youth and are proud of her commitment and dedication towards her academics.

All parties have expressed their satisfaction with the court process. They report that the assigned judge is respectful of the recommendations presented and each party has a voice during court proceedings. The team members in this case include the social worker, focus youth, foster parent, therapist, GAL and AAG. Reportedly, the social worker has maintained contact with team members via telephone, and face-to-face meetings occur with the foster parents and focus youth monthly.

What’s Not Working Now and Why

An area needing improvement was in the area of engagement with the biological parents. There has not been any outreach efforts made towards engaging the biological parents in this case. The focus youth and caregiver know the whereabouts of the parents; however, there hasn’t been any efforts made by the social worker to gather their contact information. Also, there isn’t any clear teaming occurring. The communication is fragmented to the degree that everyone communicates in isolation but no team meetings have occurred with involved parties. Every team member had a different viewpoint of who serves as the lead in this case. All parties are not on one accord in regards to the lead in the case, in respect to mentoring; seemingly no one had a clear picture of the amount of time and frequency of the mentor’s contact. In addition, there hasn’t been any one meeting with all parties to hear the concerns, goals and plans for the focus youth so that collectively a plan could be developed.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

The focus youth will graduate from high school and enroll in postsecondary education. The focus youth’s support system will remain in tact and provide encouragement and guidance as needed. The focus youth will remain in current placement as she continues to strive towards graduation and embrace the support she receives. Seemingly, if the focus youth doesn’t participate in services offered the degree of success will remain the same.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will follow up with Center for Keys for Life, substance abuse testing, tutoring services if needed, frequency of contact with mentor, and parenting classes. | Yes |
| Follow-Up | The social worker spoke with the focus youth about the Center for Keys for Life program and the youth stated that, while she is interested in the program, she wants to take night classes in order to graduate from high school on time in the spring of 2010. Her night class schedule conflicts with the Center for Keys for Life program schedule. The youth added that after she graduates, she will consider attending the program. | |

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| | <p>The social worker reported that the focus youth drug tested once, but she has yet to obtain the drug test results. She added that she plans to get the results later in the week.</p> <p>Tutoring was at first rejected by the focus youth, but in December 2009 at a team meeting, the focus youth stated that she would like a tutor because she is trying to graduate from high school on time. The social worker reported that she referred the focus youth to a tutoring agency and was informed that the tutoring service would begin the week of the follow up meeting.</p> <p>The social worker stated that she contacted the focus youth's mentor, who verified that she is meeting with the youth at least twice a month or more for mentoring sessions. The social worker reported that she believes the mentor and the focus youth have a good rapport as evidenced by the positive reports from both the focus youth and mentor.</p> <p>Regarding parenting classes, the social worker stated that the focus youth has been referred to parenting classes several times, but she has not taken the initiative to attend. The social worker noted that the focus youth's therapist has been providing some parenting skills training to the focus youth in their sessions. The social worker stated that the focus youth was accepted into an independent living program for young mothers and their children and will be moving there as soon as an opening is available. She added that the focus youth will be required to attend parenting classes at the program.</p> | |
| Next Step | 2. The social worker shall reach out to the birth mother and birth father. | In Progress |
| Follow-Up | The social worker reported that she did not contact the birth mother and stated that the birth mother is non-compliant with her mental health medication and is usually in a psychotic state, making it difficult to communicate with her. The social worker stated that she spoke with the birth father and encouraged him to play a more active role in his daughter's life. The social worker noted that the birth father, since that conversation, has become more involved in his daughter's life with phone calls and visits with her. | |
| Next Step | 3. The social worker will schedule a meeting with the team to discuss planning goals for the focus youth and will make efforts to increase team coordination. | Yes |
| Follow-Up | The focus youth's placement disrupted in November 2009. Reportedly, the 18 year-old son of the focus youth's adult cousin, | |

with whom she lived, engaged in an argument with the focus youth. They had had several verbal altercations with each other over several months; however, in November the son pointed a gun at the focus youth and pulled out several of her braids during the altercation. The police and social worker were contacted and the focus youth was immediately removed from the placement. She did not sustain any injuries. The son was arrested and incarcerated for several weeks until pleading to a lesser charge. The focus youth was placed in a group home and she asked the paternal grandmother of her daughter to provide full-time childcare for her child. This was a difficult decision according to the social worker, who added that the focus youth is bonded to her child. The social worker also reported that the focus youth has transitioned very well to the group home and has not demonstrated any signs of post traumatic stress from the incident. Additionally, the focus youth has a strong support network including the social worker, therapist, and mentor.

The social worker facilitated a team meeting in December 2009 in order to discuss goals and services for the focus youth. The plan is for the focus youth and her daughter to be placed at the independent living program together. The social worker added that, as discussed at the meeting, mentoring and therapy will continue for the focus youth and tutoring will be implemented this week. She noted that the focus youth has been much more responsible since her placement disruption in November. The social worker also stated that the focus youth has recently begun to advocate for herself by asking for SAT prep classes and requesting assistance from the social worker and therapist with navigating high school graduation requirements.

QUALITY SERVICES REVIEW CASE SUMMARY #73

Review Date: October 28-29, 2009

Current Placement: Residential Treatment Center

Persons interviewed (7): Social worker, therapist, AAG, father's attorney, focus youth, GAL, and birth father.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17 year-old African American female who is one of four siblings. She has an adult brother who is currently attending school in North Carolina and two younger, female, twin siblings with whom she shares a mother but not a father. The younger siblings live with their father. The focus youth has a positive relationship with her older sibling and her birth father. She has a tense relationship with her birth mother and her mother's boyfriend. The focus youth's maternal aunt and uncle have played a major role in her life, and she has lived with them during several periods of time throughout her life. She and her aunt have a mostly positive relationship; however, the focus youth recently made allegations of sexual abuse by her uncle, which has resulted in a loss of contact between the focus youth and her aunt.

The focus youth became known to CFSA in July 2008 when the agency received a neglect report regarding the focus youth's birth mother and the focus youth. Four days later, the focus youth called the agency to report that her birth mother would not allow her into the house. Later that evening, the hotline received a call from a relative reporting that the mother's boyfriend had blackened the focus youth's eye.

The focus youth's aunt and uncle took the focus youth into their home shortly after the neglect report and continued to care for her through May 2009. The focus youth was committed to the juvenile court system in May 2009 for a matter that involved her allegedly fighting with her younger sister. She was detained at a local juvenile residential facility for a period of 30 days. A recommendation from a psychological report called for a therapeutic placement. The CFSA social worker presented the focus youth to vendors for a therapeutic placement for four weeks in a row without any interest from a vendor. Based on the psychological report, the juvenile court judge pushed for a residential treatment center (RTC), so the juvenile court social worker and the CFSA social worker began to search for potential RTCs. The CFSA worker found a facility in another state, but the juvenile court staff objected to this choice. A residential specialist in the juvenile court system promoted another out-of-state facility, and the focus youth was committed to the juvenile court system until the age of 21 by a judge who wanted this placement to happen quickly. The focus youth moved out-of-state in June 2009 and was placed at the RTC.

Youth's Current Status

According to team members, the focus youth is a bright, motivated, and goal-oriented young woman. Before she left for the out-of-state RTC, she was active in the Center of Keys for Life (CKL) at CFSA. This program reportedly taught her some coping skills, though she stopped

going to the program because travel downtown became a problem. She has achieved some life skills including cooking, cleaning, and washing clothes as taught to her by her mother. At her current placement, she has favorable feelings toward her teachers and has formed friendships with some fellow residents and a few staff members who are in their early twenties. She is currently performing at the RTC's "Team Level," and she understands that she will go home once she earns placement into the "Achievement Level."

The youth was diagnosed with Mood Disorder and Oppositional Defiant Disorder (ODD). Before moving to the RTC, she was taking Abilify to treat her mood disorder. Her Global Assessment of Functioning (GAF) score is low, indicating that she may need 24-hour supervision and therapy. She experienced many problems with fighting and violence in schools and transferred between local high schools three times. In her current setting, she continues to be involved in fighting and conflicts. According to some team members, there is some racial tension at this RTC between Hispanic girls and African American girls, some of whom are from the local area, including a god-sister of the focus youth. The group of girls from the area has formed a clique and has separated themselves from the other girls.

The focus youth's educational performance has improved over the last few months. Though she still experiences some problems in history class and a few others and is unsatisfied with her performance in school, she is doing better academically at the RTC than she was in local public schools. One remaining concern is that the youth has no IEP. Her educational advocate has not been involved in the case since at least April 2009 when the case was transferred to the current social worker.

One team member reported that the focus youth participates well in individual and group therapy and is compliant with staff. She remains, however, physically and verbally aggressive at times and can be disrespectful toward her peers. She continues to experience anger management problems and problems with family and peer relationships, which could be greatly helped by a strong social support network of family and friends. Team members are concerned that the focus youth is becoming depressed, as she seems to feel that nothing is important. One team member attributes this possible depression to the youth's recent public allegation that her uncle sexually abused her, and the subsequent disconnection in communication from her aunt.

The focus youth seems to be safe and physically healthy in her current environment, but there is a need to improve her stability, permanency prospects, and emotional well-being. The focus youth has made several recent references to dying, two of which surfaced in a conversation with QSR reviewers. Reviewers communicated this incident to the CFSA social worker, supervisor, and QSR leadership staff. The focus youth also expressed a desire for a new therapist, preferably someone younger than her current therapist, and she identified a therapist by name with whom she would like to engage.

Parent's Status

According to all of the team members, the focus youth's birth mother and birth father get along well, and according to some, they co-parent well together. When the focus youth moved out of state in June, she was unable to speak with either of her parents on the phone. There was a miscommunication that resulted in the focus youth being authorized only to speak with her aunt,

who was her foster mother at the time of the placement change. Family therapy was also conducted between the focus youth and the aunt, excluding both of the parents. Recently the therapist has invited the birth father to join family therapy, and he is scheduled to begin these telephone therapy sessions soon with the focus youth. The therapist was not able to reach the birth mother to learn if she would like to attend these therapy sessions via phone.

Team members noted that there are some challenges to the focus youth's relationship with her parents. The birth father could improve his emotional support of the focus youth, in addition to his participation, engagement, and progress towards safe close closure. The birth father is living with his mother, and although he told reviewers that he is prepared to take the focus youth into his home with him, team members are concerned with his reportedly rigid parenting style, previous CPS involvement with the focus youth, and his inconsistent employment. It is unclear whether the previous CPS involvement, which took place when the focus youth was 13 and involved an allegation that the birth father hit her, constitutes a safety concern at the present time. The birth father has a graduate degree and works short-term jobs in marketing. He may be in need of some assistance in finding more consistent employment.

There has been no progress toward reunification, and the parents have not been as proactive or as well-engaged in this case as they could be. The birth mother changes phone numbers frequently and is difficult for all parties to contact her. The reasons for the current goal of reunification are unclear to many team members involved with this case. The focus youth is not interested in living with her birth mother, and she is unable to live at the birth mother's current apartment because of rules instituted by the property management company. Other relatives have reported that the birth mother is not interested in reunification. The parents have sporadically indicated interest, but not enough to convince the social worker. They were enrolled in a parenting class, but never participated. The CFSA social worker asked the director of the class to contact the parents directly to encourage their attendance. The birth father has verbally committed to attending these classes closer to the time that the focus youth will be discharged from the RTC.

The birth father expressed his dissatisfaction with the Agency for a lack of communication when the decision was made to move the focus youth to the RTC out of state. He learned of this information directly from the focus youth. The focus youth remains in close contact with her birth father and writes him two to three letters per week. The focus youth told the Court in 2009 that she wanted to live with her birth father. At that time, the birth father wanted her to participate in therapy first, and he did not have his own place yet. He would like for her to remain at the RTC for less than a year (June 2010), then to return to the local area to live with him.

Caregiver's Status

The therapist seems to be the individual most familiar with the focus youth at the residential treatment facility, and there appears to be no case manager assigned to the youth. There has been some improvement in engagement now that the therapist will include the birth father in therapy sessions, but it is still unclear whether the therapist is actively aware of the case plan and working toward a positive permanency goal for the focus youth.

The focus youth resided with her aunt until. CFSA social worker has discussed guardianship with the aunt who reports that she would consider being a guardian if the focus youth was no longer violent in her home. This information has not been updated since the recent allegations about sexual abuse by the uncle. There is currently an open investigation to further examine these allegations, and the uncle has reportedly denied the allegations. As of the review date, the aunt has refused to talk with the focus youth. Foster children who were living with the aunt have been removed. According to the birth father's attorney, the parents were concerned when the focus youth was placed at the aunt's house because of the lack of boundaries.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The aunt was included in family therapy sessions soon after the youth arrived at the RTC. This engagement needs to continue, especially in light of the recent allegations and confusion on the youth's part about her aunt's reaction to this report. It is also positive that the therapist will be including the birth father in the focus youth's sessions.

The entire team seems to have a solid grasp of the youth's challenges and has made progress towards addressing those challenges. The treatment team conducts monthly meetings via email to stay connected to the case. The team also understands the mother's strengths and weaknesses.

Most team members regularly appear in court, and the team seems to be comfortable with court orders that result from permanency and other hearings. The youth and the AAG have a solid relationship with the GAL.

What's Not Working Now and Why

It is clear that the focus youth and birth father would like to receive more frequent updates about the case and future plans. The birth father in particular reported feeling left out of the decision-making process. Most of the team members, including the focus youth and the birth father, mentioned confusion about how case planning happens for this case. Some of the confusion may be related to the physical distance of the focus youth at the moment, (i.e. coordination of conference calls, etc.), but there was evidence that the confusion existed even before her move to the RTC.

Although the correct people are members of the team, and the treatment team communicates on a monthly basis, there is a substantial amount of confusion and miscommunication among team members. Several team members were confused about the final decision regarding the RTC placement, and some learned about it directly from the focus youth. There is a lack of contact among several team members; for example, the juvenile court social worker and the CFSA social worker, until the court hearings. Several team members were also unaware that the juvenile justice system became involved in this case. Not all members of the team are included in team meetings. Some members were also unaware about the CFSA social worker's visit to the RTC in October 2009 and others expressed confusion about upcoming visits by the parents and GAL. Finally, status updates about the sexual abuse allegations will be essential to the team as the allegations have provoked much anxiety and concern among them.

There is no clearly identified set of steps that will lead this case to safe case closure, and many team members disagree with the current permanency goal. This case is not moving toward closure, and there is some concern that the focus youth's physical distance is allowing team members to delay permanency planning for this case. Such a delay could be detrimental to the chances for safe case closure.

