

**Chippewa County Qualitative Service Review Findings
August 16-20, 2010**

**Review Conducted by:
Wisconsin Department of Children and Families**

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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 August 2010 the Department conducted its first review in Chippewa County. In this process eight individual 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 14 stakeholder groups and key informants, representing agency staff, providers, foster parents, legal partners and others.

II. The Qualitative Service Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records and determining if deadlines were met. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that significantly informs the strategies for strengthening frontline practice.

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 monitoring. 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. Some examples of the two approaches may be helpful:

Process Measures	Qualitative Measures
Is there a case assessment on file?	Does the team understand why the child’s aggressive behaviors are escalating?
Was the case plan signed by the parents?	Do the parents feel like they had meaningful input into the plan?
Is the child receiving therapy?	Is the child’s emotional and behavioral functioning at home, school and other life domains adequate?

The QSR was developed by Human System and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system, where it was used to assess the quality of practice in the R.C. Consent Decree. 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 of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed 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. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently or have recently been unsafe or at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than in the matter of child safety.

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 eight cases, including three in-home cases and five out-of-home cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Sixty-six interviews were conducted with respondents in the eight cases reviewed. 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 I.

QSR/Child Status and Performance Profile - Current Placement Frequency

Type of Current Placement	Number	Percent
Birth home	3	38%
Adoptive home	0	0%
Foster family home	2	25%
Relative/kinship home	1	13%
Licensed relative foster home	0	0%
Therapeutic foster home	2	25%
Group home/Congregate care	0	0%
Residential treatment center	0	0%
Independent living	0	0%
Detention/shelter	0	0%
Hospital/MHI	0	0%
Juvenile correctional facility	0	0%
Other	0	0%
	8	100%

Age Group	Number	Percent
0-4 years	2	25%
5-9 years	2	25%
10-13 years	0	0%
14+ years	4	50%
	8	100%

QSR/Child Status and Performance Profile - Gender Frequency

Gender	Number	Percent
Female	4	50%
Male	4	50%
	8	100%

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 August 16-20, 2010.

IV. Stakeholder Interviews

The stakeholder interviews are a valuable source of information about issues that the individual case reviews do not reach. The impressions and opinions expressed can point to larger issues in practice, organizational functioning and the child welfare environment that may be crucial to understanding and strengthening the Chippewa County child welfare system. Because of the nature of the interview process, some stakeholder input, while accurate from an individual perspective, may or may not reflect the opinions of many or be verifiable through data or other sources. Regardless, strongly held opinions are important to consider and therefore are reflected in the following summary.

The review team conducted stakeholder interviews with 14 different groups totaling 56 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Access/Initial Assessment/Ongoing/Youth Support Service Workers, Child and Family Specialists and Foster Care Coordinators	14
Internal Service Providers	5
External Service Providers	6
Human Services Director	1
Foster Youth	3
Foster Parents	3
Corporation Counsel	1
Juvenile Court Intake Worker	1
Guardians ad Litem	6
Judges	3
Law Enforcement	6
Division Managers	3
Defense Attorneys	3
Permanency Consultant	1

The interviews provided a broad assessment of how these different groups view Chippewa County Children, Youth and Families Division, their own organization and its role in relationship to the division, the successes of division’s operations and its weaknesses. There were some common themes and in some cases, widely disparate views about the same topics. The summary of findings is organized among four themes: Organizational Issues; Practice Issues; Resource Issues and Legal Issues. The following summarized comments reflect the input of the aforementioned stakeholders:

Organizational Strengths

- The agency workers were described as professional, responsive, efficient, “in tune” with clients, friendly, available and as having good assessment skills.
- The Chippewa Human Services division management positions are fully staffed and each manager brings a specialized background to the agency.
- The Chippewa Human Services Director is supportive of innovative initiatives and is taking the agency in a direction that aligns with state policies.
- Children, Youth and Families workers are supportive of one another, cohesive and willing to cover caseloads as necessary.
- All of the Chippewa Human Services children’s divisions have been physically placed together (Economic Support will be joining soon), and they have a willingness to work together.
- The Children, Youth and Families Access worker is viewed as “strong” with lots of experience in this role.
- The Children, Youth and Families Office Associate is considered an asset and helps the agency to run smoothly.

- The agency is committed to training workers in all divisions and the workers have extra money this year to use. Workers are able to attend training through the Western Wisconsin Training Partnership. There are plans to have experts come into the agency in the fall to do specialized training in trauma informed care and attachment issues.
- The county Human Services Board was described as interested in the work going on at the agency and supportive of the agency moving in a forward direction.

Organizational Challenges

- The Children, Youth and Families Division Manager is stretched thin, sometimes making her time limited to staff individually with workers.
- As a result of agency re-organization to a two-tiered supervisory structure, some workers are confused about the structure and the ability to make decisions. There is a different sense of the authority to make decisions by workers in the agency divisions, with some division workers feeling more empowered to make decisions than others.
- The stakeholders recognize recent agency philosophy changes, but continued education to partners regarding agency values and strategic planning is required for them to understand the agency's shift in safety and out-of-home care practice.

Resource Strengths

- Chippewa County has a rich array of resources for a county of its size.
- The Family Support Center provides domestic violence counseling and advocacy services. The River Source Family Center is a part of the Family Support Center and provides a variety of parenting education opportunities and parenting classes.
- The Chippewa Valley Child Advocacy Center is located in Eau Claire and provides child abuse assessments and referrals to services.
- Treatment foster care is offered through several private agencies.
- The LE Phillips Libertas Center provides inpatient and outpatient Alcohol and Other Drug Abuse (AODA) assessment and treatment as well as mental health services for adults. They also provide outpatient AODA and mental health for youth.
- Women's Way is an agency that provides case management and AODA services for women.
- There are community clothing closets, food pantries and meals offered at local churches.
- There is a homeless and domestic violence shelter available in the community. Also, Starting Points provides emergency housing and help with applying for housing assistance.
- There are local hospitals and clinics available to provide medical and mental health services.
- The Family Finding contract is an effort to help search for and locate potential long term connections for children who are in out-of-home care.
- Internally, Chippewa County Human Services provides an array of mental health and AODA services, assistance with waiver programs (mental health and developmental disabilities,), Public Health, W-2, Women, Infants and Children (WIC), and Birth to Three services.
- There is a sufficient pool of foster families licensed in the county who stay active when they do not have a foster placement by doing respite care.

Resource Challenges

- Many services are offered in the southern part of the county making transportation and access to these services difficult for those located outside of the Chippewa Falls area.
- There is a need for more psychiatry services for children.

- There are limited treatment options for juvenile sex offenders and victims.
- Few mental health providers for children have led to waiting lists for receiving services.
- Pathways, an AODA prevention services often used as a resource, recently closed its facility.
- There is a need for more in-home therapeutic services.

Practice Strengths

- The Child Abuse/Neglect Committee is being re-vamped. This committee includes several community members and service providers who function as an inter-disciplinary team to address local child abuse and prevention issues.
- Coordinated Services Teams (CST) are used in the Children with Differing Abilities (CWDA) Division and all staff are trained in CST facilitation.
- Workers are using Support and Service Advisory Team (SSAT) for out-of-home placement decisions and reunification decisions/planning. The SSAT meets every 3 months.
- The agency has a good relationship with local law enforcement. They do joint investigations and there is a Memorandum of Understanding (MOU) regarding procedures for child abuse cases signed by all police chiefs in the county.
- There is action planning going on regarding the regionalization of foster care to begin in 2011 and also planning for community response to be contracted in a four county area.
- There is good collaboration between all human services divisions. The Children, Youth and Families division and the CWDA division are getting children qualified for waivers and access to services at the point of entry into the system. There is teaming between CYFD, CWDA and Mental Health to provide crisis intervention to families as soon as possible.
- The Foster Care Coordinator was described as helpful, informative and skilled at matching children to families.

Practice Challenges

- There is a need to continue working on the agencies out-of-home placement philosophy and how to use SSAT meetings most effectively.
- There is a perception in the community and within the agency that some practice decisions are being driven by budget. This includes confusion about some CPS screening decisions and why quicker reunification efforts are being made.
- Independent Living Services (ILS) to youth are currently underpowered and those who have been assigned to assume these responsibilities are in need of training specific to independent living.
- Community stakeholders reported there is inconsistent feedback to mandatory reporters (i.e. the state letter) regarding the Access screening decision.
- The Drug Endangered Children (DEC) program could be re-visited, as it was seen as a successful intervention in the past. Because of the rise in the use of some illegal substances, it was thought that this program could be re-evaluated as an intervention.
- Overall communication and teaming with legal partners could be enhanced; an emphasis should be placed on reaching out to educate stakeholders on the current agency practice and philosophies.
- Front line workers need to continue working on engagement and teaming; most workers have been trained in these concepts but further work translating training into practice is necessary.

Legal Strengths

- Agency workers in the CYF division are viewed as knowledgeable about their cases and as being prepared for court hearings.
- There is a good working relationship between the agency and its legal partners.
- The Juvenile Court Intake Worker is viewed as an asset. The position is helpful to the system and families and the person holding this position has years of experience in child welfare.
- Most participants are being given an opportunity to speak in court and are treated respectfully in hearings.
- The judges' calendars are more open now that there are three of them. This has led to less court hearing "backups". The judges have an overall willingness to collaborate with the agency and with other legal partners.
- Biological parents are being appointed an attorney for Child in Need of Protection or Services (CHIPS) cases if they request one.
- All of the required parties are receiving notice of hearings and being given the opportunity to attend.
- The judges are making the Title IV-E findings on record.

Legal Challenges

- Inconsistent performance by Guardians ad Litem (GAL) was reported by stakeholders; some GAL's are visiting children on a regular basis and meeting with them before a court hearing while others are not.
- Focus group participants reported that the court reports and recommendations for parents are not individualized and have too many recommendations.
- Court reports are inconsistently distributed to parties before a hearing.
- There was a noted discrepancy between the agency and the legal parties regarding at what point in an Ongoing case a Termination of Parental Rights petition should be filed.
- GAL's are not getting consistent notice of Administrative Reviews. While this issue has been discussed between the agency and the GAL's, stakeholders would like the opportunity to attend the Administrative Reviews on a consistent basis.

V. Performance Analysis

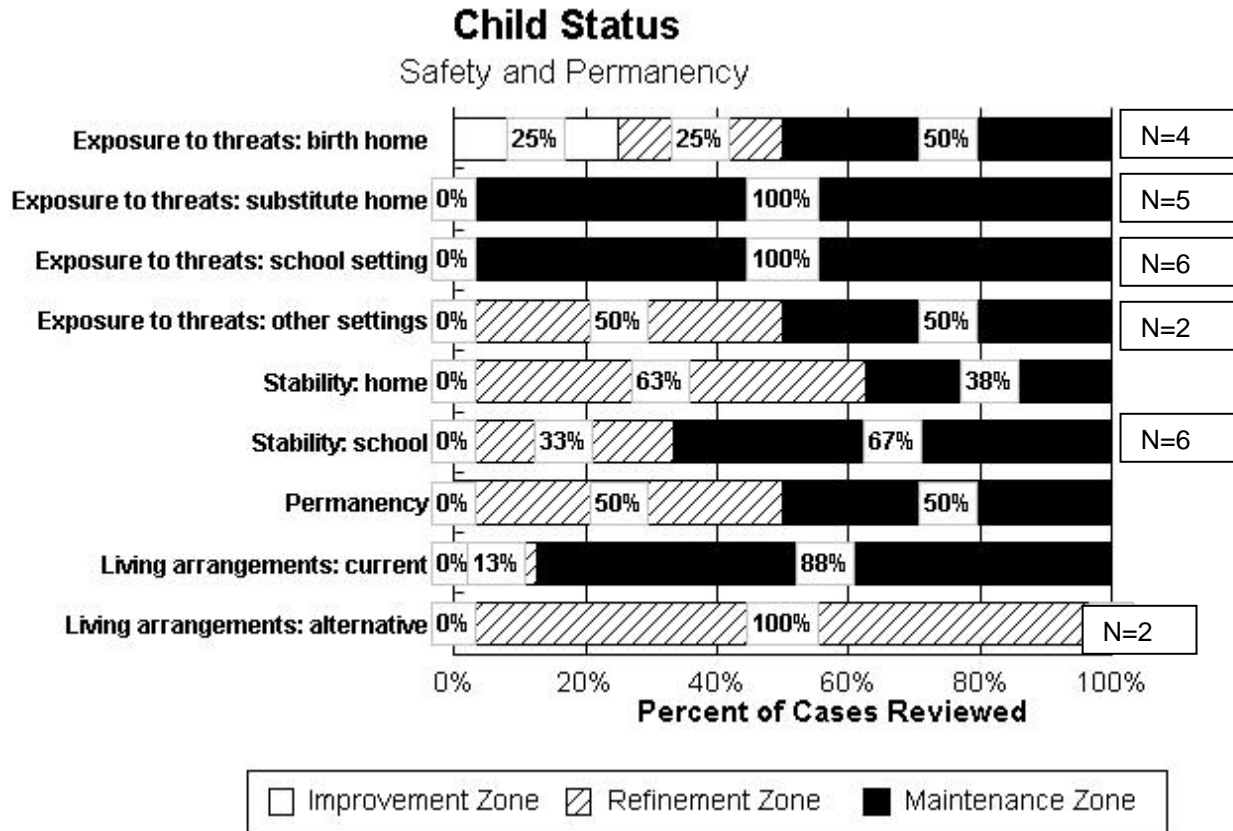
A review of the stakeholder interviews, status and performance scores and the eight case stories that were completed yields a rich description of practice within the Chippewa Department of Human Services and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. Because the sample for this report involves only eight cases and because the rating reflects primarily current status and performance, readers should be conservative in generalizing scores from this review to the entire Chippewa 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 Chippewa County QSR trends in key areas of status and system performance.

