Appendix B

Quality Service Review
Written Case Summary

Case #1
Review Dates: February 12-13, 2007
Youth's Placement: In-Home

Persons Interviewed (5): Social worker, collaborative worker, intake investigator, mother, focus child (observed)

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The target child is an 18-month old Ethiopian-American female. She currently resides with her mother and 10-year old brother. The target child is a United States citizen, but her parents and brother have only lived in this country for a few years.

The target child and her family became known to the Child and Family Services Agency in 2006 when a neighbor reported witnessing a domestic violence incident between the target child's parents. During the incident, the target child's older brother was hit when he tried to intervene. After this incident, the target child's father remained in the home. He moved out after a second incident occurred. Initially, the target child's brother recanted his account of the domestic violence incidents, but presently all family members, except the father, acknowledge history of domestic violence. The target child sees her father occasionally, but the contact is very minimal. Her father visits with the children outside of the home when the mother brings them to him. He has provided the target child's brother with clothes and other gifts but has stated to the mother that he has little interest in having a relationship with the target child.

Since witnessing the domestic violence between their parents and their father leaving the home, the target child's brother has exhibited frequent aggressive behavior towards the target child and her mother. He was hospitalized for 21 days in October 2006 after losing control and having an aggressive outburst towards his mother and sister. The aggressive behaviors escalated in November 2006 when his mother began working and was no longer as available to him. He has been referred to a male therapist, who also serves as a mentor, but they are still in the relationship-building phase. It is interesting to note that these aggressive behaviors are not present at school. He reportedly is a good student and has adequate relationships with his teachers and peers.

Child's Current Status

There have been safety concerns noted for the target child in her home due to her brother's aggressive behavior. Persons interviewed report the target child's brother has yelled inappropriate words at her, poked her with a fork, and tried to push her stroller into the street. The target child's mother attempts to reprimand the brother but doesn't follow through with the consequences, partly because she feels guilty about him witnessing domestic violence between her and his father. The target child's mother appears to limit unsupervised contact between the target child and her brother to reduce the possibility of harm to the target child.

The target child is stable in her home environment. She and her family experienced one unplanned move in the last two years due to her mother separating from her father because of the domestic violence. There is a planned moved to a larger apartment that will occur sometime in the near future. She is also stable in her daycare environment. She has attended the same daycare facility since infancy and will remain there until age three. The daycare providers are also Ethiopian and because of cultural issues have not allowed the social worker to visit the facility because they are afraid of being involved in an investigation. Overall, the target child is healthy. She has had frequent nosebleeds in the past, which could be due to poor ventilation in the home. She has also had common colds, which have been treated by a medical professional. She is current on immunizations and visits the clinic regularly.

The target child appears to be developmentally on target. She is walking and able to say a few words. She is also able to recognize strangers and presents with an appropriate affect. Her emotional and behavioral well-being needs refinement as she is described as being quieter and less happy as a possible result of the aggression directed towards her by her brother.

Parent/Caregiver's Status

The target child's mother has physically separated from her husband due to domestic violence and is now raising her two children independently. She sustains minimal contact with her husband because of the children. She allows the children to maintain contact with him by taking them to visit with him periodically. She is resistant to legal separation or divorcing her husband because of immigration issues. She is in the United States on a work visa through 2009 and is afraid her visa status will be affected if she and her husband are legally separated or divorced.

The target child's mother provides adequate physical support to her children. The children have appropriate food, clothing, and shelter. While the rooms she rents are small, they are clean and organized. The mother takes them to the doctor when scheduled and makes sure they attend school and daycare daily, on time. She is also emotionally supportive to her children. She recognizes the effects of her son's aggressive behaviors on the family and is adamantly exploring the option of sending himto boarding school. She firmly believes the family will benefit from having him away at boarding school as it will remove the present tension and allow her to focus more attention on the target child.

The target child's mother has established relationships with her service providers, but has a history of being too dependent on them at times. In the past, she would call the investigator several times a day. She was calling the collaborative worker excessively, but recently stopped after a disagreement over her son's hospitalization in October. The target child's mother speaks English, but still has difficulty with some words, which can cause a slight language barrier when interacting with service professionals.

Factors Contributing to Favorable Status

The target child is developmentally on target and continues to make sufficient progress. Her mother has made positive steps towards independence. She separated from her abusive husband and completed a vocational training program. She is currently employed three days a week as a Home Health Aide. She participates in decision making and appears willing to advocate for

services she feels will benefit her family. She worked with the collaborative to complete the process for the Rapid Housing Program and is currently awaiting housing.

Factors Contributing to Unfavorable Status
Although not the focus of this review, the target child's brother's aggressive behavior is a major issue which affects this family. He is acting out towards his mother and his sister, which causes stress in the home.

While the target child's mother has made positive steps, she still appears to struggle with cultural issues. She has reportedly reinforced her cultural belief of the superiority of men to her son. Additionally, she is distrusting of mental health providers and refuses to allow her son to participate in therapy. Her son has a mentor who is also a licensed therapist and the mother will allow him to foster a mentoring relationship with her son, but will not allow him to provide individual therapy to him. She is also not interested in participating in family therapy, although it has been recommended as a way to address the challenges in her relationship with her son.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The agency displayed a high level of cultural sensitivity when selecting both the investigative and ongoing social worker to work with this family. The investigative social worker is Ethiopian and the ongoing social worker is Eritrean but has some understanding of Ethiopian culture. There is an assigned collaborative worker who is actively involved with the family. The collaborative worker also has some understanding of the family's culture. The collaborative is located next door to the family's home, which allows the mother to have constant access to them when needed. The collaborative was instrumental in locating the current housing for the family and has also provided storage of the family's belongings.

The social worker has adequately engaged this family. The target child's mother feels comfortable talking to the social worker. Both the social worker and collaborative worker have formed a sufficient team and often collaborate with each other to discuss the case.

Most team members have an adequate assessment and understanding of the issues affecting this family. The social worker and collaborative worker have worked diligently to implement services for the family such as housing, monetary assistance for vocational training, and assisting the mother in dealing with her son's aggressive behavior. Because the mother is resistant to working with a therapist, the social worker spends time with her to discuss discipline strategies and encourages her to implement them. The social worker has tried to reach out to other service providers to get their assistance in beginning the application process to the boarding school of the mother's choosing, but she has not been successful.

What's Not Working Now and Why
Due to cultural beliefs, the target child's mother is not interested in individual or family therapy. An Ethiopian therapist has not been considered because there are currently none available. Further, there is concern that even if an Ethiopian therapist is located, he or she may reinforce cultural beliefs, which would be detrimental to the family's progress.

The family is in need of more appropriate housing. They are currently renting two rooms in a row house located next door to the collaborative and sharing a bathroom and kitchen with an unfamiliar Ethiopian male. The mother has been participating in the Rapid Housing Program since August 2006, and the Collaborative has helped her locate new housing for the family. However, they are unable to move into the new housing until the family that is currently in the apartment moves out. It is imperative that the target child and her family move into the home in the near future because the referral for the Rapid Housing Program is only good for one year. In addition to housing, the target child is in need of a new bed because her brother broke her old one.

The lack of informal and community supports is an issue for this family. The mother is unwilling to reach out to neighbors or other persons of her own culture due to fear of them disclosing her personal business. As a result, she is not actively involved in church or other community activities.

While all team members have a clear understanding of the issues currently affecting this family, there may be differences in opinion regarding what is necessary to close this case. In order for the social worker to feel comfortable closing this case, she wants the mother to acquire stronger disciplinary skills, the family to have larger housing, and the mother to have a full-time job so she can pay her rent after her time in the Rapid Housing Program ends. The mother's primary goal is to get her son into boarding school. It is important for all team members to have a clear understanding of the requirements for case closure.

Six-Month Forecast/Stability of Findings

Unless the target child's mother allows the family to participate in the necessary interventions to address her son's aggressive behaviors, it is expected that this case will continue status quo.

Practical Steps to Sustain Success and Overcome Current Problems

1. Hold team meeting with mother, Collaborative worker, and therapist/mentor to discuss:
    a. Housing
    b. Legal issues
    c. Boarding school
2. Continue boarding school application process:
    a. Focus on Domestic Violence history
    b. Explore alternative plans
3. Continue to work with mother on discipline, safety issues
4. Work with mother to connect with informal supports that will be able to provide assistance after case is closed with CFSA and the collaborative

60-day Follow-up

1. Two team meetings were held for the family since the February QSR. On March 30th, the mother, CFSA social worker, Collaborative social worker, and supervisor met to discuss housing, legal advocacy services and educational plans for target child's sibling in the home. On April 17th mother, CFSA social worker and Collaborative social worker met to provide updates for tasks and goal identified at the last meeting.

a. Mother had an interview for transitional housing on 4/17/07 and is awaiting a final decision. Other transitional programs have been identified and the collaborative social worker will be assisting mother in applying to these programs.
b. Mother was given a letter of referral for a legal consult on immigration issues, divorce and her domestic violence case. CFSA social worker is awaiting an update from the Collaborative social worker as to the status of this referral.
c. The boarding school application is complete, however mother must support additional documents, a letter from father giving permission for son to attend, a letter of interest and intent from the child and proof of resident alien status. His green card has expired and mother has submitted paperwork to get it renewed. The process is expected to take about 30 days.

2. Pending the final decision of this boarding school, back up plans have been made. The child will continue in his current school for the next school year in the 6th grade, pending successful completion of summer school. A Charter Boarding School in D.C. has been identified as an alternative beginning September 2008, as they accept children in grades 7-12. The application process will begin this August.
3. Mother reports that she is better able to handle her son's behavior lately since the family's participation in therapy weekly. Mother has worked with the CFSA social worker to identify and implement some safety precautions for the target child, i.e. strict supervision, encouraging and monitoring age and socially appropriate play. Mother has few concerns at this time regarding the safety of the target child.
4. The social worker reports that mother is very social and has been able to make connections with co workers and developed social relationships. She is still in regular contact with a cousin that was identified shortly before the QSR and is building a supportive relationship with her.

Additional Comments

Since the review, the social worker reports that there are great improvements with this family. The family began receiving Family Functioning Therapy (FFT) weekly on March 14th. The previous therapist/mentor is no longer working with the family and the FFT is proving to be helpful. Therapy first began with the target child's brother and now includes mother. Positive outcomes have been realized, especially with the child's negative and abusive behavior. Summer day camp programs have been identified and will be applied for with the assistance of the collaborative social worker for the target youth's brother. The target youth is now attending a new day care program that mother is very satisfied with.

Quality Service Review
Written Case Summary

Case #2
Review Date: February 12-13, 2007
Youth's Placement: In home

Persons Interviewed (5): CFSA social worker, supervisor and SSA, maternal great-grandmother (caregiver) and family friend

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts About the Youth and Family

The target youth in this case is a 17-year old African-American male. The family's case is currently assigned to a CFSA In-Home and Reunification Unit social worker. The target youth's mother is deceased, and his father's current whereabouts are unknown. He resided with his maternal grandmother for several years until she passed away. He currently resides with his 14-year old half sister, his 14-year old female cousin, and his maternal great-grandmother (MGGM), who is 85 years old and has several medical conditions. The 14-year old cousin has been having an extremely difficult year and is currently in crisis. She has contracted STDs and is reportedly very promiscuous. She has a psychiatrist and therapist through her alternative school. There is also a family friend who resides in the home, who is 65 years old and has recently had surgery that leaves her fatigued. This family friend reports that she assists in preparing meals for the family and transporting the children to medical and dental appointments. She is seen by the MGGM as a resource and support to the family as she has assisted the MGGM in caring for the children for approximately nine years. The MGGM also has a home health aide who spends 4 hours daily Monday through Friday in the home. The target youth also has two paternal uncles who are very involved with the family and assist the MGGM by doing the food shopping for the family.

This case opened in 2004 because the target youth's sister reported she was afraid to go home because her father would beat her. The investigation was substantiated against the MGGM for failure to protect the children. The father of the target youth's sister resided with the MGGM periodically; however, he does not currently live with the family. He is believed to be a substance abuser and is described as unstable; however, he is still sporadically involved and is considered a familial support.

Youth's Current Status

Reviewers were unable to meet with the target youth. He is currently a senior enrolled in regular education classes at a local public high school. His attendance is inconsistent, and his grades are reportedly average to below average. He is expected to graduate in June 2007. He is very involved in sports and plays on both the football and basketball teams at school. It was reported that a number of colleges were interested in recruiting him. However, he has not taken the SAT, completed any college applications, or met with the school guidance counselor in order to prepare for the college application process.

The target youth appears to be stable in the home at this time, but there has been no plan identified once he graduates from high school in June 2007. There are no identified safety factors for this youth in home or at school. His medical and dental needs are being met. His physicals and check-ups are up to date. There are no reports of any criminal behavior, juvenile justice system involvement, or suspension from school.

It was reported that the target youth has not displayed adequate life skills. He does not complete chores within the home and seldom cleans his room. He does not assist in cleaning or preparing meals. However, he is described as always maintaining a clean and neat appearance.

Basketball and football practices have him out of the home until late evening each day, and he reportedly does not interact much with the other household members. He and the MGGM do not share a very open and trusting relationship in which he would discuss personal issues with her. He was described as being verbally aggressive towards his half sister on a regular basis. They attend the same high school, and he reportedly does not want anyone to know they are related as he feels that his sister does not keep herself well-groomed. He reportedly gets along better with his female cousin who resides in the household. He apparently has not identified anyone at home in whom he feels he can confide. However, the social worker reported that he has developed a close relationship with his coach at school.

The target youth is reported to have established peer relationships with both males and females alike. He often hangs out with friends outside of football and basketball practices and school activities. He has refused offers made by the social worker for services, such as a mentor and anger management.

Although there are no apparent safety factors, a major risk factor is the lack of planning around the youth's future past high school graduation. There is also no long-term plan regarding care and support should MGGM no longer be able to be the primary caregiver, due to further medical/physical limitations, long term hospitalization, or her demise.

Caregiver's Current Status

MGGM is minimally able to meet the target youth's needs and cannot fully participate in his care. The level of emotional support appears to be low. Although she is able to advocate for and ask for concrete services, it is unclear if she would be able to provide for the target youth on her own. She made it very clear that she needs financial assistance to pay for the target youth's senior dues and fees (cap and gown, yearbook, etc.), even though she receives monetary funds from TANF and Social Security for all the children in her home.

Given her limitations, MGGM has still been able to provide a stable home for the target youth for the past several years. There is concern, however, that since she is unable to complete certain tasks herself, i.e. preparing meals or going grocery shopping, that other family members and friends may be taking advantage of her. For example, it is believed that the target youth's uncle that completes the food shopping is using the MGGM's food stamps to purchase items for himself.

MGGM is willing to work with CFSA as needed and has expressed that she does not want the CFSA case to be closed. She is dependent on the assistance that she receives, such as Metro passes for the children, clothing vouchers, and groceries. Although she has limited mobility, she is willing to participate in a Family Team Meeting to discuss next steps for the target youth and other children in her care.

Factors Contributing to Favorable Status
Several strengths were identified for the target youth. He is on track to graduate from high school in a few months. He is up to date on all physical and dental appointments. He has found outlets for socializing and recreation in his participation on the basketball and football teams. He has found a confidant in his coach at school. He is talented enough to rouse the attention of college recruiters.

There are several extended family members that have been identified as being supports for the family.

Factors Contributing to Unfavorable Status
There has been no purposeful communication with the target youth on his plans post graduation. Assistance and guidance has not appeared to have been offered in getting him through the college application process.

There has been no planning done around the care for the target youth outside of the MGGM. MGGM was recently hospitalized for approximately 10 days leaving the target youth, his sister and cousin in the care of the family friend. At this time there is no long term plan in place for the minor children in the absence of MGGM.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The social worker and supervisor have a clear understanding and assessment of the case. The current issues and risks have been clearly identified. The worker has made attempts to schedule Family Team Meetings in the past and plans on having one within a few days of the review. She has been able to engage MGGM and the family friend and has had conversations with other extended family members. The worker has also offered mentoring and anger management services to the target youth. The youth has not exhibited any serious behavioral problems and is cordial to the social worker during home visits.

What's Not Working Now
The social worker and family members have been preoccupied with providing crisis intervention services to the target youth's cousin who also lives in the home and appear to have neglected the target youth's case plan. Although services were offered, it is unclear if these efforts have been ongoing. The social worker has made some attempt to engage the target youth, but she does not appear to have a strong communicative relationship with him.
There is not a strong team formed in this case. Only recently was the target youth's relationship with his coach brought to the attention of the social worker. There is no representation of school personnel in the target youth's service team. According to the social worker the target youth

refused to have the coach invited to the Family Team Meeting that is being scheduled, reportedly because he did not want his coach to know about his CFSA case.

There is no plan in place for the target youth post–graduation, and it appears attempts have not been made to assist him with this planning. There also are no linkages to other support systems.

Six-Month Forecast/Stability of Findings

Currently the youth is in a safe environment, but given MGGM's medical condition one cannot predict the stability of it. There is no Collaborative or other community service agency involvement. Without a proper plan for the youth after high school graduation and without a solid contingency plan for care absent of the MGGM, the youth's status is likely to decline.

Practical Next Steps to Sustain Success and Overcome Current Problems

1. Convene team meeting with youth, school guidance counselor, MGGM to complete Individual Transitional Independent Living Plan (ITILP) for the youth to discuss post-high school plans, including:
    a. applying for colleges, scholarships, and financial aid
    b. taking the SAT
    c. exploring community colleges, vocational training, and employment if a 4-year college is not feasible at this time
    d. obtaining health insurance and establishing informal community supports
2. Hold Family Team Meeting (FTM) to discuss contingent permanency plan for youth and other children residing in the home in the event MGGM is unable to care for them.
3. Submit referral for Multi-systemic Therapy (MST) for the cousin and to the Collaborative for the family.
4. Talk with school officials regarding a payment plan for youth's senior fees and submit memo up the chain of command to cover a portion of the fees.
5. Find out if MGGM is legal guardian of the children. If she is, explore her eligibility for the Grandparent Pilot Subsidy Program.

60-day Follow-up

1. There was no team meeting held with the parties to complete and ITILP and discuss the focus youth's post high school plans. The social worker stated she met with his coach and was informed he had already taken SAT's but received a low score. He had also already applied to three colleges and is currently awaiting acceptance.
2. A Family Team Meeting was held in March 2007 to discuss contingent permanency plan. Two uncles offered to become guardians of the children in the event the MGGM is no longer able to care for them. The social worker is encouraging the uncles to take a more active role in the children's lives so that the agency can decrease its involvement with the family.
3. Referrals for MST and the collaborative have been submitted. The social worker is still waiting for family to be linked to service providers.
4. The focus youth received $600 for senior fees from the agency.
5. Grandmother is the legal guardian. The social worker submitted referral to Grandparent Pilot Subsidy program.

Quality Service Review
Written Case Summary

Case #3
Review Date: February 15, 2007
Child's Placement: In-Home

Persons Interviewed: (5) Mother, target child, social worker, social work supervisor and therapist.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The target child is a 10-year old African-American female who is the youngest of three female children. She resides at home with her mother and two older sisters. The goal of the case is family stabilization.

The target child's family initially became known to the child welfare system in March of 2004, with allegations of unexplained injury and lack of supervision of the youngest child. The finding of the investigation was inconclusive and no case was opened. However, there were two more reports in 2004 with similar allegations of lack of supervision, unexplained injury and educational neglect. These were also inconclusive. In September of 2005, a report was received regarding a physical altercation between the mother and her second-oldest child. Based on the investigation, the allegation of physical abuse was substantiated and a case was opened; the mother was also arrested. Along with the investigation of physical abuse, there was an investigation being conducted at the same time regarding sexual abuse of the same child by the mother's paramour. The finding on the sex abuse allegation was unfounded.

At the time of the two last reports, the family was residing with the mother's paramour; however, due to the mother's suspicion that her daughter and her paramour were involved in a sexual relationship, it was recommended that the family move out of the paramour's house. As a result of the agency's intervention and mother's compliance with services, the family moved into their own apartment in December of 2005. Although the family appears to be progressing well towards case closure, the second oldest child seems to be a continuous problem for the mother in terms of her behavioral problems and may be a barrier for case closure. Reportedly, the second oldest child is diagnosed with Bipolar Disorder and Oppositional Defiant Disorder.

Child's Current Status

The overall child status is in the maintenance zone. The target child is safe in her home and at school. She is very stable in her educational setting and is attending the same elementary school that she was attending prior to moving to the new neighborhood. The target child is in the fourth grade and is doing very well in school. She is doing excellent work in her academics and is on par for her age. There are no issues regarding her attendance or behavior. The target child is very sociable and takes part in extra curricular activities at school; she is involved with track and field.

The family recently moved to their new apartment; however, the target child appears to be adjusting well with her new environment. She has already made new friends and enjoys going outside to play with her friends. She also interacts well with her siblings and seems to share a close relationship with her mother. The target child has no behavioral issues in the home and was reported by her family as being "a fun child."

The target child appears to be in good health and seems to be of average weight and height for her age. At the time of this review, she was well groomed and was dressed appropriately. According to documentation reviewed and information obtained, she is current with all her medical needs and there are no outstanding medical concerns.

Parent Status

The overall parent status was in the refinement zone. The family appears to be adjusting well to their new apartment, which seems to be clean and tidy. She has stable employment and is receiving temporary financial assistance with the rent on the apartment. Although the mother has been ensuring that she provides for the child in terms of food, clothing and shelter, she is not very involved with her child's education. It seems that the mother is so overwhelmed by her second oldest child's behavioral problems, such as truancy and being involved in risky behaviors, that she often overlooks the needs of the other children. She was not aware of most of the target child's accomplishments at school, especially with the track and field. The mother admits that she spends most of her time with the child who was very problematic and not enough time with the target child, as she does not have any problems.

The mother appears to be very close and well bonded with her children. In observing their interaction, the mother was very affectionate with her girls. She is also very concerned that the target child will not develop any mental health conditions as she get older. The mother reported that her second oldest child was not always this difficult, but things got worst as she got older.

The mother has been very compliant with services and participated fully in the referrals that were made on the case. She complied with all the requirements necessary for her to obtain an apartment, completed parenting class, and cooperates with the social worker regarding the case plan. Although the mother made great strides with bringing the case to where it is at this time, she is refusing collateral support in the community, which could be beneficial to her and the family once the case is closed. It should be further noted that the mother reported a history of sexual abuse and is currently not receiving any services to address any underlying issues. Furthermore, the mother seems to be very paranoid about the relationship between her paramour and her second oldest daughter and this could be due to some unresolved issues regarding her own past.

Factors Contributing to Favorable Status

The mother has maintained stable employment, which is important in order for her to maintain the apartment once the temporary financial assistance is finished. She viewed the agency's involvement as positive and felt that her family benefited from the assistance provided. The mother seems to be very cooperative with the social worker and participates in the case planning process. The target child is progressing well both at home and at school and is having regular visits with her father and paternal relatives.

Factors Contributing to Unfavorable Status
The second-oldest child seems to be presenting several behavioral concerns for the mother that have been dominating her time. The mother's relationship with this child is very tenuous. This child is not attending school and reportedly is involved in risky behaviors, including drug activities and promiscuity. The mother is uninvolved in the second-oldest child's mental health. She was unaware that this child had been attending regular therapy sessions and was therefore unaware of this child's treatment plan.

Currently, the primary work on the case consists of trying to stabilize the second-oldest child, while the other two children's needs are secondary. The mother's unaddressed mental health issues may be impacting her judgment, as it relates to her paranoia about her daughter's relationship with her ex-paramour.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The social worker seems to be engaged with the family and has established a relationship with both the mother and the children. The mother stated that she liked her social worker and felt that she helped the family to get to where they are today. The social worker was identified as the coordinator and leader of the case and has been very proactive in making the necessary referrals for the family and assisting wherever necessary to move towards case closure. The social worker seems to have a good assessment and understanding of the case and was able to identify some of the issues that are still problematic for this family, as well as identify the appropriate resources.

This case opened in September and the family moved into their new apartment by December. This was an impressive timeframe for implementing a limited resource such as housing. The referrals on this case were made in a timely manner, thus making it possible for the mother to complete the required services within a short timeframe

What's Not Working and Why
The social worker has done an exceptional job in trying to stabilize the family; however, failure to include the therapist of the "problem child" in the case planning process could make the stabilization goal more difficult to achieve. The mother is not involved in mental health services to address past sexual abuse issues. The mother has refused services from the collaborative and does not see this service as helpful to her family.

Due to the extensive amount of time that is spent on dealing with the issues of the second-oldest child, both the target child and the oldest child's need are not being fully addressed. Furthermore, everyone is assuming that these two children are doing fine, but no one has taken the time to follow up with the school of the eldest child to see how she is progressing or if there are any concerns regarding graduation.

Six-month Prognosis/Stability of Findings
Based on the current service system performance found for this youth, the overall status is likely to remain status quo. However, the inclusion of mental health services for both the mother and the second oldest child could cause the family's status to improve.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social Worker to contact therapist for the second-oldest child and initiate a meeting to discuss the following:
    a. Treatment plan for child
    b. Family therapy
    c. Medication management for child
    d. Education/vocation alternatives for child
2. Refer family for FFT services through Department of Mental Health.
3. Re-engage with the other two children and explore with them any issues or concerns they may have in the home. Additionally, ensure that the other children's educational, medical and life skill needs are being met.
4. Refer mother to the Far Southeast Collaborative for community monitoring and services prior to case closure.

60-day Follow-up

1. The social worker contacted the therapist the following day after the staffing to discuss the treatment plan for the second-oldest child.
    a. The therapist provided the social worker with a verbal outline of the treatment plan for the second-oldest child, which indicated that she was being seen on a weekly basis, and the plan was to explore medication and family therapy.
    b. Therapist discussed medication and family therapy with the family; however, both the second-oldest child and her mother refused the medication, as they felt she was progressing well without medication. The mother refused family therapy.
2. Based on an assessment of the family's need by the social worker, it was decided that a referral for FFT services was not necessary.
3. At the next home visit and moving forward, the social worker started to engage the other two children more and made herself aware of what was happening in their lives, regarding their educational, medical and life skill needs.
    a. The target child (the youngest), was excelling in school and was involved in cheerleading and track and field.
    b. The eldest child is passing all her classes and is schedule to move on to the 12th grade in September. She is also signed up with the summer youth employment program for a summer job this year.
4. Prior to the QSR, the family was receiving services from the Georgia Avenue Collaborative, and the case was closed once family relocated to SE. The mother is not receptive to working with another collaborative, and since the family seems to be stable, a referral to the Far Southeast Collaborative was not initiated.
5. This case is schedule to be closed in May 2007.

Quality Services Review
Written Case Summary

Case #4
Review Date: February 25, 2007
Placement: Birth mother's home

Persons Interviewed (1): Social worker*

*An appointment was scheduled with the birth mother and target child, but they did not make themselves available when the reviewers reached the home. In addition, the Collaborative worker was scheduled to be interviewed but stated that she could not be interviewed without her supervisor, who was out on sick leave.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an seven-year-old year old, African-American female, who resides with her birth mother and 14-year-old half-brother. The child has no contact with her father or any members of her paternal family. This case came to the attention of the Child and Family Services Agency when a family member contacted the hotline to report that the focus child and her older brother were being left home unsupervised. When a Child Protective Services social worker further investigated these allegations, both children reported they were left home alone while their mother was at work. The focus child also reported that her older brother left her alone in the house while their mother was at work. There was a second hotline report in 2006, when a school nurse called and reported that the focus child was suffering from an extreme case of eczema, and the mother failed to refill her prescriptions. During this time, the focus child's older brother was expelled from school due to bringing a BB gun to school and assaulting someone.

In November of 2006, a third report was made to the hotline by the father of the focus child's brother, reporting that the older brother and the mother had gotten into a physical altercation. In this report, the father stated that the mother had hit her son with a broom, and the son was now residing with him. Upon further investigation, the mother reported that the allegation was true, but that she had felt threatened by her son. The son has since returned to the home with his sister and mother.

Child's Current Status

Currently, the child is living with her mother and older brother. It is reported that she is doing well in school, and is attending an after school program. The focus child has been attending aftercare in order to provide a safe adult-supervised atmosphere for her after school, which prevents her from being left home alone until her mother returns home from work. The social worker has also reported that the child's eczema has made a dramatic improvement, and the mother and child are both aware of her allergies to certain foods. Her skin condition will continue to be monitored. The child has changed schools three times within the last year, which shows instability in her academic life. The child reportedly has no history of mental health issues and is in no jeopardy of harming herself. However, the child was in the household with

her mother and brother when they engaged in the physical altercation, which lead to the mother hitting the brother with a broom. While the focus child was not injured, she still witnessed the altercation.

Parent/Caregiver Status
Currently, the birth mother is adequately physically supporting the focus child. She is providing an emotionally supportive home environment and is adequately monitoring the child's health conditions. It is also reported that the focus child has been enrolled in an after school program to prevent her from being left home alone. It is reported by the social worker that the mother and daughter have a loving, close relationship.

There is a concern regarding the mother not being honest about her needs with the agency or Collaborative staff. The mother was recently behind on her rent and was in jeopardy of eviction. She only contacted the Collaborative and CFSA when she was forced to. The Collaborative paid off a substantial portion of her rent. The mother still has a large debt of late fees owed to the court that she must pay for herself, as the Collaborative has stated they will not provide any other money. This financial burden and the mother's lack of honesty with providers could potentially affect her housing situation in the future.

Factors Contributing to Favorable Status
There are several strengths in this family. First, the child's relationship with her mother was described as loving and emotionally supportive. The mother also seems to be willing to ensure services are put in place that will enable her to better provide for her child. These include enrolling her into an after school program and monitoring her skin and allergy concerns.

The mother is now working regularly and seems to be extremely emotionally supportive towards the focus child. It has been observed by the social worker that the focus child's mother helps her with her school work and has made improvements regarding monitoring her health issues. Mother has also communicated with older child's father in regards to his overall care and living situation and recently made contact with workers from the Multi Systemic Therapy Program in order to begin counseling sessions.

Factors Contributing to Unfavorable Status
An unfavorable factor that could possibly affect this child's status is her health issues. In the past, the mother has not been adequately able to keep up with her child's medical concerns. If this case is moving towards case closure, the diligence of the mother regarding watching her child's skin condition could possibly decrease, as it seems at this point she needs the motivation of the social worker to monitor this. Also, the relationship between the older brother and mother in the household is a concern. Due to the past physical altercation, there is a possibility the focus child could get caught between the two when and if another altercation occurs. Resources must be used in order to offer additional support for the mother in order to avoid these two possibilities.

Additional concerns in this case are the target child's mother participation in accomplishing goals to close the case. Some resources have been given to the mother that she has not taken advantage of. In one instance, a furniture voucher was given to the mother in order to allow her

to purchase new furnishings for her home; however, she never took advantage of this service, and the voucher expired. She had to ask for a second voucher. The relationship between the mother, her son, and his father is another concern. It is reported by the social worker that the mother has anger issues towards the father that are being directed at her son. This may stem from the father openly being a homosexual. The third unfavorable factor is her inability to be truthful with the social worker regarding any issues that could potentially be harmful for her household. It is reported by the social worker that the mother "leaves out" pieces of information that could affect her situation. She also does not give her social worker all necessary paperwork and has not alerted her CFSA worker or Collaborative worker to issues until the last minute. The last unfavorable factor is her lack of willingness to ask for support from family members, especially her mother. It has been reported by the social worker that the mother is an extremely proud person who finds it difficult to ask for help when needed.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

This family has been involved in the social service system for over one year and have had the same In-Home and Reunification social worker and GAL. The family has also been working with a Collaborative worker to obtain supportive services The social worker has stated that the mother is not as involved in this case as she should be, and often when she conducts home visits, the mother is not home. The social worker does report when she is able to meet with the mother, she is pleasant and seems to be engaged. The social worker has been able to become involved with the older brother's father and has involved him in aspects of the case.

What's Working Now

There are several areas of this case that are working well. The social worker appears to be the lead provider on the case. She has a clear understanding of the weaknesses and strengths of this family. She continues to be able to adapt to the continuous changes in the household, including the older brother leaving the home to live with his father and then returning to his mother's home. With these constant changes the social worker has been able to adapt her case plan to lead the family towards case closure. The social worker seems to have a clear understanding of all issues affecting this family, such as school, health, and housing. She has been able to engage the father of the older brother. She has identified and implemented resources for the mother, including in-home therapy for the family. The worker regularly speaks with the Collaborative worker, and the case plan is thorough and complete.

What's Not Working Now and Why

While the father of the older brother is engaged in this case, the paternal side of the family for the focus child has not been located. This could potentially be an additional financial resource for the mother through child support, as well as additional support for the child and the mother.

There are concerns related to the closing of this case due to the birth mother's instability in accomplishing certain goals, such as creating a payment plan to pay the remainder of her back rent and identifying sources of additional income, that will allow her case to be closed. Only recently did she contacted the MST Program in order to initiate therapy for her and her son. Until she completes therapy and additional case plan goals, her case will continue to remain open.

Stability of Findings/Six-Month Prognosis
Based on the current status of the child's health state and emotional relationship with her mother, the prognosis for this case is to remain status quo.

Practical Next Steps

1. Locate paternal family of focus youth
   a. Conduct Diligent Search for focus youth's paternal family – father, grandparents, aunts and uncles.
   b. Identify child support options to provide additional income for mother.
2. Ensure stability of household
   a. Work with focus child's mother to establish a payment plan for the remaining court costs and late fees balance.
   b. Mother and focus youth's older brother to complete Multi-Systemic Therapy.
3. Maintain safety of focus youth
   a. Continue to offer resources that will ensure focus youth's safety in the home, such as aftercare, mentoring services and medical treatment.
   b. Continue to monitor health of focus youth.

60-day Follow-up

1. The social worker met with the birth mother to discuss the focus child's birth father. Previously, the record only reflected the birth father's name. During this discussion, the birth mother reported that the focus child's father was incarcerated in a federal penitentiary, although she did not know exactly where. The birth mother indicated that she is not interested in obtaining child support from the child's father. It was also reported that the child has contact with a paternal aunt and the mother is finding this helpful.
2. Status of stability:
   a. The birth mother reported that she has completed payment for all of the outstanding court costs related to her previous rent issues. It is reported that the mother has agreed to supply the social worker with documentation to support this claim during the next schedule home visit. It is documented that the birth mother's telephone was shut off. According to the social worker, the mother blamed the phone termination on her teenage son talking to "too many girls." The social worker does not believe this reason, but has found that the birth mother has two cell phones. This enables the agency to contact the family and it allows the family has the ability to contact others in case of an emergency. While the mother has not reported any other financial problems, the social worker is unsure of what other issues could be occurring as the birth mother is not always forthcoming until the she is forced into asking for help.
   b. During the review, it was stated that the birth mother had to contact the Multi-Systemic Therapy (MST) Program through Youth Villages and DMH's Community Connections in order to initiate the MST program in her home to address issues between her and her teenage son. Since the review, the birth mother did contact MST several times, and MST staff reportedly made multiple attempts to being therapy. As services never began, MST has decided to close the case due to noncompliance. In addition, Community Connections returned the referral to DMH due to lack of compliance. The social worker stated that the next plan of action was for the teen to

attend therapy weekly for at least three months and that the birth mother had to provide proof of his compliance. At this time, she is unsure as to who will provide therapy to the family. She will follow-up with DMH regarding the assigning of a provider.

3. Status of safety:
   c. Regarding maintaining safety in the home, there have been no new reports of violence within the home. The focus child continues to attend the after school program to ensure that she is not home alone in the afternoons. She is also going to attend a summer day camp.
   d. Additionally, the social worker continues to monitor the focus child's eczema. The child and the mother report that the eczema relief has been maintained through medication management and periodic doctor appointments. The social worker visually monitors the child's skin and also speaks with school personnel regarding any concerns. There is one account of the rash flaring up, but when questioned, the birth mother reported that a medical appointed for that week had already been scheduled. The social worker has no current concerns related to the mother's future ability to provide care for the focus child's medical condition.

Additional Comments

Since the February 2007 review, the birth mother had quit her job, although she was able to find a job within approximately one month. While there are issues with the birth mother's adolescent son, there are no current safety or health concerns related to the target child. The social worker reported that prior to closing the mother must continue to work with the Collaborative, must provide proof of paying all the outstanding court costs, and must have the teen involved in therapy. One case note specifically outlines that the social worker met with the birth mother and reviewed the expectations for case closure. The case note, dated April 9, 2007, identifies these tasks. The social worker foresees that this case will be closed prior to July 2007.

Quality Service Review
Written Case Review

Case #5
Youth's Placement: In Home
Review Dates: February 12 – 13, 2007

Persons Interviewed: (4) Target child, mother, in-home social worker, and investigator

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The target child is an 11-year old African-American male who is the eldest of four children. He resides at home with his mother, two sisters (ages 6 & 8) and his brother (2). The current goal for the child is family stabilization.

The target child and his family became known to the child welfare system in March 2006, due to a report of education neglect. The investigation findings were unfounded. In June 2006 a second report was received alleging educational neglect. The allegations were substantiated, and the family was referred to their local Collaborative for supportive services. In October 2006, a third report was received on the family with allegations of education neglect and domestic violence. As a result of this investigation being substantiated, the family now has an open case with CFSA.

Child Current Status

The overall child status is in the refinement zone. The child appears to be safe at home; furthermore, there was no report of the mother's paramour ever abusing the children. He appears to be safe at school, and there is no report of any behavioral problems. The child has always resided with his mother and his siblings, even during the times that the family was staying with friends and family. Since this family became known to CFSA, the child has lived in approximately four different locations, all on a temporary basis. Although the family had permanent housing, they were away from their home for several months due to concern for their safety. The child and his family returned to their home in December 2006, where it is anticipated they will remain in their home.

It appears the child has been out of his neighborhood school for some time but attended at least two to three schools, within the last three months, for short periods of time. However, as of January 2007 the child was re-enrolled in his old school and is currently in the fourth grade. Reportedly, he is on target educationally for his age and is performing well in school. His presentation at the interview was very mature and well-spoken. He reported he would like to become a real estate investor when he grows up – he reads about this in the newspaper. Emotionally, he appears to be doing well at school; however, there are concerns that he could benefit from some counseling due to the trauma he experienced in witnessing his mother being abused by her paramour in the home. He appears to take on some responsibility in the home, such as assisting his younger siblings with their homework and helping them to prepare snacks.

Currently, the youth is not up-to-date on his medical appointments. Apparently, his immunizations are current; however, he has not received a physical examination in two years. The child's physical appearance was well groomed, and he appears to be healthy.

Parent Status

The overall parent status was in the refinement zone. The mother is 33 years old and is currently married to the children's father. However, due to repeated incarcerations, the two are separated. The children's father was recently released from prison in January 2007 and resides in Maryland with his brother. The father has regular contact with the children, and they visit with him on a regular basis.

Over the last year, the mother's paramour was residing in the home with the family, at which time he was abusive towards the mother. The situation between the mother and her paramour escalated when he stabbed her in the back. This resulted in his arrest and the mother filing a Civil Protection Order. According to the mother, this relationship ended and he has not returned to the home. Upon the family's return to their home, the mother's uncle moved in the basement of the house to be there in case her abusive paramour returned. The uncle also assists with the supervision of the children.

The mother seems to be providing adequate physical care to her children. The home appears clean, and the child reported that his mother provides the children with sufficient food. Dinner is prepared by his mother on a daily basis. The target child was appropriately dressed for school, and the youngest child who was in the home at the time of the review appeared clean. The mother has admitted that her children were traumatized by the incidents of domestic violence in the home. To help them deal with this she has been talking with them and giving them a lot of emotional support. She did not feel that her children could benefit from outside mental health intervention. She reported that she receives a lot of support form her church and relies heavily on her spiritual beliefs for strength to deal with her situation. In addition to her church, the family is in close contact with extended family members and friends, who the mother stated were available to offer assistance as needed. The children visit with extended family on a regular basis and interact with friends.

According to the mother, when the family initially became known to CFSA, she was very resistant and uncooperative. This was changed within the last two months, and the mother is now more cooperative with the social worker. The mother worked closely with the social worker to get her children enrolled in school and is now working on a plan to get the children's medical needs addressed. She is involved with the case planning process and is aware of what needs to happen in the case before it can be closed.

The mother is unemployed and is receiving benefits (TANF, Medicaid and Food Stamps). Prior to her unemployment, she worked as a security guard and is planning to return to work sometime next month. Upon CFSA's involvement with the family, it was discovered the mother was about to lose her housing due to $1,500 that was owed in back rent. The investigator immediately

addressed this need, the agency paid the rent in full, and the family was able to return to the house. The mother reported she lost her job due to domestic violence and as a result was unable

to pay her portion of the rent (approx $120/month). The larger portion of the rent is covered by section 8.

Factors Contributing to Favorable Status
The target child is a pleasant, charming and articulate young man who seems to be doing well, considering the instability of his family and the trauma he experienced in the home. He seemed focused and responsible and is not exhibiting any behavioral problems at present. Overall, the mother appears to be providing appropriate care to the children. The abuser is no longer in the picture, and the mother has taken steps to protect herself and her children.

Factors Contributing to unfavorable Status
The mother is refusing services from the Collaborative, which could be beneficial to her and the children. Per the mother's own admittance, the children were traumatized from the domestic violence in the home, which is a clear indication that they could benefit from counseling. Furthermore, the mother in the past failed to pay her bills and risk loosing her home, until CFSA intervened. Her failure to accept services from the Collaborative could possible place the family in the same situation if the mother does not receive the services needed to help with budgeting, etc.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The overall performance of the system is in the maintenance zone. The investigator submitted the necessary documentation and involved the key people to ensure that the family receives financial assistance. This prevented the family from losing their home and made sure their utilities were in working condition. The ongoing social worker followed through on recommendations that were made by the intake worker to ensure that services were implemented. Initially the social worker had difficulty engaging the mother; however, through her persistence she was able to engage the mother and the children and now has a good relationship with the family. The mother is no longer resistant and appears to be working cooperatively with the social worker to achieve safe case closure. It was evident that through the social worker's coordination and leadership the children were enrolled in school in a timely manner.

What's Not Working Now and Why
Due to the mother's resistance to CFSA's involvement with her family, she failed to provide the social worker with key background information. The mother did not inform the social worker of her involvement with the church and the availability of her extended family and friends in case of emergency. This information is critical considering the mother's history of domestic violence and the need to ensure that there is a safety plan for the family. This lack of knowledge placed the social worker at a disadvantage and made it more difficult for her to implement services. Additionally, the children's medical needs are being delayed due to the mother's failure to secure an appointment. The social worker has left it up to the mother to obtain an appointment, and as of the date of this QSR, the children were still without current physicals.

Six Month Forecast/Stability of Findings
Based on the review, it is expected that this case will remain status quo and will be closed within the next three months.

Practical Steps to Sustain Success and Overcome Current Problems

1. The social worker should initiate contact with the medical provider to schedule an appointment for the children. Additionally, the social worker should follow through to ensure that the children attend the scheduled appointment.
2. The social worker should explore with mom the key supports in her life and document a safety plan as outlined by the mother, in the event her abuser should return to the home.
3. The school seems to be knowledgeable about the children and should be utilized as a resource for the family.
4. Since the mother is resistant to a referral to the collaborative, it is recommended that the social worker provide the mother with written resources that she can access on her own (i.e. written information on the services that the collaborative provides and written information on domestic violence services).

60-day Follow-up

1. Children received physical examinations in February 2007 (one week after QSR).
2. The social worker reports discussion of resources and safety plan is done on an ongoing basis. Mom is still refusing domestic violence counseling and therapy. The abuser (mom's ex-boyfriend) has been out of the home for almost five months, and her husband recently came home from jail two months ago and is now in the home. The social worker has no reason to suspect issue of DV is current in the home, but has discussed safety plan with mother and gave mother phone numbers to Access Helpline and CFSA DV specialist.
3. All children are currently in aftercare at their school, but this will terminate once the school year ends. The social worker is still waiting for Child Development Center (CDC) to process application for the daycare voucher. The mother got immunizations updated in February to complete the DC Health form, and the social worker submitted the application initially in early April. CDC misplaced the application and the SW re-submitted it last week.
4. The social worker reports mom is still refusing counseling services. The social worker reports mom is not meeting with assigned Collaborative worker to work on budgeting, but mom has not had any utilities disconnected in the past three months and has not asked for any food vouchers. The social worker did give mother info on food pantries in the city.

Quality Service Review
Written Case Summary

Case #6
Review Date: March 14 and 15, 2007
Youth's Placement: Birth mother's home

Person Interviewed (8): Birth mother, CPS social worker, social worker, supervisor, CFSA substance abuse specialist, CFSA domestic violence specialist, and two CFSA nurses

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 mother, stepfather and five-month old sister. The child has no contact with his paternal family. This family first came to the attention of the Child and Family Services Agency (CFSA) in January 2005, when a report was made to the hotline regarding the physical abuse of the focus child. In this report, it was stated the mother was using crack cocaine, and the focus child had scratches all over his body and reportedly cried all night. The child was later diagnosed with eczema, and due to that, had scratched himself. It was reported the child was receiving treatment. During this investigation, the other denied the allegations of her using crack cocaine, but did admit to using marijuana. She also stated that she was not receiving any drug treatment services, but had attended a mental health program to receive treatment for depression. It was also reported that the mother owed $2,275 in back rent and $700 to Pepco. According to the agency record, this case was closed due to the family receiving services from Bread for the City.

A second report was made to the hotline in November 2006, when a nurse called to report the mother's newborn daughter tested positive for cocaine. Upon further investigation, the mother admitted to using cocaine prior to her daughter's birth, but stated this was her first time using an illegal drug. It was also discovered that the mother has six other children. She reported two resided with their father and four were in foster care in Virginia. Her parental rights were terminated in this case. The mother also admitted to having a history of domestic violence with her husband. She stated that she is concerned about his drinking and subsequent emotional abuse and threatening behaviors in the home.

The goal for this case is safe case closure with the youth remaining in the home. However the mother's substance abuse problems and the escalating domestic violence in the home could impede this case from being closed in a timely manner.

Child's Current Status

The social worker did not express any safety concerns regarding the physical caretaking of the target child. The social worker and the mother reported that the child attends an early intervention program to address his speech and language issues. There was some concern over the child's behaviors in the home and school. The mother and social worker stated they felt that the child was overly hyper, and therefore hard to control. In addition, the mother stated that the child's teacher expressed concerns regarding his hyperactivity and recommended that the child

be evaluated by his pediatrician. The mother expressed an interest in getting him evaluated and possibly learning new techniques to better control his behavior. The focus child will be aging out of his current early intervention program, and a meeting has been scheduled to discuss placement options. Arrangements are also being made for daycare for the target youth and his infant sister. According to his mother, the target child is receiving medical services for his eczema, and it has reportedly gotten better. In addition, the youth is unlikely to move from his mother's care.

Parent/Caregiver Status

The child's mother is able to provide adequate physical support to the focus child. She provides emotional support to him and is engaged and participates in the case planning process. She actively attends educational meetings and is participating in the target child's transition into a new school setting. In terms of progress for safe case closure, the mother continues to actively engage supportive services to address her substance abuse problems. She reportedly attends daily substance abuse support groups and has a sponsor. She participates in a local employment program and is hoping to begin working soon. Additionally, she hopes to enroll in an adult education program in order to receive her GED.

Factors Contributing To Favorable Status

There are several strengths in this family. The target child is enrolled in an early intervention program to address his speech and language issues. He receives appropriate medical care. The mother's relationship with the target child is reportedly loving and emotionally supportive. She also maintains a positive outlook regarding her son despite her concerns regarding his behavioral issues.

The mother is currently optimistic regarding staying sober from alcohol and drugs. She is aware of her dependence on illegal substances and in turn puts things in place to divert her from relapsing, such as seeking out a substance abuse support group, maintaining contact with her sponsor, and limiting her access to large amounts of money. The mother is hoping to begin working soon, and has asked her social worker for resources concerning daycare. The target child's mother also displays a willingness to work with the agency obtaining employment in order to maintain a positive living environment for herself and her family. The mother has also sought out domestic violence services for herself and her husband. She is aware of the deteriorating situation and hopes that counseling will be put in place so the situation does not escalate, and jeopardize the placement of her children.

Factors Contributing to Unfavorable Status

An unfavorable factor that could possibly affect this child's status is his behavioral issues presented at home. The mother has reported that the target child displays behaviors that are hard to control. She does not want to risk going to the extreme in his punishment, however she feels "time out methods" are not effective. The social worker has also stated the mother appears to be overwhelmed in maintaining the behavior of her son.

Another unfavorable factor on this case is the mother's inconsistency in adequately communicating with her social worker. The mother stated several concerns and/or components of the case that she had regarding her case, but had not communicated these concerns to her social worker. These issues include: her desire for support at the target child's upcoming

education transition meeting; a desire to obtain her GED; an upcoming child support enforcement hearing on behalf of the target child; and a pending child support enforcement hearing in Virginia on behalf of the mother's older children who reside in that state. It appears as though the mother often does not disclose information to the social worker because she is "waiting for [the social worker] to ask me." This may not be an impediment to case closure, but it could impact the amount of positive support the mother may be able to receive prior to case closure.

SYSTEM PERFORMANCE APPRAISAL SYMMARY

What's Working Now

There are many positive aspects in this case. The CPS and ongoing social workers both completed appropriate referrals to the domestic violence specialist, substance abuse specialist, and the agency nurses for this family. These agency staff members have provided services or have attempted to provide services in a timely manner. The social worker and supervisory social worker have both stated the target child's mother is the primary lead on the case. The social worker has been able to work with her in order to receive appropriate services (i.e. daycare). The social worker regularly meets with the target mother and has engaged the mother in case planning. The target mother is open to the social worker's direction and feedback, and, because of this, the social worker has stated the case is stable enough for it to be closed in the next six months.

What's Not Working Now

Despite referrals that were made in this case, such as domestic violence and substance abuse, there is a sense of uncertainty regarding what specific services will be offered to this family and when the implementation of these services is to begin. For example, at the time of the review, the domestic violence specialist had only had one contact with the mother. As CFSA does not provide any direct domestic violence services, all counseling or services would be provided by an outside community program. There has been no formal teaming around domestic violence safety planning with this family.

In addition, this case is open within the agency due to the mother's substance abuse use, yet there are only self reports of the mother attending support groups and abstaining from substances. There are no measurable goals related to providing evidence of the mother's sobriety. Despite all other parties involved, the mother reports the team as being herself and her social worker.

The goals in this case are not measurable. The mother has stated she is aware of what she needs to do in order for the case to be closed, but has not seen the written case plan. She knows she has to "stay off drugs," but there are no measurable tasks to assess this goal. The social worker agreed that sign-in sheets for substance abuse support meeting may be a good idea. In addition, the child's stepfather has not been engaged at all. The domestic violence needs to be assessed through the agency's domestic violence specialist, the ongoing conversations between the mother and the social worker, and other supportive service providers.

Six-Month Forecast/Stability of Findings
Based on the strengths and leadership ability of the mother regarding maintaining sobriety, seeking out services for domestic violence, and medical/behavioral intervention regarding target youth's behavior, the status of this case has been rated as likely to improve.

Practical Next Steps

1. Assess behavioral concerns related to the target child. Continue discussions with target child's mother regarding her concerns about his hyperactive behavior and the teacher's recommendation for the child to be evaluated by his pediatrician for ADHD. Follow up with target child's mother regarding scheduling medical appointment for target youth to be assessed. Continue to support the mother in identifying ways to appropriately manage the child's behavior at home.
2. Locate and engage other supports for the mother. Attempt to engage the target child's stepfather in the overall goals of the case. Locate paternal family of target child as possible supportive resources. Identify options for child support. The mother has an existing child support enforcement hearing scheduled and the social worker may be an additional support for the mother if she desires her assistance.
3. Educate mother on available resources. Identify resources in neighborhood for mother regarding food, educational classes (GED) and daycare.

60-day Follow-up

1. The social worker reports that the mother has not followed through with having the focus child evaluated. When they spoke, the mother reported that she had some anxiety about having the child placed on medication. The social worker spoke with the mother and the child's step father regarding keeping track of the child's behaviors and reporting their observations with the child's pediatrician.
2. The social worker met with the mother and discussed the focus child's birth father and child support issues. The mother stated she will be attending the child support enforcement court hearing on behalf of the focus child and discussed her fears surrounding this hearing. The mother reported there were no other paternal resources for the focus child. The only supports she had were from her husband's family (his father and brother).
   The social worker met the focus child's step-father for the first time. The mother reportedly asked to discuss things further when her husband was not present.
   The focus child's step-father telephoned the social worker to discuss the case. He admitted to hitting his wife but in self-defense. He discussed her drug usage and his own drinking. He agreed to counseling and wanted help for his wife.
   The social worker met with the mother and her husband. The mother admitted to using substance again and expressed that the domestic violence was an excuse to use. They discussed domestic violence, substance abuse, and parenting issues. Social worker discussed APRA services and domestic violence counseling. The husband indicated that was willing to participate in any services that would help improve the situation. According to a contact note, the social worker will complete referrals to the domestic violence counselor, substance abuse treatment, and counseling for the husband.
3. On March 21, 2007, the mother reported that she was employed. She also requested a referral to a food pantry. Social worker agreed to provide information on food pantries

and fare cards. Social worker returned and provided the food pantry information to the focus child's step grandfather, who was babysitting. Later, the mother reported that she was no longer working and her family continued to struggle with food even though she was taking advantage of local resources. Social worker provided the mother with a furniture voucher. The social worker continues to have concerns related to the mother's ability to maintain food in her home. There is a concern that the mother would sell food vouchers in order to support her drug needs.

Additional Comments

Since the QSR, there has been a documented increase in domestic violence and drug usage on behalf of the mother, which has impacted the recommended next steps of this case. Reportedly, the mother and her husband were both arrested on domestic violence charges and the husband was arrested a second time. As the domestic violence escalated, the mother discussed leaving her husband. The social worker was able to provider her with emergency referrals and various crisis management assistance in order to assist her in keeping her and her children safe. As of May 2007, the mother was still residing with her husband and provided the social worker with several reasons as to why she could not leave.

In addition, the mother has reverted back to using substances. The children have been assessed and their care has not visibly deteriorated. The focus child's step-grandfather has continued to provide babysitting support to the family, and as far as it is known to the agency, the children have not been left unattended. The social worker has continued to provide case management to this family, although most of her responses have been crisis responses due to the domestic violence issues reported by the mother. In May 2007, the social worker reported that the mother refuses to work with her and has requested a new social worker. Currently, the supervisor is working with the family. Due to the deterioration of this case, the social worker does not foresee this case closing within several months.

Quality Service Review Case Story
Written Case Summary

Case #7
Review Dates: March 14-15, & 20, 2007
Youth's Placement: In-Home

Persons Interviewed (4): Social worker, supervisory social worker, daycare provider, biological mother (via telephone)

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The target child in this case is a four-year old, African-American male. He currently resides with his mother and three sisters, ages 15, 10, and one. The target child also has an older brother who has been missing for thirteen years, since age 10. This family's case became known to the Child and Family Services Agency in September 2006 after a hotline call was received regarding the target child's 10 year old sister and mother. The caller reported that the target child's sister disclosed her mother physically abused her by beating her with a belt, often leaving welts on the youth's skin. The caller stated, at that time, no marks or bruises were observed on the youth. During the investigation the mother also revealed she smoked marijuana in the home while the children were present. After the investigation, the allegation of physical abuse was inconclusive and the allegation of substance abuse negatively impacting parenting was unfounded. The allegations of exposure to illegal drug activity were substantiated for all children and the allegation of educational neglect was substantiated for the child who was the focus of the report. This case was transferred from intake to an In-Home unit in November 2006.

In addition to the aforementioned allegations, this family has been impacted by domestic violence and the mother's unaddressed mental health needs. The target child's father, who is the perpetrator of the domestic violence, is no longer living with the family and is not currently involved in the target child's life.

Child's Current Status

The target child attends head start at a daycare center located across the street from his home. All persons interviewed describe him as being upbeat and well-adjusted with his mother and siblings although there is sometimes discord between he and his sisters. No persons expressed concerns of developmental delays and described his emotional and behavioral characteristics as mostly age-appropriate. His mother reported he has recently begun wetting the bed and is worried this may be a result of his father leaving the home. Since leaving the home, the target child's father has had no contact with him and there is no involvement with paternal relatives. The target child's daycare provider stated he is actively engaged with the other children and seldom needs discipline or redirecting, but there have been instances when he has cried for his mother or to go home.

The target child's home environment is both stable and permanent. His family has resided in the same apartment for four years and there is no concern that he will be removed from his

biological mother. The target child's school placement is also stable. He has attended his current daycare center since July 2006 and will transition from daycare to kindergarten in the fall. The target child's mother has identified the new school placement and is aware of the requirements for enrollment.

Overall, the target child appears healthy and is of average height and weight for his age. He is up to date on his physical examinations and his immunizations are current, however he is overdue for a dental exam. Per report, the target child is asthmatic and has missed days from daycare due to this medical condition. He does not receive medication for asthma at the daycare center and there is no plan in place should an asthma attack occur while at daycare.

Parent/Caregiver's Status

The target child's father, who also fathered his one-year-old sister, married his mother in October 2006. They separated one week later and the father left the home. Per report, he frequently verbally abused the mother in front of the children. In February 2007, he returned to the home and reportedly dragged the mother and the target child's youngest sister out of the home. The police were called to the home, but the mother did not press charges because she was informed by the police that she would also be arrested. The mother filed for a temporary Civil Protection Order (CPO) following the incident and was granted a full CPO in March 2007.

The target child's mother is unemployed and has limited work history. She reports working as a cashier and security guard several years ago. She also does not have a high school diploma or GED. Her husband was the financial provider for the family and since his departure she has struggled to maintain household bills, which are now in arrears. She receives $449 in TANF and $389 in food stamps monthly. There is also an open welfare fraud case against the mother. Reportedly, the mother continued to receive benefits for her eldest daughter, who was not in her care and was temporarily residing with her paternal grandmother. The mother currently owes over $13,000 to TANF, but does not have the financial means to repay it. Additionally, as a result of the fraud case, her eldest daughter has no medical insurance. This is a problem because there are concerns that she may be pregnant or have other medical issues; which require immediate medical attention. .

The target child's mother reported history of sexual abuse by different relatives and admitted to smoking marijuana in her home. She also reported feelings of depression and grief related to the disappearance of her oldest son thirteen years ago. She reports that she has never been given a psychological diagnosis, but was prescribed Prozac six years ago and refused to take it. She was not involved in any form of counseling until October 2006, when she sought out therapy for herself. The therapy, however, lasted briefly, due to the fact that the mother did not have a telephone and the therapist would come to the home unannounced. The mother was only able to meet with the therapist twice. Due to scheduling difficulties, she is currently not receiving therapy.

Factors Contributing to Favorable Status

The target child's mother is able to identify her individual needs as well as those of her family. She sought therapeutic services for her and her daughter prior to her case being open with CFSA. She also has some understanding of the effects of the domestic violence on her children. She

was able to recognize the target child's recent bed wetting as a possible sign of his father no longer being in the home. She advocated having her daughter evaluated for special education services. The evaluation was completed and her daughter is not behind academically, but there are still concerns of emotional disturbance.

After the domestic violence incident in February, the mother filed for a Civil Protection Order (CPO) against her husband and filed an order for child support. She has a court hearing for the child support in April.

Factors Contributing to Unfavorable Status

While the target child's mother is able to identify her family's needs, she seems unmotivated to follow through with services that will assist in stabilizing her family. For example, she expresses minimal finances and lack of employment as her biggest challenges, however, she began a welfare to work program, but did not complete it. She also mentioned wanting to pursue a GED and needing assistance with childcare for her youngest daughter. When offered information on a GED course that offered childcare, she did not follow up on it. Additionally, the mother has little familial or community support. Her sister lives in her neighborhood and her parents live in Maryland, but are unable to provide financial assistance or child care when needed. The target child's paternal relatives are not involved and there were no other family friends identified as supports.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The CFSA social worker appears to have an adequate understanding of the family's needs. Although the mother was not actively included in the case planning process, the social worker has discussed the goals for safe case closure with the mother. These goals include the mother participating in Domestic Violence (DV) counseling, completing a GED and parenting classes, and securing employment. The social worker is also concerned with the oldest daughter's health needs and would like those to be addressed and her insurance reinstated prior to case closure. The social worker has implemented some services that are needed for the family. For example, after the DV incident, the social worker spoke with the mother about the DV services provided by CFSA and submitted a referral for a DV assessment. She also provided the mother with information on GED classes that offer childcare and submitted a referral for parenting classes. During the holidays, the social worker provided the family with food baskets and toys for the children. Recently, the social worker has submitted requests for furniture and clothing for the children, but the vouchers are not yet available.

What's Not Working Now and Why

There are several service providers that can be brought together to form a team for this family including the daughter's community support worker, the case manager from the Domestic Violence Intake Center, the CFSA domestic violence specialist, the CFSA substance abuse specialist and the therapists, once reinstated, but the social worker has not identified or communicated with these service providers to form a sufficient team. The social worker reports attempting to contact some of the providers via telephone, but no collective planning for this

family has occurred. The social worker has been identified as the team leader, but has not coordinated services in collaboration with other team members.

The mother has disclosed to the social worker that she is still in need of therapeutic services to address her past sexual abuse and issues of grief related to the disappearance of her son thirteen years ago, but these services have not been reinstated. Further, due to the lack of a telephone, it is difficult to connect with this family. Thus, it is necessary for service providers to put forth more effort to make and sustain contact with the family.

Six-Month Forecast/Stability of Findings

There are several factors that could cause this family's situation to decline over the next six months. Primarily, the mother's lack of finances is of great concern. She is unemployed and her only source of income is TANF. Most of her utility bills are currently in arrears and she does not have the financial means to bring her balances up to date. Secondly, if the mother's unaddressed mental health issues and daughter's behavior issues are not properly addressed, it could affect their ability to function successfully. Thirdly, the perpetrator of the domestic violence could return to the home and re-abuse.

Practical Steps to Sustain Success and Overcome Current Problems

1. Refer family to a collaborative agency to assist the mother in budgeting, exploring financial assistance programs, seeking employment, and obtaining daycare
2. Increase communication with other service providers and encourage mother to participate in team meeting with CFSA DV specialist, Domestic Violence Intake Center (DVIC) staff person, daughter's community support worker, therapist (once reinstated), and CFSA substance abuse specialist to discuss available services and reiterate requirements for safe case closure.
3. Meet with daycare provider and mother to create a plan of action in case of an asthma attack at daycare.
4. Follow up on:
    a. Individual therapy for mother and daughters and psychological evaluation for mother
    b. Furniture and clothing vouchers
    c. Dental exam for target child
    d. MST referral

60-day Follow-up

1. The social worker reported a referral was made to the Far Southeast Collaborative, but there is no copy of the referral in the case record. Additionally, in a FACES contact note the social worker wrote that the mother refused to sign the Collaborative referral because she did not want anymore people coming into her home.
2. The social worker reported she attempted to contact the daughter's community support worker by leaving four messages since the QSR but has not received any return calls. The social worker stated the mother refuses to meet with the DV and Substance Abuse specialists.
3. The social worker spoke with mom about sending an asthma pump to school with the focus child in case of an asthma attack. The social worker attempted to meet with the

teacher but was unable to because mom refused to sign release form. The social worker reported mom told her she sent an asthma pump to school for the focus child.

4. Follow-up:
    a. Individual therapy - the social worker called Access Helpline with mom to schedule evaluation for mom and her oldest daughter. The social worker later learned mom missed intake appointments and did not reschedule.
    b. Furniture and clothing vouchers - still pending, no time frame of when they will be available
    c. Dental exam - focus child's dental exam is scheduled
    d. MST referral - focus child's sister is not eligible for MST because she does not have an Axis I diagnosis. The social worker will contact DMH liaison to obtain copy of referral for the record.

Quality Service Review
Written Case Summary

Case #8
Child's Placement: In Home
Review Dates: March 12 – 13, 2007

Persons Interviewed (14): Target child, mother, In-home social worker and supervisor, CPS social worker, school personnel (attendance counselor, school counselor, special ed. classroom teacher, director of student services, and two additional school staff), GAL, CFSA nurse and nurse case manager at Healthy Babies Project.

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The target child is a 14-year old African-American female who is the third of six children and is the mother of an infant. She resides at home with her mother and three younger siblings, ages three, one, and three months. The current plan is to work towards a goal of alternative planned permanent living arrangement (APPLA).

The target child and her family became known to the child welfare system initially in July 2005, when a report was received by the hotline alleging that the mother was a substance abuser and was not providing appropriate care to the children. The allegation was inconclusive and no case was opened. In January 2006, a second report was received stating that the mother had given birth to a baby and both mother and child tested positive for crack/cocaine. The allegation of substance abuse was substantiated and a case was opened. In January 2007, the hotline received two separate reports on the mother. The first report stated that the mother had another baby and both mother and baby tested positive for crack/cocaine. The second report alleged educational neglect of the target child and the mother's failure to ensure that the target child received prenatal care. The allegations were substantiated and the case was connected to the open case.

Child Current Status

While the target youth is safe in her home and community, she is currently not attending school. It was reported that the target child's father has legal custody of her and she should be in his care; however, she has been residing with her mother. Apparently this was an arrangement made between the parents outside of the legal custody order. Reportedly, she has been with her mother for approximately a year and plans on remaining in her mother's home. The target youth has been in the same school since September 2006 and is receiving special educational services for her learning disability; her IEP is also current. However, she has a truancy problem and the school reported that they are in the process of filing court papers on the mother. According to school personnel, the target youth missed 12 days of school between September and December and has not been to school since December 2006. The youth is currently failing the seventh grade. School personnel reported that due to the youth's absence in school they were not aware that she was pregnant and only became aware of the pregnancy right before the target youth gave birth to her daughter. According to school personnel, they are currently in the process of submitting a request for a Visiting Instructor for home school for the youth, however, it is not

certain as to when or if this service will be available to the target youth. Her classroom teacher described her as having a very nasty and negative attitude. However, there were no significant behavioral problems reported by the school.

As stated earlier, the target youth recently gave birth to a six and a half month premature baby girl, who currently has some medical complications and is expected to be in the hospital for approximately two months. The youth had a Cesarean delivery and appears to be doing well. Prior to delivering her baby, the target youth reportedly had only two prenatal medical appointments. According to the target youth, she was not aware that she was pregnant until she started to get sick around her fourth month and had a pregnancy test. Apparently her mother was also unaware of the pregnancy until after the test. The target youth appears to be adjusting well emotionally regarding being a mother and reported that she was excited and believes she will be able to handle being a mother with the help of her older sister and "sometimes my mother". She further reported that her mother is very supportive. Although the target youth presents herself as emotionally ready to be a mother, it is the reviewers' concern that she does not understand the full implication of being a mother and how this will significantly change her life. Furthermore, due to her developmental delays this could become an overwhelming and challenging experience for her.

It should be noted that the target youth is involved with the Healthy Babies Project at the Perry School, where she is receiving counseling on teen pregnancy and parenting classes. Reportedly, she missed two parenting skill classes, due to the birth of her baby and will have to wait until May to start over; however, she is still attending the counseling classes and is involved with other supportive services around teen mothers. Additionally, the program offers in home nursing services for babies 0-2 years and plan to provide this service to the youth once her baby is home. In regards to her life skills development, she is currently learning the skills necessary to be a parent.

The target youth was described by some of the parties interviewed for this review as being "parentified." It appears that she is very involved with the caring of her younger siblings and has demonstrated to not only her social worker, but the nurse from CFSA her level of understanding regarding the care of her younger siblings. Reportedly, at a home visit by the nurse from CFSA, the target youth was the one who engaged the nurse in conversation about her siblings and not the mother. Since the birth of her daughter the target youth has been visiting with her daily and seems to be aware that there are some medical concerns regarding her daughter. Her understanding of the extent of the medical concerns for her baby is questionable.

Parent Status

The overall parent status indicator was in the improvement zone. The mother is 41 years old with six children ranging in ages between 19 and three months, of which the last three are under 3 years old. It should be noted that the last two children of the mother were born positive to cocaine. According to the mother, she has not followed through on the referral for substance abuse treatment and is currently not receiving any treatment. She reported that she has been drug free for several months, however, hospital records indicated otherwise, since she was positive for cocaine in January at the birth of her son.

The mother has failed to provide adequate physical support to the target youth. She knowingly kept the child out of school since December 2006 and once she was aware that the target youth was pregnant, she failed to provide her with prenatal care. Due to the target youth's delivering her baby early it was recommended that she receive visiting instruction at home, however the mother did not provide the school with the appropriate documentation in a timely manner, which delayed the application for the visiting instructor. Furthermore, the mother does not correspond with the school regarding the target youth and has failed to discuss her daughter's truancy issue with school personnel, who have made several attempts via telephone and home visits to meet with the mother. Reportedly, the target youth has been visiting with her baby alone and the mother does not accompany the youth, considering that the youth had a cesarean delivery, which could make walking and lifting a little difficult. In spite of the mother's failure to provide adequate physical support to the target youth, she has been able to maintain a close relationship with the youth and seems to provide her with adequate emotional support.

Based on this review it was noted that the mother is currently not working on any of her service agreement and is not progressing towards safe case closure. The mother reported that she was referred to Healthy Babies for parenting class; however, she has not started the class. A referral was also made to the collaborative for supportive services for the family, but the mother refused this service. Finally, mom's substance abuse issue is not being addressed.

Factors Contributing to Favorable Status

The GAL seems to be very involved with the family and is very instrumental in ensuring that the target youth's needs are being met. The GAL maintains close contact with the hospital regarding the target youth's child and provided transportation to youth to ensure that she is present at the hospital for meetings regarding the medical status of her child. Additionally, the GAL also followed up with school personnel to ensure that the target youth's educational needs are being addressed. The maternal grandmother is in the home and provides assistance to the mother with the children.

Factors Contributing to Unfavorable Status

The mother has had a known history of substance abuse since January of 2006, and to date has not complied with recommended substance abuse treatment. The mother now has two babies who were born positive for cocaine. Furthermore, she has refused supportive services from the collaborative, which was a recommendation at the Family Team Meeting, and has not yet started her parenting class with the Healthy Babies Project. Reportedly, the mother informed the program that she is only interested in completing parenting class, but has not followed through and is not enrolled for any classes.

The target youth gave birth to a premature baby with medical complications and the mother has not been involved with the hospital to learn about the child's condition in order to prepare for the baby's discharge home. In addition, the target youth is failing the seventh grade and even though the school is requesting a visiting instructor to go to the home, there is no guarantee that the youth will receive this service.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
Even though the current social worker has had the case less than two months, she has a clear understanding of the family's needs and her assessment of the family's situation, and what the mother needs to do seem to be on target. She was able to identify all the safety risks for the children in the home and has made efforts to implement recommended services. The social worker was able to establish a relationship with the family and visits with them on a regular basis. The GAL has played an active role with the school to ensure that the target youth's educational needs are being met. Both the social worker and the GAL have been involved with the hospital regarding the target child's baby and the social worker has referred the youth and her baby for services through Office of Clinical Practice. Reportedly, there are some medical concerns regarding the baby.

Based on the two reports that were received by the agency simultaneously in January 2007, which indicated that the mother was still a substance abuser and the children's safety were at risk, a Family Team Meeting was held. Apparently, in this case, the GAL seems to be doing most of the coordination and leadership and maintains contact with everyone who is involved with the family. Furthermore, the family also seems to rely on the GAL for information as it pertains to the case. Although there was no evidence of any teaming in this case, there appears to be a lot of communication amongst all the participants involved in the case.

What's Not Working Now and Why
The mother's lack of cooperation and participation with the case planning process has made it difficult for the social worker to properly engage her with the implementation of services. Apparently, a year ago the agency recommended for the mother to complete substance abuse treatment, due to her son being born positive for cocaine. However, a year later she is still without treatment and gave birth to a second child born positive for cocaine. At the time of the QSR, the mother was still not involved in substance abuse treatment. Furthermore, the mother has refused a referral to the collaborative for supportive services and has failed to comply with services.

Six Month Forecast/Stability of Findings
There is a pending trial on this case which makes it difficult to determine where the case will be, as this would depend on the outcome of the court proceedings. However, if there is no court oversight and the target youth and her baby remain in the home with the mother and her three babies, considering the mother's non compliance; this case is very likely to decline.

Practical Steps to Sustain Success and overcome Current Problems

1. Social worker to initiate a meeting with the nurse case manager at the Healthy Babies Project to discuss the services they offer. Explore the options for the mother and discuss creative ways that the program maybe able to engage the mother, should she participate in their parenting classes, in accepting their in home nursing services for babies 0-2 years old.
2. Social worker to obtain in writing the specific wrap around services that Children's Hospital is providing to the target youth and her child. To ensure that the youth is

complying with the requirements set by Children's Hospital regarding the care of a medically and developmentally fragile infant.

3. Continued efforts should be made around the mother completing substance abuse treatment. Hopefully with court oversight there can be more concrete steps to monitor to ensure the safety and well being of the children in the home.
4. Based on the fact that the target youth is failing the 7th grade, it is anticipated that she will need to attend summer school. Therefore, the social worker should explore the youth's options regarding the appropriate school and child care for the youth's baby.
5. Explore the possibility of getting the youth an educational advocate, either through the Children's Law Center or through the court proceedings. The target youth is in special education and is currently failing school and may require some additional intervention to ensure that her educational needs are being met.
6. Work closely with the target youth to identify her baby's father and to possibly involve him in the Fatherhood Initiative Program.

60 Day Follow-Up

1. The meeting with the case manager at the Healthy Babies Project did not take place as of the date of this follow up. The social worker reported that she will contact the case manager and discuss having a meeting.
2. The baby was discharged from the hospital on 4/17/07; however, the hospital only provided temporary home services to the child. A nurse from the hospital visited the home on 5/18/07 to assess the child and to ensure that she was being appropriately cared for. This service lasted for three weeks and then was discontinued.
3. The social worker followed up with the mother on several home visit regarding her substance abuse use. On three dates there was dialogue between the mother and social worker about her reluctance to start detox and the seriousness of her drug use. The mother continued to be noncompliant and has refused to sign a release for social worker to follow up with drug program.
4. The focus youth is receiving a home tutor who comes to the house two times per week, and the social worker discussed with her the possibility of attending an alternative school in the fall. Social worker will identify a school with the focus youth.
5. The social worker reported that a request for an educational advocate will be presented in court at the next hearing.
6. The focus youth is still refusing to provide information regarding the baby's father. Social worker is unable to initiate any services with the father at this time.

Quality Service Review
Written Case Summary

Case #9
Review Date: March 12-13, 2007
Youth's Placement: In home

Persons Interviewed (5): Youth, CFSA social worker and supervisor, CFSA investigator, mother and sister (caregiver)

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth in this case is a 13-year old African-American male. The family's case is currently assigned to a CFSA In-Home and Reunification Unit social worker. The family first became known to CFSA in August of 1999. The focus youth and his brother, ages 5 and 11 respectively, were placed in foster care at that time. Mother completed an inpatient substance abuse program and spent an additional two months in an aftercare program for alcohol abuse. The focus youth's sister resided with a maternal aunt at the time from a previous arrangement prior to CFSA involvement. Both boys were returned to mother's care in August 2001 and the CFSA case was closed in August 2002. The youth's brother, now age 18 currently resides outside of the home.

Another referral for an investigation was received in March 2006. The case was substantiated for neglect/substance abuse against the mother for the focus youth and his brother. In May of 2006 the case was transferred to the In-Home and Reunification Unit. In January 2007, another referral for an investigation was received. The allegation of abuse/hitting was substantiated against mother for the focus youth. Mother was drunk at the time of the incident and had hit the focus youth with a cell phone charger cord. The police were called, mother was arrested and the youth went to stay his previous foster mother with whom he continued to maintain a relationship with after returning home in 2002. A temporary protection order against the mother for the focus youth was issued by the criminal court judge. Mother then made arrangements with her 26-year old daughter to care for the focus youth in her home until the protection order is lifted.

Youth's Current Status

The focus youth appears to be stable in the home at this time with his sister, but there has been no long term plan identified once the stay away order is lifted. There are no identified safety factors for this youth in home or at school. It is unclear when he received his last physical exam; however he appears healthy and had no reports of health concerns. He missed a recent dental appointment that his sister has to reschedule. He was diagnosed as being legally blind a number of years ago and is required to wear corrective lenses. He recently had an eye exam and will be getting new glasses. His physicals and check-ups are up to date. There are no reports of any criminal behavior, juvenile justice system involvement, or recent suspension from school.

The focus youth is a special education student and is currently in the 8th grade. He is expected to graduate this June and enter high school in the Fall. He stated that he is a little nervous about

attending high school. He has become very accustomed to his current school and the personnel there. The youth receives below average grades in school but is described as a good student. He is described as a model student by his school counselor. There are no concerns regarding his behavior at school or at home. He stated that he enjoys playing basketball and would like to attend an after school recreational program such as the Boys and Girls Club.

Although he stated that he enjoys living with his sister and nieces, he misses his mother very much and is very eager to return home with her. In accordance with the court order, he reported that he has not seen or spoken with her. He stated that he gets along with his mother and, in spite of the incident that precipitated his move to his sister's home, he wants to live with his mother.

It was reported that the focus youth displays some age-appropriate life skills. He has assigned chores, such as putting out the trash and light house cleaning. Both his sister and mother stated that he is very helpful around the house.

The focus youth is reported to have established peer relationships with other males. He often hangs out with friends from school and from his old neighborhood. He and mother have requested assistance from the social worker in getting a mentor since May/June of 2006 and would still like to have one. He seldom is in contact with his father and sees his older brother occasionally.

Caregiver's Current Status

At this time the focus youth's mother appears able to meet the youth's needs with some assistance from the social worker. Since the court hearings, mother was ordered to participate in several services. Mother reported that she attends a substance abuse program, AA meetings, therapy and medication for her depression, anger management classes, and completes 40 hours of community service and sees a probation officer for regular drug testing. Mother did not sign a release of information for CFSA, leaving the worker unable to verify her participation with these service providers.

Mother is aware that she needs to be sober and to "get herself together" in order to adequately care for the focus youth when he returns home. Mother stated that she is glad that her daughter is able to care for the focus youth and hopes that he could come back home soon. Mother broke down in tears during the interview as she described how much she missed the focus youth.

Mother appears to genuinely love and care for the focus youth and expressed how distraught she was over not being able to see and contact him. She stated that she was under the impression that the stay away order prevented her from being able to contact the focus youth via phone as well as in person. Mother stated that she would like some clarification regarding the stipulations of the order. Mother also expressed that she was feeling a little overwhelmed with the on slot of appointments that she must keep each week. She was able to show reviewers a desk calendar that she uses to keep track of all of her appointments. She also stated that she is very thankful for the community service that she must do as it keeps her busy and she feels less stressed.

The sister appears to have an emotionally supportive relationship with the focus youth. The focus youth's sister appears very capable of providing him with a safe and stable home. She has

identified, however, that financially it would be difficult to care for the focus youth on a long term basis without assistance. The sister is currently not working and plans to attend a welfare-to-work program in the near future once it is clarified (after court date) how long she will have to care for the focus youth. Mother currently receives SSI for the focus youth and uses these funds to pay monthly bills. If the sister were to become the payee of the SSI, her mother would be unable to pay all of her monthly bills. CFSA was able to provide a lump sum of $600 in cash assistance to the sister when the focus youth first went to live with her. The sister also reported that mother gave her $150 towards his care as well.

The sister has been able to follow up with reconnecting the focus youth to Lighthouse for the Blind where he can receive supportive education services, tutoring, access to summer programs an more. She stated that their maternal aunt is also a resource to the family and that the youth visits with this aunt often. The aunt also purchased clothing items for the youth when he came to live with the sister. The sister reported that the focus youth also visits with his previous foster mother often and has a strong relationship with her and her children as well.

Factors Contributing to Favorable Status

Several strengths have been identified for this case that can lead to positive outcomes. There appears to be a positive bond between mother and focus youth. The youth is described as behaving responsibly, well-mannered and respectful. He appears to have transitioned well from living with his mother to his older sister with no apparent disruptions. Supportive services have been identified (Lighthouse for the Blind) for the youth's continued education. There are strong familial supports in the older sister, maternal aunt and the previous foster mother in addition. With the most recent court involvement, mother is motivated to change and she appears to have the right services in place; anger management, therapy and medication for depression, drug testing, AA, etc.

An FTM was held in January with the sister, youth, maternal aunt, and previous foster mother. The same day, sister was given cash payment, clothing, toiletries and school supplies for youth, and a furniture voucher was submitted for a bed (futon or pull out couch) for the youth as well.

Factors Contributing to Unfavorable Status

There has been no purposeful communication with the mother on what reunification and ultimately safe case closure would look like. Mother was unable to attend the FTM due to the stay away order and has not participated in any other meeting to discuss the services plan and next steps since. She is unclear of the stipulations of the stay away order and is avoiding all contact with him to avoid a violation. Not having any verbal communication between the focus youth and mother is emotionally depleting for the both of them.

The long-term living arrangements for the focus youth are contingent upon the outcome of the criminal court hearings, which makes it difficult to solidify a plan for this family. However, a discussion with the family on all possible outcomes should occur.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The social worker and supervisor have a clear understanding and assessment of the case. The current issues and risks have been clearly identified. The worker maintains regular contact with the family members and the focus youth's school counselor. The youth has not exhibited any serious behavioral problems and is verbal with the social worker during home visits. The social worker has been able to provide supportive services such as cash assistance, clothing, and toiletry and school items to the sister for the focus youth. Requests for bed and dresser and were made for the focus youth to be placed in the sister's home.

What's Not Working Now
Although the social worker appears to have a good relationship with mother, further efforts must be made to fully engage her in the working relationship in order to actively plan for the focus youth and safe case closure. The social worker reported that mother refused to sign a release of information initially. There should be some exploration around her feelings for this and encouragement from the social worker to provide the family with a comprehensive service plan which requires communication with all service providers.

After the FTM, no formal meeting was held with mother to share what was discussed and to bring her in on service planning. Mother went from not participating in services, to having several appointments throughout the week. Supporting mother and helping her to clarify the services she is receiving and managing her time is essential to avoid her becoming overwhelmed.

Mentoring services for the focus youth are also not in place eight months after the family's request. Diligent efforts should be made to assist the family in the application process.

Six-Month Forecast/Stability of Findings
Currently the youth is in a safe environment, but given the current stay away order and criminal court involvement one cannot predict the stability of it. Mother is now enrolled in services to address her substance abuse and mental health issues. The child's status is likely to remain status quo over the next six months pending mother's progress in services and the criminal court findings.

Practical Next Steps to Sustain Success and Overcome Current Problems

1. Have a meeting with mother and sister to discuss:
   a. explanation of conditions of the order
   b. permanency/reunification plan for how to proceed if order is lifted
   c. explore options for financial assistance
2. Support youth in transitioning to his new school by scheduling a school visit and identifying the new counselor that will work with him.
3. Make diligent efforts to obtain a signed information release form from mother to contact her current service providers.
4. Follow up/make referrals for:
   a. a mentor for the youth
   b. after school activity for youth, ex. Boys and Girls Club

c. psych eval for mother
d. services from Lighthouse for the Blind
e. collaborative or other community agency for support in accessing community resources

5. Explore employment opportunities for both mother and sister. Mother has worked in the past as a HHA and may need to be recertified in order to return.

60-day Follow-up

1. The social worker reports that he made three attempts to schedule a team meeting with mother and her daughter. Mother has been cooperative and willing to participate, however the daughter (kinship caregiver) has not been following through with attending a formal meeting.
   a. After the most recent court hearing, the judge ordered a continuance of the protective stay away order until the next court date in October. The social worker states that mother is aware of the stipulations and perimeters of the protective order.
   b. The plan is for the child to continue to reside with his sister until the protective order is lifted, at which time he will return to the care of his mother.
   c. Mother is quite busy completing court ordered services and is focusing on completing her alcohol treatment program at this time. She is still the payee for the child's SSI and uses those funds to support herself. She and the sister have arrangement where she will provide $200 monthly to the child's care while he is with his sister. Since the review in March, the sister obtained employment at a fast food restaurant but reportedly quit after a short while. She continues to support herself through TANF/Public Assistance.
2. The social worker was able to obtain a signed release from the mother on June 1st.
3. Service referrals:
   a. The sister and focus youth were given the telephone number and address to their local Boys and Girls Club for a mentor. To date, the sister has not followed up.
   b. According to the social worker, the focus youth prefers to stay at home and play video games. Neither he nor his sister has made any effort in getting him enrolled at the Boys and Girls Club.
   c. Psychological evaluation for mother was completed; however, the social worker is having a difficult obtaining a copy from the mental health agency, although he has provided a copy of the release of information. He plans to obtain a copy of the report from the mother.
   d. The sister did make initial contact with the Lighthouse for the Blind and was able to get the focus youth a new pair of glasses. A staff person from the agency was supposed to come out the home to assess for the child's service need; the social worker will follow up to see if this occurred.
   e. A referral to a Collaborative agency was made for the sister. As per the social worker, the case was assigned to a Collaborative worker; however that worker is no longer employed with the agency, and it is unknown if another worker was assigned to the case.
   f. Verbal reports have been received from all of mother's current service providers.

Additional Information

A hotline referral was received alleging that the sister's boyfriend punched the focus youth in the face during a domestic violence incident between the boyfriend and the sister. An investigation has been initiated. The social worker will be making a home visit to follow up with the focus youth and his sister.

Quality Service Review
Written Case Summary

Case #10
Child's Placement: Kinship Foster Home
Review Dates: April 9 - 10, 2007

Persons Interviewed (10): Focus child, mother, maternal aunt (kinship provider), father, paternal grandmother, GAL, teacher, social work intern, judge and AAG.

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus child is a six-year old African-American male who is the third of three children. He resides with his siblings in a kinship foster home with his maternal aunt. The current goal is reunification with the mother.

The focus child and his family became known to the child welfare system in July 2005, when a report was received by the hotline, alleging that the mother struck her 16-year old daughter with a plant stand, pulled a knife on the child and placed it at her head. The mother was found to be high at the time of the investigation and was arrested for simple assault with a deadly weapon. The finding of the investigation was substantiated and the children were removed and placed in foster care. It should be noted that in July of 1998, a report was received by the hotline regarding the death of the mother's infant daughter. The death of the child was found to be accidental due to Sudden Infant Death syndrome, and the case was closed.

After the removal of the children, a family team meeting (FTM) was held, and the family requested that the children be placed with the maternal aunt. The focus child and his siblings were placed with their aunt in August of 2005.

Child Current Status

The focus child is safe in his home, community and school. He has been in the same school for two years and is now in kindergarten. The school reported that the focus child has good attendance, no behavioral issues, and is performing according to his age and grade level. Additionally, the school reported that there are no concerns regarding his developmental stages – he is doing excellent in all areas of his academics and his socialization skills.

The focus child was placed with his maternal aunt soon after he was removed from his mother's care and has remained in this placement. The child has adjusted well in his aunt's home, which was not a new environment for him, since prior to placement, he and his siblings spend a lot of time there. The focus child will remain in his aunt's care until he is reunited with his mother.

The focus child is current on all his medical and dental evaluations. He appears to be well cared for and seems to be on par with his height and weight for his age. His teacher reported that he is always well groomed for school and appears to be a relatively well-adjusted 6-year old child. It should be noted that everyone interviewed on this case agreed that the focus child was not only

charming and polite, but also progressing well. The focus child shares the home with his siblings whom he gets along with very well. He sees his mother on a regular basis, as she frequently visits his aunt's home and often spends the night. He also visits with his father and spends most weekends with his father and paternal relatives.

Parent Status

The mother is currently complying with her case plan, but it should be noted that she initially was noncompliant with regards to following through on referrals and participating in recommended services. This contributed to the slow progress in the case and the reason it took several months for the case to reach the point where reunification is achievable. The mother is now attending substance abuse treatment on a regular basis, and reportedly all her drug tests have been negative. She is now completing the last part of the program and is expected to begin individual therapy; she is also involved in family therapy with her two older children.

Reportedly, the mother had a psychological evaluation completed, which indicated that she had the following diagnoses: major depressive episodes, generalize anxiety disorder, phencyclidine abuse and alcohol abuse. The mother was referred to the Department of Mental Health (DMH) for the following services: case management, medication management and individual therapy. At the time of the review, she reported being followed by a psychiatrist and is taking Zoloft. However, the other services were not yet initiated.

The mother seems to have a close relationship with her children and maintains regular contact with the children at her sister's home. It was reported by the school that the mother is very involved with the focus child's school and accompanies him on his field trips. Although the children are residing with the aunt, the mother remains very active in their care and assists the aunt with caring for the children.

