

**Iron County Qualitative Service Review
August 9 -13, 2010**

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

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Executive Summary

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 Iron County. In this review, six ongoing services 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 nine stakeholder groups, representing agency staff, providers, foster parents, legal partners and others.

Agency Performance

The executive summary contains one table displaying the agency performance relative to the percentage of cases scoring in the range of Minimally Acceptable (4) to Optimal (6). Identifying the percentage of cases scoring from minimally acceptable to optimal sharpens the identification of performance challenges by dividing cases between those scoring in that range (4-6) versus those needing concerted action (1-3).

The QSR protocol contains three general groupings of indicators. The first grouping enables assessment of child status in the areas of safety, permanency and well being, for the previous 30 days to 3 months. The second grouping enables assessment of parent/caregiver status in relevant domains such as basic necessities, parent caregiving challenges, etc. The third grouping enables assessment of practice performance in areas such as engagement, assessment, planning etc.

The scores on child and family status and system performance for 2010 in Iron County (6 cases) and the Statewide Summary of QSR Scores for 2006-2009 (435 cases) are presented in the following table. Please note that the criteria within an indicator may preclude some of the six cases from being rated for that indicator. The numbers in the N columns indicate how many of the cases could be scored for that particular indicator.

Iron County Quality Service Review 2010					
Two Point Scale Comparison					
	Iron		State		
Name of Indicator(s)	N=	Acceptable	N=	Acceptable	
Child Status					
Safety & Permanency					
Exposure to threats: birth home	4	100%	307	84%	
Exposure to threats: subst. home	5	100%	258	99%	

Exposure to threats: school setting	4	100%	346	99%	
Exposure to threats: other setting	3	100%	185	89%	
Stability: home	6	50%	435	78%	
Stability: school	5	80%	353	84%	
Permanency	6	50%	435	58%	
Living Arrangements: current	6	100%	435	97%	
Living Arrangements: alternative	4	50%	143	82%	
Well Being					
Physical Health	6	100%	435	100%	
Emotional development	5	40%	364	74%	
Behavioral functioning	5	20%	364	80%	
Behavioral risk: self	5	40%	363	82%	
Behavioral risk: others	5	60%	362	82%	
Learning & development	6	67%	434	86%	
Parent/Caregiving Status					
Safety and Capacities					
Safety of: mother	5	80%	344	84%	
Safety of: father	4	100%	229	88%	
Safety of subst. caregiver	5	100%	233	100%	
Caregiving capacities: mother	5	20%	347	58%	
Caregiving capacities: father	4	75%	227	51%	
Caregiving capacities: subst. caregiver	5	100%	233	99%	
Caregiving capacities: congregate care	2	100%	36	97%	
Necessities/Challenges/Support					
Basic necessities: mother	5	80%	345	66%	
Basic necessities: father	4	100%	228	66%	
Basic necessities: subst. caregiver	4	100%	233	99%	
P/C Challenges: mother	5	20%	349	49%	
P/C Challenges: father	4	50%	232	52%	
P/C Challenges: subst. caregiver	5	100%	233	99%	
Informal support: mother	5	60%	351	48%	
Informal support: father	4	100%	229	55%	
Informal support: subst. caregiver	5	100%	229	97%	

Progress Towards Independence					
Family of origin	4	25%	356	56%	
Guardianship/Adoption		N/A	113	55%	
Older youth	3	67%	83	49%	
Practice Performance:					
Engagement/Role and Voice					
Child/Youth	4	75%	307	92%	
Mother	6	50%	414	71%	
Father	6	33%	350	52%	
Subst. Caregiver	5	80%	244	94%	
Role & Voice: child/youth	4	75%	263	82%	
Role & Voice: mother	6	50%	414	61%	
Role & Voice: father	6	33%	349	41%	
Role & Voice: Subst. caregiver	5	80%	244	91%	
Core Practice Functions					
Coordination	6	67%	435	84%	
Team Formation	6	67%	435	59%	
Team Functioning	6	67%	435	54%	
Assessment & understanding: safety	5	80%	403	85%	
Assessment & understanding: overall	6	50%	435	72%	
Long-Term view	6	50%	435	53%	
Planning Change Process					
Safety management	5	40%	377	73%	
Permanency	4	25%	322	67%	
Behavior outcomes: child/youth	4	75%	257	83%	
Behavior outcomes: parent/family	6	67%	435	56%	
Sustainable supports	6	67%	435	55%	
Core Practice Functions					
Resource & support: Child/youth	4	100%	362	90%	
Resource & support: parent/family	6	67%	409	70%	
Resource & support subst. caregiver	5	60%	237	95%	
Intervention adequacy	6	67%	435	71%	

