

**Ashland County Health and Human Services
Quality Service Review Findings
July 12-16, 2010**

Conducted by:
Wisconsin Department of Children and Families
Continuous Quality Improvement

Issued: October 6, 2010

Acknowledgements

The review team expresses appreciation to the Ashland County Department of Human Services, its partners and community members who contributed to the collection of information contained in this report.

Review Team Members Certified Case Reviewers

Bridget Chybowski	Kimberly Kelly
Stacey Frolick	Tammy Kinkaid
Christine Hansen	Penelope Nevicosi
Mary Kapral	Dan Wendt

Shadow 1 Reviewers

Maria Cancian

Review Team Site Leader Carrie Finkbiner

Administrative Support
Tara Fredlund, CQI Coordinator, DCF/OPQA/PM

Table of Contents

I. Introduction and Background	4
II. The Qualitative Service Review Process	4
III. Methodology	5
IV. Stakeholder Interviews	6
V. Performance Analysis	9
VI. Recommendations	15
VII. Appendix 1 – Access and Initial Assessment Review	18
VIII. Appendix 2 – Review Findings	26
IX. Appendix 3 – Case Demographics	37
X. Appendix 4 – Statewide Summary of QSR scores: 2006-2009	44

Ashland County
Qualitative Service Review
Conducted: July 12-16, 2010

I. Introduction and Background

Since 2005 the Wisconsin Department of Children and Families has used the Qualitative Service Review (QSR) to assess the performance of its child welfare operations. In July 2010 the Department conducted a review in Ashland County. Six cases were reviewed. All cases were selected randomly. The review process is organized around analysis of two areas of system functioning. The first is child and family status, regarding current outcomes among indicators such as safety, stability and permanency. The second is system performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning. In addition, interviews were conducted with eleven stakeholder groups and key informants, representing Agency staff, providers, legal partners and others.

II. The Qualitative Service Review Process

Over the past decade there has been a significant shift away from exclusive reliance on quantitative, process-oriented audits and toward increasing inclusion of qualitative approaches to evaluation and performance management. A focus on quality assurance and continuous quality improvement is now common, not only in business and industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the system performance essential to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts.

The QSR was developed by Human System and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system. Wisconsin has developed its own version of the QSR, adapting it from protocols used in other systems in the country. The Wisconsin version reflects the unique features of the State’s system. The QSR process is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal by a reviewer examining a case is translated to a judgment of acceptability or unacceptability for each status or system performance indicator using a six-point scale ranging from “Poor or Adverse Status/Performance” to “Optimal Status/Performance.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The fundamental assumption of the QSR model is that each case is a unique and valid test of the system. The strength of the QSR approach is that it helps reveal where and how system improvement efforts can be directed. Over time, results have shown that practice and outcomes can be significantly improved when these areas are addressed strategically. This report offers guidance on the means to strengthen outcomes and performance, leading to the reflection of that improvement in QSR scores.

III. Methodology

The review sample consisted of six cases, including four in-home cases and two placement cases. The case sample was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Forty-two interviews were conducted with respondents in the six cases reviewed. Reviewers included a combination of State level CQI staff and certified State and County reviewers. The review was conducted over a one week period, from July 12-16, 2010. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in Appendix VII.

QSR/Child Status and Performance Profile – Current Placement Frequency

Type of Current Placement	Number	Percent
Birth home	4	67%
Adoptive home	0	0%
Foster family home	0	0%
Relative/kinship home	1	17%
Licensed relative foster home	0	0%
Therapeutic foster home	0	0%
Group home/Congregate care	0	0%
Residential treatment center	1	17%
Independent living	0	0%
Detention/shelter	0	0%
Hospital/MHI	0	0%
Juvenile correctional facility	0	0%
Other	0	0%
	6	100%

Age Group	Number	Percent
0 - 4 Yrs	2	33%
5 - 9 Yrs	1	17%
10 - 13 Yrs	0	0%
14+ Yrs	3	50%
	6	100%

OSR/Child Status and Performance Profile – Gender Frequency

Gender	Number	Percent
Female	4	67%
Male	2	33%
	6	100%

IV. Stakeholder Interviews

The review team conducted stakeholder interviews with 11 different groups totaling 27 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Permanency Consultant	1
Assistant District Attorney	1
Ongoing Workers	5
Access/Initial Assessment Workers	4
School Personnel	3
Tribal Representatives	3
Law Enforcement	3
Judge	1
Guardian ad Litem	2
Defense Attorneys/Public Defenders	2
CPS Supervisor and Agency Director	2

The following summarized comments reflect the input of the aforementioned stakeholders.

Common Themes

- Agency efforts to collaborate and partner with community stakeholders are widely recognized.
- The Integrated Services Program is recognized as effective in engaging families in the change process.
- Stakeholders are very pleased and excited by the approach used by the Juvenile Drug Court.
- Need for consistent and thorough documentation as noted by reviewers who reviewed Indian Child Welfare cases, Access and Initial Assessment cases and Ongoing Child Protective Services cases.
- Lack of transportation is a barrier to families receiving services and more increasingly, school attendance.
- Need for mental health therapists, psychologists and psychiatrists that specialize in child-related issues.
- The challenges involved in working with generational families who continue to cycle through the system.
- Community stakeholders have high esteem for the judge and regard him as a valuable asset to the system.

Organizational Issues – Strengths

- Supportive relationships within agency; workers and supervisors are accessible to one another
- Many stakeholders recognize the collaborative efforts being made by agency leadership to forge effective relationships.
- Agency leadership's proactive approach to budget constraints as evidenced in their pursuance of grants and other opportunities to serve the needs of their clients.
- The agency values and prioritizes prevention and early intervention as noted in their efforts to engage young persons in the schools and to offer voluntary services.
- Longevity and varied experience within the agency lends itself to a depth of understanding and knowledge regarding systems of care and needs of clients at and across each level.
- Initial Assessment worker is recognized as an asset to the agency and is partnering well with community stakeholders.

Organizational Issues – Challenges

- Maintaining the momentum of collaboration efforts; developing a system of routine and consistent communication with major stakeholders.
- Balancing the values of autonomy and flexibility with the need for formalized and structured case oversight.
- Development of a practice model to provide a framework and set of expectations for practicing with families.
- Need for structure or set of procedures with the agency's on call/after hours arrangement to increase consistency among workers
- The impact of state and federal requirements on workload and resources.
- Maintaining effective partnerships with the Tribes.
- The ongoing challenge of educating the community regarding the role of Child Protective Services.

Resource Issues – Strengths

- Juvenile Drug Court is perceived as one of the best examples of community partnering ever seen in community.
- Parent Aide/Mentor is providing a meaningful service to families by engaging them in the change process and tailoring their services to their individual strengths and needs.
- Public Health nurses work well with Child Protective Services staff and are skilled at getting at-risk families and youth involved.
- ABC Families/Community Response serves families who are screened out at access and seen as valuable in preventing CPS and/or court involvement.
- The Administrative Review panel members are seen as committed and passionate to the process.
- The BIRT (Brief Intervention for Referral and Treatment) program, "The Brick"—which provides services to homeless individuals were consistently referenced as great community resources
- Birth-to-Three program coordinates with schools and ensures a smooth transition for children with special education needs.
- The Integrated Services Program (ISP) and Coordinated Services Team (CST) were both regarded as resource strengths in the agency.
- The trainings provided by the Permanency Consultant to foster parents and other stakeholders was regarded as very helpful.
- The Western Training Partnership provides a range of training opportunities and accommodates the agency's travel needs by offering video conference and local training.

- The schools are making efforts to address racial bias and discrimination through the Cultural Response Education Team and to address truancy problems.

Resource Issues – Challenges

- Mental Health Services—psychiatric, psychological, therapeutic—for children and adults; there are few mental health professionals who specialize, or are well-trained, in child mental health.
- Transportation is a major barrier for families, particularly for families who are living in rural areas and for those who do not have adequate income to pay for transportation-related expenses.
- Limited funds for child mentoring services has created a demand for more persons willing to provide these services on a volunteer basis.
- Developing a guideline for the provision of Independent Living Services and Supervised Family Interaction both of which fall on the responsibility of the agency.
- More parenting services—both classes and home-based, in-the-moment coaching and mentoring are needed.
- The need for more in-home mental health services to assist clients who lack transportation or are limited in other ways.
- Balancing the need to recruit new foster families with the maintenance of the current pool of available foster homes, particularly with the low rate of placement cases in the county.

Practice Issues – Strengths

- Workers are knowledgeable about their families and well-prepared for court.
- Workers are considering relative placement when appropriate.
- Blend of seasoned workers who offer experience and guidance and new workers who have fresh ideas and perspectives.
- The Permanency Consultant is invited to the Administrative Reviews and staff are using the Permanency Consultant appropriately.
- Integrated Services Program (ISP) worker is skilled at engaging families in the change process.
- Access workers are regarded as respectful, responsive and discreet, yet thorough. Use of the CPS Intake Guide has resulted in consistency among workers.
- There is strong agency presence in the schools; workers are demonstrating good communication, follow-through, consistency and involvement with school partners.

Practice Issues – Challenges

- Need for consistent and thorough documentation as noted by reviewers who reviewed Indian Child Welfare cases, Access and Initial Assessment cases and Ongoing Child Protective Services cases.
- Lack of well-defined models for teaming and permanency planning.
- Disproportionate number of Indian children represented in the system.
- Efforts to locate, engage and involve non-custodial parents.
- Maintaining a family focus in Juvenile Justice cases—continuing to address the entire family as opposed to only the child.
- Sustaining routine communication with key stakeholders such as foster parents, who reportedly could benefit from ongoing clarification regarding their roles and responsibilities and other professionals who interface with juveniles and may benefit from status updates.
- Supporting parents around accomplishing small, initial tasks in an effort to further engage them in the change process.
- Generational families who continue to cycle through the system—how to maintain hope and work to break the cycle and produce positive outcomes.

Legal Issues – Strengths

- Assistant District Attorney—experienced, competent and knowledgeable; prepared for court and responsive to workers.
- Judge is highly regarded by community stakeholders—fair and objective; interacts with children and juveniles in a very caring manner; and has a good understanding of child and family issues.
- No delays or continuance issues; cases consistently heard within timelines.
- Court reports are thorough and considered useful by key participants.
- The Juvenile Clerk is organized, has good communication skills, and appreciates the work done by caseworkers.

Legal Issues – Challenges

- The judge generally doesn't appoint attorneys to parents in CHIPs Cases
- Distribution of the dispositional court reports in a timely manner.
- Ensuring that foster and relative care providers are routinely provided an opportunity to participate in court.
- GAL performance is inconsistent and contingent on the case and particular GAL assigned.

V. Performance Analysis

A review of the stakeholder interviews, status and performance scores and the case stories that were completed yields a rich description of practice within the agency and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. Because the sample for this report involves only six cases and because the rating reflects primarily current status and performance, readers should be conservative in generalizing scores from this review to the entire county child welfare case population. Readers should also note the number of cases applicable to each indicator, signified by the letter “n”. There are some indicators where only a small number of cases were applicable and reviewed. In these areas, generalization of findings to the entire child population cannot be seen as representative.

The following section examines the QSR trends for Ashland County in key areas of status and system performance. For reference and clarity, the analysis will address the percent of cases that scored in the 4-6 range, minimally Acceptable to Optimal according to federal standards.

Child and Family Status

Child Exposure to Imminent Threats (Home)

Eighty percent of cases scored in the 4-6 range related to imminent threats in the home environment. The agency was equally attentive to present danger threats in other settings.

When children were not considered safe, parenting capacities and challenges seemed to be a contributing factor. In one case, there was a history of verbal and physical confrontations between the adolescent focus child and the father. Despite a reduction in the frequency of violent or volatile interactions, the dynamic had not been completely resolved and the focus child was taking on most of the responsibility for managing it. The reviewer writes, “The focus child has limited her contact with her father in order to minimize the opportunities for them to verbally or physically argue.” In another case involving an adolescent child, although there were no concerns of abuse, neglect or

exploitation, there were some concerns regarding adequate supervision which was not a good match given the child's needs and behavioral issues.

Stability

Sixty-seven percent of cases scored in the 4-6 range for stability in the home environment and stability in the school environment. When evaluating stability, reviewers consider the number of disruptions or unplanned moves that the child has had in the home and school settings over the past twelve months. Reviewers also make a prediction as to the likelihood of any disruptions in the next six months.

The next example illustrates the various factors that are considered when determining a rating for stability. The reviewer writes, "The focus child has been stable in her living environment and at school over the past three months; however, prior to this her stability was considered marginal due to multiple episodes of running away, school truancy, inpatient AODA treatment stays, and placement in juvenile detention. The structured routine at the residential facility, in addition to the numerous treatment interventions being offered, has benefited the focus child's stability."

Permanency

Sixty-seven percent of the cases scored in the 4-6 range for Permanency. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the caregiver, and the achievement of stability in the child's home and school settings.

In one case that was reviewed, permanency had been established and persons were confident in the child and family's stability: "The child was reunified prior to the review period and there is no expectation that his living arrangement with his mother will disrupt, the case is expected to close at the end of this year."

Living Arrangement

Living Arrangement considers the present living arrangement in which the child resides and any other setting where the child has slept and received care within the past 90 days. All current and alternative living arrangements scored 100% acceptable and were at least (?) minimally meeting the child's needs for family connections, supervision and emotional support and socialization.

Emotional Development and Behavioral Functioning

Eighty-three percent of the cases in the sample scored in the 4-6 range for both emotional development and behavioral functioning; thus, most of the children in the sample are able to appropriately express feelings, cope with different circumstances, regulate their emotions, connect with others and form relationships, and function well in their environments.

In the cases where the child was struggling in these areas, co-occurring conditions, particularly trauma exposure and mental illness, appeared to impact their ability to regulate their emotions and behaviors. Moreover, the limited services and resources in the area to treat children with these special needs also play a significant role in outcomes. In one story the reviewer writes, "The focus child is diagnosed with Polysubstance Abuse, Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), and Impulse Control Disorder. She is currently prescribed Ritalin and historically has been on a variety of other psychotropic drugs. The focus child has experienced several traumas throughout her childhood which may be contributing to her emotional development and behavioral functioning . . . Fortunately, the focus child's functioning has improved since being placed in a more restrictive and structured environment."

Learning and Development

All six cases scored in the 4-6 range. Children in the sample were connected with appropriate school programming relative to their abilities and special needs. The agency appears to involve schools in case planning and this appeared to be beneficial. As one reviewer writes, “[The focus child] will be entering 11th grade in the fall and is in regular education. She struggles in math and reports that she likes to work with her hands; consequently, she plans to attend a Charter school in the fall that will afford her the opportunity to learn in a way that likely will enhance her enjoyment of school. The focus child is very involved in sports and will continue to play volleyball, softball and basketball.”