There is much work to be done to identify family connections and community support for the focus youth. The CFSA social worker has not fully vetted the maternal relatives, other than the aunt and uncle who functioned as foster parents, and the paternal relatives are yet to be explored. If the focus youth is going to return to the local area sometime in the near future, she will need to have a strong social network supporting her, which will be crucial to her well-being.

STABILITY OF FINDINGS/SIX-MONTH PROGNOSIS

It is likely that the focus youth will spend the next six months at the RTC, as she has a tentative discharge date of June 2010, and it is possible that her situation is likely to decline. There are some valid concerns about her transition from the out-of-state RTC back home. For example, this transition could involve a change to her permanency goal, possibly from reunification to APPLA, if she is not placed with her birth father. It is unclear whether the juvenile justice system will move her to a step-down facility when she is ready to return. If so, this facility would likely be in the area and closer to her family and friends. The focus youth states that she would prefer to live with her aunt rather than her birth father, and she may not have discussed with anyone the possibility of living in a group home. The GAL is concerned that most group homes would not provide the type of structure that is needed by the focus youth and suggests that a group home with a resident couple might work best for her. The CFSA social worker is concerned about bringing the focus youth back to the area too soon and about the focus youth's permanency options.

PRACTICAL STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|--|--------------------|
| Next Step | 1. The social worker will promote a team atmosphere by facilitating monthly team meetings. The social worker will request a life conference for the focus youth and will identify extended family members for the meeting. | In Progress |
| Follow-Up | The social worker stated that she and her supervisor re-assessed the clinical value of holding a life conference meeting for the focus youth and decided that it would not be relevant to her at this time. The focus youth is still residing at the residential treatment facility and is also committed to the juvenile justice system. The social worker added, however, that she has attempted to convene monthly meetings with team members, but has not been contacted by a few team members. The social worker reported that she will continue to | |

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| | arrange a team meeting for the focus youth. | |
| Next Step | 2. The social worker will have a discussion to explore the possibility of identifying a new therapist for the focus youth at her RTC with the focus youth, the current therapist, and the therapist's supervisor. | Yes |
| Follow-Up | The social worker talked to the focus youth's therapist about identifying a new therapist for her, but she determined that the current therapist was providing excellent clinical therapy to the focus youth and assigning a new therapist would be disruptive. Reportedly, the focus youth participates in therapy and has gradually developed a good rapport with her. | |
| Next Step | 3. The social worker will talk with the family about visiting the RTC in December 2009 and will discuss hotel accommodations and specific plans for the visit. | In Progress |
| Follow-Up | The social worker made several attempts to arrange for transportation and hotel accommodations for the focus youth's mother and father; however, the parents reported on two occasions that the timing was not conducive to their schedules. To date the parents have not contacted the social worker with dates to visit the focus youth. | |
| Next Step | 4. The social worker will ask the therapist's supervisor about allowing phone calls between the focus youth and her birth mother, birth father, brother and possibly other family members. | Yes |
| Follow-Up | The social worker stated that phone calls between the focus youth and her parents have begun, but she added that it was reported to her that the parents only call their daughter for the family therapy sessions. | |
| Next Step | 5. The social worker will request a clothing voucher for a winter coat for the focus youth. She will inquire if the focus youth recently purchased new clothing and with which funds. The social worker will contact the juvenile court case manager and will ask if a clothing voucher could be provided and if the focus youth's \$250 dollar stipend could go towards clothing purchases. | In Progress |
| Follow-Up | The social worker reported that she obtained a clothing voucher for a winter coat for the focus youth and mailed the coat to her at the treatment facility. The social worker stated that the GAL mailed | |

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| | <p>the focus youth a new hair dryer and some yarn for knitting, a new hobby of the focus youth's. The social worker also stated that she has called and emailed the juvenile justice social worker regarding funds for clothing, but has not heard back from that social worker. It was unclear to the social worker if the focus youth needed essential clothing or if she just wanted some extra clothes. The social worker stated that she would contact the treatment facility to find out if the focus youth needs additional items.</p> | |
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QUALITY SERVICE REVIEW CASE SUMMARY #74

Review Date: October 26 – 27, 2009

Current Placement: In-home with Birth Father

Persons Interviewed (8): CFSA (Child and Family Services Agency) social worker, CFSA supervisor, focus youth, father, mother, Community Worker (DMH Contracted Agency), teacher, and school social worker.

CHILD AND PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an 8 year old African American male who has resided with his father since July of this year. He has seven siblings, (5 maternal and 2 paternal) Two of his older brothers live with him and his father. He has five r siblings living with his mother and the in-home case is open in his mother's name. There is no court involvement at this time. Prior to living with his father, the focus child lived with his mother. She was having increasing problems with the child's behavior and relegated her role of custodial parent to the child's father who offered to take on this responsibility.

The child was hospitalized for suicidal ideation for approximately three weeks during June of this year. Shortly after his discharge from the in-patient unit, he began living with his father. The child was initially compliant with the medication regimen. However, his father took him off the Ritalin briefly because he did not believe that it was helpful. In retrospect, the father now realizes this decision to have been an error in judgment and the child was placed back on this medication.

Both parents have a fairly stable working relationship regarding safety and well-being of the target child.

Child's Current Status

The child is currently doing well with his father and older brothers. He is in the third grade and has had seven unexcused absences this year. Most of absences appear to be due to transportation issues after staying with his mother during weekend visits. The child's grades are fair, with his math and reading skills slightly below grade level (approximately 2.7). There is no IEP identified for the target child. His behavior requires redirection on occasion as he tends to be aggressive with smaller children.

The target child's move required a change of schools. This presented behavioral challenges. However, the teacher, child's father, and his CBI worker have worked together to minimize the acting-out behavior. Thus, in-school behavior has slowly improved.

The child's CBI worker visits him in the home now on a bi-weekly basis and has built a good relationship with him. The worker discusses behavioral issues and communicates with the father and older brothers in the home. The child has cousins living within close proximity. He often

visits, plays and walks to school with them. His older brothers share in the responsibility of accompanying him and his cousins to and from school

Parents' Status

The father has an apartment and receives adequate food stamps. His two adult sons live with him. One son plans to return to college and the other plans to begin college during January. The CFSA social worker has made job related referrals and the father stated that he is not picky about the kind of work he is willing to perform.

The father is cognizant of the fact that the neighborhood is not safe for small children and he keeps his son either in the apartment or monitors his whereabouts when he is with his cousin's apartment. He also has a working relationship with his son's CBI worker.

His adult sons are involved with the target child and take the responsibility of accompanying him to and from school. They also spend time with him playing games, helping with homework as needed and take him out of the neighborhood.

The child's mother stated that she lives in an unsafe neighborhood. Of the five children living with her, the behavioral issues of her two eldest daughters and pregnancy for one of her daughters, keeps this in-home case open. One of the mother's goals is to move into a larger apartment in a safer neighborhood. If this occurs, she is willing to consider taking the target child to live with her.

During the interview with the mother, she expressed good intentions for the target child. She does not appear to have a clear picture of the importance of the permanency issue with her son and does not have an open dialogue with his father on a clear plan for permanency.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The teaming between the social worker, CBI worker and the parents has allowed for the child to see his mother and sibling during weekends. This has kept the child close to his mom and siblings living with her. The father's interest in the child's school work has led to an admirable working relationship with his teacher.

The child's older brothers have been available to informally tutor and mentor him. This has contributed to behavioral stability. Both older brothers have completed high school and are pursuing higher education.

The child's teacher monitors the child's behavior and frequently communicates with his father. The father has a stellar record of immediately going to the school to personally work with the teacher and to fully understand the teacher's concerns. .

What's Not Working Now

The child is not sure about his permanent living situation. Although living successfully with his father, his mother is looking for safer and more spacious housing. If she acquires better housing,

she expressed the desire for her son to join her and his five siblings. Historically, the child has not behaviorally done as well with his mother. By history, the target child may have some challenges coping with change. Changing homes would mean yet another change in school. The mother and father have not discussed specifics about his current living environment and time-frames for the child to stay in one home. Thus, the current teaming is not placing the two parents in a situation where this permanency issue can be addressed openly.

The CBI worker will most likely not be involved with the child after October of this year. He will instead have a community support worker who will not have as much time for visitation and one-on-one work with the child. There has not been transitional work to phase out the CBI worker and to phase-in the new worker.

Communications between the parents, regarding transportation issues, have been limited and this issue has caused unexcused absences from school.

The teacher reports that she has not been able to spend as much quality face-to-face time with the social worker as she would like. She would prefer to see the social worker when her class is attending activities such as art.

STABILITY OF FINDINGS/SIX-MONTH PROGNOSIS

The six month forecast for the target child is “continue status quo.” He is currently stable in his current living and school situation. If this changes, he could decline. However, this is a variable that cannot be predicted with any certainty. If the parents would agree to keeping the child in one place for a specific period of time (i.e. one year) this may lead to more stability and less behavioral issues.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
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| Next Step | 1. Social worker will set a visitation time with the teacher for school visits by the end of November. | Yes |
| Follow-Up | The social worker and teacher decided that the best time to meet for school visits would be during lunch time. The teacher asked that the social worker call a day prior to the visit to ensure there are no scheduling conflicts. | |
| Next Step | 2. In transitioning the child to a community support worker, the social worker will set-up a clinical staffing with extended participation (as many stakeholders as possible). | No |
| Follow-Up | The focus child was assigned a community support worker, however services have begun due to the worker being on sick leave with pneumonia. Clinical staffing has not taken place because | |

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| | parties involved (social workers, parents, community support worker) have not been able to coordinate schedules. Additionally, the focus child has not been attending therapy because of the distance. The social worker is exploring other programs that are in closer proximity of where he lives. | |
| Next step | 3. Social worker will discuss the permanency options of the child with both parents to offer the child clear expectations regarding his permanency. | Yes |
| Follow-up | The social worker has spoken with each parent individually; both parents agree that the current arrangement of the focus child residing with his father works best at this time. | |

QUALITY SERVICES REVIEW CASE SUMMARY #75

Review Dates: October 26-27, 2009

Current Placement: Guardianship with Maternal Aunt

Persons Interviewed (5): Social worker, school social worker, maternal aunt, focus youth and therapist.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 16-year-old African American female, who is residing with her maternal aunt and three younger cousins: ages 10, 6 and 2. The focus youth has a younger sibling, age 12, who is residing with her birth father. The maternal aunt, who is residing in a neighboring state, was granted permanent guardianship of the focus youth.

The family initially became known to the agency in 2002, when a report was received by the hotline for sex abuse allegations against the maternal grandfather; the youth was nine years old at the time. As a result of the investigation, the youth and her younger sister were placed in foster care. However, her younger sister's case was closed, as she was reunited with her birth father. The youth was subsequently placed with her maternal aunt, who later obtained guardianship in 2004.

In the summer of 2008, the case was reopened for a change of guardianship. The GAL, who handled the case initially, presented the case to Court for a change of guardianship from one maternal aunt to another. Reportedly, the youth's previous guardian had a history of mental health illness and substance abuse history and was not receiving any treatment. Therefore, she was unable to maintain her finances and as a result, she was evicted from her apartment. Additionally, she was neglectful of the youth's physical care. The focus youth and her aunt moved in with the current caregiver in February 2008; the youth remained in her current caregiver's home, but her previous guardian left the home. The matter was brought to the GAL, who filed a motion to terminate guardianship from the previous caregiver and turn it over to the current caregiver. This was successfully achieved in July 2009, when the current maternal aunt was granted permanent guardianship of the youth and the neglect case was closed.

Please note that this case remained open in the system due to technical difficulties, which is being addressed by upper management. However, because it is still open in the system, it was selected for this review.

Youth's Current Status

There is no safety concern for the youth at home or at school at this time. Prior to the review period, there was an issue of the youth sneaking boys into her room and being very promiscuous outside the home; however, this issue was dealt with and the problem was resolved. The youth lost the privilege of having her own room and now shares the room with her younger cousin. The aunt rearranged the furniture in the room to prevent entry into the apartment from the window and removed the room door, which made it easier for her to monitor the activities in the

room. The youth is expected to be home by a certain time after school and was given a curfew. Reportedly, there have been no more problems regarding the youth and boys for over a month.

The focus youth is in a permanent placement and her permanency prospects status is optimal. The focus youth is residing with her maternal aunt, who is her legal guardian and has been in her current placement for over a year. Prior to residing with her current caregiver, the youth was residing with another maternal aunt, who was her guardian. The focus youth has been attending the same special educational program for over three years, and was transferred to the current location, due to her change of address.

There are no health concerns for the youth. She received a comprehensive physical and gynecological exam earlier this year and was seen for her routine dental follow up a few weeks prior to the review. However, there was concern expressed by all team members about the youth's hygiene. It was reported that she has a body odor, which is becoming a problem at school and the youth has been confronted about her body odor on at least on two occasions. It was reported that the youth's body odor is not a medical issue and is resultant of poor hygiene. The focus youth is over weight and is not on any special diet to address her weight issue; however, she is involved in her school dance group, where she receives most of her exercise.

The focus youth is receiving individual therapy and is seen by a therapist who specializes in therapy for sex abuse survivors. The youth has been participating in therapy for a little over a month and seems to be very engaged with the therapist. She has a good relationship with her therapist and feels that she is able to discuss her issues with the therapist, who she believes is very helpful to her; she looks forward to going each week. It was also speculated that the youth's change in behavior was attributed to her therapeutic services, since her change in behavior coincide with the start of her therapy services. Some of the things that the youth is addressing in therapy are: recognizing and labeling her feelings, setting goals for herself, self esteem issues and understanding and accepting her family's situation. It was reported that she tries to surround herself with positive people and has reached the point where she can now freely forgive others. The youth has a relationship with her mother, who accompanies her to church occasionally and visits with her on a regular basis. She is aware of who her father is, but does not have a relationship with him. Additionally, the youth is very active in her church and sings in the choir.

The focus youth is receiving special education services and has a diagnosis of being learning disabled. Reviewers learned that the youth's IEP is outdated, but there is an upcoming meeting scheduled for the week after the review to update the youth's IEP. To ensure that the youth's academic needs were being met, the school conducted a series of testing to determine what level the youth is at, in regards to her performance to provide her with the appropriate classroom placement. Reportedly, she is making substantial progress in most of her subjects with the exception of math and is also making progress on her current IEP. It was reported that she was barely passing math and could benefit from a tutor. However, the school does not provide tutoring services. The youth receives one hour of counseling per week at school and is involved in a girls group that focuses on team building and self esteem issues.