Caregiver Status

The maternal aunt appears to be providing appropriate care and seems to be warm and caring towards the focus child. She ensures that the child attends school on a regular basis and is well groomed and his medical needs are met. The aunt actively participates in meetings involving the focus child and follows through on recommendations to ensure that the child's needs are being met. She expressed concerns regarding the result of an evaluation that the focus child had, that she felt was contradictory to the child. The aunt was involved in a meeting held at the school to discuss the recommendations of the psychologist who completed the developmental evaluation.

The aunt appears to have a good relationship with the social worker and reported having no issues regarding the communication on the case and feeling as though she is a part of the team. There were concerns expressed about the implementation of services for the focus child, who is still awaiting a mentor since last court hearing.

Factors Contributing to Favorable Status

The mother has been compliant with her substance abuse treatment program and is towards the end of the program. The mother is on medication for her depression. The focus child has maintained regular contact with his mother and father. The aunt provides the children with an environment that fosters the relationship between the children and their mother. Should the

children be reunited with their mother, the focus child would remain at his current school and would continue to have regular contact with his maternal aunt.

Although the agency is not involved with the arrangement of visits between the children and the father, it should be noted that there is regular contact between the two. The father picks the focus child up on the weekend or visits with him in the maternal aunt's home. The focus child has a relationship with his father and paternal relatives.

Factors Contributing to Unfavorable Status
Even though the mother was referred to DMH for comprehensive mental health services, it appears that the mother was only receiving partial services. She is seeing a psychiatrist and is on medication, but is not being seen by a therapist. This is a major barrier, considering there are concerns regarding the mother's mental health and the decision for reunification. Although the focus child is visiting with his father on a regular basis, there is no inclusion of the father in the planning process. There is no concurrent planning with the father in the event mom should relapse or as a support for the mother once the children are returned home.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
All parties involved with this case appear to have a good assessment and understanding of what needs to happen in order to reach safe case closure. The communication amongst team members appears to be good. The same GAL has been on the case since the beginning, is very knowledgeable about the needs of the family, and seems to know the focus child very well. A developmental evaluation was completed on the focus child, and the psychologist made recommendations for the focus child based on this evaluation. Apparently, everyone on the case disagreed with the psychologist's recommendation and immediately took steps to refute the evaluation. The GAL initiated a meeting at the school to discuss the recommendations made in the report. The matter was presented in court and as a result the court deferred the recommendations made by the psychologist.
Prior to the current social worker coming on board, the case went through approximately four social workers; however, since the present social worker received the case, she was able to establish a relationship with the mother and got her engaged in the case planning process.

With the mother being more compliant with services, the goal of reunification seems more realistic and could possibly occur in a couple months.

What's Not Working Now and Why
The focus child sees his father on a regular basis and visits with both his father and paternal relatives occasionally on the weekends; however, the father and the paternal relatives have not been included in the case planning process. It should be noted that initially when the family first became know to the agency in July 2005, efforts were made to involve the father and paternal relatives in the process; however, due to a disagreement between the father, the paternal relatives and the agency, they removed themselves from the case.

Although the father and the paternal relatives were not working with the agency, they have been involved with the child and his family on a continuous basis. There is no concurrent planning taking place in the event things should not work out for the mother. Additionally, the father and his family are a significant resource for the child and his family and could be utilized as a support for the mother once the children are release to her care.

Six Month Forecast/Stability of Findings

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

Practical Steps to Sustain Success and overcome Current Problems

1. An assessment of the mother's needs to be completed in regards to services in preparation of reunification and supportive services in the community once reunification is achieved. (i.e. referral to the collaborative)
2. The social worker should explore and document all outreach efforts to engage the father and paternal relatives in the case planning process.
3. Conduct a follow up with the Department of Mental Health regarding the mother's compliance with services. This is critical, considering that her mental health status will be the deciding factor for reunification.
4. Follow up with OCP regarding the mentoring services for the focus child.

60-Day Follow-up

1. The assessment of the mother's needs is currently on hold, due to the crisis of her mental health problems. The social worker is currently trying to stabilize the mother's mental health situation before moving unto other services.
2. The social worker reported that she made several attempts to involve the father but received no response. This information was not in FACES; therefore, this specialist advised the social worker to document all her efforts. She reported specific attempts that she has made which also involve the paternal grandmother. The social worker reported that the case plan update is scheduled to take place in August, and she plans on inviting both the father and the paternal grandmother. This specialist requested that she invite the family via a letter and place a copy in the record.
3. The social worker reported she has been having some difficulty in working with DMH to ensure that the mother's mental health needs are being met. Reportedly, the mother has been without medication for about two months, and no one at DMH is addressing this issue. There are also concerns regarding the mother's new onset of forgetfulness and her capability of actually caring for the children. The social worker has requested for the mother's case to be transferred to a center closer to her house; however, this transfer is pending and it is uncertain as to how long before this will happen. In the meantime the mother is not receiving appropriate mental health care.
4. The focus child is receiving mentoring services. He meets with his mentor once per week and has met with the mentor approximately three times since May 2007.

Quality Service Review
Written Case Summary

Case # 11
Date of Review: April 9-10, 2007
Child's Placement: Birth Mother

Persons Interviewed (12): Target youth, birth mother, Guardian ad litem, school behavior coordinator and two other school personnel, social worker, social work intern, Assistant Attorney General (AAG), Magistrate Judge, community support worker, and child/family therapist

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 12-year old African-American male, who resides with his birth mother under protective supervision. He also resides with his step-father, and seven younger siblings. At the time of this review, the birth mother was pregnant with her ninth child. The focus child's mother has only disclosed the first name of his birth father.

The focus child became known to the Child and Family Services Agency (CFSA) in November 2005, when the birth mother's two youngest children were brought to the agency by the Metropolitan Police Department as the mother was unable to care for them. The week prior, the mother filed assault charges against her paramour (now husband). The birth mother also stated that she was two months pregnant with her paramour's child and admitted to using PCP as a method of terminating the pregnancy. The police indicated that the birth mother made suicidal threats and was transported to the hospital for a mental health assessment. Following an investigation, all of the children were committed to agency care. The focus child and his brothers were reunified with their mother in August 2006. His sisters were reunified in November 2006.

There were several additional child abuse and neglect reports regarding this family. In 2003, the birth mother and her newborn tested positive for PCP. This case was substantiated and opened within the agency. It was closed in November 2004. A second report was made in July 2005, indicating that the focus child was sexually inappropriate with one of his sisters. The recommendation and result was that he had to reside with his maternal grandparents. In September 2006, a report indicated that the birth mother physically abused at least two children. Lastly, in March 2007, it was reported that the birth mother had physically abused and neglected one of her youngest children. The report was unsubstantiated.

This case is managed by CFSA for full case management services. CFSA works in conjunction with a contract agency for individual and family therapy and community support. The focus child was receiving tutoring in school during recess, but the college students have finished for the year, so tutoring has ceased. The family has also received homemaker services, clothing vouchers, home security deposit, Christmas gifts, and other financial assistance.

Child's Current Status
Since his removal in November 2005, the focus child has had three foster care/kinship placements and multiple school placements. At home, the youth is parentified, and while the parties and the birth mother acknowledge this is not healthy for the youth's emotional well-being it, is a reality for this youth and his mother, especially with the coming of the ninth baby.

The focus child is healthy and is not currently taking any medications.

The focus child is currently in the sixth grade at a local charter school, where he does not receive any special education services. While his behavior in school has improved slightly, he is at risk of failing the academic school year. Until the time of this review, the youth was receiving tutoring services during recess at school. The birth mother, school, social worker, and the court recognize that the focus child could benefit from in-home tutoring.

Parent/Caregiver's Status
The birth mother achieved reunification with all of her children within one year and is engaged in services provided by a contract agency. She makes herself available for school meetings, CFSA meetings, and court hearings. She is currently receiving supports necessary to adequately meet the needs of the focus child and maintain the integrity of the home.

In terms of the focus child's step-father, multiple people refer to him as "just a body in the home." While he recently gained employment, he is not seen as providing emotional or physical support to the focus child or his mother. It is described as extremely difficult to engage him in case planning.

Factors Contributing to Favorable Status
There are several strengths inherent in the focus child. He is engaging, articulate, friendly, resourceful, and cares very much about his family. He is described as being very mature and a "great help to his mother." One provider called him "the rock" for his siblings. The youth described himself as smart, helpful, and fun. His three wishes were to stay a child forever, have a big house for all his family to live in with toys for his siblings, and to be "really, really rich." He added that if he were rich his mother could "buy all the new shoes she wants."

The fact that he has been able to engage in positive relationships with his therapist, community support worker, school staff, and CFSA staff shows his desire to connect with people and improve his life circumstances. He has very active and caring school staff, who appear very invested in his academic and emotional growth. In addition, he has connections with extended family members. He attends church weekly (three times per week) with a friend from school. Services that have been put into place for the focus child have supported him and aided in his improved behavior.

The mother also has several strengths which include resourcefulness, reaching out for support, being compliant with most services, and the love she shows for her children. The mother expressed a desire for all her children to achieve academically and to have a "better life." An important part of this case is that the birth mother achieved reunification with the seven children who had been removed from her care within approximately one year. She reported that she has

several supports including her step-father, school personnel, and the staff of contract agency. Her main support is her step-father who helps her on a daily basis (transportation, babysitting, financial assistance, etc.). In addition, the community support worker and therapist from the contract agency are very involved in this case almost on a daily basis. The birth mother reported that the community support worker "would do anything" for her family. It appears as though without the step-father or the community support worker's help, the birth mother may not be able to effectively care for all her children.

Factors Contributing to Unfavorable Status

While the focus child is described as very helpful and mature, it is clear that he is parentified. All parties, including the birth mother, are aware of this and have actively worked with the mother around allowing the youth to "be a child." At the same time, the youth's assistance and support to his mother is a reality of this case in terms of family functioning; with eight, soon to be nine, children. The birth mother needs all the help she can get, even from the focus child.

While there are no immediate safety concerns for the youth at home, school or in the community, there is still a lingering concern related to domestic violence in the home. As late as March 2007, the birth mother reported domestic violence. She vacillates between wanting to leave and staying with her husband. There were conflicting reports about whether or not the step-father is on the lease for the home. If he is, it may be difficult to get him to leave, should the birth mother choose to end the relationship. Parties, including the mother, indicate that the focus child is aware of what to do should the home become unsafe.

All parties, with the exception of the birth mother, expressed that the mother's husband was a negative aspect of the case and that he actually seems to "bring the mother down." He has a very negative relationship with the birth mother's aunt (there is a restraining order in effect) that limits the amount of physical assistance the aunt can provide the family. In addition, while the mother reported that she has multiple family members who help her with the children, she does not have the day-to-day support needed with so many children, especially with a husband who provides little-to-no financial, emotional or physical support. She would greatly benefit from increased social supports to supplement the assistance her step-father provides. This extra help could be crucial for the mother's recovery from having her most recent baby.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are many positive aspects in this case, including a core group of professionals who are providing services to the focus child and his family. Most of the professionals appear to have an in-depth assessment and understanding of the youth's current and future needs, especially regarding academic success. Everyone believes that this case will be closed in court within approximately six months, and that there is the potential for the case to be closed with CFSA within 12-15 months.

Other positive aspects include engagement of the mother in working with CFSA and the contracting agency providing community support and therapy. She makes herself and her

children available for meetings and services. It was reported that even when the birth mother initially does not agree with something, most of the time she "comes around" and complies.

Overall, there was a positive response regarding court interface in this case. Most of the parties indicated that they believe that the court cared about the youth and that his needs were being addressed. There was also a consensus that their individual views were heard and addressed by the court. Although, the birth mother stated that she felt the court did not listen to her regarding visitation for one of her other children, but for the focus child she was pleased with court.

What's Not Working Now and Why

The birth mother was unable to identify what she needed to do or what she needed to maintain in order to have her case closed. She stated that she has "done everything" that has been required of her.

Additionally, engagement of the step-father has been limited, although it appears as though this is the result of his unwillingness to participate and not for a lack of attempts made by professionals.

As previously stated, the birth mother, school, social worker, and the court recognize that the focus child could benefit from in-home tutoring, yet CFSA does not provide tutoring services for children who reside in their birth home. Free tutoring in the community has been difficult to identify, thus services have not been put into place.

Six-Month Forecast/Stability of Findings

Clearly there are many positive aspects in this case. The birth mother has worked hard to be reunified with her children and has several supports, both familial and professional. The focus child is cooperative with all services. There is a good team developed. The forecast for this case is the continuation of the status quo. There are concerns that the birth of the mother's ninth child and the lack of support from her husband have the potential to make the case deteriorate, and it will be up to the family and the team to closely monitor the birth mother's needs and coping skills.

Practical Steps to Sustain Success and Overcome Current Problems

1. Summer/daycare programs for the children to provide the mother with some respite while caring for her ninth child.
2. Write out clear and measurable goals for the mother to understand what she has to do to have her case closed.
3. Ongoing homemaker services with hours that best meet the needs of the mother.
4. Safety plan for the children should domestic violence occur. The CFSA Domestic Violence Specialist could assist with this. Plan should be very specific and placed in the record (i.e., older children will help younger children in finding safety - hiding in a closet, leaving the home; oldest children will attempt to leave the home to call the police department; birth mother will attempt to steer any argument away from the children).
5. Continue to encourage the birth mother to work with the Collaborative. She could benefit from a Collaborative worker teaching her in-home/hands-on parenting techniques and home management (budgeting/cleaning/schedules).

60-day Follow-up

1. Of the mother's nine children, the social worker indicated that the five oldest children are in summer camp, day care, or summer school. The four youngest are currently at home, but the social worker is assisting the mother with day care services for three of the four youngest. The newborn may be enrolled in day care if he is old enough at the time when the services are actually put into place.
2. The social worker indicated that goals have been written out in the case plan and that has been shared with the birth mother. He stated that he consistently reviews the goals with her.
3. Homemaker services were put into place twice for the birth mother during her pregnancy and after the birth of her ninth child. The social worker reported that he worked with the mother and the homemaker services on times that would assist the mother the most. Homemaker services have ended and will not be re-established.
4. The social worker reported that there have been no additional reports of domestic violence. Further safety planning was not needed.
5. The birth mother still refuses to work with the Collaborative, especially since she is heavily involved with Kidd International where she receives therapy for the children and community support. During the QSR the mother reported that she was highly pleased with the assistance she received from her community support worker. Kidd International services will continue after the case is closed in court and at CFSA.

Additional Information

The social worker indicated that he would be requesting case closure at the August 9, 2007 court hearing. Case closure is contingent upon the birth mother testing negative on four consecutive drug tests. It is also reported that the mother's husband is still employed and has increased his interaction with the children; such as babysitting. If the case is closed, the social worker feels that the birth mother will continue to work closely with the staff at Kidd International.

Quality Service Review
Written Case Summary

Case #12
Review Dates: April 11 and 12, 2007
Youth's Placement: Kinship Foster Home

Persons Interviewed (6): Youth, CFSA social worker, kinship foster father, AAG, GAL, school social worker

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth in this case is a 14-year old African-American male. The family's case is currently assigned to a CFSA out-of-home unit social worker. A referral was accepted at CFSA in June 2005 which alleged that the focus youth, age 11, and his then 14-year old brother were being neglected by their father. Upon investigation it was learned the father was unable to provide a stable home for the boys, and they were placed with a paternal uncle. After several months the uncle stated he could no longer care for the boys, and they were placed in April 2006 in their current kinship foster home with a paternal second cousin. The original goal was reunification with the father; however, he continued to struggle to maintain employment and find stable housing. In August 2006 the goal was changed to guardianship with the kinship foster parent.

The focus youth currently resides in the home with his now 16-year old brother, paternal second cousin (kinship foster father) and the cousin's four sons. The kinship foster parent is presently separated from his wife; however, she visits the home several times per week to visit the boys and assist with house management.

The father is currently living with the boys' aunt in DC and is very involved by visiting with the boys during the week and on the weekends. During the QSR it was discovered that the focus youth has a 15-year old sister who resides with the same aunt with whom his father is currently staying. The youth reported he maintains regular contact with her. They attend the same school, and he visits with her on the weekends when he sees his father. The boys have sporadic contact with their mother, who currently resides in a shelter with her two younger children and boyfriend.

Youth's Current Status

The focus youth appears to be stable in this placement. There is a guardianship hearing scheduled for May 2007, and the focus youth has expressed some concerns around what this would mean regarding him returning to his father at some point. There have been no safety factors identified for this youth at home or at school. His last physical exam was September 2006 and he received braces in October 2006 and goes for his scheduled dental check ups. The focus youth wears glasses and received his most recent pair in February 2007; however, at the time of the review he reported he has lost them again. The focus youth has no juvenile justice system involvement or recent suspensions from school. The focus youth is reported to have

established peer relationships and actively participates in extracurricular activities. He has no identified mental health issues.

The focus youth is a regular education student and is currently in the 8th grade. He is expected to graduate this June and enter high school in the Fall. He will continue to attend the same school, which includes grades 6-12. His 16-year old brother, 15-year old sister, and 13-year old cousin (son of the kinship foster parent) also attend this school. The assistant dean at the school reported that last year when he entered the school he had severe behavioral problems. Thus far for the school year he has improved almost 100% and has not displayed any behavioral problems. Academically, his grades are average to above average. He is currently training with the high school football team to prepare him to join in the Fall. He also attends the Higher Achievement Program once weekly, which is a community-based prevention program for teens. He was referred to and expects to be receiving tutoring in the near future to assist in areas he is struggling in, such as science.

Although he stated that he enjoys living with his cousins, he is very eager to go live with his dad once he has a stable place to live. He gets along with everyone in the home. However, there is some concern about inappropriate behavior between the focus youth and his 4-year old cousin in the home. During the review it was learned that the kinship foster parent was made aware of a situation where the focus youth was seen kissing his 4-year old son on the mouth. A referral was made to the CFSA hotline regarding this incident. The recent event raises concerns, as there was another incident reported to CFSA in August 2006 regarding the focus youth exhibiting sexually explicit behavior towards another one of his cousins.

The focus youth has no history of emotional problems. He has no mental health diagnosis, is not receiving, nor is he on medication. It was reported that the focus youth displays age-appropriate life skills. He is appropriately groomed and practices good hygiene. He has assigned chores, such as putting out the trash and light house cleaning. The foster father stated that he is very helpful around the house.

Caregiver's Current Status

At this time the kinship foster parent appears able to meet the youth's needs. He stated that financially it is difficult to care for all six boys and is concerned with what the guardianship subsidy would look like. He is still able to provide physical support for the youth.

He handled the incident between the focus youth and his son very well. He stated that he did not want to confront the youth without having a plan in place, as he did not want it to come off as being punitive towards him. He did speak with his son to try and ascertain what had occurred and asked for guidance from the CFSA social worker on how to handle it. Being the only adult in the household, he is committed to providing a safe environment for all of the boys.

The kinship foster parent works well with CFSA with some assistance from the social worker. The assistant dean at the focus youth's school stated that a dramatic change in the youth's behavior has been noticed since he began living with the foster father. The dean went on to state that the foster father is very involved and is responsive to the school.

Factors Contributing to Favorable Status
A number of strengths have been identified in this case. There appears to be a strong bond between the father and the focus youth. The focus youth gets along well with his siblings, the foster father, and his cousins. He also maintains regular contact with other family members, including his mother and paternal aunt. The focus youth has shown tremendous improvement behaviorally in school and is doing well academically. The youth has been in a stable placement for the past year that will most likely lead to a permanent situation in the near future. The youth actively engages in extracurricular activity with no reports of truancy.

Factors Contributing to Unfavorable Status
The new child abuse and neglect investigation may be unpleasant for the family to endure and could negatively impact the guardianship case. There needs to be careful planning and plenty of support given to the foster father and the focus youth to guide the family through this process.

Although the focus youth and foster father appear willing to follow through with guardianship, they still have some anxieties and questions regarding the hearing. A full explanation and opportunities to ask questions should be given to the family to ensure that their decision is an informed one. Consensus is needed for the guardianship to be finalized; therefore, both parents must also be brought in on the discussion.

There is currently no contingency plan in place if the goal of guardianship falls through and does not occur.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The social worker appears to have a clear understanding and assessment of the case. The current issues and risks have been clearly identified. The worker maintains regular contact with the family. The social worker worked hard to have the kinship foster father's licensing package completed and approved. She has also made a referral for tutoring for the focus youth. The foster father reported that of all the social workers he has worked with on the case, she is the most caring and the most responsive. The GAL and AAG have also stated that she is very proactive in the case and is prepared for all court hearings. In anticipation of the guardianship hearing, she already planned to have a Family Team Meeting inviting those most knowledgeable about guardianship to inform the family members and give them an opportunity to ask questions to make sure that they understand the guardianship process and what it means.

The social worker is viewed as the team leader and maintains regular contact with all parties involved. Good progress has been made on moving the family towards the case goal of guardianship.

What's Not Working Now
There were at least seven different workers assigned to the case since its beginning. This has caused a lot of information to be lost and not carried over to the current worker. The family has had to get used to a number of different social workers without much explanation. The foster father did report that he is very pleased with the current worker.

There is no concurrent plan in place if the goal of guardianship is not achieved. Other familial supports should be explored. Until the QSR, the social worker was unaware of the sister or the paternal aunt. Ongoing assessment of family connections and visits must occur.

As the new investigation can potentially jeopardize the finalization of guardianship, it is imperative for the worker to communicate, assist and support the family through this process. As a new social worker/investigator will become involved, their role should be thoroughly explained to the family. A safety plan should be put in place and a long term plan for supervision.

The social worker has not had any contact with mother although she has a working number for her. Greater outreach efforts should be made to engage mother and set up a regular visiting schedule dictated by the court. During the QSR it was learned that mother has an active CFSA case, and the social workers in both cases have not been in contact. Efforts must be made to fully engage mother with the focus youth's case and in the guardianship proceedings, as she and the focus youth are in contact with each other.

Six-Month Forecast/Stability of Findings

Currently the youth is in a safe and stable environment. If all goes well with the guardianship hearing, the status of the focus youth's situation is likely to improve, as he would have achieved his permanency goal. If the guardianship does not happen the case will most likely remain status quo as an alternate plan is developed and worked on.

Practical Next Steps to Sustain Success and Overcome Current Problems

1. Ensure a tutoring schedule is developed and tutoring is in place on a weekly basis. Verification is needed regarding the focus youth's football practice schedule to make sure that there is time allotted to work with the tutor.
2. Schedule and hold an FTM prior to the guardianship hearing inviting persons knowledgeable on guardianship to answer all of the family's questions. Having the GAL meet with the focus youth prior to the FTM is a good idea as it will be one on one to have the youth voice his concerns and feel a little more comfortable in the larger group setting. Discussions on concurrent/alternate plans should also begin at this meeting.
3. Contact mother's CFSA and/or collaborative social worker to attempt to engage her on the focus youth's case, especially around the upcoming hearing and a visitation plan.

60-day Follow-up

1. The focus youth receives tutoring services once weekly, every Thursday, (through out the summer as well). He is able to participate in his other activities in addition to receiving tutoring.
2. An FTM was requested; however, when the FTM Coordinator reached out to the kinship foster father for scheduling, he declined the meeting stating that his questions regarding the guardianship were answered and concerns allayed through discussions with the CFSA social worker and he felt a formal meeting was not necessary. The social worker reported that both she and the GAL have spoken with the focus youth and have been able to answer his questions and address his concerns about guardianship. The expectation is

that the foster father will become the youth's guardian; therefore, there has been no discussion on concurrent/alternate plans to date.

3. The social worker stated that when she attempted to contact the CFSA social worker for mother's case in May, she learned that a social worker had not yet been assigned. Since May, the social worker has not followed up to see if there is a social worker currently assigned. The social worker stated that she has left a few messages for mother at the shelter where she is residing and mother has not returned any of her calls. At the last court hearing, on May 30th, mother was in attendance and stated that she had no objections to the goal of guardianship. Mother currently has supervised visits with the boys and is allowed unsupervised overnights contingent on her signing a release of information for CFSA to contact her case manager at the shelter to discuss her progress in her drug treatment program. Mother refused to sign such a release therefore can only continue with supervised visits with the boys.

Additional Information

The focus youth is enrolled in summer school to complete a history class and is receiving tutoring on the subject. He is also participating in the Summer Youth Employment Program.

The social worker learned two days prior to the May 30th court date that the kinship foster father was arrested in February 2007. When she asked him about it he stated that he was released after being arrested the same day. He had attended court, however his case has been put off quite a few times. He has not been officially charged, or assigned counsel as his case has not yet been heard.

The social worker was able to obtain the arrest record through the Attorney General's Office which stated that the kinship foster father was arrested for having an open bottle of gin and a small Ziploc bag with crack/cocaine. The social worker followed up with OLM and was told that if the kinship foster father has a felony charge, he will no longer be a foster parent and the children will have to be replaced. The social worker has identified the maternal grandmother and a paternal uncle as possible placement options, but further follow up is needed to identify other relatives and reach out to them. However if he is not charged with a felony, his license is not in jeopardy. According to the social worker there is no child safety or risk concerns in light of this information. The viability of the placement is contingent on the kinship foster father's criminal court case.

Quality Service Review
Written Case Summary

Case #13
Review Dates: April 11-12, 2007
Child's Placement: Foster Home

Persons Interviewed (18): Social worker, Supervisory social worker, GAL, AAG, Judge, educational advocate, tutor, caregiver, target child, biological mother, maternal grandmother, maternal great-grandmother, maternal great aunt, former social worker, former family support worker, and three teachers

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The target child in this case is an 11-year old, African-American male. He has a goal of guardianship with a maternal great-aunt but currently resides in the home of another caregiver. His four younger siblings, ages seven, six, five, and four, are also placed in this home. He has a 13-year old brother who resides with his maternal grandmother and is not a part of the child welfare case.

The target child's family became known to the Child and Family Services Agency in May 2005, when his mother accidentally rolled over on her newborn son and smothered him. After the newborn's death, the target child and his four younger siblings received medical evaluations which identified them as victims of physical abuse and they were placed in foster care. Since entering care, the target child has had three placements. His first placement disrupted due to behavior issues, and the second disrupted due to an allegation of physical abuse against the caregiver. The target child and his younger brother, who were placed in the same foster home, were removed and placed with their current caregiver, who was already the caregiver of their three sisters. They were initially placed with this caregiver on a temporary basis but have resided in this home since November 2006.

Child's Current Status

The target child's level of stability in his current home and school placement is uncertain. The plan is for him to move with his maternal great-aunt once she becomes licensed, but there is no anticipated timeframe of when this will occur. If the target child moves with his aunt, who lives in Maryland, he will have to transition to a new school. Because the finalization date of guardianship with his aunt is unknown, permanency prospects for the target child were rated as unacceptable. Although the maternal great aunt has been identified as a potential guardian, it is unclear when permanency will be achieved. Further, the current caregiver does not appear willing to assume guardianship or adoption of the target child.

There are no safety concerns for the target child. However, there are reports of him being physically and verbally aggressive towards his four-year old brother. The caregiver reported the target child has hit his brother and told him scary stories in the past, but these behaviors have minimized. He does not have friends in the neighborhood, but on occasion enjoys playing with

his siblings. He reports having a best friend in his class at school and his teachers report he generally gets along well with his peers. The target child enjoys playing video games and has expressed interest in participating in a football or basketball program during the summer.

The target child attends school daily, and there are no issues of truancy. His grades are average for his level, but he struggles with reading and math. He meets with a tutor six hours a week for assistance with these subjects. In addition to tutoring, the target child receives mentoring services and sees a therapist weekly. He has a diagnosis of ADHD and takes Adderall daily. He sees a psychiatrist for medication management monthly. In addition, the target's pediatrician recommended that he take Benadryl nightly to help him sleep.

The target child is generally healthy and is current on his physical, dental, and vision appointments. He is hearing impaired and is required to wear hearing aids in both ears. His last audiological evaluation was in January 2007. He also wears glasses, which were recently broken.

Caregiver Status

The target child's caregiver is a 65-year old African-American female. She is married and, in addition to caring for the target child and his four siblings, is also the caregiver of two other relatives, one of whom is disabled. Additionally, she operates a daycare in her home. The caregiver met the target child's family approximately three years prior to their involvement with the child welfare system when her son married one of the target child's aunts.

The caregiver provides adequate physical support to the target child and his siblings. The children have ample amounts of clothes, toys, and food. While her relationship with the target child is positive, she appears more emotionally bonded with the four younger siblings. She appears to perceive some of the target child's behaviors as disrespectful and disobedient. She has warned the target child on multiple occasions that he will be removed from her home if he does not obey her rules.

The caregiver is receiving very little respite for the five children. There are several family members who have attended court hearings and team meetings and have expressed interest in having contact with the children, yet no one has made themselves available to assist the caregiver in caring for the children.

Parent Status

Reviewers attempted to meet with the target child's biological father and mother. While the reviewers were unable to meet with the father, the mother did agree to participate in the review. The target child's mother is 30 years old and works at the local baseball stadium. She has a history of alcohol abuse and was diagnosed with Major Depressive Disorder (recurrent) in 2005. She is not presently receiving any services, but did report she was offered several services by the agency. These services included drug and alcohol counseling, individual therapy, and parenting classes. She and the target child's father are no longer together and she has a new boyfriend who she credits as being very supportive.

Factors Contributing to Favorable Status
Prior to child welfare involvement, the target child was struggling in the DC public school system. He was two grade levels behind academically, which was partly was due to his hearing impairment. He is now enrolled in a level IV special education school, where he is progressing appropriately. Prior to coming into care, he had not been diagnosed with a hearing deficiency. His Individual Education Plan (IEP) is current, and he is receiving all services as outlined in the plan. These services include one hour of speech and language therapy weekly, one half hour of counseling weekly, 26 hours of specialized instruction, and a hearing therapist who assists in the maintenance of the hearing equipment the target child uses during class. He is also entitled to 208 hours of compensatory education, some of which the social worker and educational advocate hope to have him utilize this summer by attending a special summer program.

The caregiver is engaged with the target child's service providers and advocates on his behalf. She follows up on medical appointments for the target child and makes sure he completes his homework. The caregiver and the children are also actively involved in a local church.

Factors Contributing to Unfavorable Status
The target child has little connection to his maternal and paternal family members. He and his father are described as having a close relationship, but some team members feel their interactions are more like "two grown people" than father and son. The target child is described as being very "street smart" because of inappropriate mannerisms he has learned from his father. Neither the father or mother has visited the target child and his siblings since December 2006, but both have reportedly called the caregiver's home intoxicated demanding to see the children. The mother appears frustrated because the caregiver is able to authorize when she will see her children. Neither she nor the father, however, has contacted the social worker to schedule visits with their children.

The target child wants to visit with his parents and other family members. The caregiver has taken the target child and his siblings to his maternal grandmother's (MGM) home for visits, but due to a lack of completed clearances she is unable to leave them there unsupervised, which causes an inconvenience to the caregiver. The social worker has spoken with the MGM about obtaining the clearances, but the MGM appears to possibly have cognitive deficits and to not fully understand the necessity of having these items. The maternal great-aunt has completed fingerprints and the paperwork for the clearances, but she is still awaiting results; thus, she is also unable to have unsupervised visits with the target child.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There are several positive aspects in this case, including a core group of professionals who are working collaboratively to provide quality services to the target child. The social worker and GAL communicate frequently with one another and have conducted joint home visits to the caregiver's home. Both professionals have visited with the target child's teachers at school. There have also been several formal and informal team meetings held in this case with various service providers to discuss the target child's needs and permanency issues.

The CFSA social worker only assumed case responsibility of the target child in February 2007 and immediately began engaging service providers. She had some familiarity with the target child prior to assuming case responsibility because she was already the social worker for the child's siblings. She ensures services for the target child are implemented in a timely manner. For example, the target child's tutoring was suspended when he transitioned to CFSA from a contract agency and the social worker immediately advocated having the tutoring services re-instated. Additionally, there was an issue with lead in the caregiver's home, and the social worker worked diligently to have a lead abatement completed to remove the lead from the home.

All team members appear to have a clear assessment and understanding of the target child's strengths. Each person interviewed described him as a very bright child who is talkative and friendly. Further, all team members agree that achieving permanency with the maternal great aunt is the best plan but that a concurrent permanency plan needs to be identified.

What's Not Working Now and Why

The target child's goal was changed from reunification to guardianship because neither of his parents complied with the services needed to successfully reunify with their children. Since the goal change, the maternal great-aunt has been identified as a potential guardian, but presently the process appears to be at a halt and there is some confusion about which agency will issue the license. The aunt completed classes at NCCF and completed paperwork at CFSA to obtain the kinship care license. However, she has not been assigned a licensing worker and there has been no home study, fire inspection, or ICPC completed.

The target child's therapist disclosed to him that he will be moving with his maternal great-aunt and invited her to attend a therapy session with the target child in March 2007. Since then, it has been reported that the target child has stated he will be "crushed" if he is unable to move with his aunt. Some team members disagree with the therapist disclosing this information to the target child because it is unknown when and if the youth will be able to move into his aunt's home, and when guardianship will be finalized. The target child is now anticipating a move that is not guaranteed to happen.

The target child takes Adderall to treat ADHD symptoms, but his psychiatrist has not been helpful in ensuring his prescription is filled in a timely manner, which has caused him to run out of medication. When informed that the medication was low, the psychiatrist will respond to the social worker or caregiver's phone calls. The social worker and caregiver are working with CFSA's Office of Clinical Practice in order to transition the target child to a new psychiatrist.

Six-Month Forecast/Stability of Findings

Currently, the target child is progressing adequately in school, involved in several services, and residing in a home where he can remain until a permanent placement is secured. Additionally, there is no specified timeline for the factors needed to cause the case to improve (i.e.- guardianship finalization, family members providing respite care), thus it is expected this case will continue status quo.

Practical Steps to Sustain Success and Overcome Current Problems

1. Assist maternal grandmother (MGM) in obtaining clearances so that she is able to have unsupervised, and possibly, overnight visits with the target child.
2. Convene a team meeting with the maternal aunt, NCCF and CFSA staff (including someone from OLM) to discuss licensing responsibilities and outline specific timeframes of when things will be accomplished.
3. After the agency receives the outcome of the aunt's clearances, set up a weekend visiting schedule for the target child in the aunt's home.
4. Follow up with the caregiver on getting target child's glasses repaired.
5. Explore football or basketball summer programs for the target child. Ensure that the program will provide transportation and that the agency will provide funds for the chosen program.
6. Discuss the effects of the target child taking 75 mgs of Benadryl nightly with his pediatrician and psychiatrist to ensure that there are no concerns related to drug interactions. In addition, discuss situation with both doctors in order to evaluate any reasons for why the target youth has trouble falling asleep each night.

60-day Follow-up

1. The social worker contacted the Maternal Grandmother (MGM) via the telephone and offered assistance in obtaining the necessary police clearances. The MGM reported that she "had her clearances" already. Although she stated that she would provide the clearances to the social worker, she still has yet to do so.
2. The aunt's clearances are still not completed as far as the social worker knows. She plans on contacting the Maryland home licensing agency for an update on where the aunt is in the licensing process. The social worker indicated that the child's therapist has not had much contact with the aunt since their initial meeting and that a home visit from the social worker was scheduled for Memorial Day, but the aunt never confirmed the appointment.
3. The social worker spoke with the licensing staff at NCCF regarding the licensing issues with the focus child's aunt and all concerns have been alleviated. The social worker has also obtained information that Children's Choice is working with the aunt to license her home.
4. The social worker reported that the focus child's eye glasses have been repaired.
5. The focus child attends extended the extended school year program at his special education school in the morning. Earlier this summer he was enrolled in a summer day camp, but was "kicked out" of the program due to his behavior. The director of the day camp indicated that her program did not have adequate staff or time to give him the attention he needed. The caregiver enrolled him in the local DCPS summer camp program. He also started receiving speech therapy on some afternoons, so that impacts his day camp activities.
6. The social worker spoke with the child's new treating psychiatrist regarding the youth being prescribed Benadryl as a sleep aid. The psychiatrist indicated that there were no problems with taking Benadryl, but there are reports from the foster mother that the child is still not sleeping well. There is discussion related to the child being referred for a sleep study. The social worker has already contacted the agency's nurses regarding procedure for this referral.

Quality Service Review
Written Case Summary

Case #14
Review Date: 4/10/07-4/11//07
Placement: Maternal Grandmother

Person interviewed (6): biological mother, grandmother, guardian ad litem, CFSA social worker, early intervention specialist, intervention coordinator.

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus child is a two-year old African-American boy who resides with his maternal grandmother, sister, grandfather, and aunt in Washington DC. The child has telephone contact with his father, due to his incarceration, but no contact with his father's family. This family first came to the attention of Child and Family Services in August 2005, when a call was placed to 911 regarding the safety of the focus child due to mother's mental health. The biological mother had reportedly made threats against her children, and an officer responded to the scene and contacted Child and Family Services, the children were removed from the home in October 2005 and placed in a temporary foster home until November 2005, when they were placed in the care of their grandmother.

The goal for this case is reunification; however, the maternal grandmother has stated she is willing to be a permanent guardianship resource if this goal cannot be accomplished.

Child's Current Status

Currently, the focus child is living with his four-year old sister, grandmother, grandfather, five-year old aunt, and an adult cousin who has Down's Syndrome. It is reported by the service providers and social worker that the focus child is well-groomed and adequately provided for nutritionally. Though this child has had two placements within the last two years, his current placement with his grandmother is in no jeopardy of changing, and the grandmother remains committed to caring for him and his sister. While he could remain in this placement indefinitely, there is not a clear timeline to achieve his permanency goal of reunification.

The focus child was evaluated over a year ago and assessed to be in need of developmental services, specifically regarding his speech and socialization. It is reported he spends a great deal of time in front of the television and does not interact often with children his age. He is connected to a service provider through the Office of Early Interventive Services, and he should have been receiving these services in his grandmother's home. Due to a lack of buy in from the grandmother regarding the focus child's need for developmental interventions, as well as her reluctance to allow the providers into her home, the service providers have encountered tremendous resistance in carrying out their tasks. Currently discussions are beginning regarding his smooth transition into District of Columbia Public Schools, and possible therapeutic daycares have been identified to meet his developmental needs.

Parent Status
The biological mother has been diagnosed as suffering from major depressive disorder and has been hospitalized for two suicide attempts a year and a half ago. She is currently receiving therapy but is not taking medication. At the time of the review the mother was four months pregnant and restricted to bed rest. She was residing with her cousin, who was eight months pregnant, the cousin's husband, and their young child. She lives down the street from her mother and children. The mother reported she is engaged to be married to her unborn child's father. The bed rest may interfere with her ability to get housing before the baby is born because she is not able to work and therefore have an income.

There has been a history of non-compliance by the mother regarding mental health services; however, at the time of the review, the mother reported she had recently contacted her new therapist and had begun therapy sessions again. She said they had been working on her anger and that she does not feel as angry anymore. The mother reported she has an understanding of what she needs to accomplish in order for her case to be closed – housing, employment, and stable mental health. However, she stated she also needs additional support with finding housing. It was unclear whether or not she has had any connection to a Collaborative, but the mother reported not currently being in communication with anyone from a Collaborative. With the impeding birth of her cousin's child, and the presence of three other individuals in the household, the birth mothers stability in the home could be questionable in the future.

Caregiver Status
Currently, the grandmother is providing a safe, emotionally secure home for the focus child and his sister. She is committed to raising them in the event they are not able to return to their mother. She participates in all court hearings and meetings pertaining to her grandchildren. As previously mentioned, she has been reluctant to allow service providers into her home. She understands that the rest of the team believes a therapeutic daycare program is the best option to meet her grandson's needs, but she is very particular about what program he should attend. It is important to her that she be available if any problems arise, and because she does not drive, that restricts the possible programs to those in her neighborhood. Because the program must also accept Medicaid, the potential number is even smaller. The grandmother says she does not know what her daughter needs to do to reunify with her children – she says she is focusing on taking care of the kids.

Factors Contributing to Favorable Status
Currently, the child is in a loving, stable supportive home, where he is surrounded by family. He is able to see his mother frequently and has telephone contacts with his father. The mother and grandmother, whose relationship has been strained in the past, are getting along well. The mother has an understanding of her relationship with the grandmother and recognizes when she needs to step back in order to avoid conflict. The mother stated that because of this, her relationship with her mom has gotten progressively better. The mother is aware of the goals she must accomplish to reunify with her children. She is attending therapy sessions and has a history of employment.

Factors Contributing to Unfavorable Status
The grandmother's resistance towards service providers has kept the focus child from receiving the early intervention services he needs. This could impede the child from reaching important developmental milestones. The mother's pregnancy and bed rest are hindering her ability to achieve the necessary step of securing housing for herself and her children, as well as her ability to work.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
All stakeholders involved in the case see the social worker as the primary contact. They recognize his ability and relationship with the grandmother and believe he is the only one who is able to communicate the importance of these services to her. The social worker has also recognized the importance of a smooth transition into DCPS for the focus child when he comes of age. The worker is in the process of convening a transition meeting between CFSA, DCPS, the early intervention service providers, and the grandmother in reference to this. The focus child was only briefly in foster care and has been living with his grandmother since, which is a strength. The court system is another strength of the case. The GAL, social worker, judge, and mother all are in agreement about the necessary steps needed to close this case. All parties have recognized the need for housing, and a referral for collaborative intervention has been court ordered.

What's Not Working Now and Why
Communication between the early intervention service providers and the social worker has only recently begun. Prior to that, they did not know the focus child had an open case with CFSA. Although the social worker was aware of the services and the grandmother's reluctance to utilize them, a team was not working together to rectify the situation. In the interim, the focus child has not been receiving services to help him catch up developmentally.

Concern was expressed that the mother has not been sufficiently included in case planning and has not been offered sufficient services regarding housing. She is likely not aware of the services the focus child should be receiving, and she was not invited to the recent meeting in the grandmother's home. Because she lives very close to the grandmother and is not presently working, it seems she should be available to participate in meetings as well as to learn how to work with the focus child on the recommendations from the early intervention service providers. The mother does not have any communication with a collaborative and reports a need for assistance in finding housing. She will need additional support in order to be able to reunify with her children.

Stability of Findings/Six-Month Prognosis
Based on the current medical and economical condition of the biological mother, this case is likely to continue status quo.

Next Steps
1. Continued Monitoring of Focus Child's developmental concerns.
    a. Communicate with grandmother importance of services.

   b. Identify daycare facility for focus child.
   c. Schedule transition meeting with DCPS
2. Engage the mother in services.
   a. Check in with collaborative to get full understanding of housing situation.
   b. Include biological mother in all meetings concerning focus child's developmental needs.
   c. Form a relationship with the mother's new therapist to get a clear understanding of her current mental health.
   d. Research SSI for mental health as a potential income resource for the mother.

60-Day Follow-up
The case was transferred to a new unit two months after the QSR.

1. Monitoring on developmental concerns
   a. The former social worker spoke with the grandmother regarding the importance of the therapeutic services for the focus child.
   b. The family identified a daycare provider – Community Child Development Center.
   c. There was no documentation that a transition meeting with DCPC has been scheduled.
2. The mother still lives with her cousin.
   a. The mother and social worker filled out a Collaborative referral.
   b. The mother has been at two home visits at grandmother's house. There has been one meeting at the mother's house.
   c. It will be important for the new social worker to form a relationship with the mother's therapist.
   d. There was no documentation that SSI was investigated as a possible resource for the mother.

Qualitative Service Review
Written Case Summary

Case #15
Review Dates: May 16 & 17, 2007
Youth's Placement: Independent Living Teen Mother Program

Person's Interviewed (8): Social worker, Independent Living Program counselor, youth, mother, youth's sister, AAG, GAL, and Job Corps Counselor.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about Youth and Family

The focus youth is a 19-year old African-American female, who is the mother of an 18- month old daughter. The youth's permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). The youth and her daughter reside in a one and a half bedroom apartment, which was provided by the Independent Living Program (ILP). The family initially became known to the agency in February of 2005, when a report was received stating that the focus youth's mother's substance abuse use was affecting her ability to parent her five children. The allegation was substantiated and a case was opened in the agency; however, the children were not removed from the mother's care until June of 2005. At that time, the agency received a report indicating that the mother was involved in a physical altercation at the shelter where the family resided and was arrested. The children were left at the shelter with no adult caretaker. As a result of this investigation the children were removed and placed in foster care.

Youth's Current Status

The focus youth is doing very well in her current placement where she has resided since coming into care in 2005. Due to her progress in the program, she has transitioned from the main building of the teen mother Independent Living Program (ILP) into her own one and a half bedroom apartment, which is located offsite. The youth will remain in this ILP until she emancipates from care. She is attending Job Corps and is working on an academic and a vocational track. The focus youth is doing well in the Job Corps program and is expected to complete both her academic and Certification for Nursing Assistant vocational training by the end of the summer 2007. It should be noted that the youth has one more exam to complete and if she passes this exam, which is the competency exam, she will be awarded a high school diploma and not a GED.

There are no safety concerns for the youth either at home or at school. Although the neighborhood where she resides is not one of the safest areas, she seems to be safe and has no concerns regarding her daughter's safety or that of her own. The youth appears to be in good health. She is current on her medical and has a dental appointment coming up shortly. She is being followed by a gynecologist and plans on discussing birth control with the doctor. Additionally, she has completed reproductive health and HIV/AIDS workshops through the program. The youth reportedly is very satisfied with the services she is receiving from the ILP and the agency. She is receiving daycare services for her daughter, which enables her to participate in Job Corps. At the ILP, she reportedly, receives training in various life skills and

seems to be doing very well on her own. Everyone interviewed on this case felt the youth was progressing well towards independence. The youth appears to be very responsible and mature for her age. She currently has to get up at 4:30 in the morning in order to drop her daughter off at daycare and make it to Job Corps on time. She has been doing this successfully except for those occasions where she may have to deal with issues concerning her daughter. The youth seems to be motivated and determined to complete the Job Corps and is planning on furthering her nursing career with a college degree. It was further reported by the participants who were interviewed for this review that the youth was a good mother and takes excellent care of her daughter.

There has been no report of any behavior problems either at Job Corps or at the ILP. She has key individuals that she can talk with if she has a problem, such as the counselor at the ILP and her sister who is in the program with her. She maintains regular contact with her mother, her sisters, and her niece and nephew. Reportedly, she does not have consistent contact with her two younger brothers, who are place in a foster home and has expressed a desire of wanting to see them more. The youth also has contact with her child's father, who is involved and has contact with the child. Although she has a busy schedule during the week, she is able to socialize with her friends on the weekend, as her mother will babysit her daughter whenever needed.

The youth is requesting a mentor, as she felt this could be beneficial to her. This information was relayed to the social worker.

Caregiver's Current Status

The youth has been residing in the same teen mother ILP since entering into care and is very satisfied with the services they are providing to her and her daughter. Initially the youth was placed in the main building apartments, but the program has recognized her progress and has transitioned her and her daughter into their own apartment in the community. The apartment is a one and a half bedroom, which appears very spacious, well furnished and appropriate for the youth and her daughter. The ILP provides the youth with a stipend and food vouchers. The program staff provide ongoing life skills training to the youth and maintain regular contact even though the youth is living off site in the community. They appear to be very sensitive to the emotional needs of the youth and have demonstrated this during a difficult period of the youth's life, when she needed emotional support and assistance. The program staff are very involved with the agency and maintain contact with the social worker and participates in the court hearings. They ensure that the youth's individual treatment plan is reviewed in a timely manner and that the review is convenient with the youth's schedule to ensure her participation. The reviews are conducted at the youth's apartment. The program staff seem to be working closely with the youth to make sure she is well prepared for independence.

Factors Contributing to Favorable Status

The focus youth possess several strengths that will contribute positively towards her achieving her goals. She is very motivated, determined, and seems to be focused on what she wants out of life. She is doing well in Job Corps, where she participates in educational and vocational tracks; she hopes to pursue a career in nursing once she completes her training at Job Corps. The youth currently has most of the life skills necessary to live on her own and seems to be doing a good job caring for her 18 month old daughter. She maintains a close relationship with her family and

has regular contact with her sister who resides in the program with her. The youth's mother has a close relationship with the youth and visits with her on a regular basis and often provides child care to the youth and her sister's children.

Factors Contributing to Unfavorable Status

The youth is not connected to any community resources that she could utilize for assistance when needed. For example, she reported that she has an issue with not having enough food in the house and seems to be relying on the ILP to provide her with additional funds. Should this youth be connected with a food pantry in the community, she would have some place to turn to whenever she runs out of food. Additionally, the youth is not receiving WIC for her daughter. This could be very beneficial to the youth and would provide additional food in the house for the child.

The youth would like to pursue a college degree and work part time; however, this may not be possible, since once she emancipates, she would eventually have to take on the responsibility of paying her full rent. It would be beneficial to the youth to start having discussions around her future plans and her options.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working

The youth has been in the same placement since coming into care and is progressing very well. She can remain in this placement until she emancipates and her case is closed. The social worker and the ILP have been able to engage the youth and have included her in planning process of her Individual Transitional Independent Living Plan (ITILP). The planning meetings are held at the youth's apartment to accommodate her schedule. The implementation of Job Corps and day care services was extremely beneficial to the youth's progress in care. All the key participants that are involved in her case have a good assessment and understanding of the youth's case; it was agreed by all that she was doing a good job caring for her child and it was expected that she will continue to do well.

The social worker is very involved with the youth, the ILP and Job Corps. She actively participates in the ITILP review meetings and is available to the Job Corps staff in order to address any concerns or issues regarding the youth. Additionally, the social worker maintains regular visits with the youth.

What's Not Working

Based on the youth's age it is expected that a referral to the collaborative will occur in the near future, however, connecting her to some form of community resources at present, could help with addressing the food issue and assist with the WIC process, plus provide additional support in the community for the youth. Although visits are being arranged with her two younger brothers, the youth is not able to participate in those visits due to her schedule. She has expressed her desire to see her brothers and would like to have visits with them. Apparently, the visits are being scheduled during the time that the youth is at Job Corps.

It appears that the communication among the key participants involved with the case needs to be improved. Reportedly, the GAL is having difficulty communicating with the youth and the social worker, which often delays the flow of information. Based on this review, there was not much evidence of any coordination and leadership among team members as everyone seemed to be working independently except for the ILP, who have reached out to enlist other key participants. This could also be as a result of the youth doing well and not much is happening that would require constant communication among team members.

Six Month Forecast/Stability of Findings

Based on the review findings, the youth's situation is expected to remain status quo. Currently the youth is doing well and seems to be progressing positively towards independence.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social worker to initiate communication between the GAL, SW, and the youth.
2. A referral for mentoring services to be submitted to the office of clinical practice.
3. Coordinate sibling visits with the focus youth and her two younger brothers.
4. Connect the youth to community resources for support and assistance with WIC and food. (i.e., a listing of food pantries).
5. Begin to outline the expectations and responsibilities of the youth once she emancipates from care.

60-Day Follow-up

1. The social worker reported on July 13, that she has been communicating with the GAL via email. It was also observed in FACES that the social worker made notations that the information was emailed to the GAL.
2. A referral for mentoring services was made and the youth was assigned a mentor as of 7/9/07.
3. There has been no sibling visits with the youth and her younger siblings. The social worker plans on contacting the younger children's social worker to coordinate a sibling visit.
4. According to FACES and the follow up meeting with the social worker, the youth refused a referral for WIC and other community services that may be of assistance to her. (i.e. food pantries)
5. The social worker reported that she has been meeting with the youth around emancipation and has been addressing some concerns regarding the youth's expectations after emancipation. As there was no documentation in FACES regarding these meetings, this reviewer requests that the social worker document her efforts to prepare the youth in FACES.

Quality Service Review
Written Case Summary

Case #16
Review Dates: May 16 and May 17
Youth's Placement: Non-Licensed Placement

Persons Interviewed (6): CFSA social worker, focus youth, Collaborative worker, GAL, AAG and Judge

YOUTH AND PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 20-years-and-11-months old African American female. The case is currently assigned to a CFSA Office of Youth Development (OYD) social worker. The focus youth entered the child welfare system in 2000 along with her older sister, at ages 14 and 15 respectively. The focus youth has two older brothers who did not enter foster care. One brother is currently incarcerated and the other resides with an aunt in DC. The focus youth's mother passed away when she was 3 years old and all of the children went to live with their maternal grandparents. When their grandmother passed away, their grandfather found it difficult to raise them, and they shuffled from one relative to another. There were allegations of neglect and abuse of the children while living with an aunt in DC. The girls were removed as a result, although the boys continued to live with this aunt. The father of the focus youth has not been identified.

The focus youth was initially placed in a traditional foster home in MD. She then began exhibiting out of control behavior. She became truant from school, began using marijuana and would abscond from the foster home. She was then discharged and placed in numerous residential facilities. She became pregnant by a man 20 years her senior and would abscond from the group homes to stay with him. After being discharged from a mother and baby group home placement, the focus youth went to live with her boyfriend's sister in DC, where she currently resides. The boyfriend has been in and out of jail and is currently incarcerated. The focus youth gave birth to a boy, now age one, who was born with a positive toxicology for marijuana. He is reported to be healthy at this time. The focus youth's boyfriend is expected to be released from jail a month after this review.

The focus youth's older sister was discharged from care in 2006 and is currently living in her own apartment through the Department of Mental Health with her five-year old son. The focus youth and her sister have always had a tumultuous relationship but manage to remain in contact and communicate often. The focus youth also has a strong relationship with her godfather who has been a supportive resource over the years.

Youth's Current Status

Currently, the focus youth is not residing in a sanctioned placement. There are no major concerns around the safety of the focus youth or her one-year-old son in this placement. There are concerns, however, that the apartment she is currently living in is overcrowded and will be

even more so once her boyfriend is released from jail. Efforts have been made to place the youth in a residential facility for young mothers; however, she has not cooperated. The focus youth also has a collaborative worker who has been trying to assist her in applying for transitional and other low-income housing programs. The focus youth has a history of not complying or following through with appointments, although she fervently expresses her desire to have her own apartment.

The focus youth graduated from high school and has her diploma; however, she has been diagnosed as being Mildly Mentally Retarded and with Depression Disorder (NOS) and is reported to be reading on a fifth grade level. The focus youth has not followed through with any referrals or appointments for enrollment in job training and vocational/educational programs although she adamantly expresses her desires to be employed.

The focus youth was on anti-depressants for a short while and stopped due to her pregnancy. She refused to resume treatment. She has been referred to mental health service programs that also assist with housing, vocational training, and employment placement; however, the focus youth continues to refuse any mental health related service. The focus youth is able schedule and follow through with all medical and dental appointments for herself and for her son. There are no physical health concerns at this time.

Parent/Caregiver Status

The focus youth is currently residing with the sister of her incarcerated boyfriend, the sister's two biological children, and the sister's nephew in a small three bedroom apartment. The focus youth and her son occupy one of the bedrooms. She has been residing there for approximately two years. The CFSA social worker and collaborative worker have been unable to engage the boyfriend's sister in a conversation regarding the focus youth. At this time her perspective of the focus youth's situation and her level of involvement and commitment to the focus youth are unknown.

Factors Contributing to Favorable Status

Although her current placement is not a sanctioned one, it has been stable for a few years. All parties interviewed reported that the focus youth is a good mother and is able to adequately care for her son and tend to his needs. She appears to have bonded well with her son. The focus youth has finished high school and has begun to complete and submit applications for employment. Although she has not completed a formal vocational training program, the focus youth reportedly has hair braiding skills which are marketable.

She has been able to navigate some systems on her own, for example being able to apply for WIC, SSI and TANF. She has also been able to obtain her driver's license on her own and was able to maintain a car for a few months. She was able to identify a woman who lives in her building that she sees as a resource to her, and she continues to maintain contact with her family members, especially her sister and godfather.

Factors Contributing to Unfavorable Status

The youth continues to be noncompliant with service referrals and her CFSA case will be closing in one month, upon her 21st birthday. She has no long term plan for housing or employment.

There is great concern about the focus youth's mental health status. Despite her diagnosis and past history of hospitalization, she is not actively involved in any mental health treatment or monitoring.
She is reported to still be using marijuana frequently; however, she has not recently been referred to or participated in any drug abuse programs. She also possesses poor anger management skills and often times will yell, scream, and curse during court procedures at the judge, lawyers, and social workers.

There is also much concern regarding her housing. Although it appears that she is welcome to remain in the apartment with her boyfriend's family at this time, the long-term feasibility of this arrangement is uncertain.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There is a collaborative worker on the case who has been able to identify a number of housing resources and appears committed to assisting the focus youth. The collaborative agency will be involved with the focus youth for at least another year after her 21st birthday, as long as she is willing to participate in services.

The team on this case consists of the CFSA social worker, collaborative worker, GAL and AAG. All team members, with the exception of the collaborative worker, who only recently joined the team, have worked with the focus youth for years. The GAL and CFSA social worker are the original people assigned to the focus youth's case. The team members each seem to have a pretty good understanding and assessment of the focus youth. In spite of the focus youth's history of non-compliance, the CFSA social worker, GAL, and collaborative worker continue to engage and encourage the youth.

What's Not Working Now
There was a delay in getting a collaborative agency on this case due to systemic barriers, therefore a lot of time has been lost prior to the impending closure of the focus youth's case. There seems to be an air of emergency to get this youth into stable housing prior to case closure, which has taken focus away from terminating the relationship between the focus youth and the CFSA worker and the engagement process between the collaborative worker and the focus youth. The youth has experienced many instances of grief and loss which have not been addressed over the years and now has to deal with the closure of her CFSA case and loss of her worker.

There was no team meeting conducted when the collaborative agency began working with the focus youth to ease the transition period and have a thorough transfer of information. The CFSA social worker was the only person interviewed who was aware of the focus youth's current marijuana usage. This information, along with the findings of the focus youth's most recent psychological evaluation must be shared with the collaborative worker.

Six Month Forecast/Stability of Findings
The focus youth's status is likely to decline if it continues on this current path. Her cognitive ability is slightly impaired and she has a history of refusing to comply and follow through on integral referrals. Further assessment is needed to ascertain the deep-rooted issues/barriers that prevent the focus youth from following through with services. If the focus youth were able to actively become engaged and made herself available to the collaborative worker and followed through on referrals, her situation could improve tremendously.

Practical Next Steps

1. CFSA worker to conduct individual service termination sessions with the youth, addressing feelings of loss regarding the long standing relationship.
2. Schedule a transition/termination team meeting with the youth, collaborative worker, GAL and any other supportive persons as identified by the youth, to have a candid discussion regarding the following:
   a. What closing her CFSA case will mean for her (collaborative worker is her new case manager, no more court oversight or mandates, etc.)
   b. Reviewing and updating her case plan, outlining what will be expected of her (making/keeping appointments, etc.)
   c. Presenting options for housing and employment (homeless shelter, transitional housing, training programs, etc.)
   d. Open discussion regarding barriers for her following through with referrals and appointments (drug testing, feelings of failure/entitlement, etc.)
3. Obtain necessary consent from youth and share the most recent psychological evaluation, school evaluations and reports, and any other pertinent assessments from the case record with the collaborative worker. Share your assessment and impressions of youth's level of functioning and services offered with the collaborative worker.
4. Suggest as next steps for the collaborative worker to:
   a. try and reconnect youth to RSA and Melwood agencies for employment training and other offered services;
   b. verify youth's TANF and SSI awards and work with her on budgeting;
   c. make referrals for a substance abuse assessment, anger management and parenting skills classes.

60-day Follow-up

1. The social worker attempted sessions with youth; however, the youth was not responsive. The social worker did offer her time to assist the youth in any way possible if she needed assistance (i.e. a reference, referral information, etc.) or just someone to talk to after her case was closed.
2. The first date for the meeting which was to include the GAL, social worker and Collaborative worker was cancelled, as the youth's boyfriend was being released from prison the same day. The social worker reported that it was difficult to schedule everyone given the short timeframe prior to case closure. The social worker was able to go to the youth's home with the Collaborative worker for a termination/case planning meeting; however, the GAL was not in attendance. All bulleted items listed above were addressed at the meeting except for an open discussion regarding barriers for the youth in following through with service referrals and appointments. Her boyfriend was present at

this meeting and was said to have dominated many of the discussions and was very discordant when it came to services. For example, he was stating the youth should not take medication to address her mental health issues and stated all the negative effects and discounted the positive ones.

3. The consent was obtained from the youth and copies of all evaluations, assessments and reports were given to the Collaborative worker at the termination meeting. The social worker stated that she did share her impressions of the youth and her case and the Collaborative worker was in accord with her assessments.
4. The social worker stated that the Collaborative worker had all of the bulleted items above as part of the youth's case plan except for substance abuse related services. The Collaborative worker seems to have minimized the youth's current marijuana use by stating that she has no reason to believe the youth is smoking, although the social worker and QSR reviewers have presented her with this information. She stated that if the youth is smoking, that it is not related to her following through with services. Of the other service referrals, housing and employment is the priority and other referrals will follow.

Additional Information

After speaking with the Collaborative worker it was learned that the youth, her boyfriend, and their toddler son continue to reside with the boyfriend's sister in an overcrowded apartment. The Collaborative worker was able to get another appointment for subsidized housing for the youth which she missed again, for a total of two appointments. It is believed that the youth's boyfriend is negatively influencing the youth and is presenting unrealistic plans for them such as buying a house and new car while neither of them is employed. A positive strength to note is that the youth is still engaged with the Collaborative worker and continues to work with her towards finding employment. The Collaborative worker stated that the youth continues to fill out applications and put in resumes for vacancies in an effort to find employment. The worker further reported that the youth's case at RSA is still open however it will not be reassigned and the current worker and the youth do not have a good working relationship creating a barrier to services. The Collaborative worker is continuing to advocate on the youth's behalf with RSA.

Quality Service Review
Written Case Summary

Case #17
Review Dates: May 14 and May 15
Youth's Placement: Relative Foster Home

Persons Interviewed (9): Former and current CFSA social workers, tutor and tutor's supervisor, biological mother, foster mother, GAL, AAG, Family Team Meeting (FTM) facilitator

YOUTH AND PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 16-year old African-American female. She entered the child welfare system in 1999. She has two adult brothers. One brother is currently incarcerated, and the other resides in DC. The focus youth was placed due to her mother's mental illness, drug abuse, and her inability to adequately meet the focus youth's needs. She has had five placements since entering foster care. She resided with a maternal uncle for a year and a half and was removed from his care when he was arrested for domestic violence related charges. She then went to live with a maternal aunt where she resided for 2 and ½ years. It appears that in this placement, the focus youth seemed to be doing very well. She attended school daily and excelled in her classes; she received weekly tutoring; and she participated in therapy, complied with her medication and also worked with a mentor. She began to visit often with her older brother (who is currently incarcerated) and his girlfriend/fiancée, and her behavior at home and at school began to decline. The focus youth then expressed a strong desire to be placed with her brother's girlfriend, stating that she felt more comfortable there. Her behavior became overwhelming for her maternal aunt, and the focus youth was placed in a group home while the brother's girlfriend completed the process to become a licensed foster mother. The focus youth was placed in a group home for a few months during this time.

Since being placed in her current foster home with her brother's girlfriend, the focus youth's grades have significantly dropped in school; she has been truant and missed a significant number of days from school; and she is refusing to comply with medication or participate in therapy. She has also not made herself available for tutoring services and has refused a mentor.

Shortly before being placed in her current foster home, her brother was sent back to prison on a parole violation. She has minimal contact with her other brother and her maternal aunt. She communicates often with her mother and eats dinner with her and her maternal grandmother weekly. She only recently learned the identity of her father and has had no contact with him, although she is very eager to. Her mother also identified another gentleman that could be the focus youth's father, but there has been no contact with this man either.

Youth's Current Status

There are no major concerns around the safety of the focus youth in this placement or at school. There are concerns, however, regarding the stability of this placement and the long-term

permanency goal for the focus youth. Her older brother is expected to be released from prison this September and plans to return to the home of the foster parent. This creates a dilemma, as the foster mother cannot be certified if there is a household member with a felony record. There are a number of placement options that have been identified.

The focus youth is in good health and had her last physical in October of 2006. Her last dental exam was also in October. The dentist recommended braces; however, the focus youth has refused to get them. She is currently in the 10th grade and, although she has a history of excellent grades in all classes (A's and B's), her grades have significantly declined, and she is now failing a number of classes. She refuses to go to school for days at a time, stating that she is too depressed to attend. The focus youth was diagnosed with depression several years ago and was receiving regular medication management and therapy while in the care of her maternal aunt. However, since moving to her current placement, she has refused medication and therapy. The youth expressed that this was due to her therapist leaving the agency and her discomfort with working with someone new.

The focus youth's current permanency goal is APPLA, however all those interviewed stated that the youth is not yet prepared for independent living. She is able to care for herself, but she is said to exhibit minimal responsible behaviors and continues to display poor decision making.

Parent/Caregiver Status

At this time the foster parent is minimally able to meet the needs of the focus youth. Although she is able to provide the basics, such as food, clothing and shelter, she is unable to ensure that the youth attends school daily or participates in services, such as therapy, medication management, tutoring, and the Keys for Life program. All those interviewed stated that the foster parent has a very strong bond and tight relationship with the focus youth; however, the foster mother appears to be more of a confidant than a parent. The foster parent is unable to motivate the youth and to set and enforce rules and expectations of the focus youth.

The foster mother is very involved with case planning and is viewed as an integral team member. She is very supportive of the youth; however, this support is also extended to poor decisions made by the focus youth. For example, if the youth chooses not to go to school any particular day, the foster mother allows this instead of stipulating consequences and following through with enforcement.

The foster mother is in regular contact with the birth mother and also encourages the focus youth to maintain connections with her biological family members. She appears to have great insight into the issues and concerns of the focus youth and how her experiences has and continues to impact the focus youth. The foster mother has dedicated herself to remaining as a support for the focus youth even if she is moved from the placement due to the focus youth's incarcerated brother returning to the home.

The biological mother was also interviewed for this case but was not rated since the permanency goal is APPLA and mother has no care giving responsibilities. The mother has not been actively participating in case planning and has had no communication with the CFSA social workers for months; however, she is informed of the case status via the foster mother. The mother also does

not attend court hearings because she feels that she is not adequately represented by her current attorney but points out that her parental rights have not been terminated. The mother did express that she would like very much to participate in family counseling with the focus youth to help the youth address her feelings toward her mother to help her become a more "well-rounded" individual. The mother stated that she and two of her siblings suffer from mental illnesses and she is worried that if the focus youth does not get the treatment she needs now, her life will spiral downward.

Factors Contributing to Favorable Status

There are no safety concerns for the focus youth at home or at school. All parties interviewed reported that the focus youth and the foster mother have a very strong bond and that the focus youth is given the emotional support she needs by the foster mother. The foster parent is committed to the focus youth and is engaged and actively participates in case planning. The focus youth has the ability to do school work on her grade level. The staff at school has been very understanding of the focus youth's current situation and has been very patient with her. Efforts have been and will continue to be made for the focus youth to receive counseling at school.

She maintains some contact with immediate family members – her mother weekly and her older brother and maternal aunt occasionally. The focus youth has not exhibited any delinquent behavior and has no involvement with the juvenile justice system or criminal court.

Factors Contributing to Unfavorable Status

The youth continues to be noncompliant with participating in services and following through with service referrals. She has not actively engaged in tutoring services. As a result of missing numerous days of school and not receiving tutoring, the focus youth may likely fail a number of her classes. By not participating in therapy and receiving medication, the focus youth is not adequately addressing her mental illness which has a potential for future complications given her family's history of mental illness. The focus youth has also refused to participate in extracurricular activities such as Keys for Life that would help her gain necessary life skills.

The foster mother admittedly lacks the parenting skills necessary for caring for a teenager, especially one with metal health needs. There appear to be undefined boundaries in the foster mother and focus youth's relationship, which lead to the foster mother having difficulty in setting limits and enforcing rules with the focus youth.

There is also concern regarding her current placement and placement options. With her older brother returning to the foster mother's home after his release from prison, the focus youth's placement may be compromised. The foster mother may not be able to continue her certification and licensure due to his incarceration record. A number of options have been identified, such as legal guardianship by the foster mother and placement with relatives of the foster mother who are willing to become foster parents themselves; however, a permanency plan has not been solidified.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There was a Family Team Meeting convened on this case within the month prior to the review, at which the focus youth was present. She was said to be very verbal and articulated her needs and wants very well. The team meeting was viewed as very helpful in identifying options for service referrals, such as a therapeutic dance class for the focus youth and exploration of other non-talk therapy services. The youth expressed some willingness to participate in services that she deemed to be helpful and comfortable for her. At this meeting, a number of placement options were identified for follow up.

The team on this case consists of the CFSA social worker, foster mother, focus youth, GAL and AAG. The social worker also communicates with the tutoring agency and the school counselor around engaging the youth on an ongoing basis. The social worker was described as being very responsive to the family, for example, with referrals for medical and dental appointments, conducting home visits, and engaging the youth and the foster parent.

What's Not Working Now
Due to the youth's continued non-compliance, traditional service referrals have been exhausted with no follow-through. At this time, non-traditional service referrals should be explored, such as the therapeutic dance class identified during the Family Team Meeting.

Some team members may not recognize the urgency in getting a permanency plan solidified for the focus youth prior to her brother's release from prison. As there are a number of options, immediate and ongoing follow-up is necessary to identify the most feasible plans and work on them concurrently to avoid a major disruption in the focus youth's placement. The focus youth and foster parent should be actively involved in permanency planning to help ease any transition that may be necessary.

Six Month Forecast/Stability of Findings
The focus youth's status is likely to remain status quo if it continues on this current path. Further assessment is needed to identify and address the issues/barriers that prevent the focus youth from following through with services. If the focus youth were able to actively become engaged and followed through on referrals, her situation could improve tremendously.

Practical Next Steps
1. Implement system of accountability and responsibility with youth, i.e. contracting.
2. Become informed of all placement options and explore with the family, such as:
   a. Guardianship or adoption realistically occurring before brother's release.
   b. Seeking an exception to policy for continuance of foster mother's license in the best interest of the child.
   c. Beginning foster care licensing procedures for those identified at FTM as possible caretakers.
   d. Placement in a group home
3. Reassess current tutoring services and follow up with ensuring that regular tutoring is in place.

4. Refer youth to community agency geared toward teens with extracurricular and/or educational activities, i.e. yoga or dance classes, Boys and Girls Club, the Higher Achievement Program, etc.
5. Make attempts to inform/engage bio mother on case planning activities and devise a plan to attempt to link youth with bio father.
6. Refer foster mother for training on parenting teenagers, especially on how to create boundaries and enforce rules.

60-day Follow-up

1. Social worker reported that he verbally contracted with the youth to adhere to the case plan and she is still refusing to participate in therapeutic services. Social worker did not formally contract with the youth in writing. No system of accountability in place listing specific behaviors and activities for the youth (i.e. school attendance, participating in tutoring and therapy, etc.) and consequences for not adhering to contract stipulations.
2. The team has decided to move forward with guardianship efforts.
3. The youth is not receiving tutoring services. There continues to be no sessions occurring. The social worker states that the agency continues to call the home to attempt to schedule appointments with the youth, however she has not been responsive.
4. Social worker states that he has given the youth information from DC Parks and Recreation regarding activities and contact information for dance classes. The social worker has not made any formal referrals, calls, appointments or accompanied the youth to any of the facilities/activities that were identified.
5. Social worker called the bio mother to discuss plans for guardianship in late May/early June. She is in agreement with guardianship plans. There is no indication that efforts have been made to engage bio mother in case planning activities (i.e. informing her of current case plan, asking for her impression/input on trying to engage the youth with services). Social worker enlisted the help of the Diligent Search Unit to locate the biological father that has been identified. The social worker attempted to contact the father through the last known number and address, however father is no longer there. The bio mother has stated that she sees the bio father often and knows his current whereabouts.
6. The social worker discussed foster parent training with foster mother who he stated appeared to be receptive. There has been no in depth follow up from the social worker assessing the foster parent's training needs (i.e. training on teens, support groups, etc.) or referrals or registration for training opportunities.

Additional Information

At the last court hearing mother was present and consented to the guardianship. The court is waiting for the biological father to consent. The next court hearing is scheduled for August. The social worker reported that the youth and foster parent are eager for guardianship to happen. According to the social worker it is likely to happen before September when the youth's incarcerated brother will return to the home. The social worker did not identify any other permanency plans/options should guardianship not be granted.

Quality Service Review
Written Case Summary

Case #18
Date of Quality Service Review: May 14 and 15, 2007
Youth's Placement: Group Home

Persons Interviewed (12): Focus youth, Guardian ad litem (GAL), school therapist, social worker, Assistant Attorney General (AAG), Magistrate Judge, group home case manager, and volunteer advocate. While the treating psychiatrist did not participate in the interview process, she provided written documentation regarding the focus youth's medication management.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an 18-year old African-American male, who resides in a group home outside of the immediate Washington, D.C. area. He has a permanency goal of Alternative Planned Permanency Living Arrangement (APPLA). He does not have contact with either of his birth parents. Reportedly, he has several younger brothers, who have been adopted. He has contact with his youngest brother, who resides in the Midwest.

The focus youth became known to the Child and Family Services Agency (CFSA) in 1993, when the agency received a report that the focus youth and two of his younger brothers were being neglected and were without parental supervision. His mother reportedly had a substance abuse problem. The focus youth was initially placed with his maternal grandmother until she passed away. He was then placed in various foster homes that failed due to his aggressive behaviors. He has an extensive history of psychiatric hospitalizations and residential treatment placements. He has numerous diagnoses, including Intermitted Explosive Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactive Disorder, Conduct Disorder, and Cannabis Abuse. He is prescribed Risperdal, Wellbutrin and Benadryl.

This case is managed by CFSA and a private agency for case management services. The private agency provides individual and group therapy, a Level IV special educational setting, therapy in school, vocational training, and monthly medication management. The youth has a volunteer advocate provided by the court and receives tutoring through CFSA.

Youth's Current Status

The focus youth is a tall young man with an engaging smile. Parties interviewed describe him as an athletic, articulate youth, who presents well when he wants to. He is also a self-advocate. Several of his challenges are his impulsivity, distractibility, angry outbursts when he does not "get his way," and violent/aggressive behaviors towards his peers. The youth describes himself as handsome, athletic, and intelligent. He also identified challenges: his anger and his "getting into trouble with other kids."

During the past two years, the focus youth returned from a residential treatment facility and has had at least four group home placements (within the same group home program) due to aggressive behavior and/or safety concerns.

The focus youth is presently in the eleventh grade at a Level IV special education placement for his diagnosis of Emotionally Disturbed. He has a history of suspensions, including several during the 2006-2007 school year (although none during the last few months), due to violent or aggressive behavior towards other students. He is passing all of his classes. He receives weekly therapy at school. His school therapist indicated that, behaviorally, the focus youth has behaviorally deteriorated in the past three-to-six months. He participates in the school's vocational nursing courses as he aspires to be a nurse.

The focus youth is reportedly healthy and is current with his physical and vision evaluations. He is in need of a dental appointment, and it was reported that he needs a new pair of eye glasses due to breaking his other pair. The youth expressed a concern with a recent skin rash on his neck and problems with a discoloration on his toes. These problems had not been reported to the social worker at the time of this interview. The focus youth also receives monthly medication management. It is reported that he is medication compliant, although the school "doubts that he takes his medication". The youth indicated that he takes his medication and that it "helps," yet he expressed reservations about the "real need to take the medicine."

The youth has interpersonal connections with his volunteer advocate, who has been involved in his case since approximately 1994. He maintains a connection with one of his previous foster families and a young man who is known to that family. In addition, he has a relationship with his youngest brother, who resides in a different state.

In March 2007, the youth was arrested for possession of marijuana. He is being charged as an adult and his court case is on-going in Maryland.

Parent/Caregiver's Status

The group home staff provides for all of the focus youth's physical, mental, and emotional needs. The youth indicated that he can talk with his case manager, his psychiatrist and his two therapists. He expressed a good level of satisfaction with his providers. Other parties did not express concerns with the physical or emotional support provided by the group home. While one interviewee expressed concerns regarding the group home's diligence in supervising the youth, all other parties, including the social worker, expressed that the group home organization was conscientious regarding safety for the focus youth.

Factors Contributing to Favorable Status

A major strength in this case is the youth's participation in treatment team meetings, Individual Education Plans (IEP), and court. He engages in therapy at school and out-of-school; he is reportedly medication compliant; and he is a self-advocate. While he has not been able to control his behaviors, he is able to acknowledge some of his challenges, especially his anger issues. The fact that he has been able to engage in positive relationships with his therapist, community support worker, school staff, and CFSA staff shows his desire to connect with people and improve his life circumstances.

The focus youth's younger brother's adoptive mother has preserved and encouraged a relationship between the boys even though she resides in a different state. In fact, she arranges for the boys to see each other when her family visits the Washington, D.C. area, and the youth visited her home in May 2007.

The group home program has continued to work with the focus youth despite his aggressive behaviors. Even though the youth has moved multiple times within the program, he has been able to maintain his current case manager with whom he appears to have a positive relationship. In addition, the program is making an effort to keep him in his current area due to the youth's strong resistance to returning to the Washington, D.C.

Factors Contributing to Unfavorable Status

While there are no immediate safety concerns for the youth at home, school or in the community, there is still the persistent knowledge that this youth is very unstable behaviorally and could become aggressive with someone at any time. This behavior makes his group home and school placements tenuous. In addition, his existing adult criminal charges are unresolved.

A key challenge for the focus youth is his level of life skills. Each team member indicated that the youth is not capable of living even in the lowest level of an independent living program due to need for constant supervision. At eighteen, he has never been employed, he does not have a bank account, and he has not practiced budgeting.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

All parties expressed a high satisfaction with court. Persons, including the focus youth, stated that they felt respected and listened to by the court. The youth indicated that he was given ample time to talk with the judge in order to discuss his thoughts and needs. The judge indicated that the social worker and the Guardian ad litem are "on top of things" in this case, and that there appears to be good communication between the parties prior to court. The judge indicated that the social worker completed thorough court reports and submitted them in the allotted timeframe and that there no major issues with the agency not completing court orders in a timely fashion.

Engagement of the focus youth is a strength for the system. He participates in his treatment team, IEP meetings, and court hearings. He is engaged in multiple services (therapy and medication management), and persons interviewed did not identify any additional services that were needed on the youth's behalf that have not already been offered and rejected by the youth.

The agency is supporting the youth in maintaining several of his interpersonal relationships through encouraging visitation with his previous foster family and neighborhood friend, and financially providing for the youth's airline travel to visit his younger brother.

What's Not Working Now and Why

While the right people are involved in this case, there is no comprehensive communication. Team members complemented several professionals on positive and timely communication, yet

at the same time expressed a desire to have an increase in communication with others. There appear to be small pockets of people meeting and talking. The parties each named a different leader of the team, ranging from the Guardian ad litem to the group home case manager to the CFSA social worker. The school is not feeling "in the loop" regarding events that happen to the youth. It was stated that in order to enhance working with the youth it would be beneficial to exchange case/treatment plans and receive information prior to hearing about it from the youth. For example, the youth was experiencing a great deal of anxiety over flying to visit his younger brother. The school counselor stated that he could have worked with the youth on alleviating this anxiety and could have also been proactive in responding to the youth if he had a negative experience during the trip.

There are concerns the youth will not be sufficiently prepared for independence, due to his lack of key skills (employment, budgeting, etc) and his need for constant supervision. At present there are no Independent Living Programs (ILPs) in the youth's community, and he refuses to return to Washington, D.C. If he should stay in the group home setting until his emancipation, he will need a creative plan for teaching him appropriate life skills needed for independence. In addition, the youth reported he is unsure of the amount of community service hours he needs to graduate.

Concurrent planning is also a concern. Even though the youth has a permanency goal of APPLA, he has a strong desire to return to his last foster care placement. The youth is allowed overnight visitation with this family, yet those visits have become less frequent. Several people stated that the youth will be "devastated" if he is not allowed to return to this family's home. Reportedly, the family is ambivalent regarding providing a permanent home for the youth, and his return to the placement is contingent on his maintaining positive behavior. This may be too high of an expectation due to the youth's long history of mental health and behavioral needs. The youth feels that "no one tells me anything" about him being placed in this home. He desires to reside with this family so much that he was unable to identify where he would live if he could not live with this family.

Six-Month Forecast/Stability of Findings

With the exception of one person, all parties had trouble predicting the six-month forecast for the focus youth. They projected their wishes for him: that he maintains his acceptable grades, that he refrain from physical altercations, etc. The reviewers in this case believe that this case will remain status quo because the professionals are already dealing with the focus youth's cycling behaviors.

Practical Steps to Sustain Success and Overcome Current Problems

1. Exchange CFSA, school, and group home case/treatment plans, at least, twice a year. This will allow the professionals to be aware of the youth's treatment goals and work in conjunction in order to reinforce behavior and goal achievement. All case/treatment plans will be placed in the youth's record.
2. The youth should be linked as soon as possible with the newly hired group home vocational specialist in order to assist him in obtaining employment. Team members should assess the level of hands-on, practical, and concrete assistance that the youth may

need. An additional suggestion is to research an internship or community service hours within a nursing home or medical facility in order to nurture his desire to become a nurse.

3. Social worker will attempt to identify alternative resources that may allow the youth to remain in his current community as he refuses to return to the Washington, D.C. area.
   a. Social worker will submit an application for SSI on behalf of the youth.
   b. Social worker will meet with the placement administrator regarding how to place and pay for a youth's placement in an ILP outside of Washington, D.C.
   c. Social worker will meet with administrative staff of the youth's group home program in order to develop an alternative/"out of the box" plan for teaching the youth essential independent living skills should he remain in a group home setting until he reaches twenty-one years of age.
   d. Social worker will meet with OCP staff to discuss alternative placements in his community.
   e. Social worker will assess if the focus youth is/or will be eligible for participation in the Maryland State Department of Education Division of Rehabilitation Services (DORS Program). If yes, complete appropriate requirements for acceptance into this program.
   f. Social worker will consult with the Baltimore County Department of Mental Health regarding possible housing options for the youth.
4. Social worker will utilize CFSA resources in order to reinvestigate family members on behalf of the focus youth, especially the identified cousin and aunt.
   a. Social worker will access previous records in order to discover any contact information related to these relatives.
   b. Social worker and/or group home designee will interview the youth for additional information related to his relatives.
   c. Social worker will submit a referral to the Diligent Search Unit.
5. Social worker will convene a meeting with the youth's previous foster family, to determine the family's level of commitment to the youth and reinforce that it is acceptable if the family states that they do not wish to provide a placement, but wish to be a supportive, life-time connection for the youth.
   a. If the decision is made that the family will be a permanent placement option, detailed steps and timelines will be drafted and signed by all parties. Progress should be made prior to informing the youth of the placement in case the family does not follow through.
   b. If the decision is not to provide a placement, develop a plan with the youth's team, especially the foster family and the youth's two therapists, so that an FTM-type meeting can be held in order to inform the youth of this decision and therapeutically deal with his emotional and physical reactions. Either way, visitation with the family should be encouraged and supported. The key for this youth is to maintain an interpersonal relationship with this family, in order to build upon his supports outside of the system.

60-Day Follow-up

1. Social worker contacted the focus youth's school to discuss an exchange of treatment plans. The school therapist indicated that he was not interested in this exchange as the school "deals with school issues."

2. Social worker is unaware of the youth meeting with the group home's vocational specialist, but the youth has obtained a job at a local sporting arena. He is also scheduled for a vocational assessment to occur during the week of August 6, 2007. The social worker has spoken with the youth and group home staff regarding identifying a local hospital or nursing home where the youth could volunteer. No site has been identified as of yet, but she will continue to encourage the staff to work with the youth on establishing a connection.
3. As this recommendation requires multiple steps, the social worker was able to prioritize several of the tasks. She completed the paperwork necessary to change the youth's DC Medicaid to Maryland Medicaid. Her next step will be to complete the documents necessary for SSI. It is her hope that after these two items are in place for the youth, additional resources in Maryland will then be available for him. She has also received information for the DORS program in Maryland.
4. The social worker has spoken with the focus youth regarding information on biological relatives, but he was unable to provide further details. The social worker talked with a diligent search investigator who referred her to the diligent search supervisor due to the lack of familial information. In addition, a CFSA supervisor who is involved in the development of the Family Find Project has contacted the social worker to discuss possibilities in locating some of the youth's relatives.
5. Social worker invited the previous foster parents to the July 2007 Administrative Review meeting, but they did not come. They have not returned any telephone calls made by the social worker. She stated that the focus youth does not talk about this family "much any more" but that he still attempts to have contact with them.

Quality Service Review
Written Case Summary

Case #19
Date of Review: June 14 and 15, 2007
Youth's Placement: Kinship Placement

Persons Interviewed (7): Social worker, supervisor, Guardian ad litem (GAL), Assistant Attorney General (AAG), clinical director for the wrap-around service program, educational advocate, and focus youth

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family
The focus youth is a 13-year old, African-American male, who has resided with his "paternal aunt" in a kinship provider home since he was approximately two years old. He has a permanency goal of adoption with this provider. He has limited, supervised contact with his birth mother. Reportedly, he has two older sisters and one older brother. One of his older sisters resides in an Independent Living Program (ILP), and his brother resides in a therapeutic foster home.

Regarding the youth's birth father, recent paternity testing established that the man thought to be his father was not his biological father. This man, however, is the teenage sister's biological father. This man's sister is the focus youth's kinship care provider. It was reported that results of the paternity test were very distressing for the youth and the whole family. For example, the youth's teenage sister reportedly told the youth that he should not be adopted by her aunt because she was "not his real family." To the target youth, this "paternal family" is his psychological family; it is all he has ever known.

The focus youth became known to the Child and Family Services Agency (CFSA) in 1996, after the focus youth and two of his siblings were found in a home that was in deplorable condition and lacked proper food. In addition, the birth mother was reportedly a substance abuser and refused to follow through with a substance abuse treatment referral.

This case is managed by CFSA. The focus youth and his two older siblings receive wrap-around services through a contracted agency. A different program is supposed to provide community support, medication management, and therapy for the focus youth, yet, due to lack of service provision, this program is being phased out.

The youth has a history of fighting, being disrespectful, and "running into the street when he is angry." Several years ago he accused a therapist of hitting him and, on another occasion, the caregiver's college-aged son attempted to stop the youth from running in the street by wrestling him into their front yard. A neighbor reported to the police that the caregiver's son was physically assaulting the youth and he was arrested. In April 2007, the youth was arrested for bringing a pocket knife to school. As of June 2007, he was placed on a 90-day probation.

The youth has a history of psychiatric hospitalizations (his last being in April 2007), and he is diagnosed with Attention-Deficit/Hyper-activity Disorder and Bi-Polar Disorder. He is prescribed Lithium Carbonate, Wellbutrin, Risperdal, and Concerta.

Youth's Current Status

The focus youth is a handsome young man with an engaging smile. Parties interviewed describe him as personable, very intelligent, and engaging. Persons also reported several needs that the youth has, such as anger management issues, running away, and the need for more male role models in his life. The youth described himself as smart, handsome, funny, and nice. He would like to be a forensic lab technician when he grows up.

In February 2007, the focus youth entered the seventh grade at a new Level IV special education program. He is diagnosed as Emotionally Disturbed and Otherwise Health Impaired for his diagnosis of ADHD. Currently, the District of Columbia Public School (DCPS) system pays the entire tuition for the focus youth to attend school in Maryland, where he currently resides. He has a history of suspensions, although during the period under review there were no suspensions. He is reportedly doing "average" in his classes, although he was behind in several classes due to his two-week suspension in April 2007. He receives weekly group and family therapy at school.

The focus youth is reportedly healthy, yet the social worker reported that it has been approximately one and a half years since the youth has received physical or dental examinations. The focus youth receives monthly medication management, but this is going to change, as parties are not satisfied with the services provided by the current psychiatrist. It was reported that he is currently medication compliant, although on the day of his interview, the youth stated that he had not taken his medication that morning. There appear to be issues with medication, as evidenced by a court order requiring that the caregiver must notify the agency immediately if the youth refuses to take his medication.

Parent/Caregiver's Status

All parties interviewed indicated that the caregiver provides adequate physical support to the focus youth. While all parties indicated that the caregiver is "committed to the youth" and appears to love and care about him, she struggles with providing the level of structure that many team members believe should occur. An example is that the focus youth was refusing to go to summer camp and the caregiver did not know how to "make him go." The social worker took a stand, and the youth went to camp. He considers her home as his home and her as his "mom." The caregiver has been highly engaged in identifying an appropriate school for the youth and in the family therapy required at school. She engages in agency meetings and court. In terms of adoption, while all parties report that she is committed to providing care for the youth, she has reservations regarding finalizing his adoption due to his mental health needs and financial issues.

Factors Contributing to Favorable Status

The child is safe and stable in his home and school. Parties feel that his new school is the best possible placement for him, due to the school's ability to handle his emotional/behavioral needs while at the same time challenge him academically.