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,

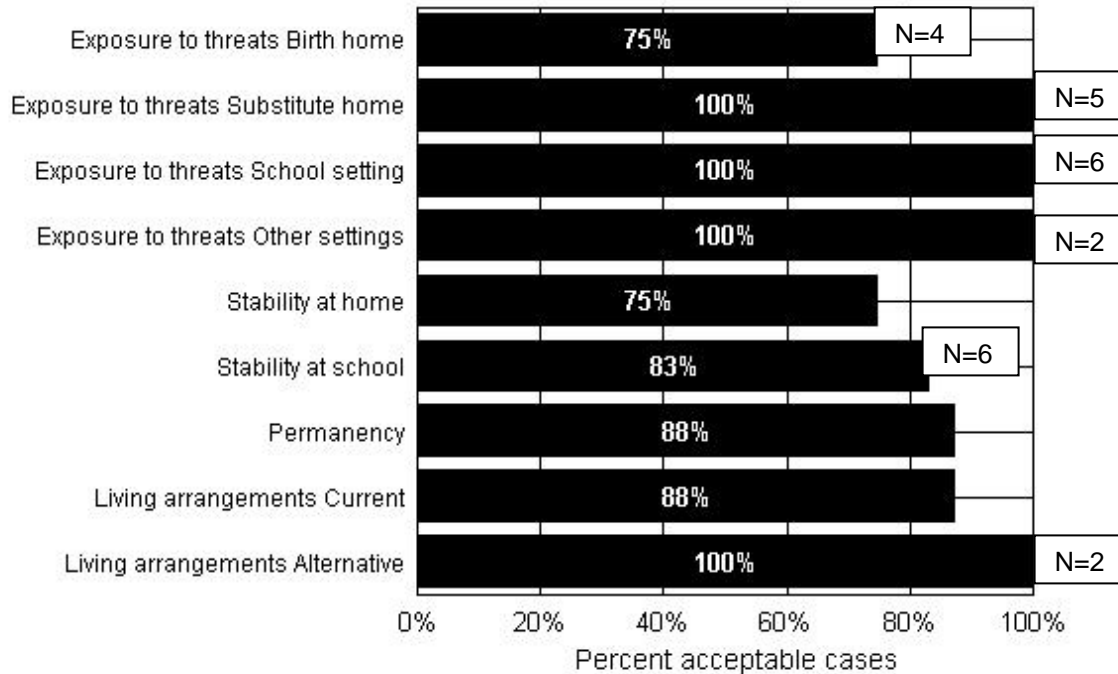
meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone, meaning that status/performance range from minimally unacceptable to minimally acceptable. Scores 5-6 are in the Maintenance 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 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. For clarity purposes the scores for the Chippewa County review will be presenting using the two part scoring convention system.

Child and Family Status



Child Status Safety and Permanency



Child Exposure to Imminent Threats (Home)

Seventy-five percent of cases scored in the 4-6 range related to exposure to threats in the birth home environment. The following case example outlines why one case scored below the minimally acceptable range. The reviewer wrote of the home environment, “*The focus child’s safety is in question as there may have been imminent threats of harm in the birth home. The focus child was exposed to a recent event, a police intervention in the home related to a drug investigation which could have resulted in physical harm. In addition, the focus child and his siblings were continually left in the care of the focus child’s father, who stated he was not going to stop using illegal drugs and has not participated in alcohol/drug treatment.*”

Stability

Seventy-five percent of cases in the sample were viewed as currently stable in the home settings with the school settings scoring a bit higher with 83 percent scoring in the 4-6 range. One reviewer noted of the home environment, “*The child has had some past disruptions and changes in the home and school environments, including hospitalization, but the team has worked hard to stabilize the focus child in both her home and school environments with great success. She has been stable in her treatment foster home and school for the past four months and those interviewed felt there was very low risk for future disruptions.*”

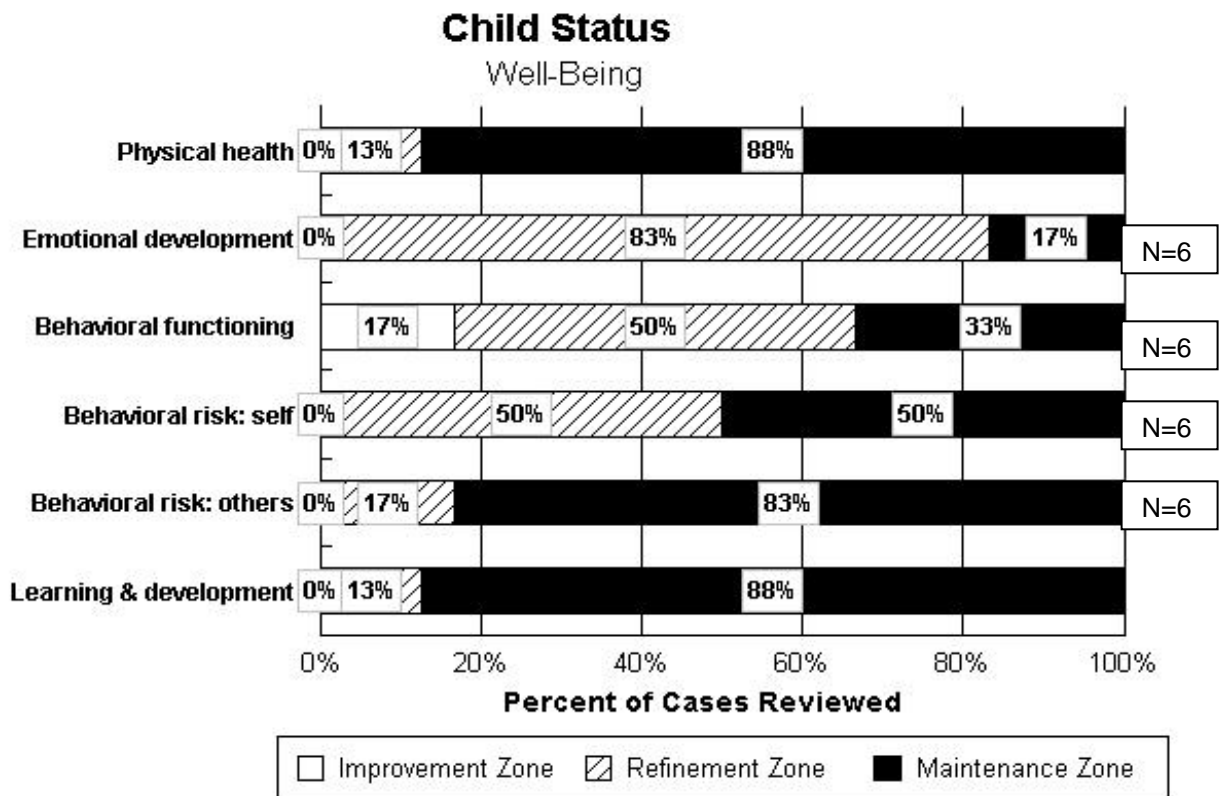
Permanency

Eighty-eight percent of cases reviewed were currently making satisfactory progress toward permanency and scored in the 4-6 range. One reviewer wrote of a father parenting full time because the mother was in jail for physical abuse to the focus child, “*The focus child has remained in the home of his father and this home offers him a good level of safety, stability and permanency. The focus child has a strong bond with his father. The father is very tuned in to the focus child’s*

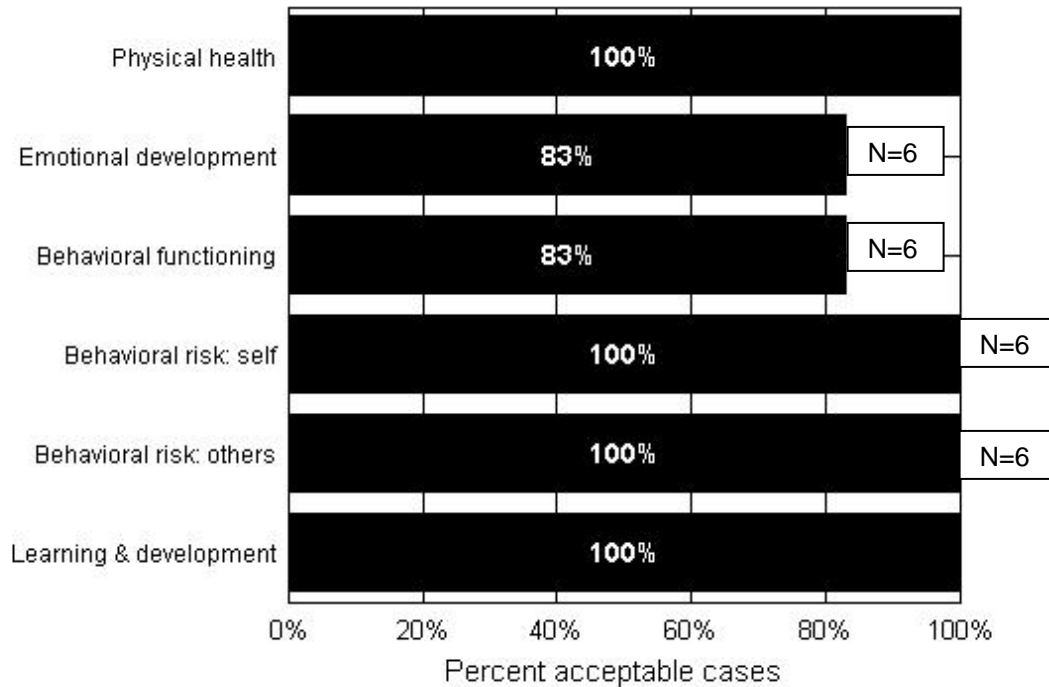
needs and has been observed to be very nurturing. The father is very committed to caring for the focus child. In addition, the focus child has a positive relationship with his paternal grandmother.”

Living Arrangement:

Eighty-eight percent of cases were found to be satisfactory in the current Living Arrangement. One reviewer highlighted the good match between a focus child and her foster family, “The fit between the focus child and the treatment foster home is very good. The foster parents live on a farm surrounded by a lot of land. The focus child is really thriving in this environment which she describes as peaceful and calming. She enjoys farming, taking care of the animals and, seems to feel valued and part of a family. The focus child attends church with the foster family, a cultural and spiritual connection that is important to her. The child is able to maintain some family connections in this living arrangement as her mother often comes to the farm for visits which is a welcoming and comfortable environment for both of them.”