Overall status and functioning of biological parents

Three fathers and five mothers were rated for overall status. All three fathers scored in the 4-6 range for their overall status whereas 80 percent of the five mothers scored as acceptable. Due to the low “N” numbers and the difference in “N” numbers between mothers and fathers, it’s recommended that any conclusions based on these scores be reached tentatively.

Mothers and fathers are generally safe in their homes and in their communities. Various challenges appeared to not only affect parenting capacities, but also safety. One father, who had placement of his daughter, was regarded as being unsafe due to a history of volatile relationships. The reviewer writes, “It appears that the father may be able to control his actions while on probation or facing criminal charges, yet, when the matter is resolved in court, it seems a new incident occurs.” Parents in the sample demonstrated a range of challenges that impeded their ability to function in a healthy manner and to provide adequate parenting to their children. Trauma exposure, mental illness, substance abuse or addiction and in some instances physical impairments prevented parents from providing adequate safety, supervision and nurturance to children in their care. Additionally, many parents in the sample were struggling to meet their basic needs and while some parents had family and other supports to assist them, other parents were without any supports. One reviewer writes, “The mother’s challenges include her ability to meet the basic needs of herself and her children. At this time her financial resources are severely limited.” In this last example, it’s clear that the mother is dealing with a number of challenges, sustenance issues being only one of many. The reviewer writes, “The mother has significant problems with regards to basic necessities. She has two additional children, aged four and seven, and a very limited income... The mother is diagnosed with Depression. She is being treated by a psychiatrist and is prescribed four psychotropic medications. She does not take her medications regularly and there was concern expressed that she may be abusing prescription drugs. The mother has had previous psychiatric hospitalizations...”

Overall status and functioning of substitute caregivers

There was only one case where a substitute caregiver was rated and their status scored in the 4-6 range. These relative care providers have done a nice job balancing the setting of limits and boundaries with the adolescent child in their care, and providing love, nurturance and teaching moments. They are committed to caring for the child and function well as parents, employees and community members.

Progress Toward Independence

The Quality Service Review evaluates the progress made towards permanency in three areas: Family of Origin, Guardianship or Adoption and Independence for Older Youth. There were five cases in the sample with either a goal of reunification or for the child to remain at home. Forty percent of these cases scored in the 4-6 range. One case had a goal of Adoption or Guardianship and this case scored in the refinement zone, but was unacceptable according to federal guidelines. Finally, two cases involved older youth who were striving towards independence adult functioning; one case scored as acceptable and the other case scored unacceptable.

Evidence of good progress towards independence includes a resolution of permanency, stability in the home and school environments and an absence of safety concerns. For example, one reviewer writes, “The permanency goal of reunification has largely been achieved. The child has been maintained safely in the home for the last six months, while the mother has demonstrated the capacity to protect her children and is utilizing her extended family resources for support. In addition, the mother is seeking employment and looking for independent housing. The mother and the agency are beginning to plan for case closure.” Nonetheless, even when a case is closed, existing circumstances may preclude a family’s ability to sustain their independence from the system. One reviewer writes, “The focus child is with his biological mother and the case has closed. Nonetheless, reviewers believe there is a high possibility that this family could be involved with the agency again due to the lack of information and understanding regarding the home maintenance and cleanliness issues. The concern is that if these issues are not adequately explored, the family may again be the recipient of agency services and intervention.”

System Performance Indicators

Outreach and Engagement & Role and Voice

Engagement is a critical component of the QSR practice model and serves as the foundation for working with children and families. Reviewers evaluate the ability of interveners to engage the child and family in a trust-based relationship that fosters behavioral change. *Role and Voice* measures the extent to which parents, children and substitute caregivers are involved in case planning and key decision-making. *Engagement* and *Role and Voice* was strong with children and substitute caregivers; both indicators scored 100 percent acceptable respectively. Sixty-seven percent of mothers scored in the 4-6 range for *Engagement* and *Role and Voice* while 33 percent of fathers scored acceptable for these two indicators.

The next two examples illustrate good engagement efforts. In one case, the reviewer discusses the strong use of engagement strategies which seemed to lead to key players having a strong role and voice: “A primary area of strength in practice was the worker’s ability to engage the focus child and her mother. These family members found the worker reliable because she returned calls promptly and had a high frequency of contact with them. Further, it was reported that the worker was non-judgmental and could be trusted. The worker’s skill in building trust-based relationships with the mother and focus child translated into these family members having a strong role and voice in decision making. The focus child reported that she was included in her Individualized Education Plan (IEP) meetings and that she had influence over her school placement.” In another case, the reviewer writes, “The mother and father both had a role and voice in the case process. They were a part of team meetings, which also included all of the service providers—either in person or by

phone—and other persons identified as important by the parents, such as the grandparents. The parents believed they were heard and had impact. The father, somewhat teasingly, stated he was the team leader.”

Coordination

Fifty percent of the cases in the sample scored in the 4-6 range. When *Coordination* was going well it appeared to have a synergetic effect. One reviewer writes, “It was clear that the worker is the single point of coordination and leadership. The worker’s ability to effectively organize and disseminate information has resulted in a common understanding among case participants about the focus child’s status and case plan.” When coordination was not going well information as well as opportunities were missed. As one reviewer writes, “There is an opportunity to step up the coordination with all parties to gain a big picture understanding by obtaining all the information from formal supports, the focus child, father and stepmother . . . It appears that if there had been more prompt communication between formal and informal supports, there could have been more efforts to keep the child involved in day treatment rather than withdrawing from the service.”

Family Teamwork

The Quality Service Review considers both the formation of the team—the inclusion of formal and informal participants—and how the team functions in reaching child and family outcomes. Sixty-seven percent of cases scored in the 4-6 range for *Team Formation* and 50 percent scored acceptable for *Team Functioning*.

Good family teamwork positively influences other areas of practice and demonstrates a spirit of shared responsibility. One reviewer writes, “There was very good family teamwork between the worker, the mother, the grandmother, the foster mother, and the parent mentor. They met on a regular basis to assure that everyone understood the case vision and what was needed to achieve safe reunification. [They] often stepped (sic) up for one another to assure that progress was made.” One reviewer discusses how improved teaming could have enhanced the planning around the child’s future: “Teaming could assist with communication not only among the informal supports, but also with the formal supports such as school . . . help the focus child develop stronger independent living skills and help to control for her safety in all of her environments . . . The focus child seems to respond well to structure and strives to achieve goals.”

Assessment and Understanding

The *Overall Assessment and Understanding* of a case is evaluated in addition to the understanding and assessment of safety. With regard to safety, 50 percent of the cases scored in the 4-6 range; while 33 percent scored in the 4-6 range for *Overall Assessment and Understanding*.

As evidenced in the child status section, present danger threats appear to be well-managed as children were viewed as safe in the environments where they spend a significant amount of time. There does however appear to be an opportunity to better understand underlying factors so that impending danger threats are better understood, managed and addressed in planning. For example, one reviewer writes, “The current safety plan followed by the father and focus child is to avoid communication with each other. The focus child will remain in her room when she is in the family home. There is no understanding of why the father and focus child resort to physical violence nor a focus on helping them to develop healthier communication and coping skills. Another reviewer writes, “There has been a lack of good *Overall Assessment and Understanding* in this case. The mother was uncooperative in completing her assessments in the beginning of the case. At this time

her parenting capacities and life challenges are unknown. The focus child is visiting the mother in her home weekly and there has been no updated ‘big picture understanding’ of the dynamics in her household.”

Long-Term View

Fifty percent of the cases scored in the 4-6 range. In determining a score for *Long-Term View*, reviewers evaluate the extent to which key participants are able to articulate ending requirements for the child and family. A defined end point is required to navigate the change process and the absence of a *Long-Term View* typically results in a nebulous picture of where the case is going. For example one reviewer writes, “There has been some discussion of the focus child’s educational future, yet it appears that individuals interviewed have different opinions as it relates to the child’s *Long Term View* ranging from staying with her father, completing high school, going to college and/or moving out the day she turns 18.”

Planning a Change Process

Planning a Change Process includes several components: safety management; permanency; child behavioral outcomes; parent behavioral outcomes; and sustainable supports. Planning for safety management and child behavioral outcomes were the strongest with 75 percent of cases scoring in the acceptable range for both components. Planning for permanency and parent behavioral outcomes were the two areas needing the most attention with 33 percent scoring in the acceptable range for both components. Finally, 67 percent of cases scored in the acceptable range for planning for sustainable supports.

Executing the planning phase of a case is easier and more effective with a solid overall assessment and understanding. As one reviewer writes, “The permanency plan is for the child to return home, which although likely is to occur, permanency may be compromised. Additional information is necessary in order to develop strategies to enhance parental capacities and the home environment and subsequently positively influence the focus child’s permanency.”

Resource and Support Use

There was better *Resource and Support Use* for children, with 83 percent scoring in the acceptable range, than there was for parents, who scored 40 percent in the acceptable range.

This next example illustrates how a good understanding of the child’s needs led to effective matching of resources and supports: “The focus child’s identified needs have been matched with the right type of services in order to increase her functioning, demonstrating good *Intervention Adequacy* for change. For example, the residential therapist is using Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT) strategies with the focus child to improve her ability to control her moods and impulsivity. These interventions appear to be effective as evidenced by the focus child having only two brief periods of running away and two substance abuse relapses within 90 days.”

Tracking and Adjustment

Tracking and Adjustment evaluates the degree to which key members maintain good situational awareness and make needed adjustments to plans and strategies as circumstances change. Sixty-seven percent of the cases scored in the 4-6 range for *Tracking*; 50 percent scored in the 4-6 ranged for *Adjustment*.

Often good *Tracking and Adjustment* occurs in conjunction with strong teaming. In this next example the team members worked to make progress and adjust visitation as appropriate until reunification was reached, the reviewer writes, “There was very good family teamwork between the worker, the mother, the grandmother, the foster mother, and the parent mentor. They met on a regular basis to assure that everyone understood the case vision and what was needed to achieve safe reunification. The members worked as a team, often stepping up for one another to assure that progress was made. The child was transitioned from supervised visits to eventually reunification.”

Cultural Accommodations

There were only two cases where cultural accommodations were necessary, one scored in the acceptable range and the other one did not.

Maintaining Relationships

The Quality Service Review evaluates the frequency of *Family Interactions* and the efforts made at enhancing *Quality Family Relationships* when children are not living with their parents and siblings. There were two cases rated for these indicators as it applies to mothers and both indicators scored in the 4-6 range. There were also two fathers rated for family interactions and quality relationships; for both indicators there was one case that scored acceptable and one case that scored unacceptable. Finally, one case was scored with regard to sibling contact and maintenance of quality relationships and although the sibling interaction was occurring with acceptable frequency, reviewers believed that the quality of the relationship could be enhanced.

Case Prognosis Forecast

When considering the six-month forecast, reviewers consider the child’s current status and predict where their status likely will be in six months based on their current stability, progress towards permanency and the practice being done to secure positive outcomes. Eighty-three percent of focus children in the sample were seen as remaining at their current status and one child was seen as declining. The overall status of children in the sample was viewed as acceptable; thus, a prediction that most of the children will remain at high or acceptable levels is good.

For the one case where the child’s status was seen as declining, the reviewer writes, “The six-month forecast for the focus child is that her situation is likely to decline. This projection is due to her potential release from residential treatment and the likelihood that she may reoffend, runaway, abuse alcohol or drugs, or exhibit other at risk behaviors. This prognosis is based upon the fundamentally flawed focus on the child in this case versus a family-centered practice approach.”

VI. Recommendations

The following recommendations were made in response to QSR scores and case story content primarily, with some utilization of information from stakeholder interviews.

1. Maintain a family-focused approach across all case types

Results from the Quality Service Review indicate that a family-focused approach across all case types could enhance outcomes for children and families. In Ashland County there appears to be a significant number of cases open for Juvenile Justice Services. Historically, the focus of practice

for Juvenile Justice cases has been on the child and his or her behaviors with little to no emphasis on the parents or the family. Information gained through the Quality Service Reviews reveals that Juvenile Justice cases often require a family-focused approach to yield positive outcomes. For example, it's difficult to understand and best address a juvenile's behavior outside of the context of the family environment and parents continue to play an important role in providing supervision, guidance and management. By overlooking the parental and family systems when addressing the needs of juveniles, important information is often missed and children are inclined to stay in the system longer with fewer positive outcomes.

Maintaining a family-approach across all case types will also enhance the *Overall Assessment and Understanding* process, as well as the planning around safety, behavioral outcomes and sustainability. Results from the QSR suggest that there's an opportunity to improve the *Overall Assessment and Understanding* in case practice with 33 percent scoring at acceptable. It seems case workers understand and address immediate safety concerns, but that impending safety threats--the underlying issues that seem to drive the most obvious behaviors-- are not well known or understood. Finally, by addressing underlying needs and the root-cause of family malfunctioning and child-safety concerns, there is stronger likelihood that the family will remain independent from the system and not re-enter at a later point.

2. Continue to build on community collaboration efforts

Community stakeholders cited the agency's efforts in building relationships and collaborating with community stakeholders as a major strength of the system. Persons across various professions were particularly excited about the collaborative process underlying the Juvenile Drug Court program and the shared responsibility and problem-solving that the program is built upon. Community stakeholders also mentioned the increased presence of the agency in the schools and the agency's attempts to build relationships and collaborate with school partners. The *It Takes a Village to Raise a Child* training provided by the agency at one of the area schools is a great example of both addressing a training need and building strong community partnerships. In addition, the presence of public health nurses in the schools is seen as a valuable early intervention mechanism. Public health nurses are educating pregnant teens and young parents around a myriad of issues related to having and raising a child including child development, parenting and couple issues including relationship violence. Teens have responded well to the support and the information provided by public nurses who appear to be skilled at engaging teens and establishing a supportive relationship. Finally, it appears that the agency and the Bad River Tribe have made a lot of efforts to improve communication and partnering. Monthly meetings between the agency and the Tribe are seen as a valuable in better serving children in the county. Overall, Community stakeholders appear eager to work with the agency around numerous community and child welfare issues and our recommendation is to continue building upon this energy and enthusiasm.

3. Develop a well-defined practice model

Developing a well-defined practice model would provide a framework for case practice and supervision, help reduce variability in case practice and serve as a means to connect agency philosophy and values with front-line practice. There are pockets of practice models operating in the agency from which an agency-wide practice model could be developed. Results from the Quality Service Review indicate that the practice model endorsed by the Integrated Services Program is not only recognized as effective and valuable by community stakeholders, but the ISP

case that was reviewed through the QSR scored well in the areas of *Engagement, Teaming, Coordination* and *Long-Term View*.