Reportedly, the youth has been showing substantial responsible behavior in most areas, since she started therapy. She comes home directly from school and whenever she is left home alone, she

no longer brings boys into the apartment. She follows directions in the home and abides by her aunt's rules. The focus youth is attentive to her younger cousins and will assist in ensuring that they are fed. In fact the youth can cook very well and often prepare the family's meal. However, the youth is making minimally adequate to fair progress in her independent living skills. The youth requires a lot of assistance with laundry and cleaning. She also requires one on one monitoring with her hygiene. Apparently, the youth does not take the time to ensure that she takes a bath daily, even though she is being told that this was important. The youth also receives the necessary toiletries that she requires, but does not use them.

Parents' Status

The birth mother was never a part of the case planning process, but made herself available for the court proceedings for the initial guardianship hearing in 2004 and of recent the guardianship transfer. In both instances, the birth mother gave written consent for the maternal aunts to obtain guardianship. It should be noted that the birth mother has not cared for the youth since she was 9 years old, at which time the mother gave consent for one of the maternal aunts to be the youth's guardian. The birth mother visits with the youth occasionally and sometimes accompanies her to church.

The birth father has not taken an active role in trying to establish a relationship with the youth. It was reported that he resides in the area, but his address is unknown to the youth. The youth went through Face Book on-line in an attempt to locate her paternal relatives and reach out to them, but the feelings were not mutual. Additionally, the youth and team members have tried to reach out to the father through extended relatives, but he did not respond. Thus the youth does not have a relationship with her father or any of her paternal relatives. The birth father was not involved with any of the court proceedings and gave verbal consent to his attorney for the aunt to obtain guardianship.

Some team members have reached out to the birth parents to include them in the case planning process, but were unsuccessful. The mother was approached each time she attend a court hearing and letters were sent to invite her to meetings, but to no avail. Attempts were made to extend services to the birth mother, but she was not interested. The father maintained contact through his attorney, even though he did not attend any of the hearings. The team was able to pass information onto the father through his attorney, but received no response from the father.

Caregivers' Status

The current caregiver has been involved with the youth throughout her life and was the back up person listed in the original guardianship documents in 2004. It was reported that she was unable to take on guardianship of the youth in at that time, due to her situation; however, she maintained contact and provided assistance as needed. In fact, in February 2008, when the previous caregiver got evicted from her apartment, this aunt took them in. She has been physically caring for the youth from that time to present.

The maternal aunt was very active in the case planning process. She was a full and effective partner in all aspects of planning and implementation of services. She is very cooperative, she participated in all the meetings and court proceedings and complied with the necessary steps outlined. The aunt was consistent with the requirements agreed upon by the team and made

excellent progress in achieving safe case closure. The maternal aunt was described as the leader on the case, due to her take charge attitude and the fact that she was able to obtain the necessary resources that her family needed. It was reported that she was the one to locate the specialized therapist for the youth and put that service in place. The maternal aunt was very involved with the school and the transfer of the youth to her current location; she continues to maintain close communication with the school. Furthermore, reviewers learned that during the time, when she was having the problems with the youth and the issue of the boys, she attempted to reach out to the team for assistance, but her attempt was unsuccessful. Team members wanted to wait for the initiation of therapy, but the aunt needed an immediate solution. Therefore she came up with her own solution and was able to resolve the issue.

The maternal aunt and the youth have a strong, positive and supportive relationship. The focus youth feels comfortable speaking to her and the two seem to share a close relationship. The focus youth speaks highly of her aunt and is happy to be with her aunt. The maternal aunt speaks positively about the youth and seems open to working with the youth around any issue that come up. She is currently working with the youth on her hygiene issue by providing her with the appropriate toiletries and reminding her to take baths daily. She is also talking with the focus youth about the importance of maintaining proper hygiene.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The maternal aunt was granted permanent guardianship of the youth by the Court in July of 2009. As a result of the court's decision, the neglect case was closed. Legally the case has achieved safe case closure. Thus, there is currently no case plan to be enforced. The youth is very fond of her social worker and was pleased that the case was reassigned to her for the transfer of the guardianship. Team members were also pleased that the case went back to the social worker, who was assigned in 2003 and was familiar with the family dynamics. This was very helpful with moving the case forward in a timely manner.

Team members seem to have an optimal assessment and understanding of the focus youth. Reviewers noted that each interviewee had the knowledge necessary to understand the focus youth and her family's strengths, needs and challenges. Everyone understood the focus youth's past and the challenges that she was faced with in regards to her promiscuity. The team, including her aunt is aware of the youth's need to have a relationship with her father and her paternal relatives and the fact that her efforts have all been unsuccessful. The maternal aunt has made sure that the focus youth is surrounded by positive people that could have an influence on her life. It was clear to reviewers that everyone had the same information and the same picture about the family and the focus youth.

Team members, including the maternal aunt, worked together to carefully plan steps to achieve measurable outcomes. The maternal aunt felt as though she was a partner in the decision making process, steps were agreed upon and were focused on the permanency goal of guardianship. The maternal aunt completed all the tasks that were outlined for her, such as, completing the required classes, obtaining police and child protection clearances, etc. in order to comply with the

requirements for guardianship. Everyone involved in the case, clearly and fully understood the case goal and worked as a team to expeditiously move the case towards safe case closure.

What’s Not Working and Why

Based on information obtained, it was clear that the youth was in need of a tutor from the beginning of the case and was initially assigned one. However, the service was suspended due to the loss of contract with the tutoring provider. There have been no attempts made to locate another tutor for the youth. Considering that it was a shared knowledge amongst team members that the youth required assistance in math and the fact that she could fail; reviewers thought that the team’s failure to expedite this service was neglectful of the youth’s educational needs.

The youth seems to be struggling with a hygiene issue and could possibly benefit from a physician, who could provide her with some guidance. Although this issue is being addressed in the home and by some team members, her hygiene remains the same and could become problematic, unless some serious steps are taken to provide her with the help that she needs.

The family seems to have a strong support amongst extended family members and in the community; however, it was clear that they could benefit from services through the post permanency support group, which would assist with tutoring and mentoring services. The social worker did not make any attempts to connect the family with post permanency supports prior to case closure. Reviewers learned that this is a service that is provided to families once their case is scheduled to be closed, to help sustain the conditions necessary to maintain the family successfully after case closure.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on review findings, over the next six months the child’s situation is likely to improve once she is assigned a tutor. The case is expected to be closed in the system completely.

Practical Next Steps to Sustain Success and Overcome Current Problems and the 60 Day Follow Up on the Next Steps

At the time of the 60 day follow up meeting, the social worker informed reviewers that the focus youth’s case was officially closed in the FACES database in December 2009.

| | | Outcome |
|------------------|--|----------------|
| Next step | 1) The social worker will make a referral to the post permanency support group and request for the following services: tutoring and mentoring. | Yes |
| Follow Up | The family was referred to the Post Permanency Support Group for mentoring services. The social worker reported that the youth’s teacher has agreed to provide her with tutoring at school. Since the review, the youth has improved her math grades. The mentoring service referral is still pending; it was unclear as to when this service will be initiated. | |

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| Next Step | 2) The social worker will have a discussion with the therapist about the youth's hygiene issues to explore the possibility of incorporating it into the therapeutic sessions. | Yes |
| Follow Up | The social worker discussed the youth's hygiene issue with the therapist, who informed her that she already started to address this in therapy with the youth. | |
| Next step | 3) The social worker will meet with the youth and have a discussion about her hygiene. The youth is very fond of the social worker and saw her as a mentor. | Yes |
| Follow Up | The social worker reported that she had a meeting with the youth and the two discussed her hygiene and talked about some things she could do to maintain good hygiene. The worker added that the youth was not embarrassed to discuss the topic and was open to this feedback. | |

QUALITY SERVICES REVIEW CASE SUMMARY #76

Review Dates: October 26-27, 2009

Current Placement: In Home with Godmother

Persons Interviewed (4): Social worker, godmother, birth mother, and the focus child.

A home visit was scheduled to interview the birth mother and focus child. However, the godmother had a medical emergency and was unable to meet with reviewers face-to-face. Nevertheless, reviewers were able to conduct interviews for the birth mother and focus child via phone.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14 year-old, African-American female with a permanency goal of family stabilization with her birth mother. The focus child has five older half sisters and an older half brother (all over the age of 18); who is incarcerated at present. She has other half siblings (paternal) that she is in rare contact with.

This family came to the attention of the CFSA in May 2009; the birth mother called CFSA requesting assistance and asked to speak with someone regarding other problems. The birth mother stated that she was unable to send her daughter to school due to lack of money, and that she had recently relapsed on drugs. It was also stated that the birth mother and the focus child had not eaten in two days, nor was she attending school. During the investigation a referral was made for a drug assessment and treatment options. The birth mother subsequently entered a residential treatment program for her crack/cocaine and alcohol addictions. She had given temporary custody of the youth to the youth's godmother until her discharge. This case was substantiated for educational neglect and transferred to the In-home reunification unit for on-going monitoring.

The focus child's has minimal contact with her biological father; his whereabouts are unknown to CFSA.

Youth's Current Status

The youth resides with her godmother and the godmother's two sons, who are the children of the birth father's cousin. The youth reportedly gets along well with everyone in the household. All physical and health needs are being met by her godmother and she receives additional clothing gift cards from CFSA. The focus youth is up to date with her immunizations, dental and vision exams and is not taking any medication at this time.

The focus youth is in the 8th grade, since residing with her godmother her grades have improved; from D's to B's and her attendance is now consistent. The focus youth has a tutor for Math and Science which are weakest subjects. She will be participating in the school band as an extracurricular activity; the focus youth has not chosen an instrument yet but is eager to begin

learning. She has good peer relationships at school and in the community, and enjoys going to the movies and hanging out in the mall with her friends. Her godmother is also inquiring about a Tae Kwon Do or self-defense class for the focus youth. There are no reported behavior problems at school or at home. It has been stated that when the focus youth first arrived at her godmother's home she was sad and missed her mother immensely; now her spirits are high and she has fallen into a daily routine at her temporary home. It has been stated that the focus youth has been exposed to quite a bit of adult behavior while she lived with her mother and often views herself as an adult as she had to take care of herself. The godmother has been reassuring her that it's alright to act her age and to enjoy her youth.

The focus youth is able to do some cooking; mostly preparing microwaveable meals. Her chores consist of washing dishes and keeping her bedroom and the bathroom clean. The focus youth is able to maneuver public transportation; however, her godmother transports her most places. The focus youth is responsible for her personal cell phone and calls her godmother to inform her of her whereabouts.

The focus youth's birth father has been inconsistent with visitation. He speaks with the focus child via phone on occasion. It has been stated that the birth father often makes plans with focus youth but does not follow through. For example, he promised to pick her up for her birthday and let her pick out a pair of new shoes. He did not show up to pick her up and later made several excuses as to why he couldn't make it.

Parent Status

The birth mother has a long history of substance abuse and mental illness. She began her road to recovery by attending detoxification and was then transported to the residential facility shortly after the CPS investigation. She is currently participating in a residential treatment program in the surrounding area. It has been stated that the birth mother has begun to call the focus youth on a more consistent basis since she has been stable at the facility. Initially the godmother and focus youth did not know where she was. It was related to reviewers that when the birth mother speaks with the focus she continues to encourage her to do well in school and to mind her manners and to respect her godmother.

There is no information at this time as to the whereabouts of the birth father.

Caregiver Status

Based on the information given to reviewers, the godmother provides adequate food, clothing and shelter for the focus child. However, it was stated that the godmother was asked by the birth mother on a Friday to begin taking care of the focus youth and the focus youth was dropped off that Sunday. While the godmother was not completely prepared to care of her on such short notice, she made mention of doing the best she could under the circumstances. The godmother has known the focus youth since she was a baby. The birth father often brought the focus youth over to her house to babysit and she is also her godmother. The godmother and focus youth get along well, and the focus youth feels comfortable talking openly about all subjects with her. If necessary the godmother is willing to take the necessary steps to obtain guardianship of the focus youth.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

The focus youth is in a safe and stable placement with her godmother. Her grades and attendance have improved. She has adapted quickly to her new surrounding and feels comfortable in her temporary home. The birth mother is actively participating in residential treatment for substance abuse. The focus youth is able communicate with her mother via phone and by mail. The social worker has made contact with the treatment facility to ascertain updates on the birth mother's progress.

What's Not Working Now

There are several challenges within the system regarding this case; beginning with engagement of the focus youth, birth mother and birth father. The focus youth is residing in an area that is outside of CSFA jurisdiction, thus the social worker is prohibited from conducting home visits. Nonetheless, no other creative alternatives have been devised for the focus youth and social worker to have one on one contact. It was mentioned that the social worker has met with the focus youth for about five minutes after school. The social worker rarely calls the focus youth or tries to engage her. The focus youth was asked if she knew her social workers' name her response was "no...oh does she have glasses?"

In terms of engaging the birth mother, the social worker has called the counselor at the treatment facility for updates on her progress, but is unaware of the projected discharge dates, what services and support the mother will need once she is discharged and whether or not the focus youth can visit her mother at the facility. The social worker admitted that she got sidetracked and failed to find the whereabouts of the birth father who may be a viable means of support. The social worker knew that the birth mother was actively pursuing child support but never asked for the birth father's demographic information.

The social worker is not the clear leader in this case; the focus youth doesn't know her by name. She hasn't coordinated any services for the focus youth. For example, when asked if the focus youth could benefit from any service such as counseling or a mentor; it was stated that she didn't want to overwhelm the focus youth. However, the focus youth has no other services in place which may pose any conflicts or cause her to feel overwhelmed. The social worker does not have a good understanding or assessment of the focus child due to the lack of communication. An increase in contacts, via phone or in person, is essential in order to get a better understanding of the focus youth's needs. No visits or phone calls have been made to the birth mother while in treatment to get an idea of needed services upon release. The birth father has never been contacted by the social worker to get a better understanding of how he can be supportive or if he needs assistance.

While the birth mother has signed off on case plan, a new series of events have taken place since then. The birth mother is in treatment and will soon transition back into the community. Though it was stated that a referral will be made to a collaborative agency, there has been no discussion with the birth mother about this step. For example, the birth mother has an apartment through Section 8 which needs recertification; she requires linkage to aftercare services for substance abusers i.e. N/A, employment/training, community services and supports around transitioning

back into the same neighborhood, etc. Discussions regarding updating the case plan have not occurred.