Child Status Well-Being



Emotional Development and Behavioral Functioning

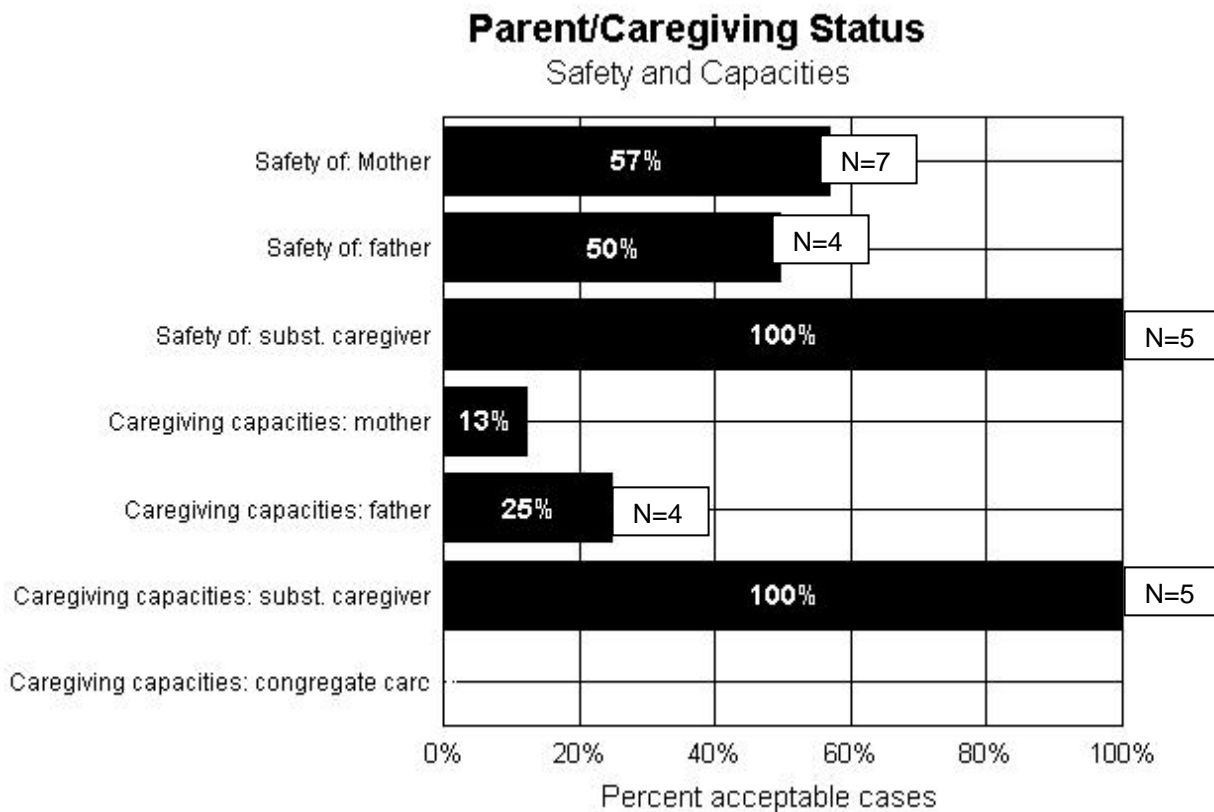
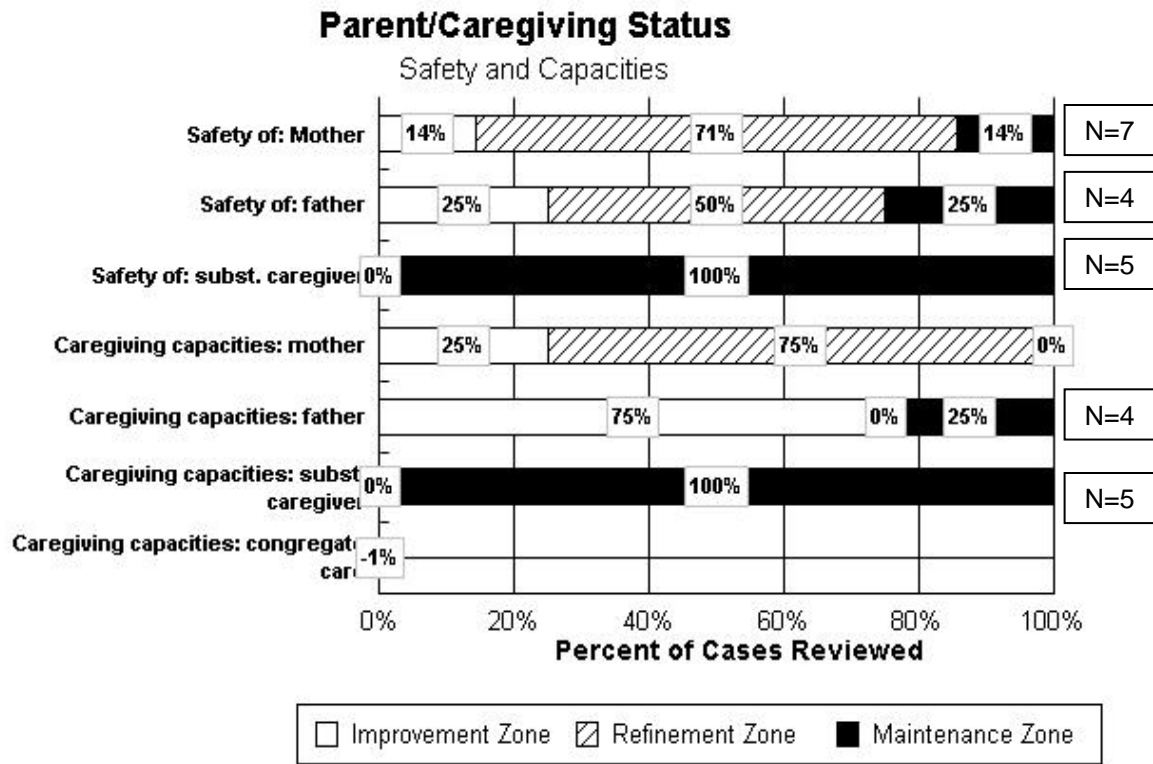
Regarding child emotional and behavioral functioning, 83 percent scored in the 4-6 range for emotional development and the same for behavioral functioning. One reviewer wrote of a older focus child’s emotional state, *“She is developing a solid sense of self and learning to cope better, her boundaries are improved and she is learning how to recognize when it is appropriate to share details about her life. She is currently not experiencing thoughts of self-harm or suicide and she is not engaging in alcohol and other drug use. The child has demonstrated that she will seek out healthy supports when needed. The child is still processing her past abuse and her relationships with her parents.”*

Another reviewer wrote of a focus child’s progress in behavioral development as her emotional state improved, *“The focus child has an increased sense of self-worth and emotional well-being and has learned to write and talk about her feelings. The focus child accepts responsibly for her behaviors, and this past semester experienced just two outbursts compared to weekly outbursts the semester before. The focus child now shows remorse for her behaviors and even turned herself in to the school principal after one such incident.”*

Learning and Development

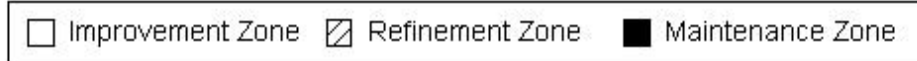
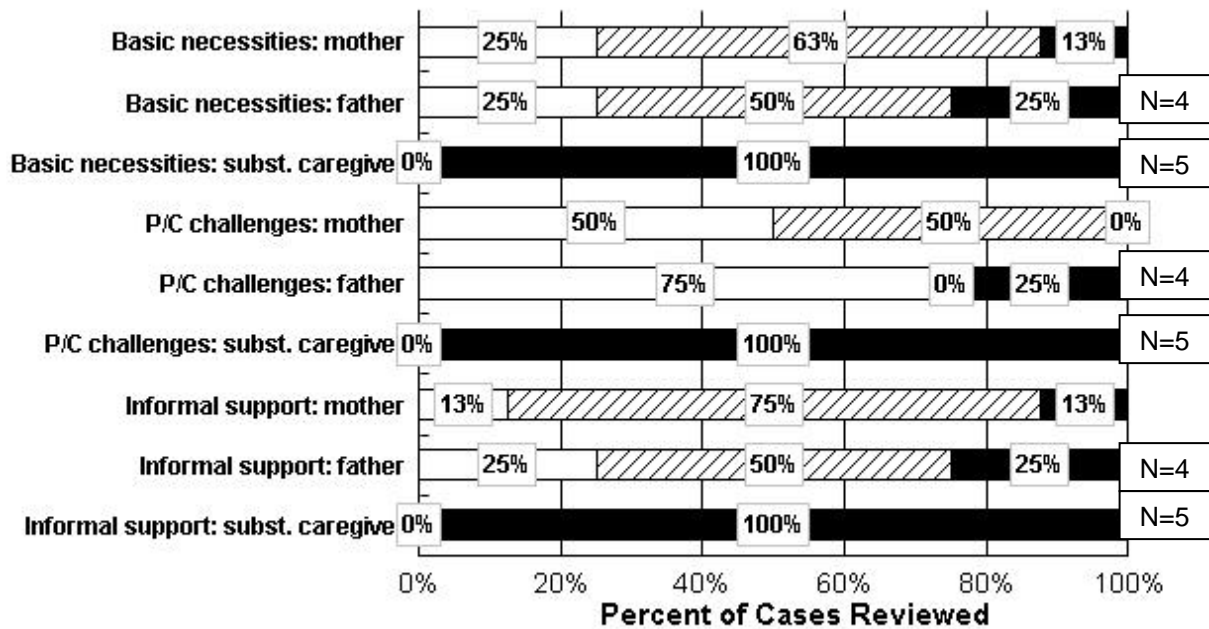
Learning and Development was at 100 percent in the 4-6 range, indicating that all of the children in the sample were getting their educational needs met. One reviewer wrote of a developmentally delayed youth, *“The focus child has an Individual Education Plan (IEP) for cognitive learning delay and is in full-time special education classes. The focus child’s reading and math are at the third grade level, and her IEP was developed to address her educational needs. The focus child is on track to graduate this next school year but is welcome to remain in school until age 21. She also has an opportunity to work in a sheltered workshop environment, where she spends part of her school day in a supervised work setting and is able to earn a wage.”*

Parent/Caregiver Capacities and Progress Toward Independence



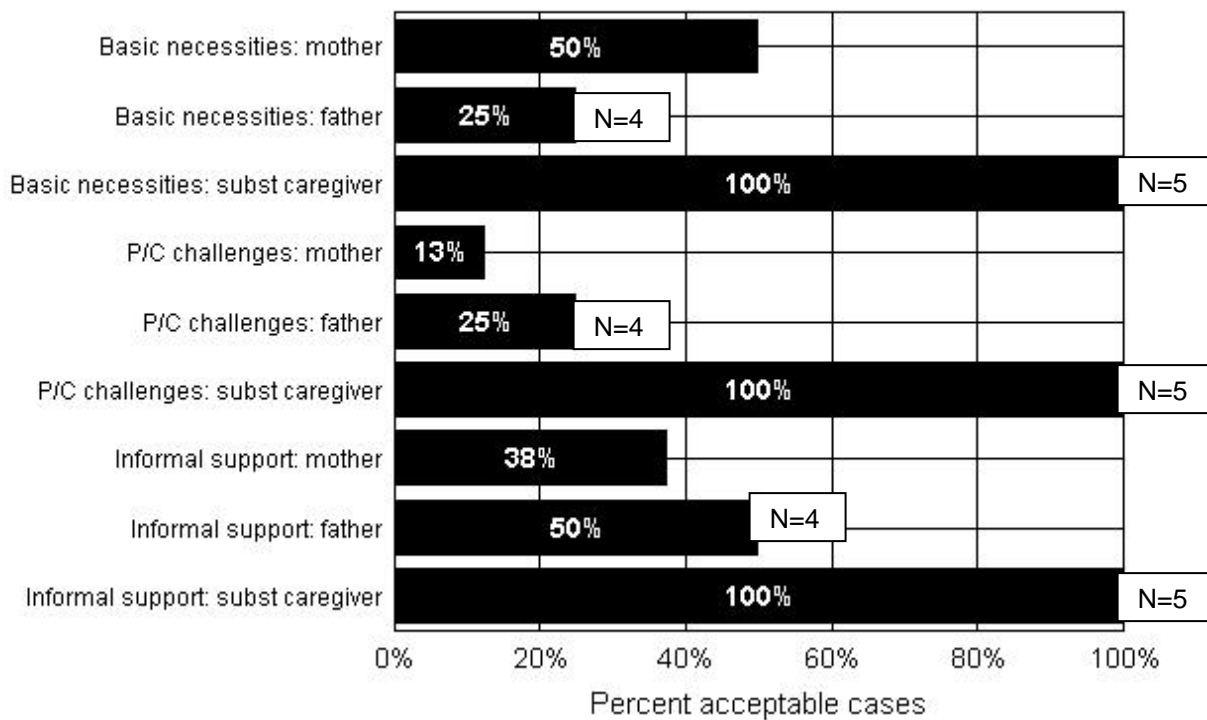
Parent/Caregiving Status

Necessities/Challenges/Support



Parent/Caregiving Status

Necessities/Challenges/Support



Caregiving Capacities/Challenges/Trauma

Along with safety and permanency, this group of indicators is among the most important in child welfare practice. Adequate parent caregiving capacity is essential to achievement of safety and permanency for children and a major system challenge because of the combination of past trauma, financial strains, social isolation and substance abuse present in many child welfare families. In the Chippewa County sample only 13 percent of the mothers and 25 percent of the fathers were considered to be in the acceptable range for caregiver challenges. Parenting challenges in this review included having a diagnosed mental illness, mental retardation, learning disability, chronic health impairment, physical disability, suicide risk or having a substance abuse/addiction problem. It is important to note that in seven of the eight cases in the sample at least one parent was considered to be trauma exposed. One reviewer noted the effect of trauma on the mother's ability to care give, *"The mother has some major challenges that appear to be getting in the way of providing the care, supervision, and nurturance that her child needs. For example, she was sexually abused as a child herself and was raised in an environment that made it difficult to recognize healthy adult and child boundaries and functioning. As a result, the mother seems to have poor personal skills and boundaries, and an inability to recognize the signs of abuse. The mother has not involved herself in her own treatment or her child's treatment."*

Another reviewer wrote of a mother, *"She identified trauma exposure related to undocumented domestic violence episodes between herself and her father. She reported he throws things at her and is verbally abusive when he becomes angry. The mother also identified grief and loss issues relating to her mother's unexpected and sudden death approximately one year ago. Although counseling services have been offered, the mother lacks follow through with appointments. She currently is being treated with Prozac for depression. The mother stated that she has been clean of any substance abuse for several years following completion of an inpatient treatment program."*