4. Improve Documentation efforts

All of the reviews that took place in Ashland County—Indian Child Welfare Act (ICWA) review; Access and Initial Assessment review and Ongoing review—revealed an opportunity to enhance documentation. For example, improving documentation to support 24 hour screening decisions made in Access and ensuring that all required ICWA documentation is in the file to demonstrate that the good work being done to identify Indian children and notify the Tribes is evidenced. There also seems to be some opportunities to enhance the documentation with ongoing case work around safety plans, permanency plans and case notes. Careful documentation and record keeping protect practitioners against allegations of ethical misconduct and professional negligence. It also serves as verification that services actually occurred.

VII. Appendix 1

Access and Initial Assessment Review

The Access and Initial Assessment (IA) protocols differ significantly from the ongoing Quality Service Review protocol. While this review has a foundation in the Access/IA standards, it is still a qualitative review which applies best practice.

The purpose of the Access/IA review is to analyze the critical decision points in a case at the point of and following the receipt of an allegation of maltreatment.

The Access/IA reviews analyze the following:

Access

- Information gathering regarding the allegations of maltreatment
- Understanding based on initial information gathered
- Analysis of information leading to screening and response time decisions

Initial Assessment

- Level of engagement and responsiveness
- Understanding of family: child's needs; parent/caregiver's protective capacities and threats to child safety
- Analysis of information leading to key decisions: child safety, custody, substantiation and case opening

Access and Initial Assessment Review Sample

Access (11)

- Paper review of screened out access reports (6)
- Reviewed access reports associated with the Initial Assessments (3)
- Monitored access calls (2)

Initial Assessment (3)

- Reviewed recently completed Initial Assessments

Access Practice Performance

The following information is themes and patterns which were collected from both the review of access reports, as well as the focus groups.

Access – Strengths

- The access workers are part of a unified intake unit that encompasses a wealth of knowledge across various programs accessed by the community.

- When calls are both screened-in and screened-out, the access workers refer families to available community resources.
- A consistent outline is followed by all workers when taking access calls; worker's engage with the reporter, answering questions about the process and assuring confidentiality.
- Consultations between the access worker and the supervisor or the access worker and the initial assessment worker occur within 24 hours, specifically on referrals that require immediate attention.

Access – Challenges

- A gathering of comprehensive information related to child, adult, and family functioning, and parenting practices will allow for a better assessment of impending dangers and underlying needs at Access.
- Data does not show that access calls are screened and approved in eWiSACWIS within 24 hours; the date found on access reports appears to be the date of when the report was entered rather than when the screening decision was made.
- All known information and the reasoning behind the screening decision should be more clearly documented to ensure a clear understanding of the information, especially on reports that are being screened out.

The following information was collected from the review of 11 Access Reports in Ashland County.

Diligence of Inquiry: *The purpose of diligence of inquiry is to obtain the information necessary to make sound decisions regarding threats to child safety and allegations of maltreatment, so that these decisions are based on the evidence assembled during the access phase of the case.*

In the area of diligence of inquiry, 91 percent of cases scored in the 4-6 range. Many of the cases provided thorough information related to the alleged maltreatment and the child and adult functioning. In one such case where thorough information was gathered, reviewers noted, *“The worker inquired about concerns for maltreatment and asked follow-up questions. The worker explored other areas of concern for the family. The worker inquired into both the child and parents' functioning and responsiveness. The worker made a follow-up call to the doctor to gather additional information.”*

Inquiry into and documentation of American Indian heritage is an area to be further considered. In one such case where reviewers observed a live access call and reviewed the written access report, reviewers wrote, *“The Access document indicates ‘unknown’ for American Indian Heritage; it is unclear if it was the reporter who did not know, even though the question was asked.”*

Depth of Understanding: *Access interviews with the reporter involve eliciting information about allegations of maltreatment and information about the child and family. Factors explored and considered include present and impending danger threats, challenges to caregiver functioning (e.g., mental illness, cognitive limitations, addiction, domestic violence, incarceration), and protective capacities present within the child's caregiving situation.*

In this area, 91 percent of the Access Reports reviewed scored in the 4-6 range. A complete understanding of the family situation, including possible threats to child safety, is dependent upon the diligent gathering of information. Similar to the previous indicator, many of the cases reviewed

demonstrated a good understanding of the alleged maltreatment and child and adult functioning. In one case, reviewers wrote, *“There appears to be a good depth of understanding of the alleged maltreatment and the surrounding circumstances of the incident. The Access worker differentiated who the child referred to as the child’s father by exploring the agency records to conclude the child resides with the child’s grandparents and refers to the child’s grandfather as ‘father.’”* In another case, it was noted, *“The Access report provides an understanding of the child’s functioning and parents’ functioning, disciplinary approaches, and strengths.”*

While there was generally a good understanding of the alleged maltreatment and child and adult functioning, a better analysis of this information will lend to more accurate decisions related to child safety. Reviewers indicated, *“There is an unclear understanding about how the mother’s alleged drug abuse affects child safety, which could have impacted the screening decision.”* In another case, it was stated, *“It does not appear the parents’ functioning and disciplinary approaches and child functioning were together assessed for possible impending danger.”*

Avoidance of Undue Influences: *Factors, such as race, ethnicity, socioeconomic status, sexual orientation, geography, availability of resources, or the worker's skill, ability, and experiences may have an effect upon decision making as key determinations may be made based on these factors, rather than on information gained up to this point in the case.*

In making decisions at the point of Access, it is important that workers and supervisors are cognizant of those factors that might erroneously influence the decision-making process. In the Ashland County review, 100 percent of the Access Reports reviewed scored in the 4-6 range, indicating that staff involved in making decisions were both aware of extraneous variables and did not allow them to influence decisions.

Critical Discernment: *Critical discernment is reflected in the degree in which the worker and supervisor (either individually or in the context of a team) have used a well reasoned and deliberate process in gathering, understanding, and applying available information in the strategic decisions (e.g., screening of report).*

In the area of Critical Discernment, 73 percent of the 11 cases reviewed scored in the 4-6 range for the screening decision and 67 percent of the 3 cases that were screened in for Initial Assessment scored in the 4-6 range for response time decisions (screened out cases are not scored for response time). In one case that scored in the 4-6 range for the screening decision, reviewers were able to gain an understanding of why the decisions were made; *“The screen-out decision was well reasoned and offered an adequate explanation indicating that there was no maltreatment described in the report. It also provides information about services that the family is participating in.”* A case that was screened in for Initial Assessment scored in the 4-6 range for response time. Reviewers wrote, *“The Access worker was able to diligently assemble the information provided in order to make a screen-in decision. The 48 hour response time does appear appropriate based on the information indicating the child would remain with Mother for more than 24 hours.”*

One case that scored in the 1-3 range in the area of critical discernment for screening decision illustrates the need for a better understanding of standards. Reviewers wrote, *“This report was inaccurately screened-out as no threatened harm or maltreatment, with an explanation that this report would be dealt with through the current open assessment. Because this is a new allegation, the referral should have been screened-in and linked to the current open initial assessment. The*

report indicates law enforcement was not notified of this report; law enforcement should be notified for each new allegation of sexual abuse.”

Confidence in Decisions Made: *The degree to which workers and supervisors are certain that they have acted adequately based on policy and procedural expectations, with sufficient diligence in actions taken, while drawing the most appropriate conclusions and making well-reasoned decisions impacts the level of confidence workers and supervisors have regarding the screening decision.*

For this indicator, the confidence level of workers and supervisors is only rated when reviewers have an opportunity to interview the worker and supervisor about decisions made. In the Ashland County review, the worker and supervisor were interviewed regarding the Access Report for one observed Access call; the supervisor was also interviewed on one report that was screened in for an Initial Assessment. In the area of confidence in decisions made, 100 percent of the two cases scored in the acceptable range for workers and supervisors, indicating that the worker and the supervisor were confident that decisions made were correct based on the information known at the time.

The reviewers’ level of confidence in the decisions made at Access scored in the 4-6 range for 82 percent of the 11 cases reviewed. Reviewers shared a high level of confidence with the worker and supervisor in observed Access call. In this case, reviewers wrote, *“The worker and supervisor both agreed with the decisions made on this referral. Reviewers concur that the decisions were appropriate given the information in the referral.”*

Reviewer confidence in the screening decision fell into the 1-3 range when concerns for possible child safety were evident. In one case, reviewers wrote, *“Reviewers are not confident the child’s safety would be provided for upon return to the father’s home given the lack of information supporting the father’s protective capacities and the alleged maltreater’s access to the child.”*

Initial Assessment Practice Performance

The following themes and patterns were collected from the review of Initial Assessment cases and information provided in focus groups.

Initial Assessment – Strengths

- There is strong collaboration with law enforcement and a shared understanding of roles
- There is a good working relationship with Indian Child Welfare.
- Collaboration with community partners and the gathering of collateral information strengthens the assessment of present danger.
- The use of Cognitive Graphic Interviewing strengthens the engagement with and gathering of information from children.
- Training opportunities are offered to new workers (foundation training) and to veteran workers on an ongoing basis; Partnership trainings are offered in Ashland.

Initial Assessment – Challenges

- A gathering of comprehensive information related to child, adult, and family functioning, and parenting practices will allow for a better assessment of impending dangers and underlying needs.

- There is a need for a backup Initial Assessment worker to assist in meeting response times when the full-time Initial Assessment worker is unavailable.
- Some information known to the worker is not documented in the assessment.
- Documentation of the Initial Assessment is incomplete and untimely, despite the assessment and work with the family being completed.

The following information was collected from the review of three Initial Assessment cases in Ashland County. Due to the small sample size, results may not be indicative of overall agency practice in this area.

Engagement & Responsiveness: *Engagement evaluates whether the Initial Assessment worker is building a partnership relationship with the family using outreach and rapport building strategies, including special accommodations with any difficult-to-reach family members, in order to increase child and family engagement and participation in the Initial Assessment process. Responsiveness refers to whether the Initial Assessment worker followed agency policies and state standards regarding the timeliness, number, frequency, and types of contacts.*

Of the three Initial Assessment cases reviewed in Ashland County, 67 percent scored in the 4-6 range for level of engagement and 33 percent scored in the 4-6 range for level of responsiveness. In one case where engagement was seen as strength with the mother, father, and children, reviewers wrote, *“The Initial Assessment worker engaged with the mother over the phone by introducing herself, why she was calling, and explaining her role. The worker was able to work through the mother’s anger over the referral and was successful in setting up an appointment with the mother. The worker was able to engage with the children by using the Cognitive Graphic Interviewing approach to build rapport and gather information. The worker described the female child to be verbal and happy and generally spoke in positive terms about the children. The worker made contact with the father both at the beginning and conclusion of the assessment process. The worker collaborated with law enforcement during the initial assessment process.”* In another case where responsiveness was seen as a strength, reviewers wrote, *“On the date of case assignment, the worker contacted the police and ICW to collaborate on their findings. ICW met with the family before the referral was made to the agency.”*

Engagement and responsiveness were areas of challenge in one case where the family declined further contact with the agency. Reviewers wrote, *“After the worker’s first phone contact, the grandfather refused further contact. The worker made no further attempts to engage the family. The initial phone call to attempt the first face-to-face contact was not made within five business days. The agency did not assign this case to a back-up worker while the Initial Assessment worker was on a two week vacation.”*

Diligence of Inquiry: *The purpose of diligence of inquiry is to obtain the information necessary to make sound decisions regarding threats to child safety and allegations of maltreatment, so that these decisions are based on the evidence assembled during the initial assessment phase of the case.*

In the area of diligence of inquiry, 67 percent of cases reviewed scored in the 4-6 range. In one case where diligent efforts were made to collaborate with community partners for additional information, reviewers wrote, *“The Initial Assessment worker made diligent efforts to collect collateral information from law enforcement officers who also received information from the*

alleged maltreater's probation officer and were able to provide a criminal history check. The worker also received information from another county's social service agency and was able to gather information about the allegations of abuse and family dynamics."

In another case that scored in the 1-3 range, reviewers were concerned about missing information that the Indian Child Welfare agency may have had. The reviewer noted, *"The worker did not gather detailed information from the ICW worker about the ICW worker's findings regarding the alleged maltreatment, and the functioning of each child and adult family member in the home."*

Depth of Understanding and Safety Intervention: *Depth of understanding is the degree to which the child and family's strengths, protective capacities, threats to safety, and needs are understood. Safety Assessment is the examination and consideration of the child's immediate safety based on whether there are present or impending danger threats that could harm a vulnerable child in the absence of adequate protection available in the home caregiving situation. Safety Planning assesses whether the identified safety threats are controlled by the implemented safety plan.*

In this indicator, reviewers are asked to evaluate the depth of understanding in three areas: the overall family situation; safety assessment; and safety planning. One case (33 percent) scored in the 4-6 range for depth of understanding of the overall family situation. All three cases (100 percent) scored in the 4-6 range for safety assessment. Because the children were determined to be safe in all three cases, no case was scored for safety planning. In the case that scored in the 4-6 range for both depth of understanding and safety assessment, reviewers indicated, *"The worker was able to adequately assess for present danger to both children by contacting over the telephone law enforcement, the father, the paternal grandmother, and the mother. The worker was able to provide an overall assessment of the family in order to conclude the children were safe."*

The cases that scored in the 1-3 range for depth of understanding were both missing information that would allow for a better assessment of impending danger. In one case, reviewers wrote, *"There is a lack of understanding of the child's functioning and the father's protective capacities which affects the assessment of impending danger."*

Avoidance of Undue Influence: *Factors, such as race, ethnicity, socioeconomic status, sexual orientation, geography, availability of resources, or the worker's skill, ability, and experiences may have an effect upon decision making as key determinations may be made based on these factors, rather than on information gained up to this point in the case.*

Two of the three Initial Assessment cases (67 percent) reviewed scored in the 4-6 range for the worker and the supervisor in the area of avoidance of undue influence. This is an indication that staff involved in making decisions during the Initial Assessment process were both aware of extraneous variables and did not allow them to influence decisions. In one case where exceptional awareness of undue influences was evident, reviewers wrote, *"The worker identified the working relationship with law enforcement to be positive; both use the same interviewing protocol and collaborate on decision making. There did not appear to be influences from the other county involved over the decisions made on this case. The written report appears to be written in an objective manner which does not reflect possible personal bias."*

In the one case that scored in the 1-3 range, the worker and supervisor were aware of the influences that effected the decision making. Reviewers wrote, *“The family has extensive political connections within the tribe that the workers saw as a barrier to both the county agency’s and ICW’s intervention with the family. ICW’s response to the agency’s request for information was a barrier to the worker completing a more comprehensive initial assessment.”*