Another strength in this case is the caregiver's participation in Individual Education Plans (IEP) meetings, family therapy in school, engagement with the agency's social worker regarding case planning and identification of the youth's needs, and court.

Factors Contributing to Unfavorable Status
While there are no immediate safety concerns for the youth at home, school or in the community, there is still the persistent knowledge that this youth is very unstable behaviorally and could engage in self-injurious behaviors (running into the street and becoming uncontrollable). This mental and behavioral instability makes his goal of adoption tenuous. The caregiver, who filed an adoption petition in February 2005, has expressed concerns with finalizing the adoption due to the youth's behavior and mental health needs. She has admitted to being overwhelmed, yet several parties indicated that she has a "lack of forcefulness" with the youth, and he tends to take advantage of her and the situation.

The youth has reportedly not had a physical or dental examination in almost a year and a half. In addition, the youth is not always medication compliant and the court had to order that the caregiver must report any problems with medication to the agency immediately.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
All parties expressed high satisfaction with court. Persons stated that they felt respected and listened to by the court. The court indicated that there were no problems with court report thoroughness or submission. Several parties indicated that there were issues with the agency completing court orders in a timely fashion, yet all expressed that these problems were not the fault of the social worker.

Multiple people used the word "team" in describing persons involved in the case. People reported that an "email chain" is used to maintain communication with almost everyone. Recently, the team had major concerns regarding the lack of mental health and medication management services provided by the assigned mental health agency. Parties addressed this issue in a clinical staffing held at the agency in May 2007 and updated the court on the recommendations. It was decided that the therapeutic agency would be phased out and an alternative mental health provider would be identified. The social worker conducted an extended search for an appropriate provider and identified a private pay psychiatrist to provide therapy and medication management for the youth. This psychiatrist is reportedly familiar with the philosophy of the youth's special education setting and comes highly recommended. The social worker is working on initiating services for the youth.

What's Not Working Now and Why
Pathway to case closure is a concern in this case. The child has remained in the same kinship care placement since he was two years old. An adoption petition was filed in February 2005, and the court has waived parental consent to the adoption. The caregiver has expressed to the agency and to the court that she has reservations regarding finalizing the adoption. In addition, the court indicated in a recent court order that "the agency has made extreme efforts to achieve permanency in this case; however, [the focus youth] has emotional and mental health issues that

are so precarious at this time that it would be against his interest to finalize the adoption in this matter until [he] is stabilized." As previously stated, team members feel that the caregiver appears overwhelmed, yet there is a lack of informal supports and community connections for both her and the youth.

It is not just the youth's mental health needs that are barriers to achieving permanency. It appears as though in order to provide quality services to this special needs youth, the agency has created a situation where all services are paid directly by CFSA and DCPS (private special education school, wrap-around services, and now therapy/medication management). Payment for all services would be terminated at an adoption finalization. One major barrier is the youth's private special education school that DCPS is paying approximately $45,000 per year. The caregiver is unable to pay his tuition on her own. Once the adoption is completed, the State of Maryland has the right to remove him from that school and place him in an alternative academic placement based on their evaluation of his educational and behavioral needs. As the caregiver resides in Maryland, services provided by the educational advocate (paid for by the court) would need to be paid by the caregiver out-of-pocket or done pro bono once permanency is achieved. During the review, some parties interviewed shared that they felt it would not be in the focus youth's or caregiver's best interest to finalize the adoption at this time since vital services provided to the youth will most likely discontinue. There is no concurrent planning at this time and at least one person responded, "I'm just crossing my fingers in hopes that the adoption will be finalized."

Additionally, clarity is needed in determining which documents are outstanding for the adoption to be completed including whether or not an adoption subsidy application has been submitted, and whether or not the caregiver, who recently moved out of the District, has been referred for a new adoption home study.

Another concern in this case is maintaining familial connections. The youth is not visiting with his brother and his two older sisters, even though this is a kinship care placement and two of his siblings are in foster care. Visitation with his sister, who is resides in an ILP, has been suspended by the court due to the sister's inability to control her behavior and negative comments around the youth. For example, she has been known to make comments that the youth cannot be adopted by the aunt because "she isn't his real family" and that if he's adopted he'll "be cut off from [the biological family] forever." In April 2007, his teenage sister brought the youth to visit with their birth mother even though visitation is to be supervised by the caregiver or the agency. It is unclear as to what happened during the visit, but the youth's mental health deteriorated and he was hospitalized shortly thereafter.

Regarding the focus youth's brother, who is also in foster care, several parties indicated that they did not know much about him, including where he was placed, or why the boys were not visiting. The staff of the wrap-around services program indicated that during June 2007 they supervised a visit between the youth and his brother without the knowledge of the caregiver or the agency as they are providing services to both boys. It appears as though the visit was not closely supervised, and the focus youth became upset after two incidents occurred. The first was that the focus youth called his caregiver's daughter his "sister." His brother became very upset about this and told the youth that "she was not his sister." Later during the visit, the brother then put the

focus youth on the telephone with one of his "real" sisters, who said "something" that upset the youth.

In addition, there is an adult sister, who reportedly has random contact with all the siblings on a random basis, yet the agency is not in contact with her. The agency has not met with her to assess the appropriateness of her interactions with the focus youth considering his previous reactions from interactions with his siblings.

Six-Month Forecast/Stability of Findings

Due to the concerns related to the youth's mental and behavioral health and financial concerns, the court has postponed adoption finalization, thus it is expected at this time that the case will continue status quo.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social worker will work with team members regarding visitation between the focus youth and his older siblings as deemed appropriate.
    a. Social worker will contact the private agency social worker for the focus youth's older brother and CFSA social worker for the adolescent sister to discuss the current status/needs of each youth.
    b. Social worker will speak with the caregiver in order to ascertain her thoughts on visitation between the siblings, including the oldest sister, who is not involved in agency care.
    c. Social worker will attempt to engage the eldest sister in a meeting to identify her relationship with the family members and her level of appropriateness for involvement in the case.
    d. Information gathered about the siblings will be shared with the focus youth's new psychiatrist. Social worker will work with the psychiatrist regarding the appropriateness and guidelines for visitation among the siblings.
    e. If a visitation plan is established, social worker and all team members will monitor visitation and resulting mental health and behavioral needs as needed. Discussions will be help periodically with team members regarding the progress of visitation and make alternations as needed.
2. Even though it is unclear whether or not adoption finalization will occur, the permanency goal is still adoption.
    a. Social worker will identify the status of adoption paperwork required for finalization (i.e., adoption subsidy and home licensure). All necessary documents will be submitted.
    b. The agency will continue to assess the appropriateness of the permanency goal at least every six months.
3. The caregiver and multiple parties feel that the caregiver is overwhelmed.
    a. Social worker will provide the caregiver with the information on the "Parents Without Partners" program.
    b. Social worker will submit a referral for individual therapy for her.
    c. Social worker will continue to assess the need for additional information community supports that may be supportive to the caregiver.

60-Day Follow-up

1. Social worker reported that she has not discussed the focus youth's siblings with anyone including the foster mother, the therapist, the youth, or her supervisor. She stated that the judge indicated that she did not want any sibling visitation to occur; therefore she had not proceeded any further.
   Supervisory social worker indicated that she contacted the wrap-around services agency to discuss the inappropriateness of arranging visitation between the focus youth and his brother without consent from the foster mother or the agency. She stated that all visitation should be put on hold until the agency and the court made further decisions.
2. The social worker indicated that since the adoption was in abeyance, she is unaware of paperwork that is required to complete the adoption, nor does she know if the home is licensed or if an adoption subsidy application has been submitted.
3. The social worker attempted to provide the foster mother with the "Parents Without Partners" information, but she rejected the information.
   The social worker attempted to submit a referral for individual therapy, but the foster mother refused to work with any therapist other than a "private pay" therapist, which the agency will not do. The social worker has not talked with the foster mother about utilizing her own insurance in order to find a private therapist. The social worker indicated that she feels that the foster mother only agreed to go to therapy in court because it was "what the judge wanted to hear."

Quality Service Review
Written Case Summary

Case #20
Date of Review: June 14 and 15, 2007
Youth's Placement: Pre-adoptive home with three other siblings

Persons Interviewed (5): Supervisory social worker, GAL, therapist, pre-adoptive mother, and focus child

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about Child and Family

The focus child is a nine-year old, African-American female. Her permanency goal is adoption, and she has been residing in a pre-adoptive home with her three older siblings, ages 14, 12, and 11 since August 2006. The focus child has an eight-year old sister who is placed in a guardianship placement with an aunt. There are additional younger siblings who were born after the case opened and are not in care. These siblings reside with the biological mother. The gender and age of these siblings were not provided during this review.

The family initially became known to the Child and Family Services Agency (CFSA) in 2002 when a police officer noticed the focus child's siblings playing unattended in their yard during the morning hours. The officer entered the home and found it to be in disarray with no electricity and minimal food. The children reported to the officer that they had not seen their mother since the prior evening and further reported this was the sixth time their mother had left them overnight. The children also reported there are times when they did not have enough food to eat. The case was open for neglect due to the children being left alone with inadequate supervision, food, shelter, and physical support. The children were removed and subsequently placed in foster care.

The focus child's biological mother consented to the adoption of the focus child and her three older siblings in September 2006. The focus child's biological father, who was recently released from incarceration and has not been very involved in the siblings' lives, did not consent to the adoption. His parental rights were terminated in March 2007.

Youth's Current Status

There are no safety concerns for the focus child in her home or school. Both placements are also stable. The focus child and her siblings were placed with their pre-adoptive parents in August 2006. In November 2006, the family moved from their previous home into larger housing, and there are no planned moves for the family in the near future. Permanency prospects for this child and her siblings are favorable. The pre-adoptive parents have filed the petition to adopt the four siblings, and it is expected by all team members that the adoption will be finalized in October 2007.

The focus child is healthy and is current on all medical and dental appointments. She does not have a mental health diagnosis and is not taking any psychotropic medications. She is enrolled

in her appropriate school grade and is in regular education classes. Her grades are reportedly average to above average. All persons interviewed describe the focus child as being bright and articulate. Progress notes in the case record show there have been instances of the focus child being talkative and disrespectful in class, but these behaviors are not frequent. She has good attendance and has never been suspended.

The focus child enjoys riding her bike, watching movies, and playing Monopoly. Additionally, she is an avid writer and participates on her church's dance team. The focus child does not have many friends and her relationship with her brothers and sister is described as shaky. However, this may be because they have not always resided in the same home together. Family therapy is helping the children adjust to living together again.

Caregiver's Current Status

The focus child's pre-adoptive parents are a middle-aged African-American married couple. They have three biological children, two of whom are attending college out of state. Their youngest child, who is 18 years old, still resides at home. The pre-adoptive parents are both employed full-time and share in maintaining their household responsibilities. They provide sufficient physical support to the focus child and her siblings. Their large home offers adequate space for each of the children. The children also have ample clothing and food.

Persons interviewed shared concern about the pre-adoptive parent's ability to provide a high level of emotional support to the focus child and her siblings. While they do have a good relationship with the children, they were described by some team members as having a strict and rigid parenting style.

The pre-adoptive parents are active participants in the children's lives. They attend court hearings, participate in in-home therapy, and transport the children to all medical appointments. The pre-adoptive mother reported she had contact with the focus child's school teachers although she did not attend PTA meetings. She has enrolled the focus child and her siblings in camp for the summer.

The pre-adoptive parents are also highly engaged with the other team members. The pre-adoptive mother reported speaking to the GAL and social worker frequently. The pre-adoptive parents are making diligent efforts to adopt the sibling group. They have filed the petition, moved into a larger home to better accommodate the children, attend necessary court hearings, and are participating in in-home therapeutic services. They are aware of the time frame for adoption finalization and what needs to happen for the finalization to occur.

Factors Contributing to Favorable Status

The focus child is described as possessing many strengths. She is smart, articulate, and placed in her appropriate school grade. While she does struggle at times with math, she is still described as a good student. She is the only one of her siblings who does not have and IEP or receive special education services. The focus child has not exhibited any behavior problems at home. She is described as being the most stable of her siblings and is also reported to have a clear understanding of her impending adoption.

The foster parents can be commended for their decision to adopt the sibling group, allowing the children to sustain their familial bond. The pre-adoptive mother is also interested in maintaining the siblings' relationship with their younger sister, who is placed with their aunt. She reported the younger sister will be visiting the siblings in their home in the near future.

Factors Contributing to Unfavorable Status

Some persons interviewed expressed slight concern about the rigidity of the pre-adoptive parents' rules for the children in their home. The family moved to a brand new home in November 2006, and the children are not allowed in certain areas of the home. They also must ask permission to watch television. Further, the children have complained about their punishments in the past. For instance, a typical punishment consisted of having to go to their room and write sentences, which the children were not used to doing. Both the pre-adoptive parents and the children have had difficulty adjusting to the new family situation, but all parties report improvements have been made.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working

There is an established team of professionals working together to provide services for this family. The CFSA social worker has only been assigned to this case since March 2007 and has established adequate rapport with the children and pre-adoptive parents. She visits the home twice monthly and maintains contact via telephone with the family on a consistent basis. The GAL in this case has known the children for over three years and is very involved. He visits the children monthly, and the pre-adoptive mother reports he is always available to answer any questions she may have. The judge in this case is also very involved and supports the agency's efforts toward achieving the goal of adoption.

All team members share a similar assessment and understanding of this case. All persons interviewed are knowledgeable about the time frame for the adoption, and the team is working diligently to achieve the adoption finalization. In addition to being diligent, they also made a careful decision to plan for the adoption by ensuring the family is involved in therapy for a period of time prior to finalizing the adoption.

Services for this family are implemented in a timely manner. When the children complained about the pre-adoptive parents' discipline methods, the team members met informally to discuss other options. As a result, a therapist from Beyond Behaviors was placed in the home to teach the parents behavior management techniques. The focus child and her siblings are also receiving in-home individual and family therapy to help prepare them for the adoption and ease their transition into their adoptive home. Tutoring and mentoring services were discontinued after the family moved to their new home in November 2006, and the social worker has submitted a referral for the tutoring services to resume. The pre-adoptive mother does not believe mentoring services are needed at this time because the focus child is currently involved in several activities.

The focus child and her family have a wide array of informal supports. They are very involved in church and the pre-adoptive parent's family members provide additional support to the

children. There are also previous foster parents who have offered to provide respite care when needed.

What's Not Working
There is an outstanding court order for the focus child and her siblings to participate in bimonthly visits with the sister who lives with their aunt. It was reported in the interviews that these interviews are not occurring as ordered. Although primary responsibility for coordinating these visits rests with the sister's private agency social worker, the CFSA social worker should be more proactive in monitoring the visits to ensure that they do occur because it is important for the focus child to sustain contact with her younger sibling.

The other things that were not working well in this case have already been identified and addressed by the team members. The pre-adoptive parent's discipline was a concern as was the children's feelings about being adopted by this family. Discussions around these issues have taken place and therapy and behavior modification interventions have been implemented.

Six Month Forecast/Stability of Findings
It is expected that the adoption for the focus child and her three siblings will be finalized in October 2007. Services have been implemented to assist the family in preparing for the adoption. If the adoption is finalized within this timeframe, it is believed the focus child's status will improve in the next six months.

Practical Steps to Sustain Success and overcome Current Problems

1. CFSA social worker should continue to monitor therapy for the focus child and her siblings and ask the therapist to submit written copies of treatment plans and progress notes to include in the case record.
2. CFSA social worker should collaborate with the private agency social worker to ensure court ordered sibling visits are occurring bimonthly.
3. Reconvene to discuss possibility of a mentor for the focus child after therapeutic services conclude.

60-Day Follow-Up

1. The new worker has been monitoring the individual and family therapy for the children. He has received two reports from Beyond Behaviors who provides the family therapy and at least one report from CASE, who provides the individual therapy.
1. The sibling visits continues to be a problem. The worker reported that there was a meeting scheduled with the private agency to address the issues regarding the sibling visits with the child in care. As a result of the meeting the children had two weekend visits with their younger sibling who resides in a separate home. The plan is to continue to coordinate weekend visits, as the children want to spend more time with each other.

Additional Information The case was transferred to the training unit to a new worker and supervisor. The information provided was from the new worker who was not aware of the QSR or the next steps. However, he provided the information from he has been doing since receiving the case in July 2007.

Quality Service Review
Written Case Review Summary
Child and Family Services Agency

Date of Quality Service Review: July 18 and 19, 2007
Youth's Placement: Foster Home

Persons Interviewed (9): Focus youth, foster mother, birth father, Guardian ad litem (GAL), therapist, social worker, Assistant Attorney General (AAG), mentor, adoption recruiter

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts About the Child and Family

The focus child is a seven-year old, African-American male, who resides in a foster home with his eleven-year old sister. He has a permanency goal of adoption. He has weekly supervised visitation with both of his birth parents and two of his three older siblings, who reside with the birth mother (one of his brothers has chosen not to come to visits).

The focus child's family has a history with the Child and Family Services Agency (CFSA) from 1998 through 2000, and 2001 through 2002. The focus child became known to CFSA in September 2003, when the case was opened for domestic violence, unstable residence, lack of supervision, and the mother's drug usage. The focus child and his sister were placed in foster care until they were reunified with their mother after she entered the family court drug treatment program. Later that month, the birth mother relapsed and the children were placed in foster care again.

The record indicated that in 2004, the birth mother placed the focus child and three of his older siblings in the care of one of her friends. It is reported that he and his siblings were sexually abused by the other children living in this house. The record showed that the children were interviewed, but there were no follow-up documents relating to the outcome of the criminal case or services provided to address the abuse.

The case is managed by CFSA. The focus child receives medication management and weekly therapy through a contracted mental health agency. He also receives mentoring services.

Child's Current Status

The focus child is an active young boy with an engaging smile. Parties interviewed described him as energetic, loveable, affectionate, and charming. They also reported that several of his challenges include his impulsivity, distractibility, anger, and violent/aggressive behaviors towards his sister and others when he "does not get his way."

The focus child was promoted to the second grade and receives no special educational services. Parties indicated that he is an average student academically but exhibits negative behavior (physically fighting with other students, walking out of the classroom, talking back to the teacher) in the classroom that impacts his learning and socialization. Concerns were raised regarding the child's speech and language abilities, as he is difficult to understand. The foster mother reported that the speech therapist at the elementary school conducted an assessment in

May 2007, and determined that he did not need further assessment or speech services. At the time of this review, the child's mental health therapist recommended a formal speech and language assessment.

The focus child receives weekly therapy and monthly medication management. He is diagnosed with Attention-deficit/Hyper-Activity Disorder; although he also displays some Oppositional Defiant Disorder behaviors. He is currently prescribed Concerta. Therapy has focused on the following issues: anger management both at school and home, separation anxiety, and adoption issues. The therapist works with the school and the foster mother in utilizing behavior management techniques such as: the "ugly face pillow," self-soothing time-outs, and using his verbal skills over hitting others.

The focus youth is reportedly healthy and is current with his physical and vision evaluations. It is reported that he experiences enuresis every night. He is in need of a dental appointment to repair an existing cavity.

Parent/Caregiver's Status

The foster mother is a single, African-American female. She provides for all of the focus child's physical, mental, and emotional needs. He refers to her as "grandma." The foster mother was able to describe several of the child's strengths and, even though she discussed many of his challenges, she described them in a concerned manner and appeared dedicated to helping him. All parties, including the birth father, reported that the foster mother is doing a wonderful job taking care of the focus child and his sister.

Factors Contributing to Favorable Status

The focus child's stability at home and school is a strength in this case. As previously stated, the child had two separate foster care entries, and the agency was able to place both his sister and him in the same foster home. This placement also meant that he returned to the same elementary school.

As previously stated, all parties reported that the foster mother is loving and caring, and one person reported that she "goes above and beyond" trying to learn different ways to deal with the focus child's behaviors. She has been responsive to the therapist's behavior management techniques, even though they have not been consistently successful. She is a special education teacher at the focus child's school and is involved in working with his teachers and advocating for any necessary services.

Factors Contributing to Unfavorable Status

The focus child's behavior at home and school is a challenge in this case. He hits his sister and throws things at his foster mother. He has temper tantrums when he "doesn't get his way." While he receives therapy each week and is medication compliant, the foster mother reports that success is inconsistent. There are reports that the child is able to control his behaviors completely (the acting-out and his enuresis) for several days in a row when he is on vacation or when the foster mother's college-age daughter visits. This has lead some team members to question how deliberate are his outbursts. There are additional concerns that the child's behavioral needs may have a negative impact on a future adoption.

In addition, the report of sexual abuse and lack of information related to the outcome of the allegations could also impact a future adoption. During this review, the social worker did not have knowledge of this report and it appeared as though the therapist had no knowledge either. It is unclear if the child's current behavioral issues could stem from this past abuse and the lack of intervention.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Maintaining family connections is a strength in this case. Initially, visitation between the birth parents and the children was unsupervised at the children's school. Recent concerns were raised stating that the birth mother was telling the children that they were going to be either reunited with her or going to live with their eldest sister. This caused emotional upheaval in the children and the agency took steps to have supervised visitation every week. In addition, the birth mother often brings two of her three older children to visits.

Team members appear to have a good assessment of the child and his family, and they work towards getting appropriate services implemented. This includes monthly medication management, therapy, mentoring, and the issues with visitation.

Most people are aware of the permanency goal of adoption and are actively working towards goal achievement. The agency has made excellent recruitment efforts and a Termination of Parental Rights (TPR) motion has been filed with the court.

What's not Working Now and Why

While there are many strengths in this case, there are several areas in need of improvement, primarily with teaming, coordination/leadership, and case planning. The social worker is the clear leader, but it appears as though her leadership style is more autocratic than participative. While the right people are involved in this case, there is no comprehensive communication, and they do not feel included or valued. Team members expressed a desire to have an increase in communication with each other, and especially with the social worker.

It was reported that the child was current with his annual physical, but he is in need of dental care. Even though the social worker submitted a referral for additional dental services, the agency has not ensured that the focus child received dental care for his existing cavity. In addition, there is no indication that the child's enuresis was addressed by a pediatrician. Furthermore, there are questions about the focus child's medication. Parties feel that the child is taking his medication, but believe that the dosage is incorrect because his behavior changes drastically after lunch. In addition, no one seems to be communicating with the treating psychiatrist. The therapist indicated that due to policy standards, he is not allowed to talk directly with the psychiatrist. The foster mother also indicated that the psychiatrist is not responsive to her questions and concerns.

Although the agency is engaging in strong recruitment efforts, there are major systemic barriers to goal completion. Firstly, the agency does not have an existing contract with an adoption home

study licensing agency in Virginia, which means that all families interested in adopting the focus child and his sister (and any other DC child) are automatically excluded; in fact this problem has already excluded one interested family.

Secondly, while a TPR was filed in November 2006, an actual trial has yet to occur. This negatively impacts the possibility of placing the focus child and his sister for adoption in a state that requires that children be "legally free" prior to adoptive placement. Until the TPR has been completed, the chances of these two children being placed for adoption, any where other than DC or Maryland, are limited.

Six-Month Forecast/Stability of Findings

It is expected that this case will remain status quo due to the services received by the child (mentoring, therapy, and medication management) and the fact that the foster mother is working with the therapist in terms of behavior modification. Also, while recruitment efforts are positive, there are systemic barriers to the adoption that cannot be changed by the team members.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social worker will ensure that the focus child receives dental services to repair his cavity within 30 days.
2. Social worker will attempt to meet with the psychiatrist and the foster mother at the next monthly medication management session in order to discuss the foster mother's medication concerns and how his treatment impacts the achievement of the child's treatment goals. The social worker will also invite the therapist.
3. Social worker will explore the agency records for information related to the outcome of the sexual abuse allegations. Social worker will share all information with the therapist and request assistance in how to move forward with interventions if necessary.
4. The social worker and adoption recruiter will keep track of the TPR status and work with the AAG regarding the importance of making the focus child and his sister "legally free". This impacts the ability to place the child in out-of-state placements and how continued visitation impacts the children's mental health status when at the same time they are being asked to deal with adoption issues.
5. In terms of increasing team formation and communication, the social worker will invite the therapist, mentor, GAL, and adoption recruiter, to team meeting in the foster mother's home in order to discuss case goals, service delivery, court updates, and develop a plan for improving communication. Examples can be through email chains, Administrative Reviews, and additional meetings at the foster home.

60-day Follow-up

1. The child did not attend the September 14, 2007 dental examination because the foster mother did not take him. The social worker informed the foster mother that she needed to reschedule the appointment for a time when she was sure she could transport the child. He has not been notified of a new scheduled date.
2. The social worker has not met with the psychiatrist and the foster mother to discuss medication management concerns. The new social worker indicated that he has discussed concerns with the foster mother and the therapist, and that the therapist is mediating a meeting with the foster mother and psychiatrist.

3. The Termination of Parental Rights trial is scheduled for November 8, 2007. In terms of identifying an adoptive placement, one background conference was held, but the woman decided that she did not wish to move forward with the adoption process. Recruitment is still occurring.
4. The new social worker indicated that he was unaware of a communication problem in this case. He stated that he has talked with the foster mother, teacher, GAL, adoption recruiter, and therapist, but he has not attempted to improve communication between the parties.

Additional Information

Relatively soon after the QSR in July 2007, the case was reassigned to a new worker, after the existing social worker transferred within the agency.

Quality Service Review
Written Case Summary

Case #22
Date of Review: July 16 and 17, 2007
Child's Placement: Kinship Care

Persons Interviewed (11): Focus youth, maternal grandfather, maternal step-grandmother, Guardian ad litem (GAL), aftercare/summer camp staff member, social worker, supervisor, Assistant Attorney General (AAG), previous foster mother and previous foster father, therapist

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an 11-year old African-American male, who has resided with his maternal grandfather and step-grandmother since the beginning of July 2007. He has a permanency goal of guardianship with his grandparents. Of his three siblings, who are also in agency care, he is only placed with his older brother. His two sisters reside in separate foster homes. They have visitation twice per month; the birth parents are invited, but their attendance has been somewhat inconsistent.

The focus child became known to Child and Family Services Agency (CFSA) in September 2006, when it was reported that the birth mother was neglecting her four children and that she was in need of mental health services. The caller stated the birth mother was hallucinating, hearing voices, and talking back to them. The caller further stated that relatives had tried to get mental health services for the birth mother, but she refused services. It was also reported that the apartment was very filthy, that there was no food in the home, and the children were dirty. Upon investigation, the children were removed from the home and placed in shelter care. All four were later committed to agency care.

The focus child and his brother's cases are managed by CFSA. The case of the two sisters is managed by a contracted private therapeutic foster care agency. Since the focus child and his brother have been placed with their maternal grandparents, full case management will be transferred to the therapeutic foster care agency within thirty days.

Child's Current Status

The focus child is a friendly young man with an engaging smile. Parties interviewed described him as smart, caring, well mannered, athletic, and "charming." The child described himself as handsome, athletic, and intelligent. Since his entering care in September 2006, the focus child has had two foster care placements and his current transition into his maternal grandparents' home during the first week of June 2007.

The focus child is diagnosed with Adjustment Disorder and Attention-Deficit/Hyperactivity Disorder. He is prescribed Concerta and Risperdal. He is supposed to receive weekly therapy and monthly medication management, but reports indicated that while in his previous foster home, the foster family was inconsistent in ensuring his participation in either service. Both

therapy and medication management have improved since being placed in his grandparents' home.

At the end of the 2006-2007 school year, the focus child was promoted to the fifth grade. He repeated the third grade and is reportedly at least one grade behind in reading and mathematics. The child displayed multiple negative behaviors during the school year, including cursing, fighting, and lack of focus. These behaviors negatively impacted his learning. During the school year, a Multi-disciplinary Team meeting (MDT) concluded that the focus child was not eligible for special education services at that time, due to his improved academic functioning and behavior towards the end of the school year. The team intends on having additional educational testing completed and will continue to asses his behavior and academic achievement with the coming academic year.

During the school year, the focus child attended an after school enrichment program. He received group homework assistance and participated in the recreation activities and poetry/creative writing class. It was reported that the child excelled in the creative writing program in terms of his emotional expression.

The focus child is reportedly healthy and received his annual physical examination in September 2006. He is in need of a dental examination.

Parent/Caregiver's Status

During this review period, the focus child resided in a foster home and was then placed in his grandparents' home. The foster parents were an African-American, married couple who provided care for several children in foster care. The team expressed multiple concerns regarding the care and engagement of this foster family, although the family themselves report conflicting information. It was reported that the foster family was inconsistent in ensuring the child attended therapy, medication management appointments, and scheduled medical evaluations. The family reported that they had expressed their struggles and concerns with the agency, yet received no assistance.

Thus far, the grandparents provide for all of the focus youth's physical, mental, and emotional needs. The grandparents expressed happiness that the focus child and his brother had been placed with them and that they believe the boys will excel in their home. Since placement occurred two weeks prior to the review, the family is thought to be in the "honeymoon stage" right now. The team expressed a slight concern that the grandparents will struggle with their ability to handle all of the child's emotional and behavioral needs especially if they do not continue to consistently participate in mental health services such as therapy and medication management.

Factors Contributing to Favorable Status

The focus youth is safe. He loves living with his grandparents and multiple interviewees stated that they can see a physical change in his mood and more active engagement since being placed in his grandparents' home.

Multiple team members discussed the relationship between the focus child and his older brother. They reported that while living with the birth mother, the older brother held the familial role of

"disciplinarian." The grandparents are aware of this problem and closely monitor the boys' interactions. The team believes that the grandparents will be able to monitor this behavior and assist the older brother in letting go of that role.

The grandparents participate in court, IEP meetings, and therapy. They have completed their home study licensure and are attempting to work with both the agency and the private foster care agency. They have assisted in maintaining family connections between the focus child and his other birth family.

Factors Contributing to Unfavorable Status

According to interviews, the focus child is in need of individual tutoring. Several parties were under the impression that the after care program was providing tutoring services, yet the after care staff reported that they provide group homework assistance not individual tutoring. Multiple people expressed that if the focus child is not provided with one-on-one academic assistance he will continue to struggle in school and could potentially fall even further behind in reading and mathematics.

While the focus child is current with his annual physical medical examination, he is need of a dental examination. There is a dental appointment scheduled for July 2007, but this is far behind schedule.

The grandparents are not of one accord regarding the timeframe for achievement of the permanency goal of guardianship. The grandfather believes that the mother should be given more time to reunify with the focus child and his brother, whereas the grandmother indicated that the decision has already been made by the court and that they were moving forward with guardianship. Parties feel that the grandfather has not confronted his daughter's mental health needs and her inability to reunify with her children and this inability to see the reality of the situation may slow timely guardianship completion.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

All parties expressed a high satisfaction with court. Persons stated that they felt respected and listened to by the court. All parties indicated that most problems/issues are addressed prior to court.

The social worker has done an excellent job in his attempts to engage the birth mother, despite her cognitive deficiencies and mental health issues, in case planning and visitation with her children. He continued this engagement after the focus child's permanency goal was changed to guardianship over reunification and visitation should have been the responsibility of the private foster care agency, who was not participating in visitation at all. In addition, the focus child's grandparents are also assisting in maintaining familial connections by assisting with some transportation, allowing the birth parents to call the boys at their home, and supervising one sibling visit per month.

Parties appear to have a good assessment of the focus child and his needs. Parties were able to identify his academic issues and contemplate how his adjustment to foster care and his own attention difficulties impact his behavior at home and in school. They identify that the permanency goal of guardianship with his grandparents is the most appropriate goal for him and foresee improved behavior and adjustment with this plan.

What's Not Working Now and Why

Communication among team members is a concern in this case. The social worker is the clear leader, but it appears as though he tends to be more directive than collaborative when working with the team. There appear to be small pockets of people talking, but there is a lack of unity and information sharing, and people do not feel that their needs and opinions are valued.

In addition, there is major concern related to the transition from agency case management to the private foster care agency. Parties fear that services will cease (tutoring, transportation, after care program services) and that family engagement will become non-existent. Two major concerns related to engagement are with the birth mother and visitation between the birth parents and all four children.

As previously stated, there are been problems with medication management on behalf of the focus child. The previous foster parents were inconsistent with ensuring the child attended his monthly medication management appointments, and it was reported that they did not ensure the child took his medication for "several months." Since being placed in his grandparents' home, they have ensured that he has received his medication, yet they have expressed that they do not believe the child needs medication.

Six-Month Forecast/Stability of Findings

Since his placement with his grandparents, the focus child has improved his behavior and his attitude. The grandparents have ensured that he is attending therapy and is medication compliant. They are also working with the agency to ensure birth family connections with the birth parents and sisters are maintained. Due to this new placement and increased stability in therapeutic services, it is expected that this case will improve.

Practical Steps to Sustain Success and Overcome Current Problems

1. The social worker will ensure that the focus youth attends the dental examination scheduled in July 2007.
2. Social worker and supervisor will facilitate a meeting between the birth mother and the contracting agency's social worker. Social worker will involve the CFSA program monitor if needed. This will need to occur prior to or immediately following case transfer.
3. During the case transfer meeting, the social worker and agency monitor will clearly outline the list of services and activities needed for the focus child and his siblings (weekly visitation, medication management, tutoring, therapy, documentation of engagement of the birth father, etc).
4. Social worker will update the Guardian ad litem (GAL) on issues discussed during the case transfer so that the GAL will be able to monitor the private foster care agency's continued case management.

60-Day Follow-Up

1. The youth received a dental examination on July 28, 2007.
2. The social worker ensured that the birth mother met with the contracting agency's social worker at least twice where visitation and change in agencies was discussed.
3. There has not been a case transfer meeting yet due to the fact that the private agency would not agree to provide transportation for the focus child to attend his summer program every day. CFSA felt that this program was important for the child to attend, so the case was maintained in order to provide the service. A case transfer needs to be scheduled.
4. As there has been no case transfer meeting to date, the social worker has not had the reason to update the GAL on what occurred.

Additional Information

This reviewer believes it is confusing for all parties when there are two agencies are involved in a case and there is no clear line of who is really in charge of the case.

Quality Service Review
Written Case Summary

Case #23
Date of Review: July 16-17, 2007
Youth's Placement: Residential Treatment Center (out of state)

Persons Interviewed (6): CFSA social worker, youth, maternal grandmother, biological mother, therapist, and GAL

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about Youth and Family

The focus youth is a 16-year old African-American female who is currently placed in a Residential Treatment Center (RTC) in South Carolina. Her permanency goal is guardianship with her maternal grandmother. The youth was placed in residential placement in February 2007. Prior to residential placement, the youth resided with her maternal grandmother.

The youth's case became known to the Child and Family Services Agency (CFSA) in September 2005 when a hotline caller reported the youth was being neglected by her mother. The caller reported the youth had been missing for over a week and the youth's mother did not file a missing person's report. After being located, the youth came to school with bruises on her body and disclosed to school officials that her mother refused to allow her back into the home. The youth was brought to CFSA for placement, and her mother was substantiated for abuse because she admitted to hitting the child and using a belt.

The youth's mother relinquished parental rights in 2006 because she believed she was not receiving any assistance in addressing her daughter's behaviors, which included absconding, having unprotected sex, using marijuana and skipping school. She does, however, maintain contact with the youth. The youth has sporadic contact with her biological father. The youth has three younger half- siblings who remain in the custody of the mother.

Youth's Current Status

The focus youth is safe in her current placement. She resides in a locked residential facility and does not pose a threat to herself or any of her peers. While the focus youth resided with her maternal grandmother, she frequently absconded, failed all of her classes, and refused to attend school. Since placement in residential, the youth's grades have improved and she is attending school daily. She is not in special education and does not have an IEP. All team members believe there is no need for educational testing because the youth is capable of doing well in school but failed all of her classes previously because she was not attending school.

The focus youth is described as having several strengths. She is skilled in cosmetology and taking care of children. She is also described as smart and supportive of others. One interviewee stated the youth is often too supportive, helping others with their problems while ignoring her own. The youth has established good rapport and relationships with her peers at the residential

facility. Residential staff report the youth has remained on level and not lost any points since she has been placed there.

The youth has developed appropriate life skills. She is able to cook, do laundry, and take public transportation on her own. Additionally, she has exhibited responsible behavior by abstaining from sex and drugs while in residential. She is actively involved in individual, group, and family therapy at her residential treatment facility. The youth is current on her medical and dental appointments and is not taking any psychotropic medications. She used to wear eyeglasses but was told at her last vision appointment that she no longer needed them. Per report, however, the youth has recently complained of headaches, which may be a result of not wearing her eyeglasses.

Caregiver's Current Status

The focus youth has a goal of guardianship, and the plan is that she will be placed in her maternal grandmother's home after she is discharged from residential treatment. Prior to going to residential, the youth's grandmother was not licensed as a guardianship placement. Thus, the youth was placed in the grandmother's home as a third party placement under non-committed status. In order to provide for the youth because she was not receiving financial assistance from the agency, the youth's grandmother started working a second job.

Factors Contributing to Favorable Status

The focus youth's maternal grandmother has participated via telephone in family therapy with the youth. She has also completed the necessary requirements to become a licensed guardianship placement for the youth. She obtained all her clearances, attended required parenting classes, and also attended additional parenting classes in the community. She has visited the youth in her residential placement and speaks with her via telephone frequently.

Since being placed in residential, the youth and her mother have resumed communication. Both report they speak via telephone several times weekly. The youth reports she enjoys communicating with her mother and that her mother is one of her biggest supports. Additionally, the focus youth has improved academically and behaviorally since entering residential.

Factors Contributing to Unfavorable Status

There is slight concern from some team members that the progress the focus youth is making in treatment may be a strategy for her to be discharged from residential and returned to the district. While she has made improvement, she has only been in residential since February, which some team members believe is not long enough to truly determine if the youth has accomplished therapeutic and behavioral goals. If the focus youth returns to the district without achieving appropriate therapeutic gains, there is a possibility she will revert back to previous acting out behaviors such as absconding, having unprotected sex, using marijuana, and being truant from school.

The maternal grandmother is employed, but caring for the youth with no monetary assistance places a financial strain on her. She also desires larger housing to better accommodate the youth. Further, the focus youth's father is not very involved in the youth's life. Reportedly, most of

their communication occurs when the youth contacts him. The youth would like to speak with her father more and gets upset when he does not return her phone calls.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working

The agency has supported the youth in maintaining family connections by coordinating the maternal grandmother's visits to the youth in residential. Residential staff implemented therapeutic and academic services for the youth. She is receiving individual, group, and family therapy with her grandmother via telephone. She is also attending school daily.

The focus youth's Guardian ad Litem (GAL) and therapist are very involved in the case and provide support to the youth. The GAL maintains frequent telephone contact with the youth and remains abreast of any issues the youth may have. All team members are able to identify the youth's strengths. Some team members meet collectively to discuss the youth's progress.

What's Not Working

While there are people involved in this case who possess the knowledge and skills to adequately plan for this youth, they are not working collaboratively as often as needed to achieve the goal of successful case closure. The GAL, therapist, and maternal grandmother communicate often, but none report the social worker as being very responsive or easy to contact. There is also a very minimal relationship between the social worker and the focus youth. The social worker does not speak with the focus youth on a regular basis and therefore has not established a good rapport with the youth. The youth does not list the social worker as a support or someone she believes will assist her with a problem.

Team members do not share a similar assessment of when the youth should be discharged from residential. The residential staff are advocating for the youth to be discharged from their facility in August 2007. Other team members are not certain this discharge date is appropriate because the youth has only resided in residential for such a short time period. It is unclear if the youth has truly progressed in accomplishing her goals or if she is solely exhibiting those behaviors necessary to return home.

Although the maternal grandmother has completed all requirements to obtain the guardianship license, the agency has refused to grant the license because they are not confident the grandmother is able to prevent the youth from absconding and keep her safe while placed in the home. The assigned judge for this case has challenged the agency's decision not to license the maternal grandmother and has court ordered the social worker to follow up with the agency's licensing department to inquire the current status of the maternal grandmother's license, but at the time of the review this had not been done. Further, there is no concurrent planning occurring to determine where the youth will be placed should the agency not grant the license. The grandmother does not seem aware of the possibility that the youth may return to her under third party placement, which means no financial assistance from the agency.

Six Month Forecast/Stability of Findings
It is expected this case will remain status quo. Although the youth has shown progress in her academics and behaviors since being placed in residential, it is not certain these improvements will sustain once the youth returns to the district. The youth will be discharged within the next six months, but it is presently unclear if she will be stepped down to a group home or if she will go directly to her grandmother's home under guardianship or third party placement. Additionally, therapeutic and supportive services have not been put in place for the youth once she returns to the district.

Practical Steps to Sustain Success and Overcome Current Problems

1. Explore maternal grandmother's eligibility for grandparent subsidy and other community services that will be available to provide financial assistance and respite care.
2. Conduct meeting with CFSA licensing staff to discuss maternal grandmother's possibility for becoming licensed guardianship placement. If licensing department still refuses to grant license, request specific guidelines of what is required for maternal grandmother to become licensed. Speak with Deputy Director for Program Operations about overriding CFSA's licensing decision.
3. Submit referral for discharge meeting with OCP. Include Educational Advocate to discuss the youth's school placement. Create clear transition plan for the youth's discharge outlining services, school and home placement.
4. Challenge residential staff's suggestion of an August 2007 discharge date. Explore the youth's progress in accomplishing her therapeutic goals prior to discharge.
5. Increase communication with other team members and work on establishing relationship with the youth.

60-Day Follow-Up

1. Social worker did not explore maternal grandmother's eligibility for grandparent subsidy. She did, however, implement Intensive Home Based Services for the youth and maternal grandmother. The assigned case manager conducted an initial meeting with Ashley and her grandmother when the youth was home for the week and will continue services once the youth returns to the District.
2. Social worker has been in contact with CFSA licensing staff to discuss the grandmother's possibility for becoming licensed guardianship placement. The grandmother has sent off application for clearance renewal, and CFSA licensing staff has spoken with RTC staff to obtain information on youth's progress and her ability to be placed in the grandmother's home. CFSA licensing staff assert they are willing to grant guardianship license to the grandmother once clearances are renewed. Expected time frame for license to be granted is two weeks.
3. Discharge meeting for the youth with OCP was held. GAL, educational advocate, social worker, DMH representative, and CFSA residential specialist were in attendance. Staff from the RTC participated via teleconference. The discharge date for the youth was discussed, and all parties agreed on a transition plan. All parties agreed on an appropriate school placement for the youth. The school is holding a space for her until she returns from RTC.

4. The new proposed discharge date for this youth is in October, 2007. The youth has been making progress towards her treatment goals. She spent one week at her maternal grandmother's home in DC. While she was home, she was allowed to attend the school she will attend once she returns to DC. The youth attended school four of the five days, missing only one day for court. She and her grandmother report she adhered to the rules and curfew while home. The youth will come back next to DC next weekend to spend another week with her grandmother prior to being discharged.
5. Social worker transported the youth from RTC to DC. While she was here, the social worker visited with the youth and her grandmother in the grandmother's home. She reports she is speaking with the grandmother and other team members almost daily to ensure the youth's transition back to DC is successful.

Quality Service Review
Written Case Summary

Case #24
Date of Review: July 18-19, 2007
Youth's Placement: Group Home

Persons Interviewed (6): CFSA SW, youth, group home case manager, AAG, GAL, and FTM coordinator

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about Youth and Family

The focus youth is a 16-year old, biracial female whose permanency goal is APPLA. The youth spent her formative years with her maternal grandfather in Florida due to her mother's substance abuse, mental health issues, and inability to care for the youth. After her grandfather died, the youth lived with an uncle, also in Florida. Her uncle passed away when the youth was eleven years old, and she returned to the district to reside with a maternal aunt. The youth has an older sister who resides in Florida and had a brother, who reportedly drowned before the youth was born. The identity of the youth's father, who is Caucasian, is unknown and as a result there are no paternal relatives involved in the youth's life. Reunification with the youth's mother is not viable due to the mother's substance abuse. The youth chose not to be adopted and there are no relatives interested in pursuing guardianship.

The youth's case became known to CFSA in March 2007 after the youth reported to school staff that both her maternal aunt and her biological mother were abusing her. The youth's aunt reportedly came to the youth's school and beat her in the bathroom because she was upset the youth was engaging in sexual activity. After this incident, the youth's aunt sent her to live with her mother, whom the youth does not have a relationship with due to the mother not being involved in the youth's life as a child. The youth reports while at the mother's home, the mother also beat her. The youth left the mother's home to live with another aunt. The youth remained in this aunt's home for one month and then ran away. When she returned, the aunt would not allow her back in the home. The youth was brought into foster care because there were no other relatives willing to care for her. Since being placed in foster care in April 2007, the youth has resided in a traditional group home placement.

Youth's Current Status

The youth is in a safe and stable environment. She has resided in the same group home since she entered care and is able to remain in this home until age 18. At 18, she will be able to transition to independent living, if all team members agree she is ready. The youth has developed positive relationships with staff and other peers in her group home. She has engaged in minor verbal arguments with her peers, but the arguments were easily resolved.

The youth is not in special education classes and does not have an IEP. She is currently taking English in summer school. In addition to being enrolled in summer school, the youth is also employed through the Summer Youth Employment Program and attends work daily. She reports

she enjoys her job and has been asked by her employer to continue working throughout the school year. During the school year, the youth also participates in after-school activities.

The youth has a strong interest in photography and has expressed to all team members that she would like to go to college to pursue this field. Presently, the youth does not have a camera because the one she previously owned was left, along with other belongings, at her aunt's home. The youth's aunt has not made herself available to the youth or the youth's social worker to retrieve the camera and other items.

The youth has no health concerns and she is current on medical, dental, and vision appointments. She is also not taking any psychotropic medications. The youth has developed appropriate life skills and is able to shop for personal items, do laundry and complete household chores. For the most part, the youth has exhibited responsible behavior. She states she is no longer sexually active with her boyfriend although they have been in the past. She has missed curfew a few times, but has never stayed out all night. Further, group home staff reports the youth usually telephones to inform them of her whereabouts.

Caregiver's Current Status

The group home staff provides appropriate physical support to the youth. Her basic needs for food and shelter are met on a daily basis and the youth receives a stipend to purchase personal items not supplied by the group home staff. The youth has formed a bond with her case manager, who provides emotional support to the youth. The youth and her case manager discuss any issues the youth may have. The case manager attends court and participates in meetings. The case manager has also provided transportation when needed.

The youth's mother visited the group home unannounced once and attempted to make a scene, however group home staff were able to de-escalate the situation and have the mother leave the facility. The group home staff immediately reported this incident to all team members.

Factors Contributing to Favorable Status

The youth is adjusting well to her placement. She has formed adequate relationships with the other residents and feels comfortable discussing problems with staff. The youth is employed, attending summer school and plans to go to college after graduating high school. The youth's goals are supported by all team members.

Factors Contributing to Unfavorable Status

The youth has experienced the physical loss of her grandfather and uncle, both of whom were also her caregivers. She has issues of abandonment because of her mother being unable to care for her as a child and her recent removal from her aunt's home and placement into foster care. Moreover, she does not know the identity of her biological father. The youth and team members report she has exhibited symptoms of depression at times, but at the time of the review, the youth was not involved in individual therapy.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working

There is a solid team of professionals working together to adequately plan for the youth. The social worker and group home case manager speak frequently via telephone. They attend court hearings and meet jointly to discuss the youth's case. The team members encourage the youth to participate in her case planning. The youth's GAL has also been involved in case planning for the youth. The social worker visits with the youth at least twice monthly to discuss her case goals and any issues she may have. Each of the team members share a similar assessment of the youth's strengths and the goals she would like to achieve.

Team members have discussed the permanency goal of APPLA with the youth and she is receiving services to assist in her transition out of care at the age of 21. She receives life skills training from the group home staff, which includes information on budgeting. She has also participated in an ITILP meeting and has been referred by her social worker to the Center of Keys for Life.

The youth's boyfriend and his family are the youth's primary informal supports. The boyfriend has met group home staff and some of his family members attended the youth's Family Team Meeting. Both the social worker and group home case manager have spoken with the youth regarding maintaining healthy relationships and practicing safe sex although the youth reports she is no longer sexually active.

Although the youth's mother is not directly involved in the case, the social worker has made attempts to reach out to the mother and offer her services, but the mother has not complied. The social worker encourages the youth in maintaining connections with her family, but at the time of the review the youth reported she had no desire to have contact with either her mother or her aunt. The social worker has informed the youth that if she chooses to meet with her family, the agency will assist in coordinating and supervising visits, if needed.

The focus youth would like to meet her biological father but has received limited information about his identity or whereabouts from her mother. The agency implemented the services of the Office of the Attorney General investigator to conduct a diligent search to possibly locate the youth's father, but due to the limited information provided by the mother, the search proved unsuccessful. The social worker is willing to continue searching for the youth's father on her own, but has been advised against doing so by other team members due to concerns for her safety.

What's Not Working

While the case is presently moving smoothly, the transition of this youth's case from intake to an ongoing unit was difficult. For a certain period of time, there was no one working the case and as a result, court ordered services such as individual therapy and a clothing voucher were not implemented in a timely manner. At the time of the review, the order for the clothing voucher was still outstanding, but the initial therapy appointment had been scheduled.

It appears there is a discrepancy in the team members' understanding of the youth's academic progress. The staff at the youth's school has stated the youth will be eligible to graduate one year early. However, the youth's latest report card depicts the youth failed two subjects, which concerns team members. It is not certain if the youth's apparent decline in grades was caused by the youth's adjustment to being removed from her family's care and entering into the child welfare system. At the time of the review, a meeting had not been held with the youth's school to discuss this issue.

Six Month Forecast/Stability of Findings

In the next six months, the youth will be involved in individual therapy and have a mentor. She will continue to attend school, work, and participate in after-school activities. She will also remain in the same placement. Thus, it is expected this case will improve.

Practical Steps to Sustain Success and overcome Current Problems

1. Work on getting camera for youth through use of flex funds. Have youth match agency funds by paying a portion of her earnings towards camera.
2. Follow up on therapy and mentoring for youth.
3. Meeting with school to discuss youth's grades, impending graduation, and outline transition plan for next year.
4. Refer youth for tutoring services if team members deem necessary.
5. Revisit issues of birth control and safe sex practices with youth. Refer youth to Children's hospital or Planned Parenthood for information, if deemed necessary.

60 Day Follow-Up

1. Since the QSR, the youth has expressed to team members that she no longer wishes to pursue a career in photography and thus would not be interested in purchasing a camera. The social worker reports the youth's behaviors have declined and that she presently only appears to be interested in spending time with her boyfriend. She has missed school, a court hearing, and scheduled meetings. She is currently placed on restriction with the group home. Her restrictions include having her weekend passes taken away, having half of her clothing voucher money placed in escrow, being placed on a 4:30 PM curfew, and having to submit a daily school attendance card to the SW and group home staff.
   Group home staff report they have overheard the youth on the phone arguing and crying with her boyfriend. She has also missed her curfew and arrived to the group home "glassy-eyed and disheveled" and with a cigarette burn on her arm. The GAL met the boyfriend and believed he was under the influence of marijuana. Team members suspect the youth may also be using this drug and that there may be an issue of domestic violence. The youth missed her last court hearing, but the judge stated she will have her spot test at the next court hearing for substance use. The social worker is planning meetings for the youth with both the agency's substance abuse specialist and domestic violence specialist.
   A meeting was scheduled on September 26 for all team members including the youth, the boyfriend, and the boyfriend's family to discuss the youth's behaviors and consequences of those behaviors, but the meeting was cancelled because only the group home case manager, social worker, and GAL attended. Meeting will be rescheduled in the next two weeks.

The youth's placement is not in jeopardy, but team members are concerned about the youth's behaviors. Group home staff are willing to have the boyfriend visit with the youth at the group home so they can monitor the interactions between the two youth. These visits have not yet occurred.

2. Therapy and mentoring were implemented shortly before the QSR. The service providers come to the group home weekly to meet with the youth, but the youth has missed several appointments.
3. The youth completed summer school at a different high school from her own and earned an A in English. She currently attends the same school she has attended since 9th grade, which was prior to entering the child welfare system. Her boyfriend also attends this school. The social worker reports the youth has missed several days from school since the beginning of the semester, but the school record reports she has 100% attendance. The team has attempted to meet with the school to discuss the youth's attendance and grades, but have been unable to schedule this due to lack of cooperation from school staff. Staff continue to assert the youth is able to graduate a year early, although she failed most of her courses last year, but team members do not believe this is an accurate assessment due to the youth's poor academics and lack of maturity. Team members have begun discussing the possibility of transferring the youth to another school; however, there is concern that removing the one thing that has been constant in her life for the pass three years (school) will cause the youth's behaviors to decrease even more.
4. Team members do not believe tutoring services are necessary for this youth. Her academic history prior to entering care and her success in summer school show she is capable of achieving satisfactory grades, but her lack of attendance and over-involvement with her boyfriend prohibit this.
5. Group home staff overheard the youth on the telephone talking about pregnancy, which created concern the youth may be pregnant. She denies this claim and agreed to take a pregnancy test. The social worker is planning to take her to have this test conducted next week. She also has a gynecological appointment scheduled in October.

Quality Service Review
Written Case Summary

Case #25
Youth's Placement: Kinship Foster Care
Review Dates: August 16 - 17, 2007

Persons Interviewed: (5) Paternal grandmother and father, mother, tutor and social worker.

Facts about the Child and Family
The focus child is a 10-year old African-American female who is the fifth of seven living children. She has an older brother who has aged out of the child welfare system, a 16-year old brother in a residential treatment facility, a 5-year old sister in foster care, and a 6-year old sister who lives with her father. The focus child is currently residing with her paternal grandparents under kinship foster care with two of her siblings, ages 12 and 11. The current goal is guardianship, which is expected to be finalized within the next month. The guardianship trial was held in September 2007 and the family is currently awaiting the court order granting guardianship.

The focus child and her family became known to the child welfare system in September of 1997, when the focus child's sibling was found dead in their father's apartment. A criminal investigation was conducted, and it was discovered that 4 years prior to this incident another child was found dead in the same father's care. It was then determined that the deaths were not accidental. As a result of the investigation, the focus child and her four older siblings were removed from the home and placed in foster care. The focus youth's father was arrested and is currently incarcerated for the murders. Initially, all five children were placed in traditional foster care; however, in January 1998, the three children who share the same father – the man arrested for murder – were placed with their paternal grandparents. In 1999, the focus child and the two siblings residing with her were reunited with their mother. Unfortunately, the mother experienced a drug relapse; therefore, the children were again removed and returned to their paternal grandparents' home in April of 2000, where they continue to reside.

Child Current Status
There were no concerns regarding the focus child's safety at school or at home. She has been in the same home for the past ten years and has been attending the same elementary school for the past 5 years. Reportedly, she has passed all her subjects and will be promoted to the 5th grade. There are currently no reports of any behavioral problems, and the child appears to be adjusting well at school. Although she is enrolled in regular education instruction, she receives a few hours of special education instruction for reading and math. The focus child is also receiving tutoring in reading and math, which she has been receiving for the past 3 years, and this seems to be helping her to improve in her academics and maintain a passing grade.

Reportedly, the child seems to have a very close relationship with her grandparents, with whom she has lived since she was less than a year old, except for a brief reunification with her mother. She was described as having a great sense of humor, very expressive with her feelings, funny and a nurturing individual. The focus child appears to be functioning on par with her age and seems

to interact well with both family and friends. There are no concerns regarding the child's health and it was reported that she received her last physical examination in June of 2007. The focus child is currently in a permanent home and will remain with her grandparents, who are in the process of becoming her legal guardians.

Parent Status

The focus child's father is incarcerated, and she is court-ordered not to have contact with him, although he calls and speaks to his parents, her guardians, periodically. The child's mother does not visit consistently, as she says she cannot guarantee regular visits and therefore does not want to disrupt her children's lives. The mother is currently staying with her sister and reports she recently started a drug treatment program. She has a long history of drug use. She has not been a regular participant in case planning and says she has not been aware of the dates of the past two court hearings.

Caregiver Status

The paternal grandparents have been caring for the focus child and her two other siblings since 1998, except for a five-month period, at which time the children were living with their mother. The grandparents seem to be providing adequate care to the focus child and seem to have her best interest in mind. They are currently awaiting court orders granting them guardianship of the child and her siblings. At that point, the case will be closed. They are involved with the focus child's school and ensure that her health needs are addressed. The grandparents also initiate visits with the maternal extended family with the focus child and her siblings at holidays. They are also willing to facilitate any additional visitation with other siblings or family members with the child. They were described as having a positive attitude and being very nurturing and attentive towards the focus child.

The grandparents appear to be very involved with the case planning process and communicate regularly with the social worker regarding any issues or concerns regarding the child. They actively participate in the court proceedings on a regular basis. They are very knowledgeable about the case and all the events that have taken place since the focus child was placed in their care. The grandparents take responsibility for their part in the case taking so long to achieve permanence. They acknowledge they did not complete their paperwork in a timely manner and at one point had to start the process over again.

Factors Contributing to Favorable Status

The focus child has been in the same placement since coming into care, except for a short period when she was returned to her mother's care. She is stable and appears to be progressing well in her environment; she is also residing with two of her siblings. The paternal grandparents ensure that the child has contact with other extended paternal family members and also facilitate visits with the maternal grandmother.

The focus child has had the same tutor for the past three years, who seems to be providing the child with more than just tutoring. The tutor has a relationship with the focus child and provides the child with positive rewards for doing well, such as a trip to the mall etc.

Factors Contributing to Unfavorable Status
The focus child does not have contact with her siblings who are not residing in the same home with her. She is also not having contact with her mother. At the time of the review, it was reported that the child had not seen her mother in over a year. Due to the fact that the child is not having visits with her siblings who reside outside of her home, she does not have a relationship with them.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The court proceeding for the guardianship hearing has taken place and the family is now awaiting the court order granting them guardianship of the focus child and her sibling. This will bring closure to a case that has been open for ten years. Parties interviewed for this review felt that the judge was great and that he kept things moving, which is why they are finally where they are at this time.

The tutor who has been working with the child for the past three years is willing to continue providing tutorial services to the child for a short period of time pro bono. The tutor did not want to end the services abruptly once guardianship was granted and believed that by doing so slowly would provide for a smoother transition for the child. The tutor has been an excellent and consistent resource for the focus child and her siblings for three years.

The social worker maintains regular contact and visits with the focus child and family, considering the fact that they reside outside of the DC metropolitan area. Furthermore, the social worker appears to have been very engaged with the paternal grandparents and kept them informed on issues as it pertains to the case. Because the grandparents live many miles from the District, the social worker has had to coordinate with a social worker from the county in which the grandparents live. There were no reported concerns with this process.

What's Not Working Now and Why
The focus child has six siblings, only two of whom reside in the same home with her. Unfortunately, there is no formal visitation taking place among the siblings who do not live together. Even though two of her siblings are in care with CFSA, there are no family visits being scheduled. It should be noted that the paternal grandparents have initiated visits with the child and the maternal grandmother at holidays.

The fact that the current goal for the child is guardianship should not preclude the mother from participating in the agency's case planning process and sustaining a relationship with her children. Reviewers noted that the mother was not a part of the case planning process and that she did not have a relationship with the focus child. In fact, the mother was unaware of various changes on her case regarding her children, such as their current goals, and she was not satisfied with the services she was receiving from her social worker. She was described as difficult to track down, but the reviewers reached her easily at her sister's house. In regards to her lack of involvement, the mother took some responsibility for her past behavior; however, it was evident that there was not enough effort being put forth to keep mother engaged and involved.

Although it is a strength that the case is about to be closed, it was open for ten years, with the child being stable for the past seven years. Numerous breakdowns have occurred, and there has not been a sense of urgency regarding permanence.

Six Month Forecast/Stability of Findings

Based on the findings of this review, it is expected that the case will be closed in the next month, as guardianship would have been granted to the paternal grandparents. It is therefore anticipated that the focus child would continue to progress and do well in her grandparents' care.

Practical Steps to Sustain Success and overcome Current Problems

1. Social worker to arrange a team meeting with the mother to discuss all outstanding issues, as it relates to the children and to provide assistance as needed to get the mother re-engaged with the case planning process. This meeting should include the mother's attorney and the social worker's supervisor to ensure clarity. A written plan should be drawn up at the meeting so the mother is clear on how the case will move forward and what the timelines are.
2. Social worker to immediately initiate a visitation plan for the focus child and her other siblings, possibly utilizing the assistance of the paternal grandparents to facilitate some of the visits.

60-Day Follow-Up

1. Social worker met with the birth mother to discuss issues related to all of her children. The guardianship of the focus child was discussed and the birth mother was "at ease" with the guardianship decision. Changing the goal of one of other children was discussed and the mother was positive about helping to case plan for her two remaining children in care. According to the social worker, the mother's attorney was invited but did not attend. Further contact has been had with the attorney.
2. There is no written visitation plan regarding sibling visitation. The guardianship of the focus child and two of her siblings was granted by the court on October 11, 2007. The social worker indicated that there is a tentative plan for visitation among the siblings for Thanksgiving and Christmas, especially if the maternal grandmother is open to having the visit take place in her home and then visitation at the one brother's RTC program in the area. The social worker stated that the paternal grandparents (guardians of the focus child) were open to bringing the children into the city for special visits.

Quality Service Review
Written Case Summary

Case #26
Date of Review: August 14-15, 2007
Youth's Placement: Traditional Group Home

Persons Interviewed (5): Social worker, AAG, youth, group home case manager, and youth's brother

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about Youth and Family

The focus youth is an African-American female who turned 18 years old the week following the QSR. She is currently placed in a traditional group home and has lived in this home since being committed to CFSA in September 2006. The youth's family became known to CFSA in January 2006 when the youth ran away from her mother's home. It was reported the youth's mother was verbally abusing the youth and allegedly smoking crack. The mother's drug use was unsubstantiated, but a case was opened for In-Home services. The agency offered therapy, substance abuse treatment, and Multi-Systemic Therapy (MST) to the mother, but she refused all services. In June 2006, the youth went to live with a maternal aunt because she and her mother reportedly had a strained relationship due to the youth informing her mother she had an altemative lifestyle. The youth ran away from her aunt's home in July 2006 and was placed in shelter care in August 2006. A family team meeting was held, but no relatives were considered viable placement options at the time. The youth was given a status of commitment and brought into agency care. The youth's permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). She has a 24-year old brother who lives on his own and a nine-year old sister who lives in the home with the youth's mother. Her father's whereabouts are unknown.

Youth's Current Status

The focus youth has had only one placement, a transitional group home, since entering care and is able to remain in this placement until she transitions from the child welfare system. Because the focus youth is now 18 years old, she is eligible for an independent living program (ILP), but all team members feel she is not ready due to her difficulty maintaining satisfactory grades when in school. The focus youth graduated high school in June but was at risk of failing several classes. She did not have an IEP and was enrolled in regular education courses. She has been accepted to a local college and plans to attend in the fall but appears to have an apathetic attitude towards completing those tasks necessary to prepare for the fall semester. The youth is employed at a coffee shop, where she works 40 hours weekly, and the Young Women's Project, where she works approximately 32 hours monthly.

There are no safety issues for the youth in her current placement, and she exhibits appropriate emotional and behavioral well-being. She reports she has one friend in the group home but does not get along well with the other residents. One of the group home rules, which is intended in part to develop the residents' daily living skills, is that each resident cook for the other residents one week per month. The focus youth has not been adhering to this rule because she does not

feel it is fair for her to cook when she is busy working most days and the other residents are "not doing anything." The youth has not absconded since January but has had a few curfew violations. However, the youth is usually working late when she misses curfew, and group home staff report she calls to inform them of her whereabouts.

The youth is open about her alternative lifestyle and all team members report she is engaged in healthy relationships. There are no health concerns for the youth. She has a physical appointment scheduled in September and is current on her dental and vision appointments. She participated in a psycho-educational evaluation in December 2006. The youth does not have a psychiatric diagnosis and is not taking any medications.

Caregiver's Current Status

Staff members at the youth's group home provide adequate physical support to the youth on a daily basis. The youth reports she is able to talk with one staff member in particular about any issues or problems she may have. The staff set forth rules that the youth and other residents must follow accordingly. If the youth or other residents do not follow the rules, they are given reasonable fines or restrictions of privileges. Group home staff report they have an adequate rapport with the youth's social worker and GAL and share any problems or concerns the youth experiences while in the group home with other team members in a timely manner.

The youth is assigned a case manager at the group home who is responsible for monitoring the youth's progress and ensuring the youth is receiving needed services. The youth's group home case manager has attended court hearings and school meetings and has a general understanding of the youth's permanency goal. The group home case manager has also begun planning with the youth's social worker for the youth's transition to an independent living program.

Factors Contributing to Favorable Status

Although the youth struggled to maintain average grades in high school, she graduated on time and has been accepted to a local university. When the youth was in high school, group home staff regularly discussed the youth's academic progress with the youth. The youth maintains consistent attendance at both her jobs and was a member of the D.C. Mayor's Youth Advisory Council. Team members and the youth acknowledge she loves to work at her jobs and takes pride in her peer leadership skills. All team members are accepting of the youth's lifestyle and group home staff provide workshops to discuss personal hygiene, safe sex practices, maintaining healthy relationships, and domestic violence. The youth reports having a positive and loving relationship with her younger sister and older brother and an improving relationship with her mother.

Factors Contributing to Unfavorable Status

While the youth received a high school diploma, her poor academic progress is of great concern to team members. She plans to attend college in the fall but has not completed the necessary tasks to ensure she is prepared when the semester begins two weeks after the review. For example, she has not taken the placement exam that is required to register for classes. All team members agree the youth does not seem serious about attending school and focuses more on maintaining employment. Also, the youth has shown difficulty with time management and budgeting.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working

There is a core team of people working to provide services to the youth. The social worker, group home case manager, and GAL are all very involved with the youth. Each of the team members recognize the youth's goals, strengths, and challenges and have attempted to implement those services necessary to address them. For example, the youth was offered individual therapy due to past sexual abuse, but she is not interested in participating. The youth is, however, participating in mentoring and the Center of Keys for Life.

All team members share an understanding of the youth's permanency goal and have had discussions to carefully plan the youth's transition to an independent living program. The team has also begun planning for the youth's exit out of the child welfare system.

The team members met jointly several times to discuss the youth's academic problems and referred the youth for a psycho-educational evaluation to address the problems. Additionally, team members encourage the youth to maintain connections with her biological family. The youth has approved unsupervised visits at her brother's home and is able to visit with her mother, sister, and other family members at her own discretion.

What's Not Working

Based on the youth's actions, or lack thereof, it is possible that she does not want to attend college. However, at the time of the review, team members had not met with the youth to discuss alternative plans. Further, at the time of the review, the youth had not completed the tasks necessary to register for fall semester classes. Team members did not appear to believe the youth needed assistance in completing these tasks and left sole responsibility on the youth.

The youth has an assigned mentor whom she meets with sporadically. The youth admits she has not returned many of the mentor's calls due to her spending most of her time working two jobs. The social worker has not spoken with the mentor to inquire about the activities she is conducting with the youth and to assess if mentoring services are benefitting the youth at this time. Additionally, the youth credits her older brother as one of her biggest supports and he is involved in the case to some extent, but he has not been explored as a possible permanent, legal guardian for the youth.

There have been several social workers assigned to this youth and it is possible because of her APPLA goal that her case will transfer to the Office of Youth Development and a new social worker in the near future. The current social worker has built a positive relationship with the youth and transferring to a new social worker could possibly cause a decline in the youth's progress.

Six Month Forecast/Stability of Findings

It is expected the youth's case will remain status quo in the next six months. The youth's progress in pursuing college or an alternative vocational option will factor into the direction her future takes.

Practical Steps to Sustain Success and Overcome Current Problems

1. Have conversation with youth regarding her interest in attending college in the fall. If youth is adamant about attending college, the social worker may need to assist youth with registration process. Also, discuss with youth alternatives to attending a four year college (i.e. – exploring vocational training programs or attending a community college part-time while continuing to work).
2. Assist youth in opening savings account at local bank and have discussion regarding budgeting.
3. Follow up with mentor to stay abreast of activities conducted with youth.
4. Explore guardianship with youth's older brother.
5. Engage youth in ongoing discussion on independent living preparation and skills development, particularly time management and cooking.
6. Explore alternatives to traditional individual therapy for youth, such as a young women's empowerment group.

60-day Follow-up

1. A meeting was held at youth's group home to discuss her college plans. Persons in attendance included the youth, social worker, group home case manager, and group home educational specialist. Team offered youth suggestions on alternative educational options, but youth remained adamant about attending UDC for the fall semester. Youth registered for classes at UDC the day following the meeting and was able to secure foundation courses (English, Basic math, and Fundamental reading); however, all electives the youth was interested in were closed. She will take the electives during the spring semester. Youth has received interim grade reports for each class she is taking, but only showed the social worker the report for her English class, in which she received a B. The youth continues to work at a coffee shop full-time and takes classes during the evening. The youth is no longer attending the Center of Keys for Life because it interferes with her classes.
2. The youth opened a checking account at a local bank. She does not have a savings account. The group home continues to offer life skills workshops on budgeting, but the youth is not attending due to her busy work/college schedule. The social worker has not had an independent conversation with the youth regarding budgeting.
3. The social worker reports she has received written correspondence from the mentor, but the youth is not seeing her mentor on a regular basis due to her busy work/college schedule. The youth telephones the mentor occasionally, but face to face contact is very limited.
4. The social worker did not explore the youth's brother as a guardianship placement, although she discussed goal with youth, who reportedly wants to continue with an APPLA goal and obtain an ILP apartment in the near future. The youth continues to visit with her older brother, mother, and younger sister when she has free time.
5. Limited discussion of independent living skills has occurred, but the youth reportedly is still not cooking on her assigned nights. Her allowance is reduced when she doesn't cook, but she doesn't appear to care about the allowance reduction because she works full-time and has her own money.

6. No referrals to alternative therapy modalities were made by the social worker. Team members believe the youth is adjusting fine and does not have a need for therapy of any type at the present moment. The social worker also reports the youth is not interested in participating in therapy at the present time. Her sexual orientation is not a concern, as she is very open about it and is able to discuss any questions or concerns with team members.

Quality Service Review
Written Case Summary

Case #27
Youth's Placement: Kinship foster care
Review Dates: August 14 - 15, 2007

Persons Interviewed (7): Focus youth, mother, maternal uncle, GAL, teacher, social worker, AAG

Facts about the Child and Family
The focus youth is a 16-year old, African-American female, who is the older of two children. In April of 2007, the hotline received a report alleging that the mother physically abused the youth and kicked her out of the house. The allegations were substantiated, and the focus youth was removed and placed in foster care. However, the youngest child remains in the care of the mother. It should be noted that the family has a history of numerous reports of abuse and neglect prior to the report in 2007, dating back to a case opened for six months in 1998. The only allegation that was substantiated was educational neglect in December, 2006. A case was not opened at that time.

Upon removal, the youth was placed at a group home. Soon thereafter, a family team meeting (FTM) was held, and it was recommended that the youth be placed with her paternal uncle in Maryland through kinship care. At the time of the review, the focus youth was on an extended visit with her uncle, which is scheduled to end on August 24, 2007. The youth will return to her placement at a group home, pending the outcome of the Interstate Compact Placement of Children (ICPC) process, which is required for the uncle to be licensed as a kinship foster parent. The current goal is reunification with the mother.

Youth Current Status
There were no concerns regarding the focus youth's safety at school or at home. The youth received special educational services, due to a diagnosis of learning disabled. She was receiving 10 hours of specialized instruction, and 30 minutes per week of counseling. Reportedly, she has a strong deficiency in mathematics, and one of the objectives in her Individualize Education Plan (IEP) was for her to solve basic math problems and to understand basic math operations. She attended summer school; however, it was not for mathematics. Instead, it was for English, which is not a problem area for the youth. School records indicated that prior to her removal from her mother, she was missing over 40 days of school; however, a truancy report was not filed with the court by DCPS. As a result of her truancy and poor academic performance, she will not be promoted to the 10th grade and will have to repeat the 9th grade. At the time of the review, it was uncertain as to where the youth would be attending school for the school year 2007-2008, since her placement and the ICPC process were unresolved.

Officially, the youth remains in her first placement but is staying with her maternal uncle and his wife on an extended visit ordered by the court. Prior to staying with her uncle, the youth stated she had experienced trouble at the group home and does not want to return there. It was also acknowledged by the parties interviewed for this review that it would not be in the youth's best

interest for her to return to the group home. Although, on record the youth has one official placement, she actually was in her second placement at the time of the review and it is very likely that she will be moving to her third placement, due to the delay with the ICPC.

The focus youth has been seen two times for emergency services due to problems with her breathing, which may be related to asthma. She is currently using the albuterol pump as needed. Reportedly, the youth has an appointment schedule for a routine physical, dental and vision. There are no outstanding medical concerns at this time for the youth. It was reported by the parties interviewed that the youth appears mature, advocates for herself, is outgoing, and gets along well with others. According to the youth, she can cook and often prepares meals for the family and can grocery shop if given a list. It was further reported that she was close to her uncle and seems to be adjusting well in his home, which others thought would be the ideal placement for the youth until reunification is achieved. The youth reported at the time of the interview that she was not ready to return home to her mother and would like to stay with her uncle and his wife. The focus youth has started individual therapy to help her address her relationship with her mother, as well as the physical abuse. It is anticipated that the two will participate in family therapy later.

Parent Status

The mother is currently not complying with her case plan entirely, as she disagrees with some of the recommendations. According to the mother, her case plan requires her to obtain a psychological and psychiatric evaluation, but she does not feel she have a mental health problem and is objecting to this request. Although the mother is objecting, she did attend her appointment with youth forensic and completed one of the evaluations. It was unclear as to which evaluation the mother did, since the completed report was not available. The mother reported that she was attending NA meetings two times per month and had been drug free for several months. She states that she was willing to comply with court orders in order to have her daughter return to her care. However, she was having some difficulty in working with the social worker at the time of the review. The mother does not believe she is receiving appropriate services through her social worker, and her needs are not addressed. Additionally, she has concerns about the fact that the needs of the child in her care are not being addressed. She also states that she was in need of a job, as it is difficult for her to work nights with no childcare in place for the child in her care.

The mother maintains contact with the focus youth and visits with the youth on a regular basis. The relationship between the mother and her brother was reportedly shaky when the youth was placed in his care; however, it was reported that the two seem to be getting along very well now and have a closer relationship. The visits between the youth and her mother have been supervised; however, this is expected to change in the future. The youth also maintains regular phone contact with her mother and younger sibling.

Caregiver Status

When the youth was removed from her mother's care, she was placed in a group home. Reportedly, the youth did not adjust well to the placement. As a result of the FTM, the maternal uncle was brought forth as a placement option. The court ordered the youth to be placed with her uncle in Maryland under extended visitation until the ICPC process is complete in order to

license the uncle's home. The youth has been in her uncle's care since the beginning of July and was still in this placement at the time of the review.

The uncle and his wife appear to be providing appropriate care to the youth and ensure that her educational and medical needs are being met. The uncle reported that the youth can stay in his care forever because he loves his niece and wants what was best for her. The plan is for the youth to remain in this placement, but this depends on the ICPC process. The uncle reports that he has a close relationship with his niece and the two not only play at home, but also do activities outside the home. The uncle ensures that the youth maintains contact with her mother and younger sibling. He also takes the youth to see extended family members, including her paternal relatives. The uncle relies on his wife and her family, who are very involve with the focus youth for added support.

Factors Contributing to Favorable Status
The FTM was a positive step in the progress of the case. It was the meeting that identified the uncle as a potential placement option very early in the case, and the court followed through by ordering the youth to go on an extended visit with her uncle and his wife pending ICPC. She seems to be adjusting well in her uncle's care and would like to remain in his care at this time. The youth maintains contact with her mother and younger sibling via telephone and visits. If reunification is not achieved, the youth is in a placement where she can remain until case closure. Although the mother appears somewhat resistant, she has remained drug free and is attending her NA meetings. The mother is also in agreement to participate in family therapy with the youth.

Factors Contributing to Unfavorable Status
The mother's resistance towards the social worker is negatively impacting the outcome of the case plan. The mother objects to the psychological and psychiatric evaluations and as a result this has made her even more resistant towards accepting the case plan. The mother's objection has not been addressed and, in the meantime, it appears as though she is non-compliant. The social worker has not been able to engage the mother in the case planning process and this could potentially keep the case from reaching permanence in a timely manner.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
All parties involved with this case appear to have a good assessment and understanding of what needs to happen in order to reach safe case closure. All parties interviewed agreed that the youth should remain in her uncle's care and she should not return to the group home where she was initially placed. The communication amongst team members appears to be good. The GAL seems very knowledgeable about the needs of the family and seems to have a good understanding of the focus youth.

What's Not Working Now and Why
The ICPC process is taking too long, and there seems to be a lot of confusion around the process. Although the team is communicating with each other, it was clear that they were not on the same page in regards to the ICPC. Apparently, the uncle and his wife were supposed to be licensed as kinship foster parents. However, the Department of Social Services in the county in which they

live could not process them for a kinship license and could only license them as traditional foster parents. Because of this, the foster home study request was not clear, and CFSA was then had to resubmit another request for a traditional foster parent license. At the time of the review, the home study was not completed, and there was conflicting information regarding whether or not there was an actual appointment for the home study to be completed. At the same time, it was reported that the youth's extended visit was about to end, and she would have to be removed from the home in order for the ICPC process to continue.

Unfortunately, in all this confusion, the likelihood that the youth's placement with her uncle would disrupt is great, and there is a strong possibility that she will have to return to the group home.

There has been no risk assessment completed on the focus youth's younger sister, who remains in their mother's home, despite the fact that the focus youth was removed due to physical abuse. Furthermore, there is no mentioning of the child in the home throughout the case or any type of overall assessment being conducted. The reviewers were made aware that since the child in the home was not the focus child, there was no need for assessment and follow up.

Six Month Forecast/Stability of Findings

Based on review findings, over the next six months the child's situation would decline if she is removed from her uncle's care and return to the group home or possibly any other placement. However, the youth's situation could very much improve if she remains in her uncle's care while they process the ICPC.

Practical Steps to Sustain Success and overcome Current Problems

1. Social worker will complete risk assessment for youngest child in the home.
2. Social worker will request an educational advocate for the focus youth.
3. Social worker will document efforts made to involve the father in the case planning process.
4. Social worker will arrange a team meeting with the mother and other parties to address the mother's resistance to court ordered services and her refusal to sign the case plan, as well as the mother's concerns regarding the services being requested.

60 day Follow-up

1. The social worker did not complete a formal risk assessment using the form in FACES. She did, however, conduct visits to the home and meet with the mother and child to assess the child's safety in the home.
2. The social worker requested an educational advocate for the focus youth, but this was because the youth was not enrolled in an educational placement at the time of the QSR. The youth enrolled in school and began classes (documented in interim court report and case contact notes). The social worker has visited the youth at school and attended an IEP meeting. The youth had 1 A, 1 B, 1 C, 3 Ds, and an E on her first progress report. She is receiving tutoring services.
3. The social worker enlisted the efforts of diligent search to locate the father. She also attempted to contact the father using the last known telephone number listed in FACES for him. She reports she documented these efforts in FACES.

4. A team meeting was held with the mother to discuss her resistance to signing the case plan. The mother continues to refuse to admit to having a substance abuse problem and therefore did not agree to sign the case plan at this meeting. A new, amended case plan was created for the mother to sign, but because the case was recently transferred, the social worker is unsure if the mother has signed the plan.

Additional Information

The social worker has accepted another position within the agency and transferred this case to a new social worker/supervisor.

Quality Service Review Case Story
Written Case Summary

Case #28
Review Date: August 16 & 17, 2007
Youth's Placement: Foster Home

Persons Interviewed (5): Social worker, foster parent, AAG, mother & youth

YOUTH AND 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 foster home, where she has lived since October 2006.

This case became known to the Child and Family Services Agency (CFSA) in June 2004 after the focus youth complained that she was hit with a baseball bat by her mother. Subsequently, the focus youth was removed from the home, along with her five siblings. The focus youth was not placed in the same foster home as her siblings. Since entering care in 2004, the focus youth has had seven placements. While she remains in foster care, four siblings have been reunited with the mother, and preparation is being made for the youngest child to return to the family in the near future.

Youth's Current Status

The focus youth has adjusted to her current foster home placement and has established good rapport with her foster mother. At the time of this review, it had not been determined what school the focus youth would attend for the 2007-2008 school year. She previously attended a school in southeast, but after moving to her current foster home in northwest she had difficulty getting to school. Her grades also declined. The social worker plans to enroll her in a school closer to her foster home. She will be in the 11th grade and is looking forward to attending a new school. She is not in special education and does not have an IEP. The youth reports her favorite class is English although it is sometimes challenging. The youth is open to receiving tutoring services to help her with this class. She also attended summer school because she failed math.

The focus youth has a very good relationship with her siblings and as the oldest appears to assume the role as "protector." The relationship between the youth and her mother is contentious at times, as is any relationship between a teen and her parent. The focus youth indicated "I love my mom dearly but can't live with her." Her reasons were that her mother expects her to clean her room and follow rules. The focus youth visits frequently with her mother and siblings on weekends and holidays. She also reports visiting with them during the week at her discretion. The focus youth does not have a relationship with her biological father. There do not appear to be any other family members providing support to the youth.

During the summer, the youth participated in summer youth employment and worked at a local recreation camp. She reports enjoying her job but admits that she did not save any of the money she earned. The youth has expressed an interest in pursuing theatre and dance. The social

worker is aware of her interest and is making an effort to identify resources in this area. The youth has a mentor she meets with regularly and with whom she has a good relationship. She is comfortable in expressing her feelings and thoughts with her mentor. She is also participating in individual therapy, which she states has improved her attitude.

The youth had a vision examination in July 2007 and was scheduled for dental and physical examinations in August 2007. The youth has had discussions with her physician and mother about safe sex and birth control. At this time, there are no concerns regarding the focus youth and sexual activity.

Parent/Caregiver Status

The biological mother is very involved with her children. All of her children were removed from her care; however, the mother completed the requirements to have four of her children returned home, two under protective supervision and two with closed cases. The goal is for the youngest child to be returned in the near future. Although she was initially resistant to therapy, she did eventually participate in family therapy with her younger children, but not with the focus youth. The mother has stated she is willing to participate in therapy with the focus youth, but the youth is not interested at this time. The mother has a GED and is currently employed as a food service provider. For the past few years, the biological mother has been saving funds to take her children on a family vacation to West Virginia. This trip is scheduled to take place in September 2007.

The biological mother reports that her relationship with the focus youth is much calmer than in the past. The biological mother has expressed a desire to have her daughter return home and reports not having a clear understanding of why the goal for her daughter was changed from reunification to APPLA. The biological mother is very invested in the life of her children and is actively involved in case planning for the focus child.

The foster mother is a strong support for this family. She has been a foster parent for almost thirty years and has adopted four of the youth she fostered. She was previously the foster mother for the focus youth's younger siblings when they were in foster care. Once the siblings were reunified with the biological mother, the foster mother became a resource for the focus youth as she was in need of a new placement at the time. The foster mother is engaged in the life of the focus youth and maintains contact with the youth's biological mother and siblings. She provides childcare and respite to the mother when needed.

Factors Contributing to Favorable Status

The biological mother is motivated to maintain her family. She is employed and has attended family therapy with her younger children. She was open to completing the tasks necessary to reunify with her children and is an integral part of the team. She participates in case planning and genuinely wants the focus youth to return to her home. The family has a good working relationship with the social worker. They have built a relationship where seemingly all parties trust the social worker and will make contact with the social worker as needed.

The focus child maintains regular contact with her mother and siblings via home visits on the weekends, holidays and throughout the week at times. The foster mother has served as a

consistent support for this family by providing placement and respite care when needed. Her years of foster care experience have allowed her to provide optimal care to the youth.
The focus youth is looking forward to attending a new school and has expressed interest in extracurricular activities such as dance and theatre. In addition, the focus youth has a desire to attend college and will participate in the Center of Keys for Life.

Factors Contributing to Unfavorable Status
The focus youth has attended several different schools during her high school tenure. Consequently, the focus youth's academic success has diminished in part because of the inconsistencies in her educational environment but she is not receiving tutoring services. The focus youth will attend yet another school the 2007-08 school year.

The focus youth and her mother are not involved in family therapy, which would help them address any parent/child relational problems that may occur. The biological mother is employed, but her seasonal schedule can impede her finances in the summer months. The biological mother is aware of this factor and is working with a temporary agency until her job resumes in September.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There is a strong team of people working with this family. The team members include the social worker, supervisor, AAG, biological mother, focus youth, foster parent, and mentor. The social worker has maintained contact with team members via telephone, and face-to- face meetings have occurred with all involved parties.

The system has been working cohesively towards successful outcomes for the family, which include four children being reunified with the mother. All involved parties are aware of issues regarding this case as they arise and will meet as needed. The working relationship established by the social worker and the team is beneficial. The social worker has done an excellent job in sustaining a healthy rapport with the family. In addition, the agency has supported the family with individual and family therapy, mentoring, daycare, clothing vouchers and case management services.

What's Not Working Now and Why
For this youth, the system has not effectively demonstrated the importance of achieving permanency. Based on review findings, it appears the youth's placement in a foster home with a goal of APPLA may not be the most appropriate for her at this time. The youth spends every weekend and all holidays with her mother and maintains a good relationship with her. There are no safety issues for the youth in her mother's home. Additionally, the youth's mother satisfied the requirements for reunification and has had four of her children returned to her care.

There are no viable reasons why efforts to reunite the focus youth with her mother were terminated and her goal was changed to APPLA. The judge in this case has suggested a goal of APPLA may be more suitable for the youth because she will be eligible for CKL services and college financial assistance. However, because the youth was committed to CFSA before her

16th birthday, she is still entitled to attend CKL and receive assistance for college. A goal of APPLA means the youth must remain in foster care for the next five years, when team members agree she could instead be reunified with her mother in the near future.

While there are members of the team working collectively to provide services to the youth and her family, the GAL is not consistently involved. According to some team members the GAL does not maintain ongoing contact and most often the GAL will not communicate with parties until the day prior to an upcoming court hearing.

Six-Month Forecast/Stability of Findings

The identification of an appropriate educational setting for the focus youth to attend in the upcoming school year will prove valuable to ensure that she excels academically. Also, tutoring services should be implemented to help the focus youth navigate her success for the upcoming school year. With the implementation of these services as well as addressing the permanency issue for this youth, the potential for the youth's continued success is favorable.

Practical Steps to Sustain Success and Overcome Current Problems

1. Have meeting with all team members, including AAG, to discuss changing youth's permanency goal from APPLA to reunification with the biological mother.
2. Clearly explain to youth and other team members that youth is eligible for CKL services and to receive financial assistance for college if she returns home with her mother.
3. Refer youth and mother for family therapy.
4. Refer youth for tutoring if deemed necessary after youth's first interim grade report.
5. Work with youth on creating a budget and saving money.

60-day Follow-up

1. A Family Team Meeting (FTM) was supposed to occur with all team members on October 26th to discuss this youth's case. The youth's permanency goal was also to be discussed at this meeting. For unknown reasons the FTM did not occur, and presently there is no rescheduled meeting date. The youth's goal remains APPLA although all of her siblings have returned to the mother's care. The social worker reports the youth, who is 16 years old, does not wish to return to her mother's care because the mother has limited financial resources and is not able to provide the youth with the same allowance amount that the foster mother does. It should be noted the youth continues to spend every weekend and some weekdays at her mother's home. It was suggested to the social worker to reschedule the team meeting to revisit the youth's permanency goal and explore reunification as it does not appear APPLA is the most appropriate for this youth.
2. The social worker reports he mentioned to the focus youth that she is still eligible for college financial assistance should she return to her mother's care, but the youth does not feel the mother can provide her with the same monthly allowance amount the foster mother provides.
3. Social worker did not refer focus youth and mother for family therapy. The family, which includes the focus youth, is participating in in-home therapy with Beyond Behaviors. The therapist comes to the mother's home on weekends to meet with the family, and the focus youth is there because she spends weekends in her mother's home. This therapy, however, is not addressing the needs of the youth and mother as it was

implemented to smooth the youth's youngest sister's transition back into the home. Therapy with the mother and focus youth is still needed to address the youth's concerns of returning to her mother's care.

4. A tutor was assigned to the youth to assist her with Algebra. The tutor is supposed to meet with the youth in the foster mother's home twice weekly. The social worker learned on November 20 that the tutor has not been coming to the home to meet with the youth. The social worker contacted the tutoring agency to inquire about this, but has not received a response.
5. The youth's Community Support Worker has had conversation with the youth regarding budgeting and saving. She has also began attending a life skills group at the Center of Keys for Life and budgeting and saving will be discussed during group sessions.