Though the social worker was aware that the birth mother had entered detoxification she was not aware that she had been discharged and transferred to a residential treatment facility. It wasn't until scheduling took place for this review that the social worker learned from QSR staff that the birth mother had began treatment outside the surrounding area. Clearly, the birth father has not been engaged thus implementation of services or supports is poor.

The case goal is clear but poor efforts have been made to set time lines. When asked if there was a time frame for closing this case, it was stated that there were no timelines set and that the case can remain open for up to one year. Nonetheless, the rationale for the lack of time lines were to make sure that the birth mother is connected to the appropriate services and the collaborative agency, which will be monitored by the social worker for the next year.

In terms of family connections, the focus youth has brothers, sisters and extended family that she does not visit. The social worker should seek these family members out as a means of support for the focus youth and birth mother. It was also mentions that maternal aunt is a good support; she has not been contacted as well.

STABILITY OF FINDINGS/SIX MONTH PROGNOSIS

The 6-month prognosis for this case is that it will remain status quo. It has been stated that it would be best for the focus youth to remain with the godmother at least until the end of the school year. Thus, the summer months can be used for the focus youth to transition back into residing with her birth mother.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|--------------------------|
| Next Step | 1. The social worker will engage the birth father and paternal relatives. The social worker will also attempt to connect the focus child with siblings from her paternal side. | SW-Yes Clt-No |
| Follow-Up | The social worker was told by her program manager that she had to go through the birth mother to contact the birth father since this is an in-home case and the youth is not in the agency's custody. The birth mother stated to the social worker the she does not wish for her to speak with the birth father. | |
| Next Step | 2. The social worker will explore visitation for the focus youth and birth mother at the treatment facility. The social worker will also speak with the counselor about a possible discharge date for the birth mother. | N/A |

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|-----------|--|------------|
| Follow-Up | The birth mother successfully completed the program and was discharged a few days prior to Thanksgiving. At that time, the focus youth resumed living with the birth mother. | |
| Next Step | 3. The social worker will increase phone conversations with the godmother and the focus youth. (Example: Meet with godmother and focus child at school ground.) | No |
| Follow-Up | The social worker expressed stated that she did not feel comfortable discussing the case in detail with the caregiver as she did not have a release of information signed from the birth mother. | |
| Next Step | 4. The social worker will follow-up on the birth mother's recertification for housing. | Yes |
| Follow-Up | The birth mother was able to keep the same apartment. While at the inpatient treatment facility, the gas and electricity were disconnected. CFSA has paid for the utilities to be reconnected. | |

QUALITY SERVICE REVIEW CASE SUMMARY #77

Review Date: October 28 - 29, 2009

Current Placement: In-Home with Birth Mother

Persons Interviewed (6): Social worker, birth mother, godmother, focus youth's teacher, school social worker, and the director of special education.

The reviewers had the opportunity to interview the focus youth at school, but most team members stated that would be too disruptive for him. The reviewers attempted to interview him later in the evening, but he was unavailable due to his football practice.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 13-year-old African American male, whose permanency goal is family stabilization with his birth mother. The focus youth has six half-siblings: five sisters, ages 16, 15, 14, 8, and 4, and one 6-year-old brother. All of the children have the same birth father with the exception of the focus youth. The birth mother cares for all of the children along with the help of her live-in paramour. The birth mother is actively involved in the case and in her children's education. The focus youth's birth father has been sporadically involved in the focus youth's life. The birth mother reportedly knows his whereabouts, but states that she does not want contact with him.

The most recent report for this family was received in January 2009. A school attendance counselor contacted the CFSA hotline to report that two of the focus youth's sisters had ten unexcused absences from school. After an investigation, the allegation of educational neglect was substantiated and a family case was opened. The family has had an extensive history with the CFSA for multiple issues regarding neglect prior to the January 2009 report.

Youth's Current Status

The focus youth resides in a safe, stable home with his birth mother, six siblings, and his mother's female paramour. It was reported that the focus youth gets along well with his siblings. The family resides in a four bedroom, Section 8 home. The home is minimally furnished, and the focus youth and his brother only have mattresses to sleep on. Some team members stated concerns about the focus youth spending time with older, irresponsible peers in the neighborhood. The focus youth visits with his godmother on some weekends, and several team members reported that they also had concerns about the focus youth when he visits her; reportedly, he occasionally leaves the home without saying where he is going and returns a few hours later. Team members added that the focus youth is not in any imminent danger and they feel that, as a teenager, he is testing his mother's and godmother's boundaries.

The focus child attends 8th grade at a special education school, where he receives full-time special education services and transportation to and from school. Team members all noted that the focus youth is extremely behind academically. He has a current Individualized Education

Plan (IEP) that reflects his diagnoses of Emotional Disability and Intermittent Explosive Disorder. Team members reported that, historically, there are several behavioral factors that have been delaying the focus youth's progress. Team members stated that the focus youth becomes easily frustrated when presented with most academic tasks and that last year he often angrily stormed out of the classroom. He also argued frequently with classmates and teachers, and had a difficult time calming down once he became angry. Team members said that slight infractions, such as minor arguments with other students, would trigger his angry outbursts. These emotional challenges would often distract him from his studies.

Team members reported that this school year the focus youth has matured some and does not argue with teachers and classmates as much as he did last year. They added that he is better at self-regulating his emotions. Team members attributed this growth to the relationship that the focus youth has with his teacher. It was noted that the focus youth's teacher this year has an excellent understanding of his strengths and needs. Team members also reported that the teacher is kind and patient with the focus youth while still providing appropriate boundaries. The focus youth appears to have responded very well to the teacher's insight into his behavior and his subsequent response.

The focus youth participates in group counseling, facilitated by the school social worker, twice a week for a half an hour with his classmates. Some team members believe that additional counseling, specifically individual counseling, would be beneficial for the focus youth, who still sometimes struggles with managing his feelings, low frustration tolerance, and interpersonal skills. The focus youth currently does not have a therapist outside of the school, but reportedly was seeing a counselor a year ago at a local counseling center. Some team members stated that the counseling from a year ago was helpful for the focus youth.

Team members stated that the focus youth has been completing his homework this year, unlike last year, but they had concerns that either someone else is doing it for him or assisting him with most of the work. The team members stated that they do not have evidence of him not doing his own work, but commented that he continues to struggle with classroom work even though he is working with the reading coach once a week. There are two classroom aides that also assist with math and other subjects. In addition to these services, most team members stated that the focus youth would benefit from additional tutoring outside of school.

The focus youth reportedly comes to school well-groomed and neat and his attendance thus far this year was reported to be excellent. He is current with his annual physical and dental examinations and does not present with any medical concerns.

Team members reported that the focus youth is an outstanding football player and that he plays almost every weekday evening on a team at a recreation center near his home. Team members stated that he puts forth effort playing football, and attending practice and games is reportedly used as an incentive for him to follow rules at home and at school. The focus youth reportedly has an excellent relationship with the football coach, who is a positive role model and informal mentor for him.

The focus child's permanency prospects are fair to good. Even though the focus youth has never been removed from his mother's care, some team members stated that the case needs to remain open longer for further monitoring especially to ensure that the focus youth's siblings are attending school regularly.

Parents' Current Status

Most team members reported that, overall, the birth mother manages her household and cares for seven children moderately well. The birth mother has ensured that the focus youth and his siblings all have current medical and dental examinations. Some team members noted that the birth mother often uses rewards and consequences with the focus youth in order to discipline him; for example, she will not let him go to football practice if he comes home late from school. It was reported that she is employed full-time with the local metro system. The birth mother has a limited support system, but she appropriately relies on the supports that she does have. Team members stated that her paramour, the father of six of her seven children, and the godmother of her children provide support. Team members stated that the birth mother does not have any other familial support at this time.

It was noted that the home is marginally furnished. The social worker attempted to obtain a furniture voucher from the agency, but was informed that the family was not eligible for one since the birth mother was given a furniture voucher a year ago. Team members reported that the social worker provided the birth mother with information about local organizations that provide free furniture, but the birth mother was reportedly not interested, stating that she was saving her money for more furniture. Team members reported that the home is occasionally unkempt with excess trash piled up by the trash can in the kitchen.

Some team members reported that the birth mother attends the focus youth's IEP meetings, but otherwise, has instructed the school to contact her paramour if school issues arise with the focus youth. The birth mother works during the day and cannot suddenly leave her employment. Team members at the school stated that the paramour has been very responsive when called and, when she has to come to the school, she has a calming affect on the focus youth. Several team members added that the birth mother has advocated for all of her children's educational placements and has enrolled them in charter schools with the exception of the focus youth and his brother who attend special education schools. The birth mother will reportedly enroll the focus youth in a charter school next year for high school.

A few team members stated that the birth mother's participation and engagement as well as progress toward safe case closure could improve. All of the team members reported that the focus child could benefit from additional counseling, but the birth mother has not re-enrolled him in the local counseling agency where he was attending a year ago. Reportedly, the birth mother and godmother have not discussed why the focus youth sometimes abruptly leaves the godmother's house, nor have they talked about methods to address this problem.

The birth mother's paramour is reportedly employed full time and works on the weekends and some nights. Team members stated that she is a reliable support, both emotionally and financially, for the birth mother. It was also noted that the focus youth has a positive relationship with his mother's paramour.

Limited information was available about the birth father. Reportedly, some team members asked the birth mother about his whereabouts, but she did not disclose any contact information for him. She also stated that she does not want to get in touch with him. It was unclear to the reviewers if the focus youth wishes to have contact with his father.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Team members, and especially the social worker, have reached out to the birth mother, her paramour, and the focus child in order to fully assess their strengths and needs. Most of the right people are working on the focus youth's case, especially the staff at his school, and while the reviewers did not have the opportunity to interview the focus youth's football coach, all of the team members reported that he has a positive influence on him.

Communication between team members was a strength overall, with the school staff communicating with the social worker and the social worker and birth mother talking to each other. The birth mother, who cannot leave her job during the day, relies on her paramour to communicate most often with the focus youth's teacher and school social worker. Post permanency supports, such as free furniture and locations of food banks, have also been provided to the birth mother by the social worker.

The team's assessment and understanding of the focus youth's needs was also a positive aspect of the case. All of the team members recognized that the focus youth responds well to his teacher's calm and patient demeanor. Team members also noted that he would benefit from additional tutoring, counseling, and mentoring.

What's Not Working Now

Team members' engagement with the birth mother, her paramour, and the focus child has been positive; however, outreach to the birth father has not occurred. The birth mother has not provided any contact information for the birth father, but the team does not know why she is not forthcoming with the information. It was unclear to the reviewers if the focus youth wants to have contact with his father.

The case planning process has also been less than acceptable. Reportedly, the case plan was discussed by the social worker and birth mother, but the birth mother could not recall when and what she needs to accomplish in order to achieve safe case closure. Team members stated that specific barriers to case closure had not been identified other than continued monitoring of the children's school attendance and academic performance, and no time frames have been identified.

Implementation of services for the focus youth also needs improvement. The team at the focus youth's school has made great strides in meeting his academic and emotional needs, but all team members stated that additional tutoring, counseling, and mentoring would be beneficial for the focus youth. Reportedly, the social worker has made some attempts at encouraging the birth

mother to re-enroll the focus youth at the counseling agency he went to a year ago, but additional tutoring and mentoring have not been identified.

SIX MONTH FORECAST/STABILITY OF FINDINGS

As the team continues to work toward the goal of family stabilization, the focus youth’s situation shall most likely improve within the next six months primarily due to the school staff’s understanding and assessment of the focus youth.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will encourage the birth mother to reconnect the focus youth to the family’s previous counseling agency for individual therapy (and family if appropriate) and will also inquire as to if a community support worker could be assigned to the youth. (Male service providers are preferable.) | Yes |
| Follow-Up | The social worker reported that she had a conversation with the birth mother and encouraged her to re-enroll the focus youth at the counseling agency. The birth mother stated that she feels that her son is receiving sufficient counseling services at school. The social worker concurred with her. | |
| Next Step | 2. The social worker will encourage the birth mother to advocate for services for the youth’s IEP, such as including outside tutoring. If tutoring cannot be provided via DCPS /school, then the social worker will refer her to a tutoring service. | Yes |
| Follow-Up | The social worker reported that the birth mother participated by phone the focus youth’s most recent IEP meeting. At the meeting it was determined that the focus youth would receive an additional hour per week of one-on-one tutoring from a classroom aide; however, this information was not documented in the written IEP. This reviewer recommended to the social worker to work with the birth mother to obtain a written addendum to the IEP noting that the focus youth will receive additional tutoring in school. The social worker added that she and the birth mother feel that the focus youth is receiving adequate tutoring services in school and that he does not need additional tutoring at this time. | |
| Next Step | 3. The social worker will explore mentors for the focus youth via school and community resources. | Yes |

| | | |
|-----------|---|--------------------|
| Follow-Up | The social worker stated that at the IEP meeting it was noted that the focus youth receives informal mentoring from his football coach and that he is a positive role model for him. The team decided that the focus youth did not need additional mentoring. | |
| Next Step | 4. The social worker will review the case plan with the birth mother and specific steps that need to be taken, as well as specific things the social worker needs to see in order for safe case closure. | Yes |
| Follow-Up | The social worker reported that she reviewed the case plan with the birth mother and that a requirement for safe case closure is ensuring that all of the children are attending school regularly and on-time. The social worker also stated that she will inform the birth mother about services that her local collaborative agency provides in the event that she needs assistance post case closure. The social worker stated that she would confirm the children's attendance within the next two weeks and will assess, along with her supervisor, if any additional services need to be put in place or if the case is ready for closure at that time. | |
| Next Step | 5. The social worker will attempt to obtain information on the whereabouts of the birth father and will contact him with the youth's status if clinically appropriate. | In Progress |
| Follow-Up | The social worker noted that she asked the birth mother for the birth father's contact information, and she was not forthcoming with any information. Reportedly, the birth mother stated that she does not want any contact with the father. The reviewers suggested that the social worker have one more conversation with the birth mother about the focus youth's feelings about his father and if he wants to see him. | |

QUALITY SERVICE REVIEW CASE SUMMARY #78

Review Dates: October 28 and 29, 2009

Current Placement: Birth Mother's Home

Persons Interviewed (3): Social worker, birth mother, and teacher

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 4-year-old, African-American female, who is a non-identical triplet. She currently resides with her birth mother, her mother's boyfriend, her 15-year-old half brother, and her two sisters. The focus child's birth father is deceased. Her permanency goal is Family Stabilization.