Critical Discernment: *Critical discernment is reflected in the degree in which the worker and supervisor (either individually or in the context of a team) have used a well reasoned and deliberate process in gathering, understanding, and applying available information in the strategic decisions (e.g., screening of report).*

Two of the three (67 percent) Initial Assessment cases reviewed scored in the 4-6 range for this indicator. Reviewers wrote for one case, *“The worker’s initial safety assessment was deliberate in assuring the children’s immediate safety. The worker, in collaboration with law enforcement, addressed the allegations of the referral and was able to analyze the relationship between the mother and the children. The reasoning process for the overall safety assessment finding and case disposition was well reasoned and objective.”*

The one case that scored in the 1-3 range highlighted a challenge when working in collaboration with partner agencies. Reviewers indicated, *“The worker relied on the safety decision made by the ICW worker. The information provided by the ICW worker was not sufficient to provide a good understanding of the family, and therefore, and analysis regarding the safety decision was lacking.”*

Confidence in Decisions Made: *The degree to which workers and supervisors are certain that they have acted adequately based on policy and procedural expectations, with sufficient diligence in actions taken, while drawing the most appropriate conclusions and making well-reasoned decisions impacts the level of confidence workers and supervisors have regarding the screening decision.*

The worker, supervisor, and reviewers all concurred with confidence in decisions made. For this indicator, all three cases (100 percent) scored in the 4-6 range, indicating that the worker, supervisor, and reviewers were confident that decisions made were correct based on the information known at the time. Reviewers wrote, *“Reviewers believe the decisions made were appropriate given the information known at the time of the decision. The worker and supervisor were confident in the decisions made. The worker believed the case findings would be the same even if the worker had had more involvement with the family.”*

Decision Documentation: *Reviewers evaluate the adequacy and completeness of documentation in the case under review. The facts gathered, reasoning process used and determinations made are documented in a clear and useful format that is consistent with applicable standards of good practice.*

Documentation of the information gathered and decisions made during the Initial Assessment process is rated separately in the protocol in recognition that workers and supervisors often know more information than is reflected in the actual Initial Assessment document. Documentation proved to be a challenge in Ashland County with no cases scoring in the 4-6 range. However, in all three cases, reviewers acknowledge that the documentation of maltreatment and surrounding

circumstances was adequate, noting in one case, *“The worker described the alleged maltreatment in the initial assessment and provided detailed information about the surrounding circumstances.”*

In one case that scored in the 1-3 range, reviewers described opportunities for improvement by stating, *“The analysis of the findings and safety assessment were not present in the written record. The written record did not document information obtained by law enforcement which had a direct bearing on the decisions in this case. The family was said to be moving to another county. This family presents certain risks which may lead them to come to the attention of the county agency. The documentation lacked a good share of the information known to the worker, which would be extremely helpful for the future incidences/services that this family may need.”*

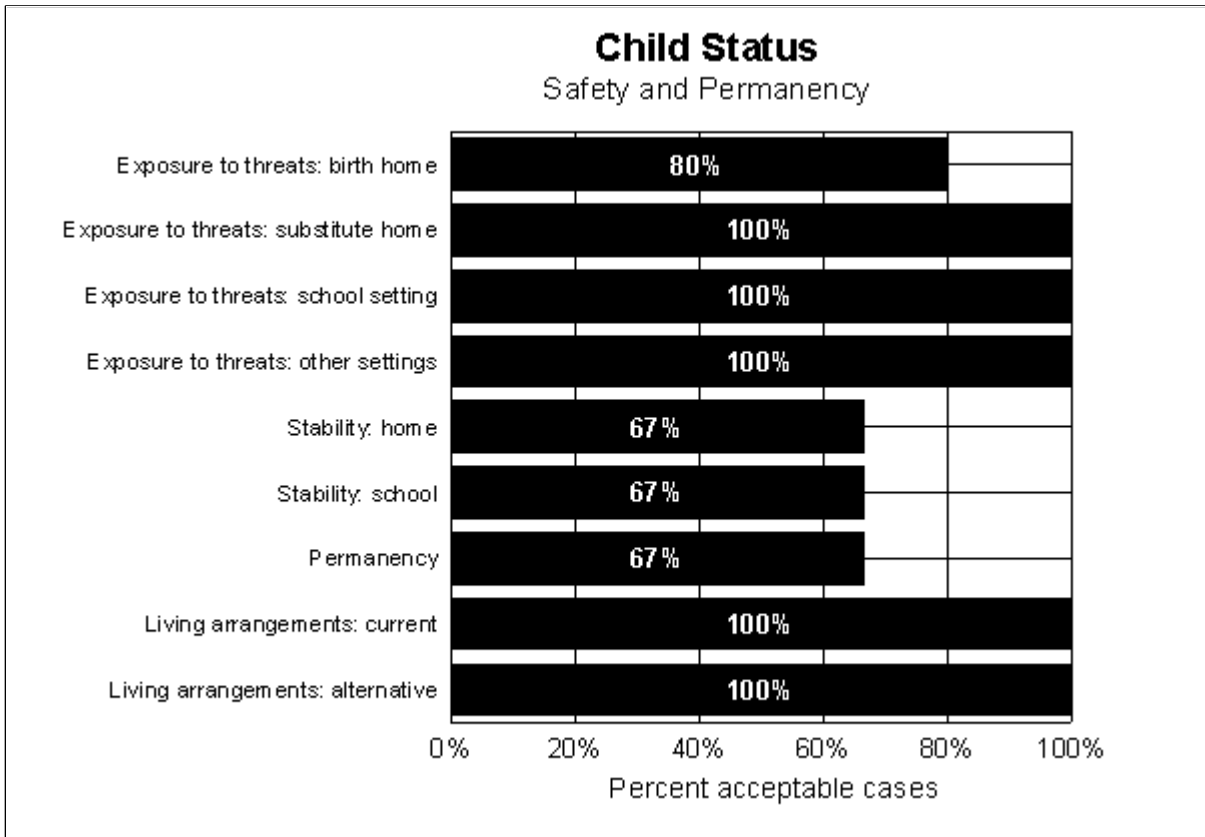
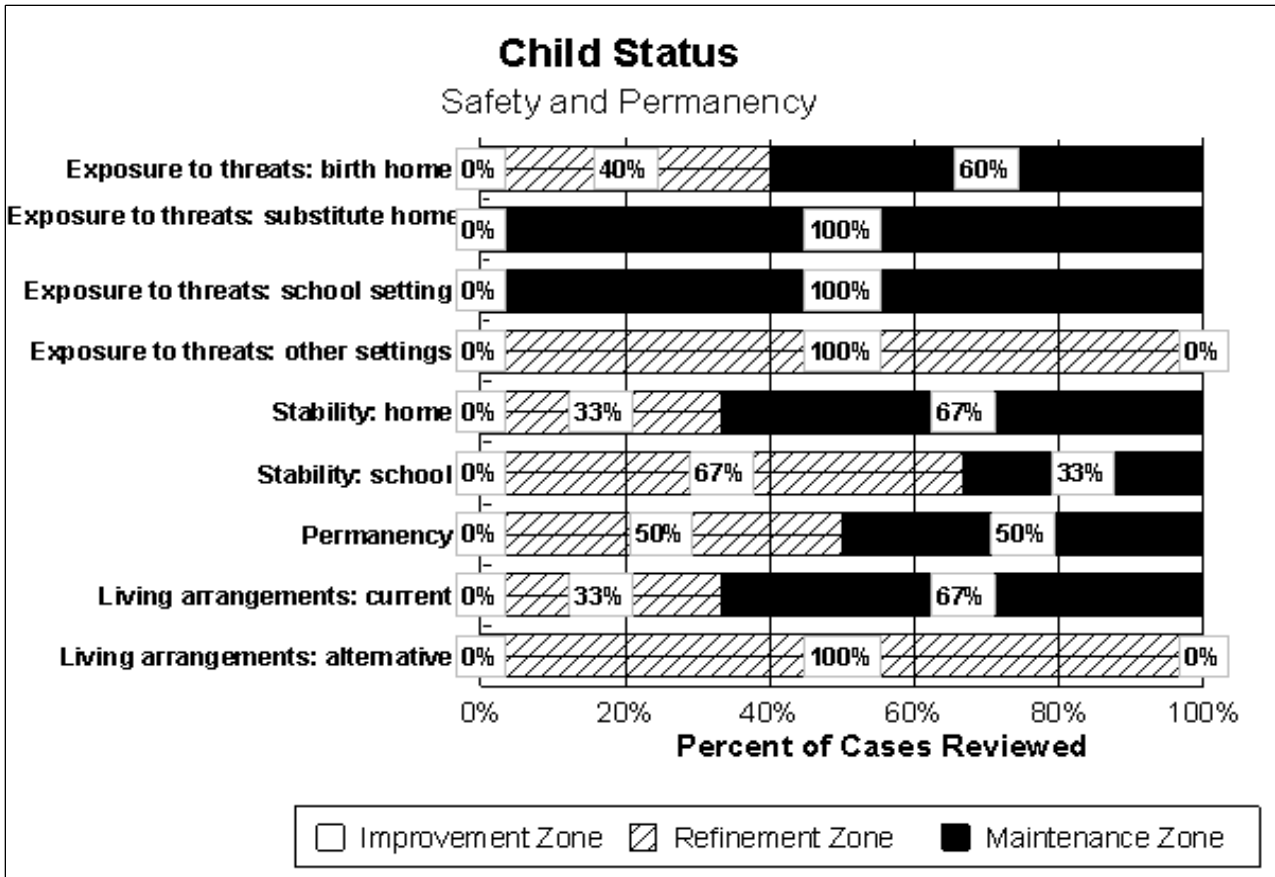
VIII. Appendix 2

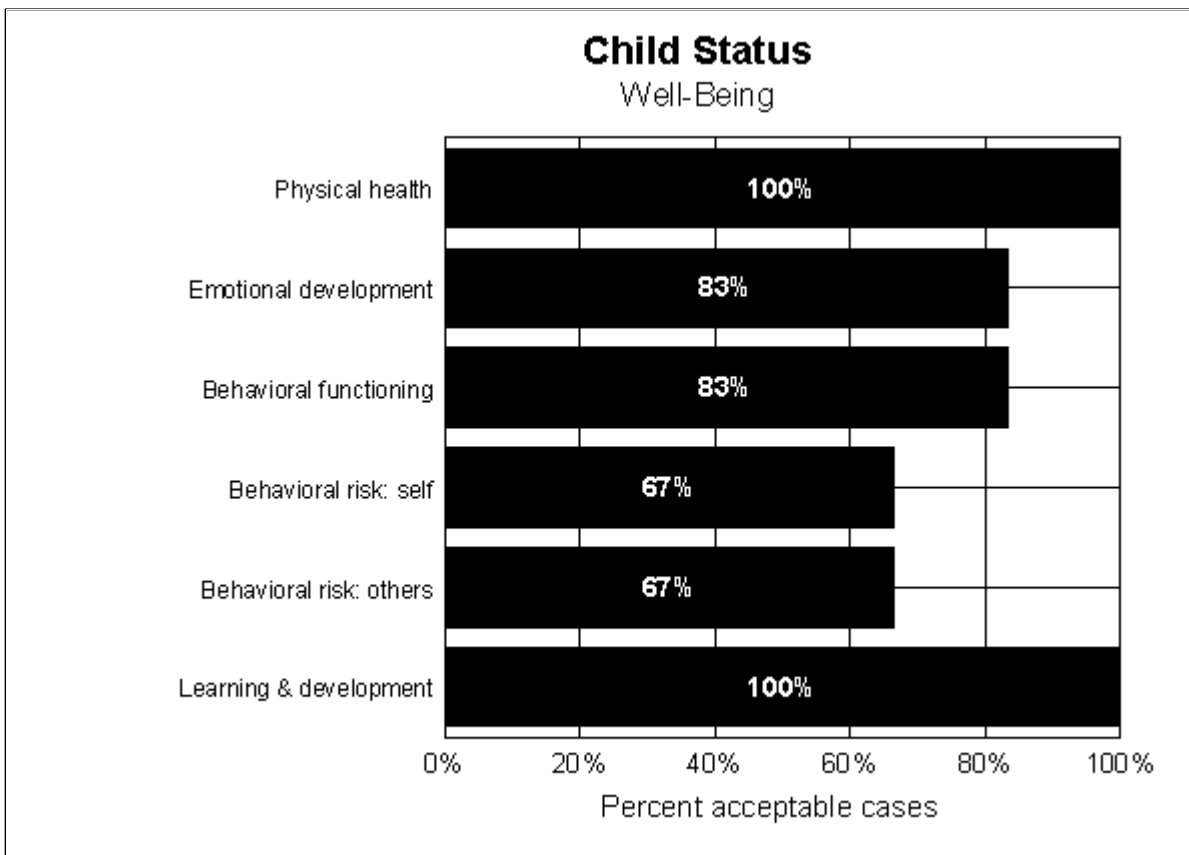
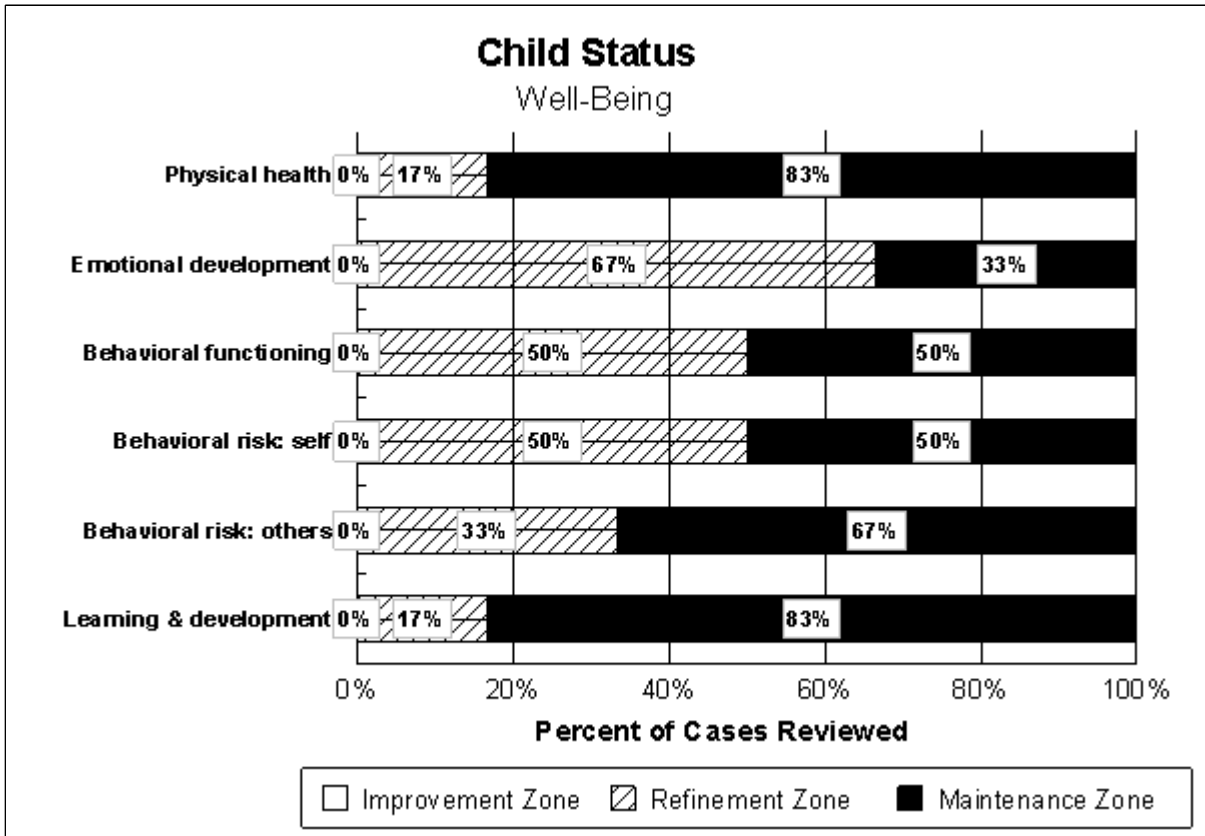
Review Findings