Quality Service Review Case Story
Written Case Summary

Case #29
Review Dates: August 14-15, 2007
Youth's Placement: Independent Living Program

Persons Interviewed (5): Social worker, GAL, AAG, family social worker, ILP assistant case manager

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year old African-American female, who was removed with her two younger half-brothers from her mother and step-father in April, 2005. Her step-father was accused of sexual and physical abuse. The youth was placed with a relative for six months and then in the independent living program (ILP) where she currently resides. It was around that time her goal was changed from reunification to APPLA.

The youth's brothers (ages 15 and 17) live in a kinship placement with their maternal aunt. The youth visits with them at their paternal grandmother's house, as well as at the aunt's house. She reportedly communicates with her mother sporadically.

The youth graduated from high school in 2005. She attended college in a nearby state for two years. During her first semester she was suspended for using marijuana on campus. She completed a six-week drug treatment program and performed community service. She returned in the spring and obtained 13 credit hours. In the fall of 2006 she invalidated her financial aid by withdrawing from a class while on academic probation. Because she no longer had financial aid, CFSA paid for the youth's education in the spring of 2007. That semester she failed her classes and was dismissed because of her poor grades. In total, she has completed 15 credit hours after four semesters of enrollment.

Youth's Current Status

The youth is currently residing in her own apartment through an ILP. It is anticipated she will continue living there until she emancipates in a little over a year. She has obtained part-time employment that will soon become full-time, once she completes her three-month probationary period. She had considered attempting to attend a local college during the summer, but because she was not in good academic standing, she was not admitted. She was unable to attend in the fall because her paperwork was not submitted on time. While the youth did poorly in college, she is described as bright, and she received above average grades in high school. The root cause of her recent academic failure does not seem to have been thoroughly explored. The youth has reportedly stated she would like to go into real estate, as well as expressed her goal of obtaining a college degree. Although she has participated in the past, the youth is not currently attending Keys for Life.

The youth has never participated in therapy, as she has refused the service. The issue of sexual abuse has not been fully assessed, and the severity of the incidents perpetrated by her step-father has not been determined. The youth admitted to using marijuana and was ordered to drug test at the court hearing two months before the review. When she tests negative three times in a row she will no longer be required to test. She had her first negative test two weeks before the QSR. The results of her subsequent tests were not available. The youth's drug use was put forward by some team members as a theory as to why she failed academically in college.

The youth is reportedly healthy and up-to-date on her annual physical. She is overdue for dental and vision appointments. The quality of her peer relationships was not known by any of the interviewees. She follows the rules of her ILP and has not had any reported problems in the community. The youth is described as someone who does not always want assistance but who can become frustrated if she feels CFSA is not doing enough for her.

Parent/Caregiver's Status

The youth's father is reportedly incarcerated in a nearby state. He has not been involved in her life since she was very young. The youth's mother has a history of substance abuse, domestic violence, and mental health issues. These unresolved issues contributed to the youth's goal being changed to APPLA. The relationship between the youth and her mother is reportedly inconsistent.

The youth has been living, when she was not away at college, in the same ILP for almost two years. Independent living staff attempt to check in on her at least twice a week, although she reportedly does not always make herself available. She has not attended residential meetings recently because of her work schedule. The facilities manager sees her on a regular basis when the youth picks up her stipend check. The youth revealed her drug use to ILP staff, and they are concerned about this problem and how it affects the youth. The ILP provides life skills workshops that address budgeting, community awareness, health, and safety, among other topics. The ILP case manager has attended some court hearings and team meetings. Some team members reported they would like to be in communication with the ILP staff more than they are at present.

Factors Contributing to Favorable Status

The youth is employed and working regularly, and she has shown her pay stubs to the social worker to confirm this. She is living in a stable placement that should be able to continue until she is 21, although she will not be able to remain in it once she exits the child welfare system. She is described as capable of meeting her day-to-day needs, as well as bright and respectful of adults. She reportedly follows the rules of the ILP. While she has struggled in college, she is working on new vocational and academic plans.

Factors Contributing to Unfavorable Status

The ILP staff are not always able to meet with and monitor the youth as often as they would like to, as she works and does not always return phone calls. The youth may have difficulty reentering college because of her poor grades and loss of financial aid. The youth has admitted to using drugs and tested positive for marijuana until two weeks before the review. Some, but not all, of her team members identified this as a major concern in the case.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There is a team in place that is working with the youth to be successful. The social worker was consistently described in a positive manner. She has worked diligently with team members, most often the GAL and youth, to work on the youth's academic and financial aid issues. She was able to help the youth obtain scholarships to pay for part of her college fees. The GAL is very involved in advocating for the youth. The ILP case manager has participated in some court hearings and team meetings and is in fairly frequent communication with the social worker. The youth attends court and team meetings. She will soon be 20, and the team is prepared to begin her transition planning.

The youth seems to be learning sufficient independent living skills. The ILP has various programs and workshops to address life skills, and the team has made a concerted effort to assist the youth with budgeting. While some team members are concemed that the youth may not yet fully understand the reality of what life will be like once she turns 21, they also stated that she is an intelligent, resourceful young woman who can identify her goals and has the drive to make them a reality.

The agency has financially supported the youth's education for two years, despite the fact that she lost her financial aid. The team has worked very hard to ensure the youth was able to attend college and continue planning with her for the future. A team meeting was held that included the CFSA supervisor, program manager, and administrator to talk about a realistic budget for the youth that would allow her to save money to pay for part of her own schooling.

What's Not Working Now and Why

Despite ongoing teaming, there is a difference of opinion among team members regarding the youth's academic situation. One team member is in favor of the agency paying for the youth to return to school, although she is not eligible for financial aid for another year. Other team members would prefer for the youth to pay for some of her own educational expenses to demonstrate her commitment to her schooling given her poor and failing grades from previous semesters. Team members also seem to disagree on a broader level regarding the youth's overall need for assistance. Some team members are described as viewing the youth as "damaged goods" by virtue of the fact that she is in foster care and therefore in need of a high level of "hand-holding," while others believe she is capable of taking more responsibility for herself given her age and high level of functioning. The team members recognize the difference of opinion, and they continue to work together to meet the youth's needs.

More than one team member indicated they would like to communicate more with the ILP staff. There are independent living skills workshops there that may overlap with some of the skills, such as budgeting and vocational planning, that other team members are also working on with the youth.

The discrepancy in how team members view the youth's drug use may lead to disagreements in how to handle the situation of the youth tests positive for marijuana again. While some team

members reported they would like to take strong action if this occurs, others describe her drug use as "recreational" and not a major concern.

Six-Month Forecast/Stability of Findings

The youth is stable, and her situation is likely to remain status quo. The results of her drug tests, as well as the revisiting of her educational plans will factor into the direction her future takes.

Practical Steps to Sustain Success and Overcome Current Problems

1. The team should meet with the vocational specialist at the Center of Keys for Life to discuss the youth's career goals. It will be important to identify and discuss the root causes of the youth's failure at college to try to prevent a similar situation arising again.
2. The team should continue to monitor the youth's drug test results and implement appropriate services if she tests positive. The CFSA substance abuse specialist could be a valuable resource. Random drug tests could be instituted if the youth tests negative three times in a row and is no longer required to test regularly.
3. Communication between the ILP staff members and the youth should increase, as well as between ILP staff and other team members. Case planning should be consistent so that everyone is working with the youth on the same issues in the same ways. The ILP staff have the greatest access to the youth, and the information they can share with other team members is vital. Utilizing a contract with the youth at the first transition planning meeting, outlining specific requirements, consequences, and timelines may be helpful to hold her accountable for following through.
4. A referral for sexual abuse therapy should be offered to the youth, as she has not had this concern addressed clinically, and her drug use and other behaviors may be related to this unresolved issue.

<u>60-Day Follow-Up</u>

1. The youth met with the vocational specialist for the first time the week of October 29th and has a second meeting scheduled the week of November 5th. The working relationship has just begun and the social worker has talked with the vocational specialist regarding helping the youth identify barriers to meeting her educational and vocational goals.
2. The social worker reported that the youth has tested negative for marijuana and any other substance and the court order was vacated after three consecutive negative results. There was no court order for drug testing; however, the social worker has the discretion to ask the youth to be tested if there is reason to believe she is using again. Upon home visits and interactions with the youth, the social worker and ILP staff does not believe that the youth is actively using marijuana or any other drug at this time.
3. The ITILP has not been completed, and the planning meeting has not occurred due to the difficulty in scheduling all team members. The social worker has a tentative date for the week of November 12th. The ILP staff continues to meet with the youth at her apartment and at the facility as necessary.
4. The social worker has not discussed this with the youth to date. She reported that it was overlooked in case planning.

Additional Information

The social worker reported that the youth continues to be employed at a retail store part-time and is awaiting a full time position there. The youth did not enroll in college this Fall semester and states that she is still interested in completing real estate courses to obtain her license and full time employment in real estate. She found out that she was pregnant in September and had an abortion. Attempts have been made by the social worker and ILP staff to discuss this with the youth, but she refuses to talk about it. Since then, the social worker has discussed safe sex practices with the youth. The youth continues to follow the rules of the ILP and has not absconded from the placement.

Quality Service Review Case Story
Written Case Summary

Case #30
Review Dates: August 16-17, 2007
Focus youth's Placement: Independent Living Program

Persons Interviewed (5): Social worker, GAL, ILP staff: assistant case manager, facility manager, program director

YOUTH & PARENT STATUS SUMMARY

Facts about the Focus Youth and Family

The focus youth is a 19-year old African-American female, who was removed along with her two younger brothers from their great-aunt in July 2002 due to issues of neglect. They were living with their great-aunt through a third party placement from 2000 to 2002 due to mother's heavy substance abuse. The focus youth has had several placements in the past five years and has been in the independent living program (ILP) where she currently resides for the past year and a half. It was around that time her goal was changed from reunification to APPLA.

The focus youth's brothers (ages 13 and 17) live in a non-kinship foster home. The focus youth has a history of actively visiting with them at the foster home and would often take them to school or take them out to the movies. The focus youth also liberally communicates with her mother, mostly by phone but also face to face. The focus youth's father is incarcerated and has been since the focus youth was age two. He is facing a life sentence and maintains communication with the focus youth through letters. The youth also has an adult sister that she has regular contact with as well.

The mother has been substance free for the past four years. A recent court ordered drug test revealed negative results. She attends court hearings and is planning to reunify with her sons. She is involved with case planning and visitation with the foster care agency for the boys.

Focus Youth's Current Status

The focus youth did not complete high school but did complete an online high school diploma program last year. She enrolled herself in a local community college certificate program and has worked on and off during the past two years. She is reported to have good work habits and has never been fired from a job but has quit several jobs. She is currently employed and has marketable skills. She has a driver's license and a good driving record. Although she has participated in the past, the focus youth is not currently attending the Center of Keys for Life.

The focus youth is currently residing at the onsite facility of the ILP. Last year she was moved to an offsite apartment after demonstrating sound independent skills. However, the focus youth was then moved back to the main facility a few months later for a higher level supervision due to her frequent abscondances and lack of compliance with program rules. While at the main facility, the focus youth continues to abscond from the placement.

There is much concern regarding the focus youth's whereabouts when she is in abscondance. The focus youth reports that she is at the home of her boyfriend's mother. Reportedly, the boyfriend does not reside there. Attempts have been made to assess the safety of this home and environment; however, the boyfriend's mother has been elusive.

The focus youth tested positive for marijuana earlier this year and was court ordered to complete a drug rehabilitation program. The focus youth did not comply with the program but was able to consistently test negative for drugs. Parties interviewed suspects that she is using again now. There was a recent court order put in place for weekly drug testing, however the focus youth has not followed through.

The focus youth's placement is in jeopardy as the ILP has recently issued a 30 day notice to the focus youth to either comply with contracted stipulations or be discharged from the placement. Although an alternative placement option has been identified, the youth has not made her self available to the ILP or CSFA staff to discuss the instability of her placement and her current options.

The focus youth is reportedly healthy and up-to-date on her annual physical. She is overdue for dental and vision appointments. The focus youth has never participated in therapy, as she has refused the service. Those interviewed stated that the focus youth makes poor decisions in choosing her peer group. She associates herself with those found to be exhibiting delinquent behavior and using drugs (mainly marijuana). Earlier this year the youth found out she had an open warrant for driving in a stolen car with a male friend. The charges were later dropped and sponged.

Parent/Caregiver's Status

Independent living program staff attempt to meet with the focus youth at least twice a week, although she reportedly does not always make herself available. She has not been consistent in attending residential meetings in part because of her schedule when she is working. The facilities manager sees her on a regular basis when the focus youth picks up her stipend check. It is at this time that staff are able to check in with the focus youth and find out what is going on with her.

Parties interviewed stated that the focus youth's behavior changes, often evidenced by a decline in her functioning, when she is using marijuana. Independent living program staff are concerned about this problem and how it affects the focus youth as it is suspected that she is using again.

The ILP provides life skills workshops that address budgeting, community awareness, health, and safety, among other topics. The focus youth does not always make herself available to participate in these workshops. The ILP case manager attends court hearings and team meetings.

Factors Contributing to Favorable Status

The focus youth is employed and working regularly. She was recently drug tested as part of a hiring requirement and was chosen for employment. She has a generally good work ethic and is able to independently seek, obtain and maintain employment. The focus youth is described as being very vocal and a strong advocate for herself and as a survivor showing much resiliency

given what she has been through. The focus youth has exhibited good independent living skills and can present a little more mature than her age. She is said to be very organized, for example, with all of her court documents. The focus youth is very bright and articulate, according to those interviewed and has the potential to excel in formal college studies.

Factors Contributing to Unfavorable Status
The ILP staff are not always able to meet with and monitor the focus youth as often as they would like to, as she frequently absconds from the placement and will avoid staff when she is there. The focus youth's current placement is unstable and she is on the verge of discharge within the next 30 days for non-compliance.

The focus youth has a history of marijuana use and is suspected of currently using. The impact that this drug abuse has in the focus youth's daily functioning has not yet been fully assessed. The level of involvement and commitment to the focus youth from her boyfriend's mother has not been ascertained. It appears that the focus youth looks up to this woman and is very close to her often referring to her as her "mother."

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There is a strong, caring team in place that is working with the focus youth to be successful, with the social worker as the team leader. The social worker was described as being very supportive of the focus youth. The team, led by the social worker, sat with the youth to do some early transitional planning to engage the youth in thinking about her plans after discharge from foster care. The team members communicate well and have a pretty good assessment of the youth and her situation. The ILP case manager participates in court hearings and team meetings.

The social worker has identified alternative placement options for the focus youth, given the instability of her current placement; however, the focus youth has not communicated with the social worker to discuss her placement issues. Team members have all made attempts to include the boyfriend's mother in planning for the focus youth and have had her participate in planning meetings via telephone.

The focus youth seems to be learning sufficient independent living skills. The ILP has various programs and workshops to address life skills. She has had a substance abuse assessment completed in the past, referral to and enrollment in a substance abuse treatment program and the Center of Keys for Life. The social worker has offered mentoring and therapeutic services to the focus youth as well, however, she has not taken full advantage of these service offers.

What's Not Working Now and Why
Despite ongoing efforts of the team, members have not been able to fully engage the focus youth, or those who may have some influence in her life, such as her biological mother and father and her boyfriend's mother. Although the focus youth has a history of communicating often with her siblings and parents, team members are unaware of any current visitation and have not offered any formal assistance in ensuring visitation occurs, especially with her brothers in care. Some

members are aware of an adult sister that the focus youth is in contact with; however, they have no contact information for this sister to determine if she can be a resource for the focus youth.

Due to the focus youth's constant abscondances, it has been very difficult for team members to maintain communication with her. The focus youth may not fully understand the impact that her actions are having on the security of her placement and from a permanency vantage point, on safe closure of her case.

Six-Month Forecast/Stability of Findings

Although the focus youth has recently obtained employment and is said to be enrolled in a community college certificate program, she is at risk of losing her current placement. Other placement options have been identified; however, they have not been discussed with the youth, as she has not communicated with team members and is often unavailable due to abscondances. The youth has a history of going through crises and stabilizing after a period of time. Within the nest six months her situation is likely to remain status quo.

Practical Steps to Sustain Success and Overcome Current Problems

1. Provide the youth with a letter describing the urgent need to meet with the CFSA social worker to discuss the status of the placement and other options. The letter should outline the consequences for non-compliance (ex. loss of placement, etc.) and should be attached to her next stipend disbursement to ensure receipt. The GAL should also be informed of the instability of the youth's current placement and share the placement options.
2. Continue attempts to thoroughly assess the home environment and level of commitment of the boyfriend's mother to the youth. As the agency has been ordered to conduct such an assessment, putting this request in writing and identifying how it can negatively impact the youth's case, may encourage cooperation from the boyfriend's mother.
3. Explore other options, including legal options (ex. case closing, closing out placement) if youth continues to be non-compliant with case planning and service implementation.
4. The team should make arrangements to assist the youth in complying with weekly drug testing and monitor results and implement appropriate services if she tests positive. The CFSA substance abuse specialist could be a valuable resource. Random drug testing should be instituted if the youth tests negative over time and is no longer required to test regularly.
5. When possible, the team should meet with the vocational specialist at the Center of Keys for Life to discuss the youth's career goals. It will be important to identify and discuss the root causes of the youth's pattern of quitting jobs.

60-Day Follow-Up

1. The letter was created and provided to the youth shortly after the review, requesting her participation in a team meeting to discuss her options.
2. The letter was created and sent to all parties on the case shortly after the review. A certified copy was mailed to the address on file for the boyfriend's mother; however, she did not contact any of the social work staff or lawyers on the case with a response.
3. See additional information below.
4. The youth did not comply with weekly drug testing for the month following the review. However, a team meeting was held, at which time the youth admitted to using marijuana

and agreed to attend an inpatient drug rehabilitation program. The youth then absconded from her placement the same day and was subsequently discharged as a result.

5. Social worker did not get the opportunity to address this issue with the youth given her abscondance.

Additional Information

After the team meeting, the youth absconded to the boyfriend's mother's home and did not return to the ILP. She was discharged from the facility after 72 hours. She had infrequent communication with the CFSA Supervisor on the case and an intern at the ILP. She did not attend the next court hearing but later requested another hearing which occurred two weeks later. The focus youth came to court with her mother, her boyfriend, and his mother, requesting that her CFSA case be closed, making the argument that she is self-sufficient and did not require the supervision of the court or CFSA. The judge then ordered for her case to be closed.

Quality Service Review
Written Case Summary

Case #31
Date of Review: September 10-11, 2007
Child's Placement: Residential Treatment Center

Persons Interviewed (9): Social worker (DC), supervisory social worker (DC), paternal aunt and uncle, child, therapist, unit manager, social worker (CA), and licensing specialist (CA)

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a nine-year old, African-American male. He is currently placed in a residential treatment center (RTC) in California. Prior to placement in the RTC, he resided with his paternal aunt and her husband, also in California. The focus child and his aunt and uncle moved to California from Washington, DC in February 2006. Varying reasons were given to the reviewers for the move, including the aunt obtaining new employment and the aunt and uncle desiring a better life for the child.

The focus child became known to the Child and Family Services Agency in October 2003 when he was abandoned by his father at school. At the time, child welfare staff and police were unable to locate the father or any other relatives and the child was subsequently placed in foster care. The child's mother is a substance user who has only been sporadically involved in the child's life. Her last known whereabouts were in Baltimore, MD. The focus child's biological father passed away due to lung cancer in 2006. The focus child remained in foster care for approximately six months while his paternal aunt and uncle completed the necessary requirements for licensure in the District. Soon after moving with in his aunt and uncle, the child's goal was changed to adoption. The aunt and uncle were very close to finalizing the adoption when they decided to move to California.

After moving to California, the focus child began to exhibit severe behaviors that required two psychiatric hospitalizations. He was sneaking out of the house, setting fires in the home, and threatening suicide. In May 2007, team members made the decision to place the child in a residential treatment center. The child's permanency goal remains adoption with his aunt and uncle.

Child's Current Status

The focus child is in a safe and temporarily stable placement. He will remain in the residential treatment center until staff persons are confident he has achieved his treatment goals. The child is not making substantial progress towards goal achievement, thus his discharge date is undetermined at this time.

The focus child has inadequate socialization skills, which cause him to enter into minor disputes with his peers. He has not been involved in any major physical altercations, but has had verbal disagreements and been caught setting booby traps. He is described as having several strengths

including being smart, creative, and a skilled tennis player. While residing with his aunt and uncle, he received lessons from a Hall of Fame tennis player.

At the time of the review the child had just begun a new school year, but appeared to be doing well academically. Prior to placement in RTC, there was concern that an evaluation for special education was needed due to his disruptive behaviors, but he moved to a new school district when he was placed in RTC and the evaluation never occurred.

The focus child is involved in individual therapy and just completed an anger management group. Reportedly, the child is healthy and is current on his medical, dental, and vision appointments. He does not have any immediate medical concerns. The child has been diagnosed with a mental health disorder and is taking the appropriate dosages of medication to treat the symptoms of the disorder.

Parent and Caregiver's Current Status

The aunt and uncle are married and reside approximately 20 miles from the child's residential treatment center (RTC) in California. The aunt is the focus child's father's half- sister. The uncle is vision impaired and receives disability insurance. The aunt is employed, but works at night. They have an older daughter who also resides in California, but does not live with them. She recently gave birth to a newborn.

The aunt and uncle have expressed a desire to continue adoption proceedings for the focus child, but team members do not feel their actions support this claim. They have missed some family visits and family therapy sessions with the child at the RTC. They do maintain telephone contact with the child, but RTC staff believe they do not call as often as they should. Their adoption assessment for California was approved however their home is not licensed due to the uncle's previous criminal history. He has misdemeanor robbery charges stemming from incidents that occurred in 1984 when he was 19 years old. These charges were exempted in DC; however, the state of California views these charges as non-exemptible crimes and thus is not willing to grant the license.

There is a chance the licensing specialist in California can request an appeal for these charges, but the aunt and uncle must provide the licensing specialist with several items including character references, a written statement explaining the charges, and original police reports and court documents from the 1984 court hearings. The aunt and uncle state they have attempted to contact persons in MD, where the incidents occurred, but have not received any help in obtaining this information.

Factors Contributing to Favorable Status

The child is healthy and is taking his medication regularly. He is attending school and is receiving consistent therapeutic services. The residential treatment center (RTC) operates on a color system to reward or reprimand residents for their behavior. Green is the highest level a child can receive and RTC staff report the child has received several greens since being placed there.

Factors Contributing to Unfavorable Status
Although the focus child is receiving an array of services provided by the RTC staff, he does not appear to be making any progress toward achieving treatment goals. He does not display appropriate social skills and is unable to play tennis, a sport in which he excels, because although there is a tennis court located across the street from the RTC, he does not have equipment at the facility. He continues to exhibit flat affect and depressed mood and has difficulty expressing his emotions. Most team members attribute these depressive symptoms to his concern about his uncle's health as well as his disappointment with the lack of family visits with his aunt and uncle. The focus child's father died in 2006 and he never received grief counseling. He now expresses fear that his uncle will die because he is not in the home to care for him.

As previously mentioned, the aunt and uncle have missed family visits at the RTC and have only participated in one family therapy session since the child was placed there in May 2007. They also did not include the focus child in their recent move from their old apartment as originally planned, which upset the child. The focus child has yet to see the new apartment.

The aunt and uncle have stressors in their relationship and couples therapy to address these stressors has been suggested, but they are not open to it at the present time. Due to the uncle's disability, the aunt is the primary provider for the family, which causes financial strain. The aunt and uncle believe this financial strain impedes their ability to travel to and from the RTC to visit with the child. Additionally, the aunt was involved in an automobile accident that damaged the family's only vehicle. The aunt and uncle's daughter has provided transportation to the RTC on one occasion, but has a newborn and is not always available. The aunt and uncle have no friends in California who could provide transportation, monetary support, or respite care.

The aunt and uncle appear to have differing views on whether or not to proceed with the adoption, which affects permanency planning for this child. The uncle reportedly has expressed to team members that he is having second thoughts, but he has not articulated these feelings to his wife. Due to the uncle's disability and the child's challenging behaviors, it will be difficult for the uncle to provide adequate care to the child should he return to their home.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working
Most of the right people are working together to provide services for the focus child. There are two social workers: one in DC and one in California who visits the child at least once monthly. The social workers communicate when necessary regarding any new issues that may occur. The DC social worker has done a substantial job coordinating services for the child across two different coasts. She has traveled to California to visit the child, observe the aunt and uncle's home, and participate in meetings with the residential treatment center staff. There is a treatment team meeting planned in October to discuss permanency planning for this child.

Prior to placement at the RTC, the DC social worker implemented in-home services for the child and family. Since entering the RTC, additional services such as individual therapy and psychotherapy groups have been provided to this child. Further, the child's therapist and unit

manager at the RTC, along with the DC social worker have started discussing the need for concurrent planning for the child's discharge.

All team members share an adequate assessment of the child's strengths as well as his challenges. Team members have monitored the effects of the child's medication and advocated to have the dosages decreased.

What's Not Working

The uncle's previous criminal charges are hindering the couple's ability to receive a license, which has delayed the adoption finalization. There has been miscommunication between team members and the family regarding what is required for licensure in California. Further, team members have not offered to assist the uncle, who has a visual disability, in obtaining these documents. Moreover, even if all documents are submitted, there is a chance the state of California will choose not to exempt the criminal charges and not grant the license.

The adoption can not be finalized without the license, which would result in the District's recruiting unit having to secure another adoptive placement for the child, possibly in DC. Moving the child from California back to DC, away from his aunt and uncle, could cause his depressive symptoms to increase as well as trigger previous disruptive behaviors.

There are few family members available to serve as informal supports to this child. The child reportedly has an older sibling, aunt, and cousin who reside in the DC area. At the time of the review, team members had made little effort to reach out to these family members, which is necessary especially because of the potential need for recruiting a new placement in DC. While these family members may not be viable placement options, it is still beneficial to the child to be connected to biological family members.

Six Month Forecast/Stability of Findings

It is expected this case will remain status quo over the next six months. After that time, the child will be discharged from the residential treatment center. Resolving the aunt and uncle's licensing issue and/ or securing an alternative placement for this child will greatly affect whether the status improves or declines.

Practical Steps to Sustain Success and overcome Current Problems

1. During October treatment team meeting:
    a. Include CA social worker and CA licensing specialist
    b. Offer to assist uncle in obtaining needed documents from PG County to satisfy California licensing requirements
    c. Inform aunt and uncle that concurrent planning has started and that team members will pursue additional placement options for the child
    d. Explore possibility of recruiting for adoptive family in California
2. Make efforts to contact child's older sibling and other family members to serve as possible informal supports
3. Talk with RTC therapist about including grief counseling in therapy with the child
4. Discuss with aunt and uncle the following:
    a. Referral to a program for persons with visual disabilities

b. Home health aide in home while aunt is working
c. Bringing child's tennis equipment to the RTC

5. Continue to monitor child's academic progress to determine if referral for special education services is needed

60-day Follow-up

1. October and November treatment team meetings have occurred since the QSR, and a December 5, 2007 treatment team meeting is scheduled. The CFSA social worker participates via telephone. During the October meeting, the CFSA social worker was informed the CA licensing department closed the aunt and uncle's case due to their non-compliance with obtaining the necessary documents and explanations of the uncle's criminal history. The RTC also voiced concerns with the aunt and uncle's inconsistent visitation and participation in family therapy with the child. The RTC reported the aunt and uncle would telephone the child during treatment or group sessions although they knew they were restricted from talking to the child during these times. The aunt and uncle also did not pick the child up for a planned visit to their home. They stated they did not feel their neighborhood was safe and that the visit would conflict with the aunt's work schedule. The CFSA social worker reports she asked the uncle directly during the November meeting if he felt he would be able to appropriately care for the child if he returned to their home. The uncle replied because of his disability, no. The aunt did not argue this. The uncle's health has also reportedly declined and he is now having multiple seizures.
   a. As a result of the uncle's answer and their inconsistency in participation, the team members have decided to no longer consider the aunt and uncle as an adoptive placement. The CFSA social worker is now completing a referral packet to the CFSA adoption recruitment unit. She needs to obtain a copy of the child's most recent psychological evaluation from the RTC prior to submitting the packet. She informed the recruitment unit that the child is currently in CA and that his only known family, the aunt and uncle, reside there. She is including a copy of CA agencies in the referral packet so that the recruitment social worker can hopefully recruit for families in that area. After the packet is completed and submitted, the child will be assigned a CFSA adoption recruitment social worker.
   b. The child's expected discharge date from the RTC is June 2008.
2. The CFSA social worker reports she mailed a letter to the child's older paternal sibling, but did not receive a response. The social worker placed a copy of this letter in the child's record. The social worker has attempted to contact the aunt and uncle's daughter (the youth's cousin), who also resides in CA, to explore if she would be willing to provide placement to the youth after his RTC discharge. The social worker has not had an opportunity to speak with the cousin at this time.
3. Grief and loss counseling is now included in therapy. The child is also not aware that recruitment efforts will be made to locate another adoptive home for him. Team members have discussed having the therapist introduce the topic in therapy sessions with the child.
4. These services were to assist the aunt and uncle with caring for the child, but due to team members' decision to no longer pursue them as placement providers the services are no

longer being explored or discussed with the aunt and uncle. It is not known if the child's tennis equipment was brought to the facility.

5. The child's academic progress has improved slightly, but team members have decided to move forward with the IEP. The RTC educational staff is in the process of conducting evaluations for the IEP and after evaluations are complete, an IEP meeting will be held. The meeting date has not been scheduled and the CFSA social worker will participate via telephone. The goal is for the IEP to be completed and updated prior to the child's discharge.

Quality Service Review
Written Case Summary

Case #32
Date of Review: September 12-13, 2007
Child's Placement: Foster Home

Persons Interviewed (8): Social worker, supervisory social worker, caretaker, child, therapist, community support worker, school therapist, teacher, and Assistant Attorney General.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about Child and Family

The focus child is a 15-year-old, African-American male. He is currently placed in a foster home in Maryland. The focus child became known to the Child and Family Services Agency (CFSA) in 1994 when a social worker at a local hospital called the D.C. Metropolitan Police Department and reported that the child received four stitches for a cut to the left side of his face. Reportedly, the biological mother had recently fed the child and when he asked for more, the mother threw a glass jar at him, striking him in the face.

The child's mother has been sporadically involved in the case, and her whereabouts at this time are unknown. The child's father died in March 1997, which was verified by the District of Columbia Department of Vital Records. The child has an older sister by one year. The children were removed together and were subsequently placed with a family friend, who was a licensed foster parent. The foster parent died and her sister and her husband became the caretakers of both children in 2003. During the summer of 2006, the focus child's sister was placed in another foster home located in the same neighborhood, since it was believed that she was the instigator of the focus child's disruptive behavior. The child reported that he has adult siblings but is not in contact with them.

Child's Current Status

The focus child is in a safe and stable placement. The permanency goal for the child is Alternative Planned Permanent Living Arrangement, which was changed in February 2007 from Adoption with his current caretakers. The caretakers reported that they did not want to pursue adoption of the child because his behavior was too disruptive, and they wanted to have on-going support from CFSA. The caretakers opted to remain the child's foster parents. The child reported that he wishes to remain with his current caretakers.

The focus child has been reported as exhibiting agitated and disruptive behaviors, which cause him to enter into minor disputes with authority figures and his peers. He has not been involved in any major physical altercations but has had verbal disagreements. He was also reported as frequently joking about serious subjects and not taking responsibility for his actions. The child's community support worker reported that he believes the child may experience mild depression and unresolved feelings of loss and grief over the death of his father and prior foster parent. The child is also described as having several strengths including a great sense of humor and the

ability to learn how to manage his emotions. The child has begun to acquire some life skills such as cooking and personal hygiene.

The focus child receives weekly individual therapy at school and weekly individual therapy from an in-home therapist. The child also receives tutoring and community support sessions twice a week.

The focus child is in the ninth grade and receives special education instruction at school. The school provides transportation to and from the foster home. The focus child earns B and C grades and he has a current IEP. The child has responded well to the school structure, where points are given for positive behavior. The child stated to his community support worker that he enjoys earning the points for which he receives small rewards and privileges.

Reportedly, the child is healthy and has had current medical, dental, and ophthalmology appointments, and there are no major medical concerns at this time. The child was prescribed eye glasses, but he is not consistently wearing them and needs frequent reminders to put them on.

The child has been diagnosed with Attention Deficit Hyperactivity Disorder and is taking Adderall and Clonidine as prescribed by a psychiatrist. The child has reportedly not been compliant with taking his medication regularly. The child began receiving his mental health medications at school in the spring of 2007 after his social worker and psychiatrist sent the school the necessary releases of information. This has proven to be a helpful and consistent plan for the child.

Parent and Caregiver's Current Status

The foster parents are married and reside in Maryland with their 15-year old son. The family has provided care for the focus child since 2003. The foster mother is home during the day and evening and works the night shift. The foster father works during the day and is home at night when his wife is at work.

The foster mother reported that she and her husband intended to adopt the focus child, but in February 2007 they decided that they needed the on-going assistance of CFSA and intensive services in order to care for the child. She stated that the child's behavior has improved slightly since his sister was placed in another foster home.

The foster mother reported that their foster care license is current, but according to the CFSA social worker, the licensing agency is awaiting the receipt of CPS and FBI clearances in order to re-license the home.

Factors Contributing to Favorable Status

The child is healthy and has recently been taking his medication regularly, since it has been given to him at school. He is attending school on a regular basis and is receiving consistent therapeutic services. The child is able to visit with his sister who lives down the street. None of the interviewees reported safety concerns for the child, and there have been no issues with the child using illegal drugs, having problems with truancy, or exhibiting sexually promiscuous

behavior. The community support worker reported that he has talked to the child about safe sex and romantic relationships.

Factors Contributing to Unfavorable Status
The focus child is receiving a comprehensive package of services; however, he continues to report that he does not like taking his medication. The child may also have symptoms of depression related to the death of his father and previous foster parent. The child has not received grief and loss counseling from either the school therapist or the individual therapist.

The child has limited family support, even though he can visit with his older sister who is placed in a foster home in the same neighborhood. The child stated that he has an older brother, with whom he would like to reconnect.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working
Most of the right people are working together to provide services for the focus child. The child is receiving a comprehensive array of consistent services, and he is placed in an appropriate academic setting. Team members reported that they have had frequent contact with the CFSA social worker, but there has been limited or no contact between some of the other service providers, for example the school and individual therapist have yet to talk to one another. All team members share an adequate assessment of the child's strengths as well as his challenges.

What's Not Working
The CFSA social worker has invited all concerned parties to group meetings for the focus child, such as his IEP meeting, but not everyone has attended. Since the child is receiving multiple services, it is imperative that all services providers, the foster parents, and school staff work together to address the child's emotional and academic needs.

The community support worker reported that he may terminate services with the child by December 2007, and the child has been informed that discharge may occur soon. It was reported that the child is bonded to the community support worker and has received guidance and encouragement from him.

The foster care license needs to be updated and the CFSA social worker and foster parent may need to review outstanding requirements in order to finalize the re-licensing process.

There are few family members available at this time to serve as informal supports to this child. The child reportedly has an older brother and sister in the area. At the time of the review, team members had made minimal efforts to reach out to these family members. The child reported that he would like to meet with his older brother.

Six-Month Forecast/Stability of Findings
It is expected this case will remain status quo over the next six months. The focus child will most likely remain in his current foster home and school placement. The child's compliance with

medication and the continued provision services will affect whether the status improves or declines.

Practical Steps to Sustain Success and overcome Current Problems

1. Refer child to the Center for Keys for Life (CKL)
   a. Encourage child to begin developing Individual Transitional Independent Living Plan and to focus on expanding life skills
   b. Explore transportation options for the focus child to CKL with foster family and/or provide metro tokens to child for public transportation
2. Make efforts to contact child's older siblings and other family members to serve as possible informal supports
3. Refer child to grief counseling
4. Explore mental health medication non-compliance with psychiatrist
5. Assess further need for a community support worker if the current one terminates services

60-Day Follow-Up

The mother of the focus youth's foster father passed away recently and left her home in North Carolina to the youth's foster parents. The foster parents plan to relocate to North Carolina in the near future (two possible dates have been reported: January 2008 and summer 2008). The focus youth will not be relocating with his foster parents, thus the social worker is currently exploring new placement options for the focus youth. The ideal placement for the youth is a two parent foster home. The youth's former mentor, who resides in Maryland, has expressed interest in becoming a placement for the youth, but because of the lengthy licensing process it is not expected the youth would be able to move with this mentor before the current foster parents move. The youth's sister's placement is also not an option due to the severe behaviors exhibited by both youth when they previously resided with one another.

Several of the next steps were not implemented due to the urgency in locating a new placement for the focus youth.

1. The youth was not referred to the Center of Keys for Life and there has been no reported improvement or decline in his life skills.
2. Efforts were not made to locate youth's older brother due to a lack of contact information. The youth, however, has had contact with an adult sister since the QSR.
3. The youth was not referred to grief counseling, but he continues to receive in-home therapy and therapy at school.
4. The youth continues to comply with the medication administered with school but still has difficulty complying with the medication administered in the home. The reason for the non-compliance has not been discussed with a psychiatrist. Team members have discussed the possibility of increasing the youth's medication dosage at school due to his behaviors.
5. The current Community Support Worker did not terminate services, as was the plan at the time of the QSR. He continues to meet with the youth regularly and will continue to meet with the youth after the placement change.

Quality Service Review Case Story
Written Case Summary

Case #33
Review Dates: September 12-13, 2007
Focus youth's Placement: Third Party Placement

Persons Interviewed (6): Social worker, focus youth, AAG, GAL, caregiver (paternal aunt), daughter of caregiver

FOCUS YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 15-year old African-American female who was abandoned, along with her 17-year old brother, by their legal guardian (also their maternal aunt) in late 2006. The family first became known to the agency in 1998. The focus youth's mother passed away in 1999. The focus youth and her brothers lived on and off with their maternal aunt. After their mother's death, the children went to live permanently with their maternal aunt who was later granted legal guardianship of them. The maternal aunt then abandoned the children and moved to another state last year. She left the focus youth with the youth's brothers' paternal aunt and left the brother with their two adult brothers. The case was reopened due to neglect by the matemal aunt. The current permanency goal is guardianship with the paternal aunt.

The focus youth has a total of three siblings, all older brothers. The brothers all reside in the same home. All of the children share the same mother; however, only the boys have the same father. The father of the focus youth is not known to the agency. The focus youth is aware of who her father is and his whereabouts; however, she has no contact with him. His parental rights were waived at the first guardianship hearing with the maternal aunt. The focus youth has liberal contact with her brothers and recognizes her brothers' father as her own. Although the focus youth's current caregiver is not related to her by blood, she has been close with her since birth. From the time when the maternal aunt moved out of the area, the focus youth has had minimal contact with her and other maternal family members.

Youth's Current Status

The focus youth appears to be safe in her current placement. She resides with her paternal aunt and her aunt's adult daughters and granddaughter. The focus youth has a very close relationship with all household members, especially her cousins. They have an open relationship, and the focus youth feels very comfortable talking to them. She gets along very well with her paternal aunt and wishes to remain placed with her.

The focus youth is in the 11th grade and is an honor roll student. She averages A's and B's in all of her classes. At this time the focus youth is not receiving any supportive services as no service need have presented themselves. There has been some feeling that the focus youth could benefit from grief and loss counseling to deal with her mother's death as well as the abandonment from her previous guardian of over seven years. The focus youth has declined offers of referrals and states that she is satisfied writing in her journal to express and deal with her feelings. The focus

youth was recently referred to the Center of Keys for Life. She has several positive peer relationships but prefers interactions with her adult cousins. At this time there are no behavioral concerns or emotional and mental health issues present.

The focus youth is healthy; her last physical exam was within the past 30 days, her dental and vision check-ups were in the past 90 days. There are no apparent conditions requiring medical treatment or monitoring. Overall, she is a well-mannered, college eligible student benefiting from nurturing stimuli while living with her paternal aunt in a household in which balanced adult control has been maintained and supported.

Parent/Caregiver's Status
The paternal aunt has a good relationship with the focus youth. Emotionally, she is able to lend an ear to the focus youth when needed. Overall, she is able to support the focus youth both physically and emotionally. The focus youth is considered another daughter/sister in the household. The paternal aunt is in the process of becoming a licensed foster parent. As she was named the successor guardian from the original guardianship case, the agency has been able to provide payments for the focus youth's care to the paternal aunt. The paternal aunt has completed the requisite training classes; however, her home has not yet been licensed. Completion of the home study is pending with the Maryland foster care licensing agency. There are issues regarding the current space and sleeping arrangements in the home given the number of household members. As an alternative, the paternal aunt has attempted to secure affordable housing that will accommodate the household members, to no avail. She also made adjustments regarding the sleeping quarters, but these adjustments may not be sufficient for licensure given Maryland guidelines.

Factors Contributing to Favorable Status
The focus youth's academic status is exemplary. She demonstrates responsible behavior (e.g. conflict resolution) and coping skills in the secondary educational environment. The adult female cousins have provided emotional support and guidance, and have been a confidential audience as needed to discuss issues or feelings arising from difficult circumstances, including the death of the focus youth's biological mother and abandonment by her maternal aunt. The focus youth is in a home that team members believe will endure until permanency is reached.

Factors Contributing to Unfavorable Status
The focus youth has verbally expressed her desire to have her CFSA case closed. She has stated that she will not feel that she is in a permanent home until CFSA is no longer involved. The paternal aunt's home remains unlicensed as a foster home for almost one year since the reopening of the case.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
Team members on this case have responded well to assisting the focus youth in maintaining a stable home. Given the rare circumstances of this case, with the abandonment by the previous guardian, the agency has employed non-traditional methods to ensure the stability of this

placement by continuing financial support. All team members are in agreement that the current placement has demonstrated to be an optimal setting for the focus youth. The social worker communicates with all team members on a regular basis and has been identified as the team leader. The social worker has proven to be very dedicated to the focus youth. For example, she has followed up and assisted the focus youth and caregiver during a conflict at school.

All team members stated that they are satisfied with court and the pace of the case. They feel that they are able for the most part to address issues that may arise prior to going to court. Parties also feel that they are being represented appropriately.

What's Not Working Now and Why

There appear to be conflicting ideas among team members as to the timeline for meeting the permanency goal. There are questions, in particular, around kinship foster care licensure, which must be answered in order to identify a realistic timeframe for achieving permanency.

It would appear that although the urgency and the need for licensure has been expressed to the paternal aunt and is known among team members, further information on specific steps and procedures and advocacy and support from team members could allow this caregiver to ultimately move this case closer towards closure.

Six-Month Forecast/Stability of Findings

Due to the extraordinary circumstances of this case, it has been difficult to predict and determine next steps and realistic timeframes in this case. The focus youth's status is likely to remain status quo as team members identify and overcome barriers that impede their progress toward the permanency goal.

Practical Steps to Sustain Success and Overcome Current Problems

1. Convene a team meeting to discuss permanency planning and solidify next steps for achieving the permanency goal with a timeline. Devise an alternative plan if paternal aunt's home is unable to be licensed.
2. Clarify Maryland guidelines for kinship foster care licensure for the paternal aunt's home (discuss with CFSA Office of Licensing and Monitoring). Provide furniture voucher as needed to meet these guidelines. Request another home study to be completed by Maryland and advocate for an expedited process.
3. Work with the focus youth on creating an Individual Transitional Independent Living Plan. Continue efforts to engage focus youth in participating with the Center of Keys for Life program or identify another program in her area that provides an opportunity for the youth to be involved in extracurricular activities.

60-day Follow-up

1. A formal meeting was scheduled but did not take place due to the social worker being ill. Discussions have occurred between the social worker, GAL, paternal aunt and the youth regarding current planning for APPLA. The youth and family do not want to the goal changed to APPLA and the youth is not willing to work towards that goal (i.e. attending CKL, planning around acquiring increased independent living skills, etc.). The GAL would like to change the goal entirely to APPLA to ensure financial support and CKL

services continues until the youth reaches age twenty one. Other team members are not in agreement and would like to see the guardianship goal finalized.

2. The social worker put in another request with the CFSA Office of Licensing and Monitoring to have the paternal aunt's home licensed as a kinship care provider in order for the paternal aunt to file a guardianship petition. This request was made the week of November 26th and no further update was available on the process, which essentially has been restarted from scratch.
3. No formal plan has been completed by the social worker. However, there have been some discussions with the youth about her plans for the future. The youth has stated that she is not interested in participating in CKL as she is currently in the tenth grade and feels this service may be more beneficial to her next year as she prepares for college. The social worker reports that at this time the youth is adamant that she is not interested in formally participating in any extracurricular activities.

Additional Information

The social worker reports that there has been delays in moving this case forward partly due to difficulty in contacting the paternal aunt. She had to discuss the requirements with her prior to resubmitting the request for licensure. The social worker has offered to bring the youth to the initial CKL sessions; however, the youth and the paternal aunt have expressed concerns around the return home given that they reside in Maryland and it is very dark and can be unsafe traveling in the evening. The next court date is December 11th and team members plan to have a formal meeting following the hearing, or at least be able to schedule a formal team meeting to discuss next steps and identify a time frame for goal achievement.

Quality Service Review
Written Case Summary

Case #34
Review Dates: September 10-11, 2007
Focus child's Placement: Non-Kinship Foster Home

Persons Interviewed (9): Social worker, birth mother, focus child, family support worker, AAG, tutor/mentor, GAL, therapist, foster mother

CHILD & PARENT STATUS SUMMARY

Facts about the Focus Child and Family

The focus child is a 12-year old African-American female, who was recently removed from her mother and stepfather in March 2007 due to issues of physical abuse. The focus child and her family first became known to the agency in 1999 when she was removed from her mother's care for similar allegations. The focus child remained in care for four years and was reunited with her birth mother in 2003. Since this recent removal, the focus child has had only one placement and remains in this traditional foster home to date. The current permanency goal is reunification with the mother.

The focus child has no siblings. She has court-ordered supervised visits with her mother and stepfather. She sees her mother at least once a week at the foster home and has almost daily conversations with her on the telephone. She also sees her stepfather a few times a month and talks with him regularly on the phone as well. The focus child's father was incarcerated and had been since the focus child was an infant. The focus child did however, maintain contact with paternal relatives. He was recently released from prison and went to the foster home to visit with the focus child for the first time. His visit was an impromptu one and came as a surprise to everyone. He has not had contact with the adults in the case, therefore his level of commitment and involvement in the focus child's life at this time has not been ascertained.

The focus child has been diagnosed with ADHD and a psychotic disorder NOS. She has been receiving mental health services through DMH since approximately 2002. She has been taking risperadol and trileptal for approximately three years. She has displayed some antisocial behavior in school and is behind in several subjects. Her most recent report card had F's in almost every subject. The focus child has an educational advocate assigned to her and recently began receiving tutoring and mentoring services.

Birth mother is actively involved in her service plan and court-ordered services. She attends all court hearings and maintains active visitation with her daughter.

Child's Current Status

The focus child appears to be safe in her current placement; however, there are concerns regarding potential risk factors in the home. There is also another foster child in the home who exhibits defiant and violent behavior. There have been incidents between the two girls that have resulted in physical altercations. There have been no incidents that warrant medical attention or

a drastic response; however, there is the potential for this to occur. The focus child is also not in an environment that permits personal and quiet time when needed to study and do homework. Although she has been in the same placement for six months, it is unknown at this time if this placement will endure until permanency is reached, without intervention.

The focus child is currently repeating the seventh grade at her middle school. There are concerns that she is not in an appropriate school setting to meet her educational needs. Although she has an educational advocate assigned to her, little is known among team members the status of the focus child's educational plan. Team members are uncertain if the focus child will be placed at another school better able to meet her needs. There appear to be some educational assessments that have been completed and some pending in order to make this determination. She attended summer school and had no reported incidents and is thought to have done well in her classes. She recently began receiving tutoring services to assist her with bringing her grades up in core subject classes and learning appropriate study skills.

The focus child has been receiving therapeutic services from the same core agency for a few years. She sees a psychiatrist monthly for medication management, has weekly therapy, and receives bi-weekly in-home behavioral management services from a family support worker. Since her placement, the focus child has been receiving these services on a consistent basis. The court has ordered bi-weekly family therapy to be conducted by the therapist. This began recently, so the focus child and mother have had only two to three sessions so far. It was learned during the review that the focus child may not be taking her medication as prescribed, as she has outright refused to take them on several occasions.

The focus child is reportedly healthy and up-to-date on her annual physical. She is also up to date on her dental and vision appointments as well. She is reported to display some defiant behavior at times, ignoring her caretaker, leaving the house without permission, refusing to do chores, and threatening students and/or teachers at school. The focus child goes back and forth regarding her feelings about returning to her mother's care. Most recently she has stated that she is ready to go home after months of stating that she did not want to go back. Many describe her as independent and a little mature for her age, but overall as a very personal and pleasant young lady.

Parent/Caregiver Status

The allegations that brought the focus child into care were substantiated against the birth mother only. The focus child's mother has been ordered by the court to complete parenting skills and anger management classes and to participate in family therapy. She has actively participated in all three services. According to those interviewed she has put forth a great effort to be reunited with her daughter; however, she has not admitted or offered any plausible explanation as to how the focus child sustained the bruises that brought her into care. Many believe that this must be resolved in order for the focus child to return safely to mother's care, especially given the previous history of physical abuse. Efforts will continue in family therapy to address this issue.

It appears mother and daughter have a positive relationship. Mother communicates often with the foster mother and supports her when needed in addressing the focus child's behavior in the home. The stepfather and the focus child are also said to have a close relationship. He maintains

contact with her via phone and through supervised visits as well. The focus child's birth father showed up unexpectedly to the foster home and was permitted by the foster mother to visit briefly with the focus child (visit was supervised). The foster mother has since been informed that he must first go to court before he can visit or communicate with the focus child again. This presents a new issue in the case, as he has had no contact with the focus child since she was an infant. The stepfather reportedly has stated that if her birth father is prepared to take an active role in the focus child's life, that he will take a step back but only if birth father is committed to having a positive and lasting relationship with her. At the time of the review, no one had spoken to the birth father (no contact information available to them) to ascertain his intentions of maintaining a relationship with his daughter.

The foster mother appears to also have a good relationship with focus child. Emotionally, she is able to lend an ear to the focus child when needed and has a good assessment of the child's feelings and how they relate to her behavior. Overall, she is able to support the child both physically and emotionally; however, there are a few concerns in the home, namely the other foster child, who appears to have a negative impact on the focus child's behavior. Also, the foster mother runs a day care out of her home and is somewhat limited physically, which can affect her level of care. For example, the focus child's school called the foster mother to state that the child was not feeling well, but the foster mother was unable to go to the school to pick up the child because she did not have anyone to care for the children in her day care at the time. The focus child had to ride public transportation home, after the school nurse determined she felt well enough to do so. There is also concern that the focus child has missed several days of school in the few weeks since school has started. Reportedly, the focus child has missed a day due to her not having clean clothes. The foster mother was unable to ensure that she made it to school, partly due to her duties as a day care provider.

Factors Contributing to Favorable Status

The focus child is actively engaged and participating in therapeutic services. She has had the same providers assigned to her for the past three years and has built good rapport with them. Many team members feel the focus child has been improving since she has been in care. She is currently receiving tutoring and mentoring services, which she enjoys very much. She has exhibited independent behavior, such as traveling to school via public transportation by herself and managing her allowance. There is good communication with her mother and stepfather. She is also curious about her birth father.

Factors Contributing to Unfavorable Status

Service providers and team members may not be aware of the focus child not following through with taking her medication and the effects of her not doing so. There has been little to no communication with the educational advocate and no defined plan to clearly identify and address her educational needs. There are concerns in the foster home that warrant further inspection and intervention and support as needed. Mother has to be aware that completion of the court-ordered services alone is not enough to achieve reunification – she must be ready to demonstrate changes in her thoughts and behavior as well before the focus child is returned to her care. This begins with the need for the mother to address the issues that led to the focus child's removal. If not closely monitored, birth father's arrival to the case could be detrimental to the focus child's current level of functioning, (i.e. abandonment, confusion of roles with stepfather).

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There is a strong, caring team in place that is working with the focus child to be successful. All team members have a great understanding and assessment of the case and the issues that need to be resolved before the focus child can safely return home. Everyone is rightfully concerned about the potential for repeated physical abuse given the prior case history and mother's continued denial of the abuse. The services in place are appropriate, and the family is satisfied with service providers. The social worker communicates with all service providers on a regular basis and uses their input in the case planning process. It appears that each team member is working toward the permanency goal. The next step in this case is unsupervised day visits with the birth mother and stepfather once the team, with guidance from the therapist on the family's progress, decides this is appropriate.

All team members are aware of the birth father's release from prison and are willing to work with him as needed on the case. Team members are clear on what steps are needed to meet safe case closure and the timeframe to do so. Family therapy will be monitored for the next few months to gauge the family's level of interaction with one another, while evaluating mother's behavior and understanding about the use of excessive corporal punishment.

All team members stated they are satisfied with court and the pace of the case. They feel that they are able for the most part to address issues that may arise prior to going to court. Parties also feel that they are being represented appropriately and that court orders are suitable for the case.

What's Not Working Now and Why

Although appropriate services are in place, the timeliness of referrals, especially for mother, could be improved. For example, anger management services for mother were identified early on in the case; however, it took a court order before a referral was made. Also, it was several weeks after the referral was made that mother could participate in the classes. Some team members described the birth mother as the team leader, while others identified the social worker as the leader. It appears that although the team is working diligently, their work may be a little disjointed. For example, mother has the most communication with the educational advocate, while others are not sure of the educational plan for the youth. The mother may not be fully engaged by the social worker and communication between them can be improved. This will increase teamwork and ensure that mother does not appear to be running her "own team." Increased efforts must be made to locate father and offer assistance in including him as part of the focus child's case.

Further assessment of the current placement is needed to determine its appropriateness. Replacement may not be necessary, as this would introduce new trauma to the focus child; however, intervention and support may be needed to reduce potential risks. Regular team meetings should be held to ensure that all team members have updated information. For example, the new tutor/mentor has no history of the focus child's school performance or information on educational assessments that may have been completed, which are vital to the tutoring services that she provides.

More follow-up and assessment are needed on the focus child's current medication management and her educational status.

Six-Month Forecast/Stability of Findings

Given the level of service provision and understanding by team members of what must be achieved to reach permanency, it is likely that this case will improve for the focus child. Both the focus child and mother and actively engaged in services and the current services meet their needs. There has been very good work done by the team in this case that has placed this family on the path to reunification.

Practical Steps to Sustain Success and Overcome Current Problems

1. Convene a team meeting with as many service providers in attendance as possible to discuss the following:
    a. Educational plan for focus child. Get clarity on what assessments/evaluations have been completed to date with copies made available for pertinent persons and next steps identified (i.e. new school placement, IEP, etc.)
    b. Medication management. Evaluate the focus child's behavior as she is inconsistent with taking her medication as prescribed.
    c. Create a plan to address working with the birth father now that he has been released from prison.
    d. Clearly outline the expectations of the birth mother that will lead to reunification and safe case closure (i.e. demonstrated behavior changes, thoughts on the use of excessive corporal punishment).
2. Evaluate current placement and the foster mother's ability to provide for the focus child. Put in interventions and supports as needed to reduce risks in the home. Reach out to the social worker of the other foster child in the home and discuss current concerns.

60-day Follow-up

1. A formal team meeting was not held; however, the social worker reported speaking with team members individually on the following:
    a. The social worker reports that is very difficult to get in contact with the educational advocate (not assigned through the court) but was able to learn that all evaluations and assessments have been completed and submitted to the school. The family is awaiting information on a date for the IEP meeting.
    b. In speaking with the foster mother, child, psychiatrist and therapist, the child is now consistently taking her medication with no concerns around her behavior or side effects.
    c. The birth father has not contacted the child again, nor has he contacted the social worker. Birth mother states that he has always been inconsistently involved with the child and feels nothing has changed. No diligent search has occurred, as the social worker does not know the father's name and the mother does not want to reveal it.
    d. These discussions have not taken place as of yet with the birth mother. The social worker expects that the therapist will address this issue in the family therapy sessions.

2. The social worker reports that shortly after the review, the other foster child living in the home was removed and replaced. Since her departure, the focus child's behavior and compliance has improved significantly in the foster home.

Additional Information

The child is now doing much better in the home; however, her school performance is declining even with the assistance of her tutor and mentor. Team members anxiously await her IEP meeting as her current school placement may not be the best setting for her. The birth mother and the child both attend family therapy sessions regularly, which the social worker reported are going well. The child started having unsupervised overnight weekend visits with her mother and stepfather beginning with the Thanksgiving holiday, which are going well so far. At the time of the review the child was ambivalent; however, she is now reporting that she is ready to go home. The social worker expects that this case will continue to progress toward reunification in the coming months.

Quality Service Review
Written Case Summary

Case #35
Date of Quality Service Review: September 12 & 13, 2007
Youth's Placement: Therapeutic Foster Care Placement

Persons Interviewed (6): Social worker, Permanency Social Worker, Guardian ad litem (GAL), Assistant Attorney General (AAG), therapist, case manager from the mental health service provider. The youth and the foster mother were scheduled, but the foster mother indicated that she would be unavailable for the home visit. After agreeing to participate via telephone, she made herself unavailable to the reviewers. The grandmother, who was informed of the review via letter as she does not have a telephone, indicated that she could not participate, as she was leaving for a funeral. The youth's homeroom teacher was scheduled for an interview but was then unreachable.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family
The focus youth is a 13-year old, African-American female, who has resided in a therapeutic foster care placement since the end of August 2007. Prior to this placement, she resided with her maternal grandmother for nine years. She has contact with her birth mother, two of her older brothers, maternal cousins and aunts. While there is no reported contact between the youth and her birth father, the social worker stated that the youth says that she knows who he is. There is no contact between the agency and the birth father. In 2005, the Court posted for him in the guardianship trial and his consent to the guardianship was waived.

The focus youth became known to the Child and Family Services Agency (CFSA) in 1997, after a report that the birth mother and her four children were homeless after being evicted for failure to pay rent. In addition, it was reported that the birth mother was a substance abuser and had a violent disposition, so family members reportedly refused to provide care for the children. Three of the four children, including the focus youth, were placed in foster care. The youngest child was placed with her father. Prior to being placed with her grandmother, the focus youth had one foster care placement for almost one year. Until April 2007, the focus youth had the permanency goal of guardianship with the grandmother.

This case is managed by CFSA although, with the recent placement in a therapeutic foster care home, the case will eventually be transferred to the private agency. Reportedly, the reason the case has not already been transferred is that the private agency does not have adequate staff to provide case management services. The focus youth also receives case management services and individual therapy through a mental health services agency. The youth has refused to participate in an updated psychiatric evaluation. She has not been prescribed any medication.

While residing with her grandmother, the youth had a history of being disrespectful, uncooperative and noncompliant with services, truant, and "running the streets." There seemed to be no boundaries in the home or the community. Reports also indicate that the grandmother

frequently did not know where the youth was or who she was with. The social worker relayed an example of how she had to go looking for the youth one afternoon when her grandmother did not know her whereabouts. Another teen visiting the home indicated that the focus youth was at his house. The worker found the youth asleep in this home where she was alone with the teen's middle-aged father. The focus youth was arrested in 2007 for being one of several girls who physically assaulted a woman. She has completed her probation. There have been no reports of additional criminal behavior.

Youth's Current Status

The focus youth is described as a smart young girl, who has a wonderful fashion sense and a strong family bond. Multiple parties indicated that she can be "engaging when she wants to be." While she is also described as being a very independent, defiant, and angry girl, who can be very disrespectful and oppositional, people were able to acknowledge that her grandmother's lack of structure is responsible for some of her defiant behavior.

In September 2007, the focus youth entered the eighth grade at a Level IV special education program in Washington, DC. She is diagnosed as Emotionally Disturbed and Otherwise Health Impaired for her diagnosis of ADHD. Due to her recent placement in Maryland, she receives transportation to and from school, and it was assumed that she was going to school every day thus far. She has a history of extreme truancy facilitated by her grandmother's lack of enforcing school attendance. While the focus youth failed almost every subject last year and refused to attend summer school, she was promoted to the eighth grade "because she is in special education." Therapy is offered at the school, yet the youth refuses to participate.

The focus youth has an assigned therapist, who has seen her sporadically over a six-month period. The therapist stated that the youth often refuses therapy or is absent from the home at the scheduled appointment time. An updated psychiatric evaluation was scheduled multiple times in 2007, but the youth refused to participate.

The focus youth is reportedly overall healthy, although documentation of recent appointments (physical and dental) is lacking. The last information in the record indicated that the youth received a dental examination in April 2007, and that eight cavities were identified. There is no verification that the youth received treatment for these deficiencies. Since being placed in a foster home, the social worker submitted a referral for an updated dental examination. In addition, the focus youth reported to her foster mother that she has Sickle Cell Anemia. As this is a new revelation to the agency, a referral for an emergency evaluation was submitted within one day of this concern being reported.

Parent/Caregiver's Status

The focus youth was placed in her therapeutic foster care placement approximately three weeks prior to this review. The caretaker is a single, African-American woman. She also has one biological daughter, younger than the focus youth, residing in the home. It is reported that the youth and the daughter get along well thus far. They enjoy being together and text messaging each other when apart.

While the reviewers were unable to interview the youth or the foster mother regarding their relationship, it was reported by the social worker that the youth and the foster mother appeared to be "getting along fine" when observed the first two weeks of placement. Team members are impressed that the youth had not absconded since being placed in this home as this was a major fear associated with removing her from her grandmother's home. In addition, the social worker reported that after a brief visit between the focus youth and her grandmother, the youth returned to the foster mother's car early stating that she no longer wanted to visit with family and she "wanted to go home" with the foster mother.

Factors Contributing to Favorable Status

First and foremost, it appears as though the focus youth's safety has improved just by being removed from her grandmother's home as she is supervised in the home, in the community and after school. In addition, school attendance is enforced, which was not the case in her grandmother's home. As previously stated, the youth was allowed to roam free in the community while residing with her grandmother.

Even though the focus youth rarely attended school last year, the agency has provided transportation to and from her new placement so that she is able to maintain the school connection. This has limited her disruptions and provides some stability through the same staff and environment. Her enrollment in an aftercare program may be beneficial to her as it could help with homework completion and socialization.

Factors Contributing to Unfavorable Status

Academic learning is a major problem in this case as the focus youth has an extensive history of truancy and academic failure. Her grandmother did not make her attend school usually because the child complained of being "ill with allergies," yet neither the grandmother nor the agency had the child evaluated or treated for these ailments. As previously stated, even though the youth failed every course, she was passed on to the next grade because she is in "special education."

At the time of this review, the focus youth had resided in her new therapeutic placement for approximately one month. Within this timeframe, the agency already experienced problems with the foster mother regarding her decreased engagement, avoidant behavior, and dictating the GAL's and the agency's access to the child. These behaviors have limited the social worker's ability to monitor the youth's safety, adjustment, and well-being, which is crucial after a placement disruption. There are also questions about her ability to set boundaries with the focus youth. For example, the day after the youth was placed in her home, the foster mother contacted the social worker to report that because the youth did not wish to go to the babysitter, she was taking the youth to her grandmother's home – the home from which the agency had just removed her – for the day. It is unclear if she truly understands the gravity of what happened to the youth and what her needs are around boundaries and family contact.

Permanency prospects for this youth are abysmal. In August 2007, she was removed from her grandmother's care where she had resided for approximately nine years. Her foster care placement is too new to consider a permanent home, and some team members consider her "unadoptable" (see "System Performance – What's Not Working" for further discussion).

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are several positive points in this case. Parties spoke highly of the current social worker and the permanency social worker. Participants felt that the workers and the agency attempted to provide the youth and her grandmother with a plethora of services and made great efforts to maintain the placement due to the level of bonding between the two. Such high regard of the social workers makes communication and implementation of services easier. In addition, one benefit in this case is the fact that the current permanency social worker is the previous social worker on this case. By remaining in the same unit she maintains some consistency in this case due to her years of history with this youth. In her role as permanency social worker, she will be helpful in evaluating permanency options for this youth.

The therapist's involvement in this case is of benefit even if she sees the youth sporadically. The therapist provided a high level of insight into this young girl. She was able to identified two things (hair dressing and photography) that she was able to use in order to engage the youth in sessions. It appears as though she has been able to slowly chip away at the wall that this youth has created around herself. The key will be consistency and the agency ensuring that this therapist continues with the youth.

All parties expressed a high satisfaction with court. Persons stated that they felt respected and listened to by the court. Parties stated that everyone was "on the same page as the Court" regarding removal of the focus youth from her grandmother's home and the APPLA permanency goal.

While maintaining family connections has its trouble points, team members seem to understand the importance of maintaining the connection between the focus youth and her birth family. That awareness alone allows the topic to be brought to the table for discussion and planning.

What's Not Working Now and Why

There are multiple challenges throughout most of this case, particularly in engagement of the youth and family, assessment and functioning, case planning, and pathway to safe case closure. To begin with, while the agency has attempted to initiate a multitude of resources in order to maintain the placement with the grandmother, the family engagement, case planning, and case closure have been unsuccessful for ten years, which led to the ultimate removal of the youth. The family was clearly not engaged in case planning for the youth, especially around consequences for noncompliance with agency requirements for safety, supervision, and school attendance. The case was allowed to continue status quo until the Court decided that "enough was enough" and removed the youth regardless of a specific incident that prompted the removal. While parties commented that the family knew of the possibility that the youth could be removed, there were no contracts in the form of case plans developed with the family, including the youth, stating the exact goals and objectives, consequences, or timeframes. In addition, the Court made the decision for removal without the grandmother being present at the court hearing, and it was done at least one month prior to even disclosing to the grandmother the fact that the youth was to be removed. The social worker reported that the grandmother and the youth

expressed anger towards the agency regarding the removal and that the grandmother has refused to participate in agency activities regarding the youth.

Further, there did not appear to be a thoughtful assessment of the youth's mental health needs or interpersonal relationships that could have led to a clinically appropriate way of informing the youth of her impending removal. Unfortunately, the birth mother, who was angry, told the youth and created a very unhealthy and potentially unsafe environment for both the youth and the social worker. The therapist indicated that she had been unable to see the youth during this time due to either the grandmother or the youth not being home. More importantly, at the time of the review (almost one month after her removal) the therapist reported that she still had not been notified of the date the youth had been removed or of the contact information for her new placement; she had not seen the youth during this critical assessment and transition period.

Another challenging area in this case is maintaining familial connections now that the focus youth has been removed from her grandmother's home. The grandmother has refused to take part in agency activities regarding the youth, and the social worker indicated that the youth has indicated that neither she nor her grandmother will participate in visitation at the agency. The social worker has concerns related to conducting visitation at the grandmother's home due to a lack of cleanliness and the presence of a major infestation of cockroaches. Visitation scheduling is complicated further by the grandmother not having a telephone. At the time of this review, the foster mother had reportedly taken the youth to visit her grandmother at least twice. While it was not supervised by the foster mother, she reportedly waited in her car in the parking lot. There is no current court order regarding visitation as the case has not returned to court since the youth's removal. Team members want visitation to be supervised, as parties are unclear if the youth will actually visit with her grandmother or if she will spend that time unsupervised in the community, therefore compromising her safety. Effective case planning and engagement of the family will be key components for solving this issue.

Pathway to case closure is a major concern in this case. The youth had remained in the same kinship care placement with her maternal grandmother since she was approximately two and a half years old. She is now thirteen. In April 2007, the Court dismissed the guardianship petition and changed the permanency goal to APPLA (she was twelve years old at that time). Persons interviewed felt that the focus youth was "unadoptable" due to her age, their opinion that she would never consent to an adoption, and her oppositional defiant behaviors that adoptive parents would not tolerate. The youth has not been asked about adoption or what it means to her, nor has the team discussed how or when to engage the youth in planning for her own future. In addition, since guardianship was rejected, both birth parents maintain their parental rights. When asked about paternal family members, parties indicated that since the birth father's consent to the guardianship was waived and the youth had always resided with a maternal family member, there was no need to continuously search for a father or paternal family members. The social workers have stated that the focus youth has reported that she knows who he is, yet no one seems to have explored this information with her. There has been no discussion concerning the possibility of locating additional family members as a support for this youth.

Six-Month Forecast/Stability of Findings
Due to the recent transitions experienced by the focus youth, the six-month forecast for her is very unpredictable. The overall consensus though is that due to the increase in safety and boundary setting the case will at least remain status quo.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social worker will continue to attempt to engage the maternal grandmother and the focus youth around visitation issues.
   a. Social worker will follow any order the Court issues regarding visitation. Social worker will to assess the appropriateness of any visitation plan on a continuous basis.
   b. Should the need for completely supervised visitation outside the grandmother's home be established, the social worker will explore alternative sites for visitation in the grandmother's community (local library, community center, coffee place, park, etc) or at the local collaborative.
   c. Any changes in visitation should be discussed with the family and put in writing for all party members.
2. Social worker will meet with or talk with the therapist, foster mother, and when appropriate, the focus youth, regarding the identity of the youth's birth father and paternal family members. It may be helpful to tell the youth why the information is needed and the potential benefits to her if her paternal family was located. Social worker will submit a new Diligent Search referral should any updated information be obtained.
3. Convene a meeting with the therapeutic foster care agency, the foster mother, and CFSA staff (agency monitor) to discuss the agency's concerns and expectations in this case. Expectations and consequences, particularly around safety, therapy, and visitation, should be written out and mailed to all parties and placed in the agency file.
4. Within two months, social worker will convene a team meeting between the social worker, permanency worker, supervisor, therapist, AAG, and GAL to initiate discussions around changing the permanency goal from APPLA to adoption.
   a. Should the goal be changed to adoption, an adoption recruitment package will be submitted to the Adoption Recruitment Unit.
   b. Social worker and therapist will develop a plan on how to best approach the subject of permanency planning with the youth. Some helpful questions may be: if the youth can not return to her grandmother's care, what type of placement she would like to have; what type of family would she like to live with; what can the agency (and/or the private agency) do to help her maintain her family connections; what does adoption mean to her.

60-day Follow-up

1. Social worker engaged the grandmother and established a weekly visitation plan. Visitation is still unsupervised at the grandmother's home.
2. Social worker has not talked with anyone regarding the identity or whereabouts of the youth's birth father. There is no evidence that a Diligent Search referral was submitted.
3. A case transfer staffing occurred on October 4, 2007. It is unclear as to what topics were discussed, especially the concerns and expectations with the foster mother.
4. There is no evidence that a team meeting has been convened to discuss alternative permanency goals for the youth. There is no evidence that any social worker has

broached the subject of adoption with the youth. In addition, there is no therapist currently assigned to this case, so no one has clinically developed a plan to discuss adoption with the youth.

Additional Information

This case had a transfer staffing on October 4, 2007, between CFSA and the private therapeutic foster care agency. According to FACES, the CFSA social worker terminated services with the youth on October 11, 2007, and the case was officially transferred in FACES on November 2, 2007.

Quality Service Review
Written Case Summary

Case #36
Review Date: September 10 and 11, 2007
Child's Placement: Maternal Great-Grandmother's home

Persons Interviewed (5): CFSA social worker, AAG, GAL, maternal great-grandmother, and focus child

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 maternal great-grandmother and her three-year old half sister, who is also committed to agency care. The focus child has resided in this home since August, 2006, and she has a permanency goal of guardianship with her grandmother. The focus child's birth mother is currently incarcerated, and the whereabouts of the father are unknown by the team members. However, the maternal great-grandmother disclosed that the father is also currently incarcerated. The child has contact with both maternal and paternal extended family members.

The focus child became known to the Child and Family Services Agency (CFSA) in 2004, when a hotline report indicated that the birth mother was observed punching the child in the face and chest. The child sustained an injury to the mouth and an ambulance was called to the scene. She was removed from her mother's care and placed in a foster home in Maryland. Since being removed from her mother's care, she has experienced two foster care placements, one placement with her paternal grandmother, and her current placement with her maternal great grandmother.

The focus child has an Attention-deficit/Hyperactivity Disorder (ADHD) diagnosis and is currently prescribed 30mg of Ritalin, and 20mg of Methycillin.

This case is managed by CFSA and a private, therapeutic foster care agency, which provides case management for the focus child's younger sister. The focus child receives weekly, individual therapy and monthly medication management through a mental health services agency.

Child's Current Status

The focus child has been identified by the team members as being a friendly, outgoing little girl who loves to give hugs. She is also described as being hyperactive, bossy, and verbally aggressive.

The focus child attends kindergarten at a local charter school. It was reported by several parties that she is on target academically and that she does not display any behavioral problems in school.
The focus child had her dental exam in February 2007 and her annual physical in August 2007. An updated eye exam has been requested by the social worker. During the time of the review, the

focus child was home from school due to a diagnosis of scabies. After the original treatment did not work, the maternal great-grandmother sought out a dermatologist, who determined that the child did not have scabies, but an allergy. No other health concerns were identified.

As previously indicated, that focus child is diagnosed with ADHD. Her grandmother takes her to therapy on a weekly basis and her medication management appointments on a monthly basis. The maternal great-grandmother administers the child's medicine while at home and the school nurse administers the medicine at lunch time. The grandmother reported that she has witnessed an improvement in the child's behavior and ability to focus since increasing her Methycillin.

Parent/Caregiver Status

The focus child has resided with her 65-year old maternal great-grandmother since August 2006. The grandmother provides for all of the focus youth's physical, mental, and emotional needs. She expressed that she "stepped up" to provide care for the child and her sister because other family members were not able to do so, and she did not want her great grandchildren in foster care. While she tended to "fuss" at the children during the interview, very tender moments were observed between her and the children, including the moment when the youngest child fell and scraped her knee. The focus child became very comforting towards her sister, and the grandmother quietly spoke to her, calmed her down, cleaned her knee in a very gentle way, and gave her a kiss to make it better. The focus child appeared to have a trusting relationship with her grandmother as illustrated in her ability to freely move in and out of the conversation, her ability to answer questions independently of her grandmother, and their physical interpersonal interactions.

Previously, the agency raised concerns with the grandmother's ability to effectively parent the focus youth, especially with her ADHD symptoms. The agency instituted services provided by Beyond Behaviors in December 2006. She made significant progress and as a result, services were terminated approximately eight months later. The social worker and other team members feel that the grandmother is now able to adequately parent the focus child and her sister. The caregiver also demonstrates concern for child's well-being and makes decisions related to the child's safety and appropriate relationships with other family members.

Factors Contributing To Favorable Status

There are numerous strengths in this family. The focus child is safe, healthy, does well in school, receives medication, and engages in play therapy. The grandmother has illustrated the ability to provide for all of the child's needs and appears to be a very strong advocate for the child.

In addition, there seems to be positive engagement on behalf of the child and the caregiver. The focus child is able to verbalize who her team members are and what their general role is, including her GAL. The grandmother has a very good relationship with her social worker as demonstrated by their constant communication. The caregiver is also aware of several community resources, including mental health services and community support provided by the school that is available in the event that she should need assistance.

The caregiver was very optimistic in continuing her care for the focus child. She has completed all the requirements requested of her from the agency regarding completion of the guardianship

permanency goal, although she has not yet been given the guardianship subsidy (This is further addressed under the System heading.). In addition, she completed training with Beyond Behaviors in order to strengthen and develop her parenting skills. Team members saw an improvement in her parenting abilities and Beyond Behaviors closed their case as they felt that the grandmother had satisfied the goals and objectives.

Factors Contributing to Unfavorable Status

The only negative factors related to the child's status center around her previous lack of stability at home and school due to her multiple placements in two years. The positive side is that she has been stable in her grandmother's home and at school for one year.

While there were no other real current factors contributing to an unfavorable status in this case, there were some items that need to be reinforced in order to refine or maintain positive outcomes. Firstly, the grandmother will need to continue to utilize the skills she learned from Beyond Behaviors. During the review interview, the grandmother "fussed" a great deal at the focus child instead of being more active in guiding the child towards correct behavior. Continued support and encouragement surrounding use of her constructive parenting skills will uphold positive behaviors in the focus child.

Secondly, the caregiver expressed anxiety about her role of legal guardian. She stated that she was unsure of her legal right to set and enforce boundaries with other relatives, particularly around visitation issues.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are many strengths identified in this case. First of all, the agency social worker is a very strong leader in this case. Team members praised the worker's ability to come into the case, make an assessment, and then work with everyone in order to move the case forward towards closure. There is also a high level of family and child engagement. The system has actively engaged the caregiver and the family. The caregiver is present at court for hearings and is involved in case planning for the child. The child has also attended court. The mother, who is incarcerated, has also been involved in court hearings by phone.

There is a consistent team that has mostly positive communication, which leads to improved understanding and assessment of the child and family. Team members communicate with one another and keep each other informed of the progress of case. The social worker has regular contact with team members, caregiver and focus child. Two examples include the assessment of the grandmother's difficulty in positive parenting and the child's need for consideration of her medication regiment. The team members, especially the social worker, identified the grandmother's parenting needs and implemented the appropriate services rather quickly. It was because of this service that the agency and other team members concluded that the grandmother was better able to handle the needs of the child, which led to the decision that guardianship by this grandmother was an appropriate goal. The second example illustrates the team's ability to discuss concerns (i.e., the child's medication dosage) and share them with the psychiatrist, who responded with his own assessment, which led to a change in medication. The grandmother

reported a significant change in the child's behaviors and her own ability to parent in a more positive way.

All team members agree that the social worker is the primary lead in this case, and since this worker has become involved with this case there has been great improvement, and the case is now moving toward closure with guardianship as the goal.

In terms of permanency, this case is very near case closure. While there are two outstanding issues (subsidy and a visit between the child and her incarcerated mother), the social worker has taken steps to overcome each barrier. He completed the appropriate steps for guardianship subsidy to be finalized and has tried to arrange for the court ordered visit with the child's mother who is currently incarcerated. The most important and ultimate step for this visit to be scheduled is for the mother to place the social worker and the children on the visitation list. At the time of this review, the birth mother had not done this task.

Family connections have been strongly maintained. The child communicates somewhat regularly with her birth mother by phone and visits with her paternal grandmother and other paternal and maternal relatives. For example, the birth father's sister picks up the focus child for visits and this gives moral support and respite to the caregiver.

What's Not Working Now

As previously reported, there are two outstanding issues in the guardianship matter. The permanency goal of guardianship is scheduled for finalization in October 2007. The guardianship subsidy has yet to be completed, and the agency has not been successful in completing a court order of visitation between the children and their incarcerated birth mother. If not completed as soon as possible, these items could impede case closure. At this point, the social worker has completed all that he can do in order to schedule this visit. It is now the responsibility of the birth mother. At the time of this review, the birth mother had not completed this task. It is unclear if the Court will postpone the guardianship finalization until this visit occurs.

Six-Month Forecast/Stability of Findings

It is expected that this case will remain status quo for several reasons. Firstly, the focus child and caregiver's overall status is positive and the grandmother is able to function without the agency's assistance. Secondly, it is expected that the case will achieve permanency through guardianship by the grandmother within sixty days of this review.

Practical Next Steps:

1. Social worker will continue to encourage the grandmother to utilize the parenting skills learned through work with Beyond Behaviors, including positive reinforcement and consistency.
2. Social worker, with the help of the grandmother's attorney, will continue to explain the grandmother's legal rights post guardianship finalization. They will continue to empower her in making all decisions regarding the focus child and her sister, especially decisions related to other relatives.

3. Social worker will provide the grandmother with neighborhood resources, including information on the Post-Permanency Unit and how to access medical services post-guardianship.
4. Social worker will ensure that the adoption subsidy documentation is completed prior to October 1, 2007.
5. Social worker will document all efforts made to schedule the court ordered visitation between the birth mother and the focus child. If the birth mother remains non-responsive to visitation with her children, social worker will notify the court of all efforts and request that the guardianship be granted without the visit being completed.

60-Day Follow-up

1. Social worker continued to encourage the grandmother in using her learned parenting skills.
2. Social worker met again with the grandmother and discussed her legal rights post guardianship to include her legal rights to make decisions regarding visitation between the focus youth and other family members.
3. The social worker provided the grandmother with information related to post permanency services and information on DC Medicaid.
4. Adoption subsidy was completed.
5. The court did not postpone the finalization of guardianship due to the lack of a visit with the incarcerated birth mother.

Additional Information

The guardianship was finalized in October 2007.

Quality Service Review
Written Case Summary

Case #37
Review Date: October 22-23, 2007
Child's Placement: Therapeutic Foster Care

Persons Interviewed (5): Supervisor, focus child, foster mother, guardian ad litem (GAL), agency attorney (AAG). The new social worker was in training and not scheduled for an interview. Attempted call to the school and therapist for additional information was unsuccessful.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 15-year-old African American female. She is the second-oldest child of a sibling group of five. There is an older sister, who is unknown to the agency, but who was acknowledged by the child. She is 18 or 19 years old and her whereabouts are unknown. There is a younger half brother, age ten. He lives with a paternal great-grandmother. He and the focus child came into care together. Where the older sister was when the focus child and the brother came into care is not known. There are three younger half-sisters living with the mother. The focus child's father was shot to death when she was an infant or toddler. She was reported to have witnessed his death.

The focus child and her younger brother became known to the Child and Family Services Agency in 1996, when the Metropolitan Police Department received a call that the focus child had been hit six or seven times on her buttocks and back of her legs with a belt. She had also been hit on her knuckles, and later it was noted that she had burn marks on her. The children were placed with a third party initially and were committed into care May 20, 1997.

The focus child was in five or six foster homes and two third-party homes prior to her placement in the current home in 2000. Her brother was placed with her until she was placed in the current home. This therapeutic foster care family was with another agency until 2006, when they were transferred to the current agency. They live in suburban Maryland. The child's mother currently lives in the District of Columbia. In April 2007, a report of suspected sexual abuse was made against the birth mother when one of her three daughters had blood in her underwear at school. Medical evidence did not indicate abuse. A case was opened and the birth family was served by the agency overseeing the focus child's case. The case of abuse was dismissed and the service case has now been closed.

Child's Current Status

The foster family is composed of the father, the mother, a 20-year-old foster child and her two-year-old daughter, and the focus child. Both parents are employed. They live in a middle class neighborhood about 20 miles from the agency. The school and neighborhood are safe. The focus child is not presenting any risks to self or others. The only question of a safety risk is a

man, unknown to the agency, living in a travel trailer in the foster family's driveway and raising dogs in their backyard. He identified himself as a neighbor at the reviewers' interview.
The placement stability for this child is substantial. Despite some periods of difficulties, the child and this family seem committed to each other. Several years ago there was a planned move from the family, and this child poured gasoline on her and threatened to set herself on fire, so she remained in the home. She has been in this home for seven years, and all believe she will remain with this family until she reaches adulthood. The school situation is more unsettled. There remain questions by some of the team members about whether she is in the best school setting. There is an educational advocate involved who recommended another school setting last year, but the team did not agree with the recommendation. They are continuing to evaluate. The foster father has been a strong advocate for her to remain in the local school for her self-esteem.

The permanency plan for the focus child is APPLA. This family made the decision not to adopt the child, and the plan was changed from adoption to APPLA in 2004. The stated reason is her disrespect for the foster mother. She is reported to have difficulty accepting the authority of females, which has also been displayed in the school setting. All those interviewed seemed satisfied with the APPLA goal, but the agency supervisor expressed willingness to revisit the issue with the family. The focus child is attached to the family and is said to have a stronger bond with the foster father. The foster family arranges visits monthly with her brother, who lives nearby. She does not visit with other biological relatives.

The focus child is physically healthy. Her physical and dental exams were completed this summer while she was out of school. She wears glasses. She is seen monthly by a psychiatrist for a medication check. According to her psychiatric evaluation dated 15 months ago her diagnoses are:

Axis I: PTSD, Dysthymic Disorder, and ADHD by history
Axis II: Personality Disorder (Tendency) Borderline
Axis III: History of physical abuse, cigarette burns, scars
Axis IV: Extreme beatings, burned by mother, possibly witnessing father's murder
Axis V: GAF = 55

Her current medications are Concerta 36mg, 1 AM and 1 at school, Strattera 60mg, 2 AM and Buderprion SR 150mg, 1 AM. She is also taking ferrous sulfate and birth control pills. A psychological evaluation from April, 2006, also listed the diagnosis of Reactive Attachment of Infancy and Early Childhood. Her full scale IQ was 86.

The focus child's emotional and behavior status is considered much improved. She experienced three psychiatric hospitalizations, 1999, 2001 and 2003, for aggression and self-harming behaviors. She sees her therapist once a week and she will soon begin group therapy with a group of teen girls. The therapist has been changed for the child within the last few months. She likes the new therapist, whereas she had been refusing to talk to her previous therapist. The agency supervisor thinks the therapy is the reason she is doing better in school. She and the therapist will be deciding whether and when she should have contact with her biological family, other than her brother.

The focus child is repeating the ninth grade this year. She went to summer school and gets assistance in co-teaching classes. She is also in an after school program where she receives

tutoring, and she has a tutor coming into the home two nights a week. Her grades are significantly better the first grading period. She is also in two classes, English and Algebra, for preparation of the high school assessment. She earned A's in her two English classes, C's in her two Algebra classes, a C in her Food and Health class and an E (failure) in her Art class. She has friends in school and feels accepted. She said she wants to take cosmetology in high school. Her foster mother thinks that she is talented in the use of computers and should pursue the information technology area. The foster mother thinks she does not have the temperament to deal with a hair saloon clientele. According to her IEP, done in May 2007, she wanted to be a doctor or veterinarian.

Parent/Caregiver's Status

The foster family is getting services to support the placement. They only seemed concerned about transportation to the therapy, especially the upcoming group therapy. Getting connected to services in Maryland seemed to be somewhat of a problem, and traveling into the District for services is undesirable to the family. For example, the foster mother attends church in the District, so the focus child is not able to participate in choir because they would have to go back into the city during the week for practice. The foster mother also said the child would like to go to dance classes but transportation would be difficult, even in the local area. The family is pleased that the therapist is in their community. One team member noted that the foster father is dominant and that he does not always show respect to the foster mother, which may be a reason that the child does not show her respect. The family does participate in meetings and court hearings at least sporadically.

There has been concern about the foster parents' emotional support of the focus child. Her team decided about two years ago that it is in her best interest to remain with this family. A concern has been the family's decision not to adopt and their lack of effort to follow through with recommendations that were not convenient for them. The psychosocial assessment dated in 2006, notes that the foster father would not allow this child contact with her mother because the focus child "only wanted to see her to beat her down."

Factors Contributing to Favorable Status

The factors contributing to the favorable status of the case are the safety and stability of the child. While permanence is not ideal, the commitment of this child and family to each other provides the security and stability for her to develop her potential. There are many services in place to address the issues with school and the behavioral and emotional health of the child. Services include psychiatric care once a month, therapy once a week, tutoring in an after-school program and in-home tutoring two nights a week, mentoring once a week, and educational advocacy.

Factors Contributing to Unfavorable Status

One factor identified as unfavorable is the development life skills. The focus is on academics, which remains a struggle for her. Her GAL sees her as being able to acquire many life skills from this "upwardly mobile middle class family," who are able to expose her to many opportunities. The opportunity to participate in the Center for Keys for Life Program has not been pursued and is likely not going to be available, since it would require transportation back to the District. Nevertheless, life skills could be assessed and opportunities to acquire needed skills

could be stepped out in her case plan, which would assist the agency in monitoring skill development.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The court, foster parents, agency and therapist generally agree on the course of treatment, i.e., school placement and leaving the biological family connections issue to the child and therapist. This child has been in the system for ten years and in the same home for seven. The child and family have learned how to live together. The child is considered much improved in her behaviors. She is stable on her medication. She is maintaining connections with a younger half brother. There have been frequent agency contacts with the child in the foster home and with the tutoring and mentoring agency. The agency supervisor is familiar with the case and will be able to assist the new worker. Many of the team members have been involved with this child for a long time and have a committed and strong working relationship. The foster parents are advocates and know how to get needed services.

What's Not Working Now and Why

There has been a change of agencies, which required a change of social workers. Now there is another change of social workers. Because the child has been stable and the family is capable, some of the same issues have been left to drift along. For example, the same issues have been present in the last three plans and court hearings with little movement. The child had school issues all last year, and there was an educational advocate working on finding the appropriate school setting. This is still an issue in the plan and before the court. The other issue is whether she should have contact with her mother, and this has been in the plan and before the court for at least a year and a half. The last plan was developed in September 2007. Only the social worker, supervisor and GAL were present. In May and June, when the IEP and Treatment Plan were developed, the educational advocate, therapist and GAL were involved. Other team members participate sporadically. The child does not seem to be involved at all. When asked during the interview who she would go to if she wanted to make some changes in her plan, she said she would talk to the judge. One team member said, "When the team was functioning, it was easy." The foster father was "usually the driver." The change of agencies and now a change of social workers seem to have left the case to drift. For instance, the mentor and in-home tutor had not been going to the home for three weeks, but the agency had not been notified. This has not affected stability, permanence or the child's well-being but it has made the system less accessible and proactive in planning.