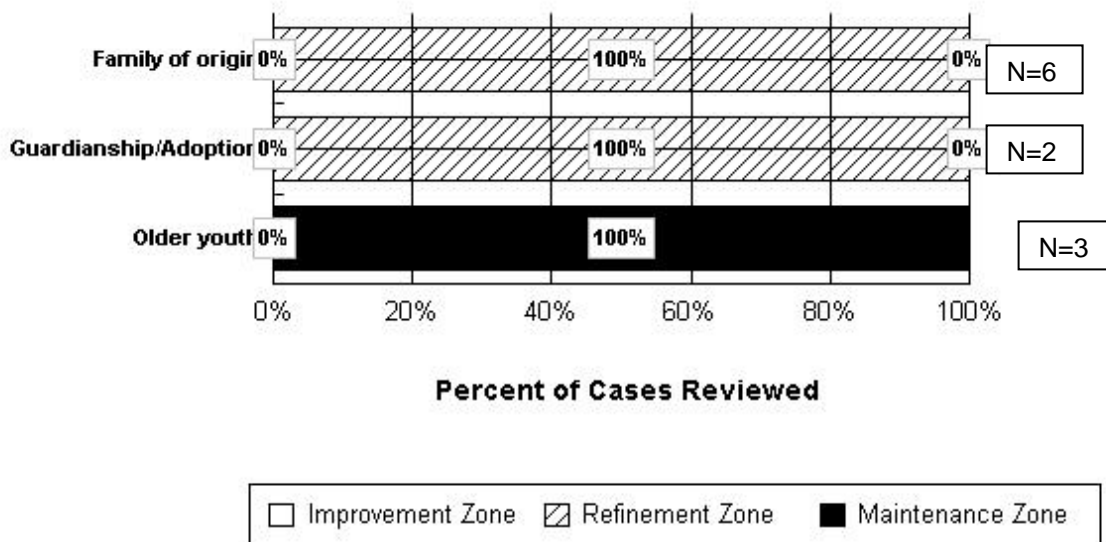
Informal Support

Informal supports for parents in the sample were noted to be in need of development and enhancement. Only 50 percent of fathers and 38 percent of mothers scored in the 4-6 range. One reviewer wrote of a mother, *"One concern is her lack of informal supports and the task of parenting three children full-time by herself. Her need for extra help around the house when she has the children may put her in the position of making poor relationship or parenting choices. There is a history of physical violence in her past relationships and being easily manipulated by friends or neighbors (i.e. asking to borrow the mother's new television). The mother was described as a person seeking approval from others and wanting to be well received by others, which may lead to others manipulating her."*

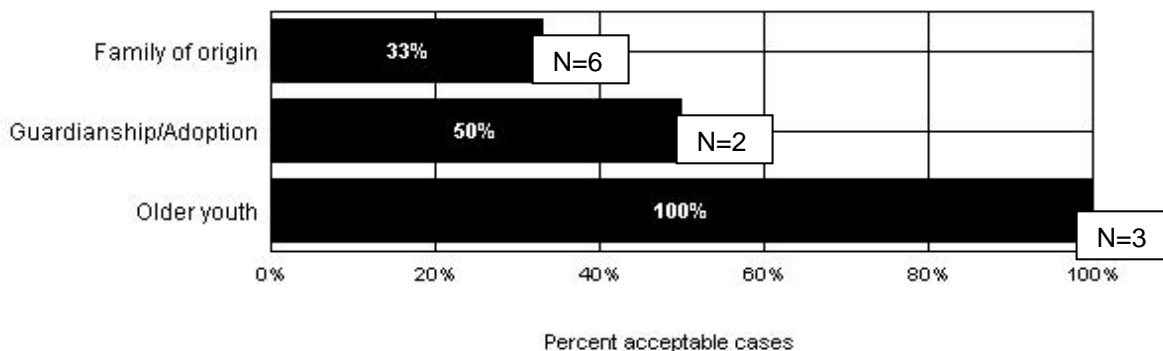
Substitute Caregiver Functioning

Substitute caregivers were noted as an overall strength in the Chippewa County review. Caregivers in this sample scored 100 percent in the 4-6 range in the indicators of Safety, Caregiving Capacities, Basic Necessities, Challenges and Informal Supports. One reviewer noted the strengths of the foster parents: *"The foster parents recognize the unique challenges of the focus child and provide him with a safe and supportive home as well as a predictable routine. The foster parents are committed to the focus child and encourage open communication with him. The foster mother is seen as someone who "advocates for [the focus child] at school and anywhere he's not getting his needs met." The foster parents are planning for the focus child's future and hope to maintain the focus child in school and in their home until he is 21 years old; they are pursuing licensure in adult foster care."*

Progress Toward Independence



Progress Toward Independence

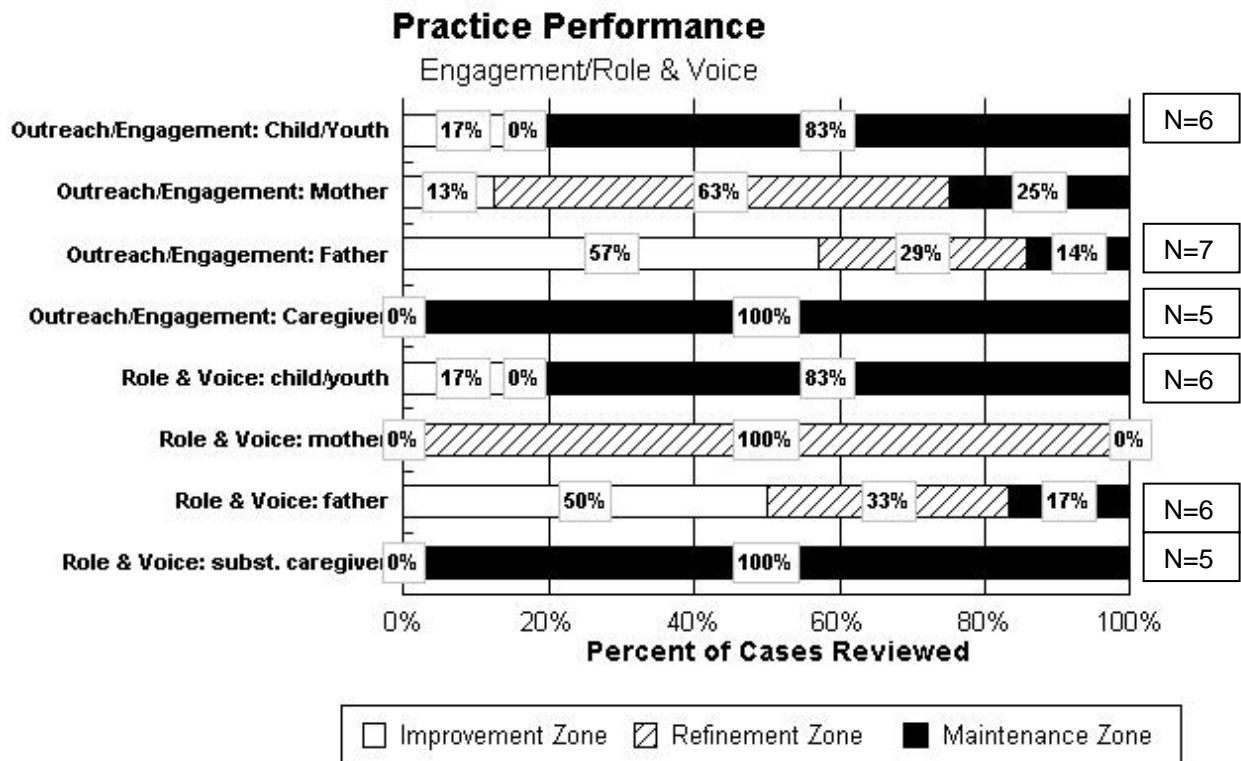


Progress Toward Independence

Progress toward independence for the family of origin is an area needing some refinement, with 33 percent of the cases scoring in the acceptable range. One reviewer wrote of a case that was scored for concurrent permanency goals of reunification and adoption, “*Progress toward independence and permanency was rated in the refinement zone for both the goal of Reunification and the concurrent goal of Guardianship with an out-of-state relative. The biological mother has made some good progress in AODA care; she has been clean for over three months. However, the biological mother is facing serious legal charges which may result in a period of incarceration. There has been limited movement with the concurrent plan of guardianship with relatives for the focus child.*”

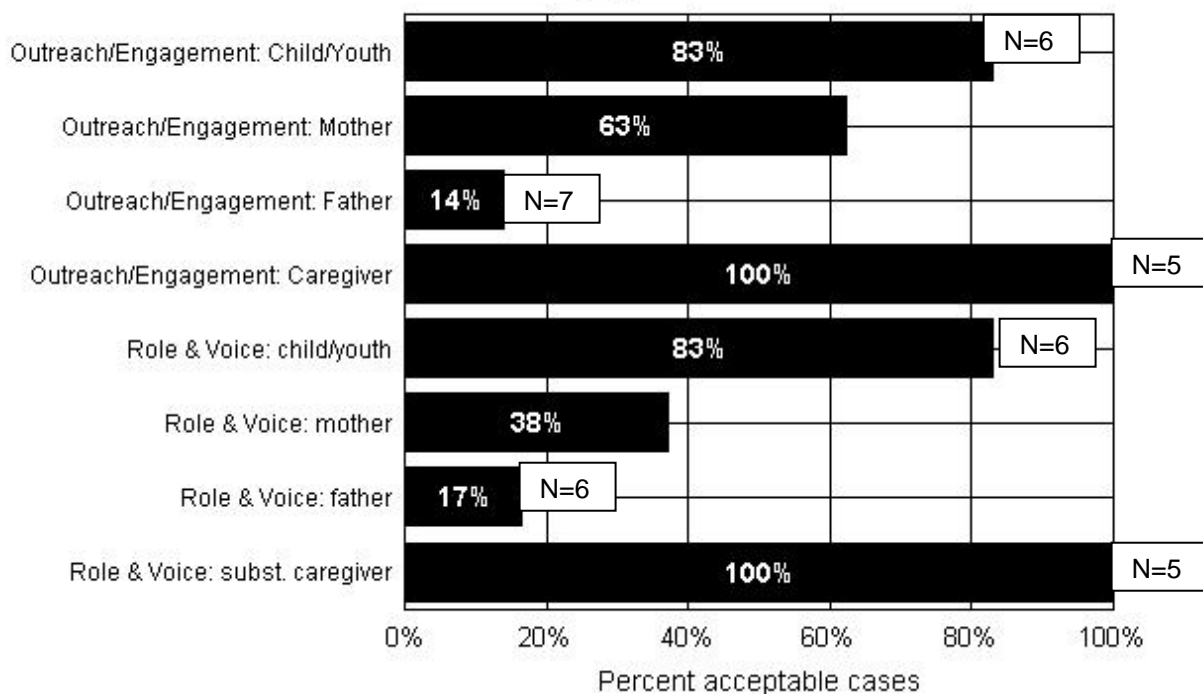
Progress toward independence for the three older youth in the sample was viewed as a strength with 100% scoring in the acceptable range. One reviewer wrote, “*The focus child is described as a hard worker and is currently working with the Department of Vocational Rehabilitation (DVR) at an assisted living center. The focus child will continue her work at a sheltered workshop when the school year starts. Meanwhile, she continues to work on independent living skills such as cooking, shopping for nutritious food, driver’s education, and laundry with the assistance of an independent living skills worker with whom she meets weekly.*”

System Performance Indicators



Practice Performance

Engagement/Role & Voice



Outreach and Engagement

Engagement of children/youth scored high, with 83 percent in the 4-6 range. One reviewer wrote of positive engagement with a youth, *“The case workers were responsive to the focus child’s phone calls and “always call back.” The focus child spoke highly of her workers and their communication stating, “I didn’t like the rules at first but know they’re for my own good....I’m open with them, and they talk about their reasons.”* However, engagement with mothers and fathers were areas noted as needing improvement. One reviewer noted strained engagement efforts with the mother due to her current life challenges: *“The mother is currently in a semi controlled setting and much of her time is dedicated to her AODA treatment concerns. Since treatment requires introspection and reflection of the various aspects of self, it is natural in early recovery to be self absorbed and focused. This has made it difficult for team members and the ongoing case manager to engage with the mother as the team wants her to take this time to get better. As the mother gets ready to move towards being independent however, it will be important that the team expand her role and voice and make active engagement efforts.”*

Engagement of fathers scored the lowest, with 14% scoring in the acceptable range. One case reviewer notes the lack of systemic engagement in a case where the father was resisting services, *“An area of challenge in practice is Engagement and Role and Voice of the father. The father’s denial and lack of responsibility for the agency’s involvement and his blame of the focus child appears to have greatly inhibited his engagement with the agency and overshadowed his input into case planning. Engagement was seen as a challenge for several providers attempting to work with the father.”*