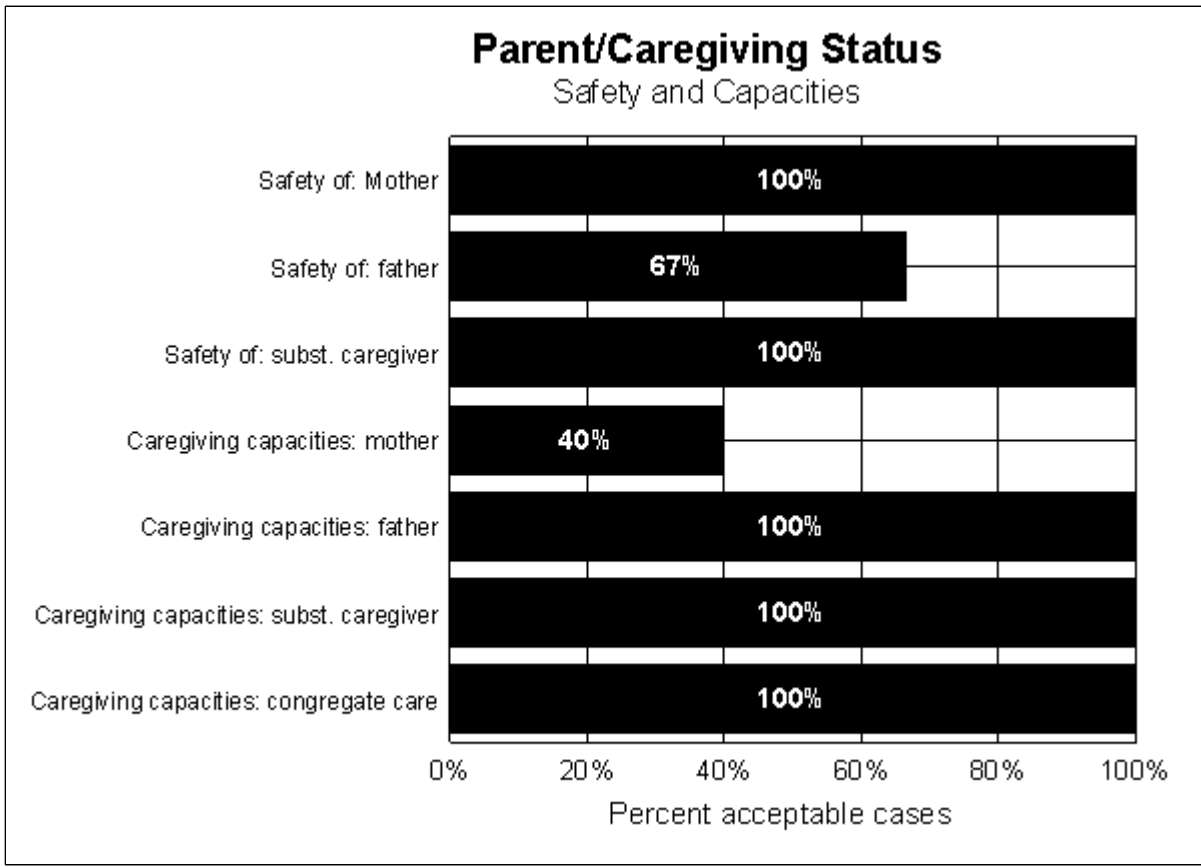
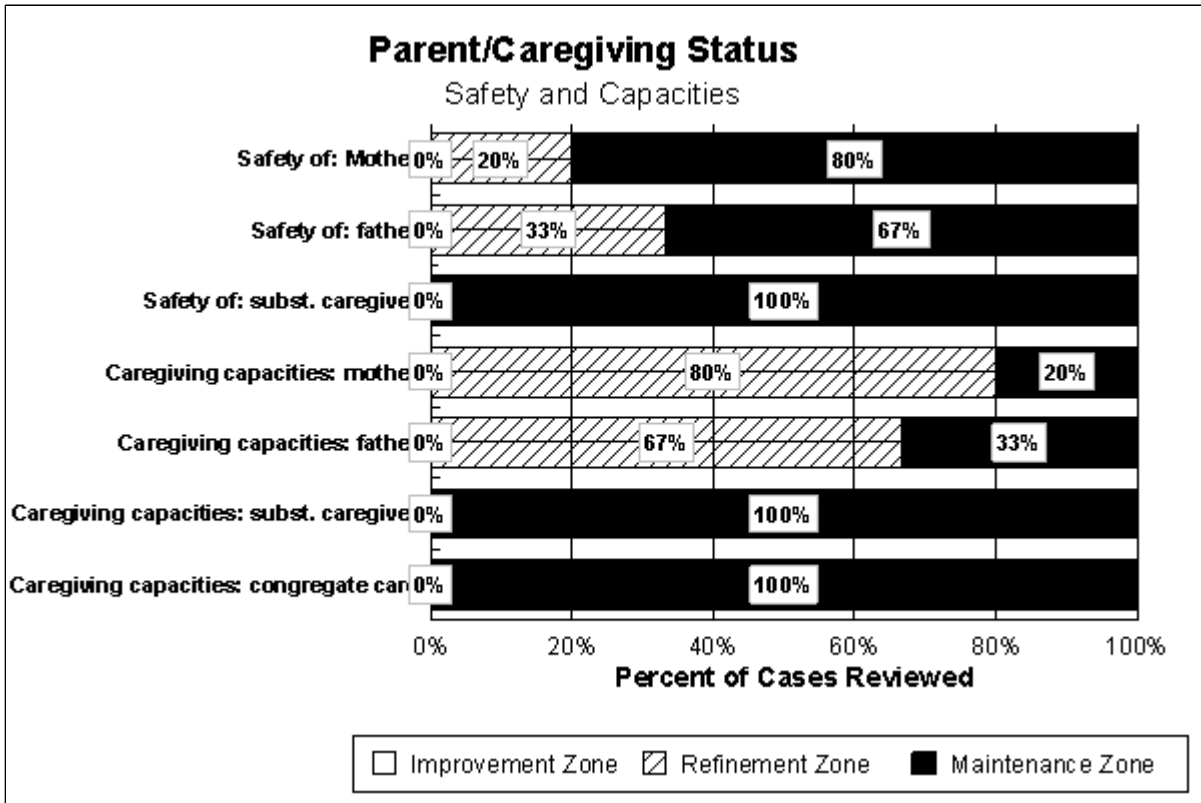
In the following, QSR data are reported in two ways. On each of the following pages related to scores, there are two different charts for each indicator. The first chart on each page uses a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement Zone, meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone, meaning that status/performance range from minimally unacceptable to minimally acceptable. Scores 5-6 are in the Maintenance Zone, meaning that performance is good to excellent and superior work should be maintained.

The second table for each indicator distinguishes status and system performance based on the percentage of cases that fall in the Minimally Acceptable to Optimal range, meaning cases that score between 4 (minimally acceptable) and six (optimal performance). This presentation of data sharpens the distinction between those cases needing still needing concerted action (3) and those that have moved into the fully acceptable range (4), reducing the blurring of performance when 3 and 4 are combined in a single band.

The scores on child and family status and system performance in the Ashland County review are presented in the following tables.