Of concern is the lack of family contact. While the court has said the child and the parties will decide when contact is appropriate, there is not a clear understanding whether the mother could offer the child support and be a positive influence. According to one team member, the mother is seen as a potential support for the child, and there are other responsible family members. Since January 2006 the therapist and the child were to determine whether family contact was desirable. The child and new therapist are now working on the same issue. Some members of the team think family contact would be desirable, but others are more hesitant. All seem to be satisfied with leaving it to the child and therapist. Changing therapists, however, delayed progress. The foster mother said they would support family contact if indicated, but whether they would

actually provide the security needed by the child to make the decision to see family is questionable. The agency has not offered any recommendations or presented the risks, despite their involvement with the mother and siblings. Contact with the biological mother and siblings have been minimal or non-existent for years. The only family the child sees is her half brother, and the visits with him are at the discretion of the foster parents, who make all the arrangements. No information was given or available for review about the father. If there has been any contact with his family, it was prior to the current agency's involvement. Ongoing assessment of the family needs to be made even when the goal is APPLA. This will be a very important issue as this youth develops her identity.

Six-Month Forecast/Stability of Findings

This case is of a stable child and family situation that has shown considerable improvement over a course of years. Despite the more recent struggles in the instability of the system, it is likely that the family can maintain the stability of the child. The family is capable and is likely to advocate and obtain the needed services.

Practical Steps to Sustain Success and Overcome Current Problems

1. Assess mother and maternal and paternal relatives to determine their interest and the risks and benefits of contact with the focus child. Bring this information to the therapist to assist in the work with the child and to the team for planning.
2. Bring team together to review status of educational program and to outline specific goals and next steps in educational program, therapy and development of life skills.
3. Check on the tutoring and mentoring services to insure they are restarted. Mentor may work with the youth toward development of life skills.

Quality Service Review
Written Case Summary

Case #38
Review Date: October 24 & 25, 2007
Child's Placement: Out of state juvenile residential correctional program

Persons Interviewed (5): therapeutic foster care supervisor, correctional program case manager, youth, GAL, AAG. The maternal grandmother missed her scheduled interview.

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 juvenile residential correctional program located over 500 miles from the District of Columbia. He has resided at this program, provided by the juvenile justice system, since July 2006. The youth's birth mother is currently incarcerated out of the District of Columbia, and it is reported she will not be released for approximately six years. Even though his mother is incarcerated, the youth has some telephone contact with her. There is no paternal involvement as the named father was ruled out by paternity test. The focus youth has consistent contact with his maternal grandmother and younger half-brother. Additionally, the youth has a three-year old daughter, who resides with her birth mother in Washington, D.C. He talks with them on at least, a weekly basis.

The focus youth entered the Child and Family Services Agency (CSFA) in 2001, due to the birth mother abandoning the youth with this maternal grandmother. The grandmother had trouble adequately managing the youth's impulsive, volatile, and sometimes, threatening behavior. It was also reported that the grandmother had several physical health problems herself.

The focus youth has a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). Reportedly, guardianship by his maternal grandmother was initially explored, but again, she has been found to be unable to manage his behaviors.

Since 2000, the focus youth had four psychiatric hospitalizations and/or residential program placements. His current placement is due to juvenile justice charges stemming from stealing cars. He has a history of additional juvenile justice charges. The youth is currently diagnosed with Bi-Polar Disorder, R/O Communication Disorder, Conduct Disorder (by history), ADHD (by history), Borderline Intellectual Functioning, and asthma. At present, he is prescribed Abilify for treatment of his Bipolar Disorder.

This case is managed by a private, therapeutic foster care agency, which provides case management. The youth is enrolled in a full-time special education program at his placement. His medication is managed by his residential placement.

Youth's Current Status
The focus youth has been described by the team members as being funny, articulate, athletic, friendly, personable, able to survive, a good self-advocate, and having a strong bond with family. Challenges include his history of impulsive behavior, giving up easily when frustrated, not accepting life circumstances and consequences when things do not go his way (although he has improved greatly on this issue),

The focus youth is in the twelfth grade at his placement where he receives special education services for a classification of Emotionally Disturbed. This Fall he was on the school football team. Parties indicated that there are no behavioral concerns at school and that the youth was passing all of his courses. He is on target to graduate in December 2007. According to the educational guidelines for the state where he resides, he will have to pass a "competency" test in order to receive his diploma, which would occur in either late December or early January 2008. The youth reported that he would opt to remain at his current placement until he gradates and passes the competency test because if he were to return to the District of Columbia without his diploma, he would be approximately a year and a half behind. The youth indicated that he would like to be a registered nurse (RN) or a medical technician.

The focus youth is reportedly overall healthy, although the placement has not provided dates of the youth's most recent optical evaluation, and the youth stated that his eye glasses need to be replaced. The youth indicated that the staff has responded to any medical concerns that he has presented.

The youth is not learning life skill development, but he is limited by his placement. He reported that he knows how to do laundry and that he can cook or fix his own meals. He indicated that at one point in his life he paid for his own cell phone bill and that he held a job earlier in his life working with newspapers.

Parent/Caregiver Status
The focus youth resides at an all-male, juvenile residential correctional program far removed from the District of Columbia. There are approximately 14 youth on the ward. All team members felt that the placement provided for the youth's physical and basic needs and provided a safe environment in as much as he is in a correctional facility.

The focus youth reported that he had at least two adult staff members who he felt were very supportive of him and were available to talk with him when needed. Other team members voiced that the placement facilitated and encouraged outside support of the youth from his D.C. social worker, his GAL, and his birth family.

Factors Contributing to Favorable Status
There are numerous strengths in this case. The focus youth is safe, his health is managed appropriately, he does well in school, and he engages in therapy at school.

In addition, there seems to be positive engagement from the youth and the caregivers. The focus youth is able to verbalize who his team members are and what their general role in his case. There are conference telephone case staffing meetings and face-to-face meetings with the

youth present. Both the social worker and the placement case manager indicated that the youth was a positive self-advocate and that his grandmother was highly involved in the case.

Emotionally and behaviorally, the focus youth has reached the placement's Level III (out of a Level IV system). He has not had any "step-downs" in the system during the last thirty days and he has reduced the number of time-outs that he requires in order to calm himself down. While the youth was sad and frustrated about not recently did not reach Level IV, he has been able to maintain his Level III, and was able to participate in a meeting where he requested direction on how to improve his behaviors in order to reach the highest level in the program.

Factors Contributing to Unfavorable Status

Emotional support by the placement staff is a concern. The staff has an expectation of emotional stability that the youth has not been able to achieve within the past month, yet they have not provided him with concrete, measurable tasks to illustrate how to achieve the goals and objectives needed to reach Level IV (ready for discharge). They do not tell him how to meet their expectations, yet "complain" when he becomes sad when he does not reach the next level. It is frustrating to the youth to not know how to do things better.

Due to the nature of the placement, the youth's life skills development is behind for his age. He does not have a job, a bank account, does not know how to budget, etc. The placement acknowledges that they do not teach practical life skills, but instead emphasize more of the "stop, think, then act" theoretical-based knowledge of decision-making.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are several strengths identified in this case. The social worker has excellent control of the case. She maintains communication with the team members. The youth praised his social worker and GAL for the work done for him and his grandmother, especially the support given to his grandmother.

There is a good level of engagement in this case with the youth, his family, and his placement. The youth has been asked for his opinions on his future plans and what he would like out of life. He has shared his fears about returning to the Washington, D.C. area and his thoughts on caring for his three-year old daughter. He participates in court and treatment team meetings via telephone, and he even calls meetings himself with his social worker and the placement staff.

Family connections have been strongly maintained. The youth communicates somewhat regularly with his birth mother by phone, although it was reported by all team members that the mother was recently transferred to a different prison and that communication needs to be reestablished. The residential case manager is working on locating the birth mother, and the youth feels that the case manager will be able to reinstate telephone contact with his mother, although he stated that his GAL could probably facilitate this faster. The youth has telephone contact with his maternal grandmother and brother, and the agency has paid for them to visit the youth several times over the past year.

Court was a positive in this case. All parties felt that they were respected by the Court and that ample time was provided to the youth's communication with the judge. The youth participates via telephone from his placement and his grandmother has attended most of the court hearings.

What's Not Working Now

There are several challenges in this case. Firstly, the youth is placed in a correctional facility, not a therapeutic treatment center. While he is diagnosed with Bi-Polar Disorder, he does not receive individual or group therapy around his mental health issues, meaning his medication is not coordinated with other treatment modalities. He is overall medication compliant, although there are days when he becomes frustrated with the length of the line for medication and then refuses to take his medication. Due to his age and the placement, he is not forced to take his medication and there are no consequences for non-compliance. The youth does not agree with his diagnosis and indicated, "The staff here even told me that they don't think I have Bi-Polar." There does not appear to be any education around his array of diagnoses and how to handle his symptoms when he is discharged from a lock-down facility.

Secondly, permanency prospects and safe case closure is a concern in this case. The youth's estimated discharge date from his placement is January 2008, and the first discharge planning meeting is scheduled for November 2007. The team is not on the same page regarding what the youth's next placement should be (previous foster home, group home, or an independent living program). There appears to be no discussion between the parties regarding the different views of placement or even what can be considered as realistic options.

This leads to a third concern regarding case planning. The team appears to be waiting to see what the placement facility dictates in terms of placement. Again, there have been no discussions around placement options or planning around keeping the youth out of trouble and safe when he returns to his original environment, even though the youth expressed fear surrounding this issue. He also stated that he gets into the most trouble when he is in his grandmother's neighborhood. There are also varying ideas around what services should be established for the youth upon his return. Lastly, the youth will be nineteen and hopefully have his high school diploma when he returns, yet there have been no discussions around life skills and vocational development (other than a school staff member at the placement).

Six-Month Forecast/Stability of Findings

The six-month forecast for this youth is that he will continue status quo. He will be exiting his residential correctional facility, returning to the D.C. area, and there will be a "honeymoon period." Maintaining a status quo past six months will depend heavily on his acquiring full-time employment and engaging in supportive services.

Practical Next Steps:

1. Social worker will participate in the discharge planning meeting in November 2007 and begin planning around the following items:
    a. services needed to be initiated prior to his returning to the District of Columbia;
    b. placement options (previous foster parents, group home or ILP options);
    c. identification of life skills needed for successful independent living;
    d. vocational plans.

2. Social worker will identify the date of the most current psychiatric evaluation and will submit a referral for an updated evaluation should the current one be older than two years. Therapy and medication management for begin immediately upon his return.

Quality Service Review
Written Case Summary

Case #39
Review Dates: October 22-23, 2007
Child's Placement: Therapeutic Foster Home

Persons Interviewed (7): Social worker, supervisor, focus child, teacher, foster mother, mentor, GAL

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus child is a nine-year old African-American male. He is the youngest of four children: two boys, ages 14 and ten, and two girls, ages 11 and 13. The focus child was the last of his siblings to be removed from their biological parents in 1998. The focus child and his siblings were adopted in August 2003. In September of the same year they were removed from their adoptive parents due to physical abuse and returned to foster care. The adoptive parents later relinquished their parental rights in May 2004. The focus child's permanency goal is adoption.

Efforts were made to have the siblings remain placed in the same foster home; however, due to the size of the sibling group and the behaviors presented by some of the children, it was necessary to separate them. Currently, the focus youth's 11-year old sister is placed in a residential program in Florida; the 13-year old sister is in a therapeutic foster home; and the focus child and his 14-year old brother are placed together in a therapeutic foster home. The focus child and his brother visit with their 13-year old sister biweekly and sometimes more often. Since their other sister was placed in Florida this past January, the boys have flown down to see her three times. The focus child maintains monthly contact with her via telephone and corresponds via mail as well.

The focus child had been receiving therapeutic services up until four months ago, as the treatment goals had been met. It was learned after the children were removed that the adoptive parents' teenage son coerced the children to engage in inappropriate sexual acts with each other. The focus child and his siblings received therapeutic treatment to address this issue. The focus child has a current diagnosis of Post Traumatic Stress Disorder. In addition to the 2003 allegations of physical abuse, there were two other referrals investigated for abuse in previous adoptive home placements. The focus child is also receiving mentoring and tutoring services for approximately the past two years.

Child's Current Status

The focus child has optimal safety in his current placement. There are no risk or safety factors present. He has been in this placement since November of 2005. This placement has been a stable one. The focus child has also been in the same school for the past two years. He is currently in a third grade mainstream class, although chronologically he should be in the fourth grade. He has a current up to date IEP and is receiving speech therapy two times weekly and is being pulled out for reading four times a week. His last report card had above average ratings in

subjects and skill development areas. He attends school daily and was described as very friendly and is often encouraging his classmates to do the right thing. He also attends an after school program and enjoys participating in seasonal sports activities. There are no behavioral issues that warrant concern at this time, at home or school. He attends church weekly with his brother and foster parent.

The focus child has had the same mentor for the past two years. His foster parent is a single mother, and this is the only consistent relationship he has with an adult male. The focus child enjoys the time that he spends with his mentor and, along with the foster mother, wishes it could be more often than sixteen hours per month.

The focus child is described as being pleasant, friendly and very helpful in school and around the house. He appears to be very close with siblings, especially his older brother. Although the foster mother has expressed interest in adopting the boys, the focus child's older brother does not want to be adopted by her, citing religious differences. The foster mother does not celebrate birthdays or Christian holidays such as Christmas. The brother has stated that he very much likes his foster mother and cannot see being placed anywhere else; however, he wants to have the right to celebrate these days as he chooses. The focus child wants to be adopted by the foster mother but also feels very loyal to his brother and does not want to be separated from him. The older brother has been referred to the CFSA office of adoption recruitment. Not sure if they wanted to separate the boys, the foster care agency has requested an adoptive home be sought capable of caring for both boys. To date there have been no plans solidified regarding moving forward with the adoption by the current foster mother or introducing the children to prospective adoptive parents. There is concern the focus child's older brother may persuade him not to be adopted by the foster mother, although he has expressed that he would like to be.

The focus child is not currently on any mediation and is healthy and has no apparent conditions requiring medical treatment or monitoring. He is due for his annual physical and vision exam in November and is up to date on his dental check up. Overall, the focus child is doing very well both at school and at home.

Parent/Caregiver's Status

The foster mother is able to provide the focus child with a very caring and nurturing environment. She is able to provide for the focus child both physically and emotionally. She has been described as very responsive and takes the initiative to the meet the children's needs and has supported them in ensuring that visitation occurs between the boys and their sisters. She also takes in their 13-year old sister for respite as needed. Those interviewed stated that the focus child feels very comfortable with the foster mother.

The topic of becoming an adoptive parent for the focus child and his brother has been presented to the foster mother several times over the years, and the foster mother has always been ambivalent about it. She submitted a letter of intent to adopt both boys to the social worker this past January; however, she has not attended any of the three court hearings thus far for the year and does not have an attorney. She has, however, made it clear that she is committed to caring for the boys until they achieve permanency.

Factors Contributing to Favorable Status
The focus child is a very sociable and engaging child. There are no symptoms or behaviors present that warrant concern. He appears to be in an appropriate placement at school that meets his needs as outlined in his IEP, and he is maintaining good grades. At home, he is described as being a pleasure to have around and gets along very well with his foster mother. The focus child and his siblings have a very close relationship and maintain face to face and telephone contact. The focus child attends church weekly and is engaging in extracurricular activities. The focus child has had a stable placement and school for the past two years. He has had the same mentor for two years and continues to enjoy this relationship.

Factors Contributing to Unfavorable Status
It has not been determined if the focus child will be adopted by his current foster mother or follow his brother to another adoptive home once it is identified. The focus child may be feeling a little conflicted, as he would like to be adopted by his foster mother but also want to remain with his brother, who does not want to be adopted by the current foster mother. Although the foster mother has submitted a letter of intent to adopt, there has been no forward movement on the adoption since. There is still some concern that she may not be one hundred percent committed to following through with the adoption, although she has proven to be a very good caregiver thus far.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
Overall, the system is performing very well, especially in maintaining stability for the focus child. The current social worker has been on the case for a few years and is also the social worker for his siblings. This makes the case planning process a lot more streamlined and gives the social worker the opportunity to plan for the sibling group as a whole and still be able to take each child's unique situation into consideration. The GAL has also been on the case for some time and is very involved. There is great communication happening between team members. Team members meet formally on a regular basis and are willing to compromise when it comes to case planning. Issues are always worked out before going to court. According to those interviewed, the social worker's expertise is very respected by the court and parties on the case. The social worker is clearly the leader on the case and is described as being very competent, caring and committed to the focus child and his siblings. She has a great depth of understanding regarding the focus child's past history and his current needs.

What's Not Working Now and Why
There have been three different AAGs assigned to this case within the past 90 days, due to administrative reasons. Team members will have to work with the new AAG to bring that person up to speed on the case activities and the plans for the focus child and his siblings. The team is unsure as to whether the focus child will remain in the current foster home and be adopted or move to another adoptive home with his brother. There are no clear timeframes for goal achievement for the focus child. When the focus child's sister is ready for discharge from the residential facility, this will present a number of challenges and may potentially take attention away from the focus child's permanency planning. It is vital for team members to create a timeline for goal achievement moving forward.

Six-Month Forecast/Stability of Findings
The focus child's situation will most likely improve within the next six months. Team members are on the path for determining the next steps to reach the focus child's goal of adoption and are prepared to make a planned and informed decision that is in his best interest and meets his needs.

Practical Steps to Sustain Success and Overcome Current Problems
Team members must make a decision as to whether the focus child will be adopted by the current foster mother or not. If so, they must clarify the next steps for the current foster mother to move the adoption procedure along. If not, they must move forward with exploring other adoptive home placements for the focus child to expedite permanency. If the boys are placed into an adoptive home, it is imperative that the new caregivers understand that sibling visitation must continue. Ideally the new parents will live a relatively short distance from the focus child's sisters and will be willing to maintain and support ongoing contact between them.

Refer the focus child and the foster mother for counseling to address the topic of adoption (Update past referral to Center for Adoption Support and Education (CASE).

Quality Service Review
Written Case Summary

Case #40
Review Dates: October 22 and 23, 2007
Child's Placement: Kinship Foster Home (maternal aunt)

Persons Interviewed (7): Focus child, maternal aunt (kinship provider), GAL, AAG, therapist (Licensed Professional Counselor), case manager, and supervisor.

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

This is the case of a six-year old, African-American female, who first came to the attention of the child welfare agency in December 2004. A hotline referral was received regarding the child's mother and four-day old brother, who both tested positive for PCP. In addition, the mother had not received prenatal care until six months into the pregnancy. At the time of the report, both mother and infant had "a serious illness." The biological mother has a long history of substance abuse and has carried a psychiatric diagnosis of Bipolar Disorder since early adulthood. In March of 2005, the focus child and her brother were placed in the care and custody of the agency. Another younger sister of the identified child, now age four, has been in the care of the mother's sister (maternal aunt) since birth.

In May 2005, transfer was made to the private foster care agency for full-case responsibility of the focus child and her younger brother. In December 2006, the focus child's permanency goal was changed from reunification to guardianship with the maternal aunt, where the identified child is now placed with her younger brother and sister.

Child's Current Status

Since March of 2005, the child has had six foster placements. This includes a one month period of return to the birth mother (August - September 2005). The reasons for the changes in placement ranged from foster parent's illnesses to relocation out-of-state. In April 2006, the focus child was moved to the kinship foster home of her maternal aunt. She has maintained a positive relationship with this aunt since birth. The child is in a safe home and community environment, and there are no safety concerns at her school. The identified child is current on all medical and dental evaluations. Her height and weight appeared to be within normal range for her age. A request for a cardiological examination was made, due to an "innocent murmur." The foster mother says the assessment was completed and she was told there are "no issues." No documentation of results was located in the case file.

The focus child, seen in the foster home of her maternal aunt, was bright, polite and engaging. She volunteered to read and demonstrated good reading and communication skills. The identified child was verbal and articulate. She was dressed in her school uniform, at the time of the interview, and appeared neat and well groomed. She says she wants to be a princess and a dancer when she grows up.

The focus child is the "Table Captain" in her first grade regular education class. Reports from the foster mother (maternal aunt) and social worker indicated that she is doing exceptionally well in school. The aunt reports that the child receives "extra homework" as her teacher says she is so bright that she is performing above grade level. She socializes appropriately in school and at home and was observed to interact in an age appropriate manner with her siblings, and to be compliant with her aunt's directives during the interview. The child attends aftercare following school. This is a comprehensive program that provides unique and diverse services (field trips, crafts, etc.).

The focus child sees her biological mother on a regular basis. Supervised, weekly, visits are held in the aunt's home. According to the foster mother and social worker, the mother and aunt have periodic confrontations when the mother arrives to visits intoxicated on drugs or alcohol. This has been noted to be disturbing to the child.

The focus child currently participates in weekly play therapy with a Licensed Professional Counselor (LPC), transported by the social worker. The child has been receiving this service for thirteen months. The initial goals of therapy were: reducing oppositional and defiant behaviors; following directions; and increasing coping skills. According to the counselor, these goals have been accomplished. The therapist now states that the child has developed, "attention problems; she has difficulty staying focused while reading books about what's going on in her life or playing games" with the therapist. According to the therapist, the child has difficulty staying focused after seven to eight minutes. The therapist was so concerned about this inattentive behavior that she requested a school meeting and sent to the foster mother and the school an assessment and observation (SNAP) form to complete regarding the child's behavior/attention.

Parent Status

The mother is currently having difficulty complying with court orders related to her participation in drug treatment and submitting for drug screens. The mother does maintain employment and has moved to a "larger apartment." According to the maternal aunt, the mother wants to "get her children back one day." There have been a number of incidents in which the mother has arrived to the aunt's home for weekly visits, after hours, intoxicated or has missed visits with the focus child and her siblings. Reportedly, the mother is Bi-Polar with a long history of substance addiction.

The biological father is not involved; however, his sister (paternal aunt) visits with the child and celebrates holidays and birthdays with her.

Caregiver Status

The maternal aunt, with the assistance of the agency, moved to a larger home to accommodate the child and her two siblings. She stated, "I'm the oldest and I couldn't see my nieces and nephew go to anybody else… I hope one day my sister will get herself together." The focus child is in a familiar family-like environment. The maternal aunt appears to be providing appropriate care and seems warm and caring towards the identified child. She ensures that the child attends school on a regular basis, is well groomed, and that her medical needs are met. The aunt actively participates in meetings involving the child and follows through on recommendations to ensure that the child's needs are being met. She expressed concerns

regarding the therapist's request for an evaluation due to the therapist's concerns with the child's lack of attention. This is contradictory to what she has witnessed and assessed. The aunt was involved in a meeting held at the school to discuss concerns of the therapist regarding the child's inattentiveness. She is a very strong advocate for the child.

The aunt appears to have a good relationship with the social worker. She expressed some concern over the number of social workers (six) who have been involved with the child since her admission into care. The aunt has found it difficult to maintain contact with social workers in the past.

Of paramount concern for the maternal aunt is that once she obtains legal guardianship, she will no longer be able to afford the aftercare program which is near her home. For that reason, she has refused to move forward with finalizing guardianship. A comprehensive meeting was held with all parties at the agency to discuss alternatives. To date, there has been no resolution, and the foster mother does not want to move forward with guardianship until she can be assured that she will be able to afford aftercare.

Factors Contributing to Favorable Status

The focus child has adjusted well in her aunt's home as she has known and spent time with her since birth. The familiarity of the two seemed to make her overall adjustment a success. She seems happy and is thriving well. It is reported that the youngster had some oppositional behaviors in previous (non-relative) placements which are not evident now. It is also reported that these previous behaviors were related to being in out-of-home settings. The foster mother is committed to this child, her safety, and her well-being. She wants to be the child's permanent provider. The child has good informal supports, including extended maternal family members (aunts, an uncle, grandmother) and the paternal aunt. In no areas, other than in play therapy, has it been noted that the child is having attention difficulties. In fact, it has been quite the opposite. The principal, teachers, and foster mother report she is maintaining focus and is an exceptionally bright and gifted student.

Factors Contributing to Unfavorable Status

The maternal aunt is refusing to finalize guardianship until she can be assured that the child's aftercare will be financed. This is causing a delay in moving this youngster's case to permanency. In court it is reported that the judge has said the child and her brother may stay in foster care until they are eighteen, as not to be removed from their aunt's home. The aunt is not eligible for a daycare voucher.

There is no family therapy being conducted. The therapist is making observations and recommendations that no one else in the child's life is observing. The therapist wants feedback from the foster parent and school to determine if the child has ADHD and if a psychiatric consult is needed. Currently, the child does not carry a DSM IV-TR diagnosis. The case manager has requested, on several occasions, to sit in the session to observe; these requests have been denied by the therapist.

While there are no safety concerns in the home or community, there is a concern that when the biological mother is drinking or using drugs, which leads to erratic behavior, the caretaker still

allows her to visit with the children. There has been at least one incident of confrontation with the mother and aunt in front of the child which reportedly left the child with "post-traumatic" like symptoms.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The current social worker is very involved. The focus child has had six social workers since being placed with the agency. The current worker, of six months, is actively moving forward with this case and responding to issues. She has established a good relationship with the child and family. All parties see the worker as the coordinator and leader of care and services. All persons involved with the case (GAL, AAG, social worker) are looking at unique ways to address the issue of financing the aftercare program in order to help move this case to safe and effective case closure.

What's Not Working Now and Why

The current social worker is still catching up with details of the case. She has been working with this child for six months, and the prior worker was only on the case for seven months. There has been little stability and continuity for the child, family, and foster mother. Team members have an unclear and incongruent understanding of the child's emotional health needs. The therapist, who has seen the focus child for more than a year, is the only person who believes that the child may have ADHD and possibly needs to see a psychiatrist. One team member stated that if the child were diagnosed with ADHD then she would be eligible for aftercare. The oppositional defiant behaviors and other issues of initial treatment have been adequately addressed, yet the youngster is remaining in therapy. An Educational Advocate has been assigned but is not actively involved. A meeting was held at the school to assess the therapist's concern over the child's attention, yet the therapist was not in attendance. Teaming and case planning are problematic, in that all persons who are involved in the case do not collectively sit and plan for this case, nor are all parties familiar with the goals of the case plan. They usually speak just prior to court. The judge's stated willingness to keep the children in foster care because of the school aftercare issue impacts timeliness of 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.

Practical Steps to Sustain Success and Overcome Current Problems

1. Assess and develop a safety plan for mother's visits.
2. Schedule planning meetings and invite foster mother – times may need to be adjusted to accommodate her schedule with the children.
3. Maintain the current social worker on the case.
4. Reassess the type of therapy – if needed and included foster mother (family therapy)
5. Work with the foster mother and judge in relation to realistic alternatives (resources, other after school placements) to the focus child's remaining in foster care until adulthood.
6. Obtain medical report related to the innocent heart murmur.
7. Assess role of Educational Advocate.

Quality Service Review
Written Case Summary

Case #41
Review Date: 10/15-16/07
Placement: Therapeutic foster home

Person interviewed (7): Social worker, youth, foster mother, guardian ad litem, family social worker, mentor, and therapist

YOUTH & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 14-year old African-America male, who has resided in his current therapeutic foster home for six months. He is the third of seven children. His family has a long history of neglect allegations dating back to 1995. His mother died after a lengthy illness in 2005, and he and his siblings were removed from their father's care in 2006 after being left alone. The focus youth was sexually abused by at least two of his siblings over many years and may have also perpetrated abuse against some of his siblings. His oldest brother is incarcerated through the juvenile justice system because of this abuse, and the youth is prohibited from seeing him. The oldest sister is in abscondance; another sister lives with maternal family members in another state; his other brother lives in a therapeutic foster home; and his youngest sisters have been reunified with their father.

The focus youth's permanency goal is adoption. His previous foster mother was reportedly interested in adopting him and his younger brother, who also lived there, but the placement disrupted for conflicting reasons. Some team members said it was because of the youth's behavior, while another reported inappropriate discipline by the foster mother. The youth's current foster parents are not interested in adoption, and no other adoptive resources have been identified.

Youth's Current Status

Currently, the focus youth is living in a therapeutic foster home with a foster mother and father, a 19-year old foster brother, and the 15-year old biological son of the foster parents. He reportedly gets along well with all household members. The youth is a very intelligent, imaginative young man, who can be compassionate. He participates in a boxing class, enjoys football, and attends activities at a recreational center. When asked what he would do with three wishes, he said he would like to be the richest man in the world, have a bag of Doritos, and have all kinds of super powers.

The focus youth is also described as manipulative, a liar, and a thief. He is overweight and has enuresis and encopresis. No medical causes of the enuresis and encopresis have been found. The youth is teased frequently at the charter school he attends and has violent outbursts towards his peers and staff. These outbursts seem to be escalating in frequency. While his grades are A's and B's, the foster mother and social worker regularly get calls from the school about the youth's

behavior. The foster mother recently tried to get him hospitalized because of his behaviors at school, but he did not report being a danger to himself or others and was not admitted.

The youth regularly steals food from convenience stores. He eats it on the way home, and his foster mother discovers the wrappers in his backpack. He has not been arrested for this behavior, but team members are concerned he will be if his stealing does not cease.

The youth is diagnosed with Dysthymic Disorder, ADHD, and Oppositional Defiant Disorder. He is prescribed Ambilify, Prozac, Concerta, Ritalin, and DDAVP. He has therapy twice a week and participates in activities with a mentor twice a week. He also has a community support worker.

The focus youth has moved twice since he came into foster care, and his schools have changed with his placements. The youth's behavioral issues have prompted some team members to suggest he might need to be placed in a residential facility for a time. Even if he does not move to a residential facility, he cannot achieve his permanency goal in his current placement and will therefore require another placement change in the future.

Parent Status

The youth's mother is deceased. His father reportedly does not believe that the youth was sexually abused by his oldest brother and blames him for the brother's incarceration. He reportedly does not want to visit with the youth. The youth's permanency goal was changed from reunification to adoption after only ten months in foster care because of the father's lack of involvement. A motion has been filed to terminate the father's parental rights, but it is currently in abeyance. The father was reportedly in agreement with having his rights terminated but may have changed his mind. The father was scheduled for an interview but did not show up and was unreachable by phone. The youth's paternal grandmother reportedly agrees with the father in blaming the youth for his brother's incarceration, so she is not currently a support to him. His maternal relatives live in another state.

Caregiver Status

The therapeutic foster parents are providing excellent physical support for the youth, working with him to lose weight and ensuring he is participating in extracurricular activities. They punish the youth by taking away his toys and reward him by letting him earn trips. They have good intentions in providing emotional support to the youth, but there is concern they are too rigid in their methods. They believe very strongly in the benefit of journaling and, although they initially said they would not read the youth's journal, because he was not writing in it regularly, they are now insisting he journal in front of them. They have one-on-one counseling sessions with him and push him to confront his issues. The foster mother is knowledgeable about some psychiatric diagnoses and is concerned that the youth is bipolar and psychotic, although the therapist strongly disagrees. While the foster mother committed to working with the focus youth, she is concerned that he may need to be placed in a residential facility and has expressed this to team members.

Factors Contributing to Favorable Status
The youth is doing well academically and is in a placement with foster parents who are dedicated to working with him. He seems to have a desire to be connected with his foster family, seeking validation from them. He is developing life skills, as his foster parents insist he clean up after himself, and he is able to take the metro.

Factors Contributing to Unfavorable Status
The youth is not sufficiently connected to his family. He is not currently visiting with his younger brother, with whom he used to live. The previous foster parent reportedly treated the focus youth as the "bad" child and his brother as the "good" one. This has damaged their relationship, and the brothers may need someone to facilitate a renewal of their connection. Because of his father's feelings towards him, he is has not seen his father or his younger sisters in two months. The foster parent reports he has spoken to his maternal grandmother and brother on the phone but that he does not ask to call his father. She says he used to have monthly visits with his siblings, but they have stopped. No problems were reported during the visits.

The youth's aggressive behavior is increasing at school. He hit a teacher in the head with clay, nearly knocked over the principal, hit a girl in the eye, and chased another with a pen. He continues to steal, and his enuresis and encopresis have increased since the foster parents have been pressing him to deal with his issues.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The social worker was described as dedicated, flexible, passionate about kids, creative, and responsive. The social worker and foster mother were identified as the leaders of the team. The foster mother seems to be the point of contact for all service providers. She reports to the social worker on how services are going. Many of the team members have been working with the youth for over a year, including the social worker, therapist, tutor, and mentor. While they are long-term supports for the youth, the goals of tutoring and mentoring were unclear.

There are sub-teams meeting and planning. The AAG, GAL, and social worker are working together to decide whether it is best to go forward with the TPR that has been filed to terminate the father's parental rights. The foster parent, therapist, and social worker have reportedly met, although this does not seem to be a regular occurrence.

The team has a basic understanding of the youth's history and issues, as well as his current behaviors. Everyone interviewed described the youth similarly. The youth might benefit from updated evaluations, as team members have suggested some of his diagnoses may not be current and that others may be more accurate.

What's Not Working Now and Why
The therapist and foster parents have very different styles of working with the youth – the therapist allows him to take his time in addressing issues and emphasizes building a trusting relationship, while the foster parents push the youth to address his issues, insisting he journal and participate in one-on-one counseling sessions. The social worker seems to communicate most

with the foster parents and therefore hears their perspective. She usually hears about the therapist through the foster parents, rather than speaking with her directly. The foster parents and therapist have talked about their differences in treatment styles, but they have not resolved them.

The social worker mentioned that the youth's permanency goal was likely to be changed to APPLA at the upcoming hearing, but no other team member seemed aware of this. The team is not currently working to find an adoptive placement for the youth, and the path to permanency is unclear.

The youth's medication is monitored by a psychiatrist he sees monthly. There is concern that he is being prescribed a medication for enuresis that is for a hormonal deficiency, but he has not been diagnosed with this deficiency. Some team members expressed a need to reevaluate the youth's diagnoses and the medications he is taking.

Stability of Findings/Six-Month Prognosis
Unless the youth's aggressive behavior escalates further, his situation is likely to remain status quo.

Next Steps

1. Team members should coordinate to stabilize the youth's school placement.
2. The social worker, foster parents, and therapist should meet to clarify the youth's therapeutic goals and the methods for achieving them. They should discuss the possibility of a residential placement, as they are not all in agreement on this issue. The youth's thoughts on his therapeutic treatment should be taken into account, as appropriate.
3. Clarify the plans for the youth's permanency goal. The youth was open to adoption by a previous foster parent, and this goal should not be abandoned before it is fully explored. He should be included in this discussion, as appropriate.
4. Reinitiate visits with the younger brother, and with other siblings and the father as therapeutically appropriate.

Quality Service Review
Written Case Summary

Case #42
Review Date: October 17-18, 2007
Child's Placement: Foster home

Persons interviewed (8): Focus child, both foster parents, family social worker and supervisor, GAL, adoptions worker, father

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a six-year old African-American female who is the third of six children. One of her older siblings is living with the paternal grandfather; two older siblings were adopted by a family friend; and the focus child is placed in the current foster home with her two younger siblings, approximately 20 miles from the District of Columbia. The children were previously removed from the home due to neglect; were returned to the mother's care; and the case was closed. The timeline for previous child welfare contact was unknown by the current worker. The child and her younger siblings were most recently referred to CFSA in April 2006 due to neglect. The biological-mother was served with an arrest warrant and left the children with her 65-year old uncle who was unwilling to care for the children. The mother had contacted numerous family members; however, none were able to take care of the children. The children were placed with former foster parents. The child's father is incarcerated outside of the District area and does not have direct contact with her. She has limited visitation with the paternal grandmother. This grandmother is possibly interested in adopting the focus child but not her siblings.

The permanency plan was changed to adoption in May 2007. The current social worker began working with the family after the May 2007 court hearing. The biological mother has complied with some of the court and service plan requirements – negative urinalysis, consistent visitation; however, she has not released substance abuse treatment information to the court and she has been unable to secure appropriate, stable housing. Visitation with the biological mother occurs once a week for 2 hours, unsupervised. The family social worker has linked the mother to housing resources and mental health services.

Child's Current Status

The focus child is in the first grade and is reported to have no developmental delays or health concerns. The current foster home is not an adoptive resource as they are not interested in adopting the child and her siblings. A future adoptive home has been identified, and the beginning stages of the adoption and transition are in progress. There are no issues of safety or stability; the child is well cared for and is in a home, with her siblings, that is stable, safe, and consistent. She gets along well with her younger siblings and has limited contact with her older siblings. She has weekly, unsupervised visits with her mother, and her mother is consistent with visitation. The child and her siblings are expected to transition to a permanent home in the next three-to-six months.

Parent/Caregiver Status
The mother is 34 years old and is currently employed part-time as a nurse's assistant. The biological mother was contacted multiple times to interview for this review of services. She did not show up for the interview appointment, although she did call on the day of the review to change her interview time. She subsequently did not return multiple phone calls by reviewers and the case manager to retrieve her input. The case manager reports that the bio-mother is not is agreement with the permanency plan. He is working with her on this issue and is assisting her with linkages to attorney's and in organizing information for her appeal.

The father is currently incarcerated and would like the child to be permanently placed with his mother; however, his mother is not willing to adopt the child's siblings, who have a different father.

There are no concerns or issues with the current foster parents.

Factors Contributing to Favorable Status
The family social worker has effectively engaged all team members, including the mother. The worker is visiting and observing the child once a month in her school setting and has ongoing communication with school personnel. Foster parents feel well supported in parenting the child and are participants in all aspects of assessment, planning, and care. There is a comprehensive understanding of the child, her siblings, and their needs, strengths and supports necessary for successful permanency. The focus child and her siblings are reaching developmental milestones, are attached to each other, and will require ongoing childcare services upon adoption. Case planning includes a long-term view and gradual transition to a pre-adoptive home. Services and supports and medical care are being implemented in a timely manner with few barriers. There are strong family connections, with the mother and she is consistently attending urinalysis and visitation.

Factors Contributing to Unfavorable Status
No child or caregiver status indicators were rated as unacceptable.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working
The social worker is working diligently with other team members, school, foster parents, and notably the biological mother. He is initiating multiple forms of contact with each team member and is effectively managing a team for the child. The case manager visits her in her foster home and daycare setting at least monthly and attends some of the weekend visits with the biological mother. He has phone contact with foster parents and daycare provider at least once a week and with the biological mother several times a month. The case manager, adoptions social worker, foster parents, and prospective adoptive parent are meeting the Monday following this review to disclose information about the children and develop a plan for transition to the adoptive parents' home.

The worker was commended for his strong case practice in working with the child and her family. The worker has pulled a team in around the child that includes the foster parents,

biological parent, school personnel, GAL, and adoptions worker. He continues to support the biological parent although team members report "he technically doesn't have to as the permanency plan has changed." The social worker has represented strong case practice in the core areas of teaming, engagement, planning, and maintaining family connections.

What's Not Working and Why

There are concerns that the foster parents stated that they have not seen or heard from the GAL in the past year. They also stated that to, their knowledge, the GAL has not met with the children in the past year. This is concerning to reviewers as the GAL made strong recommendations to the court that the permanency goals be changed from reunification to adoption.

The foster parents reported that they believe that the mother could parent the child and her siblings and did not agree with the plan for adoption. They reported that they had given their opinion in May 2007 when the permanency plan changed to adoption. According to case notes and collateral interviews, the mother was offered substance abuse services and supports to obtain housing and employment. It is reported by the case manger and GAL that the mother had been ordered to provide documentation of urinalysis tested during and prior to treatment and failed to do so.

6-Month Prognosis

It is likely that the child's favorable status will continue over the next six months. The 6-month prognosis for the focus child is continue/status quo, as the family social worker is working with team members to plan and facilitate a smooth transition to a pre-adoptive placement.

Practical Steps to Sustain Success

The case manager was encouraged to continue working with team members during the adoptions process to facilitate a good match between adoptive parents and the child and her siblings.

Quality Service Review
Written Case Summary

Case #43
Review Dates: October 24-25, 2007
Child's Placement: Therapeutic foster family care

Persons Interviewed during this Review (10): Social worker, supervisor, individual psychotherapist, school-based group and individual psychotherapist, community support worker, foster mother, youth, father, GAL, AAG.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 16-year old African-American young woman who is placed in a therapeutic/specialized foster home in suburban Maryland.

It should be noted that it was very difficult to get a sense of the history of this case. The current agency has had case management responsibility for 14 months of the approximately 11½ years this youth has been in foster care. All of the hard copy case records, which should contain useful historical information for understanding and planning, were not transferred to this private agency; documents in the minimal hard copy records given to this agency date back to 2005 only.

The youth is the third of her mother's five children and has a 14-year old half-sister on her father's side[1]. Her children's mother first became known to the agency in 1994 and apparently received in-home services. However, the children's mother struggled with substance abuse issues and the children were frequently left alone and otherwise neglected. The youth's father, who is also the father of her now-20-year old sister and 13-year old brother, did not reside with the family at the time. In 1996, at the age of 5, the youth was placed in foster care with a maternal aunt along with her two full siblings. Her eldest brother was quite a bit older and does not appear to have entered foster care. A younger sister, now 12 years old, was apparently already residing with another maternal aunt and has since been adopted. That maternal aunt has also adopted the focus youth's 13-year old brother.

The youth, her older sister, and younger brother remained in the home of their maternal aunt for approximately six years, and their permanency plan was changed to adoption. Several circumstances in that maternal aunt's life, however, caused her to request removal of all the children. The young woman's older sister was either pregnant with or had already given birth to her first child and was placed in a pregnant/teen mother setting. The youth subsequently experienced multiple foster home, group home and school placements. She also experienced one psychiatric hospitalization in the spring of 2006. The youth speaks of having some 25 placements, and while the exact number could not be confirmed, that is probably not much of an exaggeration. She and her brother were in several of those placements together before they were separated with her brother going to live with their youngest sister at another maternal aunt's

[1] In early 2007 the youth's 15-year old half-brother was found in Maryland, murdered by gunshots.

home, where he was subsequently adopted. Since late 2006 the youth has established a history of leaving her placements after increasingly short periods and has gone to her father's home for extended periods of time. She has been in her current foster home since August 2007, although this includes an absence of several weeks when she again returned to her father's home.

The youth attends a therapeutic day school in Maryland and is classified as emotionally disturbed. She is placed in the 9th grade for the third time, as her school attendance and performance over the past few years have been poor. At school she receives weekly individual therapy and participates in a girl's group. Participation in each has been limited, as she does not attend school when she leaves her foster care placements. The youth has been diagnosed with major depression and prescribed an anti-depressant, but took it for only a week before refusing to continue. She has been assigned to a community-based mental health agency for individual therapy and has been assigned to three therapists in the past six months due to staff changes at the provider agency and the youth's changing and leaving placements. The current therapist had seen her once at the time of this review. The same community support worker from the mental health agency has been assigned to her since the spring of 2007 but has had limited contact with her since meetings with her predominately take place at school during class time.

The youth's mother died in 2003. Her older sister, described by the youth as her best friend, lives independent of the foster care system with her three young children. All parties involved with the youth have no substantive contact with her father, who was described as uninterested and non-compliant with services. However, he is very involved in the youth's life, caring for her during the substantial time she is "in abscondance," during which he provides for her financially, ensures her safety, provides her with her own room in his three bedroom apartment, and attempts to mentor her regarding her future. The youth is with him approximately half time. When they are separated, the youth and father or younger half-sister speak by phone several times a day.

As of the end of September 2007, there is a court order for psychiatric and psychoeducational evaluations and a System of Care meeting, preliminary to residential placement. The GAL is the primary supporter of this plan.

Child's Current Status

The youth's overall child status is marginal. Despite the facts of the case, there are some areas where her current status is positive. Most importantly this young woman is safe in both of her home settings and in school. The reviewers were able to visit her in her foster home and spend time speaking with her father his home, where she spends a lot of her time. Her father is appropriately concerned that the negative elements in his neighborhood not affect the youth or his younger daughter, who resides with him. He seems to provide careful supervision of his daughters.

In both the current foster home and in her father's home, the youth is functioning well emotionally and behaviorally. Although she sometimes has brief mood changes, she is generally respectful and cooperative in both settings. Also, while she can have significant difficulty with authority, when treated with respect, as she is by the current foster mother, she responds respectfully. Despite her multiple placements, she is well-attached to her father, older sister and

half-sister and was observed interacting very appropriately with toddlers who were visiting in the foster home.

Due to absences from placement, the youth has missed a number of medical appointments and has outstanding dental needs. Appointments have been scheduled, and the current foster mother will accompany the youth, if she remains available. The youth also has a less-than-adequate diet, although nutritious meals are available to her. By all accounts this young woman is not engaged in risky behaviors and has demonstrated willingness to abide by the rules in her father's home. Her father reports that when he and she have a conflict over a curfew or attendance at an event, she does not run from his home, but is able to resolve the situation. When interviewed, the youth stated: "Why would I run from my Dad?" In her current placement she has let her foster mother know where she is and when she will return, including notifying her when she does not plan to return. There is concern that during her last absence from placement she spent some time with an adult "cousin." Her father did not seem to be aware of this and likely would not have approved.

The findings for the remaining status items call for immediate attention and cut cross areas of living, well-being and developing life skills. There has been little stability in this youth's life. In the past six months alone she has had at three placements and multiple periods of "abscondence" when she was with her father. She has been enrolled in two schools in the past year, does not attend school when away from her foster placements, and, as she was absent throughout much of the summer, did not attend summer school as planned. Her permanency situation is substantially unresolved. While the current foster parent appears willing to accept the youth back in her home after absences, it is unlikely that the placement will last until independence is achieved, most particularly if the current court ordered plan for residential placement is implemented. While she does fairly well emotionally and behaviorally at home, in school the youth is in frequent verbal conflict with other students, often resulting in suspension. She acknowledged when interviewed that some of the time she is genuinely reacting to what she perceives as provocation, but also on some occasions deliberately instigates conflict so as to be suspended, as she dislikes being in school. She is in the 9th grade for the third time and is functioning at approximately a 4th grade level (which correlates with the last period of significant home stability), due primarily to her frequent school and placement changes and the long periods when she fails to attend altogether. Formal testing reveals that she is of normal intelligence with no indication of learning disability. She expresses having no interest in remaining in school, preferring to enroll in Job Corps and study auto mechanics. She believes that at her age Job Corps would be a better learning environment for her.

Her foster mother and her father are both willing to work with her on "life skills" but have had limited opportunity to do so. The youth has been referred to Keys for Life, but has not participated. She knows how to do her own laundry but does not know how to cook, shop or budget and has never been employed.

Parent Status

The youth's father is a source of emotional support and engages with her in appropriate ways. He recognizes her strengths and challenges, wants the best for her, and works with her directly to plan for her future. While he is disappointed, he recognizing his daughter's lack of interest in a traditional educational setting and has encouraged and supported her interest in Job Corps,

including making an appointment with her to explore the option. When she is with him, he provides her with an appropriate home, financial support and close supervision. Interestingly, when she is with him, her notoriously picky eating habits are put aside and she accepts what may be seen as nurturance (food) from her father with no complaint. He is eager to assume custody of his daughter, but has not engaged with the system, which he perceives as biased against him.

Caregiver Status

The foster parent, a single woman, provides a safe and comfortable home, a supportive environment, and the logistical support necessary for medical appointments, etc. Although the youth has only been in this home for a relatively short period, the foster mother displays sensitivity to a young adult with a difficult history, interacting with the youth her in a calm and respectful manner. She has expressed to the youth that she recognizes her need to make decisions about her future and that her role as foster mother is to help her move on with her life. The foster parent allows and, to some extent, facilitates contact between the youth and her birth family.

Factors Contributing to Favorable Status

The father, the foster mother and the youth herself are the major areas of strength in this case. The youth has a number of personal strengths that may support a favorable outcome: She has maintained a sense of personal autonomy and has a demonstrated capacity to attach, despite the number of years and instability in the foster care system. She has been described as a leader, although not necessarily always using that capacity productively. While rejecting traditional education, she appears to recognize the need for a trade with which to support herself and has taken the initiative to find a program that she believes will meet her needs. Her behavior in her father's home, in the current foster home and in the community has been appropriate and responsible.

The foster mother is providing excellent care and support and appears to be skilled in working with older adolescents. She also states that she is with willing to work with the youth, despite her frequent absences, to help her move on to the next stage of her life.

The youth's father is committed to his daughter and a powerful positive influence in her life. He has demonstrated his capacity to parent under very difficult circumstances, including the death of his wife from cancer, a son with significant learning needs, and parenting within a community that draws many teens into problematic behaviors. He admits to daily alcohol use in the past but was at worst a functional alcoholic who maintained steady employment and served as sole caretaker of his two children after his wife's death. Even while drinking, he was an intensely involved father who worked aggressively to obtain special education services and placement and other services for his son, who is now deceased. He decided on his own to stop drinking and has done so reportedly maintaining sobriety for eight months. He is carefully monitoring his younger daughter, engaging her in community activities and does the same for the focus youth when she is with him. While he wants custody of his daughter, he recognizes that it would be best for her to enroll in a Job Corps program out of town, then spend weekends and holidays with him, so as to minimize exposure to some of the more negative influences in the community. When the youth runs to him, he is reluctant to notify the agency and thereby reject her, but is very concerned that she does not attend school during those periods. Since he cannot gain access

to her birth certificate, he is unable to enroll her in a local school, which he has considered. He also recognizes that his daughter has mental health needs and in the past has expressed and presently expresses willingness to engage in therapy with her.

Factors Contributing to Unfavorable Status

The youth's academic status and her unproductive means of expressing her autonomy – for example, rejecting school and regularly sabotaging her placements – severely hamper progress in many life areas. Her father's discomfort with engaging with the system, based on prior experiences, works against the possibility of reunification. Mental health service providers do not seem to have a full understanding of the youth's needs, nor do they have clear treatment plans in place, so the youth's mental health needs are not adequately met.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The youth's current foster placement is a good one and the youth's relationships with her father and foster mother are both working well. A number of appropriate services are available and in place, including some services at the school. The social worker has some rapport with the youth and an understanding of her grief and loss issues. She also wants to engage and support the youth in realistically planning for her future.

What's Not Working

There are significant problems in engagement, assessment and understanding, pathway to safe case closure and maintaining family connections, along with the family court interface and informal supports/community connections. There are also problems with the quality of services.

There has been a failure to engage both the youth and her father in planning. Her father has not been reassessed as a resource, and this is a major barrier to safe case closure. He has also not been able to live down impressions of him from an earlier period. A good deal of misinformation and inaccurate judgments about him and his children were presented by various interviewees. Use of the abscondence unit when the youth absents herself from placements has been a barrier to effective social work. This results in long absences when the child's location is known. While the youth's school placement may seem appropriate given her behavior in previous schools, the youth is simply not willing to attend or to make use of the program.

There is no agreed-upon and shared plan for this youth across service providers and no agreement on how to intervene and engage with her to produce positive outcomes. The quality of much-needed therapeutic services is questionable. Mental health treatment providers are not familiar with the youth's full history and are not clear about whether she is prescribed medication or the purpose for the medication. Although the youth has an IEP with counseling services, the assigned community support worker sees her goal as helping the youth talk out her feelings and to problem-solve versus fighting in school. She has met with the youth in school and once at her foster home. Grief and loss are not seen by most team members as underlying issues. Some see the youth's need for rigid structure to teach her discipline; others state that the youth

has trouble with rigid authority and that she is apparently responding well to her foster mother's and her father's more interactive approach to problem-solving.

Six Month Forecast/Stability of Findings: The youth's current status is expected to remain status quo.

Next Steps

1. Engage the youth's father in a positive and supportive manner; assess him as a placement resource for his daughter; and assist him in securing an advocate to accompany him to court and assist in case planning as needed.
2. Conduct a safety check of the father home and request that the court modify its order to allow for unsupervised and overnight visits between the youth, her father, and younger sister.
3. Assist the father in obtaining a birth certificate with his name on it for his daughter.
4. Once the father is engaged, convene a meeting of all parties interviewed for this review to plan for the youth. Topics for discussion should include changing the permanency goal to reunification with the father and implementing more effective therapeutic supports for reunification, such as, MST.
5. Continue to pursue the Job Corps as an option and concurrently develop a back-up plan – perhaps placement in community-based vocational education. (Though not the purpose of this review, based on interviews with all parties, including the youth and a review of records, the reviewers found no indication that consideration of a more restrictive level of placement is warranted for this youth.)

Quality Service Review
Written Case Summary

Case #44
Date of Review: October 17-18, 2007
Youth's Placement: Residential Treatment Facility

Persons Interviewed (12): Social worker, supervisor, youth, paternal grandmother, CBI worker, GAL, AAG, RTC Treatment Team, including education coordinator, teacher, therapist, psychiatrist, behavioral specialist (via telephone)

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 14-year-old, African-American female who entered an out-of-state residential treatment care (RTC) facility in August 2007. During QSR interviews, the youth was described as sweet and creative with a good sense of humor. While being interviewed, she was engaging and articulate. She characterized herself as "smart, very beautiful, a neat-freak, and a Drama Queen."

The youth was removed from her mother's care in 1999, due to maternal substance abuse, neglect, and abandonment. She is an only child. She was initially placed in foster care and later placed with her father; however, she lived primarily with her maternal grandmother. She recently disclosed to a mental health clinician that during this time she was raped by a 15-year-old boy. She told her maternal grandmother, who did not believe her, so she did not tell anyone else and no charges were pressed. Her child welfare case closed in 2002.

In 2004, the D.C. Public School (DCPS) system placed the youth in out-of-state residential treatment care (RTC). This placement followed two hospitalizations for out-of-control behavior at school and home. Approximately 17 months later, the RTC facility unexpectedly discharged and transported the youth to her maternal grandmother's home. The grandmother did not accept her granddaughter back into her home, so the RTC staff brought her to CFSA whereupon she entered foster care for the second time.

During the next year, the youth engaged in unsafe sex, sex with adult men, physical altercations, daily marijuana use, truancy, and frequent abscondences (often running to her paternal grandparents), as well as gang activity and periods of street-living. She experienced multiple therapeutic foster placements, respite placements, and a psychiatric hospitalization. She then entered her current placement—an out-of-state RTC facility.

Youth's Current Status

The youth is diagnosed with Bipolar Disorder, Learning Disorder, Attention Deficit Hyperactivity Disorder, and Cannabis Abuse. Treatment goals are to address her aggressive and sexualized behaviors, mood instability, and impulse control. She takes two bipolar disorder medications. During her interview, she stated the medications are supposed to help control her anger and mood swings. She said they make her feel calmer, she likes this feeling, and there are

no side-effects. She is up-to-date on her medical care and said she feels healthy, sleeps well, and gets enough to eat.

Although in the 9th grade, the youth is working significantly below grade level with her reading at the 6th grade level and math at the 3rd grade. She reportedly is working hard in school, trying to stay on task and put her best foot forward. She is maintaining a B average.

Since her placement at the RTC facility, the youth has had no contact with her biological family, although she recently began writing letters to her paternal grandparents. The grandparents are separated and live apart but see each other daily. Team members reported the social worker attempted to work with the grandparents as potential placement or permanency options but stated they became "quickly overwhelmed" and disowned the youth. Reportedly, the grandmother initially said she was willing to care for the youth but she needed a larger house, as she was already caring for another grandchild; however, she later decided not to care for the youth. The grandparents also refused to complete criminal background checks and other clearances. Team members reported the social worker has since had a difficult time reaching the grandparents by telephone and has not included them on the youth's approved phone list at the RTC facility due to their non-compliance.

The youth's permanency goal of APPLA was established in spring 2007. Team members reported the goal became APPLA when the team realized permanency with the paternal grandparents was not going to occur. One team member anticipated the youth would remain in the child welfare system until age 21. Other team members indicated taking a wait-and-see approach to determine how well the youth progresses in RTC before moving forward in permanency planning. There are no concurrent permanency planning efforts. None of the team members articulated the importance of helping the youth maintain her personal and familial ties as permanent connections throughout her adolescence.

Caregiver's Current Status

The youth's RTC facility is located more than 100 miles from D.C. Her social worker and Guardian *ad Litem* (GAL) reported she was placed at this particular facility "by default" as she either did not meet the admissions criteria at any other facility or there was no other suitable facility with an available bed. The youth's RTC treatment team is comprised of a therapist, behavioral specialist, psychiatrist, educational coordinator, teacher, and case coordinator. The treatment team stated its priority is to stabilize the youth's moods, assist her in processing her experience of depression, mood swings, and aggression, and conduct psychological and educational testing to further assess her strengths and needs. To be eligible for discharge, the treatment team stated she must pass 90 consecutive days without aggressive and sexualized behaviors and she must meet her therapeutic goals. It noted the facility's residents generally remain in the facility for six to ninth months on average.

Factors Contributing to Favorable Status

The youth is in a safe placement. She is reportedly experiencing improved behaviors, such as increased cooperation in the classroom. She is taking advantage of such therapeutically promising resources as participation in a girls-only sexual trauma group. She is physically

healthy and receiving appropriate health care. Interviews indicate she regards a former teacher, former foster mother, and her grandparents as important and trusted supports.

Factors Contributing to Unfavorable Status

Some of the child welfare professionals involved in this case expressed dissatisfaction with the diagnostic and treatment process at the RTC facility. They noted Bipolar Disorder is often not an appropriate diagnosis for a young adolescent. Both the social worker and GAL reported urging the staff to re-evaluate the youth and re-assess her Bipolar Disorder diagnosis. The social worker, who visited the facility the week before the QSR, reported she had to re-focus the treatment team on the youth's clinical needs. Rather than addressing the treatment plan's specified goals, the RTC staff appeared to be helping the youth develop "in-the-moment coping skills."

The youth's Individual Education Plan (IEP) will expire the month following the QSR. Team members reported a delay in the RTC facility receiving a copy of the IEP from DCPS and in scheduling an IEP review meeting due to reassignment of an Educational Advocate. At the time of this review, the team was awaiting notification of the new Educational Advocate.

The youth has no contact with her biological family even though she wants particular relatives on her approved phone list at the RTC facility. Her family is not involved in supporting or planning for her. Team members uniformly stated the paternal grandparents do not want to be placement or permanency prospects for the youth and there are no other relative resources. The social worker wants the grandparents to cooperate in case planning by accepting the worker's phone calls, engaging in family therapy, and not "rewarding" the youth for negative behavior by giving her money or gifts. According to the social worker, until the grandparents agree to take these actions, the worker will continue to prohibit them from contacting the youth and learning her current whereabouts. During the QSR, the paternal grandmother stated she would like to have contact with the youth, be involved in her life, and provide her with family support.

Some team members said the youth's father has never made contact with the social worker, that he lives in the District, and that the paternal grandparents informed the social worker he is interested in having contact with his daughter. In an interview, the paternal grandmother shared that the youth had had regular contact with her father and step-siblings when she was in the District and as recently as the month before she entered RTC. One team member said no one knows how to get in touch with the father; however, another team member cited the name of the street where the father lives. The team has deemed the mother's whereabouts unknown.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Although limited to the social worker, GAL, and Assistant Attorney General, there is a team working on the youth's behalf, and team members reported maintaining sufficient communication among themselves. The team is on the same page as far as advocating for the youth's placement in RTC. Some team members are concerned about the appropriateness of the youth's mental health diagnoses and treatment plan and are requesting further evaluation.

What's Not Working

The youth's team does not contain any family members. The team is not reaching out to identify and engage interested family members. Because the grandparents were reluctant to have the youth placed with them and are not complying with the social worker's expectations, the team wrote them off as far as planning for the youth. None of the child welfare professionals are articulating the importance of involving family members in planning for the youth or of cultivating family members' ability to support and be present for the youth as her lifelong connections. The identification of kin permanency prospects has not been exhausted. The youth's informal supports and community connections are not being maintained to ensure she has a supportive network to turn to when she is discharged from RTC and returns to D.C.

There is no planning or pathway to achieve permanency. There is no preparation for or anticipation of post-RTC placement or permanency options. Although the youth's goal is APPLA, there is no planning to help her develop independent living skills. Some team members are operating under the premise the youth should remain in foster care until she ages out at 21. It does not appear that other permanency options have been recently or fully explored.

Six-Month Forecast/Stability of Findings

It is expected the youth's situation will remain status quo over the next six months. Team composition, meaningful family engagement, exploration of permanency through pathways other than APPLA, and the youth's progress in RTC will influence the direction her future takes.

Practical Steps to Sustain Success and Overcome Current Problems

1. The youth's team should reach out to her paternal grandparents through personal visits. The team should facilitate their contact with the youth, assess their interest in providing ongoing support and planning for her, and engage them in therapeutically appropriate ways to support her.
2. The youth's team should reach out to and assess her father. The team should facilitate his contact with his daughter and invite and help him participate in planning for her.
3. The social worker should make a Diligent Search referral to locate the youth's mother and/or maternal relatives. Those parties should be assessed and engaged accordingly.
4. The youth's team should foster her ties to supportive adults outside the RTC facility and outside her professional team, such as her former teacher and former foster mother.

Quality Service Review
Written Case Summary

Case #45
Review Date: October 24-25, 2007
Youth's Placement: Therapeutic Foster Care

Persons Interviewed (4): Supervisor, focus child, foster mother, and godmother. Agency attorney unavailable at time of scheduled telephone interview and was unable to reach on late date.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The target youth is an 18-year-old African American female and the oldest of five children. She has one 17-year-old brother in a transitional living program. Three younger siblings live in the home with the mother. The mother and younger siblings live in suburban Maryland. Her father lives in the District of Columbia.

This youth was committed into care in December 2000 after her father refused to have her discharged from a psychiatric hospital back into his home. She had been hospitalized for aggressive behavior. This was her third psychiatric hospitalization. He made the same declaration after the second hospitalization but apparently took her back home only to have her re-hospitalized a few weeks later. The youth alleged that both parents had physically abused her. When the focus child was age ten, her mother gave her and her brother to her father, because she could no longer care for them. According to the record he had spent 10 years in prison on a drug conviction. Both the mother and father were reported to have substance abuse problems. Some time later, while the youth was in care, she alleged that she had been sexually abused by her mother from age five to ten. The mother denied this and the record is unclear about whether the sexual abuse allegation was found to be true. It is also unclear when and why the brother entered care. He recently returned to the mother's home from January to June 2007, only to re-enter care due to conflicts in the home.

The focus child was placed in a number of foster homes; the record indicates as many as eight. She was placed in residential care in the District in late 2001 and remained there for eight months. She was placed back in residential three months later, this time in a program out of state. She remained there for two years. While there she was quite aggressive toward herself and others. She made attempts to harm herself by putting a belt around her neck and putting plastic bags over her head on two different occasions. At one time her arm was broken during a restraint. Due to lack of progress in the program, it was recommended that she be moved to another program. In June, 2005 she returned to the District of Columbia to another residential program, which was supposed to be short term. She stayed there for about a year. Her diagnosis was Bipolar Disorder. She progressed well there, and her extended stay was at least partially due to difficulty in finding a home for her. She came to the current agency in August 2006. She has

since been in three different homes. There was mutual dissatisfaction in regard to the rules and lifestyle in the first two homes.

Child's Current Status

This youth was placed in her current foster home in December, 2006, one day before her 18th birthday. She liked the high school in Maryland where she began the school year. The agency made the necessary transportation arrangements for her to remain in the school, even though the current home is in the District. She completed her senior year and graduated in June 2006.

The youth is not considered by the foster mother and the agency supervisor to be any less safe than most 19-year olds. There was some concern that she travels around the city alone and is often out late, or all night at times, without the foster parent knowing where she is. While on a trip to Chicago with the foster parent his summer, the youth traveled in the city alone and would not go with any of several groups of people. She was said to be a loner and dislike crowds.

Last spring there was a lapse in her psychiatric care. Her doctor left, and it was a couple of months before another doctor could see her. During that time, her medication ran out. By the time she saw the doctor she decided that she did not want to be on the medication. She had been taking Geodon and Lamictal. Since there were no obvious problems at the time, and she was old enough to make decisions about her medical treatment, she was not placed back on medication. At about the same time, she decided that she did not want to continue with therapy, so it was discontinued as well.

The youth's permanency goal is APPLA with the intent that she will work toward independent living and be self sufficient by age 21. She initiated telephone contact with her mother during the school year and began visits with her, which she arranged. Her mother assisted her in the arrangements to go to the prom and attended her graduation. The supervisor reported that her father initiated telephone contact with the agency and the youth. The focus child related that she has talked to her father by phone but has not seen him. All visits with family are up to the youth. She reported visiting a godmother. During the review interview, the godmother said she had not seen the youth for five years, except once at a bus station. She did not think the youth recognized her and noted that she looked ill-kempt. She did express concern and an interest in the youth.

The summer after graduation the youth looked for a job, assisted by her mentor. Through a community program she found a job with a moving company specializing in moving office furniture. According to her foster mother, she worked only one day during the summer. Now she works about a day a week. The youth indicated much more frequent work. She is working on an as needed basis. She decided to attend the University of the District of Columbia. She enrolled and began classes in late August. She was taking three remedial courses: writing, math and English, and she had a tutor to assist her. She never completed all the necessary paperwork for her financial aid and consequently failed to purchase her books, despite encouragement and guidance from the agency. She has now stopped going to classes and has not taken her mid-term exams. She has begun to talk about joining the Job Corps to receive training in auto mechanics or the culinary arts. She told the reviewers that she has not dropped out of the University and is at least trying to keep up in her writing class, which is the one she likes most. She expressed more interest in the auto mechanics training, but related it to some good-looking guy she saw who was

working on cars. She has made some contacts to start the application for the Job Corps. Yet, she expressed reluctance to call the Job Corps to select the mechanics rather than the body works training.
The youth is physically healthy. At one time she was diagnosed as having asthma and was using an inhaler. She has not used an inhaler since she has been with agency and it is unclear when this was discontinued. She has had a recent physical. She is overweight at this time, but considerable weight loss was reported after the psychotropic medications were discontinued. Her foster mother is physically active and has encouraged her to attend an aerobics class with her, but the youth has not been willing to do so. At one time she was walking daily. She has a tomboyish appearance and much effort has been made to help her present herself well, especially for job interviews.

The youth has shown significant improvement in her emotional and behavioral functioning over the course of the last two years. She has stabilized in this foster home and is not displaying aggressive behaviors. She talked about being "mean" with her friends but could not define what she was talking about. She is generally cooperative with the foster mother. She cleans the house and the foster mother describes her as still displaying regimented behaviors as would be expected in a residential facility. The foster mother and the supervisor described her as pleasant. At the interview with the reviewers, she talked incessantly and speech was rambling and circumstantial. Thinking seemed disorganized and illogical. For example, she told a story of leaving her glasses on the metro about a month ago purposefully because she did not like them. She was even reminded by a passenger to take them, but did not. Since then, she said she needed them to get a non-driving identification card. So, now she has gone to every metro station except one to look in the lost and found for them. Another example is her idea of celebrating her birthday by going to Cancun, though she has never been there and only knows of it from an uncle, who she says goes every year. However, this uncle would not take her nor would she want to go with him. She has no money to go but would like to get someone to pay for her trip.

When the youth was asked how she spent her day, she said that she slept most of the day. Then at one point she said that she was busy during the day even though others did not think she was. She indicated that she worked several days a week. The foster mother said she did not know what the youth did during the day. The foster mother reported that she likes to stay in her room and listen to music. She stays up late at night and leaves the home after the foster mother has gone to sleep. The youth said she gets bored at night and starts thinking of what she is missing so she goes out. She talked of wanting a dog, a beagle in particular, to help her relieve stress.

The youth had been referred to the Keys of Life Program but only attended a few times. She said she did not like the other youths attending the program. She only identified four friends, and talked about three. Two of the friends she met in residential care live out of state. She said her closest friend is trying to join the Navy. The foster mother only knew of her best friend, who she described as a young man who was in special education classes with the focus child.

Parent/Caregiver's Status
The parents' status is not known. The agency has not been involved with the mother or father and no interviews were arranged with them. Since the youth has a permanency plan of APPLA and is 18 years old, she is allowed to make visitation arrangements. The foster mother has met

her mother, but not the father. The mother was described as supportive; but not overly involved. The youth has not visited her since Labor Day weekend.

It is anticipated that the foster mother will remain as caregiver until the youth is 21. She is employed in the same building as the agency. She works in a program that helps find employment for persons with developmental disabilities. She is an active part of planning for the youth. The foster mother encourages the youth to participate in activities with her and her 15-year old daughter, although the youth usually declines her offers. She is quite willing for the youth to remain in her home, but expressed a lack of patience with "someone who is not trying." The foster mother thought the youth had already withdrawn from the university and she does not think she would be a good candidate for the Job Corps. She has encouraged independence and money management by giving the youth $200.00 each month and $25.00 each week.

Factors Contributing to Favorable Status

The youth is functioning well in the home. The aggression she displayed in her early teen years has not been seen in her last treatment program or the current foster home. She does not pose a safety threat to herself or others. She still expresses ambivalence toward her mother and father and other relatives, yet she has been able to re-establish a relationship, at least minimally with her mother. She completed high school with an individual education plan and tutoring. She set goals for herself and was able to follow through with some of them. She is still able to make plans for herself, i.e., pursuing the Job Corps. She denies any drug use, and there are not suspicions of use. She has expressed that some of her friends use drugs and she does not want to be in a position for that to adversely affect her. She has had frequent contact with a mentor, who worked with her on appropriate dress, finding a job and socialization. In March 2006, she had a vocational assessment completed, and she is now talking about following two of the identified interests, mechanics and cooking.

Factors Contributing to Unfavorable Status

This youth was stable and functioning well last spring and early summer. During the last two months, she has not followed through with plans. The agency supervisor and foster mother have seen this lack of follow through as ambivalence about her future. During this time she lost the support of her mentor, when the contract with the mentoring agency was terminated. The reviewers had concerns that there was mental deterioration and a need to return to the psychiatrist for an evaluation. While some of the freedoms desired by the youth and allowed by the foster mother have worked for the youth, they may also have led to some decompensation. The team has not met to work with the youth on specific next steps. She has been "secretive" and elusive about her activities and plans. This may make her feel in control and grown up, but it is not keeping her on track toward independence.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The youth and foster parent are engaged in the planning process. The youth is allowed to take a lead role, with the others offering support. The foster parent and the services provided seemed to have been a good match for her. There were frequent contacts with the social worker. The

supervisor, who obviously has followed the case quite closely, has been seeing the youth until the new social worker takes over.

What's Not Working Now and Why

The youth has lost direction and does not have a specific plan for the future. At this time, it is questionable whether she has the judgement, and organization to follow through with a plan. Some of her services have been discontinued, including therapy, mentoring and tutoring. Additionally, her social worker left the agency. Her new worker has been assigned but has met with her only once.

The last case plan was held in February and does not address the current issues. The last treatment plan was held a month before the review. The treatment plan included the steps of therapy and medication management. The plan was rather general and only included the social worker, supervisor, foster parent and youth. The family has not been included in any of the plans. The youth did express a strong desire to see her father. The agency has not been involved with the family, and they do not know what influence they have on the youth. At one point during the interview with the youth, she said she might "go off" if she were in a meeting with her parents, but it really was not clear if or how they should be involved. Formal supports have decreased and the youth does not have many informal supports.

Six-Month Forecast/Stability of Findings

The youth was described as a child who has to hit the wall and then pick herself back up and start again. She has hit a wall, and there are real questions about whether she has the mental stability to pick herself back up. She has certainly made great strides and learned to control her aggressive and self-harming behaviors. It is not anticipated that she will move forward on her own without support, guidance and structure.

Practical Steps to Sustain Success and Overcome Current Problems

1. Get a psychiatric evaluation to determine if the youth needs to be back on her medication. She may not be in agreement, but it certainly should be attempted and may be required before she starts any vocational program.
2. Consider resuming therapy for monitoring of mental status and assistance with decision making.
3. Determine whether sexual abuse by mother occurred and what treatment has been provided to determine what issues the youth may be facing.
4. Assess the mother, father, other relatives and the godmother to determine if and how they can be supportive. Bring them into the team planning, if possible.
5. Assist youth in looking at different vocational and educational opportunities that might provide her with the structure that she appears to need. Provide frequent monitoring to assist with decision making and follow up.
6. Assist the youth connect to informal supports so she can develop some positive relationships. She likes working with her hands and noted that she liked photography.
7. Assist the youth in restarting the Keys for Life Program. She may need to be paired with another youth to make her feel more comfortable and accepted in the program.

Quality Service Review
Written Case Summary

Case #46
Review Date: October 15 & 16, 2007
Child's Placement: Therapeutic Foster Care Home

Persons Interviewed (9): therapeutic foster care social worker, case manager, AAG, GAL, mentor, previous school teacher, school psychologist, foster parent, and focus youth

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 therapeutic foster home approximately an hour outside of the District of Columbia. He has resided in this placement since February 2005. The youth suffers from a life threatening illness and has been diagnosed with cognitive delays. His birth mother is deceased and it is reported that his birth father has "abandoned" the family. He has two sisters, who reside with his maternal grandmother, and one older brother. Prior to entering the child welfare system, the focus youth resided with his maternal great grandmother and at least two of his siblings.

The youth became known to the Child and Family Services Agency (CSFA) in 2004. The reason for agency involvement remains unclear due to conflicting information. Possible reasons include: the focus youth sexually abused a younger child; the grandmother became an unwilling caretaker after the birth father abandoned the children; or the grandmother was unable to handle the youth's special needs. Whatever the reason, the youth was removed from his grandmother's care, and has had at least two foster care placements (including his current placement), since that time.

The focus youth has a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). Reportedly, the current foster parents explored adoption in the past; however, they remain unwilling to adopt due to the youth's age and extensive medical needs. In terms of his birth family, he has unsupervised visitation with his grandmother and sisters at his discretion.

The focus youth has been diagnosed with Mild Mental Retardation (although an alternative report indicated that he was Borderline Intellectual Functioning). Additionally, he has been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and learning disabilities. He is currently prescribed medication for his ADHD symptoms.

This case is managed by a private, therapeutic foster care agency, which provides case management, mentoring, and tutoring. He is enrolled in a full-time special education program where he receives weekly counseling. He also receives medical services and medication management through is primary care physician.

Youth's Current Status
The focus youth has been identified by the team members as being friendly, polite, funny, engaging, delightful, and hardworking. However, he struggles with peer socialization and it was reported that he prefers the attention and interaction with adults over his peers. Additionally, the youth's constant medical needs are challenging.

The focus youth is in the eleventh grade at a full-time special education school. This is a new placement for the youth as of September 2007, but the change was advocated for by the youth as he did not feel academically challenged at his previous special education program. The youth indicated that he "loves" his new school. While he has only been there for approximately one month, there have been no behavioral or academic concerns, and it was reported that the youth is passing all of his courses and is adjusting well to his new environment.

The focus youth receives weekly counseling in school with a focus on developing coping skills, increasing his self-esteem, and developing interpersonal relationships. It was reported that within the last month, the youth expressed sadness about not knowing his birth mother before her death. He also expressed a greater desire to have more contact with his older brother. In addition, it appears as though he does not have a consistently positive relationship with his grandmother or biological sisters.

The focus youth is up-to-date for his annual physical and semi-annual dental evaluations. He receives routine medical evaluations to monitor his life threatening illness. In July 2007, he was last hospitalized for liver and kidney problems. The youth is aware of his diagnoses (both medical and mental health) and understands why he takes his medications and how his diagnosis will impact romantic relationships. He indicated that multiple people talk with him about safe sex and interpersonal relationships, and that he can talk with his foster parents, mentor and doctor if he has any questions or concerns. He is fully medication compliant.

The youth is developing life skills, but due to his cognitive delays skill acquisition takes him a little longer. He reported that he cooks and does his laundry "under supervision." Both the youth and the foster mother reported that he has several chores at home (cleaning his room, cleaning the bathroom, etc.) and that he is very helpful around the house. Unfortunately, he has not been able to obtain employment. His mentor reported that he sometimes pays him for video taping several sporting events that the mentor coaches. The youth does not have a bank account and does not have any budgeting skills. He is enrolled in the Center for Keys for Life (CKL) but does not attend due to the distance from his home.

Parent/Caregiver Status
The focus youth resides in a two parent home, with an African-American family. There is also another foster child that resides in the home. The youth has a nurturing and supportive foster family. He refers to his foster parents as "mom" and "dad." The family has several adult female children who the youth refers to as his "sisters." It was reported that the adult female children serve as a strong support to both the foster parents and the focus youth. Everyone on the team had positive things to say about the foster parents, especially regarding the quality of physical and emotional care they provide and the how well they have integrated him into their family. They provide for all of the focus youth's physical, mental, and emotional needs. The focus

youth appears to have a trusting relationship with his foster parents, especially his foster mother, as illustrated in several of his comments about being able to count on her, talk with her, and the fact that she has "found all these excellent people to work with me."

Factors Contributing To Favorable Status

There are numerous strengths in this case. The focus youth is safe, stable in his placement, and his recent school transition was planned and went smoothly. The youth does well in school, and engages in therapy at school.

The youth's medical care is strength in this case. His foster mother, who is a nurse, ensures that he receives all necessary medical services. The team reported that the youth also receives quality care from the youth's primary physician, who has been on his physician since birth. Everyone reported that there is a high level of investment by the doctor and that he communicates with the team members on a regular basis. People are aware of the youth's medical needs and consistently plan around his needs. As previously stated, the youth is aware of his diagnosis and how it impacts his life.

In addition, the youth and foster family engagement with the system seems to be positive. The focus youth is able to verbalize who his team members are and their general role. He is highly satisfied with his foster home and the services provided by his team often describing people and services as "excellent, just excellent!" He commented, "I don't know where they find all these excellent people to work with me." Similarly, the foster mother reported having a good relationship with the social workers, the youth's primary care physician, the mentor, the tutor, and the Guardian ad litem. She reported that she has good communication with all of the team members and that people have been very responsive to her and the youth when needed.

Factors Contributing to Unfavorable Status

There were no real current factors contributing to an unfavorable status in this case. However, there were some items that need to be reinforced in order to refine or maintain positive outcomes. One item specifically centers on his independent living skills. While he is actively trying to learn independent living skills, his cognitive delays hinder this process. For instance, he must be supervised during several tasks such as laundry and cooking. Due to his cognitive delays, the youth is eligible for MRDDA services as an adult. This will be an important link for the youth as he reaches twenty-one in terms of assisting him with living independently.

Additional areas of concern are the fact that he is not employed even though he is seventeen years old, and wants to be employed. It was reported that he was signed up to participate in the summer employment program, yet a job did not materialize and the social worker was unable to articulate a reason. The school indicated that he is on the list for school employment when he reaches a certain behavioral level, of which he is well on his way. In terms of careers, he has expressed a desire to be a professional football player, a computer technician, and a police officer, yet there is no evidence of anyone working with the youth on exploring realistic career/vocational options.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are many strengths identified in this case. First of all, while there are multiple leaders in this case (social worker, GAL, focus youth, and the foster mother), it appears as though each person has been the leader when appropriate. For example, the focus youth and the GAL were leaders in transitioning him into his new school. The foster mother is the leader on any issues that concern the youth's medical needs. All parties keep each other updated on any outcomes. The team members were positive about the work the social workers were doing on this case.

There is a good level of engagement in this case with the youth and foster family. They have signed the most recent case plan, and the foster mother has received a copy of it. There is an existing team where people communicate. No one expressed any dissatisfaction with the level of communication between/among team members. However, many team members admitted that since this was such an easy case, less attention is paid to it, but everyone is responsive when needed.

The court system was rated positively in this case. All parties felt that they were respected by the Court and that the parties received adequate representation. The youth complimented his GAL for all the work he does on his case. All parties felt that most issues are addressed prior to court and that there were no major barriers to completing court orders in a timely manner.

Medication management is also a strength for this young man. He is medication compliant for his ADHD medication and all his physical health medication. He understands why he takes his medication and the benefits of medication compliance. He also is aware of the possible side effects and he indicated that he felt very comfortable discussing any questions or concerns related to his medication with his foster mother or his primary care physician.

What's Not Working Now

While the system in this case is overall positive, there are several areas that need to be refined. The biggest challenge in this case is with the team's assessment and understanding of the youth's family connections and grief and loss issues. One key piece of the puzzle is understanding why the youth entered agency care. Any of the previously listed reasons may factor into the family dynamics with the grandmother and sisters, yet if the incident is not understood by the team, it can impede their ability to enhance familial relations. The youth has unsupervised visitation with his grandmother and sisters at his discretion. All team members, including the youth, indicated that he does not feel "supported" by his grandmother and sisters and that he does not get along with them. For example, within the last several months, the grandmother accused the youth of stealing something from the home. He had become very upset and adamantly denied stealing anything. He stated that his family was "mean" to him and he suspended visitation with his grandmother and sisters. Team members indicated that they were "okay" with the way the youth engaged or disengaged with his grandmother, yet people had varying knowledge of the troubling incident.

In terms of other family members, the focus youth indicated that he would like further contact with his older brother, who does not reside with the grandmother. The team did not appear to be aware of the location of this young man.

Other familial issues concern the youth's birth mother and father. The team reported that the foster family is "all that he needs"; however, the school psychologist reported that the youth has expressed sadness due to not being able to know his birth mother before she died. In addition, no one has attempted to locate the birth father or his extended family even in terms of being an additional support for the youth as he ages out of the child welfare system. One team member stated that the youth has "successfully worked through his abandonment" by his father. Because the youth is stable and loved in his foster home, the team has neglected to engage the youth in discussions about his feelings related to his birth family. Parties admitted that because this case is "going so well" that they do not "check in as often as they should."

Lastly, planning and implementation around the youth's MRDDA issues is a future concern. MRDDA timelines for service applications are very strict. The team was unaware of these timelines and all that was necessary for application submission. It is essential that the team does not miss the timelines simply because the case is "so stable."

Six-Month Forecast/Stability of Findings

It is expected that barring any medical incidents, this case will remain status quo for several reasons. Firstly, the focus youth's and caregiver's overall status is positive. He is safe, stable in his school and home placements, and is being provided quality care in his foster home.

Practical Next Steps:

1. Social worker will locate the CFSA case record or the birth mother's record to identify the situation for him entering the child welfare system in order to improve the team's assessment and understanding of this case.
2. Social worker will attempt to improve family connections through the following:
   a. visit with the youth's grandmother to asses her thoughts on familial relationships;
   b. check in with the foster parents and the youth each month specifically around the relationship between him and his relatives;
   c. obtain information on the youth's older brother and contact him to assess his situation and potential as a support for the youth;
   d. talk as a team about locating paternal family members, not for placement, just as additional support for the youth. If the decision is made to investigate paternal family members, it is recommended that this work be completed prior to introducing the youth to identified family members.
2. Social worker will talk with the school psychologist and other team members regarding the need for short terms grief and loss therapy, or an age appropriate support group around the loss of his mother and father. Social worker will ensure the service is provided if determined appropriate.
3. Social worker will identify the timelines for submitting the MRDDA packet and submit accordingly.
4. Social worker will identify additional life skills and vocational training on the youth's behalf. Suggested plans include the following:

a. if the Center for Keys for Life (CKL) is too far from the foster home, explore an alternative program in Maryland;
b. social worker will brainstorm with the team regarding life skills development and vocational training. The team will develop a plan outlining concrete and manageable goals and objectives for independent living, taking into account his cognitive delays. For example, if the youth cannot use the stove without supervision, identify multiple items that he can make without using the stove (salads, sandwiches, microwaveable items). In addition, the youth should be learning how to shop for food, pay for groceries, etc.

Quality Service Review
Written Case Summary

Case #47
Date of Review: October 15 & 16, 2007
Child's Placement: Foster Home

People Interviewed (9): Previous agency social worker, previous foster mother and father, previous community-support worker, child's therapist, current social worker, AAG, GAL, current foster mother. The child was **not** interviewed, as she was believed to be in abscondance during this case review.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 17-year old African-American female of average intelligence, currently in the ninth grade at a local public high school. The youth is the biological mother of a ten-month-old daughter who, at the time of the review, was residing in a pre-adoptive foster home. The youth and her daughter had been placed in a foster home together, but the child was removed as the result of repeated and significant neglect. Additionally, the youth was reportedly five months pregnant at the time of this review, although it was unclear whether the pregnancy had been confirmed by the agency.

According to agency records, in 2001 the youth and her two older siblings were removed from their mother's care due to neglect likely resulting from maternal substance abuse. Agency records also indicate that several years prior to the removal, there was an investigation of medical and educational neglect stemming from the youth's mother's failure to have her children immunized as required by DC law. The family received assistance scheduling the immunizations for all of the children, and the case was closed upon confirmation that all of the children were in fact immunized. Agency records also indicate that during the eleven years the youth was in her mother's custody, she lived with a number of family members, including her paternal grandmother in South Carolina, who was allegedly physically and emotionally abusive, and while residing with her mother, she was reportedly sexually abused by her mother's paramour and physically abused by the paramour's sister.

The youth has had several psychiatric hospitalizations for both suicidal and homicidal ideation since entering foster care. She entered an eighteen-month residential treatment center in Florida and was discharged from that program in October, 2006. Since that discharge the youth has had six foster home placements and continued to require psychiatric hospitalizations, including a six-month hospitalization during which she gave birth to her daughter. The multiple placements are reportedly the result of the youth's chronic abscondance, refusal to attend school, and refusal to follow household rules.

At the time of the review, the youth had been in her current foster home placement for eight days, while awaiting identification of a Residential Treatment Center (RTC) willing to accept pregnant teens. She had already absconded one time. The youth is currently provisionally

enrolled in a local public high school, one that is only able to accommodate children with up to Level 3 needs, while the youth's behavior has demonstrated the need for a Level 5 or Level 6 placement.

Several interviewees reported their suspicions that the youth is now prostituting as a way of earning money. She recently tested positive for Chlamydia and Gonorrhea. Her former foster parents reported that she was overheard receiving phone calls to and answering to a street name, and that she has returned from abscondances with new designer clothes and/or shoes, with no explanation as to how she came to have those things. They also reported that she acknowledged "liking older men, because that's who she started with." Additionally, the current foster mother reported that during the youth's first week of school, she announced to her peers that she had several STD's and stated that she wasn't at all embarrassed or ashamed of it.

While all members of the treatment team are in agreement that an RTC is the most appropriate placement, the only reason provided for such a restrictive placement is to "keep her contained and safe," particularly so her baby can be protected. The youth was given a level of care last November that authorized residential treatment. However the judge gave her one last opportunity to remain in the community. It is important to note that the youth's level of care is set to expire November 1, 2007, just two weeks after this review was completed.

Although contact with her mother is to be supervised, it is believed that the youth does speak with and see her and two older sisters, and when in abscondance is perhaps even staying with them. The youth's father has had sporadic involvement in her life, reportedly due to drug and alcohol addiction. At the time of the review, the two were reportedly not on speaking terms, stemming from the father's alleged illegal use of the youth's social security number.

Since losing custody of her daughter in March, the youth has only visited with her child a "few times" and reportedly has stopped talking about her daughter in therapy. The child's permanency plan is reportedly being modified from reunification to adoption. At the time of this review the youth had not yet been informed of this change by a social worker, but the child's pre-adoptive mother had done so in an unfortunate manner.

Child's Current Status

The youth is not safe when in abscondance, and it is unknown whether she is safe during unsupervised visits with her mother and sisters. Her current foster home is highly appropriate, but recent, and given her history, it is uncertain that the youth will allow it to be stable. Further, a change to residential placement is anticipated.

The school placement is neither appropriate nor stable and her academic status is unfavorable. The principal accepted the youth only after strong advocacy by the foster mother, who was told that the youth will be expelled if there is a single incident of trouble. Despite being 17 years old and testing in the average range of intelligence, the youth is in the ninth grade and reportedly has earned only 4 credits towards her diploma. The youth does not appear to understand how the credit system works and believes that because of her age, she is automatically in her junior year. Prior to her October enrollment, the youth had last been in school in March, when she was enrolled in a parenting teens educational program. The youth reportedly would drop off her

daughter at the school's child care center, then leave without attending class. She left the program after losing custody of her child and refused to participate in any other school program.

The youth's health is compromised by repeated STDs; she refuses birth control, is pregnant and has not been tested for HIV. Her emotional and behavioral well-being need improvement both at home and school. Her behavior is not responsible, and no progress has been accomplished in life skill development, although the foster mother sees this work as part of her role with the youth.

Parent/Caregiver Status
The youth's parents have not been engaged in positive ways with either the youth or the agency and have made no efforts to support permanency or safe case closure.

Despite being new foster parents – this is the first child placed in the home – it is clear that the youth's current foster parents have experience raising teenagers and do not appear to be "ruffled" by the very behaviors that have made it extremely difficult to find the youth a stable foster or pre-adoptive home (i.e. chronic abscondance, truancy, and promiscuity). The foster mother stated: "She'll run away and when she comes back she will still have a bedroom to clean and a book to read. She needs to learn that we work things out." Even in the short period of placement, the foster parents have demonstrated strong engagement through educational advocacy and have prior experience with the special education system, so are well able to advocate for the youth's needs in this area.