According to the agency record, the focus child's family became involved with the Child and Family Services Agency (CFSA) in the summer of 2007, due to allegations that the birth mother was using illegal substances (crack), that one of the triplets had scratches and insect bites on her skin, that the home was dirty, roach and rat infested, and that there was a lack of food. The allegations of Neglect – Inadequate Physical Care and Neglect – Substance Abuse Impacting Parenting were unfounded. The allegation of Neglect – Inadequate Shelter was substantiated. The investigation was closed at Intake and opened as an In-home case.

Another report was made to the agency in the summer of 2009 alleging that the family's gas had been turned off and there was inadequate food in the home. The caller was concerned with the mismanagement of family funds and indicated a suspicion that the mother was using illegal substances. The allegations of Neglect – Substance Abuse Impacting Parenting, Inadequate Food, Clothing, and Physical Care were unfounded. As this case was already open as an In-home case, the investigation was closed at Intake and the information was linked with the ongoing case.

Child's Current Status

The 4-year-old focus child is described as being very bright and energetic. Team members also described the focus child as being shy at school but active, bossy, and playful at home. It was reported that the focus child is higher functioning than her two sisters, both of whom have Cerebral Palsy and more extensive special needs.

The focus child has resided with her birth mother consistently since birth and since her mother has provided for most of her needs, there is little concern with future stability. While no safety concerns were identified for this child within the home, team members identified concerns with the lack of space (the six family members reside in a one-bedroom apartment) and with the mother's ability to maintain an adequately clean home.

The focus child is described as having a close relationship with her sisters. They love to do things together. She reportedly has an overall positive sibling relationship with her older brother, even when she is “pestering” him for attention.

Historically, the focus child attended a private, specialized early intervention program, but once she reached age three, the natural progression was for DCPS to transition her to a DCPS program. She attends a special education pre-kindergarten at a public school, where she has an IEP. There are no anticipated education moves in the coming year. Team members report that she is on target with most of her developmental milestones, with a delay in speech and language, for which she receives speech and language services at school. There are no behavioral concerns identified for the focus child in school. She reportedly has playmates, follows directives and engages in school learning and socialization activities.

The focus child has current annual physical and dental appointments, which are all completed at a local hospital. She is not prescribed any medications. Physically, the focus child is overweight, reaching almost 60 pounds. Thus far, she does not have any health needs or complications due to her weight; however, the birth mother and the older brother are obese and have related health concerns that are not consistently or adequately addressed. One team member verbalized that that child needed to eat less “junk food” and drink less soda and sugary juices in order to reduce her weight; however, this same team member acknowledged that there was not much progress in following these recommendations. With this family history, there is a real concern that the focus child will develop weight-related medical problems, such as high cholesterol, heart disease, and diabetes.

Parents' Status

The birth mother is a 42-year-old, African-American mother of four children. She is considered obese and struggles with several health conditions, including high blood pressure, diabetes and epilepsy. It was reported that the birth mother does not consistently take care of her own medical problems and has been hospitalized several times (the mother's boyfriend provides care for the children when the mother is hospitalized). The mother is unemployed and not in a training or education program, so she is being sanctioned by TANF. The 15-year-old's aunt manages his SSI from his father's death. She pays the family's rent each month.

The mother has a grief and loss history with the death of her mother and the deaths of the two fathers of her children; however, she does not wish to participate in counseling. While the allegation of Neglect - Substance Abuse Impacting Parenting was not substantiated and there has been no current evidence that the birth mother is using illegal substances, there is the suspicion of such due to her lack of motivation, follow through, etc. In addition, the birth mother was recently arrested for drug possession. It was reported that a teenage boy, who was being chased by police, ran into her home and threw a bag of marijuana behind some furniture. The police searched the home and found the marijuana. They arrested the birth mother as she was the lease holder. It was said that this case was “no papered,” but the agency has no evidence of the disposition of this arrest. It would be beneficial for the agency to have documentation regarding this criminal case as it may provide information related to the mother's use or possession of drugs and any court ordered services, such as drug testing, probation, etc.

In terms of engagement, participation and progress to safe case closure, the birth mother has been found to do more for the triplets than for her 15-year-old son. Team members felt that the mother provides adequate clothing, shelter, and supervision for the focus child. She struggles with providing her children with a healthy diet and adequate exercise, resulting in a morbidly obese 15-year-old with medical problems (severe asthma) and the overweight focus child. The mother does not ensure that the 15-year-old child goes to school every day, she does not actively work with him in order to help him stop smoking cigarettes, nor does she ensure he maintains all his medical appointments. The mother does not take much responsibility for the reasons this case is involved with CFSA and feels that her 15-year-old son is responsible for changing his own behaviors and completing case closure tasks.

In addition, the birth mother desires a new, larger home, yet she has done nothing to assist the Collaborative in identifying a home for her family. In fact, it was said that the birth mother has turned down several options due to the neighborhoods. Due to the mother's lack of even minimal progress towards case closure, team members have some concerns related to placement for the 15-year-old. The mother attends meetings with her social worker and even attended a recent FTM, yet while she is present, she is not truly participating in a meaningful way.

The birth father is deceased.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

With this In-home case, there are limited team members, but those that are involved seem to be positively engaged with the focus child and have a clear assessment of her. Team members described her strengths and challenges and identified her needs. They have seen progress in her development and socialization at the school. Her doctor has diagnosed her as an overweight child and team members can articulate that the family home is not the healthiest environment and there is concern that this child will continue down the path of her older brother and mother (both of whom are obese). There are no outstanding services identified for the focus child.

Team members have done a great deal to engage the birth mother. It was confirmed that the birth mother feels respected by the team in that she is asked her opinion, she is invited to meetings, she likes her social worker, she feels that people respond to her when she reaches out to them, etc. Team members have provided transportation to the mother for various meetings, they attend meetings with her in order to help her advocate for her children, and have attempted to provide her with a plethora of referrals (respite services, counseling, nutritionists, physical fitness programs, etc.).

The social worker is seen as the case leader. She is in contact with the other professionals involved in this case, including medical professionals, school staff, Collaborative staff, and the different health insurances. She is aware of all the services offered to the family and what services the family has accepted. She seems to utilize the team around problem-solving – asking the questions, “How can we help this family,” and “What else can we do to move this case forward?” Team functioning could be refined through continued work with the children's

doctors to evaluate the children's physical needs and monitor recommendations that the mother is supposed to follow.

The team has a fair assessment of the birth mother. They understand her trauma history, her medical problems, and have identified that she is not interested in or at least motivated to making a lifestyle change for a healthier family. The team's assessment is that the mother identifies too closely with her son's medical needs and that if she were to acknowledge his problems she would have to acknowledge her own. The concern with the mother's assessment is that the team has not been able to clearly define the mother's reasons for her resistance. While everyone, including the mother, knows what has to happen in order for the case to be closed, no one has been able to identify a creative solution to getting the mother to comply.

The case plan appears to have measurable steps for the mother to accomplish for her children. For example, she needs to ensure that her son attends his nutritionist appointments, have the children join an extra-curricular activity that will give them some exercise, and ensure that the children attend school every day. The team has tried different steps for the mother by identifying family-fit programs, offering transportation, offering assistance with nutrition, etc. They have even identified a residential hospital program for the 15-year-old where he could lose weight and quit smoking under medical supervision. The mother has refused this program so far. The mother has signed the case plan and can verbalize the steps necessary for case closure. She acknowledges that there has been no progress.

What's Not Working Now and Why

There has been no progress towards safe case closure in this case even though the case plan was found to be adequate – with goals that are aimed at permanency. Team members shared several avenues that have been tried with this family to no avail. A family member even acknowledged the tasks and goals necessary for safe case closure and acknowledged a lack of progress. Team members had conflicting thoughts on if this case would meet the burden of CFSA community papering, yet an AAG had not yet been consulted. After two years and no progress, this may be the time to reach out to an AAG and discuss available legal options. This teenager is also not forced to go to school, which could lead to another CPS report for educational neglect. In addition, the 4-year-old focus child is on the same path health wise. At this point in the case, CFSA has no leverage with the birth mother to motivate her to move forward. This mother continues to endanger his son's physical health and educational status.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that there has been almost no progress towards safe case closure, it is felt that this case will remain status quo over the next six months. The focus child is functioning well overall; she makes her doctor's appointments; attends school regularly, and receives recommended services at school. However, her mother is making no progress towards safe case closure.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will meet with an AAG to discuss community papering of the case; if case does not meet legal standards to do so, the social worker will find out what evidence is needed to paper the case. | Yes |
| Follow-Up | On October 30, 2009, the social worker met with the AAG to discuss this case. She reported that the AAG felt that the case could not be community papered due to the fact the physician had not considered it medical neglect yet even though the focus child's brother does not attend his appointments with the doctor or the nutritionist. The birth mother has also not changed the youth's diet, committed him to an exercise program or aided him in quitting smoking. | |
| Next Step | 2. The social worker will met with the doctor to discuss the physical needs of the focus child's teenage brother. The social worker and the doctor will discuss what the mother has or has not done and what are the medical recommendations to address the identified health concerns. | Yes |
| Follow-Up | The social worker met with the physician at the last physical. She discussed her concerns with the doctor again, but as reported above, the doctor did not feel that this case has reached medical neglect. | |
| Next Step | 3. The social worker will request, via the CFSA Office of Clinical Practice, the records for the focus child's most recent physical exam and will then discuss the recommendations with the birth mother and document the conversation(s). | Yes |
| Follow-Up | The social worker received the focus child's medical record and discussed the concerns related to the child's weight with the birth mother. The social worker has not seen any improvements, especially in the mother's ability/desire to change the family's diet. The social worker commented that the focus child was in school and was a very active little girl, which was positive. | |
| Next Step | 4. The social worker will obtain police/court records of the mother's recent arrest and will follow-up with any recommendations of the records [i.e., if the mother is convicted and/or if the mother has to drug test]. | No |
| Follow-Up | Social worker reported that she did not complete this next step. | |

QUALITY SERVICE REVIEW CASE SUMMARY #79

Review Date: October 28-29, 2009

Current Placement: In-Home with Father

Persons Interviewed (4): Father, Focus Child, Supervisory Social Worker and Social Services Assistant,

It should be noted that the current social worker was not interviewed as she was assigned to the case approximately one week prior to the review following the resignation of the previous worker who was in her unit. The supervisor was interviewed in her stead as she had the most knowledge of the case.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a thirteen-year-old African American female. She has two sisters ages 17, and 11 and two brothers ages 8 and 19. She currently resides with her biological father and all of her siblings except for her 19-year-old brother who resides with another relative. Her mother is currently in an inpatient program to address her mental health and substance abuse issues. The mother entered this program one week prior to the review. The program is described as being an approximately six month stay program in a neighboring state.

The family has an extensive history with CFSA. There have been approximately eight investigations with varying allegations of neglect, lack of supervision, homelessness and domestic violence. There have been two in-home cases open prior to the current one. The children had been removed once before and placed in foster care for approximately one year in 2003. The most current CPS investigation occurred in May 2008 when it was reported that mother is bi-polar and not able to adequately care for the children. Police responded to her home due to a report that she was hallucinating and experiencing paranoia. The children were taken to a paternal relative, thought to be the paternal grandmother, where they resided for several months. At some point within the past several months the children returned to mother's care. The birth father then returned to the home to assist mother in caring for the children and to ensure that their needs were met.

The focus youth's older sister has a two-year-old daughter who also resides in the home. There are several challenges in the cases that are specifically related to this sister and her daughter. The case goal is family stabilization. The focus youth is not currently enrolled in any supportive services. There has been no assessment completed in the past two years and no DSM IV diagnosis identified.

Youth's Current Status

The focus youth is currently safe at home and at school. She is free from intimidation and is very comfortable in both settings. She is currently enrolled in the eighth grade. Those interviewed were unclear as to whether or not she was receiving special education and had an

IEP. This is the focus youth's first school year enrolled in her current school. Her younger siblings all attend this school which is much closer to her home than her previous school. Her grades in school were reported as being average. Her latest progress report noted that she is often missing homework and other take-home assignments.

There were no concerns regarding the focus youth's behavior at school or at home. The father allows the focus youth to play outside after school with her siblings and neighbors, but only for a short period of time. She is not participating in any formal recreational activities. When asked what her interests were, the focus youth mentioned that she learned to play the piano over the summer while with maternal relatives. However, she does not have the opportunity to play at home or school. It was reported that she gets along well with her siblings and her father. She has a good relationship with maternal and paternal relatives. She spent several weeks with her maternal uncle in Virginia this past summer.

Those interviewed described the focus youth as being respectful, very quiet, withdrawn at times, and "no trouble at all". The focus youth's biggest fear at this time is being removed from home again and having to enter foster care. Interviewees reported that the focus youth appears "fine" and does not exhibit behaviors that would warrant concern or further assessment. The focus youth reported that she is used to mother being in and out of the home in treatment and that mother's recent admittance into the six-month program "isn't anything new".

The focus youth is reportedly in good health, those interviewed had no concerns. She does however have several inoculations that are outstanding. She reportedly had an appointment for the week following the QSR to receive the necessary immunizations. Interviewees were unclear as to when the focus youth had her last physical and dental checkups.

Parent's' Current Status

The birth mother is 39 years old and has a total of five children. She has been diagnosed as being bi-polar and reportedly has a history of using marijuana. Over the past few years the birth mother has been enrolled in several mental health and substance abuse programs. She has a history of participating in several inpatient programs during the course of the current case. She has been in programs of varying lengths. The program that she is currently in is the longest that she has ever participated. It was reported that the mother has been very resourceful as she has linked herself to several programs in the community without the assistance of the agency.

The mother also has a long history of not providing adequate care to the children. When mother is in the home it has been described as being very dirty and cluttered with dirty clothing. Those interviewed also reported that mother decompensates whenever she is not taking her psychotropic medication as prescribed. The birth mother's mother, stepfather and siblings reside in Virginia and provide some minimal support to the family.

The birth father is a 44-year-old immigrant from Jamaica. He reported that he has been in a relationship with the birth mother on and off for over twenty years. He stated that he began staying in the home several months ago to ensure that the children were being cared for. He currently works as a mason, and employment is not always steady. He does ensure when he is working that the children are adequately supervised. There are several family friends that assist

with watching the children. The father reported that his mother and grandmother passed away when he was a young boy. He has an aunt, a sister and three brothers that reside in the District and a sister that resides in Florida. His relatives in the District all reside in the same vicinity and are a huge support system for him and the children. It is with this aunt that the children have resided with when mother was incapable. The father's sister also assists in providing supervision to the children when the father is working.