Tracking	6	83%	435	82%	
Adjustment	6	83%	435	66%	
Specialized Practice					
Transitions & Adjustments	3	67%	235	65%	
Family interactions: birth mother	3	33%	240	70%	
Family interactions: birth father	4	25%	194	48%	
Family interactions: siblings	3	33%	174	60%	
Quality relationship: birth mother	3	33%	241	62%	
Quality relationship: birth father	4	25%	194	46%	
Quality relationship: siblings	3	33%	178	57%	
Cultural accommodations		N/A	50	68%	
Overall Patterns					
Overall Child Status	6	83%	435	91%	
Overall P/C Status mother	5	40%	356	58%	
Overall P/C Status father	4	75%	237	59%	
Overall P/C Status: Subst. caregiver	5	100%	242	100%	
Overall Progress to Permanency	6	50%	429	60%	
Overall Practice Performance	6	50%	435	73%	
Legend					
N = The number of cases scored for each indicator. (6 cases reviewed in Iron County)					

Stakeholder Interviews

This review involved stakeholder interviews with 9 key informant and stakeholder groups totaling 33 individuals. Stakeholders reported a number of common themes, which are highlighted below. A more detailed description of stakeholder comments is found in Section IV.

Organizational Issues – Strengths

- Iron County staff are dedicated, caring, responsive, compassionate, and professional
- Staff are always available and accessible to co-workers and those outside the agency
- The Human Services Director is open and willing to discuss cases. One focus group participant noted that she “has opened Human Services to the community.”
- The small size of the county and lack of funding has encouraged creativity in developing and utilizing resources
- Agency staff have open door policies that enhance communication, support, and connections

Organizational Issues – Challenges

- There is a lack of funding for programs, services, and staff
- Child Welfare workers in the agency “wear many hats” and have multiple roles and responsibilities

Resource Issues – Strengths

- The Coordinated Services Team (CST) program is viewed as an asset to the county
- Psychiatric services are available to children in the community through Telehealth
- The mentoring program serves 50 children in the community
- There is flexibility and creativity in the development and use of resources in the county

Resource Issues – Challenges

- There is a lack of foster homes in the county, as well as higher level placement options
- Access to reliable transportation is a challenge for many families

Practice Issues – Strengths

- Practice is family-focused and strength-based
- Workers make an effort to engage families and develop rapport
- The Coordinated Services Team (CST) approach enhances communication and is viewed as helpful to families

Practice Issues – Challenges

- The Director has many duties and lacks adequate time for supervision of child welfare workers; there are no funds to hire a supervisor

Legal Issues – Strengths

- The District Attorney is accessible to staff and open to discussing cases
- The Judge and attorneys have confidence and trust in workers
- Guardians ad litem see kids to whom they are assigned and work well with others in the system

Legal Issues - Challenges

- Title IV-E findings are not always made on the court record
- Hearings are sometimes very brief and the level of inquiry by the Judge could improve

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. Develop a strategy to increase supervision and support for child protection staff.

In Iron County, the agency director is the direct supervisor for child protective services (CPS) staff members. The review process illuminated the need for more direct supervision time for CPS, as the director has many other responsibilities in the agency and agrees that there is not enough time to spend in consultation with CPS workers. Focus group participants expressed a desire for more direction regarding state standards, statutes, and other expectations. The agency

director has already identified possible avenues for increasing supervision, including contracting with a retired supervisor from another agency to provide regular consultation and videoconferencing with other agency supervisors. Providing more supervision to staff with assist them in increasing their practice skills, implementing new skills learned in training, and meeting expectations set forth in state standards and statutes, which will serve to benefit the children and families served by the agency.