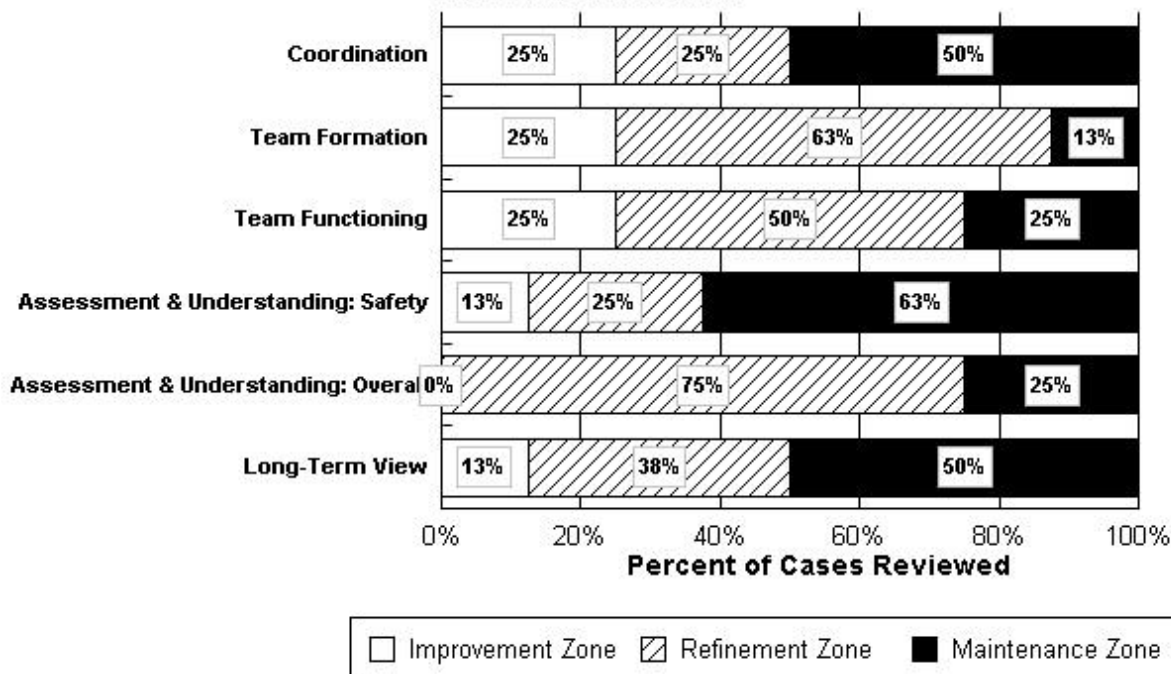
Role and Voice

Role and voice reflect the degree of parent, child and substitute caregiver involvement and influence in case planning and decision-making. How engaged a parent is in the case planning

often reflects the role and voice they have. The scores for role and voice are reflective of the engagement scores in that child/youth were seen as having a strong role and voice while mothers and fathers scored 38 percent and 17 percent in the acceptable ranges respectively. One reviewer noted the impact of engagement on role and voice with the parents, *“Everyone would like to see the focus child have improved relations with her parents, even if it is minimal; but neither parent is Engaged, nor do they have a Role and Voice. The worker has made efforts to engage the mother by inviting her to team meetings and offering to arrange for transportation, but the mother does not feel informed of key decisions or engaged in the process. It may make sense to adjust the strategies to meet the mother’s current needs. The father has also been invited to team meetings and at one point it was arranged for him to participate by phone, nonetheless, when a topic was broached that he did not favor, he hung up.”*

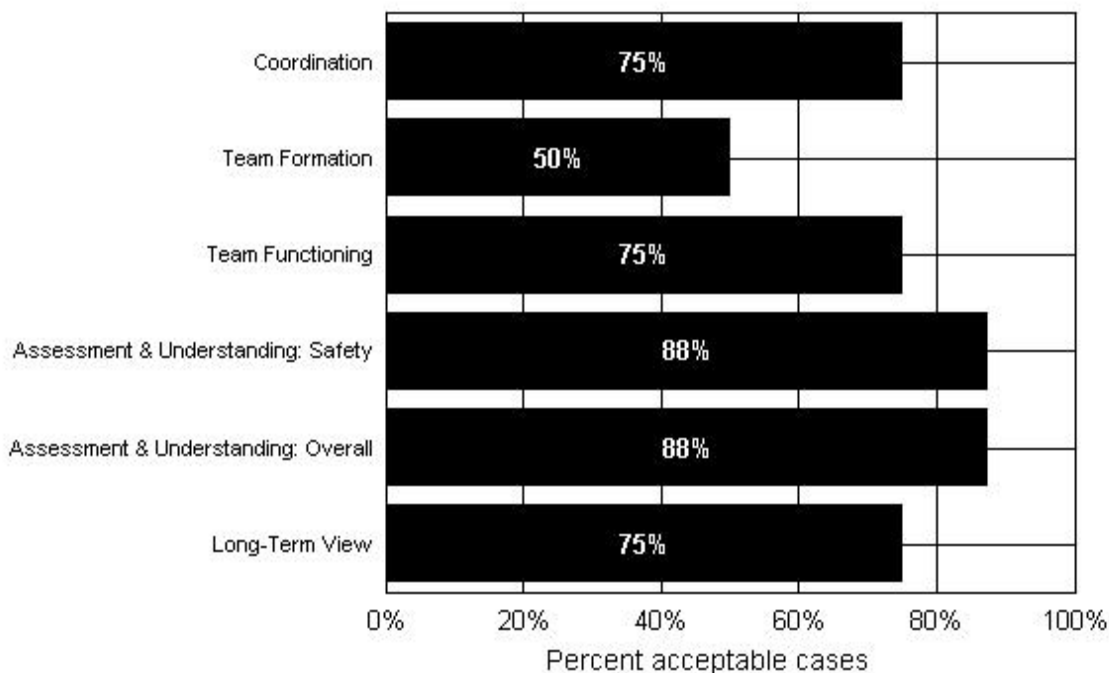
Practice Performance

Core Practice Functions



Practice Performance

Core Practice Functions



Coordination

Coordination is viewed as the center or hub of a case and it is imperative that participants be kept abreast of case information to have good situational awareness and to work toward common goals. Seventy-five percent of the cases were in the 4-6 range. One case reviewer noted the outcome of good case coordination, *“In addition, [the case managers’] Coordination skills have been quite effective. She is regarded as the go-to person for all the providers and is the single point of contact. The providers find her to be responsive and approachable. For example, the therapist reported that she is kept apprised of developments by the worker, the child, and the grandparents and the guidance counselor is aware of the focus child’s medical condition and special education needs.”*

Family Teamwork

Teamwork is divided into two areas: team formation, primarily related to the creation of a team consisting of all the relevant individuals; and team functioning, which includes team meetings, a high degree of family involvement, case coordination and collaborative planning and decision making. Team formation scored at 50 percent in the 4-6 range and team functioning scored a bit higher with 75 percent in that range. This would indicate that while teams may be functioning they do not consistently have the right people on the team and that when teams convene, key family members are not present and important providers may be absent. In the following example the case reviewer highlighted this by saying, *“At the present time, there is no formal team that meets, talks, and plans together. There is a missed opportunity to pull the case participants, both formal and informal support, together to discuss the safety factors, safety plan and how to move the case forward....The one occasion when all informal supports came together was to develop an in-home safety plan, which helped to avoid an out-of-home placement for the children. However, the safety plan was not continually updated or modified to address changing circumstances (i.e. the father’s arrests and continued drug use).”*

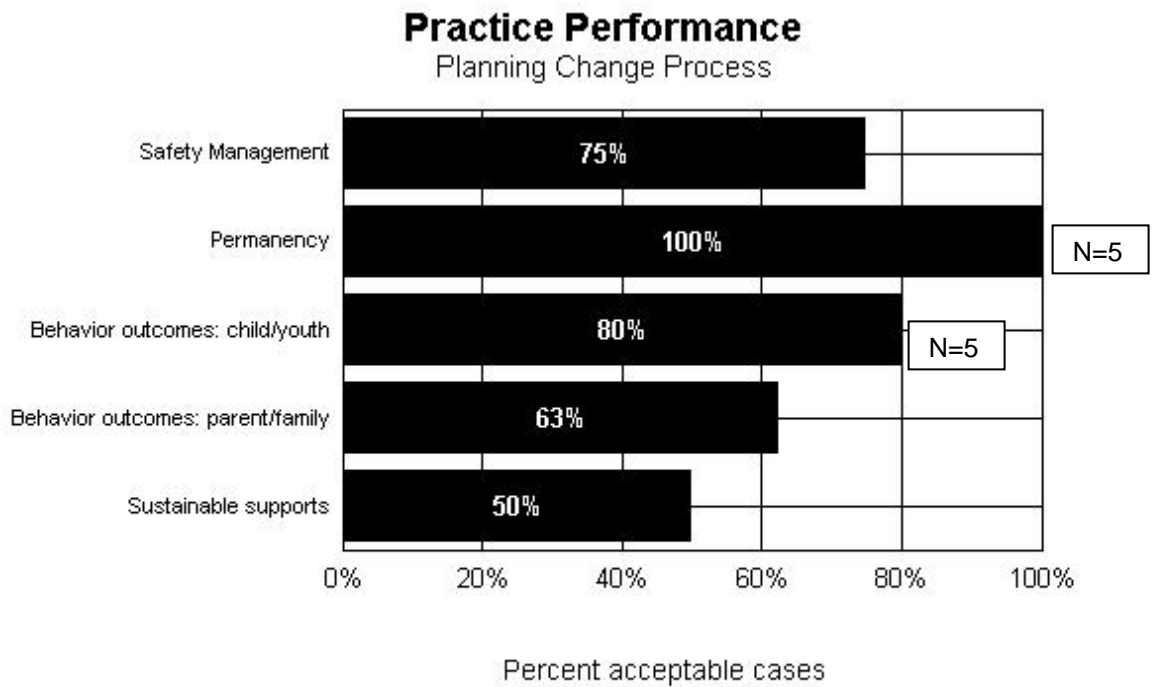
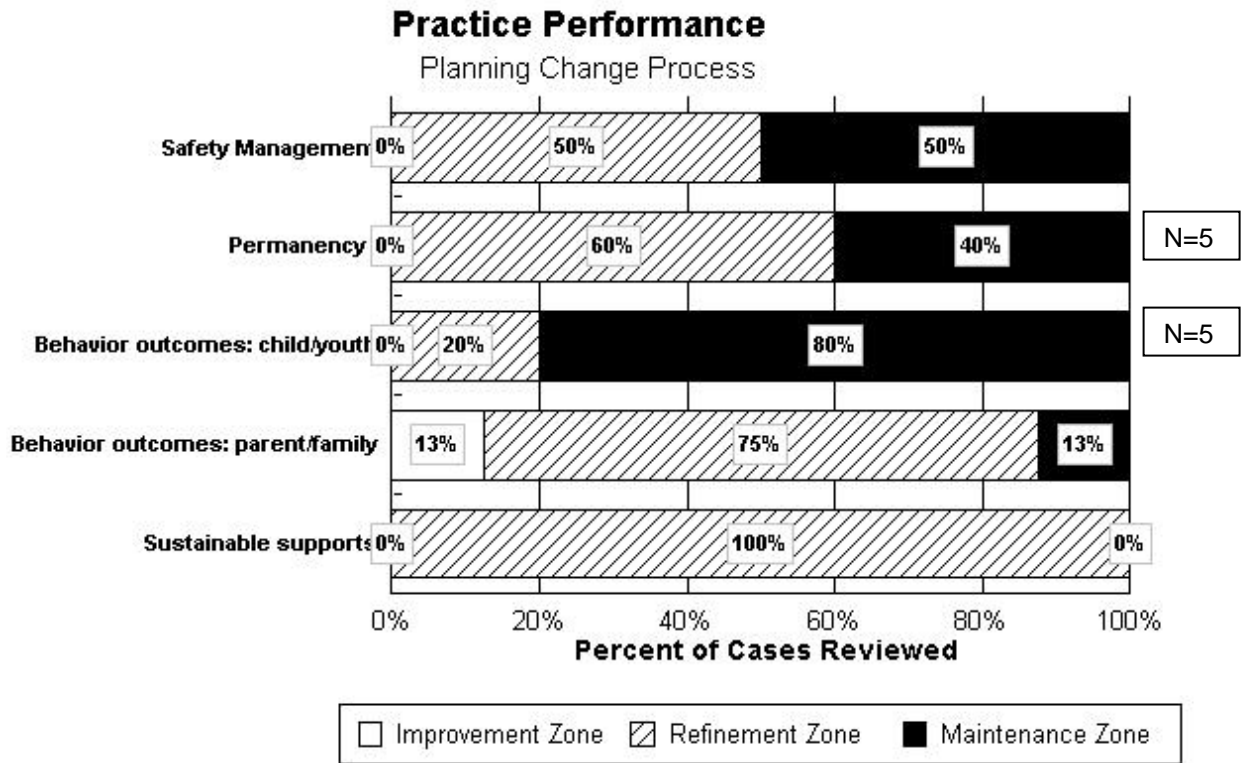
Assessment and Understanding

Like teamwork, assessment and understanding indicators also address two areas of practice: safety assessment and overall assessment. Safety assessment scored 88 percent in the 4-6 range. One reviewer wrote of good safety assessment, *“The mother’s protective capacities and challenges are clearly understood and controlled for through supervised and structured visitation with the focus child. There is a clear understanding of impending danger and barriers to safety related to the history of domestic violence and the mother’s history of failing to protect and follow through with a safety plan. There is recognition of the parents’ lack of accountability for the CHIPS order and how this influences their ability to protect. An ongoing process of safety management has been developed and includes supervised family interactions between the focus child and the mother in the foster home, a no contact order between the focus child and the father, and the intervention strategies, such as parenting and sexual abuse education, to assist the mother in developing her parenting capacities.”*