The birth father appears to be a very responsible and caring individual. He was observed by reviewers to be preparing dinner for the children at the time of the interview. Interviewees held the father in high regards in terms of his care for the focus youth and her siblings. He has been involved with the focus youth's care and well-being since her birth. There were no major concerns regarding the quality of care the children are receiving with the birth father.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

The father is a willing caregiver and has the capacity to be a full participant in case planning and the execution of identified goals. He is very cooperative with the agency and the social worker and has made himself and the children available for home visits. The father reported that he is grateful for the oversight by the agency to check up on the children and ensure their safety. Given the family's history with the agency and the focus youth's experiences there appears to be no gross effect to her current functioning.

The mother continues to be linked to various service providers to address her mental health and substance abuse needs. She is capable of identifying and accessing needed services on her own in the community. There are linkages to extended family members, both maternal and paternal, that can provide support as needed to the birth parents and children.

This case has the potential to be closed in the near future once all outstanding issues with the children have been addressed, i.e. verification of school enrollment, medical coverage for all of the youth, etc. There are no outstanding safety and risk issues that warrant concern regarding the children's well being.

What's Not Working Now and Why

It does not appear that father fully understands what is needed for case closure and the timelines for achieving this goal. There is some ambiguity regarding the focus child's current school placement. It is unclear exactly what services she is receiving as part of her IEP. There has been no assessment made to see if a tutor would be helpful.

Further assessment of the current family situation is needed to ascertain ancillary needs of the family, e.g. assisting father with applying for public housing, reviewing TANF benefits to ensure maximum enrollment (currently two children without medical coverage and up to four children without TANF benefits).

While there have been past conversations, there is no teaming with mother's service providers to effectively plan for her return to the home outlining the expectations for her in her role as a

parent as well as identifying supports for her treatment in the community to reduce the risk of recidivism.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Given the fact that there is a newly assigned social worker to the case, there is an opportunity for focused case planning to resolve current issues within the family leading to safe case closure.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

It should be noted that the newly assigned social worker, in addition to the supervisor, participated in the debriefing of this case and participated in the development of the next steps.

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. The social worker will educate the father as to his role as a parent within the school system explaining expectations, such as ensuring that the focus youth’s homework is completed and reviewed daily, participating in parent/teacher conferences, requesting and checking progress reports. | Yes |
| Follow-Up | The social worker reported that the birth father has taken on a very active role in the children’s education. He has attended all parent/teacher meetings to discuss the children’s progress in class. He has taken the initiative to enroll all of the children in afterschool programs. The social worker went on to state that the focus child’s younger brother is having a behavior problem at school and the father has responded appropriately by communicating with the school and planning unannounced visits in an effort tot keep his behavior in check. | |
| Next Step | 2. Identify the case activities necessary for case closure and any other areas identified by the father where he needs support, putting timelines in place for completion to move the case forward. | Yes |
| Follow-Up | The social worker reported that the family is progressing towards safe case closure. The necessary stipulations for closure were made clear the family has followed through. This included all of the children completing annual physicals and documentation provided to the school. The birth mother is still in a residential treatment program out-of-state and is expected to be discharged in April 2010. The birth father continues to adequately care for the children and it is expected that this case will close in early 2010. | |

QUALITY SERVICES REVIEW CASE SUMMARY #80

Review Dates: October 28-30, 2009

Current Placement: In Home with Birth Parents

Persons Interviewed (4): social worker, birth mother and father, and the family support worker.

This review team was unable to meet with the focus child. The visit to the family home was unavoidably rescheduled and unfortunately the focus child was at school when the meeting finally took place. This review team attempted without success to meet with the Substance Abuse Specialist.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child of this review is a 9-year-old African American female who lives with her biological parents, older sister and younger brother in an apartment in the District of Columbia. She is the second of three children born to her mother. Her older sibling has a different father.

The focus child initially came to the attention of CFSA in October, 2000. At that time both she and her older sister were removed from the mother and placed in kinship foster care after a domestic violence incident in which the mother physically attacked and stabbed the focus child's father in the back. At that time investigators additionally found that there was little food in the home and the living situation was inadequate. The focus child and her older sister remained in kinship care until being returned to their mother in late 2002. The case was reopened in 2008 this time due to the educational neglect of the oldest and the focus child, resulting from unexcused absences from school. The focus child missed a significant amount of school, and has repeated 3rd grade due to absenteeism. A further serious concern in the past and currently is the deterioration of the behavior of the oldest sibling, who has a history of absconding and defiance of her mother.

The focus child's mother had her first child at the age of 16, and by most reports she was unprepared for some aspects of what is required in order to be a successful parent. She did not provide sufficient guidance and boundaries for her oldest child when she was in her formative younger years, and it may in fact be the case that she over-indulged her. Consequently, and by the mothers own definition, mother and daughter now have more of a 'sisterly' relationship, closer as equals in age and spirit than a typical 'parent -child' relationship. In fact, it was said to reviewers that the mother has a 'personality clash' with her oldest daughter, and respectful boundary keeping perhaps remains a core issue in their relationship. Conflicts between the two have escalated to the point of requiring police intervention at times in the past 6 months. The most recent incident happened two days before this review. It is said that the current proneness to unhealthy and dangerous conflict that leads to violent confrontation between the mother and oldest sibling is the primary, if not only, obstacle to safe case closure. The mother acknowledges an enduring and persistent struggle in managing her anger, and in the past she has willfully engaged with services to help her develop in those areas.

Child's Current Status

As an in-home case, much of the focus of the case has been on the focus child's older sister. Nevertheless there was documentation of contact with the focus child and information regarding her wellbeing and status.

The focus child and her younger sibling are currently enrolled in and attend a Charter School. This is a new school for the focus child and she had only been attending for two months at the time of the review. She is on an IEP and is taking special education classes. By all reports she is intelligent and enjoys school tremendously, but is behind in her classes and skills due to past absences. It was reported at the time of this review that the focus child had started to miss school again, but it is unclear exactly how much had been missed and what the effect might be on her education.

The focus child has no behavioral problems at school or at home. She is described as a 'quiet' child who can play alone with her toys often without anyone knowing that she is present. The neighborhood where she lives has few opportunities for outside activities. She also likes drawing, imaginative play and dancing. She recently expressed interest in taking dance lessons, which her parents are currently exploring for her either as an after-school or weekend activity. The focus child generally is in good health although she does take some medication for allergies, asthma and eczema, and is in need of orthodontia.

The focus child's parents clearly adore her and both spontaneously spoke of her with warmth and affection, referring to her as a 'special child'. Her mother described her maturity for a nine-year-old by referring to her as an 'old soul', or the 'lil big sister' in the family. In fact when asked, all those interviewed suggested her strengths includes general affection for her family members, as well as her awareness and concern about the discord in her family that may, 'in the moment' at least, exceed the degree of concern held by her parents. This may be indicative of a degree of emotional 'parentification' around these issues of conflict and violence in the home.

Additionally, these reviewers noticed a tendency among many family members, including the children, to be very protective of each other when they perceived a threat.

Parents' Status

The focus child's biological mother lives with the father of her two youngest children. They have been married for six years. The mother has acquired culinary skills while she was incarcerated and has been afforded seasonal work in food services. The mother has a history of CFSA involvement going back to 2000 and was reportedly a substance abuser at the time the case was first opened. She was incarcerated for approximately six months in 2001 for the assault on the focus child's father. She acknowledges a problem with anger management, which at times has led to violent behavior. Although she has received services and has made real progress in handling her feelings, she continues to be subject to extreme, uncontrollable and potentially violent reactions to certain relationship issues and circumstances. This is particularly true of her relationship with her oldest daughter. Without knowing the details, it is also noted that the biological mother may have suffered trauma when she was younger, and also has a history of

psychiatric illness, although it is unclear whether she is currently or officially undergoing treatment, although at the time of this review she disclosed to a team member that she had taken Zoloft medication very recently.

The focus child's father also resides in the family home. Earlier this year he lost his job due to alcohol abuse and his wife asked him to leave the house for a time, but he has since returned following the successful efforts of the social worker to link him to an APRA program and his successful engagement with that program. He appears to be participating fully in treatment and reportedly is now becoming more involved in the management of the household. Although he is not the biological father of the oldest child, he reportedly treats her equally as if she was his own biological child, and when he was working he would often subsidize whatever she asked for 'on demand'.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The family understands how best to work in partnership with the agency for the safety of the children. They have been provided with a number of services and interventions. In terms of tangible services, the family has been given assistance with rent, food, and furniture. The parents have been provided with referrals for counseling, substance abuse assessment and treatment, anger management and parenting supports. They have been connected at one time or another with the local collaborative agency and a program with supportive services for teens and their families. A Family Group Conference (FGC) was recently held to bring all the members of the team together to identify supports and unmet service needs specifically for the oldest child.

The mother demonstrated a fair amount of insight in recognizing many of the errors that she had made in parenting her oldest child, and seemed committed to doing a better job with her two younger children. The household itself appears to be functioning well, in that the home was relatively clean and tidy with an appropriate amount of toys and games for the children.

The social worker is the clear leader in the case. She has made numerous referrals and arrangements for the family, and is apparently the 'go to' person when the mother needs assistance or advice on dealing with the older child's behaviors. The family seemed to rely too heavily on the social worker rather than on other perhaps more appropriate service providers or supports (such as counselors, relatives, neighbors, etc.) who would be able to help the family in the long term once CFSA has ended its involvement.

The biological family expressed great satisfaction with the overall quality and amount of assistance that they are receiving. They have a very high regard for the ongoing social worker and expressed feeling that they could trust and rely on her. In addition to the CFSA worker, there are extended family members who serve as supports including a paternal grandmother and paternal aunt of the oldest sibling. The mother impressively spoke of how she understands the value of the involvement of these family supports. The mother also reported being involved with a church, and the father identifies himself as Muslim. The parents are respectfully and intelligently raising their children to be familiar with both parents' religious backgrounds so that they can make their own choice of spiritual development when they feel inclined to do so.

What's Not Working Now and Why

Although the family expressed gratitude for and satisfaction with CFSA services, the mother has been resistant, if not openly hostile, to using counseling to address the main source of conflict and danger in the home, the volatile relationship with the oldest daughter. Ironically, one of the strengths of the family identified by the reviewers was the family's strong sense of protectiveness of each other. This has actually hampered therapy in that the mother feels that she is protecting the oldest child by refusing to allow treatment. Although the focus child is not directly involved or impacted by the conflict, she is clearly aware of it as a 'parentified' child. (She reportedly has been known to scold or provides a moderating influence to her older sister for the way that she talks to her mother.)

Reviewers were concerned that the mother's lack of engagement in these services continues to place the focus child at risk. The sense of chaos and liability to violent flash points in the home is one of the reasons that the focus child missed as much school as she did the previous year, and it may be contributing to her current absences (although this is still under investigation).

Although the team has been brought together to help plan for the case, there are other team members who could be more actively involved and can provide additional help to the family and to the social worker in preparing the case for closure. For example, although the current case was referred for educational neglect, at the time of the review the social worker had not yet made contact with anyone at the focus child's school to assess her progress or to verify her attendance. The Family Support Worker (FSW) from the local collaborative seemingly had a very good rapport with the family and has a detailed and insightful working knowledge of the case history and of the significant family dynamics, but her services and involvement ended after the coordination and completion of the Family Group Conference. Enlisting her services in the future to help support the family could be a way of transitioning to more sustainable supports and in doing so may alleviate some of the intense reliance on the social worker who admirably performs many functions for the family. Finally, as yet there has been minimal exploration of the family's faith connections as a resource for progressing the case towards closure. The mother had indicated to the reviewers a willingness to participate in counseling under the auspices of her church community.

All parties including both parents agree that the case is not yet ready to close. This is partly due to the recurring, violent and unsafe incidents involving the mother and her oldest daughter, but also can be attributed to a prevailing absence of clarity amongst the collective team about what exactly needs to happen and what benchmarks need to be achieved in order for the case to safely close.

Stability of Findings/Six-Month Prognosis

Given the focus child's resilience it is unlikely that there will be a negative shift in the child's status over the next six months. Whether her condition improves or remains the same will depend largely on the ability of the team to mitigate the enduring family difficulties with anger and unhealthy conflict. This can be achieved by engaging the mother and the oldest daughter in an active plan to keep the latter safe, which may include counseling or family therapeutic support for both individuals.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Explore extra-curricular activities for the focus child. (She had expressed an interest in dancing classes). | Yes |
| Follow-Up | Since October the focus child has become a member of the Girl Scouts and has been enjoying activities through this organization. Her father takes her there and collects her after each meeting. | |
| Next Step | 2. The social worker will work with the mother to meet the specific behavioral goal of eliminating the violent threat to the oldest daughter. A safety plan must be agreed and signed by all parties that incorporates specific wording akin to “In order for the case to close, CFSA must be confident that the birth mother no longer poses a physical/emotional threat to the oldest daughter.” | Yes |
| Follow-Up | The social worker and supervisor created a comprehensive safety plan document that addressed the area of concern. The biological mother, whose unmanaged violent anger towards the oldest daughter is the focus of this intervention, reportedly took time to read the document and physically checked on the document specific areas that related to the deployment of anger management strategies and her requirement to not use physical violence in any form. Beyond the scope of the agreement, the biological mother has recently broken new ground and acknowledged a relationship between the mental health of her eldest child and her own mental health struggles and unacceptable behaviors. It seems that for now she is genuinely committed to seeking effective treatment for both of them in the interest of greater safety. | |
| Next Step | 3. The social worker will contact the school and special education professionals for the focus child to work collaboratively in support of her improved attendance and education. | Yes |
| Follow-Up | The social worker has connected with school staff in support of the focus child’s education. This has improved due to the biological father’s diligence in ensuring her attendance. The focus child received excellent grades (A’s and B’s) for her end of term report. | |

QUALITY SERVICE REVIEW CASE SUMMARY #81

Review Dates: October 28 – 29, 2009

Current Placement: In Home with Birth Mother

Persons Interviewed (3): Social worker, birth mother, and focus youth

The school did not respond to attempts to schedule an interview. The paternal aunt and a family friend were scheduled for interviews; however, they did not make themselves available at the time of the interviews.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 13-year-old African-American female, who currently resides with her birth mother, her maternal grandmother, her 16-year-old sister, and her 6-year-old brother. Her birth father is known to the social worker, but his current address is unknown. It was reported that the children know how to contact their father. The focus child's permanency goal is Family Stabilization.