Factors Contributing to Favorable Status
The youth's current foster placement appears to be a good fit, as evidenced by the interview with her current foster mother.

Factors Contributing to Unfavorable Status
There are numerous factors that contribute to an unfavorable status, namely the youth's continued engagement in extremely high-risk behavior, such as truancy from school, abscondance from her foster homes, sexual promiscuity, and probable prostitution; and the youth's poor academic status and inappropriate educational placement.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working
While the social workers and supervisors managing this case have been inconsistent, many of the other team members have been working with the youth for several years, including her therapist, the AAG and the judge. Additionally, as stated earlier, while still very new, the current foster placement appears to be a potential "fit" for the youth. The foster parents have experience raising teenagers, have recently received training specifically on foster parenting adolescents, and appear to have a parenting style that may help support the youth and minimize some of her high-risk behaviors. The current foster mother has also begun working with the youth on developing necessary life skills including cooking, cleaning, and laundry.

What's Not Working
The frequent changes in social workers have led to poor engagement of the child and family, coordination and leadership, and team formation and functioning. While there are a number of service providers involved, most have not met the newest social worker, as she was assigned the case just three weeks prior to the review and has been in training since then. There has been no team meeting held within the last year, and not all members of the team have current and/or accurate information about the youth's well-being, her visits with her daughter or the permanency plan for the child, or the youth's course of treatment or educational plan. In fact, not all members of the team know that the youth is five months pregnant.

There is apparent indecision regarding the most appropriate placement and case plan for the youth. While most of the professionals interviewed supported the plan for placing the youth in an RTC, none were able to articulate the therapeutic benefit of this placement. In fact, the youth's therapist stated that she was in support of a residential placement, as it is her belief that this high level placement is the only way to "contain" the youth and "hopefully keep her safe until she ages out." Although the youth was absent for much of the summer and was noncompliant with services, no action was taken to revisit the possibility of residential treatment with the court. At the time of this review, there were only two weeks left before the youth's level of care was to expire, which means that if a placement was not identified immediately, the process for obtaining a new level of care would have to begin again.

The high rate of social worker and supervisor turnover has been extremely detrimental to the progress of this case, as has the breakdown in the court interface. It does not appear that any case planning has been accomplished in the past year, but rather there has simply been a "managing" of or crisis response to the youth's behaviors. The absence of leadership and lack of communication between and among service providers, the absence of case goals, the absence of a path to case closure, the youth's continued truancy, high-risk behavior, the youth's current pregnancy, and the absence of an identified RTC are all factors that impacted the overall practice performance rating.

Finally, the file provided for this review was virtually empty. The file did not have a current IEP, nor did it contain any report cards, treatment plans, or current case notes. Given the frequent changes in social workers and supervisors and the complexity of the case, this lack of information is a significant barrier to effective case management.

Stability of Findings and Prognosis
The six-month prognosis for the youth is that her situation will decline. This is due to the above noted issues with the team functioning; the youths' continued truancy, abscondance and engagement in high-risk behavior; and the absence of a clear placement or treatment plan. If the current situation continues, it is predicted that she will continue to abscond from both school and her current foster home and engage in behaviors that will likely cause her physical harm, including repeated contraction of sexually transmitted diseases.

Next Steps
1. The agency must ensure continuity of both the social worker and supervisor responsible for this case.

2. A transfer conference must be held immediately with the new social worker and supervisor and the worker who previously carried the case for the longest period.
3. The social worker must take the leadership role on the treatment team; both case and treatment goals must be identified and shared with all team members; and the team must improve their communication.
4. The treatment team must immediately determine the most appropriate placement for the youth, one that not only ensures her safety and the safety and well-being of her unborn child, but also teaches her life skills to best prepare her for independent living.
5. The youth's IEP should be updated to determine the most appropriate educational plan for her.
6. The youth's case file must be thoroughly updated.

Quality Service Review
Written Case Summary

Case #48
Review Date: October 22-23, 2007
Placement: Relative Foster Care with Maternal Great Aunt

Persons interviewed (5): Social worker, supervisor, Guardian Ad Litem, focus youth, maternal great-aunt

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 16-year old, African-American male. He is the second-youngest child in a sibling group of four. The siblings range in age from 32 to 12. The biological mother maintains communication with the focus youth but feels incapable of caring for her children. The biological father is unknown. The siblings maintain contact with each on a consistent basis. The focus youth and the younger sibling are in placement together.

The focus youth came into care in December, 2004. He was removed from the care of his "godfather" due to allegations of sexual abuse made by another child. A friend of the focus youth was visiting their home for the weekend; upon his return home he alleged their godfather sexually abused him. The alleged godfather admitted to sexually abusing several other minors, excluding the focus youth and his siblings. The target youth and his sibling were removed from the home due to imminent danger and placed in foster care. The biological mother had discharged her parental responsibilities to the "godfather" several years before this incident occurred.

Child's Current Status

The focus youth is currently in a kinship care placement with his maternal great-aunt, who is pursuing guardianship of him and his younger brother. He has been placed in this home since July 2005 and has had no disruptions. The focus youth's academic performance is described as average (by his own admission). He described himself as lazy when it comes to completing his schoolwork. However, he is able to acknowledge the need to succeed academically to ensure acceptance into a reputable college. He is currently a sophomore, and this is his second year at his current school. He has maintained educational stability during his current placement. He is a stellar, award-winning athlete in basketball. He played on the varsity team in his high school as a freshman. He has traveled across the country and to the Bahamas playing in basketball tournaments with his AAU team. He loves basketball and is into physical fitness to ensure he can perform on the court. In the off season, he goes to the gym with his mentor to work on his basketball techniques. While he loves basketball, his career goals are not limited to athletics. He expressed interest in being an architect, sports trainer, or attorney.

The focus youth is no longer receiving therapy. His previous services were terminated, as the issues were ameliorated and the need no longer existed. It was agreed upon between the focus youth and the therapist if the need for services came about he could return. The focus youth

stated he felt the therapy was helpful but no longer needed as well. The focus youth identified having friends in the neighborhood and at school, many of whom he has been friends with since moving into the neighborhood. They spend time playing basketball at the local recreation center or playing videogames. He also works a part-time job on the weekends at a fast food restaurant. He stated he is looking for another job that pays a higher wage.

The focus youth maintains weekly phone contact with his mother and articulates understanding that she can not care for him and his brother. He has frequent communication with his older brother who is married and resides in Virginia. They see each other at church each week. His older sister is in college and resides in the home of another relative. They visit with her at church as well. His father is unknown; there was no evidence in the case that efforts were made to identify or locate the individual.

Caregiver Status
The caregiver is providing exceptional care for this youth. She is the maternal great-aunt of the focus youth and stated that she has aided in caring for other young people in the family and she see's this youth as her own child. She maintains consistent contact with the social worker and supervisor to advocate for the needs of the youth and provide them updates on his status. Many of the supports and/or services he has received in the past were due to her efforts. Her level of commitment to him goes beyond his matriculation into adulthood. She makes herself available to transport him to activities and has paid for most of his basketball tournament trips. She provides structure in the home and ensures his needs are being met.

Factors Contributing to Favorable Status
Factors that contribute to favorable status are the placement stability of this youth. He moved from his initial placement upon entry into care to the home of his maternal aunt and remains there. This home is a family environment and allows him to interact with his family members on a regular basis. He is doing average in school but acknowledges he can do better if he puts forth the effort. This youth is a stellar athlete and understands the correlation to making good grades and playing sports. He has close family connections and friends. He is a responsible teenager and does not spend a lot of idol time outside the home.

Factors Contributing to Unfavorable Status
Factors that contribute to an unfavorable status are the timeliness of achieving permanency. Guardianship for the focus youth has not been granted due to his younger brother. The agency/court is withholding permanency until June 2008, at which time the sibling will complete the 8th grade at a DC private school. This ensures the caregiver does not have to fund him attending that school or have to transfer him to another school. However, there are no barriers to the focus youth's case being closed.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The focus youth is in a stable placement with a caregiver who is committed to achieving permanency for him. She is very committed to ensuring he succeeds in life and transitions into adulthood. The family members are engaged and active participants of the team. All needed

services have been provided to the family to ensure stability. The informal supports and community connections play a huge role in the life of the focus youth. He has an identified mentor that his caregiver linked him to. He spends time with them on a weekly basis. As well the youth stated he liked his social worker and felt he could relate to him well, given that he is a young African-American adult male.

What's Not Working Now and Why

Pathway to safe closure remains an issue for this case. The focus youth and his younger brother are often seen as a pair instead of individuals. This played out in many facets of the case, including permanency. Guardianship has not been granted for the focus youth because they are waiting on his sibling to complete the school year.

While the team is functioning well, there are parts of the system that are misunderstood by the family. The current caregiver is classified as a therapeutic foster parent, and the agency is proposing changing her status to traditional. At this time they have not stated to her what that would entail for her license and if it requires a transfer to another agency, etc. She is knowledgeable about the issue but lacks understanding about its implications for her and the youth.

There is a lack of assessment by the team about the youth's desire to excel in education. He is often seen as the athlete and his brother as the academic. Therefore, the focus youth is pushed to excel in athletics but not in academics. He acknowledges that he has the potential to perform better in school and understands why he should do so. However, in the past he has done just enough to make him eligible to participate in sports.

Stability of Findings/Six-Month Prognosis

The six-month forecast for this case is that it will remain status quo, as the youth is expected to be in the same placement and maintaining his current level of functioning.

Next Steps

1. Discuss with the youth his educational performance and identify tutoring services in the school or community if needed.
2. Upon learning about the process of converting the foster parent from therapeutic to traditional, articulate that information to the caregiver. If it requires an agency change advocate against it since the case will be closing in June 2008.
3. Grant permanency to the focus youth. There are no barriers at this time impeding his case from reaching permanency.
4. Make attempts to identify and locate his father.

Quality Service Review
Written Case Summary

Case #49
Review Dates: October 15-16, 2007
Focus youth's Placement: Group Home

Persons Interviewed (10): Social worker, supervisor, focus youth, therapist, family therapist, previous foster mother, group home staff member, AAG, GAL, school guidance counselor

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an 18-year old African-American female who is currently in the custody of CFSA along with her younger sister and brother. The family first became known to the agency in 2001 after the children were removed for neglect due to the mother and stepfather's excessive drinking and drug abuse. The two younger children returned home with protective supervision after several months in care, while the focus youth remained in CFSA custody. In 2003, the focus youth's siblings were removed again due to neglect for continued substance abuse by the parents. Reunification with the mother was abandoned due to her ongoing substance abuse. The focus youth was recently placed in a group home in Maryland after approximately twenty-two different placements. Her current permanency goal is APPLA. Her 16-year old brother and 12-year old sister have been residing in the same therapeutic foster home in Maryland for the past few years and have a goal of adoption. The focus youth also has an older sister in her mid-twenties who has had no involvement with CFSA as a youth.

The focus youth and her older sister and brother share the same father who passed away earlier this year in May. The focus youth's stepfather, the father of her younger sister, passed away in the summer of 2006. It is reported that the focus youth was close to her biological father and had maintained steady and consistent contact with him before his death. The focus youth is very close with all of her siblings and maintains contact with her mother. She participates in bi-weekly family therapy sessions with her younger siblings for a little over a year and has individual therapeutic sessions weekly.

The focus youth is also involved in a relationship with a gentleman twenty years her senior. It is suspected that he is the son of one of the focus youth's previous foster parents. She is reported to have been in this relationship for the past two years. Team members know little information regarding this man and the focus youth has not shared much information about him.

Youth's Current Status

The focus youth appears to be safe in her current placement and at school. There are no risk or safety factors present. She resides in a group home in Maryland. She was placed there three weeks prior to the review. It was observed that she has developed a good, respectful relationship with group home staff members. She was reported to be adhering to the rules and regulations of the program with no behavioral problems noted. The youth's previous foster mother was

interviewed for this review and reported that the focus youth had been placed in her home for about two months and was doing well in her home until her boyfriend started to put pressure on her regarding the foster mother's planned move to the Baltimore area. It was reported that the focus youth was aware of the move when she first entered this placement and was looking forward to it. As the time came closer for the foster mother and focus youth to move, her boyfriend encouraged her to abscond from the home and exhibit defiant behavior in protest of the move. The focus youth then requested to be transferred from the foster home.

The focus youth had withdrawn from school in November 2006 and had wanted to seek employment and pursue her GED. She recently abandoned these plans and re-enrolled in high school. The focus youth is in the 12th grade and is doing extremely well academically and behaviorally. She averages A's and B's in all of her classes. She was receiving tutoring services over the summer to assist with GED prep. The tutoring is now focused on study and test taking skills and time management. She is not receiving any special education services.

At this time the focus youth is receiving individual and family therapy. Her individual sessions have been reinstated after a lapse of a few months, shortly after the death of her father. Since August 2007, the youth has participated in individual sessions fully. Although there was a lapse in her sessions, the focus youth continued to participate in family therapy, even during periods of abscondance. The focus youth has only superficial peer relationships and prefers interactions with her boyfriend and older adults. The focus youth presents as mature for her age and appears to be isolated form peers due to her older boyfriend's controlling behavior. There have been reports of physical and verbal abuse in the past in this relationship; however, the focus youth will not admit to such.

The focus youth is court-ordered to submit to weekly drug testing. She has been compliant with this testing for the past three months. Test results are positive for marijuana use each time. The focus youth admits to smoking marijuana occasionally and refuses to stop or participate in any drug treatment.

The focus youth is healthy; her physical exam, her dental and vision check-ups are all up to date. There are no apparent conditions requiring medical treatment or monitoring. She is not currently on birth control but is said to practice safe sex. The focus youth has expressed that she is not ready to have children and is being responsible when it comes to sex. She possesses some basic life skills; however, she is in need of increased guidance on budgeting, spending and household management. Given her age and permanency goal, she needs support in making sound decisions, critical and analytical thinking and responsible behavior. The focus youth often chooses to run away from a situation than to deal with it head on and learn from the experience. For example, she absconds, disrupts the placement or requests a placement change when in conflict with her foster parent.

Overall, the focus youth is currently doing well and appears to be focused on doing well in school. She plans to complete high school, get a full time job while attending college part time and be placed in an independent living program where she can have her own apartment. The youth has been described as very mature, respectful and a strong advocate for herself. However,

much concern lies with her current relationship and the effect that her boyfriend has on her decision-making.

Parent/Caregiver's Status
The focus youth has been in her current placement only a short while. However, it appears that the structured environment provided by the group home is beneficial to the youth. This is her first group home placement. The youth appears to be transitioning well to the program and is currently on 30-day probation as a new resident. Her curfew, freedoms (weekend passes) and supportive services must be identified by the social worker and will be discussed at the focus youth's 30-day service planning meeting at the group home. According to the staff, the focus youth gets along well with the other residents and staff and often acts as an "honorary staff member" keeping the other residents in line around their chores, and the group home's rules and regulations.

Factors Contributing to Favorable Status
The focus youth is intelligent and is doing well academically and is exhibiting no acting out behavior at home or school. She is capable of receiving above average grades and is on the right path. She is actively participating in individual and family therapy and is making steady improvements. She presents as very mature for her age and is able to communicate with adults and advocate for herself. The focus youth is very connected to her family and maintains contact with her ailing mother and her siblings. She has stated that she is making a conscious effort to serve as a positive role model for her younger siblings. She also appears to be transitioning well into the group home setting and has gotten acclimated to the structured environment. The focus youth appears to be motivated to work at achieving her goal of independent living and willing to do what is necessary, for instance, complying with therapy, doing well in school and looking for part-time employment.

Factors Contributing to Unfavorable Status
The focus youth's boyfriend has been said to sabotage her efforts to do well in the past and is at the root of her past placement disruptions. He appears to be isolating her through his controlling behaviors. The focus youth has no substantive peer relationships and does not participate in age appropriate activities, such as going to the movies or participating in any school related activities or clubs. The focus youth continues to test positive for marijuana and is refusing treatment or acknowledging that it is a problem. The youth has a history of absconding and numerous placement changes.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
Team members on this case have a great understanding of the focus youth's history and on-target assessments of her current service needs. They are concerned with the marijuana use as well as the influence the boyfriend has on the focus youth. Although only part of the case for four months, the social worker has been able to develop a good working relationship with the focus youth. The social worker is competent and consistent. The focus youth has had the same family therapist for awhile who knows her very well and has been able to make headway to achieving treatment goals. The GAL and AAG have also been on the case for a number of years, allowing

for some continuity. All team members are in agreement that the current placement is an optimal setting for the focus youth given her placement history. The social worker communicates with all team members on a regular basis and has been identified as the team leader. Overall, services for the youth are appropriate and at this time are going well.

All team members feel that they are able for the most part to address issues that may arise prior to going to court. Parties also feel that they are being represented appropriately.

What's Not Working Now and Why

Although the social worker communicates with all team members, communication should be improved as it pertains to treatment goals and service plan activities. For example, not all group home staff were not aware that the focus youth is submitting to weekly drug testing and is testing positive for marijuana. There are no measurable goals identified with realistic timeframes that all team members are aware of and can work from.

The judge on the case is very involved in the case management, requesting that all planned placement changes be approved first. Although this level of insight into the case can be positive, it can also prove to be unfavorable as the team may have less autonomy in making case decisions.

Overall, the system is performing well and can benefit the focus youth by strengthening team efforts to address the challenges and barriers in the case.

Six-Month Forecast/Stability of Findings

The youth has had three placement changes in the past four months, her newest was only into three weeks at the time of the review. The focus youth's status is likely to remain status quo as the youth gets settled into her new placement setting and continues her work toward her permanency goal of independent living.

Practical Steps to Sustain Success and Overcome Current Problems

1. Convene a team meeting to discuss permanency planning and solidify next steps for achieving the permanency goal with a timeline. Outline expectations for the focus youth and clearly define tasks for her to hold her accountable for her progress. For example, stipulating a number of negative drug tests before consideration of an ILP placement.
2. Increase communication with team members including discussions of strategies for overcoming challenges and barriers, mainly the focus youth's boyfriend and the marijuana use.
3. Work with the youth on completing an Individual Transition to Independent Living Plan (ITLP) highlighting the skills that she must acquire to live successfully on her own.
4. Check with her school on programs and activities available to the focus youth to encourage peer interaction.

Quality Service Review
Written Case Summary

Case #50
Review Date: October 15-16, 2007
Child's Placement: Maternal uncle

Persons interviewed (9): social worker, supervisor, assistant attorney general, family social worker (social worker for the oldest child), maternal great-uncle (caregiver), child, former foster parent, school social worker, and biological father.

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus child is a four-year old African American male in kindergarten. He has been living with his maternal great-uncle since August 2006. His older brother had been living in the uncle's home but was placed in a therapeutic foster home in early 2007, due to disruptive behaviors. The child and his older brother came into care most in January 2005. A report was received outside of the DC area and while trying to conduct a safety assessment, the agency discovered that the family was actually living in the District. The mother and children were located and removed from their mother's care due to insufficient housing, neglect, and substance abuse by the mother. The mother is 31 years old and has mental health issues, a history of substance abuse, domestic violence, and homelessness. She gave birth last year to a baby girl who is now 15 months old and remains in her care.

There have been at least two past referrals due to educational neglect, substance abuse, insufficient housing, and the death of an infant who was found to have 22 healed fractures and a head injury. The mother is currently involved with criminal proceedings for the death of that child. The focus child has supervised visits with the biological mother and his brother every-other week. The biological mother has limited contact with the children and is inconsistent with participation in visitation. At the time of this review, she had not been to a visit in the past month. The family social worker reports that she mostly has contact with the mother during court proceedings and has not been able to make contact with the mother since the last court hearing approximately four weeks ago. The social worker for the focus child has not had any contact with biological mother.

The permanency goal is adoption by the uncle, as the mother has not been in compliance with the service plan. The service plan addresses basic medical and educational needs for the child and for him to maintain emotional self control, build relationship with positive role model, have appropriate interaction with adults and peers, maintain health, and complete the school year. The service plan for the mother is to have safe and affordable housing and to remain free of substances.

Child's Current Status
The focus child is friendly, happy, typical 5-year old boy who likes cars and trucks, and drawing. He is placed in his uncle's home, and his uncle has petitioned for adoption. The child safe, and the uncle is exceptional at providing basic needs and medical care for him. There are no concerns regarding the focus child's physical health and well-being and emotional well-being at home. According to the uncle, the child does not exhibit concerning behaviors at home. There are some reviewer concerns of stability in the uncle's home due to his ongoing medical and health issues. The uncle is currently on a waitlist for a kidney transplant, attends kidney dialysis several times a week, recently had surgery, and is not forthcoming with team members regarding the his health status.

The child is attending kindergarten at a charter school located across the street from his uncle's home. School personnel and other team members report that he is beginning to display disruptive, inattentive, and negative-attention seeking behaviors at school. The school social worker informed reviewers that the child is out of his seat, in the hallway, or crying most of the school day. School personnel have noticed challenges and delays with gross and fine motor skills and report that he has not completed enough class work to provide a grade for the first quarter of the school. School personnel are working with the uncle in determining if he should return to pre-kindergarten to further develop some basic skills.

Permanency has been established and adoption proceedings filed in court. It is reported that the biological mother is asking the court to further explore the uncle's medical status and ability to adequately care for the focus child. Confirming the uncle's medical status is the only reported barrier to permanency/adoption. The child and his uncle are currently linked with a social worker. They have previously received intensive in-home therapy and supports, which yielded positive results and were subsequently discontinued.

Caregiver's Status
The uncle is physically and emotionally supportive of the child. He is reported to be highly engaged with school staff, supportive of the child educationally, and he ensures that the child is ready and prepared for school, on time, each day. The uncle has also provided support to the child in the classroom by assisting with transitions and addressing disruptive behaviors. The uncle is somewhat participating in aspects of planning and assessment, with somewhat strained interactions with the family and child social workers. There is marginal progress towards safe case closure, as there have been challenges in confirming that the uncle is the best placement for the child, long-term.

It was reported by some team members that the uncle has a past or current mental health diagnosis of Schizoaffective disorder. The uncle reported that he has accessed mental health services in the past for assistance with budgeting, medication management, and some symptoms he described as depression. He intermittently sees a therapist for support and has been with the same therapist for the past 16 years.

The uncle has indicated to team members that he will need income supports with the focus child and that he found the in-home supports and therapy to be very helpful in assisting him with parenting.

Factors Contributing to Favorable Status
The uncle is providing a family setting for the child, and the child is enrolled in a school setting that is a good fit for his needs. The uncle works and communicates well with school personnel. He is skilled at accessing community resources and public transportation. He is committed to the focus child and to maintaining a relationship with the child's older sibling.

Factors Contributing to Unfavorable Status
The uncle has not been engaged in most aspects of case practice. At times the uncle is combative and explodes into verbal tirades over seemingly minor issues such as the child not having a toothbrush or enough socks. He also displays this behavior over larger issues such as miscommunications and missed visitations. In the past month the uncle went for surgery and the child was placed with the previous foster parent for respite. The uncle called the foster parent daily, confronting her about adequate care for the child. During respite, the uncle picked up the child from the school and took him to the agency's office, without informing the foster parent or social worker. He then took the child home, two weeks earlier than scheduled, following a loud, angry, verbal exchange with the foster parent and social worker. Team members have expressed difficulty in working with the uncle.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working
Despite past combative interactions with the social worker, the uncle reports that he is able to work with her. He also reports that he is more satisfied than dissatisfied with services and supports. The social worker is working diligently to facilitate visitation between the child and his sibling. She also is familiar with the focus child and who he is as a person.

What's Not Working and Why
The absence of a functioning team and the lack of thorough understanding of the uncle and focus child are the practice principles that are most impacting the child and his permanency. The child has all of the appropriate people working with him, although they do not form a team. Each person is working separately from each other and in many cases are not communicating or have not met each other. The uncle is not included as a team member, and the social worker and school personnel have not had any contact with each other. The social worker is the case worker for the focus child but not for the family, as the older sibling is placed in a therapeutic foster home and has a family social worker at a different agency. This has allowed for fragmentation, role confusion, and lack of empowerment for the focus child's social worker. There is a loose team of people working somewhat in parallel with each other, and communication does not occur between most members. Thus, there is a shallow of surface understanding of the child and his uncle. Each team member knows some things about the uncle and child, including strengths, preferences, challenges, history, needs, and what approaches work or don't work. None of the team members has a comprehensive understanding of the uncle's medical status, long-term prospects, supports, or capabilities. Likewise, understanding of the child's developmental status and needs is under-powered and shallow, or it is not being shared among team members. Additionally, there is reportedly a home study report that included a recommendation from the uncle's psychologist that he not be considered as a placement for the child. This should be

further explored, verified, and updated to facilitate a thorough understanding regarding the viability of the uncle as a permanent home for the child.

Case planning, implementation of supports, and safe case closure were all negatively impacted by the lack of teaming and understanding. The case plan reflects the minimal tasks to be completed, rather than identifying and describing what is needed to achieve permanency for the child and prevent re-entry into the foster care system.

6-Month Prognosis

The 6-month prognosis for the child is decline. If services, supports, and team functioning remain as they are presently, it is likely that the child's behaviors will become increasingly more disruptive in the classroom and possibly in the home. Additionally, without full understanding of the uncle's medical status and needs, it may be difficult to achieve a permanent placement for the child with the uncle.

Practical Steps to Sustain Success

1. The social worker should become the point-person for the child and begin pulling together the team members, especially school staff, to facilitate these members functioning as a team.
2. Obtain a comprehensive evaluation of the uncle's medical issues and the impact his physical health has on mental, physical, emotional, and parental functioning.
3. There should be a realistic, comprehensive assessment of the appropriateness of long-term, adoptive placement with the uncle. There is a feeling of uncertainty as to the appropriateness and viability of the uncle as the adoptive home, although it appears that this could be clarified and rectified with strong engagement of and partnering with the uncle. Engagement of the uncle may then facilitate the gathering of information from him regarding his medical status, which then will assist team members in determining needs and appropriateness of placement. A comprehensive assessment will assist the team in making recommendations to the court on this matter.
4. The social worker should educate herself on various mental health diagnosis, including schizoaffective disorder, and effective techniques for communicating with persons with mental health issues or impacted by mental illness. This may facilitate the full engagement of the uncle in the assessment process.
5. The team is encouraged to develop with the uncle a "plan B" or contingency plan of care for the focus child if he were to become suddenly ill, become too ill to care for the child or pass away. The uncle stated that he has an extensive support network to help him care for the child. This should be explored with him when developing a contingency plan of care.

Quality Service Review
Written Case Summary

Case #51
Date of Review: October 24-25, 2007
Youth's Placement: Therapeutic Foster Home

Persons interviewed (5): Social worker, social work supervisor, foster parent, GAL, AAG. It should be noted that there was no contact with the focus youth and the foster home was not seen.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about Youth and Family

The focus youth is a 17-year old, African-American female, who currently resides in a therapeutic foster home. This youth has been in foster care since the age of two, when her mother left her with an unwilling caregiver. The youth's mother has a long history of substance abuse and was found to be unable to provide a stable, nurturing home for her. The mother is sporadically involved with this young lady but is frequently transient and difficult to locate. The youth is reportedly one of seven children, although there is confusion in the case record as to exactly how many siblings she has. Little is known about the youth's father, although the record indicates that he may be Jamaican, and may have been deported several years ago. The youth has had many placements throughout her life. At age two, she was placed in the home of a family friend, who became licensed as a foster parent, and moved several times during her childhood and adolescence, each of them disrupting due to problems with the caregivers (caregiver death, substance abuse, unwilling to continue care). In recent years, frequent abscondance from foster homes has been an area of concern, and has led to risky behavior (substance use and unsafe sex) and placement disruptions. The youth's permanency goal is Alternative Planned Permanent Living Arrangement (APPLA), and she is working toward independence. Currently, the youth is receiving in-home counseling and gets practical life skills development at the Center for Keys for Life.

Youth's Current Status

There are no safety issues for the youth at her current placement. The youth is currently residing in a therapeutic foster home where she has been since March, 2007, following a psychiatric hospitalization for suicidal threats. All team members reported that she is doing very well. The current foster parent is a single female, and team members stated that they thought it beneficial that the focus youth was the only child placed in the home, allowing the foster mother's attention to be focused on her. The foster mother reports that she has seen no behavior that would indicate depression or suicidal intentions, and describes the youth as a "happy" and "intelligent" young woman with whom she has grown to have a "close relationship." She also reported that she has seen none of the disrespectful behavior toward her that the youth has exhibited with other caregivers in the past, and the youth has not absconded once during the six months she has lived in the home.

The youth's psychiatrist has discontinued the anti-depressant medication that was prescribed after her hospitalization, and she is currently taking no medication.

The youth is in her senior year of high school and it is reported that she attends regularly. It was reported that she achieves very good grades; mostly A's and B's. She is on track to graduate in 2008, and is considering going to college to become a physical therapist.

Caregiver's Current Status
The foster mother is not receiving any formal support services other than payment for the youth's care, although she did report that she sometimes participates in the in-home therapy with the youth. The foster mother attends all court hearings and understands the youth's permanency goal of APPLA.

Factors Contributing to Favorable Status
Clearly, the team views the current foster parent as a very strong support for the youth, and a key factor in the youth remaining in the home for six months. The team reports that the youth has a very strong, trusting bond with the caregiver, and refers to her as her "mother." Team members stated that the caregiver is a "good match" for a youth who has had difficulty maintaining in placements, possibly due to the fact that the caregiver is a former foster child herself. There has been considerable, measurable improvement in the youth's behavior. She is learning and using anger management techniques and making better decisions.

This youth is demonstrating surprising resilience for a child who has been in foster care for such a long time. Despite many placement changes, multiple abscondences, a hospitalization, and risky behaviors, this youth has done an incredible job maintaining above-average grades in school and maintaining involvement in school activities. She is active on the school track and step dance teams.

Factors Contributing to Unfavorable Status
The team reported that although the youth has made great improvement in the last six months, none of them are comfortable with her level of functioning as an independent adult.

Although all reports are that this youth is doing very well in her current foster home and has achieved a level of stability, there is no planning for the possibility that problems may arise, which may lead to placement disruption and further instability for this youth. The case record reflected that the youth is very capable of maintaining in placements for long periods, only to eventually disrupt. One example of this is a pre-adoptive placement with the same agency in which the child also had a very close, loving relationship with the foster mother, stayed for over two years, and had long stretches of very positive reports from the social worker. This placement disrupted due to escalating behavioral problems with the youth. There seem to be no back-up plans for this youth should the current situation deteriorate, as has happened in the past. The system seems to be relying heavily on this particular situation to maintain and continue, despite a history which indicates that this youth may have periods of behavioral instability.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There is a core team of people working to provide stability and services for this youth. The team shares an understanding of the permanency goal of APPLA and is working to ready the youth for

adult living. The youth seems to have found some stability in her current foster home, and the team reports that the good relationship she has with her foster mother is a key element in her maintaining in the home for many months. The foster mother reports that the youth is open and honest with her and respects the rules that have been put in place in the home. The foster mother is committed to providing care for this youth at least until she ages out of foster care at age 21. The school is providing positive activities and socialization. The youth is doing very well in school and is on target to graduate in 2008. The youth is regularly attending the Center for Keys for Life (CKL) and is on the CKL educational track, considering a college physical therapist program. The youth is actively participating in in-home counseling, and the foster mother reported that she has seen specific behavioral changes since the youth came into the home. The youth is better able to control her angry outbursts, and will remove herself from potentially volatile situations, allowing herself to "cool off," before returning and calmly discussing problems or disagreements.

What's Not Working Now and Why

Although this youth has many relatives in the area, including siblings, she has very little contact with them, and connections to family are not being actively pursued by the system. There was no indication by the case record review or interviews with team members that there had been any regularly scheduled visitation with any family members since this child came into care at age two. The case record reflected interviews and psychological evaluations in which the youth made statements in which she seemed very focused on finding and maintaining contact with her family, although the system was not pursing strengthening family connections although team members did not know if the youth wanted more contact with her family.

The social worker is "in the process" of approving the youth's maternal grandmother's home for overnight visitation, although other team members stated that she is already having some visits at that home. There is one sibling at the grandmother's home, a younger sister, but there has not been any regular, scheduled visitation with that sibling. The youth also has an older sister, who "does her hair" on occasion, but no other visitation information was known. No other contact information was known for other siblings.

In addition, the foster mother reported that the youth was occasionally meeting with a man that she has identified as her father, but who is actually the father of a sibling. No other team members were aware of the youth having this father figure. Also, there seemed to be no follow-up on finding the whereabouts of her birth father, or his family, who could be residing locally.

While there are appropriate team members in place to provide services to this youth, there are breakdowns in communication which have led to team members being misinformed or lacking important information. For example, only the foster mother knew that that the youth had been taken off the anti-depressant medication she was prescribed during her hospitalization earlier this year. Another example is that although team members were aware of the in-home counseling, there was almost no knowledge of what issues the counselor was working on with the youth, other than anger management. This is particularly alarming due to the fact that the youth had been hospitalized for suicidal threats only six months ago. There seems to be little monitoring of the youth's mental health status through regular contact with the therapist, or contact with the psychiatrist prescribing and discontinuing medication. In fact, during interviews with the social

worker and supervisor, there was no mention of the recent hospitalization at all and no mention of concerns regarding the youth's mental health status. Evaluation of the youth's current functioning seemed to be based only on the lack of absconding and generally pleasant behavior of the youth since being placed in her current home.

Six Month Forecast/Stability of Findings

It is expected that this youth's case will remain status quo for the next six months. Preemptive planning and communication between team members will factor into the direction this youth's future will take if problems with this placement arise.

Practical Steps to Sustain Success and Overcome Current Problems

1. The youth should be interviewed in-depth to determine her family composition and her level of desire to see her family members in order to facilitate regular visitation and strengthen family connections. Developing a genogram to keep in the case file and periodically update would be helpful.
2. Team should meet to discuss specific therapeutic goals and develop plans for maintaining her placement and meeting her mental health needs.

Quality Service Review
Written Case Summary

Case #52
Review Dates: October 24-25, 2007
Youth's Placement: Pre-adoptive Home

Persons Interviewed (8): Focus child, foster mother, paternal grandmother, GAL, case manager, supervisor, mentor, AAG

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is an eight-year old, African-American male. It is reported that the child and his seven siblings became known to the Child and Family Services Agency (CFSA) in June 2003, after a hotline call reported a serious 'accidental' injury (skull fracture) of a 4-month-old sibling. Further investigation led to the removal and placement in foster care for the focus youth and his siblings. The removals were based on adverse safety risks, instability in the home, the birth mother's lack of employment/income, and her continued drug use.

The focus child and his siblings were initially placed with the paternal grandmother, who was petitioning for guardianship. Reportedly, she moved out of the District of Columbia to Virginia, which made it difficult for the state agency to monitor the home. In addition, the grandmother failed to comply with the requirements for training and guardianship. The children were subsequently removed and returned to a foster home in the local community. The focus child's permanency goal is Adoption, and the child is currently placed in a pre-adoptive home with one of his siblings. The child does not maintain regular contact with his biological parents. His brother, also placed with him, occasionally phones the paternal grandmother, and the focus child speaks with her. The birth father is sometimes on the telephone call as well. The focus child does not have communication or visits with his other siblings who are also in out-of-home care.

Child's Current Status

The focus child, seen in the foster home, appeared his stated age and was somewhat shy and withdrawn at our initial meeting, but soon warmed up and was verbal easily engaged. He is in a safe home, community, and school. He has been in this pre-adoptive home for ten months. This is the fifth placement and third school since coming to the private agency in August of 2006. There has been documented progress over the past months in the child's academics, emotional and behavioral development, and his medical and dental care. He is current on all examinations.

At the onset of the placement, he was prone to bouts of tearfulness, for no apparent reason, according to the foster mother and in-home therapist. This is no longer evident. He continues to have periodic episodes of enuresis, and the foster parent and therapists are working with him around this. He has a speech impediment and is getting speech and language services at school. The child is diagnosed with Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, and Expressive Language Disorder. He is currently taking Risperdal, .05 g, twice daily.

The child is in the second grade and no difficulties are reported at school. He reportedly gets along well with peers in school. The child is very active in community sports. He wants to be a basketball, football, and soccer coach when he grows up. The child has a community recreation center membership card for his neighborhood center and enjoys spending time playing with peers there. The focus child currently has an in-home therapist, who visits weekly. He also has a mentor and tutor.

Parent Status

The biological parents have reportedly not been involved with this case, and a petition has been filed for Termination of Parental Rights (TPR). The child's paternal grandmother, who was interviewed, says she only recently discovered that he was her grandson. She and the father are now interested in asking the court for custody of the child and his brother. After the father received the court request for TPR, both he and his mother showed for the most recent court hearing, which was postponed. The father has, according to his mother, "moved into a large enough house to care for his children and has maintained stable employment." The grandmother says neither she nor her son has been given ample opportunity to care for the child and his brother. She says she does not believe anyone cares that they are available. The agency was not aware of the paternal relatives' interest.

Caregiver Status

The pre-adoptive parent is a single parent, who has two biological sons in the home. She has a fiancé who visits the home regularly and seems to have a good relationship with the focus child. She appears to be providing appropriate care that is warm, nurturing, and supportive. The foster mother reports she takes 30 minutes daily to focus solely on her relationship with the identified child, talking with him about his day and any concerns he has. She closely monitors and supports his academic development, health care, recreational activities, and the progress he is making. She has a binder with copies of all related reports, prescriptions, and other information on the child. She appears very well-organized in terms of information and understanding of this child and his needs. The foster parent takes the child to all scheduled appointments. She and her biological family participate in family therapy sessions with the child when requested by the therapist.

The foster mother maintains an open and cooperative relationship with the other team members working on behalf of the child, including the case worker. She expresses excitement and delight about adopting the child and his brother, saying, "I have always wanted a sibling group of boys." The foster parent and biological family do not have an ongoing relationship.

Factors Contributing to Favorable Status

The child is very engaged and accepting of the services offered to him (counseling, tutoring, mentoring, and medication management). The youngster appears eager and willing to learn new things, expresses his feelings and has adjusted well to the current foster home. Another favorable contributing factor is that he is placed with one of his sibling. The foster mother is very in tuned to this child's needs. She is an active participant in the care process and in fact, seems to be driving the coordination of services. The foster parent is a strong advocate for this youngster.

There are good natural and informal supports surrounding this child and family. The therapy and other comprehensive services in this case are well planned and beneficial to this youngster and foster family. The child is aware of his goal of adoption and is excited to be with this pre-adoptive family.

Factors Contributing to Unfavorable Status
There is some uncertainty about how the biological family may interface with this case. The foster mother saw the father and paternal grandmother in court and suspects that some controversy may arise regarding disposition of the Termination of Parental Rights.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
It appears that most people involved with this case are the right people and have an understanding of what is needed to achieve safe case closure. An adoption social worker has been added to the case. Communication appears generally good between team members, although it usually takes place prior to court or as special circumstance arise; they do not meet as a team. The GAL has been involved with this case since the child's coming to the agency and seems to be quite clear about the issues regarding when and why the plan changed from reunification to adoption; as well as, the current stability of the child in the pre-adoptive home.

The identified child is receiving multiple services that appear well suited for him to be success and for safe and effective case closure. The contracted therapist seems to be doing an extraordinary job with this child and family.

What's Not Working Now and Why
There are no formal team meetings that occur with the pre-adoptive parent involved, although she seems to be driving the care of the case. Not all parties are aware of the biological family's involvement. This could delay safe and timely case closure. There has not been full exploration of the child's communication with his siblings. This may lead to unresolved feelings on his part about his biological family. The lack of educational records impacts his getting needed services.

Six Month Forecast/Stability of Findings:
Based on review findings, over the next six months the child's situation is likely to improve.

Practical Steps to Sustain Success and overcome Current Problems
1. Schedule a collaborative/planning meeting to include all team members, including the adoption social worker;
2. Review and update case plan;
3. Follow-up with accomplishing identified testing and screening (IEP results pending, dental screening and impact on speech) and discuss findings with team members;
4. Follow-up with status of biological family; not all parties seem to be aware of biological family's feelings and potential plans;
5. Assess potential for visits between the focus child and siblings.

Quality Service Review
Written Case Summary

Case #53
Review Dates: October 17-18, 2007
Youth's Placement: Therapeutic Foster Home

Persons Interviewed (7): Social worker, supervisor, focus youth, maternal grandmother, foster mother, mentor, GAL

YOUTH & PARENT STATUS SUMMARY

Facts About the Focus Youth and Family
The focus youth is a 20-year old African-American male who is currently placed in a therapeutic foster home in Baltimore County MD. The focus youth is the last born of his mother's four children. The family first became known to the agency in 1998 after the children were found to be neglected due to the mother's and her paramour's excessive drug abuse. The focus youth's sister, then age 17, went to live with a family friend, his brother, then age 16, was in a juvenile detention center, his other brother, then age 14, was committed to CFSA. The focus youth went to live with his maternal grandmother. Approximately one year later the focus youth's maternal grandmother requested that he be placed by CFSA due to his increased aggression and being unmanageable. The focus youth had three psychiatric hospitalizations while in care and has had two residential treatment program placements. Reunification with the mother was abandoned due to her ongoing substance abuse and inability to remain involved in the case planning on a consistent basis. The focus youth's current permanency goal is APPLA.

The father of all of the children is deceased and passed away prior to CFSA involvement. The focus youth maintains contact with paternal relatives in the District, including an aunt and three half-siblings. The focus youth's older sister is currently living in New York, one brother is in the military and the other resides in the District. The focus youth maintains regular and consistent face to face and telephone contact with them all. He and his maternal grandmother have had a strained relationship since he was placed, he has sporadic telephone contact with her.

The focus youth has a felony criminal history. He has been arrested approximately three times, the most recent in Maryland while in another foster home. Amongst his charges are larceny, gun and drug (marijuana) possession. After his most recent arrest this past January, he was placed in jail until late July for violating his probation for previous charges. He is currently on probation for three years and will serve all the time for his crimes if he violates his probation. He currently meets with his probation officer quarterly.

The focus youth only recently began receiving weekly mentoring services. He has refused all mental health services in the past and last received medication and therapeutic services in the summer of 2006. He has had varying diagnoses, the last being major depressive disorder.

Youth's Current Status
The focus youth has optimal safety in his current placement. There are no risk or safety factors present. He has been in this placement since late July of this year after his release from jail. This placement is a stable one, although the focus youth has a history of multiple placements and incarcerations. Since this last release, the focus youth has stayed out of trouble with the law and complies with his probationary mandates. According to those interviewed, he has become a lot more focused and determined. He is an active member in the foster mother's church, belonging to the youth group and singing on the choir.

The focus youth is currently seeking full time employment. He graduated from the educational program of his last residential placement in 2005 and has a certificate of completion for his high school courses. Due to his criminal history, he is having much difficulty in securing employment. The social worker has referred him to a program to help ex-offenders find employment. He is also working closely with his mentor to apply and get accepted into college in January 2008. He has asked his social worker and the judge to assign a tutor to work with him on studying for the SAT exam this December.

The youth has been exhibiting responsible behavior and decision-making. He is not socializing with his old friends who are associated with his criminal history. He reported that he is not sexually active now. He stated that he does not have time for a girlfriend and wants to remain focused on his future plans and does not want to complicate things by being involved in a relationship. He completes his chores and keeps his room neat and clean. He can do his own laundry and prepare small meals. The foster mother reported that he is the first in the home to offer help around the house and garden. The focus youth, however, still needs guidance and assistance around money management, spending, budgeting and maintaining a household.

The focus youth has not been on any medication or participated in therapy for approximately one year. Since his release from jail he has not exhibited any maladaptive behaviors. According to those interviewed, he is not exhibiting any symptoms that warrant concern for his mental health. The social worker, however, has offered to refer the focus youth to a mental health program to get him connected for when he is discharged from foster care so he will have a support if needed. The focus youth agreed to follow-up on the referral and participate in services if needed.

The focus youth is healthy and has no apparent conditions requiring medical treatment or monitoring. He is due for his annual physical exam, and is up to date on his dental and vision check-ups. Overall, the focus youth is currently functioning well, given his mental health history. He is making positive changes in his life in an attempt to build a strong foundation before he is discharged from care on his 21st birthday in early 2008. However, there are a number of obstacles he is facing, such as not having a solid housing plan. His older sister has offered for him to come live with her in New York if he there is no other options for him; however, his preference is stay in the D.C. metro area.

Parent/Caregiver's Status
The focus youth has been in his current placement for approximately twelve weeks and has had significant improvements in his behavior and lifestyle, which many attribute to his foster mother. She is able to provide him with a family setting and a structured environment with a good

balance of autonomous decision-making. She is very supportive and motivates him to continue his employment search efforts despite the setbacks. She communicates often with the social worker and the new mentor to ensure that she is on the same page with the focus youth's plans and can reinforce them at home. She has coached him on his presentation and interviewing techniques.

The foster mother is very caring and balances this out with effective modeling of responsible behaviors. Although they have a very open and comfortable relationship, the focus youth does not talk much about his feelings with the foster mother. She is able to give him the attention that he needs to get himself ready for discharge.

Factors Contributing to Favorable Status
The focus youth is motivated and focused on doing well at this time. He is very organized and is ready to listen and accept help in preparing himself for independence. He has not gotten into any trouble with the law and complies with his probation. He finds support in his church and is an active member of the youth group and choir. He is working well with his mentor who is helping him be more of an advocate for himself and stay on the right path. He is willing to follow up with a mental health referral and understands how it can be a positive support for him later. He is a respectful, well groomed, articulate and even-tempered young man. He maintains contact with his siblings and has a good relationship with all of them. His foster parent is very supportive and capable of helping him get ready for independence. She is an accountant by profession and is assisting him with acquiring money management skills.

Factors Contributing to Unfavorable Status
The focus youth has no concrete housing or employment/educational plan. There are only a few short months before he ages out of the system, and not many options have been identified. Although the focus youth has a good relationship with his siblings, outside of his sister in New York, there are no other family members that can be a resource to him with housing or financial assistance. It may take more time than he has in care to get himself situated to live independently. A referral was made for the youth to the Center of Keys for Life (CKL) and to the Youth Aftercare Project with a local collaborative agency; however, the youth resides in Baltimore, making it challenging for him to travel to the District to participate in these services. There was also some concern that the focus youth may not be ready for collegiate studies given his IQ and past history. However, there have been no discussions with the mentor and foster parent around the youth's capabilities and the best plan of action given the short time frame to work with this youth.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
Although the social worker has had the case for only three months, he has built a good rapport with the focus youth. He offered much advocacy and support while the focus youth was incarcerated and worked very closely with his lawyer to push for probation versus serving his prison sentence. He has gotten the focus youth to agree to a mental health service referral and referred him to a collaborative for supportive services. The social worker has also reached out the focus youth's maternal grandmother and explored her as a resource. He has also linked the

focus youth to another staff member in the transitional program at the agency to assist the youth with getting ready for independence.

What's Not Working Now and Why

There is no communication between team members. The GAL has not spoken with the social worker or the focus youth within the past 90 days. The social worker has not been in contact with the AAG since being assigned to the case. A new judge was assigned to the case earlier this year and has never met the focus youth (due to the focus youth being incarcerated and other appointments). There have been approximately three court hearings for the calendar year thus far. Strong advocacy is needed for this youth to ensure that the court is responding in his best interest.

None of the system team members are talking to the probation officer or the mentor. It is imperative to bring the probation officer onto the team as she may be able to provide resources for the youth around housing and employment since she specializes in working with ex-offenders. It is necessary to have the mentor on the team and part of the case planning to ensure that all efforts to working with this youth are coordinated and move him towards permanence.

The team members are not very knowledgeable about all the services available to this youth. There have been no housing programs identified in the District or Maryland for the focus youth. Although the social worker has made a number of referrals during his short time on the case, there has not been much follow up. For example, the referral was made to the collaborative; however, the social worker has not followed up with identifying the specific barriers for the youth to access these services and possible strategies to overcome them. Although the focus youth is almost 21 and has to follow up with referrals on his own, more support is needed given the short time he will remain in care. There seems to be no sense of urgency among the team members in regards to the focus youth's impending homelessness in the next few months.

Overall the system performance must be improved, principally in the area of communication and discovery of resources for this focus youth.

Six-Month Forecast/Stability of Findings

Unless team members become committed to working together for the focus youth and work expeditiously, the focus youth's status is likely to decline. There needs to be very diligent efforts made as well as support for the focus youth to ensure that he is discharged from foster care with a solid housing plan and supportive services in place.

Practical Steps to Sustain Success and Overcome Current Problems

1. Convene a team meeting to discuss permanency planning and solidify next steps for achieving the permanency goal with a timeline.
2. Identify housing options (transitional living program, Rapid Housing Program, etc.) available to the focus youth.
3. Identify supportive programs and/or agencies that can work with ex-offender youth on job readiness and employment opportunities.

4. Follow up is also needed on all current referrals, CKL, collaborative agency, ex-offender program, tutor, mental health service, etc.

Quality Service Review
Written Case Summary

Case #54
Date of Review: October 15 & 16, 2007
Child's Placement: Therapeutic Foster Care Placement

Persons Interviewed during this Review (10): Focus child, foster mother, social worker, supervisor, adoption social worker, teacher, physical therapist, occupational therapist, AAG, GAL

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts About the Child and Family
The focus child is a 13-year old African-American male who has experienced one failed adoption, and whose current goal is adoption. He is a special needs child who functions at the border between severe and profound and moderate mental retardation. He takes Depakote and Trileptol to control seizures. He lives in a treatment foster home.

On the day we saw him, comfortable in familiar surroundings, he was pleasant and personable and showed no hesitation in attempting to interact with the reviewers through his learned repertoire of greetings, blowing kisses, answering a question by saying "yes" and telling us good-bye when prompted. He is a handsome child; there were no concerns about his grooming.

It was in late December of 2004 when he came back into care after his adoptive mother dropped him off at the CFSA office and then essentially disappeared. An investigation was substantiated on her for neglect of the child's overall health and because it was determined from the amount of his seizure activity that he had not been given his medication.

He was able to remain in the same school he had been attending, and within a few months of his placement he appeared settled into his foster home and his appearance, behavior and learning improved. His seizures diminished.

The focus child had a concurrent goal of Adoption while efforts were made to engage the adoptive mother for reunification. Termination of his adoptive mother's rights occurred in mid-2006. Adoption efforts have not been successful to date, and the foster mother has made it clear she is not interested in adopting the child but states she will keep him long term.

The child's foster family consists of the foster mother, her 18-year old son, 17-year old daughter, nine year-old son, a 15-year old foster boy (who joined the foster home after the child) and the child. They live in a split-level home with ample space. The lower level of the home is set up for the children with games and a large television. All of the male children sleep in the lower level while the foster mother has a bedroom on the upper level.

The school provides all the formal services for the child, including transporting him to and from school. The foster mother indicates she has the child involved in karate, swimming, roller

skating and church. Respite services are available, and the foster mother has used the service once since he came into her home at the end of 2004.

The focus child functions at the level of a 1½-3 year old child, making him almost totally dependent upon others for his care. The older male foster child in the home is both a victim and a perpetrator of sexual abuse. Further facts about his situation were unavailable to the reviewers. The new agency social worker asked the foster mother to move the child to a bedroom on the upper floor where she could better supervise him, both for his seizures and for his safety. Baby monitors and/or alarms were suggested. The foster mother doesn't see the need and hasn't complied.

While the foster mother was available for the QSR review, both of the current agency workers, the former agency worker, the CFSA worker and the GAL report the foster mother not making herself available for them to visit the foster children at the home. Most have resorted to dropping in unannounced or stopping by when they know the school bus is dropping off the child. When the foster mother was asked by the reviewers what the agency could do to better assist her, her reply was that they could stop calling and stopping by. The foster mother stated she had 29 years of experience fostering 108 children, and she would prefer to call if she needed assistance.

The reviewers and the agency worker have been told various things by the foster mother that cannot all be true. The reviewers were unable to determine a purpose or function to the different stories told to different people. For instance, the foster mother told the reviewers that her sports car had an electrical problem, wouldn't start and hadn't been driven for eight months; yet, the agency worker who assumed the case a month before the review saw the foster mother drive the car into the driveway when she was there to visit the focus child. The foster mother stated she was moving to a bigger home in December and her mother was going to move in with her. The case records indicate her mother is deceased. The agency worker and CFSA worker have been told by the foster mother that she is marrying an older man in her church and that is why she is moving to another home. Other statements made by the foster mother that are in conflict with the case record or information gathered in other interviews have been discussed with the agency worker and supervisor.

The purpose of the above outline was to highlight for readers of this report the difficulties encountered by the reviewers and agency worker when attempting to balance the excellent appearance and behavior of the focus child with the numerous indicators of possible danger in his living situation.

Child's Current Status

Due to uncertainty surrounding the child's safety from sexual abuse and a perceived lack of adult supervision, this child's status cannot be rated as safe. The child's educational program is excellent for his needs and the child enjoys substantial stability in the school placement. Physical health is good and the child appears happy and largely free of negative outbursts and behavior. The positive ratings cannot outweigh the indicators of possible abuse and the foster mother's refusal to follow agency guidelines for being a treatment foster parent.

Parent/Caregiver Status
Three years ago this foster mother provided excellent care to this child when he arrived at her home physically neglected. Her children appear to have accepted the child and recognize his limitations. They appear now to provide the majority of his supervision. The child appears satisfied being in the vicinity of the other children, if not always interacting with them. According to the foster mother, first her oldest son and now the nine year old, share a bedroom with the child in case he has a seizure. There is a third bed in the bedroom. The most likely scenario is the other foster child, the sexual perpetrator, sleeps in that bed. The oldest son sleeps on a pull-out couch in another room on the same level of the home.

Factors Contributing to Favorable Status
The child is dressed as well as the other children in the home; his behavior in familiar situations is good; he displays no unprovoked aggression; and his demeanor is described as generally pleasant – and quite persistent when he wants something. The child has learned to stay in a "timeout" described as sitting on his bed with the television off. He also knows a consequence of poor behavior is the withdrawal of treats. Some progress has been made in toilet training. He is physically healthy and receives regular medical care. The child has remained in the same school since before he reentered care in December of 2004.

Factors Contributing to Unfavorable Status
The child is unable to communicate more than basic needs such as hunger or wanting something. He is totally dependent upon his caregivers. The foster mother reports her two oldest children will be moving out on their own in January of 2008 when they enter college. If they leave, that creates a void in supervision of the child that would need to be filled. Available options are the foster mother, her nine-year old son and the other foster boy. The only way the child would communicate distress, unhappiness or abuse would be through his behavior.

His permanency plan goal is Adoption, and while he is adoptable, prospective adoptive parents will need to meet him in an environment where he is at ease and comfortable rather than interrupting his routine, sending him off with strangers or placing him in an unfamiliar or stimulating environment.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The agency social worker who assumed the case a month before the QSR has read the case record, visited the child at the home a couple of times and attempted to engage the foster mother over the child's safety. She has also made contact with the school.

The new agency worker has years of social work experience she brings to the case, along with a desire to assure the child is receiving good care. She has assisted the agency worker for the other foster child in gaining access to the foster home. The agency is planning on scheduling an ITM (Individualized Team Meeting) to bring together the people involved in the child's life to work on a plan for permanency for him. The worker is beginning to plan for transitions for this child, knowing his need for structure and familiarity with his caregivers. She is attempting to determine the degree of commitment to the child by the foster parent and the foster parent's

willingness to be a part of the child's treatment team given the conflicting information she has received.

What's Not Working Now and Why
On one visit to the home, the worker had to threaten to bring reinforcements (police) to gain access to the home. The foster mother says she likes the worker, yet doesn't want her to call or visit.

The team for this child has not been working together. The AAG would like the lead agency to be responsible for directing the child's plan and presenting one report with consensus in the recommendations for court. The former agency social worker, adoption social worker and the social worker for the other foster child have allowed the foster mother to dictate the contact between the foster children and the professionals ultimately responsible for their safety.

The adoption social worker has experienced some difficulty gaining the child's confidence so he feels comfortable when she introduces new people or potential adoptive parents to him. Work needs to be done by the team on the child's permanency goal.

Six-Month Forecast/Stability of Findings
Due to conflicting statements by the foster mother as to her plans in the near future and her possible reaction to increased agency oversight, the child's current placement is given less than a 50% chance of continuing. It is believed the child's status will decline for a time if an unplanned move has to be made.

Practical Steps to Sustain Success and Overcome Current Problems

1. Determine the risk of the other foster child in the foster home acting out sexually with the two underage boys in the home by bring together the professionals responsible for both foster children placed in the current treatment home. Since one agency is responsible for both foster children and licensing the foster home, they need to decide on a safe level of supervision in the home - if there is one - for all the minor children.
2. Provide training or education to the foster mother on how to spot grooming behaviors or other deviant behavior in children who have been both victims and perpetrators of sexual abuse so she can protect her son and the focus child.
3. Convene an ITM that includes the foster mother, GAL, AAG and the adoption worker. The combined knowledge of the team could be used to plan how to introduce the child to potential adoptive placements in a way non-threatening to him, develop a timeline for keeping the adoption permanency goal or changing the goal to Medical/APPLA, and planning the recommendations to be made to the court.
4. Conducting a search for the earliest records for this child that might contain information about his biological relatives and whether or not they were excluded as placement options for this child. Perhaps there is a biological family member who would welcome this child back into his family. He has much to offer in the way of sweetness and innocence, and if at all possible he deserves to have a family when he exits the child welfare system.

Quality Service Review
Written Case Summary

Case #55
Date of Review: October 17 & 18, 2007
Youth's Placement: Therapeutic Foster Care Placement

Persons Interviewed (8): private agency social worker, focus youth, school counselor, Guardian ad litem (GAL), foster mother, maternal grandmother, Assistant Attorney General (AAG), and therapist.

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year old, African-American female, who has resided in her current therapeutic foster care placement since February 2007. Her permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). Her biological mother died in May 2001. Reportedly, there is limited contact with her biological father, who lives in North Carolina. The youth maintains regular contact and visitation with her maternal grandmother, brothers, and twin sister, who attends college out-of-state.

The focus youth became known to the Child and Family Services Agency (CFSA) in October 2004, when a report was made indicating that the maternal grandmother was physically abusing the children and had hit the focus youth with a broom handle until it broke. There was a second report of physical abuse of the youth in January 2005. The youth was removed from her grandparents' care and placed in foster care. Since her removal she has had at least eight foster care placements and one psychiatric hospitalization for suicidal ideation. She has an extensive history of difficulty managing her behavior, which resulted in multiple psychiatric hospitalizations for suicidal ideation/plans, homicidal ideation, and self injurious behaviors (cutting). Even though her most recent diagnosis is Major Depressive Disorder, the youth has been diagnosed as having Mood Disorder, NOS, Disruptive Behavior Disorder, Depressive Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Rule Out Borderline Personality Disorder. The youth does not currently take any medications, as she reported experiencing several negative side effects and felt that no one was adequately addressing her medication concerns. In the past she has reportedly been prescribed Zoloft, Abilify, Neurontin, Lexipro, Topamate, Geodone, and Trazadone.

This case is managed by a private, therapeutic foster care agency, which provides case management, a mentor, medication management (historically), and individual therapy. Although provided with multiple services, the focus youth only utilizes case management, sporadic mentoring sessions, and weekly, individual therapy. She has been enrolled in the Center for Keys for Life (CKL), but she has stopped attending due to her employment schedule.

Youth's Current Status

The youth is consistently described as being an intelligent, engaging, and personable young woman, who is artistically talented. It was also noted that she works well with children and

demonstrates a certain ease with making friendships with adult females. Although this youth can be a charming and sociable young woman, she was also described as having difficulties appropriately managing negative affect/behaviors, "shutting down" when asked to face situations/issues that are unpleasant, becoming easily depressed, and having poor coping skills. Additionally, this youth was described as demonstrating difficulties with forming same aged peer relationships.

The focus youth is in her second year at a full-time special education school located in Maryland. According to multiple sources, she has decent grades and is slated to graduate in the spring of 2008. There are no reports of truancy, and there are reports that the youth's behavioral outbursts have lessened in intensity and severity from last school year to this one. Apparently, during the previous school year, when in distress, the youth ran from the classroom, hid from others, and typically did not talk about what distressed her. During this school year, school staff reported that the youth asks to utilize quiet time, to talk to her school counselor, and to talk to various staff members to better manage her negative affect and behaviors. However, the school believes the youth has been deteriorating within the last several weeks in response to increased discussion around graduation. The school counselor is concerned that the youth "could be cutting herself again" even though there is no direct evidence.

In addition to having a school based counselor with whom the youth can share difficulties, she has been seeing an outside therapist for the last two years, with some inconsistency due to her hospitalization, frequent placement changes, and employment schedule. The location for therapy was recently moved to the weekends at her foster care placement to help accommodate the youth's difficulty with transportation as well as busy school and work schedule. The youth reportedly does not want to attend therapy but respects the therapist's time and attends most of the home based sessions. The therapist indicated that she was unsure about the accuracy of the current diagnosis, which is Major Depressive Disorder, given at the time of the youth's last psychiatric hospitalization.

Regarding additional therapeutic services, art therapy was recently terminated due to concerns of its efficacy and the youth stating that she did not want to attend. Certain team members suggested that art therapy was beneficial for the youth and would be a great service to reinstate. Additionally, although this youth does not currently take medication, a common echoing theme was that she would likely benefit most from a combination of the "right" medication and therapy. The youth was previously on medication but ended the medication due to bothersome side effects and concerns about the effectiveness of the medication in reducing the symptoms of the disorder.

The youth is reportedly up-to-date on her medical evaluations. There were some concerns related to her cholesterol and blood pressure due to her poor eating habits and weight, but she has not been prescribed any medication to address these issues. The youth reported having some concerns regarding an irregular heartbeat/pain during the previous week. It had been addressed with the school nursing staff and the foster parent, who assisted the youth in scheduling a doctor's appointment. The youth indicated that people have spoken with her regarding safe sex and birth control.

Currently, the youth holds a part time job at a major department store, working after school and on the weekends. It was reported that she has a few same aged peers that she "hangs out" with after work but primarily spends her free time at home or talking with adult "friends." Moreover, there did not seem to be a lot of free time left for homework or typical adolescent activities, which was a theme heard from many adults in her life. In addition, the youth has disclosed to at least two team members that she is questioning her sexual identity. She does not have any connections with the gay, lesbian, bisexual, or transgender community.

Parent/Caregiver Status

The focus youth has been residing with her current foster family for about eight months. The youth reported that her foster mother was a good foster parent, who has provided a therapeutic foster care home for multiple children. She provides the focus youth with all of her basic needs, and there seems to be a relatively positive relationship between the youth and the foster mother. The youth stated that she could talk to her foster mother about some issues, but turned to other supports for more complex issues, such as when she felt "bad" and about her sexuality.

This foster mother was aware of most of the youth's mental health issues and her inability to appropriately manage stress related to upcoming changes (i.e. graduation from school, beginning a trade program and/or working full time, and the possibility of her transitioning to an independent living program). She reported having no current concerns about the youth engaging in self injurious behaviors as a result of these stressors, but had a plan that included contacting the therapist and social worker in case these behaviors occurred. Furthermore, the foster mother questioned if her home is the most appropriate placement for the youth in terms of learning how to live independently, citing that an independent living program (ILP) may be more beneficial.

Factors Contributing to Favorable Status

The youth is overall safe at home and school as several safety concerns were known and being managed by the team. These safety issues included: a report of engaging in a physical altercation at work, being mentally bullied by a peer at school, and the possibility of the youth engaging in self injurious behaviors (cutting) as a result of her increasing stress level.

The youth has no pressing health concerns and is open to therapy to address her mental health concerns. She seems to be open to medication management if she felt that the professionals were willing to work with her around negative side effects. In addition, the youth does not display negative externalizing behaviors within the foster home and shares positive relationships with those who live in that home.

The youth happily attends school, is stable in an appropriate academic placement, and will likely graduate in the spring of 2008. It was also reported that the youth is utilizing some positive coping skills within the academic setting that were not seen last year. Additional responsible behaviors have included the youth talking with school staff to obtain assistance in managing a difficult peer relationship, the youth presenting to work on time, managing her part-time job, and performing chores around the home when asked.

Factors Contributing to Unfavorable Status
The focus youth's stability in the home is and has been tenuous. Since her entry into foster care in 2005, she has had at least eight placements and one psychiatric hospitalization. With her history of "shutting down" and self injurious behaviors (cutting) in the face of transitions, there are major concerns that the youth is, according to several team members, "slipping towards crisis." The youth has indicated that she is terrified to experience the upcoming changes of graduation and aging out of the child welfare system. There is a real fear that the youth will have to be hospitalized in response to her inability to manage her affect/behaviors. Hospitalization produces questions regarding the youth's ability to return to her current placement due to the foster mother's willingness to provide care or the availability of the foster home keeping a space available for her return. With the foster mother's ambivalence about providing care for the youth in the future, the stability of placement is uncertain.

Another challenging factor for this youth is her independent living skills. While she is employed and has a savings bank account, she does not have any experience budgeting her money. The foster mother reported that she wanted the youth to be able to live independently, but it appears as though she has taken few steps to ensure that the youth understood the work necessary to live independently (i.e. making the youth ride Metro train/buses to work; budgeting; and completing necessary chores such as cooking, grocery shopping and cleaning). An example of this is seen when the foster mother said, "If I don't cook for her, she won't eat," and "I drive her back and forth to work." The youth is highly fearful of living on her own, yet she is not being encouraged to learn new life skills necessary to sustaining her own household.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There are numerous strengths associated with this case. First, there is a consistent team who all appear to care deeply about the youth and work diligently for her through their respective disciplines. There seems to be good communication between most members of the team regarding the current concerns and future needs regarding the youth. Of the members of the team, the social worker was clearly identified to be the leader of this team as well as praised for her professional efforts, rapport with the youth, and respectful interactions with all. The team has repeatedly attempted to engage the youth in the process and has given opportunities to be included in making decisions about her future through various discussions and access to targeted services. The challenge is that when asked to discuss or plan for her future, the youth "shuts down" completely, and there is a fear of her regressing emotionally and behaviorally. The team has voiced some frustration in their collective feelings of ineffectiveness in working with the youth around her future. Despite this, they seem to understand how fragile the youth may become during the high times of stress associated with the upcoming life changes.

The youth has been able to maintain connections with her biological family, who have reportedly encouraged the youth in decision making about her future by discussing available choices, such as trade school, working, or college. Her fraternal twin sister is a good model, in that she attends college. The youth has regular supervised visits with her grandmother and other family members. She has unsupervised visitation with her twin sister and a maternal uncle. Furthermore, the

social worker ensured that the youth attended a recent family funeral and a going away party for an aunt.

Interaction with the court was a further strength in this case. All members of the team felt respected by the judge. People felt that the team exchanged information before attending court and worked together to settle differences outside of the court, when possible. Furthermore, the youth has attended and participated in court sessions and indicated that she liked her judge.

What's Not Working Now

From talking with the youth and team, it is clear that this case is complex for various reasons and becomes more complicated as time counts down to the permanency goal. While the team has displayed good communication and attempted engagement of the youth, they seem to be unable to create a clear case plan with outlined steps regarding moving the youth to safe case closure. Due to the youth being terrified that she will be homeless and alone on her 21st birthday, she refuses to participate in planning for her future. As previously stated, the team is aware of the youth's negative responses to stress, yet this awareness seems to have handicapped their ability to move forward in the case planning process even though her 21st birthday is quickly approaching. One person stated, "Her future keeps me up at night. It will be so difficult. She could go either way." There has been no discussion around vocational training or career choices other than the team articulated that the youth once said she "wanted to work with children." There has not been discussion around the worst case scenario regarding the deterioration of her mental health even though several team members believe that she could be engaging in self-injurious behavior due to her stress level. One person said, "We can't pretend this stuff isn't going to happen."

Additionally, the foster mother seems to vacillate between saying that the youth can remain in the home until her 21st birthday and that she an ILP will be more beneficial than her home. There have been no discussions around the best options for placement in order to teach her how to live independently, especially when the youth is paralyzed by her own fear.

Six-Month Forecast/Stability of Findings

It is expected that this case will decline. The most glaring reason for this forecast is that the youth has mental health issues that are not being addressed through a combination of psychotherapy and medication management as her symptoms might warrant. The youth has major life changes in the near future, and her pattern of coping is to shut down emotionally and engage in self-injurious/suicidal behaviors.

Practical Next Steps

1. The social worker will immediately speak with the youth regarding a concern with cutting behaviors. Social worker will talk with team members regarding this issue and develop a plan for others to monitor the youth's behavior and affect, including verbally checking in with the youth in an honest way about her self injurious behavior. Team members should all understand what needs to occur should the youth be found injuring herself (i.e., medical/psychiatric attention).
2. The team should hold a meeting to discuss topics such as:

   a. standard timelines regarding emancipation and how that timeline might be modified for the youth due to her difficulty with transitions;
   b. ways in which the youth will be exposed to, learn, and practice life skills, including changing her work schedule to allow for attendance at the Center for Keys for Life;
   c. a conversation regarding the perfect combination of services and programming for this youth, then determining the gaps in the current service implementation and ways to fill those gaps;
   d. creating a "best case" and a "worst case" scenario plan for movement toward case closure - outlining specific contingency plans and identifying specific member responsibilities should a crisis occur.
3. The youth should have an updated psychiatric evaluation and continue in psychotherapy. Additionally, the mental health professionals should educate the youth and foster mother about the symptoms of the youth's illnesses and medications.
4. With respect to the youth's reported confusion regarding her sexual identity, the social worker should present the youth with identified supports (group, person, and/or place) that the youth can utilize in order to discuss issues related to sexual health, identity, confusion, and questions.

Quality Service Review
Written Case Summary

Case #56
Date of Review: October 15 & 16, 2007
Youth's Placement: Foster Home

Persons Interviewed (10): Social worker, supervisor, therapist, homeroom teacher, GAL, AAG, MRO supervisor, foster mother, foster sister, youth

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family:
The focus youth is a 15-year old African-American male, a tall, slender, young man with a winning personality and average intelligence. He is in the 11th grade in a private special education school for emotionally disturbed youth.

The youth is the third of 5 children, none of whom are currently with the birth mother, and is apparently the only child of his birth mother and birth father. One older sister, with whom the youth had been close, has absconded, left the area, and is presumed living in New York. Another sister, with whom he is not close, is in independent living and will soon age out of care. A fourth child has recently been removed from the mother and is placed separately, which is considered to be clinically appropriate, and the youngest child is with his birth father.

The family first became known to the system in 1992 for neglect, although the circumstances are unclear in the record and the youth was not removed at that time. His first nine years were spent with a variety of family members here and in South Carolina, as his father was incarcerated and his mother, who is bipolar, had (and continues to have) significant drug involvement and could not consistently provide care. During these years, he was physically abused, exposed to extensive domestic violence, and experienced at least one incident of sexual abuse.

The youth entered care in December, 2000, just a week after his 9th birthday. He had been left by his mother with a neighbor for "a brief period." When the mother did not return promptly, the youth was abandoned in a barber shop by the unwilling caretaker. Since entering care the youth has been in seven foster homes and has had four psychiatric hospitalizations, the most recent in the spring of 2006, usually following an outburst of violent rage. He has been in his current foster home, now a pre-adoptive home, for the past 14 months. He is very attached to his foster mother and foster sister and they to him and since this placement has made major gains in behavior.

The youth's birth mother has not been receptive to services and has indicated that she is no longer interested in reunification, although she opposes adoption. His father has maintained contact with the youth over the years but has not felt able to work towards reunification. He is supportive of adoption, particularly since the foster mother is supportive of his continued relationship with his son.

Child's Current Status
Rating child status in this case is difficult because, while he has made enormous progress in his home situation, his situation in the school setting is much more tenuous. Safety in the home was excellent, but safety at school was concerning.

The youth has had very significant anger management issues, is hypervigilant and hypersensitive to perceived or real threats, both physical and verbal, and finds it more difficult to manage himself in chaotic situations. Although he has made great strides in self control, in his ED school there are many young people with highly provocative and aggressive behaviors that severely test his capacities, and it is unclear that school staff adequately support him or that the environment is one in which he can function well.

An example, from just days before this review: A young woman in the school had been quite out-of-control and provocative to many other students. She was observed by staff to engage in highly provocative verbal behavior towards the focus youth and he maintained his control. Staff did not at that point intervene. However, when the young woman spit in his face, he reacted physically, although he did not manage to hit her, as staff quickly restrained him. When discussing the incident, he acknowledged that the only reason he didn't do the young woman harm was that he "couldn't get to her." Although greatly agitated, the youth called his foster mother immediately so that she could calm him, which she was able to do. According to all interviewed, the youth frequently and successfully reaches out to his foster mother and sister for help in calming himself.

Further, the young man has a highly developed sense of justice and fair play. His school uses a broad-brush approach to discipline, imposing punishment on all students for the behavior of a few. This directly offends his sense of justice and leads to his acting out in turn. This was a new school for the youth and for the first six weeks he did extremely well both academically and behaviorally, according to all interviewees. However, a number of other students were unable to move from class to class as required. When, despite his own good behavior, a school-wide "lock-down" was imposed, with students confined to a single classroom for the entire day and given only review work to do, the youth was deeply resentful. In the days since the "lockdown," the youth has had several incidents of misbehavior, such as pretending to sleep in class, rudeness to staff, and oppositional behavior. School staff interviewed could not say when the lockdown would end or what the criteria for ending it were, nor did there appear to be any understanding of the impact of their disciplinary strategy on the young man. Thus, this does not appear to be a safe or appropriate school placement. An additional factor threatening school stability is that, despite the IEP requirement that the youth have an in-school counselor, eight weeks into the school year none had been assigned. School staff interviewed said that they were under-staffed and were in the process of hiring. Thus, appropriate in-school supports are lacking.

The youth is stable in his pre-adoptive home. He is deeply bonded to his foster mother and foster sister, as they are to him. The youth's foster sister was included in the decision to foster initially and now to adopt, and the youth considers her his closest friend. He also appears well-integrated into the extended foster family, particularly his new grandparents. Although there have been some rough patches, there has been excellent support from the social worker, who has both defused the immediate situations and done sophisticated work with the family to improve

the longer-term family dynamics. The foster sister is a remarkable mature young woman who serves as a buffer when the youth and foster mother encounter difficulties typical between a teen and parent, which further stabilizes this placement. There is great love and true attachment among the members of this family. The foster parent has signed an intent to adopt, has obtained a lawyer, and an adoption petition is soon to be filed. The permanency prospects for this youth are good.

The youth is healthy and maintaining good emotional and behavioral well-being in the home. As described previously, his emotional and behavioral well-being at school has deteriorated in recent weeks. He was doing his work reliably and attempting to manage his behavior but, when recently faced with a situation he deemed unfair, responded by "sleeping" in class, not doing his assigned work, and behaving in an oppositional manner with staff. However, when interviewed, the youth took responsibility for his behavior and his willingness to voluntarily call his foster mother for calming when he is stressed is also a significant sign of increased responsibility.

The youth is functioning on or close to grade level and seems to take satisfaction in doing well. He is determined to go to college and has the potential to do so, but it is unclear whether the current school is truly geared to helping him reach that goal. The youth reported that he is having to repeat a course that he passed in his prior school because of some confusion in transfer of his transcript.

The youth is exhibiting responsible behavior at home and in the community. He participates in chores and family activities and has recently, on his own initiative, obtained part-time employment. He has a girlfriend who lives at some distance, with whom he speaks on the phone nightly, and he is fully aware of the need for responsible behavior in this area.

The youth's foster mother is working with him successfully on basic independent living skills, such as laundry, cooking, budgeting, and planning for his educational/vocational future. He is not participating in Keys for Life at this time.

Parent/Caregiver Status

Despite agency outreach and current involvement regarding the child just removed, the mother has clearly indicated that she is not interested in reunification with the focus youth. Although the father maintains contact by phone and through approximately bi-weekly unsupervised visits initiated by the youth, he is supportive of adoption, particularly since the foster mother supports a continued relationship with his son.

The foster mother does an excellent job of advocating for the youth and providing him with the emotional support he needs. She requires some further coaching on how to maintain the child's current good behavior in a more constructive manner without even implicit threats of, for example, delaying adoption.

Factors Contributing to Favorable Status

The social worker in this case has done exceptional work from both case management and clinical perspectives. His work has been the single biggest factor contributing to success. He has carried this case for over six years and has an excellent relationship with the youth, who said in

his interview "I know he loves me. Even when he is hard on me, I know he loves me." He sees the youth at least twice a month, more often when the youth is in crisis, and they are in frequent telephone contact. The social worker is trained in attachment work and has used his skills with great success to support the current placement. The social worker noted that since so many placements had disrupted for this youth, prior to the current placement he made an in-depth presentation of the 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 the success of the placement.

Factors Contributing to Unfavorable Status

The school placement and the quality of mental health services contribute to unfavorable status. While the youth has an IEP and is placed in a special education facility, nominally meeting his needs, the placement does not in fact serve him well. Similarly, the youth has been provided with a therapist – chosen by the GAL – and is nominally being provided with appropriate mental health services. However, neither the therapist nor the youth, who have worked together for approximately five years, could articulate goals of therapy beyond anger management, nor could they articulate how they would know when the goals were reached and therapy could terminate. The therapist did not appear to have an understanding of the youth's deeper issues of loss and abandonment by his mother. He appears to function more as a community support worker than a clinician.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working

This case demonstrates excellent case management and very creative clinical work by the superb social worker. There was excellent engagement of the child and family, and the team, clearly led by the social worker, functions effectively, although the GAL and foster mother have a minimal but tense relationship. Family connections have been maintained, and the foster mother is comfortable with continued contact as adoption proceeds.

What's Not Working

The one area needing refinement was implementation. As noted, education and mental health services are in place, but are of dubious quality. They have failed to address his underlying issues and thus delayed his progress. With respect to the permanency plan, there is work to be done. The foster mother needs more concrete preparation for adoption, such as information on subsidy and post-permanency services. The youth will have continuing therapeutic needs, but the services of the therapist will terminate with the adoption, and a transition must be planned for and facilitated.

Six-month Forecast

In six months the youth's status will in all likelihood remain the same, as it is unlikely that permanency will be achieved within that time.

Next Steps

1. Develop a back-up plan and identify a potential new school should the current school placement disrupt or if the conditions at the school continue to be detrimental to the

young man. Ideal would be a small and nurturing school that gives individual attention, prepares young people for college, and is able to serve youth with special needs, but is not solely populated with emotionally disturbed youth.

2. Assure that the current courses the young man is taking are appropriate. (There is question about whether he is repeating a course he took and passed at his previous school.)
3. Assist foster mother in determining what the youth's post-permanency needs will be and in identifying required resources, be they financial, therapeutic or support services.
4. Refer to the Post-Permanency Family Center.
5. Continue to coach foster mother on supportive behavior management, so as to maintain stability of placement.

Quality Service Review
Written Case Summary

Case #57
Review Dates: October 24-25, 2007
Youth's Placement: Therapeutic Foster Home

Persons Interviewed (8): Social worker, social worker intern, therapist, teacher, paternal grandmother, biological father, foster mother, and youth

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17-year-old male. His permanency goal is Alternative Planned Permanent Living Arrangement (APPLA) and he is placed in a therapeutic foster home. His case became known to the child welfare system in 1999 when his biological mother physically abused his younger brother. Both children were removed from the home and placed with their maternal grandmother. In 2000, the boys were transitioned from their grandmother's home to a therapeutic foster home, where they would be able to receive more therapeutic support. The focus youth has had 5 placements since entering foster care and has been placed in his current therapeutic foster home since 2005. His brother is placed in a therapeutic foster home through another agency.

The focus youth's mother resides in South Carolina with her four younger children. The focus youth has sporadic contact with his mother and half-siblings. His biological father, who is also his brother's father, resides in Washington, DC. The youth visits his father regularly.

Youth's Current Status

The youth is safe and stable in his current placement. He is the only foster child in the home and has not been involved in any physical or verbal altercations with his peers in the neighborhood. He has also been placed in this home for two years and is able to remain there until he transitions out of foster care.

The youth is in an appropriate Level IV special education school placement. He has attended the same school for four years and has a current Individual Education Plan. His brother, who is also in foster care, attends the same school, and the two have one class together. His behavior at school is appropriate. He is described as quiet, but gets along well with his classmates. There are no problems of truancy or disruptive behaviors in the classroom. Academically, the youth is not progressing to his identified potential. His grades were extremely poor last school year and, while he has pulled them up slightly, they still remain below average. He was taking a cooking class, which he appeared to enjoy, but had to drop the class because of his grades. After he improves his grades to an acceptable level, he will be able to re-enroll in the cooking class.

The youth is an active member of the Center of Keys for Life and also participated in the Summer Youth Employment Program. He worked as an office clerk at the court building over the summer. He has adequate independent living and vocational skills. He is able to cook, take

public transportation, and complete minimal household chores. Additionally, he recently opened a savings account with his maternal grandfather at a local bank. The youth exhibits responsible behavior. He has no history of drug or alcohol abuse, has never absconded, and is not engaging in unhealthy relationships. The youth expressed interest in obtaining his driving learner's permit.

The focus youth is current on all medical, dental, and vision appointments, but is extremely overweight for his age and height. He has seen a nutritionist and a gastroenterologist about the weight issue. There was concern that he may have a fatty liver and a liver biopsy was suggested. At his most recent follow-up appointment, the doctor decided to delay the biopsy because the youth has started to lose a few pounds. He will return to the doctor for another follow-up appointment in the future.

The youth received mentoring services from the same person for the last three years, however, a few months ago the services ceased. The mentor did not contact the youth's social worker or the agency he was employed with to discuss terminating services. The social worker has tried to contact the mentor but his telephone is disconnected. The mentor has not seen the youth in months but did contact the youth and the youth's foster mother to explain his absence. The youth and his foster mother refuse to share the mentor's explanation for his absence with the social worker.

Parent/Caregiver's Status

The youth's foster mother has provided care to him for the last two years and reports she is willing to continue providing care until the youth ages out of the child welfare system. She has no other foster children in her home, but a former foster child, who is now 22 years old, lives there. The foster mother transports the youth to his medical, dental, and vision appointments and maintains contact with the social worker. She also has regular contact with the youth's paternal grandmother. She does not, however, have a substantial amount of interaction with the youth's school or the guardian ad litem. She has not attended any conferences or meetings at the school but is an active participant in the youth's transition meetings at the private agency. The foster mother and youth do not have a great deal of interaction with one another, which most team members consider normal due to their age and gender differences. The youth spends most of his free time visiting his neighborhood friends or paternal grandmother and rarely talks with the foster mother about problems or issues.

Factors Contributing to Favorable Status

There are several factors contributing to favorable status. Both the youth's home and school placements are stable. The foster mother supports and encourages the youth maintaining contact with his biological relatives. The youth attends school daily and has never had problems with truancy. The youth is involved in the Center of Keys for Life and worked during the summer. The youth's health is also being closely monitored by team members.

Factors Contributing to Unfavorable Status

The foster mother expressed challenges in dealing with the youth's stubbornness. He was described by most team members as having a "my way or the highway" attitude. He is not blatantly disrespectful but does not always follow the foster mother's rules. The foster mother

reported difficulty setting rules and boundaries for the child. Further, a team member expressed concern with the youth's fine motor skill development. He has difficulty with handwriting, cutting scissors, and typing on a keyboard.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The current social worker is transitioning to a supervisory position and an intern will be assuming case management responsibility of this case. The social worker has done an appropriate job transferring case assignment to the intern. The intern has already met with the youth and other team members to begin case planning.

Team members have begun formal transition planning for the youth. They meet quarterly to discuss the youth's current level of functioning and assess the youth's needs. There is a great deal of extended family involvement. The youth visits with his maternal grandfather, paternal grandmother, and father regularly. His paternal grandmother, with assistance from the social worker, has transported the youth to South Carolina to visit relatives.

A maternal aunt has recently expressed interest in adopting both the youth and his younger brother. The social worker and social worker intern have engaged the aunt and explained the requirements for licensure. The maternal aunt submitted documentation for the CPS and police clearances, fingerprints, and has attended the foster parent training orientation.

What's Not Working Now and Why

While the maternal aunt has begun the procedures for licensure, there are several factors that may impede this process. Primarily, the aunt needs larger housing. She lives in a two bedroom duplex with her two daughters. Her mother, the youth's maternal grandmother, also resides there some of the time. Because the maternal grandmother is in the aunt's home she would need clearances. The aunt and grandmother, however, do not believe the grandmother should have to submit to clearances and are fighting against it. The grandmother's resistance causes some team members to question if continuing with the adoption proceedings would be in the youth's best interest. They are fearful that the adoption will fall through and cause a decline in the youth's progress.

Another hindrance to the aunt obtaining licensure is the youth's past sexual inappropriate behavior. Per report, the youth engaged in sexually offensive behavior as a small child. Specific details regarding the incidents are unknown to most team members, but allegedly he displayed sexually inappropriate behaviors while in the presence of two smaller children. He was ordered to attend sexual offender treatment but declined and, per report, has not displayed those behaviors again. As a result of not attending treatment he is not allowed to be unsupervised around younger children and must only be placed in homes where he is an only child or the youngest child. In order to be placed with his aunt, who has two small daughters, he will have to complete sexual offender treatment. Team members have explained this requirement to the youth and the aunt and referred the youth for an assessment which he will participate in next month.

Team members do not share an adequate assessment of the youth's mental health needs. Some members reported the youth's diagnosis was Attention Deficit Hyperactivity Disorder and others reported possible depression or dysthymia. The youth takes medication daily to treat the depressive symptoms. There is no updated psychological evaluation in the record.

The social worker referred the youth for tutoring services to help him with his academic struggles, but there was a scheduling conflict between the tutor and the youth. The tutor was only able to meet with the youth on Tuesday evenings, which is when the youth attends the Center of Keys for Life. The social worker submitted a request to obtain a new tutor, but services have not started. Tutoring services need to be implemented as soon as possible because the youth continues to show difficulty in school. The sudden disappearance of the youth's long-term mentor also causes concern to team members.

Six-Month Forecast/Stability of Findings

It is expected this youth's case will continue status quo over the next six months. He will remain in the same home and school placements. He will also continue to attend the Center of Keys for Life and visit with his extended family members.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social worker should follow up on the following items:
   a. Tutoring and mentoring services for focus youth
   b. Clearances for maternal grandmother – explore resistance and work with family to resolve issue.
   c. Explore possibility of referring aunt to a collaborative to assist with obtaining larger housing. Give aunt timeframes to complete necessary requirements for licensure.
2. Refer youth for occupational therapy (OT) evaluation to address fine motor concerns and psychological re-evaluation.
3. Provide foster mother with education and information on parenting teens – setting boundaries, rules, and dealing with defiant behavior
4. Invite youth's teacher to transition team meetings to facilitate interaction between foster mother and teacher

Quality Service Review
Written Case Summary

Case #58
Review Date: October 14-15, 2007
Child's Placement: Foster Home

Persons Interviewed (8): Social worker, supervisor, biological mother, AAG, maternal great-aunt, foster mother, focus child, day care teacher. Several attempts to interview the GAL were unsuccessful.

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 2-year old male, the middle of three brothers, ages nine and one. The child's father is unknown. He and his mother and his brothers lived with maternal grandmother until her death in May 2006. After that time, the mother, who suffers from depression, moved about among relatives and friends, creating an unstable living situation for the children. She reportedly used alcohol and marijuana at times. In August, 2006, a relative reported that mother left the children with her while she went to apply for TANF benefits and had not returned for the entire day. Investigators went to the home in the evening and found mother and the children outside, having been asked to leave the home. They had nowhere to go, and mother was clearly in need of mental health assessment and treatment. She was taken to an emergency psychiatric hospital, and the children were placed in an infant and maternity home. After three months there, the children were placed in their current foster home. The child received a physical examination and was found to carry the sickle cell trait. He was given a developmental evaluation and was found to be a few months behind his chronological age in the area of language development. Day care services soon brought him up to developmental expectations for his age.

Mother had, in the past, engaged in self-mutilating behaviors and experienced suicidal ideation. She was diagnosed with Depression and treated at the psychiatric hospital with medication. She was referred to a transitional living home, as well as for grief counseling regarding her mother's death. According to mother, she completed an outpatient behavioral management program and lived in the transitional program for a period of time.

Services offered following the transfer of the case to the private agency included monthly contact with the child and foster parent. Conversations with the mother regarding her need to come into the office to arrange visits with her children were held after court hearings, and verbal appointments were set for her to do so.

Child's Current Status

The child is safe in his foster home and at his day care center. He is supervised at all times at home by either the foster mother or her daughter, a senior in high school. The home is in a neighborhood that presents some risks of physical danger, and there are a number of security features at the home. The day care is located in a neighborhood and is well-staffed. Reviewers

met with his teacher and also were introduced to a man who is employed there, as well as several "seniors," older women who assist with the children.