Overall assessment and understanding also scored 88 percent in the 4-6 range. One reviewer highlighted the importance of having good assessments, *“Another challenge in practice is the Overall Assessment and Understanding related to the mother’s mental health, chemical use, and cognitive level. Mental health and alcohol abuse have been identified as concerns for the mother. There is also speculation that she may have some cognitive limitations. However, these concerns have only been marginally identified. For example, the mother has not completed a comprehensive assessment in regard to her mental health, chemical use, or cognitive abilities.”*

Long-Term View

The long-term view indicator reflects the team’s ability to understand and address long-term goals for the case while still addressing immediate issues and crises. It is important for all team members to be working toward the same goal and long-term view in a case in order to achieve timely permanency. Seventy-five percent of the cases in the sample scored in the 4-6 range and one reviewer wrote, *“Everyone involved shares the same Long-Term View for Safe Case Closure. Case participants were able to articulate what safe case closure would look like and what needs to happen between now and then to reach that point.”*



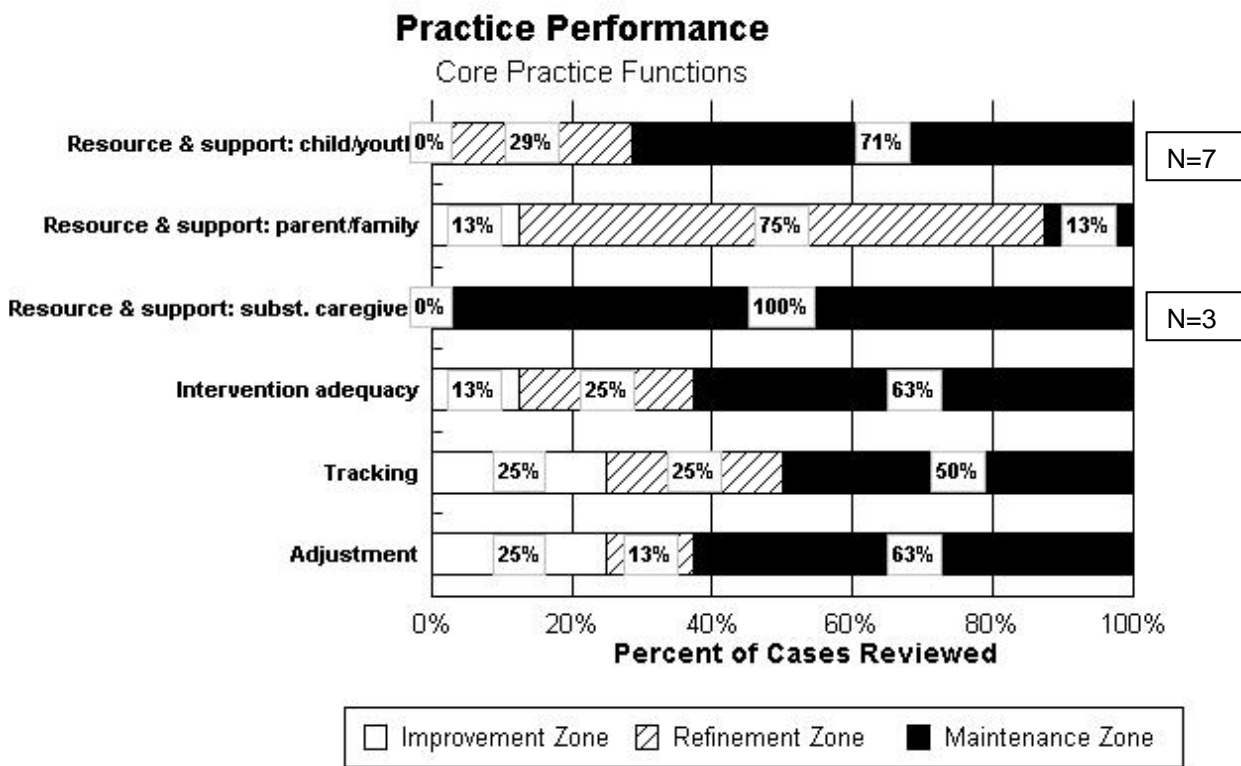
Planning a Change Process

Planning for permanency was viewed as a strength with 100 percent in the acceptable range. Planning for safety management was 75 percent in the 4-6 range. One reviewer wrote, “Another area going well in practice was in the area of Planning for Safety Management. The worker

referred the mother to services to assist her with housing issues, assistance to pay overdue utility bills, and parenting resources. The worker enhanced the mothers protective capacities, identified sustainable family supports, facilitated and supported the mother to develop safety strategies within a reasonable timeframe, and continued to monitor progress to assure safety within the home.”

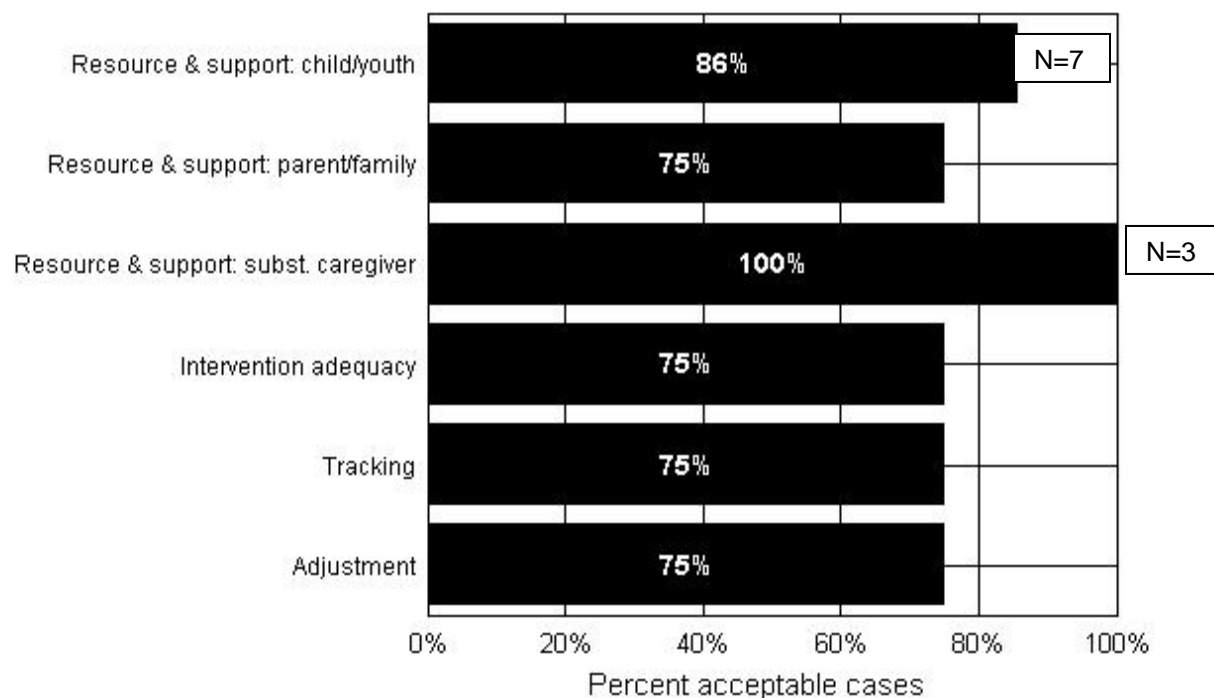
Planning for behavior outcomes for parents scored 63 percent in the 4-6 range, while children/youth scored slightly higher with 80 percent in that range. Good planning to address the behavioral needs of a child can lead to better outcomes as demonstrated by this example, “The implementation of these resources has been integral in Planning a Change Process for Behavior Outcomes. The focus child’s therapy and psychiatric care, along with the structure, support, and predictable routine he experiences in his foster home, have resulted in a reduction in concerning behaviors. The mother’s therapist has played a critical role in working with the mother to develop parenting skills to utilize during visits. The visitation worker also plays a critical role in supporting the mother during visits and is seen by the focus child and the mother as “part of the family.” These interventions and strategies for change were appropriately matched with both the mother’s and the focus child’s developmental abilities.”

Planning for sustainable supports scored 50 percent in the acceptable range and one reviewer described a case in need of enhancement in this area, “Sustainable supports will be important if the family is expected to be independent from the agency and avoid re-entry into the system. Unfortunately, not a lot of planning around sustainable supports has been done at this time. At the present time, the primary supports for the mother are formal. The mother has been encouraged to locate a sponsor and has not done so. It appears that the mother may have one or two former residents as supports, but this could be enhanced as she attends support groups.”



Practice Performance

Core Practice Functions



Resource and Support Use

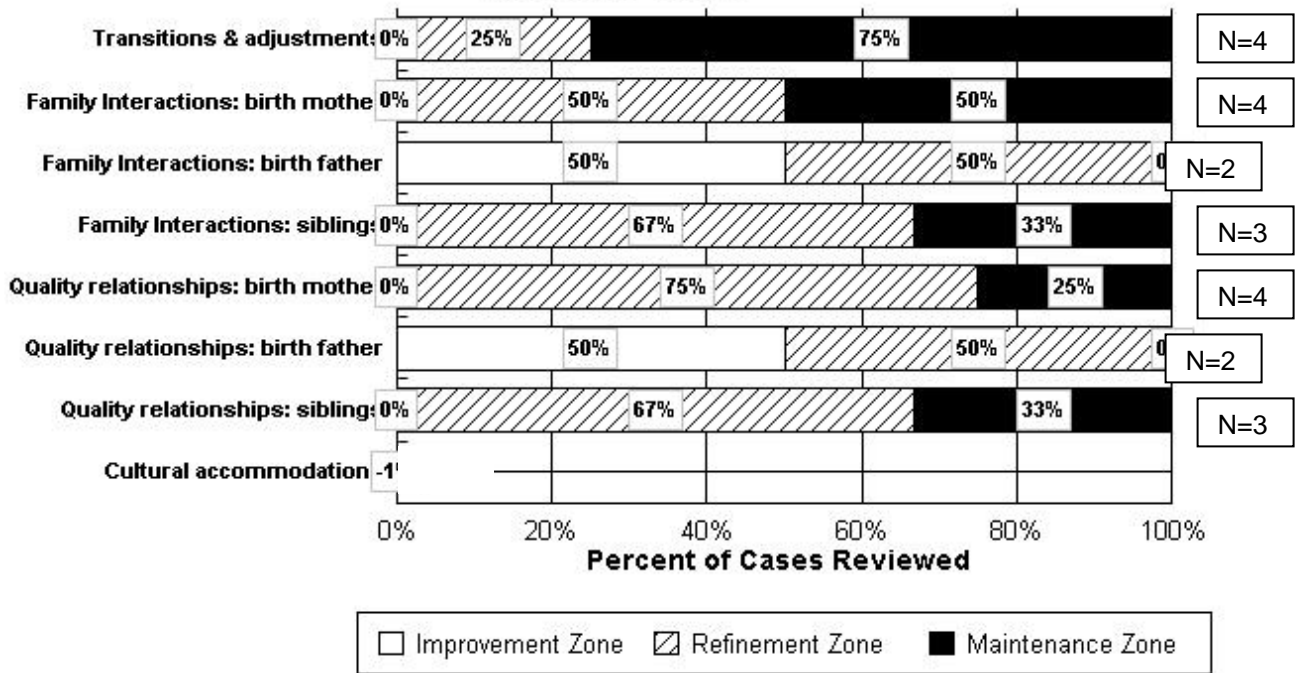
There are three elements to resource and support use: youth/child use, which was at 86 percent acceptability; parent/family use, which was at 75 percent in the 4-6 range; and substitute caregiver use, which scored at 100 percent in that range. The following example illustrates good resource availability and utilization, “*Since the family became involved with the agency, the focus child and the mother have been offered a wealth of Resources and Support in an attempt to begin addressing their histories of trauma as well as the current family circumstances. Resources made available to the family include treatment foster care, supervised family interaction, individual counseling for both the mother and the focus child, psychiatric care for both the mother and the focus child, the Children’s Waiver program, independent living groups, and mentoring.*”

Tracking and Adjustment

Tracking and adjustment anticipates routine monitoring of case progress and revision of plans and interventions when circumstances change. Tracking and adjustment each scored the same, with 75 percent in the 4-6 range. One reviewer gave a case example where good situational awareness led to the proper adjustments needed in the moment for a focus child, “*Another example was the immediate visit with the psychiatrist and adjustment of medications when the concern with the focus child hearing voices arose. Immediate action allowed for a greater sense of safety and stability for not only the focus child, but for the mother and foster parents.*”