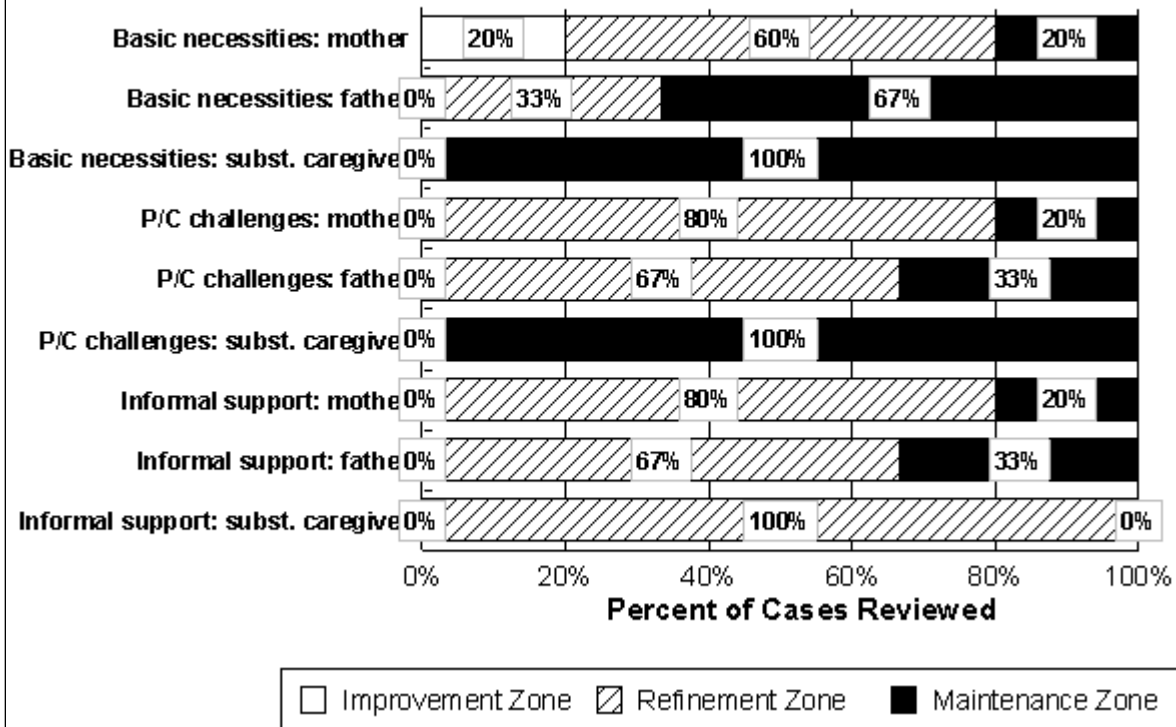






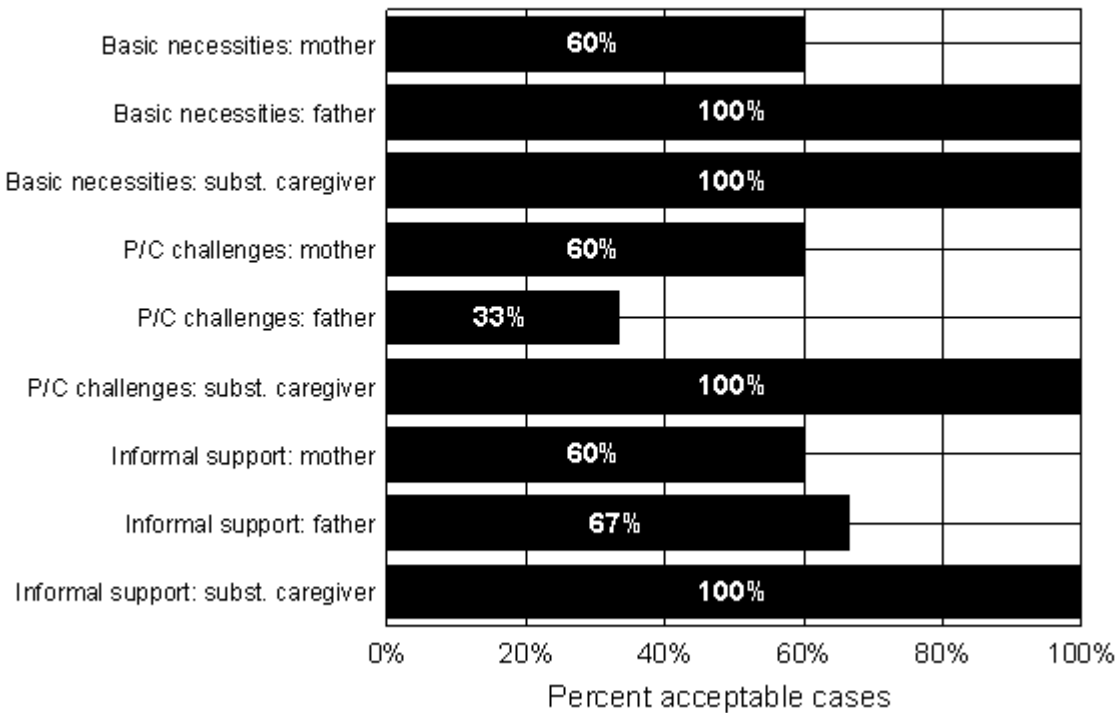
Parent/Caregiving Status

Necessities/Challenges/Support

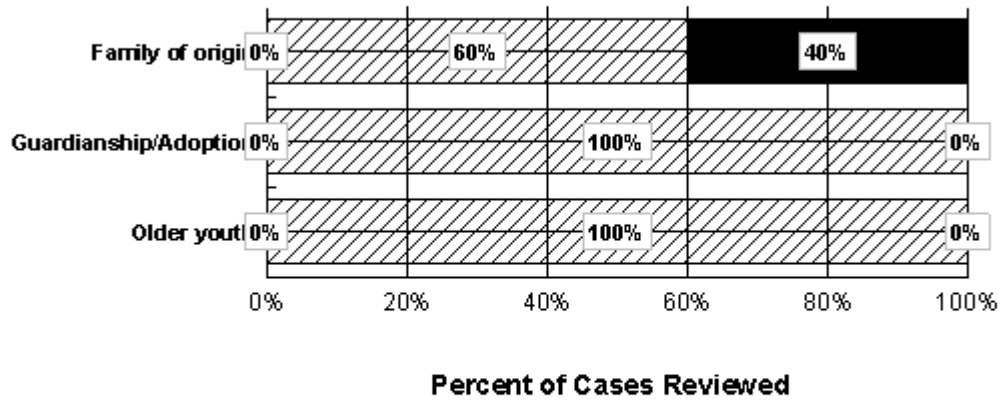


Parent/Caregiving Status

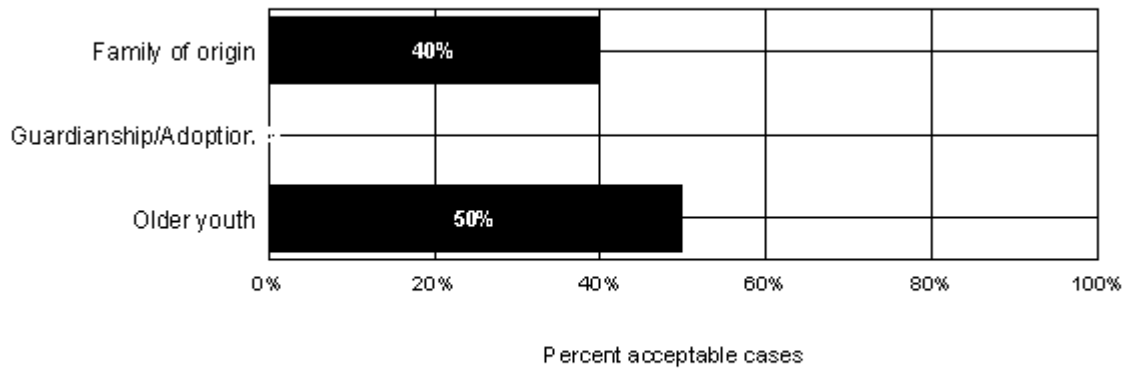
Necessities/Challenges/Support

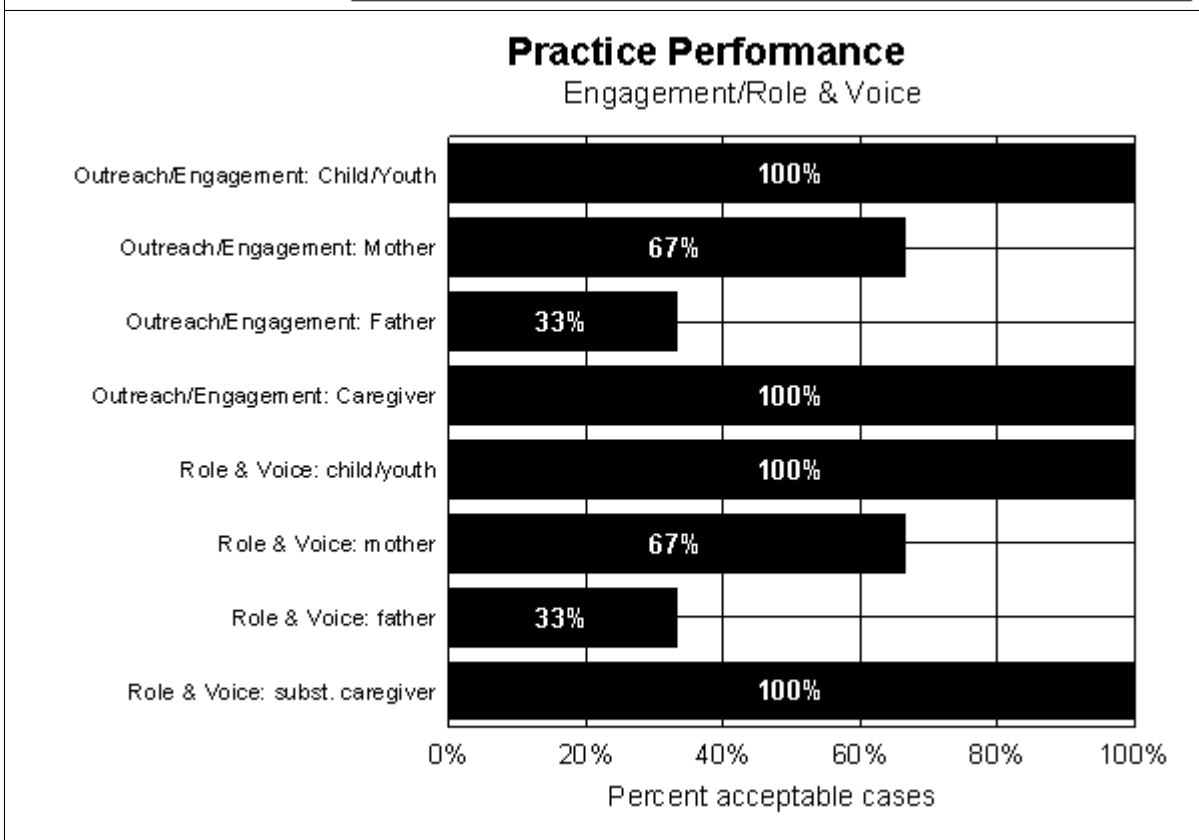
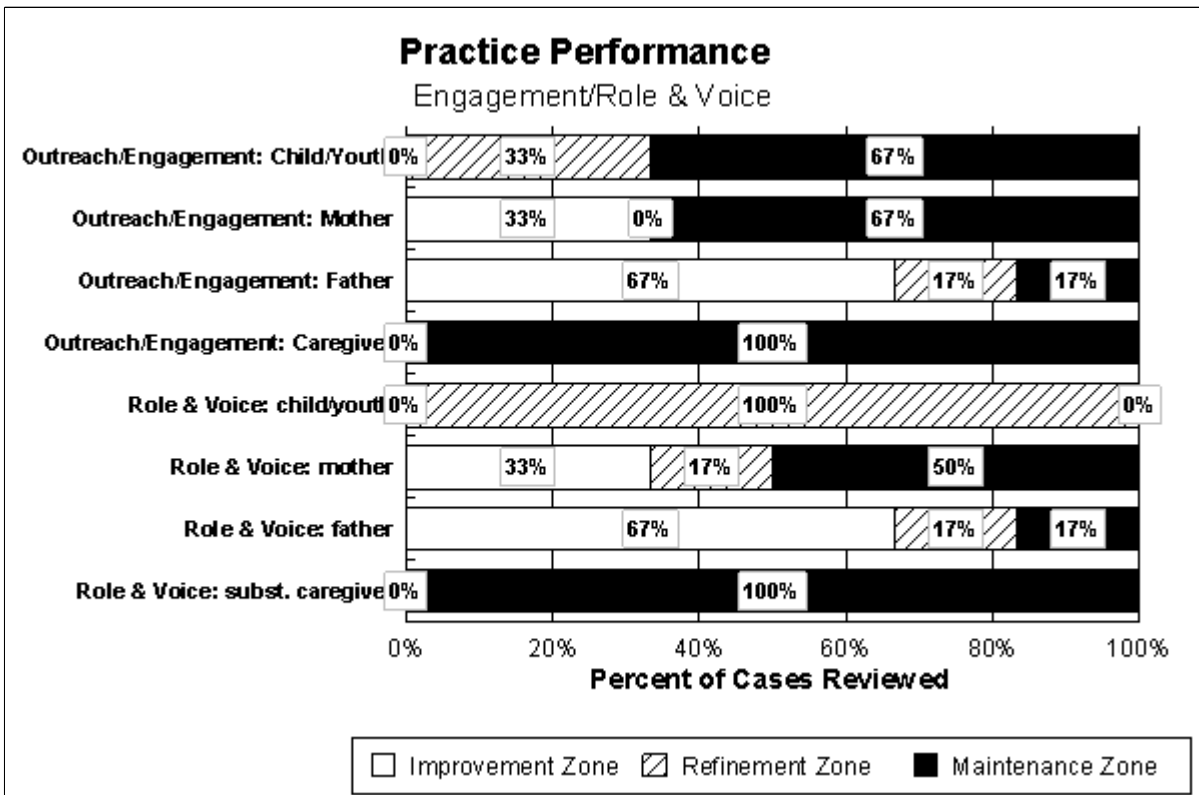