The focus child has had two moves in the past two years, the first from home to the infant and maternity home and the second to the current foster home. He has been in the foster home for a year and is placed with his siblings. The child is stable at school, where he has been for the past year. He has had one move, which was an age-appropriate advancement to the next developmental level. Looking forward, the child is likely to experience a planned move into the home of his maternal great-aunt. This will hopefully be a gradual move, since he has not seen her in more than a year.

According to one team member, the child's case is "kinda finally on a track to permanence." The child has been in foster care for fourteen months, and his permanent home remains uncertain. His great-aunt called the agency to indicate her interest in July 2007, and has been in relative foster parent training since that time. Based on her interest in caring for the children, the case goal was changed from reunification to guardianship in September 2007. While the permanent placement has been identified, the necessary background checks and fingerprints and home study will not to be completed until the great-aunt has finished her training. Therefore, it is not a given that he will be going into the great-aunt's home. The great-aunt has not seen the focus child in a year, and it is a concern that no contact has been established between them, a necessary step for rebuilding the attachment. She has requested contact, and reportedly supervised visits are allowed prior to completion of background and fingerprint checks; however, the agency told reviewers that they wanted the aunt to show that she was serious about becoming a resource by submitting her paperwork before any visits would be set. The social worker has spoken to the aunt on the phone, but has not visited with her. She told reviewers that she does not have a sense of whether or not the aunt is an appropriate resource for the child and will rely on the licensing person to make that determination. No concurrent plan for permanence is being pursued in the event that guardianship with the aunt is not successful. According to the social worker, the foster mother would like to adopt the child and his brothers, and if guardianship does not work out, the goal of adoption will then be pursued.

The child is in good general health and has all his immunizations and check-ups on schedule. According to his teacher, he rarely has colds and attends school regularly. She said he sleeps soundly during nap time and needs time to "get himself together" when it is time to wake up. He carries the Sickle Cell trait and has tested clear in the past. He will be checked again in a month. The foster mother read the medical records to discover the Sickle Cell issue and informed the social worker, who told reviewers that she did not receive the paperwork from CFSA for some two months after placement.

The child is well-attached to his foster mother and her daughter and is attached to his siblings as well. He appeared comfortable in his school setting, and reviewers observed him snuggle with his teacher when waking from a nap. According to the teacher, he is exhibiting most of the emotional and behavioral characteristics that are age-appropriate for his developmental stage. He is cooperative in play with others and occasionally gets into a struggle for the same toy. He is not physically aggressive, and he does not cry excessively. While the rating for the past thirty days is good, it should be noted that the longer the child goes without connection to his

biological family, the more he is in danger of emotional distress in the future. He knows the foster mother as mother, and he has no pictures of his biological mother, nor has he seen her or heard her voice in a year. He has not seen or talked to the great-aunt who is to become his guardian in the same length of time. The foster mother told reviewers she would like to continue contact following the child's placement with his great-aunt, which would be very important in ameliorating the grief and loss he will feel when he leaves the foster mother.

While the child tested slightly below his expected developmental level when he came into foster care, he has progressed very well and, according to the social worker, is ahead of his age level at this time in both speech and language. He is considered bright by everyone interviewed. According to the foster mother, he recognizes his numbers and colors. According to the teacher, he was wearing pull-ups when he began attending day care and is now potty-trained.

Parent/Caregiver's Status

Mother: The mother's Medicaid ran out some time ago, and she has therefore stopped taking her medication for depression. She received a letter from the social worker telling her the steps necessary to reinstate Medicaid coverage. She has not yet reinstated the coverage and told reviewers that she has felt sad lately, experiencing crying spells. The mother's intake at the psychiatric program showed that she admitted to marijuana and alcohol use. It is not known whether she has been offered assessment/treatment for substance use; both the agency and the maternal aunt told reviewers she had no history of drug use. There was no documentation of efforts by the private agency to formally or informally assess the mother's capacity to parent her children or her need for additional mental health treatment in order to do so.

The birth mother apparently showed consistency in visiting with her children in the past. She explained to reviewers that she saw them on a regular Saturday visiting schedule while they were in their previous placement. She became aware that her case had been transferred to a private agency at a court hearing. She requested to continue the visiting schedule and, according to a letter reviewers observed in the file, was told that Saturday visits did not fit the worker's schedule. While at court, the mother was told on two occasions to come to the worker's office to discuss visits, and she failed to attend these appointments. After each failed appointment, she was sent a letter by the worker expressing disappointment that she did not keep the appointment. It is not known whether or not consideration was given to the mother's diagnosis of depression and the likelihood that she was unable to recall the verbal instructions or get to the appointments. The worker told reviewers that she did not attempt a home visit with the mother to discuss visits with her children, the explanation being that she had no stable home. While this was technically correct, it was believed that the mother often stayed with her step-sister. No visit was made to this address. There were no letters in the file to indicate that any written requests for her to come to the office were made. It was noteworthy that mother did respond to the QSR letter and appeared at the office on time for the interview appointment. The worker took this opportunity to talk with the mother before reviewers saw her. According to the mother, no visit with the children was set during this conversation.

During the QSR interview, the mother told reviewers she is completing her GED in December and hopes to find a job similar to her current (volunteer) receptionist position at the school. She said she is willing for her children to remain in foster care until she can get a job and housing;

she gave no indication that she understood the case goal had been changed to guardianship by the aunt, although the agency told reviewers that the mother was in agreement with the goal. If the mother understood the goal change, her statements to reviewers suggest that she does not understand the permanent nature of the placement plan.

Great-aunt: The maternal great-aunt contacted the agency in July to make known her interest in caring for the children. She failed to attend one appointment to come into the office to discuss her interest. She was later advised of the steps in the process of becoming a kinship foster parent. The social worker has called the aunt to check on the paperwork for the process and has talked with the trainer/licensing worker, who said the aunt has not turned in any paperwork as yet. The social worker is waiting on the paperwork before she considers initiating contact between the aunt and the children. The aunt told reviewers that she had completed all the work and was planning to bring it to the family's social worker on Friday of the review week. She expressed concern about the lack of contact with her great-nephews, saying that other foster parents had led her to believe that when their family members were in foster care, they had visits. She said she had not visited or had a phone call. She said, "All I wanted was for [the oldest child] to call." The aunt told reviewers that she had helped care for the children for most of their lives.

Caregiver: The foster mother is an energetic single parent who is an advocate for the three siblings placed with her. She makes sure the focus child's physical needs are met and is attentive to his emotional needs. She works closely with the day care to ensure that his learning needs are met, and she and her daughter have a regular daily schedule for the boys' care. The foster mother told reviewers that she would like to be more involved in providing helpful information to the social worker about the children's needs and helping to make decisions about what services are best for them. She said that she does not have the children's Medicaid cards and does not have the green passport book that is a part of the fostering process. She is able to get their medical needs addressed by presenting her foster parent identification and verbally giving medical personnel the Medicaid number. The foster mother is not willing to be involved with the biological family while the child is with her, although she desires to maintain contact with him after he is placed with the aunt.

Factors Contributing to Favorable Status

The focus child is doing very well, thanks to excellent foster care and day care placements. He is thriving physically and developmentally. He his safe and secure in both situations. He is progressing well in school and is a little ahead of expectations in language and speech. He is comfortable at school and is attached to his teacher. The fact that he is placed with his siblings is a very favorable factor. He is nurtured and loved by his foster mother and her daughter. The foster mother keeps abreast of his needs and makes sure his medical and dental checkups are done timely. She is aware of the need to keep a close watch on the Sickle Cell trait and knows when the next check-up is scheduled. The foster mother is interested in maintaining contact following the child's placement with his aunt.

Factors Contributing to Unfavorable Status

Permanence was the biggest concern for the focus child. In addition to the information in the preceding paragraphs, reviewers learned that the child's social worker has had no face-to-face contact with his potential permanent guardian. She is relying on the foster parent trainer to let

her know if the aunt is a suitable resource. Waiting until she is approved delays the permanency process, especially if she is found not to be the best resource. Having no contact with family for a year could be very detrimental to the child. Bringing all the principal adults into his life now would go a long way toward ensuring his eventual emotional stability.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working and Not Working Now

All items in system performance fell in the unacceptable range for the period under review. Early in the case, assessments of the mother and her needs were made, and treatment services were offered and utilized by the mother. It appears that she visited her children regularly and made progress toward stabilizing her lifestyle. Once the case was transferred to the private agency, it appears to have been handled in an almost entirely child-focused manner. The child's situation improved, in that he was placed in a home setting with his siblings, where he has been stable and has received excellent care and nurturing. However, many needs are evident in regard to system performance on behalf of the family. The mother was not successfully engaged. Consequently, her needs were not addressed, and, not surprisingly, she "failed" to meet agency expectations for reunification. The agency anticipated adoption by the foster mother, and no other concurrent planning was occurring. Adoption in a timely manner would have been unlikely, as documentation of reasonable efforts to reunify had not been made, and other documentation necessary for TPR had not been gathered. When the aunt came forward (as opposed to the agency seeking all possible relative placements), the permanency plan changed to guardianship. Still, unnecessary delays have occurred, such as putting off required background checks and finger prints until the end of the preparation process. Allowing family connections to go unattended for a year is a major factor in unacceptable system performance. Both the mother and aunt have not seen them in a year, and it is unclear whether or not there are other relatives who desire contact as well.

Assessment and understanding, case planning process, implementation, and pathway to safe case closure were impacted negatively by lack of family engagement. Because the mother was not engaged, her needs have not been assessed or addressed since the case was transferred to the private agency. During the past ninety days, no formal or informal assessments have been made of the mother.

The great-aunt is participating in a foster parent preparation process, and the agency social worker has had a conversation with the agency trainer, who said the aunt had turned in no paperwork. It was not clear what the informal assessment of the aunt has been to this point, and the social worker has not met with her. The aunt mentioned to reviewers her concerns about the expense of becoming licensed as a kinship foster home. It appears that no assessment of her needs or how they can be met has been undertaken by the agency.

The child's needs are being assessed and addressed by the foster mother and staff at the day care center he attends. Monthly contacts by the agency with the child and foster parent are made according to policy and are documented in one-sentence contact notes that record the date of the home visit and state that no concerns are noted.

Family connections were not maintained. The mother last saw her children a year ago, as did the aunt, who is the proposed permanent guardian. On one occasion when the mother called to say she wanted to see her oldest child, she was again told to come to the office to discuss it. She did not and instead went to his school and stood outside the fence, watching him play. When the foster mother came to get him, the mother approached her and gave her contact information and asked that the child be allowed to call her. He has not been allowed to call. The agency sent the mother a letter reprimanding her for attempting to see the child without going through the agency. No pictures of the mother have been made to share with the child, or vice versa, and the agency told reviewers they had no camera.

The AAG indicated that progress to permanence has been slow and uncertain. There were no case notes documenting meetings or conversations held in preparation for court. The AAG shared her idea of the path to safe case closure, which includes beginning supervised visits with the aunt immediately, moving gradually to overnight visits, and including the aunt in the planning process for the children. The aunt and the foster mother are not satisfied with their lack of involvement with court hearings. The foster mother is not informed of the hearings and has never attended one, which she told reviewers she would like to do. The aunt said no one had called her to tell her of court dates and that she would like to attend hearings.

There is no evidence of a functional service team. Any planning is done by the agency without input from family members. In the absence of a service team, the social worker is working independently. Few, if any, services being offered, so there is little to be coordinated.

Six-Month Forecast/Stability of Findings

Based on current system performance, the child's emotional status is likely to decline over the next six months because he has not seen his aunt in a year and would be unprepared for the transition to her home. In addition, he would be experiencing the grief and loss process after leaving his foster home. He will change day care centers with the move and will suffer loss of attachment and security in that area.

Practical Steps to Sustain Success and Overcome Current Problems

1. Form a family planning team to assess the needs and plan for the transition of the focus child to the aunt's home. In addition to the agency social worker and foster parent trainer, include the mother, aunt, foster mother, day care provider, and guardian ad litem. The aunt or mother might have other individuals they would want on the team for support.
2. Obtain authorizations from the mother and access the records from her treatment early in the case. Use the newly formed team to assess and plan for her needs for mental health care and to help her define her future role with her children.
3. Reinstitute supervised visits with mother and institute them with the aunt who is to become the guardian for the children.
4. Add financial experts (assistance, subsidies) to the team as needed to address the aunt's financial support needs for completing the licensing process and supporting the children. Find resources to meet those needs.

Quality Service Review
Written Case Summary

Case #59
Date of Review: October 23 & 24, 2007
Child's Placement: Foster Home

Persons Interviewed (11): Child's social worker, supervisor, family social worker, foster mother, foster father, mother, father, observed infant child, Assistant Attorney General, therapist, and CFSA domestic violence specialist

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a one-year old African-American male. He and his four siblings were placed into care in late 2006. At the time, he was brought to the hospital after his parents noticed his leg would not straighten. The hospital diagnosed the child with having several rib fractures, an old knee fracture, an old healed fracture on the left side, a skull fracture, and bacteria in the blood. Neither parent was convicted for the injuries.

The family has a history of many prior CPS investigations, and a case was previously open with CFSA. For instance, the 26-year old mother was previously substantiated for lack of supervision. She was also previously substantiated for abuse – unexplained injury of another of her children, who had a fractured wrist and ribs.

Parental domestic violence has occurred in this family. The father of the target child has been arrested twice for assault on the mother. The mother was previously substantiated in a CPS report and arrested for domestic violence with another paramour. The mother and father reportedly have not been living together for the past year. The father was recently released from jail due to possession of illegal substances and is homeless; at the time of the QSR, he was considering enrolling in a month long in-patient substance treatment program.

The target child is placed with one sibling under the care of one private care agency and the other three siblings are placed in another foster home under the care of a different private care agency.

Child Status

The child has been reportedly safe since removal into foster care. He has received no CPS reports while in care. The child has remained in the same placement since removal into foster care. At the time of removal, he was in a medical facility for a few months while his fractures healed, then placed at a non-kinship foster home with a sibling, where he has remained.

He has weekly supervised visits with his parents and other siblings at the foster care agency. There were a few supervised visits at the mother's home but reportedly they did not fare well, due to people coming in and out of the home and the mother being distracted. The children also experience difficulty leaving during the visits.

The child's medical needs are well monitored; his many appointments are met and his fractures have healed. He is on medication for seizures but has not had any seizures since being in the foster home. He will soon start physical therapy due to poor muscle tone. Developmentally, no concerns were raised. He is crawling and was expressed as having a good temperament and enjoys playing with others.

The permanency prospects are focused on reunification. Although the child has been in care for 10 months, no concurrent planning is being used. The child is living in a foster home that will likely endure until the child achieves permanence.

Parent Status
The mother has participated in a variety of services including parenting class and some domestic violence classes. Reportedly, she has not been consistent at attending therapy, which some deem essential for her to accept her role in the prior abuse/neglect incidents, to accept that she has exposed her children to men who have been unsafe, and to understand she is capable of having healthy relationships. Interviewees stated the mother has improved in her communication and interactions with the children, but when asked for specifics during the QSR, examples were not provided.

She attends weekly supervised visits, held at the agency. Some supervised visits were held at the mother's home, but the mother was less committed because people were coming in and out of the home, and she was talking on the telephone.

The mother is seasonally employed working in a concession stand. A psychological evaluation revealed she has borderline intelligence. She recently secured a larger housing space and is waiting for the water to be turned on. The social worker intends to do a safety check of this housing.

The father is homeless. He has been referred to domestic violence counseling and parenting class but has not attended. At the time of the QSR, his probation officer was connecting him to a month long substance treatment program.

The mother's own mother is involved in the case. She is deemed as controlling, and has an underage son who sexually abused one of the child's siblings in the past. The agency wants an evaluation done on this son, but the grandmother is reluctant to do so.

Caregiver Status
The foster parents are providing optimal care for the target child. There are reportedly no safety concerns in the foster home, and the child is happy with the foster parents. The foster parents regularly take the child to his medical appointments and agency visits with his family. They own a day care where the target child is taken during the days.

Factors Contributing to Favorable Status
The child is safe and in a stable placement with a sibling. The foster parents own a day care, which the child attends during the week. The child's medical needs are being monitored. The child is having weekly visits with family members.

Factors Contributing to Unfavorable Status
While the mother is participating in parenting class and some domestic violence classes, individuals are unable to articulate the demonstrated changes in the mother's behavior or interactions due to these classes. In addition, the mother is not consistently participating in therapy. There has been no concurrent planning on this case to explore permanency options other than reunification.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

System Status
There is a child social worker from one private provider agency and a family social worker from another private provider agency on this case. The supervised visits occur at the child's provider agency, and the foster parent brings the child to the visits.

What's Working Now
There has been fair engagement of the team members – the mother is coming to visits and has attended several services and the child is attending visits. There has been some team formation; for instance, the child social worker and family planning social worker have met with the mother to discuss the court order and case plan goals. The court interface was generally described well, with people being able to express their opinions. The child's medication management is optimal; he is on medication for seizures but has not had any seizures since being in the foster home.

What's Not Working Now and Why
The permanency goal is reunification, which it will remain until at least January. There has been no concurrent planning or exploration of prospective family resources. The foster parents are interested in being considered a long term resource due to developing a bond with the child, but this has not been explored with them.

In regards to safe case closure, there was discussion that if the children are reunified, the intent would be to request protective supervision for a period of time. There was no further discussion of the steps that would be taken with the mother to ensure that she could protect these children if reunification was the outcome.

Although there have been efforts to refer the father to services, the father is not engaged in services. He attends visits, but he has not attended parenting, domestic violence, substance abuse classes, or therapy. The foster parents routinely bring the child to medical appointments and visits at the private agency, but they have not participated in team meetings or court sessions about the case.

There is role confusion with the child social worker and family social worker. Since the family social worker is new to her role, the child worker has been taking on the role of the lead social worker.

Six Month Forecast
We expect the six month forecast to stay about the same – the child will likely remain with the same foster parents while the mother continues to work on her required services.

Practical Steps to Sustain Success and Overcome Current Problems

1. Monitor and document the mother's participation or non-participation in individual therapy. This should include regular verbal communication and written reports from service providers. Assess and document whether or not she is demonstrating changes in behaviors from the services of parenting, domestic violence classes.
2. Further engage the father in services including parenting classes, domestic violence counseling, and individual therapy. Work with his probation officer to assist with identifying resources and reach out to fatherhood programs.
3. Begin concurrent planning. Explore relatives and other permanency prospects such as the foster parents in case reunification is not a viable goal.
4. If reunification is the outcome, develop a safety plan for the protection of the children. While the plan is to have protective supervision, develop the additional steps the mother would take to protect the children.

Quality Service Review
Written Case Summary

Case #60
Review Dates: 10/17/07 – 10/18/07
Child's Placement: Therapeutic Foster Care

Persons Interviewed (10): Child, foster parent, social worker, social worker's supervisor, mentor, school guidance counselor, paternal grandmother, child's therapist, Assistant Attorney General, Guardian ad litem.

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus youth, a 13-year old African-American male, is the second-oldest child in a family of five children. He currently resides in a private agency therapeutic foster home with his older brother and a younger brother. The youngest child resides with a paternal aunt, and the older sister resides with an adopted parent in another state.

The focus youth came into care in January 2005 when his mother gave birth to a sibling. The newborn's blood screen was positive for cocaine, marijuana, and a sexually transmitted disease. As a result, CFSA investigated the home situation of the other children and found that they were not being properly cared for. The infant was placed with a maternal aunt and the three boys, including the focus child, were placed in a Maryland therapeutic foster home. Although the focus child did not require therapeutic care, his older and younger brothers required therapeutic intervention and the court wished to keep the brothers together.

The focus child's first placement was with a first time foster parent who had served in the military. Some documentation and interview information indicated that the foster father was too regimented and severe in his discipline. As a result of a physical altercation between the foster parent and the oldest sibling, he was removed during July 2006. Subsequently, the court ordered the removal of the focus child and his youngest brother during the Fall of 2006.

The sibling group, composed of the three boys, were placed together into a new therapeutic foster home in Maryland. The caregiver quickly built a good working relationship with the focus child, and she filed an intention to adopt the focus youth during April 2007. The foster mother has been involved in working with his social worker to address issues of intermittent visitation with his biological siblings and his maternal grandmother.

The current permanency goal is adoption with the foster parent. There is concurrent planning for guardianship with his grandmother.

Child's Current Status

The child is reportedly safe; there have not been any CPS referrals in his current placement. The child has experienced one foster care placement and school change since removal from his biological home.

In regards to permanency prospects, the foster mother has filed an intent to adopt the child. The child's paternal grandmother, who has completed foster parent training, has expressed a desire to obtain guardianship of all three boys. Of those interviewed for the case, some individuals are in favor of the foster parent adopting the focus child, while others support the grandmother's wish to have guardianship. The permanency goal was changed from guardianship to adoption during January 2007.

The focus youth's health and physical well-being needs are met. His physical exam is current, and his dental and ocular appointments have been kept. While his behavioral functioning is good in the home, areas of concern pertain to his emotional/behavioral well-being in school and in his academic/learning status. He is reportedly talking too much in school and is not involved in any extra curricular activities beyond his mentoring/tutoring. He is not fully responsible in completing his homework assignments as indicated by diminished grades. His attendance is excellent, and his foster mother has some interactions with his teachers. Besides talking too much in school, the focus youth demonstrates responsible behavior. He does his chores and assists in the care of a family pet.

Parent Status

The whereabouts of the focus youth's mother are unknown. She moved after the children were taken into care and has not been located. At the inception of this case, the father was incarcerated within the federal prison system. He was released during 2007, and his last address is not known to the agency. The father of the focus youth is not currently engaged in the case.

A termination of parental rights was filed in early 2007.

Caregiver Status

The foster mother provides well for the focus youth. Her living accommodations are described as comfortable, and the youth has his essential needs met. An excellent relationship exists between the foster mother and the focus youth. She is able to engage him in meaningful conversation and is able to get him to open up about his feelings.

The foster mother has some dialogue with the youth's teacher, therapist, social worker, mentor, tutor, and community support worker. Reportedly, the foster mother has a strained relationship with the child's paternal grandmother.

The caregiver had signed her intent to adopt the focus youth. However, she is currently going through a divorce process in Maryland, which reportedly delays her ability to finalize an adoption of the child for at least 10 more months.

Factors Contributing to Favorable Status

The child has a stable placement and a good relationship with the foster mother and is placed with two of his siblings. The social worker has arranged for an array of services for the focus youth. Wraparound services include weekly therapy, mentoring, and a community service worker. Tutoring just began this school year. His physical health is being attended to as indicated by his medical, dental, and vision appointments.

Factors Contributing to Unfavorable Status
Reportedly, the child's performance in school was dismal. His recent progress reports/report card reflects four grades below passing. The issues of not completing and or turning in assignments were noted as the primary contributing factors to these issues. Also, the focus child reportedly has a problem with excessive talking in class.

Although some visitation has occurred between the focus youth and his siblings not living with him, there has not been a predictable and reliable schedule set for visitation with his other siblings. At this point, the obstacles to visitation are not clear. Thus a plan to assure visitation has not been developed.

There are impediments to the case closure that need resolution. The grandmother is interested in guardianship of the child, but she has not been fully engaged in the permanency process. The foster parent has signed an intent to adopt but this process will be delayed at least for another 10 months until her divorce is finalized.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
There has been engagement of the child; he is connected to a variety of services. Some teaming is taking place between the foster parent, grandmother, CFSA, and the private agency to discuss the direction of the case and issues around visitation. For instance, several meetings have occurred with these team members to outline when and where visits will occur.

The private agency social worker was generally recognized as the leader of the team. However, CFSA played a major role in engaging and advocating for the grandmother's involvement in the case.

The family court interface was viewed as positive. The judge was engaging with those involved in the case and the GAL and AAG were both appropriately involved in the case. The 14-year old focus youth was not typically present in court.

What's Not Working Now and Why
All family/team members have not been engaged in the process. There has been inconsistent engagement with the grandmother, who completed the CFSA foster parent licensing process in order to serve as the guardian of the focus youth and his two brothers. Through an apparent high turnover of social workers at the private agency on this case, there appeared to be inconsistent engagement of the grandmother in establishing visits with the child. Also, there was a lack of consistent visits between the child and the siblings who do not reside with the sibling group.

There was not a sense of urgency to adhere to the ASFA timeline for permanency. The current foster mother, although interested in adopting the focus youth, is engaged in a divorce process that requires a year waiting period. She has ten months remaining before she can actually file an adoption petition.

The case planning process did not involve the foster mother or the maternal grandmother.

In the area of implementation, documentation did not always present goals, objectives, time lines and outcomes in either the case plan and subsequent notes. Documentation did not clearly show the work that interviews indicated was being done.

Stability of Findings/Six-Month Prognosis

The six month forecast for the focus youth is he will continue status quo. We expect he will remain in the same placement and continue to have visits with his grandmother while concurrent planning will continue to be explored for six more months.

Practical Steps to Sustain Success and Overcome Current Problems

1. The grandmother needs to be engaged by the social worker, and a planning meeting focused on visitation should occur with all team members. This meeting should culminate with the development of a written visitation plan to be signed by all parties. The plan should outline the dates, places, duration, and mode of transportation for up-coming visits with the successive goal of unmonitored visits moving toward the goal of overnight visits.
2. Explore the viability of the various permanency options in a forum that includes both the foster parent and grandmother. Discuss strengths and obstacles to both adoption and guardianship. CFSA and the contract agency social worker should be present at these meetings.
3. Teaming should occur with the social worker, foster mother, and school officials on the academic areas with which the child is struggling. The foster mother needs to ensure the youth completes his homework and communicate regularly with the school on his performance.
4. Follow up to assure that the focus youth is allowed consistent visitation with his siblings. If this visitation would, on occasion, involve his grandmother (suggestion #1), these plans should be integrated into the previous suggestions regarding visitation.

Quality Service Review
Written Case Summary

Case #61
Review Dates: October 15 and 16, 2007
Youth's Placement: Residential Treatment Center (RTC)

Persons Interviewed (7): Focus child, social worker, supervisor, AAG, GAL, adult sister, clinical social worker at RTC

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is a 16-year old African-American female who first came to the attention of the child welfare agency in January 1999. The child and her siblings reportedly had been "coming to school unkempt, smelling of a strange odor and hungry." It was also reported that the birth mother had "health problems" and that the conditions of the home were "poor." A neglect report was substantiated in March, 2000." The child and her siblings were placed in out-of-home care.

The youth has had multiple foster home placements since coming into care; there is an estimation of at least nine placements. She has a long history of runaway behaviors and ongoing conflicts in placements. She has several adult siblings and a 19-year old sibling currently in independent living. The oldest sister has been the primary caretaker for all of her siblings, due to the mother's chronic illnesses, which has rendered her unable to care for her children. The mother has had multiple changes of residence, which also impacted the stability of the children

Eleven months ago, the youth was transferred and admitted to a local residential treatment facility, following acute psychiatric stabilization within the same facility. At the time of admission, the child was reported to have behaviors of explosiveness, aggressiveness, abscondance, truancy, and demonstrated an angry demeanor. She has a history of multiple losses, by death, of family members and friends. The youth currently remains in the residential treatment facility. Both she and her eldest sister are desirous of the sister obtaining guardianship.

Child Current Status

The identified youth, seen at the RTC, was polite, cooperative and well mannered. She expressed her desire to be discharged from the facility and acknowledged that her past behaviors have yielded negative consequences. She reports that she has learned from her "mistakes." The child is very invested in going to live with her sister but has accepted that she must return to foster care upon discharge from the facility, scheduled within the next two-to-three weeks. The RTC environment is generally safe, with good supervision; however, the child expresses some concern over the possibility of being "jumped" by female peers over a male peer in the facility. She has been in fights while there.

With regards to the youth's health status, all medical evaluations and assessments are up to date. The child is diagnosed with Bipolar Disorder, NOS and Disruptive Behavior Disorder. She is taking the following psychotropic medications: Wellbutrin 300 mg in the morning and Geodone

80 mg twice daily. She is asthmatic (under control) and uses an Asthmacort Inhaler, 2 puffs daily, as needed She has gained a significant amount of weight - in access of seventy pounds - since admission. The facility has attributed this to her medication and diet there. The child has placed herself on a diet and exercises regularly.

Academically, she is "doing well…an excellent student," passing all subjects and is not receiving special educational services. She is on grade level. Her career goal is to become a professional chef.

Parent Status
The mother is not involved with the child's care or case planning, due to her chronic illnesses. The eldest sister has been the primary caretaker for the family, including the mother. The sister believes she has adequate space for the focus youth, and the agency agrees that she would be a suitable fit. While the sister had previously begun the process of guardianship, she has been inconsistent in meeting required deadlines (training, getting in certain information) to take the youth into her home.

The sister has been consistent in picking the child up for weekend passes and returning her to the facility on time. She believes that she could benefit from more communication from persons involved in the youth's care, to help to bring the case to successful case closure. The sister agrees that going to another foster home would be best for the youth at this time, until the sister can complete the necessary steps to move forward with requesting guardianship.

Caregiver Status
The identified child is in a structured secure, residential treatment center. All of her needs for safety and well-being are being addressed by the staff at the center. She participates in weekly individual and group therapy. The youth is provided grief counseling to address the multiple identified losses she has experienced. There is an interdisciplinary team which meets to discuss progress and goals related to her residential placement. There have not been ongoing family therapy sessions or collaborative meetings with the family or child welfare agency to address ongoing care or discharge and aftercare needs. Social worker/case manger reports that it has been difficult to get confirmation as to when treatment team meetings are occurring at the RTC and, she has not been present for such meetings in the past. The bulk of communication is made prior to court hearings.

Factors Contributing to Favorable Status
Receiving in-patient and residential treatment has had a positive impact on the youth. Issues related to losses/grief have been managed well through art therapy. The child is reported to be self motivated, accepts consequences, follows structure, expresses her feelings and has developed good stress management skills. The youth has developed internal self control and expresses insight into how her past behaviors have impacted her current situation. She professes a behavioral change. She has good natural supports in her sister and siblings. Her sister appears to be committed to her well-being. The youth and her social worker express that she is a part her placement process/decision. She has been very clear with the worker about the type of home she would prefer to be placed in upon discharge from RTC.

Factors Contributing to Unfavorable Status
The youth and her sister have not been engaged in family therapy, nor have any other members who may be potential, natural or informal, supports to her. Family therapy was recommended in a November 2006 psycho-educational evaluation. It is reported that the eldest sister and the youth sometimes have arguments and disagreements that impact their relationship; there has been no exploration of this. The youth believes her sister is ready to take her into her home and is not fully aware of the delays on the part of the sister in pursuing guardianship. The mother is chronically ill. The teen states, "I have had to deal with this all my life." No one is talking about the mother's condition with the youth. Her sister believes that it is best that the youth not know. RTC staff and case worker are not aware of circumstances surrounding the mother. At the time of this review, the sister stated, "My mother is in the hospital and may die." Without adequate processing, any serious decline in the mother's health could adversely impact the youth.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The ongoing consistency and structure of the RTC has been helpful. The RTC social worker has been assigned to the youth since admission. The current child welfare agency social worker has a long history with the youth. The social worker was previously the case manger working with the youth and other assigned social workers from the agency. They have a positive relationship, as voiced by both the social worker and the child. The social worker is tracking issues to be addressed and working on resolving them (e.g., placement, communication with the older sister, natural supports); she is proactive and responsive.

What's Not Working Now and Why
There have been multiple workers/supervisors assigned to this case, and there was a period in which no social worker activity occurred. This has impacted case movement. There does not appear to be a coordinated, agreed-upon, long-term view for this case. No collaborative planning meetings have been held between the RTC and the child welfare agency. Persons are usually contacted prior to court proceedings. The sister has not been included in planning meetings. No one seems to be aware that the sister still plans to request guardianship of the youth, nor that the youth plans to live with the sister. The sister feels that people have "given up" on her as a viable resource for this child. No other family members are involved or invited to participate in her care or planning. This lack of planning and communication decreases the benefit of using maximum resources on behalf of this child for successful outcomes and case closure.

There is no clear transition plan for this child. No foster home has been identified. Her impending discharge from the RTC is based upon the location of a home. If a suitable home is not identified soon, it is unclear as to where the youth will reside. What is clear is that the agency will be closing, and the child will have to move expeditiously based upon that fact.

The youth is not aware of the value of medication. While she is taking medication in the facility, she states she does not plan to take it upon discharge and does not believe she needs it. She says she is taking it, "So I won't have to hear my Judge's mouth." The lack of medication education and understanding of its value may impact this youngster's success.

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

1. Coordinate a planning team meeting with all parties to review disposition and long-term goals leading to successful case closure
2. Begin family therapy with the sister and youth to solidify supportive relationship
3. Re-evaluate sister's intentions and motivation for guardianship
4. Develop a transition plan (including Center of Keys for Life)
5. Explore issues related to the how best to address mother's illness with the youth and the family as she will be returning to the community
6. Connect youth with an outpatient therapist for therapy, med management and monitoring

Quality Service Review
Written Case Summary

Case #62
Date of Quality Service Review: October 17 & 18, 2007
Youth's Placement: Multidimensional Treatment Foster Care (MTFC)

Persons Interviewed (8): Youth, social worker, supervisor, maternal aunt, GAL, lead teacher, clinician, AAG

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus youth is an 18-year old African-American woman. She was born addicted to crack cocaine, and her head was large in proportion to her body. For four years she was monitored by a clinic for high-risk children until the additional monitoring was deemed unnecessary. CFSA has had some involvement with the youth since birth. Her maternal grandmother has been her guardian for most of that time until her removal in 2005 when she alleged physical abuse by the grandmother, which she later recanted. She did not return home due to her experimentation with marijuana and alcohol and the influence of a boyfriend.

The youth's mother never was able to give up the use of illicit drugs, and she never assumed a parenting role for a significant period of time. None of her six children remained in her care. While largely absent from the youth's life, many times she would unexpectedly show up at the grandmother's home to recuperate from various drug related injuries and exhaustion. The youth struggled to comprehend the rejection of her mother choosing drugs over her, and her frustration was exhibited in poor behavior toward her mother that escalated at one point into a physical altercation and the youth being hospitalized with in-patient status.

The youth maintains she has some memories of happy times spent with her father. He died a violent death in 1995 when she was six. She has met some members of her father's family; however, she knows little about them.

Besides her maternal grandmother, the youth has received the on-going support of her large extended family and her church. One maternal aunt in particular spent a lot of time over the years taking the youth, her sister (adopted by the aunt) and a cousin on various outing and activities.

The grandmother attempted to adopt the youth, but was never able to complete the process to become a licensed adoptive parent. Initially, the record check sent to the FBI indicated the grandmother had a criminal record, but the charge was so long ago that supporting documents had either been destroyed or misplaced. So while the grandmother hadn't been in legal trouble since 1962, CFSA still wanted an explanation of the charges. Interviewees indicated this was one example of the various disagreements between the grandmother and CFSA over the years that resulted in the licensing process never being completed. Due to her recent hospitalization for heart problems the grandmother was not interviewed for the QSR.

Recently the youth asked her maternal aunt if she and her uncle would adopt her. They agreed, and her permanency goal is in the process of being changed from APPLA to Adoption. The aunt and uncle are expected to become licensed adoptive parents.

Child's Current Status

A month before the QSR, the youth was successfully discharged from residential treatment to a MTFC placement. All interviewees agreed the youth did exceptionally well in the residential placement and, while some had misgivings about sending her to that level of care initially, all now agree she benefited. The first MTFC home didn't work out for the youth, and she moved to a second home two weeks before the review, or just after her 18th birthday.

The current foster parents were not available for an interview during the QSR process. The agency worker has seen the foster mother working to engage the youth and to settle differences between the youth and the foster parents' nine year-old son. The youth has achieved the first step of increased time away from the foster home, and she was looking forward to a day visit with her aunt, uncle and sister that was scheduled for the weekend. According to interviewees, it appears the youth is safe in the foster home and neighborhood.

School has always been difficult for the youth, and she receives special education classes. Art, dance and music are strong classes for her. She struggles most in math and does well in reading. She is adjusting to a new high school where she needs to pass one class to graduate (she does not have to pass the No Child Left Behind testing) with her high school diploma.

With all the changes going on in her life, there are some questions about the youth's stability. She expressed frustration over remaining court committed after she turned 18 and having to work the MTFC program now that her aunt and uncle are planning to adopt her. She told the reviewers she wanted out of the "system." She didn't say it was bad to her – she just wants out.

The youth has made gains in controlling her emotions and anxiety in the last year. She functions best in settings where she has structure that includes keeping her involved in activities and outings. Free time is difficult for her. Throughout her life, she has found able adults to whom she could go for guidance. Some of those adults are in her family and some are the professionals she has met in the "system." The youth takes Abilify and Focalin; she states she has been able to see an improvement in her ability to control her emotions and focus. Others state she is less explosive now, and she is making progress in talking through her anxiety. She is also described as having good relationship skills.

The youth recently asked her aunt if she and her uncle would adopt her. She is also reaching out to other family members she feels she may have hurt or offended in the past. Her aunt stated she had seen the youth mature in the last year or so. When asked whether she had wanted to adopt the youth earlier the aunt stated the youth needed to let go of her need for her mother's love and the disappointment associated with not having it. Now she feels the youth is ready to take the step of welcoming her aunt and uncle as her mother and father. The aunt has always been involved in the youth's life and included her in activities she arranged for her sister (adopted by this aunt and her husband). The aunt stated she held the youth to the same standard of behavior as her sister.

The aunt wonders about how long her niece will need to take medication to help with her behavior. That wasn't a question the reviewers could answer for her, and she agreed to contact the agency worker with her concerns.

The youth has always found able people to support her, and now her aunt and uncle are coming forward as a permanent family for her and offering her the sense of belonging she has been lacking.

Parent/Caregiver's Status

The youth has had two placements in the period just before the review. One was a well-planned move from residential treatment to an MTFC foster home. The foster placement lasted less than two weeks before the youth was placed in a second MTFC home. Neither placement was available for the reviewers to interview. The information presented comes from interviews of others. The youth never got along well with the single woman with whom she was placed after leaving residential treatment. From reports, it does not appear that the foster parent had the necessary skills or motivation to engage her and meet her needs. Her MTFC second placement, in a financially stable two-parent household with a biological son, appears more promising as the foster mother has attempted to work with the youth over her fear of physical examinations by doctors, and by looking for ways to settle conflicts between the youth and the biological son.

The foster home is in a safe area of town and reported to be close to the home of the youth's aunt and grandmother. The youth has complied with the MTFC program and earned her first home visit – the first step toward placement with her aunt and uncle or independent living – and the first step out of the "system."

Factors Contributing to Favorable Status

The youth has made steps to reconnect with her family in a mature manner, showing some insight into how her earlier decisions caused pain to all. By all accounts, she successfully completed her residential treatment program and got back on track to graduate from high school.

The youth fully participated in a group to address trauma and victimization that worked on empowering victims. She has since reached out to her family, instead of waiting for them to come to her.

While in treatment, the youth participated in volunteer work. She has a new position volunteering and is using that position to prepare for her first paid employment.

Factors Contributing to Unfavorable Status

The youth is in the middle of a number of transitions. She has moved twice in the past 30 days and knows she will need to comply with the treatment program to move to live either with her aunt and uncle or in independent living. Many of the people working to assist the youth are people she has not known for very long. Her agency social worker is leaving, and she has been working to adjust to a new school. She now has a younger "brother" to learn to cohabitate with.

The family has questions, such as about the need for the youth's psychotropic medication, that may have a cultural base.

The youth is questioning why she remains in the "system" when she has turned 18 years of age.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There is a substantial team working for the youth's best interests. While some members of the team come and go, the basic functioning of the team continues and is an indication of good basic knowledge of the youth and her circumstances. For instance, interviewees believe the current agency social worker and her predecessor both kept team members updated and established a good relationship with the youth. All persons interviewed were aware that her goal could change to adoption – communication among members is frequent.

Team members report that the aunt and grandmother became more active members of the team when the youth was in residential treatment, thereby strengthening her family connection, lessening the impact of her transitions, and laying the preliminary groundwork for safe case closure.

When the youth's behaviors after entering care have highlighted her struggle to grow up and make sense of her world, team members have been available to assess her situation and work to stabilize her. The youth reports she manages her behavior better since taking psychotropic medication. Adjustments have been made in her medication when needed. While all team members now agree that she benefited from residential treatment, the team was able to work through their initial disagreement without members dropping out or sabotaging team efforts.

What's Not Working Now

The team is in flux. New members are being added as others are phased out. The youth is transitioning from a child to an adult. She is inpatient for things to move forward, and the tendency of a team in flux is to move slowly while new members become comfortable in their new roles and familiarize themselves with the youth and her situation. The youth has selected her path of adoption by her aunt and uncle. She is beginning to challenge the team (system) to help her move quickly along her path.

The team's plan for the youth is to gradually lessen the structure of her MTFC home while increasing visits with the aunt and uncle. This is the MTFC model. If the youth and her aunt and uncle are accepted as "voting" members of the team, it may not be the model they feel the youth needs.

Six-Month Forecast/Stability of Findings

The youth has strong family connections and is maturing. She may have some temporary setbacks as she adjusts to the many changes she is facing; however it is believed that as long as her team recognizes the normalcy of her transitions and her desire to make more decisions, her stability will remain status quo.

Practical Steps to Sustain/Success and Overcome Current Problems

1. Address the purpose of the youth's psychotropic medication with her and her family so all understand why medication was prescribed, how she is benefiting from it, and a trajectory for how long she should be on in.
2. Pull together a team to go over adoption options with the youth and her aunt and uncle.
3. Acknowledge the youth's adult status, and allow her into the decision making process
4. Brief the new agency case manager on rapidly approaching transitions for the youth so the family can see that progress toward adoption will not stall.

Quality Service Review
Written Case Summary

Case #63
Review Date: 10/22-10/23/07
Child's Placement: Therapeutic Foster Home

Person's Interviewed (10): Social worker, tutor, foster parents, teacher, GAL, family/mom's therapist, in-home counselor, program manager, focus child

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child reviewed is a 10-year old Hispanic male who is currently placed in a therapeutic foster home. The focus child was originally placed in foster care at the age of six due to neglect, domestic violence in the home and deplorable home conditions. Sexual abuse of the focus child by the brother was founded at that time also. His placement history includes one placement in a traditional foster home, and then a brief emergency placement when the traditional foster home disrupted. The focus child was then placed with the provider agency and placed in his current home, where he has been for the past three years. He is placed in the same home as his twin brother. Also in this foster home is a 3-year-old medically fragile child who is currently in pre-adoptive status with this family.

The focus child receives a number of services. He currently receives tutoring, as he is identified as a special education student, mentoring services, and individual therapy to deal with impulsive behaviors, as he has a DSM-IV Axis I diagnosis of ADHD. He receives medication management monthly. The focus child's permanency goal is adoption, and he is currently assigned an adoption recruitment worker in hopes of finding a permanent placement. The provider agency would like for the focus child to have connections with his biological mother after the adoption. Currently he has limited contact with his biological mother and little-to-no contact with his other siblings. The focus child has an older brother in residential care and two sisters who reside with family members. At the time of this review none of the children were living with their mother.

The focus child does not have any contact with his biological father. According to court documents, demographic information is known regarding the biological father (name, address, telephone number); however, the agency reports they have no contact with the father, and he is not known to the agency. Reportedly, the father is a registered pedophile and resides in northern Virginia.

It is believed that the focus child's biological mother resides in West Virginia. She has a history of issues with maintaining housing, and remaining in an abusive relationship. The biological mother has had medical issues which at times has resulted in short term hospitalizations.

Child's Current Status

The focus child is currently in a safe and stable placement. He has been in this placement for the past three years. The foster parents are willing to allow the focus child to remain in the home

until an adoptive placement is found. In addition, the foster family appeared open to considering adopting the focus child.

The focus child is somewhat stable in his educational setting. He has had three different education placements in the past three years. However, the current placement seems to be meeting and addressing his educational needs. The focus child has developed good relationships with the teacher, teacher's aide, and peers. There have been no behavior issues since the first day of school, and there have been reports on the child's academic improvements. The focus child's emotional status in school is fair. The foster parents and teacher stated that he has appropriate relationships with peers at school. The focus child has not displayed any behavioral problems with in the school settings, and he is able to follow directions. His academic and learning progress is minimal. Academically, he is having difficulty with reading and math. He has a hard time organizing thoughts in his head and thoughts tend to get jumbled. He does have a tutor twice a week to address the academic concerns. The IEP is new, as he is in a new school. The previous school primarily focused on vocational skills for the severely mentally challenged, versus academics. The focus child should be on a 5th grade level; however, he is not on grade level.

The focus child's permanency status is marginal. The focus child has been in foster care for the past 4 1/2 years, and there is no clear path to permanency. The foster parents have expressed an interest in obtaining more information about the adoption process. Recruitment efforts have been limited by the lack of a signed confidentiality waiver. This waiver would increase the focus child's recruitment opportunities as he could then be featured in Wednesday's Child and other national venues.

The focus child is reportedly in good physical health. The focus child is up-to-date on his physical and dental exams.

The focus child's emotional status in the home is fair. He has a DSM-IV Axis I diagnosis of Pervasive Development Disorder; Attention Deficit Hyperactivity Disorder and an Axis II diagnosis of Moderate Mental Retardation. He is prescribed the appropriate medications to address the above mentioned diagnosis. The focus child presents with a flat affect. He displays little emotions other than happiness. The focus child's speech at times is incoherent. It is unclear how much the focus child fully understands due to his cognitive limitations. Currently the focus child is generally happy. He is able to play appropriately with neighborhood children. In the past there were some sexually inappropriate behaviors presented; however, no issues have been noted in many months. The focus child does have good emotional supports within the home. He appeared to be comfortable in the foster home and with those living in the home. The focus child does have outside supports through the mentor and community activities. The focus child at times can be a follower, and he is easily swayed, which is a risk factor.

Parent/Caregiver Status

The review team interviewed both foster parents of the focus child's therapeutic foster home placement. The foster parents provide for the focus child's basic needs. They ensure that he attends medical appointments and is in engaged in appropriate social activities. The foster family also includes the focus child into activities with the extended family members. The foster

family has communication and follows up with the school and service providers. They appear to be willing to do what is necessary for the focus child. They have provided appropriate emotional support for him, as well as a safe and stable environment. They utilize appropriate and logical discipline. In addition, the foster parents have informal supports of their own. They utilize the church, extended family members, and exercise as ways of appropriately dealing with stress. The foster parents participate actively in the focus child's treatment team. They attend meetings and medical appointments. They are able to advocate the needs of the child and make themselves available when services are required (i.e. saw the need for a tutor and requested the service). They make efforts to ensure biological family connections (i.e. waiting up to two hours when biological mother was late at the Metro).

The review team made efforts to contact the biological mother. She was not available for an interview. It appears that the mother has expressed interest in participating in the in the case planning process regarding the focus child; however, issues such as transportation and contact with her has have been a barrier to accomplish this. The biological mother is only invited to treatment team meetings via telephone, which at times is not connected. The agency does not provide letters. She does not receive signed plans as she does not attend meetings. It may be necessary for the team to find alternative ways to communicate with and engage the mother in the case planning process.

Factors Contributing to Favorable Status

The provider agency worker has provided services for the focus child for the past three years. The focus child has good supports via the foster family and the agency. He is placed in an appropriate educational setting that is meeting his academic needs. He has services in place that he is responsive to and that help stabilize his foster care placement. The focus child's foster parents are supportive of and facilitate birth family connections.

Factors Contributing to Unfavorable Status

Of most concern is the delay in achieving permanency for the focus child. Since the permanency goal has been changed, there has been minimal progress in obtaining permanency. During the review the current foster parents verbalized that the focus child is "part of the family." The foster parents are open and willing to receive information on the adoption process.

It appears that minimal efforts have been utilized to engage the biological parents of the focus child. Little or no efforts have been made to engage the biological father. To engage the biological mother, the agency utilizes phone calls and little non-traditional outreach for a possibly resistant parent. It appears that the focus child is bonded to his mother, and that connection should be utilized to help facilitate permanency.

In spite of knowing the whereabouts of the focus child's siblings, no family connection efforts have been made. It is unknown if the agency is assisting the mother in visits with her son in residential.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The private agency social worker has been on the case for years, which has allowed her to build and develop a relationship with the focus child. In addition, she has been able to work with the many providers and work in a team-focused approach. She has ensured that appropriate referrals for services are made and implemented, and she has a good working understanding of the case.

The team approach is fair. The key individuals have been identified. The active team members are invited and participate, and are able to plan together. They appear to be unified and consistent.

The focus child has been in a safe and stable placement with the current foster parents for the past three years. His physical and emotional well-being needs are being met. The focus child's services are appropriate and timely. The services are offered at a level necessary to meet priority needs. However, it is unclear whether or not the focus of services is meeting the child's level of functioning.

The focus child is receiving the appropriate medications to address his DSM-IV diagnosis. There has been a consistent provider who understands the needs for medication.

The focus child and the foster family have good access to informal supports. These informal supports include church, friends and family, respite, community groups, summer camp and family activities.

What's Not Working and Why

Efforts to engage the biological family, even prior to the goal change, have been minimal. The only efforts are via telephone, which at times is not working. There is little outreach from the private agency, and the burden has been left to the mother to make requests. There has been no real effort to engage the biological father. The foster parents are involved in the daily planning for the child; however, there has been little discussion with them regarding the adoption process.

The most recent evaluations regarding the focus child and family are from 2005. It is uncertain that everyone has a clear understanding of the focus child's needs, based on his limitations. In addition, it is questionable whether or not there is a clear understanding of the biological mother's needs and limitations, both cognitive and emotional.

Many of the objectives in the focus child's case plan do not address the critical issues identified for him. Without access to the information in the recent assessments (psychiatric/psychological and educational) it is difficult to determine if the expectations set out for this child are realistic to his level of functioning. In addition, the agency treatment plan objectives are not really being met. The plans do not allow for achieving goals.

Despite having an appropriate permanency goal of adoption, which will allow the case to close, there been minimal efforts made to achieve this goal. The mom, her attorney and the GAL to some degree, do not agree with the goal. The other treatment team members are in agreement;

however, there have been no real efforts made towards the goal. The confidentiality waiver has not been signed, and there have been few efforts to recruit for potential adoptive homes for this child.

Despite the goal of adoption, all team members agree that the focus child needs to remain connected with his biological mother. However, the efforts to ensure that the family connection is intact are minimal. Family visits have been inconsistent with biological mother for some time. In addition, it is unclear if the focus child has had visits with his biological brother who is currently placed in a residential treatment facility.

The treatment team members have had a somewhat clear understanding of where the case should be heading. The past judge has micromanaged this case. There has been little concurrent planning to assist with permanency for the focus child. In addition, the GAL has been reluctant to proceed with the goal of adoption in spite of the other team members' recommendations.

Six-Month Forecast/Stability of Findings

Based on the current service system performance found for this child, the child's overall status is expected to remain status quo. The child has been placed in his therapeutic foster home for some time and is stable. The services for this child are appropriate and meeting the necessary needs of the child. However more efforts need to be made to achieve permanency for the focus child.

Practical Steps to Sustain Success and Overcome Current Problems

1. The foster parents should be assessed as a possible permanent family for the focus child, in addition to recruiting for other potential resources. Regardless, a more active move toward permanency needs to be developed.
2. More nontraditional methods should be utilized to engage the biological mother. In addition, if the agency is unable to contact the mother directly, efforts should be made to contact her via her attorney.
3. Information sharing among agencies and team members needs to be better developed. Do all the team members understand the complexities of the focus child diagnosis? Do the foster parent's expectations reflect the focus child's limitations? Has the information contained in the child's psychiatric and educational assessments been shared among team members (with appropriate releases)?
4. Treatment team members should be invited to meetings by letter. Documentation should be available to show the agencies efforts to incorporate everyone in the treatment planning for the focus child.
5. Obtain a speech and language reassessment. Due to the child's cognitive limitations and updated assessment may assist with better treatment planning.

Quality Service Review
Written Case Summary

Case #64
Review Dates: October 22-23, 2007
Child's Placement: Temporary therapeutic foster home

Persons Interviewed (8): Social worker, Guardian ad litem, teacher, school therapist, biological mother, maternal uncle, caregiver, and child

CHILD & PARENT STATUS SUMMARY

Facts about the Child and Family

The focus child is a 10-year old, African American female. She and her two older brothers, who are now ages 12 and 14, became known to the child welfare system in May 2001. They were removed from their biological mother, who has a diagnosis of schizophrenia, due to physical abuse. Their biological father is deceased.

The focus child has had five placements. When she and her brothers initially entered care in May 2001, they were placed in a therapeutic foster home until January 2003. They left this home to reside with a maternal aunt. They stayed with the maternal aunt until July 2003, when they were returned to their biological mother under protective supervision. The protective supervision was revoked in May 2004 due to the mother's unaddressed mental health issues, and the children were placed with another maternal aunt, which is where they remained until August 2007. In August 2007, the maternal aunt decided she could no longer care for all three children due to the severe behaviors exhibited by two of the children. The maternal family created a plan that would allow one of the brothers to remain with the aunt with a goal of guardianship; another brother would be placed with a second aunt with a goal of guardianship; and the focus child would be placed with a third aunt, also with a goal of guardianship.

Presently, the focus child's brothers are in their respective guardianship placements. There has been a delay in the focus child's placement with her aunt because the aunt needed to obtain larger housing, which she recently did. However, she recently changed her work schedule to the night shift, and there will be no one in the home to supervise the child. The focus child's goal remains guardianship with her maternal aunt, but she is placed temporarily in a therapeutic foster home. She has diagnoses of Attention Deficit Hyperactivity Disorder, Mood Disorder, Anxiety Disorder, and Depression. She is currently taking Abilify 5 mg.

Child's Current Status

The focus child is safe and stable in her placement. The plan is for her to move to her maternal aunt's home in the near future, but she is able to remain in this foster home until the move occurs. The focus child is current on her medical, dental, and vision appointments. She is slightly overweight for age, which some team members attribute to the psychotropic medication the child is currently taking. For the last three years, she has displayed symptoms of both enuresis and encopresis. All team members report the child releases bodily functions frequently and appears to not realize when this is happening. She visited a urologist a few months ago

because of enuresis. The urologist took X-rays and found no abnormalities. At the time of the review, she had not visited a doctor for encopresis. The child's caregiver attempts to limit her liquid intake and wake her up to use the bathroom during the night; however, the number of accidents has not decreased.

The focus child has poor personal hygiene, which team members believe is worse because of her struggles with enuresis and encopresis. She often chooses not to remove her soiled garments and refuses to bathe daily. Further, the child recently began her menstrual cycle and has difficulty caring for herself properly during that time. A few team members reported seeing slight improvement in the child's hygiene over the past few months, but most reported no improvement.

The focus child exhibits difficulty engaging in interpersonal relationships with her peers, both in school and at home. She reports having no friends and has limited interaction with her foster mother's six-year-old adopted daughter. The relationship between her and her siblings, whom she sees weekly, was described by most team members as average. One of her brothers also displays disruptive behaviors, but not to the extent of those exhibited by the focus child.

The focus child attends a Level IV special education school and has a current Individual Education Plan. Academically, she is making adequate progress; however, she often exhibits verbally and physically aggressive behaviors towards peers and staff and is restrained and removed from the classroom several times each week, which can impede her ability to learn. School staff reported a "good" week for the focus child is being physically restrained and removed from the classroom three to four times. Two team members reported the child has often screamed "get off of me" and "you are raping me" while being restrained. Per report and case record documentation, the child does not have a history of sexual abuse, but these comments are very concerning to team members. The youth also displays disruptive behaviors on the school bus. The day of this review, she was escorted to her foster home by the police. Details regarding the incident were not shared with the reviewers.

Several services have been implemented for the focus child. She has a school social worker and therapist at school. She also receives medication management at school. She has a mentor and tutor, who is the same person, but team members reported the child has not seen this person in a few weeks. The child was also recently referred for Community Based Intervention (CBI) services, which will include an in-home therapist and community support worker. The child completed the intake process, but the services have not started.

Parent/Caregiver's Status

The foster mother is a single mother of a six-year-old adopted daughter. She also operates a daycare center in her home. Currently she provides daily daycare to five children, with the help of assistants. She has a good relationship with the social worker and GAL. She has participated in meetings with both persons and talks with them regarding the child's progress as needed. She provides adequate physical support to the child but does not appear to be very emotionally attached to the child. She reports the child spends majority of her time in her room napping and seldom engages in conversation. Further, the child spends most weekends visiting her biological relatives.

The biological mother is very involved in the case; however, the child's goal is not reunification with the mother; instead it is guardianship with the maternal aunt. The maternal aunt attends meetings and court hearings and has begun the process for licensure. She completed all but one foster parent training class, submitted information for child protection and police clearances, and finished CPR and First Aid classes. Her fingerprints have come back unreadable three times and need to be submitted again. She has also changed her work schedule and is now working a night shift, which is a problem because she will not be in the home with the child at night. There are family members, including the biological mother, who have volunteered to provide childcare while the aunt is working.

Factors Contributing to Favorable Status
The focus child has attended the same school since 2003. One of her brothers attends the school with her. Her academic progress is fair and could be better if her behaviors improved. She likes to draw and is described as being a good artist. She is also attending church with a maternal aunt and reportedly enjoys it.

The foster mother cared for the child and her brothers when they initially entered care so she is familiar with the child's family and supports the child maintaining contact with them. Although the goal is not reunification, the biological mother remains very involved in the child's life.

Factors Contributing to Unfavorable Status
The biological mother is very interested in reunification with the focus child and does not appear to have a clear understanding of the guardianship goal. She is very involved in the case, which is identified as a strength, but this high level of involvement can also cause confusion. She takes the child to medical appointments, maintains frequent contact with all team members, and attends all court hearings and meetings and, because of this, believes she should be considered for reunification.

Per mom's report, she is currently receiving therapeutic services and medication management from a local mental health agency. However, there has been no contact between the child's social worker and the mother's case manager to confirm this. When the focus child and her siblings were placed with the mother previously under protective supervision, the protective supervision was revoked because the mother began to display symptoms of her mental illness and was not properly caring for the children. Although, by court order, visits with the mother do not have to be supervised, some team members expressed concern about the mother's ability to provide adequate care to the focus child without assistance.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
Family connections are very strong in this case. The biological mother and her siblings are very well bonded with each other and the children. Two of the mother's sisters are currently pursuing guardianship of the focus child's siblings, and a third aunt is interested in being a guardian for the focus child. Another aunt has previously served as a caregiver for the children, and there are still two aunts and an uncle who visit with the children and attend court hearings and team meetings. Per report, some of the biological father's family members also visit with the children.

The Guardian ad litem has been assigned to this case since it opened and is very involved. He visits with the children regularly in their respective placements and maintains consistent contact with other team members.

What's Not Working Now and Why

There is currently no alternative placement plan in place for this child if guardianship with the maternal aunt is not achieved. Team members are confident another family member will offer to provide placement for the child, but who that family member will be is unknown. The focus child's maternal uncle and his wife were previously supposed to provide placement to the child should guardianship with the aunt not take place. They are no longer considered by team members as viable placement options due to an incident that occurred in their home in which the focus child pulled a kitchen knife on her younger cousin. There were several adults in the home when this incident happened, and they were able to calm the child and get her to put the knife down. In addition to this incident, some team members expressed concern that the uncle's discipline methods are too rigid and that he exhibits minimal patience with the focus child. However, the uncle continues to express a desire to provide a placement for the child. It does not appear services were offered to the uncle to teach him appropriate discipline methods and assist him in parenting a child with challenging behaviors.

While several services have been implemented for this child, they were not all done in a timely manner. For example, team members discussed referring the child for Community Based Intervention services two months ago and although the referral process is complete, the services are still not in place. The youth has also seen a doctor for the enuresis, but never saw a specialist regarding the encopresis, and both have been occurring for the past three years.

There are several team members involved in this case. Meetings are held when needed to discuss the child's progress and make necessary plans for the child. The child's school staff, however, has not been included in these meetings. The school has also not been provided information from the social worker regarding the child's health issues and has had no contact with the foster mother.

There is concern about the child's diagnosis and medication. She receives medication management regularly, but some team members report concern she may not receive medication consistently when visiting family members and that the medication is making her extremely tired and causing weight gain. There is also no updated psychological or psychiatric evaluation in the record for the child. A psycho-educational evaluation was conducted recently, but it does not address the child's diagnosis and medication.

Six-Month Forecast/Stability of Findings

It is expected the child's status will continue status quo over the next six months. Factors that could cause the child's status to improve are finalizing guardianship placement with the maternal aunt and the child exhibiting decreased disruptive behaviors.

Practical Steps to Sustain Success and Overcome Current Problems

1. Refer child for updated psychological and psychiatric evaluations as well as a medication re-evaluation conducted by someone other than the child's school or the local public school system. When completing the referral, specifically request an assessment for sexual abuse.
2. Conduct a team meeting with all team members, including school staff, to discuss team members' concerns, the child's current level of functioning, and to devise an alternative permanency placement plan. Provide the maternal aunt with timeframes to complete the necessary requirements for licensure. Provide biological mother with clarification of the guardianship goal.
3. Schedule a follow-up appointment with a urologist for the enuresis and an initial appointment with a pediatric gastroenterologist to address encopresis issues. Provide all team members with written doctor's reports.
4. Contact biological mother's case manager to get updated written reports of the mother's progress to determine if more supervision is needed when the child visits the mother.

Quality Service Review
Written Case Summary

Case #65
Review Date: October 17-18, 2007
Child's Placement: Foster Care

Persons Interviewed (6): Social worker, supervisory social worker, Guardian ad litem (GAL), assistant attorney general, school principal, foster mother

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a three-year old African-American male, who has resided in his current foster home since July, 2005. The focus child is reportedly one of nine children born to the birth mother. Since birth he has had significant speech, motor and developmental delays. Efforts to establish his paternity have not been successful. The man identified by the birth mother to be his father was not supported via paternity testing. The focus child understood this man to be his birth father.

Three older siblings have been removed from the mother's care and have been adopted. Two older siblings, a brother and sister, who had been in the care of the mother, have been living with their father and step-mother under protective supervision in a nearby state since August 2006. The focus child did have visitation with his older siblings during that time. This father has made efforts to maintain contact between the siblings. The focus child and his younger sister live together in the current foster home placement. He also has a younger brother who is not committed and is in the care of the birth mother. There are no accounts reported for the ninth child.

In March, 2003 CFSA received a hotline report that the mother had given birth to an older sibling, and both tested positive for cocaine at the time of delivery. The focus child became known to the Agency in October 2004, when a hotline report was made indicating the children were living in dirty, unkempt conditions, and that they were being neglected due to both their mother's and father's engagement in prostitution. Both parents were also reported to be using drugs. The children were placed into foster care. The focus child was reunified with birth mother in December 2004.

At the time of the reunification, birth mother entered a transitional living program that included drug counseling and case management. She left the program without completing the requirements in July 2005. At that time, the focus child re-entered foster care and was placed in the original foster home. At the time of his second placement in July 2005, a younger sister had been born. The focus child and younger sister were placed together and have remained together as of this review.

Birth mother entered an in-patient drug treatment program with court ordered drug testing in October 2005. The father of the two older siblings in foster care was identified to be the birth father of the focus child; however, this was not verified by paternity testing. .

The case was managed by CFSA from 2003 to January 2006. The case was transferred to the private agency in January 2006. Since that time, the case has had three social workers from January 2006 to October 2007. The current social worker received the case in January 2007.

In July 2007, birth mother entered a second transitional living program. Services at the program included therapy and substance abuse monitoring. Reportedly, mother has been drug free since April 2007. The focus child had his last visit with birth mother and older siblings in July 2007. The visit was supervised by the current social worker. There has been no direct contact with birth mother since July 2007.

Child's Current Status

The focus child has multiple developmental delays. During the previous academic year, he received therapeutic early intervention services for speech, hearing, occupational and physical delays. In September 2007, he was placed in a half-day educational setting in a local public school. His needs will continue to be evaluated, and the necessary services will be identified. The staff ratio at the current therapeutic placement is one teacher and one educational aide for 5 children. The teachers at his new therapeutic school could not be interviewed due to scheduling conflicts and planned teacher training days. The social worker did not have specifics on his educational placement.

The focus child is currently undergoing diagnostic testing at a local hospital to determine his specific diagnosis. He was recently prescribed Risperdal by his pediatrician. The foster mother believes he is autistic but reports that since receiving the medication he is less agitated and has increased verbal skills.

He is not toilet trained and plays with his feces when not redirected. Foster mother reports when there are tantrums, he yells, bites, pulls hair and pouts. He reportedly likes to be cuddled by the foster mother.

All immunization and physical examination schedules are current. There are no outstanding medical conditions or allegeries reported. Foster mother stated he does have frequent constipation and is given apple juice to assist in alleviating the condition. He is able to feed himself with minimal assistance.

Due to his limited speech, he was not interviewed. Foster mother did not give permission for the interview to be held in her home; therefore, the focus child was observed in the private agency. He is receptive, attached and responsive to the foster mother, and she in turn demonstrates a warm and engaging style with him. He is involved in the family social and religious activities.

Parent's Status

Birth father is not known.

Birth mother, age 35, did not complete high school and attended the Job Corps. Status of her completion is unknown. Mother has a long history of substance abuse and medical conditions. She has been in several substance abuse programs and was last in a transitional living program in July 2007. Her current address is unknown.

Mother has informed the social worker she has been at a local hospital for 2.5 months for medical conditions, including lupus. There has been no verification of the hospital stay, medical condition/functional capacity or specific whereabouts of mother since July 2007. Mother has made intermittent telephone calls to the social worker stating she had a therapist in the hospital. This has not been verified.

During the hospital stay, the focus child did not have visitation with his youngest sibling, older siblings or birth mother. The last parental visit with the focus child was in July 2007.

The social worker was informed during the birth mother's hospitalization; the youngest child was in the care of the mother's fiancé. His name, address and care giving capabilities are unknown. The father of the infant is incarcerated. His exact name is unknown.

As of this review, mother's address, functional condition, or whereabouts are unknown to the agency, although she is reported to be communication with her attorney.

Caregiver's Status
The focus child was placed for a second time with the foster parents in July 2005. The foster mother is married; however, she assumes the primary care giving responsibility. Reportedly her husband, the foster father, assists his wife with some of the responsibilities. Foster mother is attached to the child and has been instrumental in coordinating the needed medical and educational services. During the agency observation, the foster mother demonstrated a bond with the focus child, and he responded to her verbal and non-verbal cues.

The foster mother believes the birth mother was incarcerated during her absence and the permanency goal for the October 2007 hearing is adoption. She stated that due to her age and that of her husband they are not interested in adoption. They want to be considered as family resources. The foster father was not interviewed.

Factors Contributing to Favorable Status
The focus child is in a stable, nurturing, and safe environment. He is receiving diagnostic evaluations at educational and medical settings to best determine his needs and required services. He does not have any outstanding medical concerns.

The foster mother has been important in coordinating his services. She has a long-standing relationship with the private agency and is able to advocate for and secure resources in an independent manner.

The GAL is aware of the birth mother's functioning and general pattern and believes the goal of adoption is appropriate for the focus child. The GAL and social worker are in regular communication.

Factors Contributing to Unfavorable Status
The social worker has not had direct contact with the birth mother since July 2007. Her specific whereabouts are unknown. The social worker thought the birth mother was in the hospital, and the foster mother thought the birth mother was incarcerated. The functional/medical status of mother is unknown.

As of the review, the Agency goal for the focus child was reunification. The foster mother believed the permanency goal was adoption.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The GAL reported no case concerns regarding his care. There is ongoing communication between the social worker and GAL.

What's Not Working Now and Why
There are challenges with the case in regards to assessment, case planning and communication with all involved parties.

Due to lack of direct agency contact with the mother for over two months, the status of the goal of reunification for the focus child cannot be determined. The mother's status is unknown. Mother's ability to parent the child in her care was not considered in the original goal selection of reunification for the focus child. Since mother was not interviewed, her opinion, experiences and desires are unknown.

The case planning steps were not evident in the case. The social worker did not demonstrate strong case management skills with the case and required additional supervision for case planning and court preparation.

There were inconsistent communications with the AAG and social worker. The case planning activities and current status of birth mother were not communicated to the AAG. The court hearing was scheduled within five days of the review. The court report had not been prepared or submitted.

Reading the record was difficult due to the inconsistent information and documentation gaps. Since the case was transferred to the private agency 18 months ago, the case has had three social workers. The current social worker has had the case responsibility for approximately 10 months.

The focus child has a tentative diagnosis of autism; however, there are behavioral indicators that are inconsistent with the condition. The social worker needs to take an active role in case management to assure all factors are known by the medical and educational professionals. The social worker would require additional supervisory support in this area.

Six-Month Forecast/Stability of Findings
Given the lack of recent agency contact with birth mother, erratic visitation schedule with the focus child, poor agency communication with the AAG, and the unknown parenting ability of the child in care of the mother, the six month prognosis with the goal of reunification is poor.

Practical Steps to Sustain Success and Overcome Current Problems

1. Social worker should make contact with the birth mother and ascertain the status of the child in her care.
2. Social worker should conference with the AAG on an ongoing basis to avoid conflicts and information gaps prior to hearings.
3. The agency should review information in the electronic record and update all FACES Screens with the most current information.
4. Social worker should convene a team meeting with foster parents, educational and medical staff and other family members to coordinate and identify resources and services.
5. Social worker should submit a Diligent Search referral to obtain updated information on birth father.
6. Should the goal be changed to adoption, the social worker should request a clinical staffing to determine the effects on the focus child and the focus child's relationship with his other siblings.

Quality Service Review
Written Case Summary

Case #66
Date of Review: October 15 & 16, 2007
Youth's Placement: Therapeutic Foster Care Placement

Persons Interviewed (9): Youth, foster mother, case manager, supervisor, Guardian ad Litem, Assistant Attorney General, community support worker, child therapist, child's step-father

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family:
The focus youth is the second eldest of the sibling group. She is a Latina 18-year old high school graduate and is the mother of an 18-month old boy. Child welfare involvement in this case stems back to substantiated abuse allegations in 1999. Mother was physically abusive to her four children. The children were removed from mother in November 1999 and have been in foster care ever since. The birth parents were non-compliant with the family case plan, and the children were placed together in a pre-adoptive home in 2000. In March of 2005, the youth's goal was changed to APPLA when the pre-adoptive home disrupted. For various reasons (all sanctioned by the various members of the case management team) the children were placed separately soon thereafter.

While the youth's goal is APPLA, the system has tried to facilitate ongoing contact between her and her parents. Her relationship with her mother has been strained since she entered into foster care, according to various team members, because the youth's testimony at trial was instrumental in the removal from their home, and mother has blamed the youth for bringing these issues to light and for causing the break-up of the family. Furthermore, mother has issues with the fact that her grandson is bi-racial. For these reasons, the youth currently has absolutely no interest in maintaining a relationship with her mother.

Her "father" as identified in the case plan is not actually the youth's biological father, but rather her step-father (he is, however, the father of her two brothers). The actual bio-father resides outside the U.S., and it is not clear whether or not she has ever met him. Until January 2007, the youth had periodic contact with her step-father, whom she regards as her father, but visits were suspended by the court in the spring pending father's completion of a psychosexual evaluation, and it was unclear among team members at the time of review whether or not he'd completed this evaluation.

The youth's service plan goals include: acquire independent living skills acquire parenting skills; pursue higher education; and, promote emotional stability/mental wellness. The youth has substance abuse (marijuana is the drug of choice) and anger management issues. She was on anti-depressant medication prior to her pregnancy, but has not resumed the medication since the birth of the baby. A recent medication evaluation determined she did not need to resume anti-depressants.

Formal services that the youth receives currently include: individual therapy, a community support worker, in-home substance abuse counseling (recently changed to out of home substance abuse counseling, although the youth's follow-through has been questionable), psychiatric medication evaluations, tutoring, and Center of Keys for Life (although the youth's follow-up has been lacking).

Caregiver Status
The child is doing very well in her foster home. The youth has resided there since April 2005. It is a stable and supportive environment, and the foster mother has indicated her willingness to maintain the youth in her home until she ages out of the system. Their bond is obviously strong, and the youth refers to her foster mother as "my mommy."

Factors Contributing to Favorable Status
While it appears that the youth will continue to reside with the foster mother until she ages out of the system, she has also made great advances toward independent living in the last six months. She is very well-supported by the foster mother, as well as the family of her toddler's father. The youth has ongoing substance use/abuse and anger management issues. The foster mother is much attuned to these behaviors and their triggers and consistently works with the youth to address, confront, and overcome them.

The youth is a skilled self-advocate who is willing and able to articulate her needs to the foster mother and the other team members. Her on-time graduation from high school is commendable because she was able to complete her coursework while attending to her infant child. Since her graduation from high school in June, she has taken on various independent living tasks, such as obtaining a vehicle learner's permit, steady part time employment, and bank accounts. Consensus among team members is that she has responded very well to the demands of motherhood and that she more than adequately meets the needs of her son.

Informally, the youth has in place tremendous family supports from her foster mother, who has gone above and beyond the call of duty by providing assistance with: employment, parenting support, financial consultation (creating bank accounts and savings plans for the youth and the baby), scheduling appointments, transportation (learner's permit and associated activities), higher education tutoring and enrollment. Additionally, the baby's father's family lives near the foster home and provides much-needed child care for her son. By all accounts, the youth is a loving and nurturing mother who parents her son appropriately.

The stability of the youth's foster placement is another factor contributing to her favorable status.

Factors Contributing to Unfavorable Status:
The youth has exhibited risky behaviors in the form of substance abuse and aggressive behavior. At her March 2007 court hearing, she tested positive for marijuana and was ordered to receive substance abuse counseling. Throughout the summer, she received in-home substance abuse counseling, but the foster mother contended (and the team agreed) that it was important for the youth, as part of moving toward independent living, to get out of the home in order to receive this service. Foster mother feared that the team was putting too much in place for the youth and that she was not doing enough on her own to address her own issues. In response, the social

worker made a referral to an out-of-home substance abuse counselor, which requires the youth to take public transportation (or to arrange for private transportation) to attend sessions. Her first appointment with the counselor never occurred because the counselor was a no show. Since that time, the youth has not re-scheduled.

Additionally, the youth has exhibited aggressive behaviors and struggles with controlling her anger. In June 2007, during a sibling visit at her sister's foster care placement, the youth was arrested on an assault charge during an altercation with a group of teens. The incident has strained her relationship with her sister. Her court appearance on the charges is scheduled for November. Various team members also indicated that the youth is both verbally and physically abusive (foster mother minimizes physicality by stating that its "kids' stuff") to her boyfriend (who is the father of the baby); however, the severity of the abusive behavior is unknown.

Lastly, just before the QSR, the youth's younger brother absconded from his foster placement and showed up unannounced at the doorstep of the youth's foster home. The brother remains in the home under a "respite" placement designation, but the foster mother and youth herself have indicated to the team that they would like to formalize the living arrangement and have the child placed therein. However, consensus among the team members is that this arrangement would be detrimental to both children, as their influence on each other would cause considerable upheaval. The children have not lived together for over two years, and both have been thriving (until recently) in their individual homes. As the time of the QSR, this issue had yet to be resolved.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Well

The case manager is newly assigned (within 60 days of the review) but exhibited a facility for the history and current details of the case. The transition from the previous social worker (who was assigned to the case for close to two years) to the current social worker was a "textbook" transfer, which involved the case manager shadowing the departing case manager for 30 days prior to the latter's departure.

The youth also iterated (and team members agreed) that she has been heavily involved in the development of her own case plan. She regularly attends her court hearings, and she feels that her judge asks for her input and listens to her concerns. She feels that the case management agency has made available to her many resources, and she feels comfortable calling upon those resources when she feels that it is necessary to do so.

All team members also exhibited awareness of the youth's need to develop independent living skills, and all appear to be broaching the issue in such a way that she has been receptive and responsive in recent months. Additionally, the team members are in agreement that her substance abuse issues need to be addressed. Each member of the team integrates the issue into their individual approaches to her services, and it is adequately addressed. The youth has been able to identify triggers to her substance use, and she engages in discussion with her foster mother about alternative behaviors/coping mechanisms.

What's Not Working Well
Generally speaking, team communication and coordination are not functioning at an optimum level. Following are some examples of the issue. There is a lack of clarity among the team members on the extent/severity of abusive behavior that the youth exhibits. One team member reported that she is physically and verbally abusive toward her boyfriend, and that recently, after "having enough," he defended himself and pushed her down, causing a cut on her head. On the other hand, the foster mother indicated that their physical aggression is merely playful.

These varying interpretations of the issue have not been brought to light nor discussed among team members. Additionally, there does not appear to be any discussion among the team members about the potential impact of these abusive activities on the child, and there is no plan in place to ensure the child's safety and well-being with respect to possible exposure to physical and verbal abuse.

The team expressed various understandings of the youth's mental health diagnoses. Documentation in the case file appeared to be conflicting as well, indicating major depressive disorder, adjustment disorder, bi-polarity, and depression. She has had medication evaluations since the birth of the child, and her psychiatrist has indicated that she doesn't need medication at the present time, but nonetheless the diagnoses, and the team's understanding of them, are unclear.

There are major issues with the coordination of sibling visitation, stemming mostly from a strained relationship among the siblings and their respective foster parents. Logistical issues such as distance between the various placements and individual schedules also represent barriers to timely visitation. The siblings have indicated a desire to spend time together and, thus far, the system has not been able to coordinate the requisite visits to be in compliance with CFSA policy and best practice.

The youth desires clarity on why visits with her younger sister came to a halt following the assault charges stemming from the last visit. One team member indicated that it is at the request of the youth's sister that the visits have stopped, but nothing on the matter has been communicated to her. She wants to continue contact with her sister, and is currently blaming the system for not listening to her.

Not all team members are clear that KM's permanency goal is APPLA.

Team members did not seem to understand the situation with the youth's step-father (some don't know that he is indeed a step-father as opposed to a biological father). Some acknowledged that he had to "do something" to resume visits with the youth, but few could actually say with any conviction what that something was. Some thought that he had already completed whatever it is that he had to do; others had no idea what kind of progress he'd made on the subject. Also, while it's commonly acknowledged that the step-father is not a placement resource for the youth, none of the team members mentioned father as an ongoing resource/adult connection for her following her departure/emancipation from the system.

There were documentation (formal photo ID) issues that precluded the foster mother from

enrolling the youth in community college this fall. Foster mother reported that admissions officials couldn't admit her because her legal status documentation had expired and she had no valid photo ID. However, the GAL noted that the lack of a photo ID should not have been a barrier to enrollment and that the foster mother merely needed to show the enrollment officers an official letter from CFSA corroborating the youth's status with the agency. The breakdown in communication among team members resulted in a delay in the youth's pursuit of higher education.

Six-Month Forecast/Stability of Findings

The youth's six month forecast is to improve in status. She is on track to begin college in January 2008. The team's quick and appropriate resolution of the younger brother's placement, the youth's resumption of substance abuse counseling, and proper assessment of her aggressive behavior toward her boyfriend will reinforce the likelihood her overall status will improve.

Practical Next Steps

1. Develop placement plan/recommendation regarding the youth's younger brother that meets her best interests as well as her brother's, keeping in mind that her best interests may go against her stated preference in the matter.
2. Develop and distribute to the foster parents of all the children a formal sibling visitation plan. Work with the foster parents and the children to overcome the barriers that have impeded the visits in the recent past, make visitation a priority for the foster parents, and hold them accountable for its occurrence.
3. Articulate the permanency goal of APPLA to all parties on the team. Explain what it is, what it means, and brief team members on the pathways to permanency via APPLA.
4. Revisit and emphasize the youth's substance abuse counseling, and come up with a plan to re-start the service.
5. Consult with CFSA's domestic violence specialist to assess the youth's relationship with her boyfriend, safety and risk issues, and the extent to which her son is being exposed to domestic violence. If the youth is unwilling to engage in a formal domestic violence assessment, link her to a teen dating violence program, such as that offered by WEAVE (Women Empowered Against Violence).
6. Revisit with the Center of Keys for Life program and make sure the youth is familiar with *all* of the services and supports available through it, including college funds, Educational Training Vouchers, and recreational/peer support/social/leadership opportunities.
7. Assign responsibility to a particular team member to follow through on finalizing the paperwork necessary to resolve the youth's legal residency status and ensure she has up-to-date documentation papers.

Quality Service Review
Written Case Summary

Case #67
Review Dates: October 24-25, 2007
Youth's Placement: Therapeutic Foster Home

Persons Interviewed (5): Supervisor, focus youth, AAG, mentor, and GAL

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family
The focus youth is a 17-year old, African-American female, who is currently placed in a therapeutic foster home. The focus youth has four sisters ages 11, 14, 16 and an adult sister in her mid-twenties. The family first became known to the agency in 1994, when the birth mother voluntarily placed the girls so she could enter an inpatient drug rehabilitation program. The children were returned to her care after she completed the program. Less than a year later, when the focus youth was five years old, the mother requested that the children be placed stating that she was unable to care for them due to her continued drug abuse. The children went to live with a maternal aunt, with whom the focus youth's younger siblings still reside. At about age twelve, the focus youth's defiant and oppositional behavior became difficult for the maternal aunt to manage and she was placed in a number of therapeutic and pre-adoptive foster homes since then. Her permanency goal has been adoption for the past six years.

Both of the focus youth's parents are deceased. The focus youth maintains regular contact with her younger sisters, but she has no contact with her older sister. One of her younger sisters has cerebral palsy and has to be transported by wheelchair making it difficult for the focus youth to have more regular contact with them given the challenge of transportation. She has supervised visits with them twice monthly at her maternal aunt's home and maintains regular phone contact with them. Visits are supervised due to the focus youth making negative statements about the maternal aunt adopting her sisters when she was first removed from the aunt's home. Their adoption is expected to be finalized within the next month. She and her maternal aunt have a strained relationship since she left her home, also making more frequent visits in her home uncomfortable for the focus youth. The focus youth enjoys her visits with her sisters and wishes they were more frequent and outside the maternal aunt's home. Her mentor usually transports her and also supervises the visits with her sisters. The focus youth also interacts with extended family members on holidays and special occasions.

The focus youth has been receiving bi-weekly mentoring services for the past three years. She was diagnosed with Major Depressive Disorder, and she received therapy and medication management for three years, starting when she was placed in her first therapeutic foster home and was said to have been doing well. Since then, she stopped attending therapy and refused all mental health services.

Youth's Current Status

The focus youth was described as very friendly, engaging and articulate. Those interviewed described her as being a leader and an advocate for herself. She learned of a program in the community college near her home that she could enroll in to earn college credits while still in high school. However, she missed the deadline to apply because the social worker assigned to the case at that time did not submit the necessary documents for her enrollment. The youth enjoys cheerleading and dancing and is on the step team at her school. She does not receive any special education instruction and receives As, Bs and one C in her classes. She has an educational advocate who ensures that her school placement provides her with voluntary counseling services, which the focus youth does not take advantage of. She receives speech services two times weekly at school. She has no tutor at this time, but desires one to assist her with her Science class, in which she is having the most difficulty. She is interested in going to community college upon her graduation from high school.

There are no concerns for the focus youth's safety and well-being at her current placement or at school. She has been in this placement since late August 2007. The foster mother prior to this one had submitted a letter of intent to adopt; however, her foster home had to be closed after it was learned that she could not maintain her monthly bills and was staying in a hotel with the focus youth and another foster child. She has also been placed in a number of pre-adoptive homes leading to an unstable placement history. The focus youth wants very much to be adopted and to be part of a permanent family.

The youth has been exhibiting responsible behavior and decision-making. She has no criminal history and is not suspected of using drugs or alcohol. She follows the rules in the current foster home and completes all of her chores. She also stays on top of the other children in the home around completing their chores. She is displaying age appropriate life skills around doing her laundry, light cooking, etc. She reports not currently being sexually active, although she has been in the past. She is currently on birth control and is aware of safe sex practices. She has worked this past summer as a peer counselor for HIV/AIDS education and outreach to teens. She really enjoyed this and states that she is committed to the cause.

The focus youth has not been on any medication or participated in therapy for approximately two years. There are no concerns among those interviewed regarding her current behavior. The supervisor, who has been managing the case since the social worker left in September 2007, has discussed a referral for mental health services with the focus youth to offer her some support. However, the focus youth continues to refuse this service. She has had the same mentor for the past three years and has developed a very close bond with her. The mentor has supported and guided the focus youth which is said to have contributed to the focus youth's improved behavior.

She attends the Center for Keys for Life bi-weekly and would like to participate weekly; however, it is a challenge to attend given that she is now living in a Maryland county that is relatively far from the District and would not get to the program in time after school on public transportation. Her foster father is able to bring her bi-weekly, but not more often than that, due to his and his wife's work schedules.

The focus youth has chronic asthma, but is healthy overall. She still sees her pediatrician from birth, who is very knowledgeable of her medical history. Her asthma is monitored through her annual physicals. She receives emergency treatment for her asthma as needed. The supervisor reported that referrals were made for the focus youth to receive appointments for her annual physical and dental checkup, which are due in November of this year. Her annual vision appointment has also been scheduled.

Parent/Caregiver's Status

The focus youth had been in her current placement for approximately eight weeks at the time of the review. Due to an incident involving another foster child in the home, the foster parents were not able to be interviewed. According to the supervisor, the foster parents are able to provide the focus youth with a family setting and a structured environment. They have four biological children under age eighteen and also care for the focus youth and another thirteen-year old male foster child. The focus youth is the oldest child in the home and is said to get along very well with all of the children and even attends the same high school as one of the foster parents' teenage daughter. It was also reported that the focus youth and foster parents are building a good relationship and are getting along well.

Adoption has not been discussed with the foster parents, as the focus youth has only been placed there a short time. Parties interviewed stated that they did not want to rush into this topic with them, but so far this family appears to be a good match for the focus youth. The foster parents communicate regularly with the supervisor; however, communication is not geared toward planning for the focus youth. All details and topics are not always shared. For example, the foster parents did not mention that the focus youth was going to miss the deadline for enrolling in the community college program due to missing paperwork. There was no coordination with the agency to ensure that the youth would not miss out on that opportunity.

Factors Contributing to Favorable Status

The focus youth is doing very well in academically, and there are no behavioral problems or concerns at school or in the foster home. She is very amicable and engaging, making her a pleasure to be around. Although she has had several different placements, the youth has learned to be adaptable and moves through each transition smoothly. The focus youth reported that her mentor is a great coach and has helped her through these moves. Despite her moves, the youth is motivated to complete high school, attend community college and is committed to being involved with HIV/AIDS education and outreach, she described this as her passion. She is involved in extracurricular activities at school as well as the Keys for Life program at CFSA. She has had the same mentor for three years with whom she has built a strong bond. She actively maintains consistent contact with her younger sisters and tries to serve as a positive role model for them. The girls are said to have a very strong relationship with each other.

Factors Contributing to Unfavorable Status

Those interviewed stated that although the focus youth has been linked to potential adoptive parents in the past, appropriate matches have not been made. Given the focus youth's age, it is getting increasingly difficult to find her an adoptive home. She has been placed in approximately seven different homes, including her maternal aunt, which led to disruptions in school settings and communities.

The focus youth is refusing therapeutic services, which team members feel strongly about, reporting that the focus youth has unresolved anger towards her maternal aunt that affect her current relationship with her. There are also issues of grief and loss that began to be addressed while the youth was receiving therapy, that team members feel she would benefit from addressing today. The educational advocate was able to get counseling services available to the focus youth in school; however, she is also refusing this service. Perhaps attempts could be made to get the focus youth talking about these topics indirectly by linking it to a topic she is interested in, HIV/AIDS awareness and prevention, maybe in a peer group setting at school or in the community.

The focus youth would like to have increased opportunities to visit with her siblings unsupervised. Her visits with her mentor usually include a visit with her sisters. The focus youth lives in Maryland, not close to public transportation, relying on others to take her to sibling visits. Due to the strained relationship with her maternal aunt, the focus youth is uncomfortable always meeting in her home and under her supervision.

It appears that the current foster parents have not been fully engaged as participants on the focus youth's team. Although this is a relatively new placement, efforts should be made to include the foster parents in planning for this youth. The goal of APPLA should also be broached with the focus youth as a real and impending permanency goal if adoption does not happen. Although the focus youth longs to be adopted, she should be prepared for independent living as well. The foster parents' input is also critical in ensuring that the focus youth is acquiring independent life skills.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

This case has been with the agency since May 2002. The supervisor has a very thorough and comprehensive knowledge of the focus youth and her history. In spite of not having a social worker currently assigned to the case, the supervisor has ensured that case management continued without a lapse. The agency has built a good working relationship with the youth. The mentor is fully engaged with her and has a very close relationship, leading to a greater understanding of the focus youth. The focus youth has been able to have the same mentor, AAG, GAL and supervisor on her case for a number of years, providing continuity for her. Parties report that the court has been responding well in this case and is moving at an appropriate pace.