According to the agency record, the focus youth's family has been known to CFSA since a 2003 report of physical abuse against the focus child by the mother's boyfriend. This investigation was unfounded. A second report was made in 2008 alleging physical abuse of the focus child's older sister. This investigation was also unfounded. It was recommended that the birth mother refrain from using physical discipline.

Later in 2008, another report was made alleging physical abuse of the 16-year-old child. The allegation was substantiated. The child victim sustained "at least 6 areas of injury consistent with her disclosure of inflicted blunt force trauma." The mother admitted to using a belt to discipline the child. An In-home case was opened.

Youth's Current Status

The 13-year-old focus youth is described as being respectful to her mother, friendly, and neat and careful in her physical appearance. Team members describe her "mouth" in school as one of her challenges.

The focus youth has maintained stability with her birth mother since her birth and there are no concerns related to her future stability. There were no reports of unacceptable behavior in the home. She is a fairly compliant teenage girl. She completes her chores without many reminders, she follows her curfew, and she participates in family activities. Team members described the focus youth's relationships with her sibling as typical sibling behavior: a little arguing, but mostly the get along. Besides her chores and curfew, the focus youth has displayed additional examples of responsibility in that she had a summer job, she used some of her money to buy school clothes, she is responsible with her cell phone minutes, and she has not had any problems

using the Metro home from school. She needs to continue to enhance her responsible choices at school, especially around her behavior, particularly self-regulating her verbal responses.

The focus youth is a ninth grader at a local public charter school. She has significant school stability in the past and the move to a new high school was a natural progression academically. The focus youth is having trouble adjusting to the school's strict behavioral code. During the last month, the focus youth was suspended for three days due to engaging in a verbal altercation with a male peer who was calling her names. She also tends to get detentions due to receiving numerous infractions – usually for “not keeping her mouth closed.”

Academically the focus youth has raised her grades to all “passing” grades – up from several D or F grades from the last progress report. Teachers commented that they see an improvement in the focus youth's school work and encouraged her to continue with this greater attention to her studies. The school has tutors and homework assistance available after school and the focus youth has utilized these services several times. Her mother is also aware of these services and has instructed the focus youth to access them when needed in order to maintain passing grades.

Physically the focus youth is healthy. She receives her medical and dental appointments generally on time. She does not need eye glasses. She is not prescribed any medications.

Parent Status

The birth mother is a 34-year-old African-American, single mother of three children. She is employed full-time and maintains a very clean and organized home. There were no concerns identified related to the mother's ability to provide food, clothing, shelter, or supervision for the children. She is actively engaged in the educational lives of her children. Team members have witnessed the birth mother utilize alternative discipline techniques with the children, instead of using physical discipline. The mother seems to have found what motivates each child (going outside, talking on the cell phone, or video games) and uses those items as leverage.

The birth mother has consistently met with the social worker and has complied with agency directives for case closure. While the agency would like her to participate in family therapy, it is not a requirement for case closure. The mother has decided her family does not need this service at this time, but acknowledges that information was provided to her from CFSA regarding where to seek services if her needs, or those of her children, change.

The birth father is known to the social worker, but his current location is unknown. Historically, the social worker has attempted to engage this man and he attended at least one court hearing. The birth mother is suing the birth father for child support and it was reported that another woman is doing the same thing for one of his other children. Team members feel that the father is making choices to not engage with his children or with this case in a consistent manner. The birth mother has not kept the children from contacting their father; however, she has warned them not to get their hopes up when he does not follow through with his promises. The paternal grandmother and the birth father's twin sister are involved in the lives of the children. The social worker has had contact with the father's sister. The social worker encourages the family to utilize paternal family members for support.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The "system" in this case is functioning very well overall. The engagement of the focus youth and the mother is extensive. The social worker meets with the family and all interviewees describe a respectful, supportive relationship. The family feels listened to, supported, and respected. The focus youth's school has engaged the mother, the youth and the social worker. Team members attend school meetings.

The social worker is seen as the clear leader in this case. She engages the family, the schools, the father's sister, and friends of the family. She has offered services and referral information to the family in order to provide them with assistance in the future should they need it.

Case planning in this case appears to be a team effort. Team members commented that the family is asked their opinions on how the case should move safely towards case closure. The birth mother has signed the case plan and has had a voice in what services are offered to her family. The tasks and goals in the case plan are realistic and appear to address the reasons the case became involved with CFSA. The social worker has closely monitored and assessed the children's safety, especially the focus child's older sister. She has been able to identify the mother's ability to use alternative discipline techniques and has assessed improvement and progress.

At this point in time, there are no services that have been mandatory for the family's participation. The agency has provided the mother with post-permanency contact information for therapeutic services should she need assistance in the future. In addition, a mentoring referral for the 16-year-old daughter was submitted. Should the teenager wish to participate in this program, she can do so even after the CFSA case is closed. There were no services identified for the focus youth at this time. She has access to tutoring at school should she need assistance.

Team members articulated that in the last two months there has been steady improvement and stability with this family. The mother has refrained from using inappropriate physical discipline and has been using alternative discipline techniques. Familial supports have stepped up to help the birth mother and the children. There are no outstanding requirements outlined by the agency for the mother to complete. By all accounts it appears as though this case is ready for closure, however a plan and timeline for closure is vague. Creating a written safety contract with the mother would be a concrete step in documenting the behavioral changes that the family needs to maintain and what support networks they will utilize when dealing with future frustrating teenage behaviors.

What's Not Working Now and Why

While the social worker has engaged the birth father over the last year, she has not done so in the last three months. He has interacted with the social worker and knows how to contact her, but has made choices to not stay involved. There is some assessment of the birth father in that he is somewhat available to his children. The social worker believes that some of his resistance for working with the child welfare system is due to his being sued for child support by the birth mother and another woman simultaneously. However, without continued attempts at

engagement, there is less opportunity to continuously reassess and understand the father. As this case appears ready for closure, now would be an opportune time to notify him of this and provide him with contact information should he have any questions or concerns.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus youth is functioning well and this case seems to be ready for case closure due to goals being met, it is believed that this case will continue status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

At the 60-day follow-up meeting, the supervisor indicated that the social worker has resigned from CFSA and would therefore not attend the meeting. Prior to her resignation, the social worker was able to completely close this case as of November 2009.

| | | Outcome |
|------------------|---|----------------|
| Next Step | 1. Final safety contract will be typed by social worker and signed by parent (to specify that parent understands she cannot use physical discipline [in accordance with DC law restrictions] and will utilize family and community resources as needed). | Yes |
| Follow-Up | FACES documents that in November the birth mother signed a written safety contract as outlined above. The supervisor confirmed this contract was signed prior to case closure. | |
| Next Step | 2. A case closure letter will be sent to the birth father in care of his sister and his mother. | Yes |
| Follow-Up | Supervisor reported that a letter was sent to the birth father in care of his mother’s house and his sister’s house. Supervisor indicated that there has been no outreach from the birth father or other parental relatives since the letters were mailed. | |

QUALITY SERVICE REVIEW CASE SUMMARY #82

Review Dates: October 26-27, 2009

Current Placement: In Home with Birth Mother

Persons Interviewed (3): Social worker, birth mother, focus youth, and GAL for the other children

The school did not respond to attempts to schedule an interview. The father's attorney chose not to participate and the birth mother's attorney was unavailable during the review period.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 15-year-old, African-American male, who currently resides with his birth mother, one of his adult sisters, his nine-year-old brother and his eight-year-old sister. The social worker is aware of the focus child's father's identity, but his current location is unknown. It was reported that the focus child does not have any contact with his father at this time. The focus youth's permanency goal is Family Stabilization.

According to the agency record, the focus youth's family has an extensive history with CFSA, since approximately 1997. There have been multiple referrals with allegations of neglect and sexual abuse and there have been seven open cases over the years. In January 2008, CFSA received a report that the focus child's younger brother (who was the only minor child living with the birth mother during this time period) disclosed that he engaged in oral sex with a girl and that he witnessed sexual intercourse between an adult male relative and a woman. Additional allegations were added during the investigation. The allegation of Sexual Abuse was inconclusive. The allegation of Neglect-Educational was unsubstantiated and the allegations of Neglect-Inadequate Food and Clothing were substantiated. An In-home case was opened after this investigation. Reportedly, the focus youth and his younger sister were living with their birth father during this time period and returned to their mother's care during the summer of 2008.

Since the January 2008 investigation, the family has had two additional CPS referrals; one in April 2008 and the other in August 2008. There have been consistent problems with the mother providing sufficient adult supervision of the focus youth's two younger siblings. Additionally, in February 2009, the two younger children were removed from their mother's care and placed in foster care due to inadequate supervision. At the initial hearing several days later, the children were conditionally released back to the mother's care under Protective Supervision.

Youth's Current Status

The 15-year-old focus youth is described as being quiet, shy, self-sufficient, and loving of his family. During the last two years, the focus youth has lived with his birth father and then returned to his mother's care in the summer of 2008 after the father "just dropped them off." Team members describe the transition from the father's home to the mother's home as unplanned and stemmed from the father's instability. The team did not express any concerns related to the

focus youth's stability in his mother's home. There were no reports of negative or concerning behavior exhibited by the focus youth in his mother's home, in fact a family member raved about his helpfulness and his compliant behavior. It was said that he is, "The son any mother would be proud to have."

The focus youth is currently in the ninth grade at a public charter school. This is his second year at this school. Next year he will make the natural transition to high school. There are no concerns related to the focus youth's ability to stay at this school throughout the year. The focus youth was retained in the second grade. Team members had differing reports regarding the focus youth's grades. One team member reported that the focus youth struggled in school last year and described him as being "a little behind" and that he "probably needed a tutor." Other team members reported that the youth receives average grades and indicated that in order to participate in school sports he had to receive passing grades in all of his subjects. He currently plays football at school and has plans to return to the school basketball team in the winter. Tutoring is available at the school for team members and the focus youth is aware of this service. There have been no reports of negative or concerning behaviors at school.

One very impressive thing learned about this focus youth is that last year he and several friends at school wanted to spend another year at their charter school even though the school ended at the eighth grade. After speaking with the school's principal, this group of students developed a proposal to extend the school's grades for the Chancellor of DC Public Schools. The focus youth and several peers met with the Chancellor and ultimately the school added a ninth grade class. There is a framed certificate regarding this event hanging in the family home.

The focus youth has exhibited many examples of responsible behaviors including, doing his chores, abiding by his curfew, getting himself to and from school via three buses without trouble, etc. He also maintained a summer job and budgeted his money for transportation, socialization with friends, and buying his own school clothes.

The focus youth is said to be healthy. His necessary medical and dental appointments are completed within the appropriate timeframe. He is scheduled to get new eye glasses. There were no health concerns identified by any of the interviewees.

Parent Status

The birth mother is a 47-year-old, African-American mother of at least five children; three of which are minor children. Her adult daughter resides in the home with the family. She is currently unemployed. She receives housing assistance and case management services from a community agency. The mother has severe health issues (high blood pressure, epilepsy, diabetes, asthma and heart problems) that are reportedly not consistently addressed.

According to a 2009 psychological evaluation, the birth mother has been diagnosed with Dysthymic Disorder, Early Onset. This evaluation further assessed that the birth mother has a tendency to minimize her own problems in functioning and to ignore the impact those difficulties have on her ability to parent. Recommendations included: case management with a community mental health program; individual therapy; parenting; and assistance with managing her medical needs.

Regarding her history with CFSA, the birth mother disagrees with the current and previous allegations against her. She denies any fault in her parenting and denies that she needs assistance from anyone. Team members feel that the mother manipulates people and does not always tell the truth when discussing service provision and or her family's functioning. She struggles to see the benefits of service participation and team members feel that she complies with the case plan just enough to have the agency close the case. Team members feel that the mother will cycle through CFSA again should her case close.

Currently, team members describe some progress in the mother consistently taking the nine-year-old child to his mental health appointments. Reports are that he is taking his medication regularly and that his behavior has improved. Additional services that the mother was supposed to complete include parenting classes and therapy. The mother reportedly completed therapy. For parenting, the mother has been participating in one-on-one parenting sessions. Due to the original class not having enough participants, the trainer decided to cancel the class, but took the birth mother on as an individual client. There are different reports of how many parenting sessions the mother has left to complete (1-3 outstanding sessions). The birth mother attends court and meets with most of her providers on a regular basis.

There are no direct concerns regarding the birth mother's ability to physically provide for the focus youth, especially due to his age. However, since this young man is very responsible and is able to provide for himself a great deal of the time it seems as though the mother has to put out limited effort to parent him. The current housing seems stable. There were no concerns related to adequate food within the home and the focus youth is said to be adequately dressed.

Emotionally, the focus youth and his mother appear to have a positive relationship. She speaks very highly of the youth and is proud of his accomplishments. When the focus youth's close friend died recently, the birth mother noticed that her son was struggling and called the family therapist that she had originally refused. Because the focus youth is so self-regulating there is not a lot of work that the mother has to put in to get to know him. She does not attend any of his football games. Does not fully know what her child is doing as long as he does well and causes no problems. The mother's discipline techniques are unknown when it comes to the focus youth.

The birth father's name is known to the social worker, but his whereabouts are not. It was reported that the social worker last talked with the father in May 2009. He was reportedly residing out-of-state with his wife, but the rumor is that he split from his wife and that he may have moved again. He pays no child support. There have been no attempts to locate the birth father during the last three months.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The CFSA social worker is seen as the leader of this case and most of the right people are involved in this case. Most of the professionals keep in contact with each other. There were no concerns related to obtaining or sharing information. However, there does not seem to be a concerted effort by the team leader to establish a good relationship with the community case

manager, who, according to family team members, is providing a great deal of services and support. Some interviewees reported that team functioning was thought to be weaker as the team has not been able to get the mother to truly understand her children's needs and the need for her to do things differently in order to take care of the children.

Assessment of the birth mother is fair. The team can identify the mother's cyclical relationship with CFSA and recognize that she continues to struggle with understanding the need to parent differently. Team members recognize that the mother's medical issues impact her ability to parent on a daily basis. Despite their feelings that "nothing works with her" the team has seen improvement in completing the case plan. An important piece is that the mother has verbalized that her nine-year-old's behavior has improved with steady mental health services.

Most of the team members know the steps that have to be achieved in order to close the case. All of the steps appear to be realistic and geared towards moving the case towards safe case closure. While the mother denies the need for services or any assistance whatsoever, she has been improving her participation and completion of tasks.