Progress Toward Independence



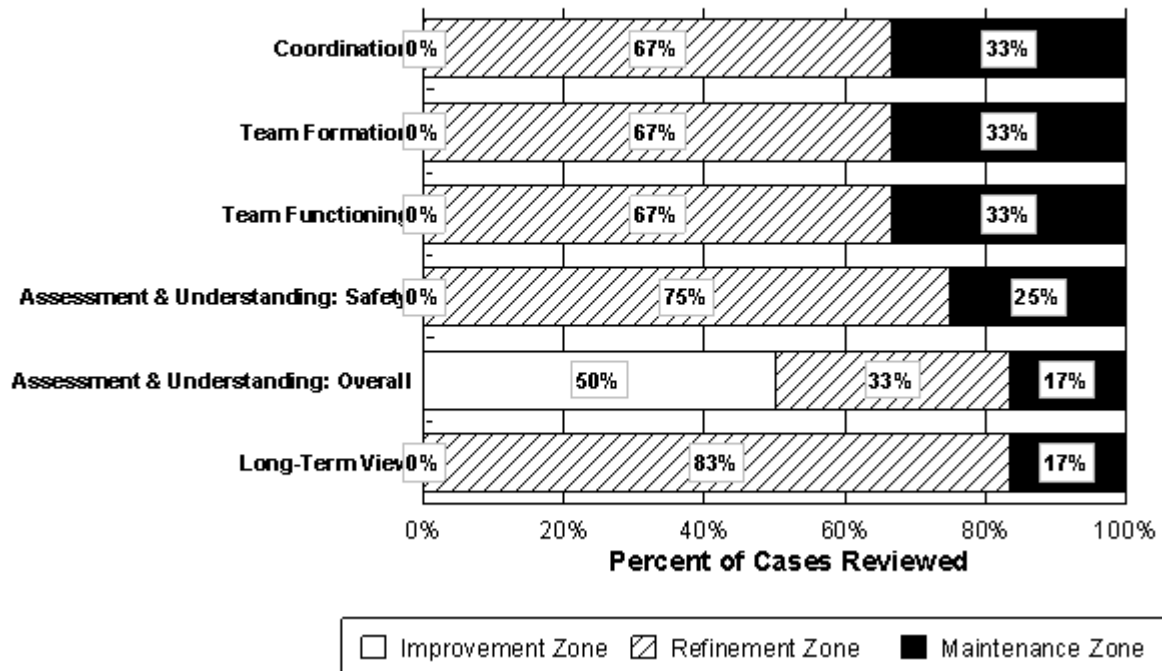
Progress Toward Independence





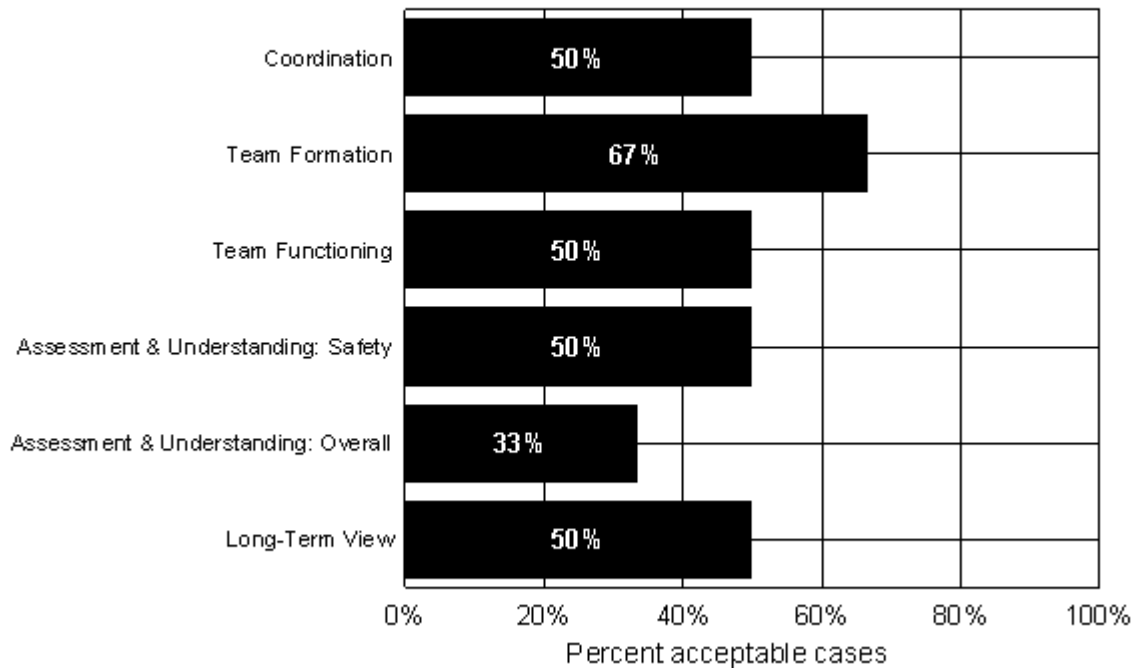
Practice Performance

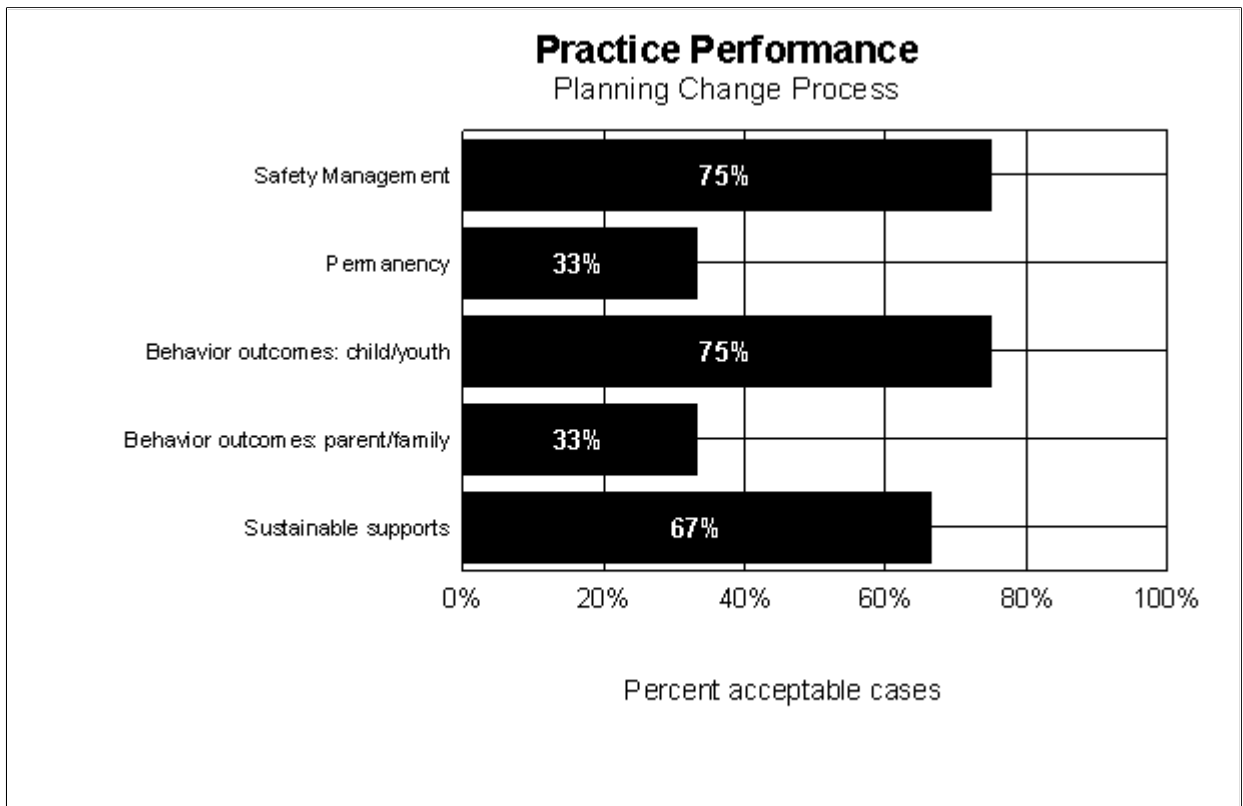
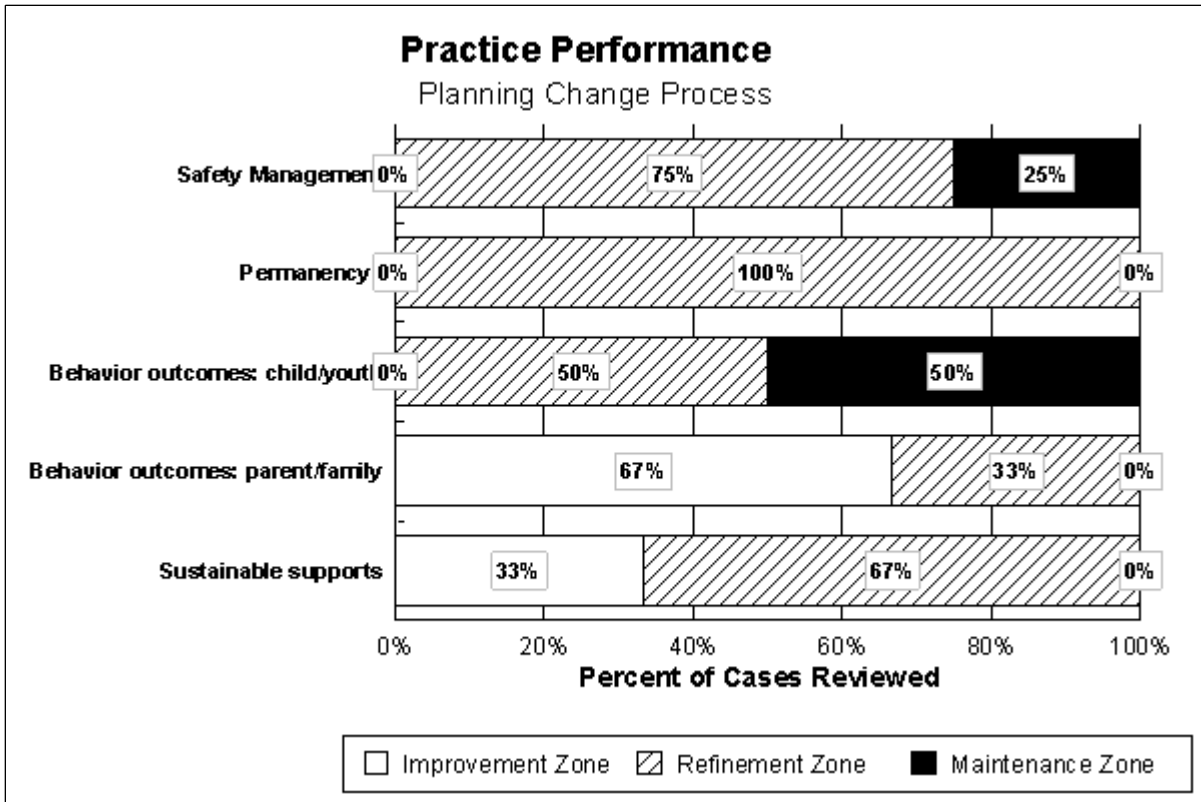
Core Practice Functions

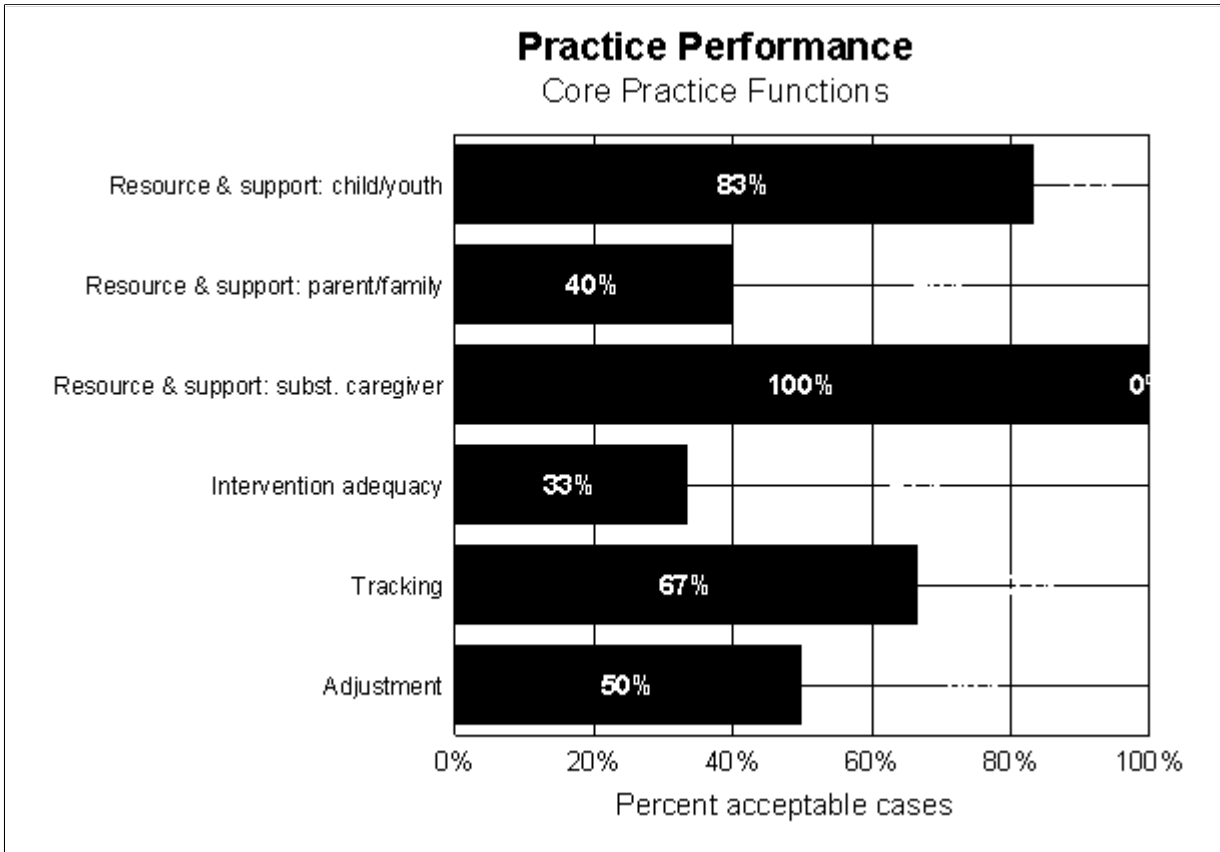
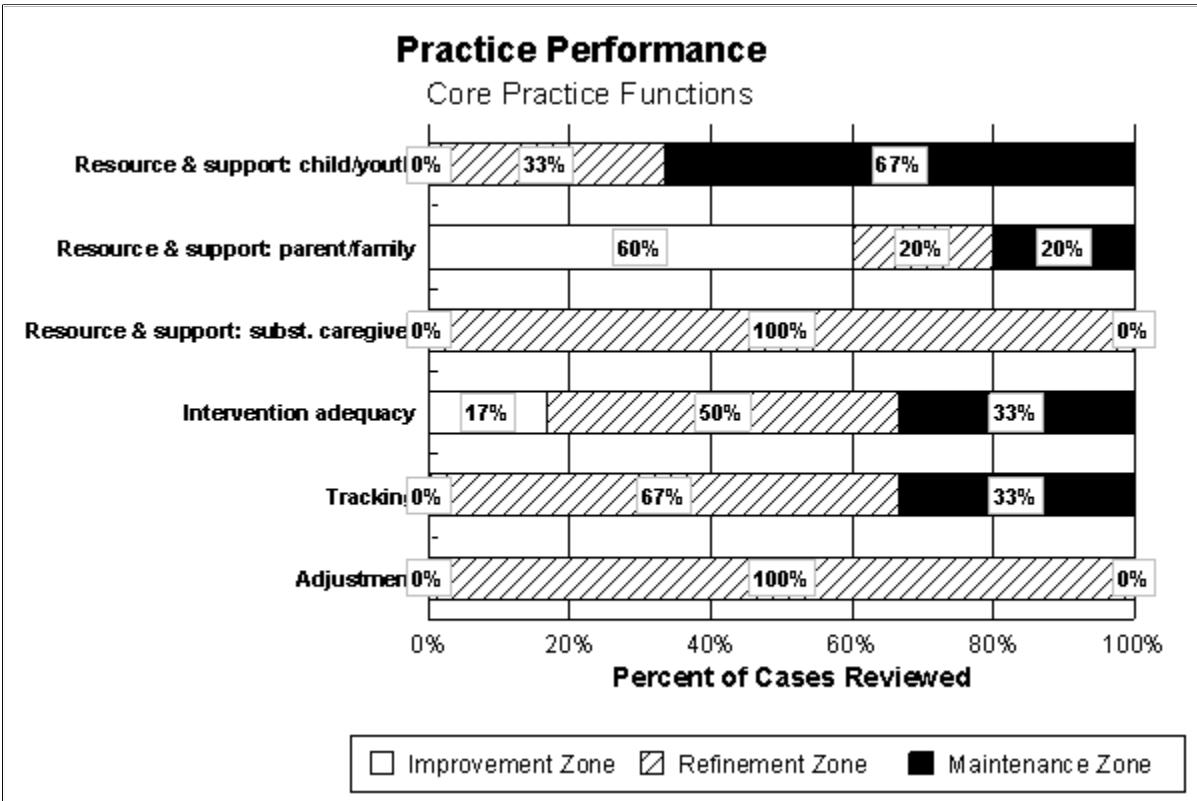


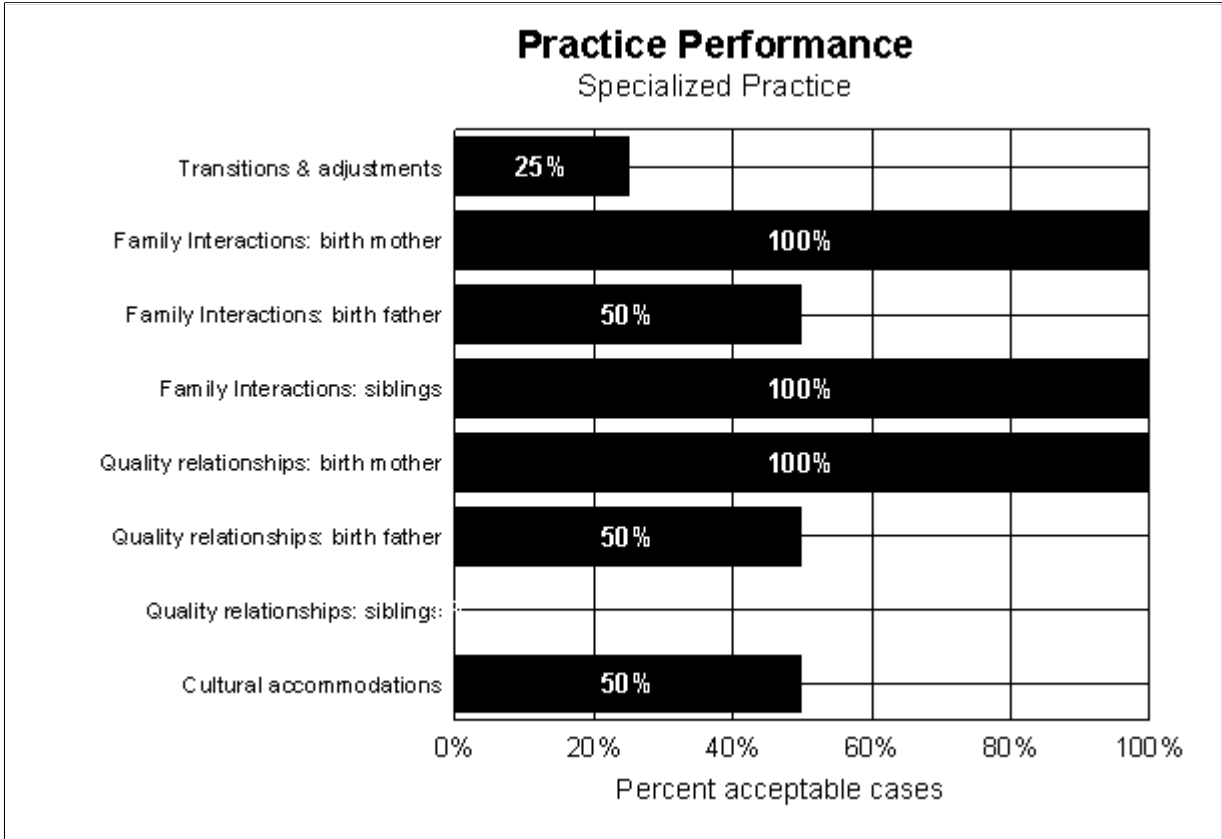
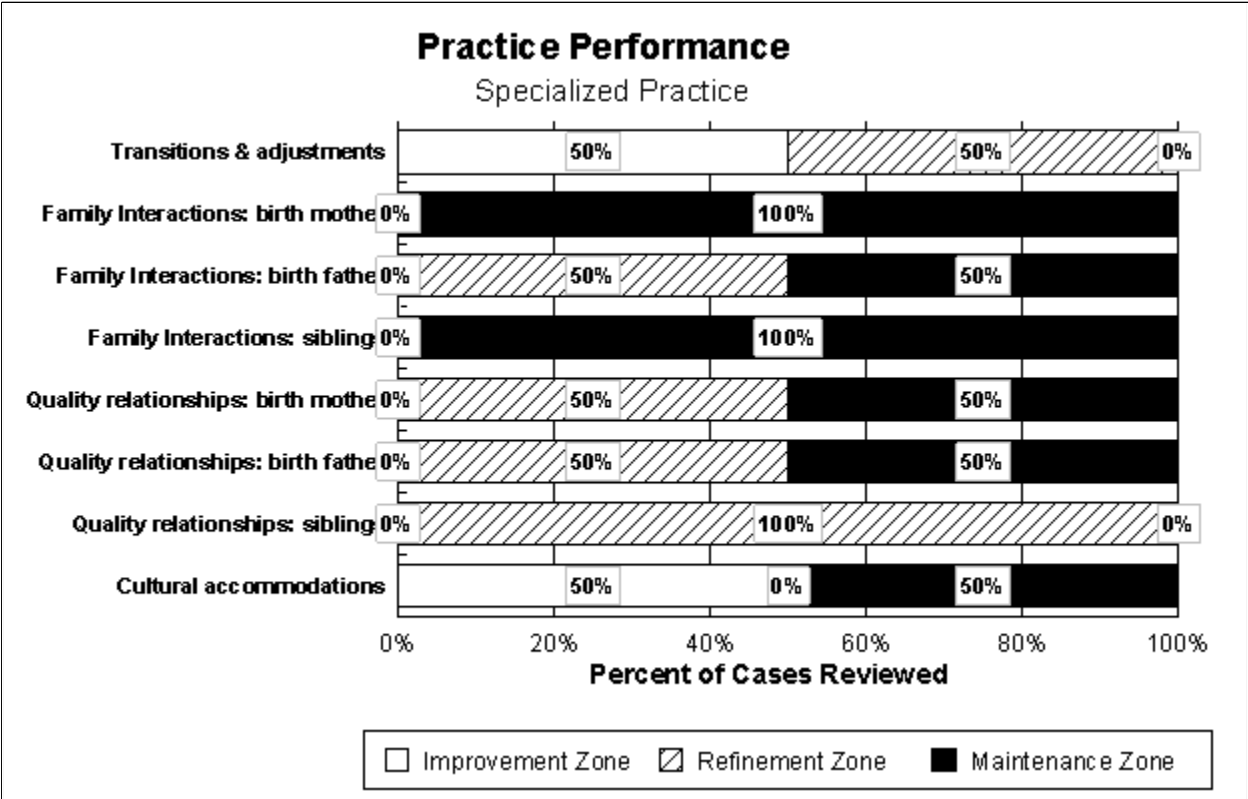
Practice Performance