A referral has already been made for the focus youth to receive counseling services from CASE around issues of adoption.

What's Not Working Now and Why

There has been no social worker assigned to this case for approximately one month at the time of the review. The agency is in the process of hiring additional staff and the supervisor has been managing this case. Outside of court hearings, there has been minimal and infrequent communication among team members. The supervisor has made attempts to contact other parties but does not always get to communicate case activities to others on the case. Others interviewed admitted as much and have stated that they will be committed to communicating

more often. Greater efforts should also be made to include the current foster parents in case planning for the focus youth.

When the focus youth's previous foster parent submitted a letter of intent to adopt, adoption recruitment efforts for the focus youth ceased. This occurred around June of this year. After that foster home was closed and the focus youth placed in her current setting, her case was not reopened for adoption recruitment. At the time of the review the supervisor reported that the necessary paperwork had been submitted and she was awaiting the assignment of a new recruiter. However, nearly four months had passed with no active recruiting taking place for this focus youth. There should be more aggressive efforts being made, given the age of the focus youth.

The goal of APPLA is not currently being planned for as a concurrent goal and has not yet been fully discussed with the focus youth. It is imperative that the youth be informed of permanency options available to her and the need to work on both adoption and APPLA simultaneously to ensure that she has a safe, permanent living arrangement once discharged from care.

Overall the system performance must be refined, principally in the area of communication and planning among team members for the focus youth.

Six-Month Forecast/Stability of Findings

The focus youth's status is likely to improve within the next six months, as adoption recruitment efforts will resume. The focus youth has many strengths and is a very pleasant young lady. The focus youth has no behavioral issues or any recent history warranting concerns and is likely to maintain in her current placement until another pre-adoptive home is identified. Team members have stated their commitment to improving their communication and active involvement in case planning for the focus youth.

Practical Steps to Sustain Success and Overcome Current Problems

1. Follow up with referral to adoption recruitment unit and the assignment of a new recruiter.
2. Convene a team meeting (including adoption recruiter, foster parents and youth)
   a. Discuss permanency planning and solidify next steps for achieving the permanency goal with a timeline,
   b. Discuss APPLA goal with the youth and begin concurrent planning,
   c. Discuss how matching will occur with potential adoptive parents,
   d. Discuss the current visitation plan and identify viable options for increasing the frequency and evaluate the continued need for supervised sibling visits,
   e. Discuss resolution of the tension between the focus youth and her maternal aunt in an attempt to strengthen their relationship.
3. Maintain frequent and consistent communication with all team members in between court hearings to ensure that team members are all informed of critical case activities and that tasks are followed up on.
4. Complete ITILP with the focus youth to prepare her for independent living.
5. Follow up with referral to CASE for counseling for the focus youth.

6. Research community agencies, programs and resources that can provide support to the focus youth within her current community since it is difficult for her to fully participate in Keys for Life given where she currently resides in Maryland. For example, at recreational centers, church programs, internships, etc.

Quality Service Review
Written Case Summary

Case #68
Review Date: October 24-25, 2007
Placement: Therapeutic Foster Care Placement

Persons interviewed (9): Social worker, therapist, social worker supervisor, mentor, school counselor, Assistant Attorney General (AAG), Guardian ad litem (GAL), foster mother, and youth.

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17-year old, African-American male. He became known to the child welfare system in December 2000, when the focus youth and his younger sibling were caught shoplifting merchandise from the mall. Reportedly, the birth mother would pay the focus youth and his brother $10.00 per stolen item. The birth mother was taken in for an emergency psychiatric evaluation. The focus youth and sibling were placed in foster care overnight and then were returned to the birth mother under an Order of Protective Supervision. Criminal charges were dropped. The focus youth remained with his birth mother until June 2005, when she became homeless after being evicted. The youth did not want to remain in the homeless shelter with his mother. His current permanency goal is Alternative Planned Permanent Living Arrangement (APPLA).

The birth mother reportedly has a diagnosis of schizophrenia. She has not been consistent with mental health treatment or medication management. The birth mother is not involved in planning for the focus youth as her whereabouts are reportedly unknown. The birth father's whereabouts are unknown. The focus youth does not know the identity of his birth father. The case record indicates that there is a maternal grandmother. However, her current whereabouts are unknown and she has not been involved in permanency planning for the focus youth. The youth has regular telephone and visitation with his younger brother, who is placed in a different foster home through the same therapeutic agency.

Youth's Current Status

The focus youth is described as an outgoing, pleasant, friendly, musically talented, and responsible individual. The focus youth also has been described to experience low self-esteem and trust issues. He has resided in the same therapeutic foster care placement since August, 2005. Prior to this placement he resided in a group home for approximately one month.

The focus youth is currently enrolled in a regular eleventh grade classroom. He is behind one year in his academics. It was reported that the youth struggles with his academics, not due to having a learning disability, but due to the fact that the focus youth does not apply himself in his classes that require more work and concentration. He does will in his music classes and he must maintain passing grades in order to participate and perform in the school band. The focus youth

is provided tutoring services in his school. Additional outside tutoring is available to the focus youth; however, he has not requested this service.

The focus youth has a mentor who offers bi-weekly community activities and guidance, along with facilitating sibling visits. The focus youth has to be encouraged by his foster mother to go out with his mentor, as he would rather work on the computer.

The youth receives bi-weekly therapy with a therapist he has been seeing since September 2005. While he vacillates about wanting to continue with therapy, on the date of the review, the focus youth had his coat on and was ready to go to his therapy session. Issues that are being addressed in his sessions include building self-esteem, empowerments skills, assertiveness training, goal setting, and learning coping skills. While interviewing the focus youth, he made very limited eye contact and only made eye contact when he wanted to get his point across to the reviewer. He also sees the therapist at the therapeutic foster care agency on an as-needed basis. The focus youth is not taking any medication.

The focus youth is a healthy adolescent. He is up-to-date with his annual physical and vision exams. He is in need of his semi-annual dental exam. His social worker indicated that he would make a referral for the exam to be scheduled. The focus youth is overweight, however there are no noted health concerns related to his being overweight. The focus youth does not smoke or drink.

Caregiver Status

The focus youth has been placed in the same therapeutic foster care placement since August 2005. The caregiver is a single African-American woman. She has a younger male foster child and a young special needs (Down's Syndrome) female child in the home. The special needs child was placed in the home for respite and was scheduled to be placed in a specialized foster care program on the day after the review. The caregiver appeared to have a lot of commitment, love, and patience to give to all the children placed in her home.

The caregiver has adult sons and grandchildren who live in close proximity. They are supportive of the caregiver and are frequently visiting her home. The focus youth views the caregiver and her family as his own. The focus youth's caregiver spoke highly of him and believes that it is her responsibility to provide guidance, structure and support to ensure that the focus youth is successful. The caregiver provides the focus youth with a cell phone so that he is able to contact her in the event of an emergency. The caregiver indicated that she providing the focus youth with tools to use to move towards independence. The caregiver further indicated that the focus youth could remain in her home until he ages out of the foster care system and while he attends college.

Factors Contributing to Favorable Status

The focus youth is in a stable and safe placement. He does not participate in any risky behaviors, and he is aware of his surroundings at all times. The focus youth has a cell phone to use for emergency purposes. The focus youth is actively and passionately involved with in the percussion section with his high school band.

The focus youth has a social worker who is in the foster home weekly. He appears to be providing meaningful and consistent visits. He has a mentor whom he sees bi-weekly. He also has regular telephone contact and sibling visits with his younger brother.

The focus youth has a Guardian ad litem (GAL) who is very active in accessing and monitoring services for him. She has been consistent with this case since the focus youth came into the foster care system. She often includes him with decisions that will affect his case within the court system. The parties who are involved in the focus youth's case are working for his best interest.

Factors Contributing to Unfavorable Status

The focus youth has been experiencing academics challenges with some of his core classes (Algebra). When this was brought to his attention, he was quick to tell the reviewer that "this was a class that he did not know that he had been assigned to until recently, and he was working very hard to get his grade up." The focus youth has been evaluated for learning disabilities, and was found to not have any academic disabilities. He was described by many of the persons that were interviewed in the review as "a youth who can do the work, but does not apply himself." The school offers tutoring; however, the focus youth does not consistently utilize the tutoring services that are available.

At the time of the review the focus youth was not participating in the Center for Keys for Life (CKL) to prepare for independent living and for permanency planning. The focus youth recently agreed to attend CKL once a month. His social worker had made the referral and was going to ensure that the focus youth attended the orientation. The focus youth's caregiver agreed to transport him to CKL once a month.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are several positive points in this case. The assigned social worker, who has been assigned to the case for less than six months, has done a good job of assessing and understanding the needs of the focus youth. He obtained the focus youth's birth certificate, which will assist the focus youth with obtaining a driver's license and obtaining employment.

The social worker has engaged the caregiver and focus youth by providing services and support systems that benefit the focus youth, along with supporting the caregiver. The focus youth appears to understand and appreciate the services that he is currently receiving.

The involved parties are pleased with the court involvement. The focus youth does not attend every court hearing. The parties report that the judge follows the recommendations made by the therapeutic foster care agency and speaks to the youth to ensure that he receives all the services that he will need to be successful.

The social worker, mentor, and caregiver have also maintained family connections between the focus youth and his younger sibling. While they are not able to reside in the same foster home, the parties involved ensure that the siblings have regular visits.

What's Not Working Now and Why
There are a few challenges in this case. Pathway to safe case closure for the focus youth has not been fully explored. The youth was not aware of what his permanency plan was when questioned by the reviewer. There has been no discussion or documentation with the focus youth to identify an alternative permanency plan. In terms of ensuring that the youth is readied for independence, the youth has recently agreed to attend monthly meetings at CKL which will provide the focus youth with additional community supports, along with exposing him to alternative vocational options. The focus youth will also benefit from learning more independent living skills outside of his foster home.

Another challenging area in this case is the lack of team formation. While there are several parties involved in the youth's case they do not come together with the focus youth to discuss needs/progress in the case. For example, the parties involved in the case have not gone to the school to meet with the youth and his guidance counselor to discuss how he can improve his grades and remain on track to graduate on time. It would also be beneficial to address what the focus youth will need to pursue his plan of attending college. The case and service provision would be stronger and better if they all came together on a regular basis.

Stability of Findings/Six-Month Prognosis
Due to the stability of the focus youth's placement and the commitment by those parties working with the focus youth, the six-month forecast for him is favorable. The overall consensus is that the case will improve.

Next Steps
1. The social worker should schedule a meeting with the school counselor and the focus youth and his foster mother need to be included. The purpose of the meeting would be to discuss academic status and supports available to the focus youth to ensure academic success, along with focus youth being able to maintain status on the school band.
2. The social worker should call a team meeting, to include the focus youth, in order to discuss how to ensure the youth is clearly ready for independence. The team needs to discuss what services and skills the youth needs to engage in and identify the responsible parties who will support the focus youth with completing the identified tasks. Ensuring the youth's attendance at CKL at least one per month needs to be addressed.
3. The social worker should consider ways to ensure that the focus youth continues to participate in bi-weekly therapy, so that issues of self-esteem, empowerment and coping skills can continue to be developed.

Quality Service Review
Written Case Summary

Case #69
Review Date: October 15-16, 2007
Placement: Foster Home

Persons interviewed (8): Focus youth (brief conversation), social worker, supervisor, private agency director, teacher, Guardian ad Litem, foster mother, assistant attorney general, *CASA (attempted but not successful during two day review), brother (attempted but not successful), aunt (not attempted; disconnected phone)*

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The target child is an 18-year old female residing with her twin sister in a foster home in Maryland. The twins were removed from home, as were the other eight siblings in this group of ten, when they were very young due in part to maternal substance abuse. At an early age, the twins were adopted and remained in their adoptive home until seven years ago, when they were removed due to emotional, physical and sexual abuse. A protracted legal battle between the adoptive mother and the District occurred during which the girls were removed, and they have since remained in foster care.

Youth's Current Status

The youth is doing remarkably well given her unique challenges of moderate mental retardation and intermittent psychosis. She has experienced tremendous stability in the past seven years, including retention of the same social worker, foster mother, CASA and GAL. Her school setting has been stable for four or more years. The youth is excelling in a special school and learning employment skills through a supported work environment. Her mental health status is stable and has been after a 40-day psychiatric hospitalization several years ago. The youth is healthy, and her medical, dental and vision exams are up to date. She has safety in her home and school environment, and this has promoted her increased ability to trust others and succeed.

Caregiver Status

The youth's caregiver provides care and support to her, her twin and two other foster children full-time and does not have employment outside of the home. She is supported in this work by three parent aides who are scheduled in shifts around the clock. As the youth's foster mother for the past seven years, she is well in-tune with the youth's needs and provides a high level of physical and emotional support. She is fully engaged by the social worker and private agency to provide high quality care to all the children in her home. Additionally, she states that her needs are met immediately and her voice is heard and respected as part of the treatment teaming process. The foster mother acts as the liaison between the treatment team and the school team to ensure progress is moving in the right direction. In some instances, the foster mother has made decisions independently of the professionals on the team or advocated for a different approach when she believed it was in the best interest of the child. For example, when a new psychiatrist planned to change the youth's psychotropic medication, the foster mother stepped in to explain

that a change could jeopardize the youth's stability; the medication remained in place and stability has continued.

Factors Contributing to Favorable Status
An exceptional array of supports has been developed to assist the youth to impressive results. She is thriving despite significant cognitive and mental health challenges. The treatment team members understand who this child is and there is consensus about what is in her best interest. When there have been disagreements among team members, these have been managed well and maintaining the stability of the child has remained the priority. The system response has been commensurate to her needs.

The youth's connections to some of her siblings have been maintained. She has remained with her twin throughout her time in care. Two brothers (both now approaching 21) are placed in another foster home within the same private agency, and visitation is occurring monthly even though the brothers are pushing for less frequent visitation. The youth is able to see one sister, who is placed with an aunt, twice monthly. The private agency also organizes occasional events including summer vacation where the youth, her twin and the brothers are together.

The team is beginning to think about how to transition the youth to the adult disability system within the next few years. There is a long-term shared view among all team members with a joint desire among them to ensure a successful move to supported adulthood.

Factors Contributing to Unfavorable Status
Permanency will not be achieved for the youth. Her current permanency goal is Alternative Planned Permanent Living Arrangement (AAPLA), which is appropriate given the difficult history of a failed adoption and the extensive abuse the youth experienced in the adoptive home. Nevertheless, there has been limited effort to identify and cultivate a caring adult for life for her. The team has yet to think about who, in addition to paid professionals in the adult disability system, will attend to the youth's needs as she ages and continues to struggle with maintaining mental health stability. The aunt who is the foster parent of the youth's sister is an option, but the private agency has nonspecific reservations about the safety of her home. Others such as the CASA worker and/or attorney could be potential long-term resources if clarity and agreement is reached regarding the extent of the commitment. The private agency also reports that foster children placed with them are "one of the family forever." This bodes well for the youth, but little concrete planning around these issues has occurred.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The youth is receiving high quality care. The right services have been provided at the right time, and this has led to positive outcomes for her. These services have been child-specific and adjusted as necessary to ensure her on-going success. The consistency in the youth's relationships with her social worker, foster mother, CASA and GAL is exceptional. All three have supported her for seven years. Additionally, the right people are available to support her in many of the critical aspects of her life. This has been imperative for the youth, as she has thrived on the feeling of security that has come from this maintained stability. The youth has been able

to remain with her twin throughout her stay in foster care. There has been consistent visitation with two of her brothers and one of her sisters.

The youth's needs are being met. She is excelling in her school placement, her medical, dental, and vision care are up-to-date and her mental health status has remained stable for some time.

What's Not Working Now and Why

While team formation and functioning is effective and the team's efforts are of great benefit, it is clear that there are two separate teams operating for the youth – the treatment team, which is coordinated by the social worker, and the school team, which is coordinated by the teacher. The foster mother acts as the liaison between the two teams and effectively bridges the gap that has been created through the lack of strategic permanency and transition planning among all team members. An example of the existing gap is that the teacher of the last 1.5 years does not know the social worker and does not have a copy of the treatment plan for the youth. The school is primarily responsible for preparing the youth for employment and promoting daily living skills. Bringing these teams together for "transition to adulthood planning" would likely strengthen the results for her as she ages.

Permanency prospects for the youth are hampered, as there is not currently a caring adult for life who will support her emotionally as she ages. The permanency goal of APPLA, which was reached in mid-2006 after much joint decision-making among team members, is appropriate for the youth, given her previous experience with adoption and the high degree of stability she currently enjoys. Additionally, the foster mother who has been with the youth for the past seven years is not interested in adoption. This position is complicated, however, by a structural disincentive created by the private agency that disallows foster parenting when a biological or adoptive child is in the home. Given the high degree of creativity and resource development at this private agency and the success the youth has experienced, it is curious that a solution for promoting permanency for this child has not yet been identified.

The lack of meaningful engagement, assessment, coaching and mentoring of the youth's aunt leaves the possibility for a permanent and on-going family connection unresolved.

Stability of Findings/Six-Month Prognosis

It is likely that the youth will continue to experience stability and on-going progress over the next six months. There is some possibility that the foster mother may consider her own transition prior to the youth turning 21, but the timing of this is unknown. The private agency is aware of this possibility and anticipates making significant efforts to ensure a smooth transition if one occurs. Managing the timing and experience of any transition in the youth's home will be critical, given that she will definitely be transitioning to an adult setting once she is no longer eligible for services through the child welfare system.

Next Steps

1. It would be useful to bring all team members together at regular intervals to plan for the youth's transition to adulthood. This effort should be separate and distinct from treatment planning and the development of the Individualized Education Plan. Ideally, this would

result in the big picture plan that brings together both of the teams and the upcoming work necessary to transition the youth successfully to adulthood.

2. A full and systematic assessment of the youth's aunt's capacities and the risk and safety issues regarding her home should be undertaken, particularly given a recent overnight visit there by the youth. Creative efforts to mitigate any identified risk and safety issues in her household and purposeful cultivation of her as a consistent presence could result in a greater familial connection for the youth now and in the future.
3. The youth would be well-served if a consistent and caring adult for life could be identified. Future treatment planning and transition planning should focus on who this person (or people) might be and what needs to occur to solidify a commitment and craft a vision of this role going forward.

Quality Service Review
Written Case Summary

Case #70
Review Dates: October 22-23, 2007
Child's Placement: Therapeutic Foster Home

Persons Interviewed (8): Social worker, supervisor, therapist, AAG, school guidance counselor, ROTC captain, focus youth, and foster mother. Attempts to reach the GAL were unsuccessful.

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 17-year old male, the second-oldest of the twelve children. Three of these children have been adopted, and their ages are not known. Of the nine children currently known to the agency, three are in the process of being adopted by their foster parents, three live with their maternal grandmother, and the focus youth is in foster care. The two remaining children were reportedly born in 2002 and 2004; their whereabouts are unknown. Paternity was established for the youth; however, there has been no contact between him and his father. The father was recently released from prison and called the agency saying that he wanted to see his son. The youth and his older sister traveled to the agreed-upon visit, and the father did not meet them as promised. Parental rights for both parents were terminated in March 2006. As the youth has steadfastly refused adoption, his permanency goal is APPLA, with no concurrent permanency goal.

The youth's family became known to the Child and Family Services Agency in 1996, when the birth mother abandoned her newborn at the hospital. It is not clear what, if any, services were offered at that time. The youth reported to a psychologist that in 2000, when he was ten years old, a gang came into his family's home, demanding money and drugs from his stepfather. He said he feared for his life during that incident. The youth and his siblings entered foster care in October 2002, after a neighbor reported that the children were being left alone. The birth mother has a longstanding substance abuse problem and has custody of none of her children. She completed a rehabilitation program and currently lives with the maternal grandmother and three of the children. She is employed, as is the grandmother. All three of the children living in the home (ages 18, 16, and 15) are already parents or are expecting children.

It was not clear why some children were returned to the family and the focus youth was not. He is the only one of the children remaining in foster care. Since December 2002, he has had seven placements. He has been in his current placement twice, most recently since May 2006. The youth has court-ordered unsupervised visits with his biological family and sees them on most weekends. He has said that he does not want to live there again, because he knows he "will not eat." He has expressed disappointment in the behaviors of his siblings, saying that they "do things I don't need to see or do," meaning drinking and using drugs, according to the social worker.

Youth's Current Status
The youth's safety is minimally acceptable. He wants to be on his own and in some ways already operates as an adult. For example, he has been known to disappear for two or three days without telling the foster mother where he is going. Believing him to be with his family, she did not report these incidents to the social worker. The social worker believes he might have also been spending some of this time with his girlfriend. The situation has now been addressed with the foster mother, and she told reviewers that she now reports his "disappearances."

In addition, the youth has put himself at risk by his behaviors. For example, he has used alcohol and marijuana, as evidenced by his foster mother smelling both on his person and finding empty bottles under his bed. He denied that the bottles were his. Another example is that he is on probation in two states for delinquent acts, such as stealing tires off a car and destroying property in a department store after being accused of shoplifting. He has had no recent criminal activity and has received clean drug screens; however, concerns remain about his skipping school, which occurred as recently as the day of the review. The foster mother and social worker were unaware that he was not at school. They had no knowledge of his whereabouts or activities while not at school. He appeared at home for the interview, wearing his school uniform. There is also concern about what the youth might be doing while visiting his family, and the social worker goes by to check on him most weekends even though the visits are court ordered unsupervised.

The youth's stability is minimally adequate. He has had one change of placements within the past two years and has been with his current foster parent for a year and four months. He and the foster mother's biological son were close friends, and this child is now attending college out of state. He almost had a disruption in the placement when he was accused of hitting another child in foster care in the home. He was placed on respite with no plan to return him to the home until the foster mother went after him and brought him back to the home.

The youth's academic/learning status is inadequate. Attendance records show that he has unexcused absences for 19 of the 42 days school had been in session. According to the social worker, the youth failed nearly all his classes in the eleventh grade and was somehow passed to the twelfth grade anyway. He currently has failing grades in World History, Environmental Science, Math, and English. He is passing Word Processing and Spanish I (which he is repeating). Tests indicate that he has the ability to do the work, and team members reported that he is bright and could do the required work if he were motivated. He excels in ROTC and finds this activity very rewarding. Unfortunately, he is currently on probation from this class due to his disrespectful behavior to a teacher while in uniform. According to his ROTC teacher, he is "one-dimensional," meaning that he focuses only on ROTC and needs to realize that he has to pass all his courses in order to reach his goal of joining the military. The youth has refused tutoring services to assist him in raising his grades. The ROTC captain told reviewers that he had instructed the youth to come to the ROTC classroom with his books every day after school to do his homework. This was considered by the captain to be an order; nonetheless, the youth "has not come even one time."

The youth's permanency prospects are inadequate. He has refused adoption and has expressed a desire not to return to his grandmother's home. Hence, his permanency plan is APPLA. The foster mother told reviewers that he could remain in her home past emancipation if he were

working or attending school; however, agency staff questions her long-term commitment to him. The youth's desire and personal goal is to "sign himself out" of agency custody and enlist in the Armed Forces when he becomes eighteen and completes high school. He will be eighteen in April 2008, and is in twelfth grade; however, it is doubtful that he will graduate on time, as he is failing core classes and is already one credit behind the number required for graduation. His academic failure will negatively impact his entrance into the military.

The youth's responsible behavior is marginal. In addition to the information already reported here, the youth was caught on camera taking money from his job at a fast food restaurant. The store did not press charges because of the owner's relationship with the foster mother. The youth has not reported to his probation officer as required and has to attend classes to make up these missed appointments. He was able to tell reviewers exactly what he is required to do to complete his probation and the dates he is to participate in each task. Plus his use of alcohol and marijuana is irresponsible. Everyone interviewed said that the youth knows what to do and chooses not to do those things most of the time. He was given a neuro-psychological evaluation to determine whether or not a problem of biological or psychological origin might be present and contributing to his behavioral problems. The evaluation revealed no such problems.

On the positive side, the youth acknowledged his fault in a recent incident where he used the foster mother's debit card for charges he accrued when cell phone payments were drafted out of the account when it had insufficient funds. He is now paying his foster mother back.

Emotional/behavioral well-being is marginal at school and at home. He storms out of the house frequently after arguments with his foster mother. His association with his biological family is not supportive, as his siblings criticize him for having a better life than they. His mother's continuing failure to show any real interest in him is compounded by his foster mother's low investment in his well-being. The youth is diagnosed with ADHD and sometimes recognizes the need to resume taking medication. While he is prescribed Adderall, 40 mg each morning, and Trileptal in the evenings, he is inconsistent in taking the medication.

The youth's life skills development shows poor progress. His poor academic performance has already been noted, and he has no alternate plan for employment if the military option does not work out. He has not had a job since he was fired for stealing. He does not have a driver's license. He has refused supportive services offered by the agency, such as a tutor and a mentor. The foster mother is not actively teaching him independent living skills, and he was asked to leave the Center for Keys for Life program because of his disruptive behavior.

Caregiver Status

The foster mother's parenting is marginal. She puts forth minimal effort to supervise the youth. The two argue frequently and he threatens to walk away and often storms out of the house. She allows him to leave without knowing where he is going, telling him that she will not come after him. Previously, she failed to report his leaving to the social worker, even though he had been gone for two to three days on more than one occasion.

According to the guidance office, the foster mother has not been present at school functions, as she was last year. It should be noted that her biological son attended high school there last year

and excelled in several areas. It appears that there is little monitoring of the youth's school attendance, his academic performance, or his activities outside the home.

The foster mother reportedly told the social worker that she will ask for the youth's removal if the medication he recently resumed taking does not improve his behavior. Yet, when asked what medication he was taking, the foster mother could not say. When asked whether the youth was responsible for taking it on his own, she replied that she gave it to him. When asked to allow reviewers to see the medication in order to determine what it was, she looked for some time before finding it. It would appear that there is inconsistency in administration of this medication.

Emotionally, the relationship between the foster mother and youth could be stronger. As indicated earlier, they argue and speak disrespectfully to each other. The foster mother expects the youth to use public transportation to get himself to any appointments he has. She refused to take him to the required probation classes, saying she was too busy. However, she is retired, there are no other foster children in the home, and her biological son is away at college. She appears to have low investment in the youth's well-being or in helping him to meet his obligations. The foster mother told reviewers she is "tired," meaning frustrated with parenting. Nonetheless, there is an attachment between them, and she has said she wants to "hang in with him" until he graduates from high school.

Factors Contributing to Favorable Status

The youth's intelligence and his ability to recognize that he needs to make a life different than that of his sisters and brothers is a favorable factor. He struggles to take the daily steps he needs to take, and he needs a lot of encouragement, support, and accountability to do so; nonetheless, he has a vision for his life that is a responsible, successful one.

To his benefit, the youth recognized his need for medication to help with his ADHD symptoms. Emotionally, the therapist said that the youth is beginning to face the pain of his disappointment with his mother and is making some progress in therapy. In spite of the volatility of his relationship with his foster mother, they have a degree of trust; for example, he told his foster mother that when he went into the service, he wanted to send his money home to her because he knew she would take care of it for him, and he knew his family would spend it.

Factors Contributing to Unfavorable Status

One primary concern is the youth's academic standing and his poor attendance and performance at school. He is in danger of not graduating, which would derail his hopes and plans to join the military. One other possible barrier to his future plans is that in some branches of the service, a diagnosis of ADHD is a disqualifying condition. This will need to be investigated.

Another major concern is the youth's potential alcohol and drug issues. He is scheduled for an assessment, which will determine how serious his substance abuse issues may be. He has already said that he will not go into treatment, so this looms as a potential problem.

Some of the youth's choices have not been good ones and have resulted in criminal charges and probation in both DC and Virginia. He has not been diligent about meeting probation requirements of being home at curfew and submitting to weekly drug screens. The foster mother

has not supervised his comings and goings, and expects him to get himself to the drug testing center. Given the youth's several vulnerabilities, he needs a great deal of support, encouragement, and accountability. His foster mother is, as she told reviewers, "tired," and is very hands-off with his supervision and parenting. This may be perceived by him as a lack of love, or at the very least, a lack of caring and concern for his well-being, further damaging his self-esteem.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

Contacts with the youth have been in compliance with policy. Services that are appropriate have been offered (mentoring, tutoring, Center for Keys for Life) even though the youth does not participate. Court interface has been adequate, and court reports have been timely. The therapist has been diligent in engaging the youth, in spite of his avoidance of her visits, and she is seeing some progress in his willingness to face his family/life issues. Providing for the youth's medical and dental needs has been timely and responsive to his desire to resume medication. He receives medication monitoring, and hopefully this can help him understand the need for consistency in taking the medication. The agency appears to understand the youth's strengths and needs and has a willingness to reach out to help him succeed. The youth appears to have difficulty with females in positions of authority, and it is a positive step that the agency is assigning him a male social worker.

What's Not Working Now and Why

Engagement of the youth in the process is low. For example, he refused to attend his court hearing, saying, "I don't have time for that [agency] mess." He has been in the system for much of his life and has had eleven workers and seven foster placements. He is tired of being in the system and wants to be in charge of himself. He is rejecting the services that are offered, creating a risk of poor outcomes. Because of this danger, immediate engagement of potential team members and the creation of a supportive planning team are necessary. Inclusion of the people most important to the youth is important. For example, the ROTC captain is really interested in helping the youth and told reviewers that he was a bright young man, and he couldn't understand why he wasn't doing what he needed to do. It appeared that he does not know that the youth is in foster care, nor anything of his family struggles. An understanding of his family situation would go a long way in explaining his underlying need to feel competent, lovable, responsible, and worthwhile.

Lack of teaming impacts coordination, assessment and understanding, the planning process, and monitoring and adapting the services offered, all of which are needed in order to ensure effective results and help the youth transition into independence safely and successfully. Having all the professionals involved in his life work together with him can prevent important issues, such as graduation requirements, from slipping though the cracks. For example, the guidance counselor knows what the youth needs to accomplish and has ideas on how to get the needed classes for him. Having a group of people who are interested and committed demonstrate that commitment to him will go a long way toward strengthening his belief in himself and his ability to persevere in school.

Six Month Forecast/Stability of Findings
If things continue as they are, the prognosis is for decline, primarily because of the danger of the youth's academic performance resulting in his failure to graduate. His continuing resistance to accepting services creates a further risk of poor outcomes. Adult support, to supplement that of the foster mother, is needed to prevent a decline in status.

Practical Steps to Sustain Success and Overcome Current Problems

1. Form a child and family team around the youth to include people important to him, considering at least the following: social worker, therapist, mentor, guidance counselor, ROTC captain, and foster mother.
2. Meet at the school (because of the distance and in order to engage the school) to address the youth's academic situation and plan for ways to support his success. Decide who has responsibility for what steps and put time frames for completion on them, so that they can be monitored.
3. Obtain the alcohol and drug assessment and present findings to the youth and the team for consideration and planning.
4. Meet later on to monitor progress and adjust services and plans.
5. Address with the youth and his team visits with his family and determine whether or not a different recommendation about visits needs to be made to the court.

Quality Service Review
Written Case Summary

Case #71
Review Dates: October 18-19, 2007
Youth's Placement: Residential Treatment Center (RTC), Georgia

Persons Interviewed (5): Social worker, youth, RTC staff: therapist, educational case manager, guidance counselor

YOUTH & PARENT STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 16-year old African-American female. She has a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). Her goal was changed from adoption to APPLA in July 2007.

The youth's family became known to the child welfare system in 1992 when her four-year old brother was killed by the biological mother's boyfriend. The focus youth was approximately two years old at this time. The boyfriend went to jail, and the youth and another sibling were brought into foster care. During that time, the mother gave birth to another child. There are also four other siblings who were never brought into care because they were not being raised by the mother. The youth and her sibling remained in foster care for a few years but eventually returned home. Another case was opened on the family in 1998 due to neglect, and the youth, her sibling who was removed with her in 1992, and the mother's new baby were brought into foster care.

Presently, the youth and her 18-year-old brother are the only siblings in foster care. The youngest brother was adopted, there are two adult siblings, and two siblings are being raised by their paternal grandmother, who is not blood related to the focus youth. The focus youth's father's whereabouts are unknown. Diligent searches were conducted in previous years, but he was never located. The youth has no contact with paternal relatives.

The youth's case is managed by a private therapeutic agency. She has had several disrupted placements within this agency, exhausting all placement options for a therapeutic foster home. She was, therefore, placed in a group home, which also disrupted. Subsequently, she was transferred to her current placement at a residential treatment facility. In addition to placement disruptions, the youth has had numerous psychiatric hospitalizations. In 2007, she was hospitalized in February, April, June, and July. Each hospitalization was due to the youth exhibiting erratic and destructive behaviors, making homicidal and suicidal ideations, or actual suicidal attempts.

The youth has diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Reactive Attachment Disorder. She is currently taking Zoloft, Seroquel, and Adderall to treat the symptoms of these disorders.

Youth's Current Status
The youth was placed in a Residential Treatment Center (RTC) in August 2007 but has not yet stabilized. After two months, she remains on a level one out of eight possible levels. The youth must reach a level six before RTC staff will consider her for discharge. She has engaged in several verbal and physical altercations with both staff and peers. She has also had one suicidal attempt since being placed in the RTC. Several Unusual Incident reports have been submitted for this youth. The youth has poor socialization skills and does not appear to have any friends at the RTC. She reports she is only comfortable talking to her therapist when she has problems or concerns.

Overall, the youth is safe in her current placement although she has been physically aggressive towards others. Her stability is questionable because she has had several placement disruptions and psychiatric hospitalizations in the past two years. She will most likely remain in the Residential Treatment Center until she has achieved her therapeutic goals, but it is unclear where she will be placed after discharge.

The youth attends school on the campus of the Residential Treatment Center (RTC) and is making average grades in school. Her last progress report included 4 Cs, 1 B, and 1 A. Previously, there was a problem with her skipping a class she did not like, but this incident was addressed and her attendance in every class is now consistent. The youth's Individual Education Plan (IEP) is current, but will expire this month.

The youth is current on her medical, dental, and vision appointments and has no medical concerns indicated. She is required to wear reading glasses but reports she currently does not have them and is having some difficulty reading. She does have several mental health diagnoses and is prescribed the appropriate medications to treat her symptoms. There is concern the youth may have confusion regarding gender identity. The youth has been known to dress in male clothing and she has two older brothers who identify themselves as females.

Parent/Caregiver's Status
Reunification with the biological mother, who recently married and moved to Virginia, is not a viable option. She participated in a Family Team Meeting (FTM) in June 2007 but has had little involvement in the case since then. Her telephone number is disconnected, and team members have made efforts to reach her via mail but have been unsuccessful. The biological mother has a history of substance abuse and mental health concerns. Her new husband allegedly has anger management issues, and there is a possibility of domestic violence within their relationship.

The Residential Treatment Center (RTC) staff members provide adequate food, clothing, and shelter to the youth. The youth does not talk with staff on a regular basis but does report having a trusting relationship with her therapist. RTC staff have an appropriate level of contact with the social worker. They submit Unusual Incident reports to the social worker when an incident occurs and include the social worker in treatment team meetings via telephone.

Factors Contributing to Favorable Status
The youth recognizes her difficulty with reading and requested a tutor to assist her in this subject. She also has an interest in computers and expresses a desire to attend college to major in

computers and open her own business one day. She is compliant with her medication and is generally healthy. RTC staff persons have genuine concerns about the youth's instability and have communicated these concerns to the appropriate parties.

Factors Contributing to Unfavorable Status

The youth's behaviors have not stabilized and she has been in the Residential Treatment Center (RTC) for two months. Per report, it is common for youth placed in the RTC to advance levels within two weeks of placement. Thus, this youth is far behind what RTC staff considers normal progression. She continues to exhibit the symptoms and behaviors she displayed prior to placement in RTC. The youth has also not been in contact with her family on a regular basis, which contributes to the youth's depression and disruptive behaviors.

The youth's placement instability is a concern, and it remains unclear where she will be placed after discharge from the RTC. Due to past disruptions, the youth will not be able to return to a therapeutic foster home through her current agency. The youth desires reunification with her mother or placement in an Independent Living Program; however, neither of these options may be realistic.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The social worker is very involved and knowledgeable about this youth's case. Both the social worker and Guardian Ad Litem (GAL) have been on the case since 2001 and 2000 respectively and communicate with each other on a regular basis. They have remained stable support systems in the youth's life which is especially important since other aspects, including placement and involvement of her biological relatives, have been so unstable.

All team members share an adequate assessment and understanding of the youth's strengths and needs. All team members supported the hospital's recommendation of residential treatment and worked diligently to find a proper placement. A Family Team Meeting (FTM) was also held prior to residential placement.

Although the youth has a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA), the social worker and CFSA adoption recruiter made several efforts to secure a more permanent placement for the youth. The youth's maternal grandmother was considered, but due to her own medical needs, she is unable to properly care for the child. Several adoptive families were explored and some even visited with the child; however, due to varying reasons, they each decided not to pursue finalization of the adoption. The social worker even considered placing the youth with the paternal grandmother of the youth's siblings. This potential caregiver completed a few kinship classes, but too, decided not to pursue placement. Additionally, while reunification with the biological mother is not an option at this time, the social worker does have a realistic plan of what tasks the mother would have to accomplish to be considered for reunification. This includes participating in a bonding study with the youth, a psychological evaluation, regular drug testing, individual and family therapy, and being assessed for domestic violence.

The social worker has an appropriate level of contact with Residential Treatment Center (RTC) staff and the youth. She participates in team meetings via telephone and has plans to visit the youth in the upcoming months. The social worker also implemented several services for the youth. Prior to RTC placement she was receiving Community Based Intervention (CBI) services which included individual therapy and a community support worker. She also had an active mentor and was receiving medication management. At the RTC, she is receiving individual therapy, group therapy, medication management, and educational case management. She is also expected to begin receiving tutoring services for reading in the next week.

What's Not Working Now and Why

The social worker has made numerous attempts over the years to engage the youth's immediate and extended family members but has, for the most part, been unsuccessful. The family continues to have very minimal contact with the youth which contributes to her depression and aggressive behaviors.

The youth has one sibling who remains in foster care but no communication between the youth's social worker and the sibling's social worker has occurred to possibly facilitate visitation between the siblings.

The youth has poor socialization skills and few friends at the Residential Treatment Center (RTC). She is able to have a mentor visit with her at the RTC, but team members have not implemented this service.

Six-Month Forecast/Stability of Findings

It is expected this youth's progress will continue status quo over the next six months. She will remain in the same placement and continue to receive therapeutic services and medication management. Any improvement in the youth's progress will be contingent on the youth's increased family involvement and decreased destructive behaviors.

Practical Steps to Sustain Success and Overcome Current Problems

1. Follow up with Residential Treatment Center (RTC) staff on implementing mentoring services for the youth
2. Connect with youth's sibling's social worker to facilitate contact between the siblings. They can possibly write letters, send emails, and speak with each other via telephone. If this goes well, consider coordinating a visit between the youth and her sibling at the RTC.
3. Continue efforts to contact the biological mother and encourage her to participate in case planning and increase contact with the youth
4. Convene meeting with RTC school staff to update youth's IEP and talk with therapist about including discussion around gender identity in therapy with the youth
5. Get new reading glasses for the youth
6. Begin concurrent planning for youth's discharge next year

Quality Service Review
Written Case Summary

Case #72
Review Date: October 22-23, 2007
Child's Placement: Therapeutic Foster Home/ Pre-adoptive Placement

Persons Interviewed (8): Private agency supervisor, GAL, adoption social worker, therapist, caregiver, child, teacher, guidance counselor

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The focus child is a 10-year old, African-American male, who currently resides in a therapeutic foster care placement. He has resided in this home since 2003, and has a permanency goal of Adoption by his foster parent. The focus child's birth mother is incarcerated, and the birth father's whereabouts are unknown. The birth mother recently named a birth father after years of stating that he was unknown. He was posted for by the Court in the Adoption case in September 2007. No person came forward regarding paternity of the focus child. The child has some contact with his older siblings and his maternal extended family members.

The focus child became known to the Child and Family Services Agency (CFSA) in 2003, on two different occasions. The first was for physical neglect and maternal substance abuse. The second was when a hotline report indicated that the oldest sibling told the school that she was afraid to go home due to many men coming in and out of her home. All five of the children were removed from the home and placed in shelter care. Three of the siblings reside with the maternal grandmother outside of the child welfare system, and the oldest sibling resides in a different foster home. Reportedly, the focus child was not placed with his grandmother due to lack of adequate space in her home and reports from the grandmother that she was overwhelmed with caring for three of the siblings. Since being removed from his mother's care, the focus child has experienced three foster care placements.

The focus child's case is managed by a private, therapeutic foster care agency. His eighteen-year-old sister's case is managed by another private agency that holds family responsibility. The focus child receives weekly, individual therapy for three hours per week, weekly tutoring, and mentoring.

Child's Current Status

The focus child has been identified by the team members as being a friendly, helpful, outgoing, intelligent, and creative young boy. He loves to please others and is very animated. He enjoys writing stories, playing the violin, and reading. He is also described as being hyperactive, busy, easily distracted, and as a child who commands the center of attention.

The focus child attends fifth grade at his neighborhood public school. He has been enrolled in this school since the first grade. It was reported by several parties that he is on target

academically, but due to recent disruptive behaviors in the classroom (not sitting still, talking and disrupting his classmates), and the fact that he has not been completing his homework assignment his grades have declined.

The focus child had dental examinations in February and October 2007**.** His annual physical was in August 2007. He is considered obese by his primary physician and the agency ensured that he attended an appointment with a nutritionist in April 2007. An updated eye exam has been scheduled by the social worker to occur within the next month. The focus child had a minor problem with his kidneys, causing recurrent bladder infections. He was treated and all parties report that there are no further concerns. No other health concerns were identified.

The focus child is diagnosed with Conduct Disorder, NOS. His new therapist (as of September 2007), does not agree with his current diagnosis and is requesting that he be re-evaluated. It is the therapist's assessment that the focus child is displaying behaviors associated with Attention-Deficient/Hyperactivity Disorder (ADHD) or Attention Deficient Disorder (ADD). She also indicated that her therapy sessions were increased to twice per week for one and a half hours per session as the foster mother's "hands were full and this is a crucial emotional time for [the youth]."

Parent/Caregiver Status

The focus child has resided with his 62 year old caregiver since 2003. The caregiver's ailing mother also resides in the home. The caregiver provides for all of the focus youth's physical, mental, and emotional needs. She provides him with appropriate supervision in the home and in the community. She expressed that she loves the focus child and that he is a part of her family. The interaction between the caregiver and the child appears very tender, genuine, and appropriate. The focus child appeared to have a trusting relationship with his caregiver as illustrated in his ability to freely move in and out of the conversation, his ability to answer questions independently of his caregiver, and their physical interpersonal interactions.

The caregiver and the focus child reported positive interactions between her extended family and the focus child. The caregiver has several children and over 15 grandchildren. Reportedly, one of the caregiver's sons is very active with the focus child in taking him on outings. He is also close to the caregiver's ailing mother.

Factors Contributing to Favorable Status

There are numerous strengths in this family. The focus child is safe, overall healthy, and participates in multiple services including: mentoring, tutoring, and therapy. The caregiver has illustrated the ability to provide for all of the child's needs and appears to have sufficient family and community supports in several neighbors and agency provided services.

In addition, there seems to be positive engagement by the child and the caregiver. The focus child is able to verbalize who his team members are and what their general role is, including his GAL. The foster parent has a very good relationship with the private agency social worker and supervisor, who had been a social worker on this case previously. The social worker is new, but the foster parent reports that she visits weekly. The caregiver reported that if she had a problem

she would contact the social worker and stated that the agency has been responsive to both her and the child's needs.

Another strength in this case is the caregiver's commitment to maintaining family connections on the youth's behalf. The agency allows her the responsibility of scheduling visits between the youth and his birth family, and she has attempted to promote visitation to the best of her ability. Unfortunately, the birth family has not responded as readily as people would like (this is further discussed under the System Status). The caregiver encourages the youth to call his birth family and comforts him when he is rejected by them. She stated that family is important to her and the child, so she felt that she should do her best to help him.

Factors Contributing to Unfavorable Status

The challenge in this case is the youth's emotional/behavioral well-being at school. This appears to be the arena in which the youth's anxiety manifests itself. He has expressed a desire to not go to school at all. He is not completing his homework, or he is not submitting it. There is also an increase in his "silliness" and disruptiveness in class, to the point where he is "getting on the nerves" of his classmates. His teacher stated, "I can physically see the anxiety in him and he doesn't know what to do with it." The foster mother had been made aware of some of this behavior earlier in the school year, but indicated that she thought he was doing better in the past three weeks because "Christmas was coming." The teacher reported that his behavior had deteriorated in the past three weeks. The youth has not submitted his homework log each week, and the foster mother did not seem aware that this was a tool that the school used for all its students. In fact during telephone conferences, the teacher admitted that she has not discussed the homework log with the foster mother. There are thoughts that the foster mother is unable to help the youth with his homework due to her own literacy, but the only plans that have been put into place by the social worker and foster mother are that the youth will come home, do his homework, and put his homework in his book bag. The plan did not include the foster mother checking to see if the homework was indeed completed.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

There are several strengths identified in this case. First of all, there is a high level of engagement of the child and foster parent. There have been discussions with the focus child regarding adoption and have asked his opinion on being adopted. There have been continued discussions with the youth about his desire to have family connections. He enjoys working with his mentor and tutor. The foster mother is an adoptive parent and is working with the agency as required thus far in the adoption process. The system has responded to the foster mother's needs and has been sensitive to the pressures she has in the home in taking care of her elderly mother. The agency has assisted her recently in transporting the youth to several medical appointments. The agency was responsive to the foster mother and the therapist when it was requested that therapy be increased.

There is a positive overall assessment of the youth's history, present, and basic knowledge of how the case should move forward towards case closure. The team understands the biological family issues and how important family connections are to this young man. They see that the

youth has loyalty issues and anxiety over the pending adoption and are trying to be sensitive to these issues.

Service implementation is a strength as this family receives adequate services and no one was able to suggest additional services for right now. The foster mother indicated that she is highly satisfied with her foster care agency and with the service providers.

What's Not Working Now and Why

One major challenge in this case is that several key team members are new within three months or less: the social worker, the therapist, the adoption social worker, and the adoption home study licensing social worker. There is no clear leader yet, and communication is reportedly weak. For example, several parties indicated that phone calls are often not returned and that they ultimately felt disjointed.

With so many new players in this case, they have not formed a full functioning team. There are pockets of people talking and planning, but the information is not disseminated to the rest of the group. Examples of team formation and function can be seen in the following ways: the social worker and GAL talking with the child and foster mother, the therapist working with the child and foster mother, and the foster mother working with the tutor and mentor. Yet, the parties are not sharing their information or expertise.

One primary arena with very little communication is in the one place where the youth is deteriorating – school. As previously reported, the child's anxiety is manifesting itself in school, yet the school guidance counselor, foster mother, therapist, and social worker were not made aware of the problems. The school counselor stated that she wished that she had been made aware of the problems from the beginning as she felt that she would have immediately attempted to provide an intervention. She commented, "Too many times people wait to call me until the child is in real crisis".

Another challenge is the number of agencies now involved in the moving the case towards closure. The caregiver now has to work with three social workers: the therapeutic foster care social worker, the CFSA Adoption social worker, and the adoption home study licensing agency. All three agencies have different requirements for documentation and engagement. While the caregiver had met with all the new entities, she was not clear on who represented which agency and what their specific roles were in relationship to the process. In fact, the professionals interviewed did not appear to have a clear understanding of the varying roles, responsibilities, and timelines involved in the adoption process.

Family connections need refinement. While the foster mother and the youth clearly desire family connection, reportedly the birth family is not always responsive. Visits are cancelled, telephone calls are not returned, and the youth's 18 year old sister, also in care, has severely decreased contact with the youth. The private agency staff indicated that they have asked staff at the sister's agency to talk with her about improving communication with her brother, and the response was that "she has her own life." The youth also reported that there was an older brother, who may or may not live out-of-state, that he would like contact with. While it should be acknowledged that the grandmother is under no legal obligation to participate in visitation and

that the older sister cannot be made to visit with her younger brother, there does not appear to be professional advocacy for improved contact, especially now that the foster mother is going to adopt the youth.

Six-Month Forecast/Stability of Findings

It is expected that this case will remain status quo with some possibility of regressing for several reasons. Firstly, it is expected that the case will achieve permanency through adoption by the caregiver. Secondly, the focus child is demonstrating disruptive behavior in school, but none of the team players have met with the school to explore resources and supports to be addressed before his academics suffer. Lastly, the caregiver is caring for her own ailing mother whose health is steadily declining; this will be a lost for the focus child also.

Practical Next Steps

1. Social worker will take the leadership role on the team and bring everyone together for a full case staffing to do the following:
    a. clarify the roles, responsibilities, timeframes, and consequences for adoption case planning;
    b. compile information in a written document and send to all the parties;
    c. initiate communication between the parties related to the adoption process;
2. Social worker will convene a team meeting to discuss and develop a plan to deal with the youth's emotional and academic decompensation in school.
    a. Team will empower the foster mother to be more active in taking the responsibility for the youth's school needs, especially as she will be the adoptive parent.
    b. Team will discuss community resources for before/after care and free tutoring programs, that will be available and supportive to the family post adoption.
    c. Team will develop a communication chain that will allow the parties to remain in contact about the youth's behaviors and needs.
3. Social worker will request to meet directly with the child's older sister, her social worker, and the grandmother to discuss family visitation and communication. It is recommended that the social worker share emotional information related to the youth's disappointment and sadness when he does not have contact with his relatives. This may have an emotional impact on the sister and grandmother, which could result in more cooperative behavior.
4. Determine if this family would benefit from a referral to the Center for Adoption Support and Education (CASE) for specific, short-term, adoption therapy.

Quality Service Review
Written Case Summary

Case #73
Review Dates: October 17 and 18, 2007
Child's Placement: Foster Home

Persons Interviewed (11): Focus child, mother, father, social worker, supervisor, contract case manager, foster mother, foster father, AAG, teacher, GAL

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The target child is a five-year old African-American female. She is the fifth of seven children. Along with her four-year old brother, she entered foster care in October 2005. The children were placed in out-of-home care after the brother was seen at the hospital following the ingestion of rubbing alcohol. The incident occurred while the children were being babysat by a friend of the mother, in the family home. Upon investigation of the home circumstances, it was discovered that the mother, now 29, and the two children were living in an "uninhabitable" environment. Reportedly, trash, unclean dishes and an overall poorly kept environment were apparent. The mother admits that "things were very messy" and says that during this period she was virtually homeless, living with various relatives.

The biological parents are divorced and reportedly have a history of domestic violence and related disagreements about housekeeping and childrearing, which impacted their subsequent divorce. The couple has three other children who have been adopted; they entered the child welfare system in 1997. A 20-month old child currently lives with the biological mother. There is another 11-year old male child who is currently placed with another foster care agency – not the agency of the identified child and her 4 year old brother; his case is pending TPR and adoption.

The goals for this family and child include having the mother and father complete anger management and parenting classes and obtaining stable housing and employment for the mother. Speech and language services are recommended for the identified child. Current services include in-home services to support reunification and individual psychotherapy for the mother.

Child Current Status

The identified child, seen in the foster home, appeared to be happy, easily engaged and says she enjoys dancing and playing with her dolls. She appears her stated age. The child had an apparent runny nose. The foster parent reported that she had a cold and that the doctor, "recommended orange juice." The child lives in a safe home and community. She has been in the same foster home for the past two years. There are no safety concerns at her school.

She is in kindergarten, where the teacher expresses some concern about her speech and language development and her attention span. Reportedly, the child begins a task and, if left alone to complete the task, begins to "drift off and stares into space." This kind of inattentive behavior

has also been apparent in the foster home. The teacher is continuing to monitor, since the child just began school, and will make the appropriate referrals for assessment as needed. According to all persons involved with the case, the child had previously been receiving speech and language services. These services are currently discontinued. Her teacher reports that she appears to have a good full vocabulary for her age but does not use it. Instead of saying, "May I use the bathroom," she says, "Bathroom." According to her teacher, until two weeks before the date of this review, the child was showing for school appearing unkempt (disheveled clothing and hair and having a "foul odor"). During that period, peers did not want to socialize with her and made fun of her. The teacher reported that the child consistently arrives to school with a runny nose.

Reportedly, the child "has been experiencing an over-reactive tear duct." Her left eye runs often and liquid dries on her face. The child had not had physical, vision or dental examinations for 19 months until the week of this review. All of those examinations were done during that week.

Parent Status

The mother is employed full-time as a security officer. She reports having this job for approximately two years. She has also moved into a stable housing environment. The mother and ex-husband (the child's father) have a "friendly" relationship and have regular contact. The parents both visit with the children over the weekend, as the child and her brother have overnight, weekend, visits with the mother. Mother reports that the children sometimes spend the morning with their father while she is at work. Mother is participating in individual therapy and both parents have successfully completed anger management and parenting classes.

During weekend visits, the mother has a contract case manager in the home, who specializes in family reunification. This worker observes and models parenting skills. The worker takes the family (mother and children) on outings and provides feedback on issues as they arise. The father often joins in this process, as well.

While initially it appeared that the mother was having difficulty following through with requirements (meeting with case manager, going to therapy), she has now been fully engaged and cooperative. The mother is currently complying with the case plan. The mother is responsive to agency requests. She expresses a strong desire to have her children returned to her.

According to the mother, her home is stable. She keeps it neat and clean, as she cares for the 20-month old and the focus child and her brother visit for the weekend. There were some structural concerns related to sewage back-up and a lock on the back door, which have been addressed. In addition, she and the case manager report some illicit drug activity in and around her apartment building. The mother relays that she has established a cordial relationship with people who often sit on her "stoop," requesting that they not "come around" on the weekends when her children are there. She says they are agreeable and there is not a problem when the children are there. There are bottles occasionally found in her yard.

Caregiver Status

The identified child resides in a two-parent foster home. In addition to the foster children, they have two biological daughters, sixteen and four, who live with them. The foster parents appear to

have a warm and caring relationship with the child. They appear generally attentive to her needs for safety and well being. The issue related to her medical evaluations are of concern, in that the child had not been seen by medical personal for a physical, dental or vision examination in more than twelve moths. The foster parents deny needing assistance from the agency but state that had previously requested insurance information, to no avail. The report regarding her appearance and hygiene at school seems to have been addressed. Both parents seem to have a good sense of the child's needs. They do not maintain a regular line of communication with the biological mother. The children are dropped off at the local gas station to meet the mother for weekend visits. They have not been involved in case planning.

Factors Contributing to Favorable Status
The biological parents have successfully completed anger management and parenting classes through the family reunification program. A new social worker has been assigned to the case and is working with all parties to move to effective case closure. The identified child had medical, vision and dental examinations completed the week of the review. The father, paternal grandfather and other paternal family members serve as natural supports for the child and family. The father maintains a good relationship with and regularly sees the identified child. The family reunification program continues to work with the family, has established a positive relationship with the family, and has reported accomplishments and successes towards the goal of reunification. The biological mother has maintained stable employment and housing. There have been no reports of abuse or neglect related to the 20-month old currently living with mother. The mother reported having additional informal supports (co-workers, church, group members) involved in her life.

Factors Contributing to Unfavorable Status
There is not open or regular contact/communication between the mother and foster parents. The focus child has no communication with her mother or father other than on weekends. The foster parents express a level of disapproval of the mother. They have strong opinions over the number of children she has had and her current condition (children adopted or in foster care). The biological mother is not included in non-structured activities of the child. During the review period, the child had 'picture day' at the school. The mother has not been invited to school or school activities and expresses a desire to be more involved.

There are two dispositions for the siblings in this case, being serviced by two different agencies. For the focus child and her brother, the goal of reunification is supported by the AAG. In separate hearings with another agency which oversees the case of the 11-year old, the same AAG reports that the mother is unable to care for her children; her parental rights should be terminated and this child should be adopted. Both the mother and AAG express concerns about this bifurcation of perceptions and information. Most legal representatives (judge, AAG, mother's attorney, etc.) are the same in each case. This is a major source of stress for the mother.

The TPR recommendation may be partly based on a psychological evaluation conducted on the mother in April 2006, a year and a half ago, which presented the following diagnostic impressions: Mathematics D/O, Personality D/O, NOS (w/dependent mannerisms), Primary Support Group, Social Environment problems, with a Global Assessment of Functioning of 60. Overall, impressions indicate that the mother may have difficulty managing her interactions with

regards to supervision of her children. This may be related to her tolerance for stress and her dependence on others to help get needs met. The assessment was done shortly after the death of her brother. There has not been an updated evaluation since that time.

Another issue which contributes to an unfavorable status for the family is that the family reunification program is requesting that the mother have a new home and that the focus child remain in foster care until the end of the school year before she returns home. The proposed date of reunification is August 2008.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The current social worker is tracking needed issues to be addressed (e.g., physical, dental, vision examinations) and is being proactive and responsive. The social worker is making regular contact with the mother and children; she makes observations during visits and provides feedback. The agency assisted the mother in securing stable housing. The family reunification program has assisted mother in developing insights into parenting skills and anger management, as evidenced by mother's successful completion of the course and positive reports from the program.

What's Not Working Now and Why

There has been slow movement to case closure in this case. There is no collaborative teaming process. Each member of team speaks separately with the social worker or supervisor prior to court. Due to staff turnover; there have been several workers (3+) on this case. Critical processes such as medical examinations have been delayed. Information was not consistently conveyed regarding the case's status from one worker to another. In addition, because the current social worker was not familiar with the details of the case – she is new to the agency and in fact was in training during the review – she relied on the information of others. For example, case closure may be delayed based upon the report of the reunification program that the mother needs a new home because of the location, and that the identified child should not be returned home until August 2008. The current agency social worker said she did not assess the home situation in the same manner and does not believe the mother needs a new home before the child can return.

On the date of this review, the child welfare agency was in court for a show-cause hearing related to the delinquent medical examinations. The new social worker is not sure if the mother's parenting skills are adequate due to her recent observation of interactions; she has not had adequate time to assess and make a recommendation for permanency. There is no concurrent plan. While the father is not prohibited from seeing his children and the agency and court see him as a reasonable caretaker, no safety visit has been made to his home although he sometimes receives the child at his home on the weekend. No efforts have been made to include the mother in the child's life, outside of weekend visits, even though reunification is the permanency goal. There are no sibling visits occurring between the child and her 11-year old brother also in care.

There is bifurcation in disposition and assessment of mother's capability to care for her children, as the same AAG requests TPR and adoption for one child and a return home for the focus child and her brother.

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

1. Follow-up on and get clarity related to the child's need for glasses, and meet with foster parents around overall care (runny nose, presentation at school).
2. The foster parent has given the phone number of the speech therapist to the school, in order for the school to make contact with the therapist. This would be more effective if the social worker knew the history of the relationship of the therapist with the target child and requested information and made the referral on behalf of the agency.
3. Immediately hold a collaborative meeting between AAG and both agencies working with the sibling group to clarify direction of case.
4. Include parents and foster parents in case planning process.
5. Consider re-assessment of mother's abilities, based upon current success (psychological from April 2006 following the death of her brother).
6. Social worker should take lead in care coordination– the reunification program is leading recommendations for case closure
7. Conduct a safety check of father's home.
8. Consider if a concurrent plan is warranted in this case

Quality Service Review
Written Case Summary

Case #74
Review Date: October 25, 2007
Child's Placement: Residential Treatment Center

Persons Interviewed (6): Social worker, guardian ad litem, therapist, focus youth, mother, and Assistant Attorney General

CHILD & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Child and Family

The target child in this case is a 15-year old African-American male who has three siblings, ages nineteen, seven and five. The biological mother is a single parent, and only the youngest child resides in the home. The target child's biological father is unknown, and the psychological father no longer has contact with the youth.

This family became known to the child welfare system in May 2001, when the youth's older sister alleged physical abuse. Both the sister and target child were removed, as the sister had visible signs of abuse and the target youth had old scars indicative of ongoing physical abuse. The family is receiving services from two different contracted foster care agencies and a residential treatment facility. The youth is participating in comprehensive therapeutic services. His permanency goal in the child welfare computer system, FACES, is APPLA, although the most recent court report describes it as being reunification.

Child's Current Status

The youth is in a residential treatment facility where he is under 24-hour supervision. He was placed in this facility after a four-month stay at a psychiatric hospital. He is doing quite well in this environment, and his behavior and mental health have significantly improved over the past month. He has had no incidents of aggression in the past month, reached the highest level in his unit, and has shown improved relation with other residents. When he entered the facility he was involved with a gang and displayed frequent hostile and dangerous behavior. On a scale of 1-5, his therapist/case manager indicated the youth would be rated a four for his progress in the past month.

When the youth was initially removed from his mother, he was placed with his paternal grandmother, but she was unable to keep him. He then went to live with his psychological father; that disrupted after the relationship between the child and the father's paramour deteriorated. It is not clear what happened between that time and when the child was admitted for psychiatric treatment almost four years later. It is also unclear where he will be placed after discharge from his the current treatment facility.

Between his removal in 2001 and 2005, the youth had six educational placements; at one time in elementary school he was advanced to a higher grade despite all the changes. In the past year he had three educational placements and his grades began to decline. At the end of the previous

academic year he was being held back in the ninth grade because he was failing almost every class. The youth is advancing in accordance with his Individualized Education Plan, is currently carrying a "B" average and made the honor roll. The youth is projected to graduate in June 2010 or 2011.

The target youth reports that he is depressed because he wants to be closer to home, but also indicated that his new medications were helping him a lot and that he feels good most of the time. He is reported to be stable at this time, though the therapist is still working on ruling out Bipolar Disorder as a mental health diagnosis. His mental health has stabilized to the point where his behaviors and emotions are not interfering with his daily activities.

Parent/Caregiver's Status

The mother has a long-standing history of substance abuse which is presenting a barrier to her children being returned home. In addition to the substance abuse, the mother has a serious medical condition which disables her from performing the job for which she was trained and often simple day to day tasks. The mother has completed drug treatment on more than one occasion, and tested negative for periods of time, but is currently testing positive for marijuana and is making little progress toward achieving reunification. She is not currently active in any services for drug treatment or job training, nor is she engaging in planning for her child. The youth and his mother have a very close bond and a supportive relationship; however, it has been noted that the relationship is more like sister and brother than mother and son.

The staff at the residential facility provide for all of the youth's daily needs though he wishes for other food options. His medical and dental care is reported to be cared for and up to date. He has many supports at the facility and the staff is skilled and competent. The treatment team meets monthly to go over the treatment plan and engage the youth; however, the inclusion of persons outside the facility is limited.

Factors Contributing to Favorable Status

One of the major contributing factors to the child's favorable status is the support he has been receiving from the facility where he resides. His medication has been closely monitored and was modified just over a month ago; it is apparent from all his advances in the past month that this change has resulted in significant improvement in the youth's emotional stability and behavior. The intensive therapeutic services are also aiding in making a difference in the child's behavior and life perspective; he is no longer engaging in self-injurious behavior or inflicting harm on others. The youth was involved in a gang prior to placement in the facility and now advocates for gang prevention. He is described as a well-mannered, positive, helpful, funny and inquisitive youth. He is creative with drawing and writing which he has been able to utilize in a therapeutic manner. The youth's success and improvement are also attributed to his goal-setting; he knows what he has to do to achieve the different steps in the program, knows that he wants to go to college, and has a plan for what he will do following his discharge.

Factors Contributing to Unfavorable Status

Because the child has been moved from facility to facility, the continuity of supports and schools has been disrupted and inconsistent for this youth. He is currently placed at a significant distance from his family, which is challenging for him. His family, despite the close connection,

provides some inappropriate influences for this youth. The relationship between mother and son is not fully appropriate, and there are no boundaries. The mother and sister invite negative influences into the youth's life which put his future success and stability at risk.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The team formation and functioning for this youth's case is quite strong since the majority of the team participants are located at the same facility. The other members are included in the planning, but participation is inconsistent. There have been efforts made to include the mother in treatment planning and she has been flown down to participate in therapy with her son. As previously mentioned, the child's medication management has been quite good. It had been noted that his diagnosis was changed several times over the course of six months, so the current facility monitored the youth for several months. After sufficient observation and incorporation of intensive therapy they were able to determine what dosage of the medication might be more appropriate and the assessment of that seems to have been very accurate based on the child's current status.

Additionally, there is good communication regarding the child between the mother and social worker, and the mother is supported by her attorney. The youth also gets to speak with his family members on a weekly basis but not for a significant period of time.

What's Not Working Now and Why

There is little-to-no case planning for this youth. There was no clearly identifiable case plan that had been updated in over a year, and the treatment plan does not address the youth's long term objectives. Vague goals have been set, but there has not been any indication as to why the goals were identified and what the outcome is once the goals are achieved. For example, the mother's understanding is that in order for her son to come home, she must test negative for marijuana. She previously tested negative for a period of 18 months and her children were not returned, so there is little incentive for her to meet that goal again. She is unaware that housing is considered an issue, and no one else could identify why housing was an issue other than the neighborhood, yet everyone stated it as a barrier to reunification.

The assessment and understanding of this case is poor. There are both physical and sexual abuse issues with this case, yet neither of those issues is being addressed. The child has had diagnoses of Attention Deficit/Hyperactivity Disorder, Mood Disorder, Cyclothymic Disorder, and Bipolar disorder all in a one year period. The mother's therapy was terminated because she couldn't afford her therapist, yet a new therapist has not been assigned.

The biggest issue in this case is that there is no clarity around permanency for this child. The goal for the case is reunification, but although almost all parties said it was an unrealistic goal, there was no discussion or planning to change it. There were no timelines to achieve permanency or discussion about when or if the child's goal should be changed to something other than reunification since he has been in the system for over six years. Each party had a different perspective about the timeline for the youth's discharge from the facility, ranging from nine

months until the youth ages out of the system. There has been no long-term planning on how this youth will remain safe or achieve case closure.

There is a huge breakdown in planning for this case as a family since the child is being served by one agency; the mother and older sister are receiving case management from another agency; and the child is placed at an out-of-state facility. It was even indicated that it is almost impossible to keep the workers straight on this case because they change so often due to staff turnover or reassignment, and they have to be tracked for three agencies. There is no coordination between the agencies and even the court system treats them separately, all of which have attributed to this case remaining open for such a long period of time.

Six-Month Forecast/Stability of Findings

The six-month forecast for this case is that it will remain status quo, as the youth is expected to be in the same placement and receiving services as appropriate.

Practical Steps to Sustain Success and Overcome Current Problems

1. Since the social worker from the current agency is stepping down from the case, this would be the opportune time to assign the target youth to the family case with the other contracted foster care agency so that coordination and case planning could be consolidated. At the very minimum, the workers from the two private agencies need to bridge the gap so that the mother is not lost in the mix.
2. Have a meeting with the team – at least the mother, case workers from both agencies, the mother's attorney and the GAL – to discuss the goal of reunification. If it is still a viable option, then clear changes in behavior and tasks must be defined.
3. Reassess the mother's capability of caring for the youth. She currently has one child in the home while she is using drugs, and the youth had unsupervised visitation, so her substance use may not be a realistic barrier to reunification.
4. Reassess or get clarity on the youth's mental retardation status. It is believed he has mild MR though there is no evidence that the youth has been diagnosed as such. If he is MR, then planning should begin immediately with MRDDA.
5. Develop a discharge plan with the team, including the youth.

Quality Service Review
Written Case Summary

Case #75
Review Dates: October 22 - 23, 2007
Youth's Placement: Traditional Foster Home

Persons Interviewed (9): Social worker, social worker supervisor, birth mother, AAG, focus youth's fiancée, foster mother, foster father, GAL, focus youth

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is a 19-year old, African-American male, who is currently residing in a traditional foster home. His permanency goal is Alternative Planned Permanent Living Arrangement (APPLA). This focus youth is the oldest of four children. Both his 16- and 12-year old half-brothers are in foster care placements. His 10-year old half-sister remains home with her birth mother and father.

The focus youth's family originally became known to the agency in 1988, when the focus youth, at ten months old, was taken to the emergency room after being found unconscious from a drug overdose (PCP) and subdural hematoma. The investigation was substantiated against his birth mother. The focus youth went into a placement; although where and how long is not clear. In 1993, an allegation of physical abuse was investigated and substantiated. The focus youth had bruises to both sides of his face. It was determined that his birth mother had beaten him with a belt for playing in the closet. The youth, then six years old, and his three year old brother were removed and placed with their maternal grandmother. Throughout the years, the focus youth's biological mother has come in and out of the children's lives, even living with them sporadically. The maternal grandmother lived with the children and focus youth's stepfather, who is the father of three of his siblings. The birth mother returned to the maternal grandmother's home when the focus youth was in high school. This created many problems in the home as the birth mother was still actively using drugs creating conflict between the mother and the grandmother. This conflict resulted in the youth's removal in 2003. He was placed in a group home for one year until his current placement.

Youth's Current Status

The focus youth lives in a two-parent home in a suburb outside of Washington, D.C. This young man is in an ideal living arrangement. He has lived in this home for the past three years. This family is committed to having him live with them until he turns 21 and beyond, if necessary. He is considered and treated like part of the family. He refers to his foster parents as "mom" and "dad." The youth initially met this family when he was 11 years old and walked into his neighborhood church, where his foster parents were members.

The focus youth is a healthy, happy, young man. In 2006, he was faced with a stomach ailment which required surgery. He has recuperated and does not require any additional follow-up. It

does appear that he is due for an annual physical and routine dental care. He currently has insurance coverage and can see a doctor once an appointment is made.
The focus youth has not displayed any emotional or behavioral issues. In 2006, therapy was therapeutically ended due to his attending college and the National Guard out-of-state. There was then a recommendation from the foster mother and the social worker for the focus youth to re-enter therapy, but he could not be linked with his original therapist, so the youth decided not to pursue it.

The focus youth is currently enrolled in an online, higher education program, where he is majoring in Information Technology. He has just completed two courses, which he states is considered full time. He presently has a B average. His goal is to obtain an Associate's Degree in one year. Initially, the youth went away to college in another state, but he struggled and was unable to maintain his grades leading him to fail out of school. He received support from all involved with his case and was able to re-enroll in school. Additionally, the youth is a member of the National Guard. He sought this on his own and has been quite successful. He is proud of his achievements in the National Guard. He completed six months of training last year and several months earlier this year. The National Guard is paying for his college tuition.

The focus youth is rather resourceful. He has driven many outcomes in his life. He has learned to take control and do what he needs to meet his goals. This young man is employed full-time at a large retail chain. He was recently promoted to a supervisor position and may be being considered for another promotion. He recently purchased his first car. It is believed by all involved that this young man would be able to live independently on his own if he chose to and that he would be successful. There is, however; concern about his irresponsible spending habits due to paying bills for his birth family. He is in the process of repairing his credit through a credit counseling program that the foster parents have linked him with.

The focus youth is also engaged to be married. He met his fiancée at the church that they attend. They have known each other for about 5 years. His fiancée appears to be quite supportive the focus youth. They plan to be married in four years, after they complete school. His fiancée is enrolled in a local community college. They both describe their parents as being in support of their relationship and future plans. The families know each other well and attend functions together.

Parent/Caregiver's Status
This foster family is dedicated to the success of the focus youth. They have been a constant support in his life since he was 11 years old. When they first met this youth he was living at home with his maternal grandmother, his half-siblings, and his stepfather. They stated that they watched him deteriorate when his mother came back to live in the home. Reportedly, he started to come to church less, and his grades in school were slipping. He eventually went into placement at a group home for a year. The pastor of their church recommended them as foster parents for the focus youth based on their existing bond, and they gladly complied. The foster parents continue to support and guide this youth towards adulthood. They advocated for him to return to school through the National Guard and continue to encourage him to perform to the best of his ability.

The focus youth is able to speak to his foster parents when he has a problem. He sees them as key members of his team, in particular his foster father. He has learned to talk about issues as they arise. He has had normal teenage difficulties in adjusting to rules of the home. He appears to feel confident that he can make a mistake or have a disagreement and his foster parents will still provide support to him.

The foster family has been completely involved with this entire process. They feel that they are included in all decisions. They continue to advocate and assist the youth in evaluating and adjusting as issues arise.

Factors Contributing to Favorable Status
The greatest factor to this young man's success is the young man himself. He has been the driving force in his own life. He has had a very difficult life and has managed to make some good decisions. He sought out support in the church on his own. He developed a relationship with this foster family and advocated for his placement into their home. This young man is focused, driven, and self-motivated. He has had the great fortune of having a strong support team surrounding him. He has had great stability in his life despite his mother being in and out of his life. He has clear goals and a plan to achieve them. This young man is intelligent, charismatic, determined, and resourceful. He has a steady job, a stable home, a good support network, and is in school and the National Guard.

Factors Contributing to Unfavorable Status
The focus youth will need to have continued guidance and support on managing his money, which appears to be the area where he needs the most help. He has taken a critical first step in having his bills consolidated; however, there is no clear indication that his spending habits have improved. In particular, the youth has been paying some of his birth family's bills.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now
The system has worked in all aspects of this youth's life. As stated above, this young man has been the driving force in his life. He has been involved with a team of people who have helped him bring his goals and ideas to fruition. The foster parents are also completely engaged in the process. All family members feel that they play key roles in the decision making process. They feel like they make the decisions and their input is valued.

The focus youth is clearly guiding his case; however, he has the support and guidance of his social worker to put all the pieces in place for his identified goals. He has had the same social worker for the past three years, and the social worker has been supportive and able to coordinate all of the youth's needs. All the right people are on this team. All key members of the team identify the team as the focus youth, the foster parents, the social worker, the judge, the GAL, the CASA worker, and the youth's fiancée. All members of the team are able to clearly identify what everyone's role is. The team communicates regularly and discusses issues as they arise. All members are clear what the goal is, what the youth's strengths are and how he can become a responsible adult. For example, when the focus youth went to college, he failed and was sent home. He stated that he wanted to graduate from college. Initially his tuition was being paid by

the Center for Keys for Life, the team met to change this arrangement. The foster parents felt that if the youth had some responsibility regarding his grades he would take school more seriously. The team, including the youth, held a meeting and the foster parents advocated for the National Guard to pay the tuition. In this case, if he failed he would have to repay the tuition money to the National Guard. The team, again including the youth, agreed and the social worker made it happen.

All involved with this case have made good assessments of this youth's needs. They all have an understanding of what he needs to be successful. He has had to adjust to being an adult who lives in a home with rules. He struggles with his foster mother, in particular. They are working on common ground. All involved with this case support his transition from being a child to an adult. This transition process will continue. The team adjusts objectives as different situations occur.

The next court date for this young man is March 2008. At this point, work will begin for emancipation. The youth will be 20 years old next month, giving one year for appropriate transition planning. The team is right on schedule with the plan. An emancipation planning meeting will be scheduled with the team prior to the next court date.

The focus youth has been able to maintain all family connections throughout his placement. He has never been placed with his siblings. His maternal grandmother was a strong support for him until her death in 2006. The youth still describes her as his greatest support. He still attends the church across the street from his grandmother's home and frequently visits with his mother and sister. He sees his brother at church, since he is also placed with a church family. He receives phone calls from his maternal aunt.

The biological mother was interviewed during this review. She is very proud of her son and all his accomplishments and seems to feel like a contributor to his success. Her understanding of why her three sons were all removed from her care is that she was "drugging all the time." The birth mother sees the youth as a support to her. She stated that she loves all her children, but her "boys can't live with her because they are jealous of her love for her daughter". The mother sees her relationship with the focus youth as more of a friendship as opposed to a traditional mother and son relationship.

The youth views the court as very supportive. He has had only two judges on his case. He stated that they knew him well and cared about what happened to him. He stated that he receives e-mails from the judge to check on his progress. In addition, he has had the same CASA worker since he went into his placement and maintains a good relationship with her. The court has worked with the entire team (GAL, AAG, social worker, etc.) to advocate for this youth's needs.

This focus youth has a great many supports surrounding him. In addition to his team, he has his church and work. He is very sociable and makes friends easily. His charismatic personality has helped build lasting and trusting relationships.

What's Not Working Now

There are so many aspects of this case that are working exceptionally well and very few not working. This young man maintains his bonds with most of his biological family. He feels that it

is his responsibility as the oldest child to make sure his siblings are okay. His youngest half-brother resides in a placement in Maryland since last year and he has been unable to make contact. He stated that this "weighs heavy on my heart." He contacted the county Child Protective Services for visitation and was told they can't give him any information. He feels that his brother has been left out on his own, and he wants to make sure he maintains contact. The youngest brother has had no contact with any member of their family since the mother refuses to visit.

In addition, key members of the team have concerns with how the focus youth deals with anger; he tends to just shut down. Therapy could have been continued for him when he returned from college/National Guard, but he was not able to resume with the same male therapist as before. This was a missed opportunity for him to continue beneficial therapeutic services.

Six-month Forecast/Stability of Findings

The youth's status will continue as status quo, which is optimal. This young man has all the right things in place to be successful. He is intelligent, goal oriented, and focused at such a young age. He has family, friends, and providers committed to his success. As stated by his GAL, "in five years he is going to be a pretty good success story".

Practical Steps to Sustain Success and Overcome Current Problems

1. The social worker needs to advocate with Maryland Child Protective Services to arrange visitation with the focus youth's youngest sibling.
2. Continued services or mentoring needs to be provided for financial counseling, budgeting, and planning. This youth is on the right track; however, financial difficulties could ruin his life goals.
3. Initiate counseling to deal with anger management and appropriate boundaries with the birth mother**.** It is great that the youth has maintained a relationship with his mother; however, it appears that she is able to manipulate him into helping her financially and with anything else she needs.

Quality Service Review
Written Case Summary

Case #76
Review Date: October 24-25, 2007
Youth's Placement: Independent Living Program (ILP)

Persons Interviewed (5): Social worker, supervisor, GAL, ILP program director, and focus youth

YOUTH & PARENT/CAREGIVER STATUS SUMMARY

Facts about the Youth and Family

The focus youth is an 18-year old, African-American female, who currently resides in an Independent Living Program (ILP) with her three-week-old son. She entered this program in July of 2007. In April 2000, the focus youth was originally placed in foster care at age ten due to neglect, inadequate supervision, deplorable home conditions, and that she was placing herself at risk with the decisions she was making. Her placement history includes several foster home settings, at least one psychiatric hospitalization (suicidal thoughts), and three different ILP programs, including the one in which she currently resides. Since the initial removal date in 2000, there has been only one 10-month period of time when she was able to return to her mother's care and custody. The current permanency goal for the focus youth is APPLA.

The focus youth's father is reportedly very ill and may be dying as a result of his long-term substance usage. He and the focus youth's mother are not married or living together. The youth's 12-year-old sister currently resides with their father. While in her father's care the 12-year-old became pregnant and has since had an abortion.

The youth's mother has a history of instability, domestic violence, and poor supervision of her children. She has been known to be away from her home and her children for extended periods of time. One of her sons was recently shot several times during an altercation. Her 24-year-old daughter has four children and by report has had many abortions.

By the time the focus youth was 18 years old, she had suffered two miscarriages (at ages 11 and 16), and has reportedly had one abortion. She has experienced significant domestic violence at the hands of the 19-year old father of her infant son. This young man attacked the focus youth and beat her up when she was five months pregnant with their child, which resulted in her being taken to the hospital. Her baby's father has, on more than one occasion, also terrorized her. Additionally, this young man spent time in jail for drug related charges.

The focus youth has suffered many losses in her lifetime. She was removed from her mother's home at a very young age. Her grandmother died at about this same time. She has suffered miscarriages and an abortion. Her father is ill and may be dying. She also claims to have lost several of her friends to street violence. There are reports that the youth may have also suffered early sexual trauma.

Youth's Current Status
The focus youth has continuing safety issues. She reported that her contact with her baby's father has increased since their child was born. She denies any domestic violence at this time; however, history would indicate the risk is still there for her. Additionally, the youth spends her weekends and time during the week staying at her birth mother's home. This environment continues to be one where there are ongoing concerns for the youth's safety and stability. The focus youth has not always been able to make appropriate and safe decisions for herself, and she has not accepted the services offered to assist in these decisions.

The focus youth also has continuing issues with stability. She has been in many placements since age ten; several within the past two years. The youth's current ILP is an appropriate placement for her and could be one that would endure until she reaches independence at age 21; however, she is not meeting the requirements of her current ILP program and may be at risk of losing this placement if she chooses not to comply with their requirements. There does not appear to be any back-up plans for her if she would lose this placement. Her current ILP seems to allow the youth too much freedom and flexibility. The program director admitted that she has not allowed other residents the flexibility she has allowed this teen.

The teen is reported to be in good physical health. She follows through with her regularly scheduled appointments, e.g. annual physical and her semi-annual dental exam.

The youth's emotional status is marginal. She has a history of being hospitalized after verbalizing suicidal thoughts. She is described as someone with a "low self-esteem." During the interviews there were concerns expressed that she may be at risk for post-partum depression. Per the case record, she has a diagnosis of Conduct Disorder; however, there was little evidence that this is still accurate. The Conduct Disorder diagnosis was given to her at age twelve and has not been updated since that time. When asked, the youth stated that she does not have a diagnosis, is not currently taking (nor does she need to take) any medication, and she denies any level of depression.

The youth has not attended school for at least a year. Efforts have been made to find an appropriate educational program for her, whether it is a GED program or a school setting to earn her diploma. Unfortunately, in spite of the active efforts to get her into an educational program, the teen has chosen to either not attend school or exhibit behaviors that get her expelled. She had the opportunity to enroll in an educational program that seemed very appropriate for her; however, they would not allow her to participate because her transcripts placed her in twelfth grade. This program will not take anyone who is already considered a senior in high school. In reality her transcripts should show that she is in eleventh grade as she has missed too much school to be in her senior year. This educational program also has a residential component that may be appropriate for her.

The youth is showing limited responsible behaviors in most areas. She is not making herself available for services, she is not meeting the requirements of her current ILP, and she has a history of poor judgment and making poor decisions for herself. On the other hand, all of those interviewed described her as a very likeable youth with few behavioral problems.

The focus youth has made slow progress in gaining necessary life skills. The ILP is helping her with her budgeting skills. She has not been able to maintain steady employment or understand the importance of her moving forward with her education. She was not available at the scheduled time for her interview, so the reviewers did not have the opportunity to observe her in her home environment. It was reported that she is not a very good housekeeper, yet she has improved in this area since her last ILP placement. It would be beneficial for the youth to actively participate in the programs that are offered to her in her current ILP.

Parent/Caregiver's Status

The review team interviewed the program director of the focus youth's current ILP over the phone and did not have the opportunity to go to the ILP to observe the teen's living environment. The worker assigned directly to focus child was unavailable. It is believed that the current ILP program has staff that is willing and has the provisions necessary to provide the focus youth with her basic needs, e.g. shelter, food, clothing, etc. They have staff available twenty-four hours a day, seven days a week. It is felt that the staff have a good level of respect for the teen and believe they can meet her needs. However, in speaking with the teen she said," I don't really trust anyone in the program, but I know they will do the best they can for me." The ILP staff believes they are able to provide the focus child with appropriate emotional support and that they have the necessary services to provide her with independent living skills.

Factors Contributing to Favorable Status

The private agency social worker has worked with the focus youth for more than a year. The youth expressed a high level of trust with her social worker, indicating if she needed anything she would first go to her social worker. The youth has access to an appropriate Independent Living Program that can meet her needs, especially if she chooses to invest in the program. Additionally, it was reported that the youth has thus far been able to meet the needs of her infant child.

Factors Contributing to Unfavorable Status

Of most concern is the focus youth's lack of willingness to participate in the services that are available to her through the ILP or in the community. During the phone interview she made it clear that she does not believe she "needs" help. She stated that she would be on her own eventually, without anyone to go to, so she should just learn how to do it on her own right now. She said she understands there are requirements for her to be able to stay in the ILP and said she will "try" to meet these requirements.

It appears that the ILP is allowing the focus child too much freedom and flexibility. They admit to allowing her more flexibility than others currently in their program. The youth is allowed to be away from the program quite a bit during the week and on the weekends. The ILP staff have not held her accountable to that which is required of her to remain in their program, e.g. attend school or vocational program, obtain employment, participate in programs offered at the ILP, etc.

In addition, safety is a concern in this case. In spite of the history of domestic violence, the focus youth continues to have contact with her child's father. In fact, she admitted that the contact has actually increased since the baby's birth.

With the exception of her family and the agency social worker, the focus youth was not able to identify any other supports she could depend upon. She said "I stay to myself a lot because that keeps me out of trouble." She said she does not associate with others at the ILP and seldom does anything with her friends. Again, she made it clear that there are very few people in this world that she trusts.

SYSTEM PERFORMANCE APPRAISAL SUMMARY

What's Working Now

The private agency social worker has worked hard to develop a trust-based relationship with the focus youth. This social worker has good insight and good assessment skills, which have been used to identify the needs of the teen. Efforts have been made to implement an appropriate level of services and supports for the teen and her family. Those who were interviewed agreed that there is an adequate array of services/supports available either at the ILP or in the community. No one identified a necessary service that was not available. The youth said that she is involved in the development of the agency plan, stating that she is asked what goals she wants identified in her plan and is asked to sign the plan. When asked, she was able to articulate several of her goals.

An additional strength is that the youth has been able to maintain family contact. There may be some concerns around some of this contact; however, it is important that she maintains this contact.

What's Not Working Now and Why

Although the private agency social worker has done a nice job of developing a relationship with the focus youth, it has been difficult for the social worker and other team members to engage her in services or total case planning. When arranging family meetings or the YTP meetings the agency relies on making a phone call to those being invited. There are no written invitations or notices sent out. Team members indicated that this method of notification has caused some difficulty if the person did not get the message and missed the meeting.

Most of the right people have been identified as members of the team. However, neither the focus youth nor her family members are strong members of the team. The youth has been invited to meetings, yet chooses not to attend most of the time. There is a team of individuals at the ILP, a team of individuals connected to the agency provider, and some community providers. These separate teams seem to be operating in isolation of each other. The plans are not shared, and there is not a clear consensus on what is expected of the focus youth or what the next steps are. The only item it seemed everyone was in agreement on was that the youth would remain in the system and hopefully in her current ILP until she ages out of the system at age twenty-one.

In addition, some of the important assessments have not been made available to all of the team members. For example, the focus youth has recently undergone a psychiatric evaluation. In spite of her efforts, the agency worker has not been able to obtain a copy of that evaluation. This information has not been made available to the agency, the ILP, or those working on the youth's educational needs. The team is still working from the diagnosis the teen received when she was twelve years old. The youth's academic level of functioning was unknown at the time of the

review. When speaking with the youth's GAL, it was apparent that he did not have an understanding of her current educational or living status.

The case plan documents have little impact on daily practice in this case. The interviews for this review revealed that there is planning taking place for the focus teen; however, neither the efforts nor the goals and strategies are reflected in the case plan documents, especially around moving forward toward permanency and independence. In addition, the goals in the plans do not align with the areas that those interviewed felt should be the focus issues, e.g. parenting, job search, education, safety, and setting up appropriate supports. The case plans in the youth's file were outdated at the time of the review. The most recent Youth Transition Plan (YTP) was from January 2007. The expectation is that the YTP meetings are to be held quarterly for each youth.

Six-Month Forecast/Stability of Findings

Based on the current service system performance found for this youth, her overall status is expected to decline. It is believed if she remains at her current ILP she will likely not invest at a level necessary to maintain her placement there. This may result in her being discharged from this program.

Practical Steps to Sustain Success and Overcome Current Problems

1. Convene a team meeting to assist in clarifying the next steps for the focus youth. This team should include, but not be limited to, family members, ILP personnel, education personnel, private agency staff, GAL, and community connections. Specific goals and tasks should be identified. Information should be shared across agencies. Active efforts should be made to fully include the focus youth in all of the planning.
2. Proceed in having the transcripts corrected to show the youth's accurate grade level. This will be important in the process of planning for her educational needs.
3. Work to develop a back up plan in the event that the current ILP does not allow the youth to remain in their program due to her lack of compliance with program directives.
4. Obtain a copy of the most recent psychiatric evaluation and the appropriate educational assessments. This information should be shared (with proper releases) with all team members so there is a shared understanding of the youth's current diagnosis and level of functioning. It is important to understand her abilities before setting expectations.
5. Check on the status of the restraining order regarding the father of the youth's baby and decide if there should be one. The team, in cooperation with the focus youth, should plan for necessary safety precautions to be put in place.
6. Arrange for a mentor, perhaps who also has a child, for the teen. The youth expresses much interest in having a mentor to spend time with. This may be an opportunity to connect with and engage this teenager. A mentor, who is a parent could model appropriate parenting skills and talk with this young lady about her other needs and goals.