Post permanency supports in the form of mental health services, Community Support Workers (CSW), case management services through her housing monitoring agency, and Collaborative services will continue to be available to the family once CFSA closes the case.

What's Not Working Now and Why

Engagement with the mother is fair. It was reported that the mother does not have a positive view of all of her professional service providers, which has made service delivery and case monitoring more difficult. Team members reported having regular contact with the birth mother. Team members sounded frustrated when discussing engagement with the mother, although they reportedly ask her opinion on her case, she denies the need for any services and is considered not always truthful about her family's functioning.

The birth father has not been engaged or assessed within the last three months. Even when he was slightly engaged in the case there is no evidence of a thorough assessment of him and his situation.

Engagement and assessment of the focus youth is lacking as he is not the identified "trouble" child. He is quiet and self-regulates most of his activities, so he is easily lost in the issues identified for the mother and the brother.

Progress towards safe case closure is moving forward, but not in a timely manner. The mother has shown improvement in ensuring the mental health needs of her nine-year-old are being met in a more consistent manner. She reportedly completed therapy and is almost finished with the required parenting sessions. While these accomplishments are vital to the case plan and to closing the case, there are two areas of concerns related to case closure. One of the concerns is the family therapy (addressed below). Another area of concern is that the two younger children have missed multiple days of school during the first quarter. While these two siblings have the same amount of days absent, the nine-year-old's attendance report has all the days as unexcused. With over eight absences being unexcused, the nine-year-old is quickly approaching the

threshold for educational neglect. If the birth mother cannot ensure that these two court involved children get to school, it could lead to a new CPS report, which would in turn prolong the closing of this case. In addition, regardless of whether the absences are excused or unexcused, the team must make an assessment as to how the absences are impacting the children's learning.

Even though the focus youth is not court involved, the two younger children are and this case cannot be closed until the conditions of the court are met. The birth mother attends court and the birth father does not. Team members feel listened to and respected in court. It was reported that the birth mother does not feel that her assigned attorney is helpful.

At this point in time, no specific services for the focus youth have been identified. Services for the mother have been offered extensively, and it has been her option to refuse or access them. The focus child's younger siblings also receive a myriad of services. However, the fact that the implementation of the family therapy is keeping this case open impacts the focus youth and the family. The family receives in-home family therapy and those interviewed have reported concerns of inconsistent appointments with the therapist. A regular, consistent schedule must be in place to accurately assess the family's progress.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

Based on the fact that the focus youth is doing well overall and that there have been improvements in the case, it is felt that the case will remain status quo.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
|------------------|--|----------------|
| Next Step | 1. The social worker will call the father's attorney for the last known address of the father. The social worker will submit a Diligent Search referral for the father. | Yes |
| Follow-Up | The social worker contacted the father's attorney and was given one address out-of-state. The social worker submitted a Diligent Search referral on behalf of the father. A report was completed by Diligent Search and 3 addresses were provided. The social worker gave a copy of the report to the father's attorney and plans on sending letters to each address in an effort to contact him and engage him in the case. | |
| Next Step | 2. The unit's Social Services Assistant (SSA) will pick up the focus youth's school progress report and attendance record. -The social worker will follow-up with the school on any issues academically or behaviorally. -The social worker will follow-up with the school regarding tutoring if needed. | Yes |

| | | |
|-----------|---|------------|
| | -The social worker will talk with the family therapist about her assessment of the focus youth in the family. | |
| Follow-Up | <p>The SSA obtained the focus youth's school report card and attendance record. The social worker and supervisor reported that the focus youth has been skipping classes. The social worker discussed the absentee issues with the mother and the youth, but feels that they need additional reinforcement. The social worker and the supervisor indicated that they are going to ask for a school meeting to include the birth mother and the focus youth. The social worker plans to ask the youth's football coach (someone the youth looks up to) to attend the meeting.</p> <p>The youth's grades were average. His grades would improve if he attended all his classes. There is tutoring available at the school that this youth has access to.</p> <p>The social worker spoke with the family therapist who indicated that she does not have any major concerns in regards to the focus youth. He engages with the family and relates well with his mother.</p> | |
| Next Step | 3. The social worker will contact the family therapist for an update on the consistency of family sessions and the plan for future, consistent appointments. | Yes |
| Follow-Up | <p>Since the QSR, the family therapy has been much more consistent. The social worker and supervisor reported that the problems in October centered on the mental health agency being concerned with a duplication of services under the focus youth's brother's name. A solution was created in that the focus youth became the "target youth" for family therapy. The social worker and supervisor indicated that the family therapist has reported that the family has identified communication and community safety as major concerns for therapy.</p> | |
| Next Step | 4. The social worker will follow-up with the mother to address too many absences for the focus child's younger siblings [and possibly the focus youth depending upon his most recent attendance report] since the onset of the school year. The social worker will counsel the mother on educational neglect issues and the potential for CPS to be called in the future. | Yes |
| Follow-Up | The social worker met with the birth mother regarding the attendance problems for the two younger children. The social | |

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| | <p>worker reported that the mother was able to get many of the absences converted to excused absences, but the children are still missing a great deal of school. The social worker scheduled a meeting with the mother, the GAL and the school to discuss the children's absences and reinforce the importance of school to the mother. The social worker reported that the children's attendance has improved since this meeting.</p> | |
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QUALITY SERVICES REVIEW CASE SUMMARY #83

Review Dates: October 28-29, 2009

Current Placement: In Home with Birth Mother

Persons Interviewed (3): Social worker, birth mother, and the focus child.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 7-year-old, African-American male with a permanency goal of family stabilization. The focus child has two siblings; a sister age 11 and a brother age 5.

This family most recently came to the attention of CFSA in May and again in June 2009 but has prior history with the agency. In May 2009, a report was received stating that the birth mother's boyfriend had been verbally abusing the birth mother's daughter. It was reported that the boyfriend who had recently been released from jail called the daughter derogatory names which caused her to leave the home late at night to stay with relatives. The caller of this report was very concerned for the safety of the three children in the home.

In late June 2009, another report was received concerning the three children. Tenants of the building had been complaining that the children appeared to always be hungry and were begging other tenants for food. The tenants were complaining that the birth mother was not supervising the children and that they were roaming the complex without proper supervision. In addition, it was reported that the birth mother is often intoxicated and her residence is untidy. The following day another report was made stating that the mother's boyfriend was inappropriately touching the birth mother's daughter, exposing her to sexual acts but the caller did not clarify. In addition, the birth mother was not adequately supervising her children alongside consuming alcohol daily. The birth mother and her boyfriend were constantly fighting in the home; and that the police had been out to their residence several times but when asked by police the nature of the matter they deny any violence in the home. Lack of supervision for the daughter and educational neglect for the focus child was substantiated and the case was then referred to the In-home and Reunification unit. At the time, the focus child had 34 absences, his sister had 20 and his younger brother had 41 absences.

The focus child has weekly visits with his biological father. It has been stated that the biological father would like to have custody of the focus child and his younger brother.

Child's Current Status

The focus child is a 7 year old male. He is currently safe and stable in his home. The focus child was described and observed to be bright, polite, very engaging and enjoys playing on the computer. This reviewer was able to visit with the focus child in the computer room of his apartment building where he was playing on the computer (internet). He fully participated in the QSR interview and was very engaging with reviewers. The focus child appeared happy and gave a big smile to reviewers.

The focus child does not participate in any therapeutic services at this time. It has been reported that he gets along well with his siblings and peers in the community.

The focus child has an untreated hernia that was diagnosed two years ago. Two years has passed and though the hernia does not bother the focus child no follow up has been done; considering surgery may be necessary. The birth mother does not want the focus child to have surgery thus she has not taken him to the doctor. The focus child is not up-to-date with his dental or vision exams.

The focus child is in the 2nd grade in regular education and doing well. He does not have any behavior problems in school or at home. However, there was a recent incident that took place in school where a peer hit the focus child and the focus child struck the child back. The focus child told his mother what took place; however, she did not follow up with the school. The focus child is attending school on a more consistent basis since the onset of the new school year.

Parents' Status

The birth mother is not employed or in school and receives government assistance to meet the daily needs of her family. The birth mother stated that she sleeps a lot due to a thyroid condition. Upon arrival to the home for the interview, the birth mother came to the door in a daze, stating that she woke up when she heard the door. Through out the interview the birth mother never became completely lucid. When asked questions, she took an extremely long time processing and answering what was asked of her. Nonetheless, the home was appropriate but cluttered. It has been stated that the birth mother does not cook and the children mostly eat quick meals like microwaveable dinners.

The birth mother was adamant about telling the reviewers that she is no longer involved with the boyfriend whom was “wreaking havoc in her household”; she stated that the children never liked him. When observing interactions between the birth mother and the focus child, it was obvious to reviewers that they have a close bond. She has stated that she loves her children and the only reason for the unexcused absences is due to her being ill so frequently. However, the birth mother has not followed thru with scheduling medical appointments for herself or the focus child, including dental exams. She hasn't followed up with job training programs or technical schools as referred. Progress toward safe case closure has been minimal. Though the amount of absences has decreased since the beginning of the school year she has not met any of the other goals needed to close her case.

The birth father is an active participant in the focus child's life; he attends back-to-school nights and school conference. He picks the focus child up on weekends and they participate in activities i.e. going to park, movies and other outdoor activities. The birth father is aware of CFSA involvement and is interested in pursuing custody of the focus child. The focus child is also able to spend time with his maternal grandparents and maternal aunt who also live in his building. These extended family members are able to offer the birth mother support who stated that she feels overwhelmed with the three children. The social worker has witnessed the maternal grandfather outside with the focus child showing him how to ride his bike.

SYSTEM PERFORMANCE AND APPRAISAL SUMMARY

What's Working Now

The social worker has made efforts to engage the birth mother, focus child and birth father. The birth mother stated that she likes her social worker and is appreciative all the work she has done to help her family. The social worker has given the birth mother a variety of pamphlets pertaining to job training programs and technical schools. The birth mother mentioned that she is interested in attending culinary school.

The social worker has contact information for the birth father and has spoken with him on occasion. They were able to dialogue about why CFSA is involved with his son's family. The focus child knows his social worker by name and that she's there to help his family. The social worker has assisted the birth mother in coordinating medical appointments for the focus child. The social worker is knowledgeable of the birth mother's limitations and is making efforts to problem solve with her. For example, the social worker sat with the birth mother while trying to set up doctors' appointments.

What's Not Working and Why

The birth mother has a history of alcohol abuse and domestic violence; the social worker has not made the necessary referrals to have the birth mother assessed for either. While in the home, reviewers observed two large malt liquor bottles in the trashcan. In addition, the birth mother has made reference to feeling overwhelmed with the children and not having enough outside resources to assist her. There has been no discussion with the birth mother about therapeutic services for her and her family. The presence of the ex-boyfriend clearly put a strain on the family dynamics. Family therapy may be valuable in processing how and what family members are feeling. It's possible that the birth mother's drinking as a symptom of depression whereby she is self medicating.

All though the social worker has spoken with the birth father briefly, she has not fully engaged him as an additional support or to get a better understanding of the birth mother and what some of her needs may be. The social worker was aware that the birth father is there regularly to visit the focus child and picks him up for weekends; however, five months went by before she contacted him.

At present no services are in place for this family. Though the focus child enjoys playing in the computer room of his building; he has never been asked if would like to participate in any other extracurricular activities. A thorough assessment has not been made in regards to the birth mother's alcohol abuse, mental health services, or domestic violence.

The social worker is aware of the focus child's hernia; however, she has not followed up to make sure that the birth mother made the necessary medical and dental appointments for him or to verify if mother checked up on the employment services or technical schools. The home is somewhat cluttered and the birth mother has stated that she is not able to cook; the option of homemaking services has not been considered. This service can provide meal preparation, how to effectively grocery shop, and overall cleaning maintenance. This would also warrant further

information regarding mother's health status and any limitations that it places on her daily functioning as well as identifying treatment options.

When the birth mother was asked about her case plan, she stated that she was not aware of it and had never seen one. She also stated that she was only aware of having to get her children to school everyday as something her social worker told her she had to do. The social worker should review the case plan with the birth mother so she is clear on case goals and what is expected of her in order to close this case. There are no set timelines for achieving goals set forth in the case plan. Thus the birth mother isn't fully aware of the urgency to achieve these goals in order to close the case. Even though the plan has been established no progress has been made.

Since limited formal supports have been but into place for this family to maintain safety and stability, it is imperative that the social worker identify outside resources to assist this family after CFSA is no longer involved.

SIX-MONTH FORECAST/STABILITY OF FINDINGS

This 6-month prognosis for this case is that it will remain status quo. Several strategies must to be in place for this case to improve to ensure safe case closure.

PRACTICAL NEXT STEPS TO SUSTAIN SUCCESS AND OVERCOME CURRENT PROBLEMS AND THE 60 DAY FOLLOW UP ON THE NEXT STEPS

| | | Outcome |
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| Next Step | 1. The social worker will speak with the family's primary care physician in reference to the focus child's hernia and other medical conditions (birth mother's thyroid condition). | No |
| Follow-Up | The social worker gave the birth mother a release of information to complete in order for her to speak with the doctor. When the social worker came back to get the form, the birth mother stated that she lost it. The social worker then gave her another one, which she is waiting for her to complete. At that time the social worker will speak with the doctor and assist in scheduling an appointment for the focus child. The birth mother has not disclosed any medical documentation to the social worker about her thyroid condition; the social worker will follow up once she receives more information form the doctor. | |
| Next Step | 2. The social worker will explore, along with the birth mother and focus child, extracurricular activities afterschool for him. | Yes |
| Follow-Up | The social worker spoke with birth mother and focus child; the focus child stated that he would most likely participate in football for the upcoming season. | |

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| Next Step | 3. The social worker will discuss symptoms of depression and explore possible mental health services with the birth mother. | Yes |
| Follow-Up | The social worker discussed depression symptoms and mental health services with the birth mother. The birth mother denied depression or any other mental health issues, maintaining that her excessive sleeping and depressive like symptoms are due to her thyroid condition. | |
| Next Step | 4. The social worker will revisit the case plan with the birth mother to discuss timelines for doctor's appointments, employment and/or school/training program. | Yes |
| Follow-Up | A new case plan was created 12/30/09; the social worker went over the case plan in its entirety with the birth mother on 1/6/10. The birth mother is aware of all set timelines especially scheduling a doctor's appointment for the focus child. The birth mother is looking into programs to complete her GED along with possible enrollment in a culinary program through DC Kitchen. | |