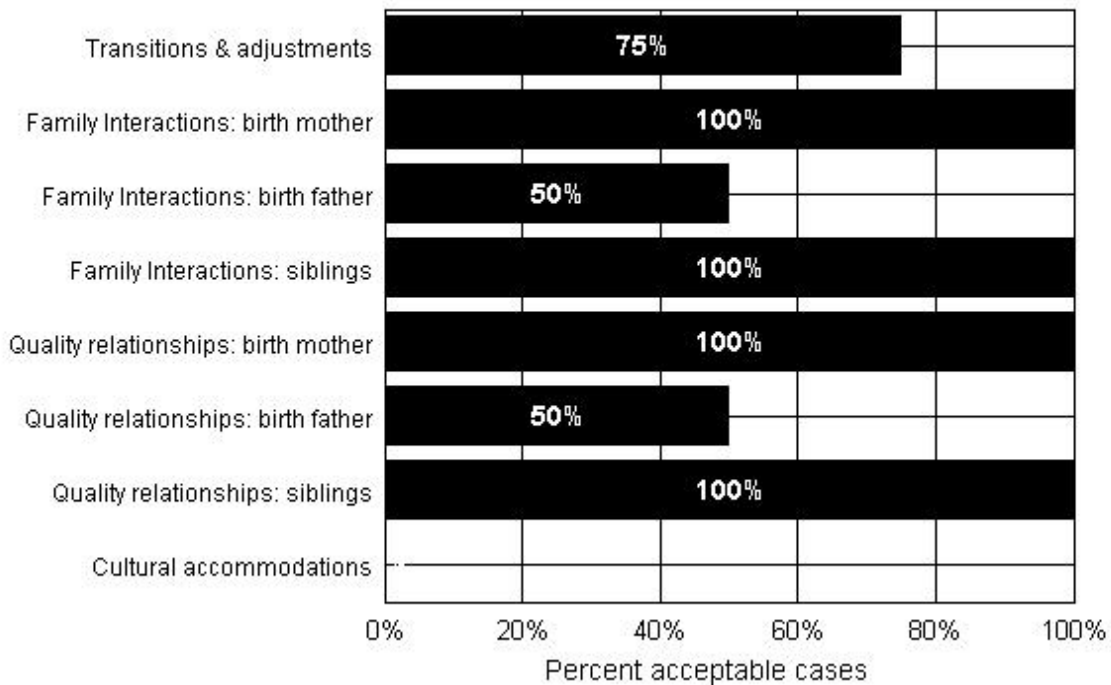
Practice Performance

Specialized Practice



Practice Performance

Specialized Practice



Maintaining Relationships

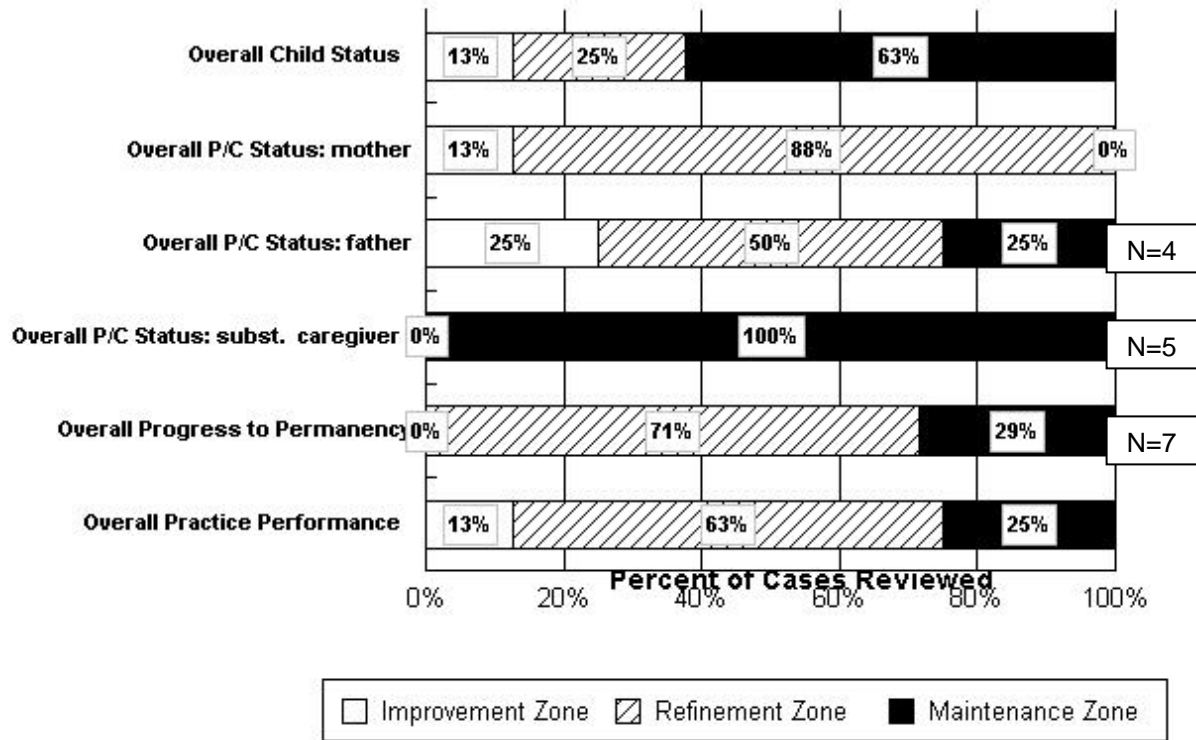
The reviewers examined the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves supports such as visits, other forms of contact and communication, family involvement in decisions affecting children and planning. Family interactions with birth mothers and siblings were noted to be a strength with 100 percent scoring in the 4-6 range, while interactions with fathers scored 50 percent in the same range. The quality of the visitation was also scored and once again mothers and siblings were a strength at 100 percent acceptable, while fathers' scores showed a need for improvement with only 50 percent in the acceptable range. One case reviewer wrote of a case where visits were a strength between a focus child and the mother, *“The mother is in a structured setting which helps to ensure the overall safety with the visitations. The mother and the focus child have family visits every weekend; Friday/Saturday to Sunday evenings and day visits occur twice during the week at the mother’s residence. This allows for the family interactions to occur in the least restrictive setting and for the focus child to have consistent contact with her other siblings. The mother and focus child are able to do activities inside and outside of the treatment facility.”*

Case Prognosis Forecast

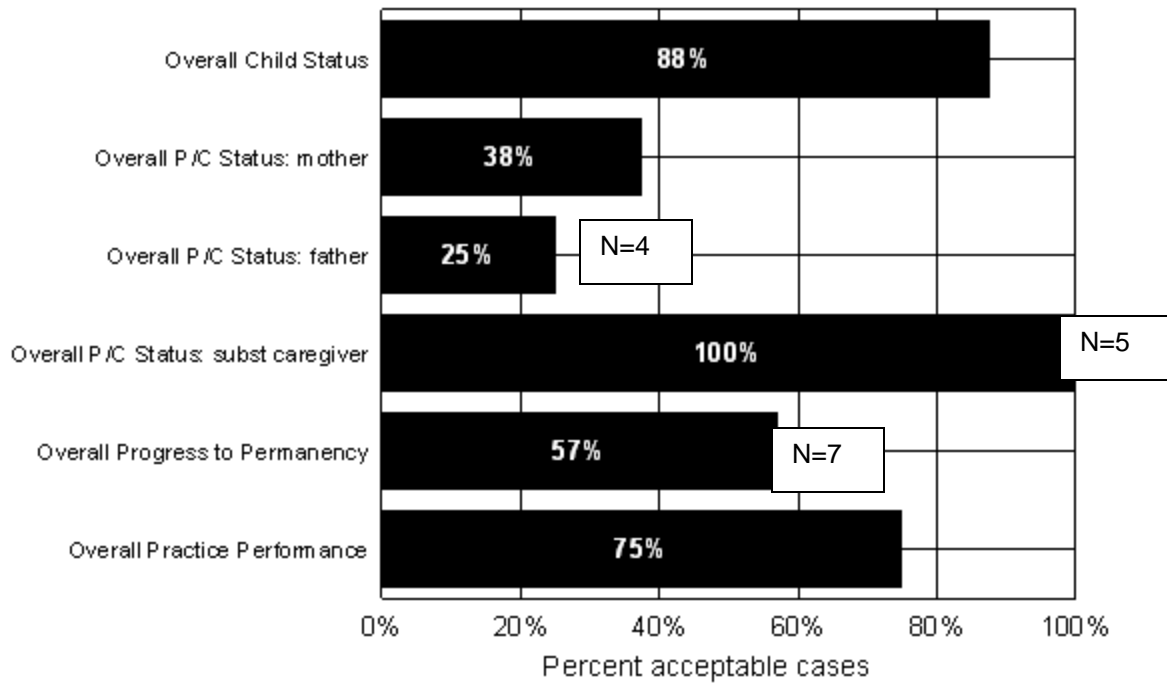
Reviewers project the status of each case based on current circumstances and performance – improve, status quo, or decline in the next six months. Collectively, the cases in this review were projected to have the following status six months from the review.

Six month Prognosis	Percent
Improve	0%
Status quo	100%
Decline	0%

Overall Patterns



Overall Patterns



VI. Initial Assessment Findings

Access and Initial Assessment

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 (16)

- Paper review of screened out Access reports (10)
- Access reports associated with the Initial Assessments reviewed (4)
- Monitored Access calls (2)

Initial Assessment (4)

- 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 demonstrated a patient demeanor (e.g. using open-ended questions, allowing the reporter to talk freely, and asking follow up questions to gather additional information as needed) while gathering information from the reporters.
- The Access workers gathered thorough information in all areas of the Access reports.

Access – Challenges

- Participants raised concerns regarding the screening process (e.g. who is involved in the screening decisions and whether reports are truly being screened within 24 hours as required by standards).
- Participants raised concerns regarding the number of reports that are screened out (eWiSACWIS data shows that Chippewa County screens out approximately 70% of all access reports received. The state average is 55% screened out).
- Documentation of CCAP, CPS history, American Indian Heritage and the reasoning behind the screening decision should be more clearly documented to ensure each of the areas were explored and there is a clear understanding of the information, especially on reports that are being screened out.

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.*

For this indicator, 88 percent of cases scored in the 4-6 range. Thorough information gathering by Access staff was noted as a strength for Chippewa County.

In one case highlighting sound information gathering, the reviewers wrote, *“The access worker did an excellent job of gathering information regarding this family. The access worker allowed the reporter to speak freely and would use appropriate probing questions to fill in gaps in information. The access worker attempted to get names of other professionals involved with this family and to clarify all the various counties involved to give a clear picture of this family. The access worker was sympathetic to the frustration this reporter was feeling; however, kept the conversation to that of information gatherer rather than attempting to make excuses or provide resolution for the reporter. There was good documentation of both the criminal history for the father in CCAP and the previous reports to the agency.”*

In another case where additional information would have been beneficial, the reviewers noted, *“It is unclear whether the worker asked about the American Indian Heritage or if worker asked and reporter was not aware of American Indian Heritage. No documentation regarding CCAP or WISACWIS. Demographic information about mom is missing. Information on the location of the children and children functioning was not documented in the report. History of domestic violence was not explored or documented in the report.”*

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 terms of Depth of Understanding, 75 percent of the cases scored in the 4-6 range.

In one example where the depth of understanding was noted as a strength, the reviewers wrote, *“The access worker and screener appear to have a good understanding of the possible impending danger threats to this child at the father's home. While they were not specifically spelled out in the report, the threats to child safety at the father's home are documented within the narrative areas of*

the report. There is information which explains the mother's caregiving capacities and her attempts to keep the child safe. There was a good understanding of the family situation"

In the following example, a challenge was noted in this area. The reviewers wrote, *"The report did not discuss present/impending danger threats to the child or younger sibling in the home. Information on child functioning and parental protective capacities were not included in the report. Domestic violence history was referred to but how this impacted the child and younger sibling was not included in the report. The report includes concern about the mother purchasing drugs, with the children present, but this was not followed up on by the worker. Because of the history of domestic violence and the current incident of domestic violence the reviewers believe that the access standards support a CPS report rather than a Services Report."*

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.*

This indicator looks at the avoidance of undue influences for both the worker and the supervisor. Two out of the 16 cases were scored for both worker and supervisor. In both areas, 100 percent of the cases scored in the 4-6 range.

Reviewers in one case noted, *"The report was written in an objective manner and is based on the information given by the reporter. There does not appear to be any outside influences impacting the information gathering or 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).*

This indicator evaluates two separate actions; one being the screening decision and the other setting the appropriate response time. In terms of screening, 63 percent scored in the 4-6 range. For response time, 50 percent scored in the 4-6 range.

In one case reviewers stated, *"The response time assigned was not consistent with the existence of possible impending danger threats at access. The access report did not contain information about when the child would be accessible to the alleged maltreater. The screener began the investigation by making a phone call to mother before screening and assigning response time."*

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.*

Reviewers also evaluate their own confidence level based on the information gathered from all sources during the review. Of the cases scored for the worker and supervisor, 100 percent were in

the 4-6 range. Reviewers were slightly less confident than the workers and supervisors with 56 percent scoring in the 4-6 range.