Core Practice Functions









IX. Appendix 3

QSR Case Characteristics

QSR/Child Status and Performance Profile – Gender Frequency

Gender	Number	Percent
Female	4	67%
Male	2	33%
	6	100%

QSR/Child Status and Performance Profile – Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	0	0%
No	6	100%
Unknown	0	0%
	6	100%

QSR/Child Status and Performance Profile – Case Open Frequency

Length of Time Case Open	Number	Percent
0-3 mos.	0	0%
4-6 mos.	0	0%
7-9 mos.	1	17%
10-12 mos.	0	0%
13-18 mos.	0	0%
19-36 mos.	3	50%
37+ mos.	2	33%
	6	100%

QSR/Child Status and Performance Profile – Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	2	33%
1-2 Placements	3	50%
3-5 Placements	1	17%
6-9 Placements	0	0%
10+ Placements	0	0%
	6	100%

QSR/Child Status and Performance Profile – Placed with Siblings Frequency

Placed with Siblings	Number	Percent
Different Home	1	17%
No siblings	1	17%
Not Applicable	4	67%
	6	100%

QSR/Child Status and Performance Profile – Full Scale Intelligence Quotient (IQ)

Full Scale IQ	Number	Percent
Unknown	6	100%
	6	100%

QSR/Child Status and Performance Profile – Educational Placement Frequency

Educational Placement	Number	Percent
Regular K-12 Ed.	2	33%
Full Inclusion	1	17%
Part-time Sp. Ed.	1	17%
Self-cont. sp. ed.	0	0%
Adult basic/GED	0	0%
Alternative Ed.	0	0%
Vocational Ed.	0	0%
Expelled/Suspended	1	17%
Day treatment program	1	17%
Supported work	0	0%
Completed/graduated	0	0%
Dropped-out	0	0%
Early Childhood	0	0%
Birth to 3	0	0%
* Other	3	50%
	9	100%

*** Other - Educational Placement**

Head start
PASS Program

OSR/Child Status and Performance Profile – Co-Occurring Condition Frequency

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	0	0%	0	0%
Autism Spectrum Disorder	0	0%	0	0%
Behavior Disorder	3	50%	0	0%
Sensory Impairment	0	0%	0	0%
Mental Illness	4	67%	3	50%
Mental Retardation	0	0%	0	0%
Neurological Impairment/Seizure	0	0%	0	0%
Specific Learning Disability	1	17%	0	0%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	0	0%	1	17%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	0	0%	1	17%
Physical Disability	0	0%	1	17%
Developmental Disability	0	0%	0	0%
Trauma Victim	0	0%	0	0%
Trauma Exposed	6	100%	6	100%
Suicide Risk	1	17%	0	0%
Pregnant	0	0%	0	0%
Substance Exposed	1	17%	0	0%
Substance Abuse/Addiction	3	50%	5	83%
HIV/AIDS	0	0%	0	0%
Other	0	0%	1	17%

OSR/Child Status and Performance Profile – Functional Limitations Frequency

Functional Limitations	Child		Parent	
	Number	Percent	Number	Percent
NONE	6	100%	2	33%
Self-Care	0	0%	0	0%
Mobility	0	0%	0	0%
Communication	0	0%	0	0%
Self-direction	0	0%	0	0%
Economic self-sufficiency	0	0%	4	67%
Diminished capacity	0	0%	0	0%
Independent living	0	0%	0	0%
Other	0	0%	0	0%

QSR/Child Status and Performance Profile – Psychotropic Medications Frequency

Number of Psych Meds	Number	Percent
No Psych Meds	3	50%
1 Psych Med	1	17%
2 Psych Meds	2	33%
3 Psych Meds	0	0%
4 Psych Meds	0	0%
5 + Psych Meds	0	0%
	6	100%

QSR/Child Status and Performance Profile – Other Agencies Involved Frequency

Agency	Number	Percent
Child Welfare	5	83%
Mental Health	5	83%
Special Ed.	1	17%
Probation/Parole	0	0%
Developmental Disabilities	0	0%
Juvenile Justice	2	33%
Vocational Rehabilitation	1	17%
Substance Abuse	3	50%
Crisis Services	0	0%
Early Childhood	0	0%
*Other	2	33%
None	0	0%

***Other - Agencies Involved**

DOC

Economic Support, WIC, Badger Care, Energy Assistance, and Food Share

QSR/Child Status and Performance Profile – Level of Functioning Frequency

Level of Functioning	Number	Percent
In Level 1 - 5	0	0%
In Level 6 - 7	3	50%
In Level 8 - 10	2	33%
NA (Under Age 5)	1	17%
	6	100%

QSR/Child Status and Performance Profile – Legal Status Frequency

Legal Status	Number	Percent
CHIPS	3	50%
Voluntary	1	17%
Delinquent	1	17%
Consent decree	1	17%
JIPS	0	0%
	6	100%

QSR/Child Status and Performance Profile – Level of Functioning Frequency

Reason for Case Opening	Number	Percent
<u>Child</u>		
Adoption disruption	0	0%
Physical abuse	3	50%
Sexual abuse	1	17%
Neglect	2	33%
Mental health issues	1	17%
Delinquency	2	33%
Truancy/Status offense	1	17%
Child - other	0	0%
<u>Family Issues</u>		
Failure to protect	2	33%
Absent parent	0	0%
Substance abuse	2	33%
Domestic violence	2	33%
Neglect	1	17%
Mental Health Issues	1	17%
Housing	0	0%
Family - other	1	17%

QSR/Child Status and Performance Profile – Permanency Goal Frequency

Permanency Goal	Number	Percent
Remain at Home	4	67%
Permanent Placement with fit and willing relative	1	17%
Reunification	1	17%
Adoption	0	0%
Independent Living	0	0%
Legal Guardianship	0	0%
Long-term Foster Care	0	0%
Not Applicable	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	6	100%

QSR/Child Status and Performance Profile – Concurrent Goal Frequency

	Concurrent Goal	Number	Percent
	No Concurrent Goal	6	100%
	Adoption	0	0%
	Independent living	0	0%
	Legal Guardianship	0	0%
	Long-term Foster Care	0	0%
	Other	0	0%
	Permanent Placement with Fit and Willing Relative	0	0%
	Reunification	0	0%
	Sustaining Care (TPR)	0	0%
		6	100%

QSR/Child Status and Performance Profile – Length of Stay in Current Program Frequency

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	4	67%
0-3 mos.	1	17%
37+ mos.	1	17%
10-12 mos.	0	0%
13-18 mos.	0	0%
19-36 mos.	0	0%
4-6 mos.	0	0%
7-9 mos.	0	0%
	6	100%

QSR/Child Status and Performance Profile – Outcome Frequency

Service Test Result	Number	Percent
1 +Status +Performance	3	50%
3 +Status -Performance	3	50%
	6	100%

QSR/Child Status and Performance Profile – Level of Functioning by Age

Child's Gender	Age	Number	Percent
Male	0 - 4 Yrs	2	33%
Female	5 - 9 Yrs	1	17%
	14+ Yrs	3	50%
		6	100%

OSR/Child Status and Performance Profile – Age by Outcome

Level of Functioning	Age	Number	Percent
In Level 6 - 7	5 - 9 Yrs	1	17%
	14+ Yrs	2	33%
In Level 8 - 10	0 - 4 Yrs	1	17%
	14+ Yrs	1	17%
NA (Under Age 5)	0 - 4 Yrs	1	17%
		6	100%

OSR/Child Status and Performance Profile – Outcome by Level of Functioning

Age	Outcome	Number	Percent
0 - 4 Yrs	1 +Status +Performance	1	17%
	3 +Status -Performance	1	17%
5 - 9 Yrs	1 +Status +Performance	1	17%
14+ Yrs	1 +Status +Performance	1	17%
	3 +Status -Performance	2	33%
		6	100%

OSR/Child Status and Performance Profile – Outcome by Prognosis

<u>Outcome</u>	<u>Prognosis</u>	<u>Number</u>	<u>Percent</u>
1 +Status +Performance	Continue - Status Quo	2	33%
	Decline/deteriorate	1	17%
3 +Status -Performance	Continue - Status Quo	3	50%
		6	100%

X. Appendix 4

Statewide Summary of QSR scores: 2006-2009

Statewide Summary of QSR Scores: 2006-2009				
Core Child Status Functions	# of Cases	Scoring Zones Percent of Cases Reviewed		
Racine 06 thru Racine 09 44 Counties Reviewed 435 Cases Total		Improvement (1-2)	Refinement (3-4)	Maintenance (5-6)
Exposure to Threats				
Birth Home	307	3%	53%	43%
Substitute Home	258	0%	8%	92%
School Setting	346	0%	9%	91%
Other Setting	185	2%	32%	66%
Stability				
H				
Home	435	6%	47%	48%
School	353	5%	32%	63%
Permanency	435	7%	61%	32%
Living Arrangements				
Current	435	3%	46%	50%
Alternative	143	3%	49%	48%
Well Being				
Physical Health	435	0%	10%	90%
Emotional Development	364	6%	57%	38%
Behavioral Functioning	364	5%	59%	36%
Behavioral Risk				
Self	363	4%	32%	64%
Others	362	7%	32%	61%
Learning & Development	434	6%	27%	67%
*Due to rounding totals may not equal 100%				

Statewide Summary of QSR Scores: 2006-2009

Core Parent/Caregiving Status Functions	# of Cases	Scoring Zones Percent of Cases Reviewed		
		Improvement (1-2)	Refinement (3-4)	Maintenance (5-6)
Racine 06 thru Racine 09 44 Counties Reviewed 435 Cases Total				
Safety				
Mother	344	7%	42%	51%
Father	229	3%	32%	64%
Substitute Caregiver	233	0%	1%	99%
Caregiving Capacities				
Mother	347	21%	60%	19%
Father	227	22%	57%	21%
Substitute Caregiver	233	0%	9%	91%
Congregate Care	36	0%	19%	81%
Basic Necessities				
Mother	345	15%	58%	27%
Father	229	14%	51%	34%
Substitute Caregiver	233	0%	5%	95%
Parent/Caregiving Challenges				
Mother	349	26%	60%	15%
Father	232	20%	60%	19%
Substitute Caregiver	233	0%	10%	90%
Informal Support				
Mother	351	27%	54%	18%
Father	229	27%	51%	22%
Substitute Caregiver	229	1%	10%	89%
Progress Toward Independence				
Family of Origin	356	23%	49%	28%
Guardianship/Adoption	113	12%	64%	24%
Older Youth	83	23%	60%	17%

Statewide Summary of QSR Scores: 2006-2009

Core Practice Functions	# of Cases	Scoring Zones Percent of Cases Reviewed		
		Improvement (1-2)	Refinement (3-4)	Maintenance (5-6)
Racine 06 thru Racine 09 44 Counties Reviewed 435 Cases Total				
Outreach & Engagement				
Child	307	1%	35%	64%
Father	350	22%	53%	25%
Mother	414	8%	49%	43%
Sub. Caregiver	244	1%	22%	77%
Role & Voice				
Child	263	3%	48%	48%
Father	349	34%	48%	18%
Mother	414	17%	49%	34%
Sub. Caregiver	244	1%	30%	69%
Coordination	435	3%	46%	50%
Family Teamwork				
Team Formation	435	16%	60%	24%
Team Function	435	18%	60%	22%
Assessment & Understanding				
Overall	435	6%	64%	30%
Safety	403	3%	44%	53%
Long Term View	435	15%	63%	22%
Planning a Change Process				
Behavior: Child	258	6%	48%	46%
Behavior: Parent	435	16%	59%	25%
Permanency	322	9%	60%	30%
Safety Mgt.	377	8%	53%	39%
Supports	435	11%	72%	17%
Resource & Support Use				
Child	362	3%	32%	65%
Parent/Family	409	10%	56%	33%
Sub. Caregiver	237	1%	22%	78%
Intervention Adequacy	435	7%	62%	31%
Tracking	435	4%	47%	49%
Adjustment	435	11%	56%	33%
*Due to rounding totals may not equal 100%				