In one case where the reviewers were less confident about the response time assigned at Access, the reviewers wrote, *“The reviewers disagreed with the identified response time of within 5 days and identified impending dangers that would have resulted in a response time of 24-48 hours. The screening decision supervisor narrative indicates the child was on the sidewalk and safe from traffic and does not appear to be impending danger. There is no indication in the file or WiSACWIS print out where this information came from.”*

Initial Assessment Practice Performance

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

Initial Assessment – Strengths

- Initial Assessment workers are making contact with families within the assigned response times and in many cases before the assigned response times.
- Initial Assessment workers demonstrated good engagement skills with families which is imperative to thorough information gathering.
- The agency has a collaborative working relationship with law enforcement and other agencies and is completing joint investigations during the Initial Assessment phase of the case.
- Initial Assessment workers demonstrated thoughtful decision making at all decision points during the Initial Assessment
- The agency and workers have a philosophy of being non-intrusive with families

Initial Assessment – Challenges

- Initial Assessment workers appear to focus on one incident rather than completing a comprehensive assessment of the family which entails assessing for all forms of abuse and neglect, family strengths and needs and underlying family issues.
- Initial Assessment workers are requesting and being granted exceptions which do not align with state standards (e.g. requesting that they be exempt from interviewing the alleged victim on a primary assessment case).
- Initial Assessment workers could benefit from a review of present and impending danger threats to child safety to ensure they are accurately identifying, controlling, and managing safety threats.
- Increased use of collateral contacts during the Initial Assessment process would enhance the information gathered and therefore enhance the decision making process.
- The Initial Assessment workers and supervisor should enhance their awareness of how to recognize and avoid undue influences to ensure bias does not affect the decision making process.

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.*

In terms of level of engagement, 100 percent of the cases scored in the 4-6 range. For level of responsiveness, 75 percent of cases fell in the 4-6 range.

In one case where both these areas were seen as a strength, the reviewers wrote, *“The first face-to-face contact was made within the assigned timeframe. The worker followed IA state standards and interviewed all the household members. The IA worker made contact with both of the fathers in this case. One of the fathers resides in California but the worker was able to call him and obtained information regarding his relationship and contact with his children and the children's mother. The IA worker was able to identify the immediate needs of this family in regards to the cleaning of the home. He obtained funds to help the family get a dumpster.”*

Diligence of Inquiry

For diligence of inquiry, 50 percent of the cases reviewed scored in the 4-6 range. During the review, the reviewers found this to be an area of challenge. The assessments did always include evidence that workers are gathering information on all forms of reported maltreatment and not always gathering relevant and accurate information on the family's strengths, needs and underlying issues.

Reviewers noted, *“The initial assessment worker focused on the living conditions and did not follow-up on the concerns relating to the children being exposed to animals potentially carrying diseases. The assessment worker relied on the alleged maltreater to follow up and report to him on why three of the animals died and if the reasons for this was related to a disease that could affect the children. The Division Manager approved the assessment worker's request to deviate from state standards and the reviewers believe that this is not allowed by state standards.”*

Depth of Understanding

This indicator evaluates three areas: depth of understanding of the overall family situation; safety assessment; and safety planning. For depth of understanding, 25 percent of cases scored in the 4-6 range. For safety assessment, 25 percent scored in the 4-6 range. For safety planning, 50 percent scored in the 4-6 range.

In one case reviewers wrote, *“The worker did not take into account the child's special mental health and education needs resulting in concerns we do not actually know how this child functions. We need a clear understanding of how mother is meeting this child needs specifically in relation to her own physical health needs. There was no clear understanding of the identified impending dangers. One example is - no parent in the home will perform parental duties and responsibilities; parent allows the child to wander in and out of the home or through the neighborhood without the necessary supervision. The worker came away from the situation understanding this was a one time event when there has been a history of concerns regarding the mother not adequately supervising her son. There was no safety plan because the worker did not identify any present or impending danger threats. The reviewers did not agree with this assessment and would have expected a safety plan.”*

Avoidance of Undue Influence

Of the cases scored for both the worker and supervisor, 75 percent scored in the 4-6 range. In one example of possible influence from another professional, reviewers noted, *“The worker went into this assessment after talking with the police officers who indicated this mother has always been responsive and cooperative with them when they show up at her home. The police indicated they did not believe the worker would find any problems with this mother's care of her child. The police report there is a relative wanting to cause problems for this mother. The worker indicated that if she had had the police information prior to screening decision, this referral would have been screened out. The supervisor indicated that this referral was screened in due to the multiple current referrals and while preferring to screen this out, felt the agency should at least make an appearance in the home.”*

Critical Discernment

In terms of the decision making process, 25 percent of the cases scored in the 4-6 range.

In one case where this area was identified as an area needing improvement, the reviewers stated, *“The assessment results were focused on this child crossing the street. The worker saw no value in interviewing the child. This interview could have enhanced the understanding of this family; specifically the child's functioning and the child's physical status (were there bruises). The singular incident focused assessment resulted in the worker not addressing the other issues identified in the referral such as the child being covered in multiple bruises and the multiple issues regarding inadequate supervision.”*

Confidence in Decisions Made

In terms of the level of confidence for workers and supervisors, 100 percent scored in the 4-6 range. Reviewers were significantly less confident, with only 25 percent in the 4-6 range.

In one example of the reviewers' lack of confidence reviewers noted, *“The reviewers have multiple concerns that the results and assessment were influenced by the workers contact with the police and that more information could have been obtained if the worker completed a thorough assessment by interviewing the child and others involved such as attempting contacting with the reporter.”*

Decision Documentation: Reviewers evaluate the adequacy and completeness of documentation in the case under review.

For this indicator, 50 percent of the cases scored in the 4-6 range. While it was discovered during the review that the workers had knowledge regarding these families, it was noted that at times the documentation of the case was lacking.

In one example of this, the reviewers wrote, *“The IA worker documented his face to face contacts with all the household members and also made collateral contact with the fathers and school personnel. The IA worker provided a good description of how mom was feeling being a single parent with 5 children and having little support from the children's fathers. The IA worker also documented the fathers' relationship and contact with their children. The worker identified impending danger threats and the children were found to be unsafe, but there is no in-home safety*

plan. A protective plan was implemented but no information as to what was the present danger threat was or when it was implemented or when it was terminated. Under the maltreatment section there is no information about the substantiation decision. There is no information under surrounding circumstances what the mother reported to the worker regarding leaving the children alone or what the conditions of the home were when the worker went to the home. Information regarding all the interviews and collateral contacts were not included in the Initial Assessment.”

VII. Appendix 1

QSR Case Characteristics

QSR/Child Status and Performance Profile - Change of Home Frequency

Change Of Home	Number	Percent
Yes	2	25%
No	3	38%
NA	3	38%
	8	100%

QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	0	0%
No	7	88%
Unknown	1	13%
	8	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.	3	38%
7-9 mos.	3	38%
10-12 mos.	1	13%
13-18 mos.	0	0%
19-36 mos.	0	0%
37+ mos.	1	13%
	8	100%

QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	3	38%
1-2 Placements	2	25%

3-5 Placements	2	25%
6-9 Placements	1	13%
10+ Placements	3	0%
	8	100%

OSR/Child Status and Performance Profile - Placed with Siblings Frequency

Placed with Siblings	Number	Percent
Different Home	2	25%
No Siblings	1	13%
Not Applicable	3	38%
Same Home with All	1	13%
Same Home with Some	1	13%
	8	100%

OSR/Child Status and Performance Profile - Full Scale Intelligence Quotient (IQ)

Full Scale IQ	Number	Percent
67	1	13%
Unknown	7	88%
	8	100%

OSR/Child Status and Performance Profile - Educational Placement Frequency

Educational Placement	Number	Percent
Regular K 12 Education	2	33%
Full Inclusion	1	17%
Part-time Special Education	3	50%
Self-contained Special Education	0	0%
Adult Basic/GED	0	0%
Alternative Education	0	0%
Vocational Education	0	0%
Expelled/Suspended	0	0%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	0	0%
Other	0	0%
	6	100%

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

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	1	13%	0	0%
Autism Spectrum Disorder	2	25%	0	0%
Behavior Disorder	1	13%	0	0%
Sensory Disorder	0	0%	0	0%
Mental Illness	4	50%	5	63%
Mental Retardation	2	25%	1	13%
Neurological Impairment/Seizure	0	0%	0	0%
Specific Learning Disability	0	0%	1	13%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	1	13%	1	13%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	0	0%	0	0%
Physical Disability	0	0%	1	13%
Developmental Disability	2	25%	0	0%
Trauma Victim	0	0%	0	0%
Trauma Exposed	5	63%	7	88%
Suicide Risk	0	0%	2	25%
Pregnant	0	0%	0	0%
Substance Exposed	1	13%	0	0%
Substance Abuse/Addiction	1	13%	6	75%
HIV/AIDS	0	0%	0	0%
*Other	0	0%	1	13%

*One parent with depression

OSR/Child Status and Performance Profile - Sensory Impairment

Sensory Impairment	Number	Percent
Vision – Child	0	0%
Hearing – Child	0	0%
Vision – Parent	0	0%
Hearing – Parent	0	0%
	0	0%

QSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	5	63%	2	25%
Self-Care	0	0%	0	0%
Mobility	0	0%	1	13%
Communication	1	13%	0	0%
Self-Direction	0	0%	0	0%
Economic Self Sufficiency	0	0%	4	50%
Diminished Capacity	0	0%	2	25%
Independent Living	2	25%	0	0%
*Other	0	0%	1	13%

* One parent with suspected diminished capacity

QSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	5	63%
1 Psychotropic Medication	1	13%
2 Psychotropic Medications	1	13%
3 Psychotropic Medications	0	0%
4 Psychotropic Medications	1	13%
5 + Psychotropic Medications	0	0%
	8	100%

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

Agency	Number	Percent
Child Welfare	8	100%
Mental Health	5	63%
Special Education	4	50%
Probation/Parole	1	13%
Developmental Disabilities	2	25%
Juvenile Justice	1	13%
Vocational Rehabilitation	1	13%
Substance Abuse	2	25%
Crisis Services	1	13%
Early Childhood	0	0%
*Other	3	38%
None	0	0%

* Other agencies included W-2, Economic support, Family Support Center

OSR/Child Status and Performance Profile - Level of Functioning Frequency

Level of Functioning	Number	Percent
In Level 1-5	1	13%
In Level 6-7	2	25%
In Level 8-10	3	38%
NA (Under Age 5)	2	25%
	8	100%

OSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	6	75%
Voluntary	1	13%
Informal Disposition Agreement	1	13%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
Delinquent	0	0%
	8	100%

OSR/Child Status and Performance Profile – Reason for Case Opening Frequency

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	0	0%
Physical Abuse	2	25%
Sexual Abuse	2	25%
Neglect	3	38%
Mental Health Issues	1	13%
Delinquency	0	0%
Truancy/Status Offense	0	0%
*Other	1	13%

* Other—parent unable to care for child

Reason for Case Opening-Family Issues	Number	Percent
Failure to Protect	3	38%
Absent Parent	0	0%
Substance Abuse	4	50%
Domestic Violence	3	38%
Neglect	3	38%
Mental Health Issues	5	63%
Housing	0	0%
Other	0	0%

OSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Remain at Home	3	38%
Reunification	2	25%
Adoption	2	25%
Long-term Foster Care	1	13%
Independent Living	0	0%
Permanent Placement with fit and willing relative	0	0%
Legal Guardianship	0	0%
Not Applicable	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	8	100%

OSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	6	75%
Adoption	2	25%
Legal Guardianship	0	0%
Reunification	0	0%
Independent Living	0	0%
Long-term Foster Care	0	0%
Permanent Placement with fit and willing relative	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	8	100%

OSR/Child Status and Performance Profile - Length of Stay in Current Program Frequency

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	3	38%
0-3 mos.	2	25%
4-6 mos.	2	25%
7-9 mos.	1	13%
10-12 mos.	0	0%
13-18 mos.	0	0%
19-36 mos.	0	0%
37 + mos.	0	0%
	8	100%

QSR/Child Status and Performance Profile - Outcome Frequency

Service Test Results	Number	Percent
1 + Status + Performance	6	75%
3 + Status + Performance	1	13%
4 + Status + Performance	1	13%
	8	100%

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

Level of Functioning	Age	Number	Percent
In Level 1-5	5-9 Yrs	1	13%
In Level 6-7	14 + Yrs	2	25%
In Level 8-10	5-9 Yrs	1	13%
	14 + Yrs	2	25%
NA (Under Age 5)	0-4 Yrs	2	25%
		8	100%

QSR/Child Status and Performance Profile - Age by Outcome

Age	Outcome	Number	Percent
0-4 Yrs	1 + Status + Performance	1	13%
	4 + Status + Performance	1	13%
5-9 Yrs	1 + Status + Performance	1	13%
	3 + Status + Performance	1	13%
14 + Yrs	1 + Status + Performance	4	50%
		8	100%

QSR/Child Status and Performance Profile - Outcome by Level of Functioning

Outcome	Level of Functioning	Number	Percent
1 + Status + Performance	In Level 6-7	2	25%
	In Level 8-10	3	38%
	NA (Under Age 5)	1	13%
3 + Status + Performance	In Level 1-5	1	13%
4 + Status + Performance	NA (Under Age 5)	1	13%
		8	100%

QSR/Child Status and Performance Profile - Outcome by Prognosis

Outcome	Prognosis	Number	Percent
1 + Status + Performance	Continue – Status Quo	6	75%
3 + Status + Performance	Continue – Status Quo	1	13%
4 + Status + Performance	Continue – Status Quo	1	13%
		8	