2. Develop strategies for building relationships between children and their families when children must be placed in out-of-home care.

Scores in the practice area of maintaining family relationships demonstrate a need for strategies to increase the amount of time families spend visiting and having other contact when they are not living together, as well as strategies to enhance the quality of relationships between family members. Because of the lack of placement resources within the county, the agency is especially challenged when children are not placed within close proximity to their family. Developing strategies to address this area of need will serve to enhance the relationships between children placed out of home and their families, which may assist in reunification efforts.

3. Develop and support a clear approach to permanency planning, including concurrent planning.

As in most of the state, scores in the area of planning for permanency show there is a need for improvement in this area. There were many examples in the Iron County review of difficulty in planning for permanency for children in out of home care and the use of concurrent planning. The development and support of a strategy to enhance permanency planning will serve to benefit children who might otherwise languish in foster care with no clear direction for a path to permanency.

Iron County Human Services Department

Qualitative Service Review

Conducted August 9-13, 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 August 2010, the Department conducted its first review in Iron County. In this review, six ongoing services 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 nine stakeholder groups, 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 six cases, including one in-home case and five out-of-home ongoing cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Fifty interviews were conducted with respondents in the six 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 the Appendix 2.

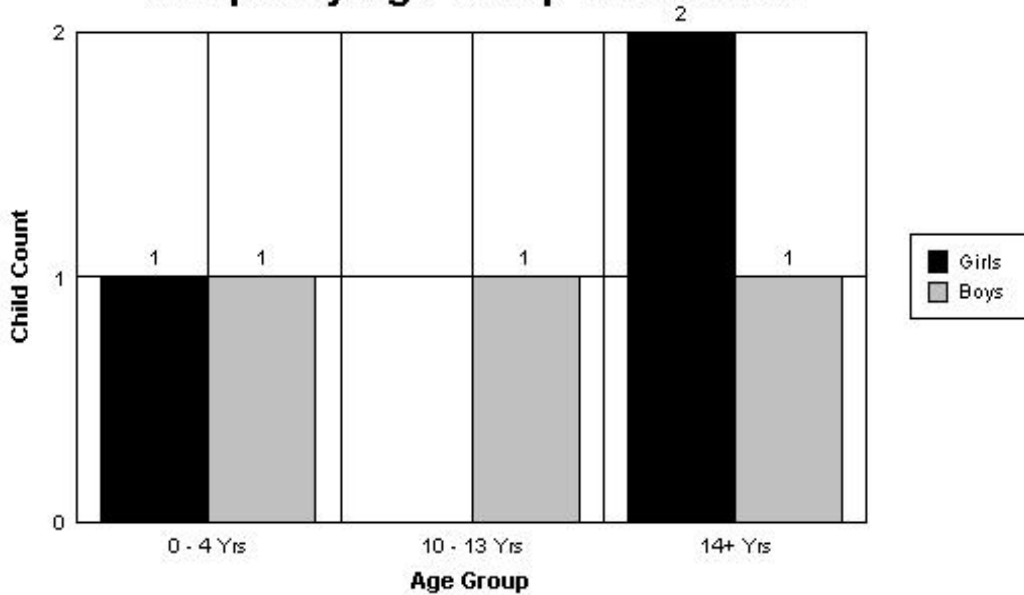
QSR/Child Status and Performance Profile - Current Placement Frequency

Type of Current Placement	Number	Percent
Birth home	1	17%
Adoptive home	0	0%

Foster Family home	1	17%
Relative/Kinship home	1	17%
Licensed Relative Foster home	0	0%
Therapeutic Foster home	1	17%
Group home/Congregate care	0	0%
Residential Treatment Center	2	33%
Independent Living	0	0%
Detention/Shelter	0	0%
Hospital/MHI	0	0%
Juvenile Correction Facility	0	0%
Other	0	0%
	6	100%

OSR/Child Status and Performance Profile – Age & Gender Frequency

Sample By Age Group and Gender



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

Gender	Number	Percent
Female	3	50 %
Male	3	50%
	6	100%

Reviewers included a combination of State level Continuous Quality Improvement (CQI) staff and certified State and County reviewers. The review was conducted over a one week period, from August 9 through August 13, 2010.

IV. Stakeholder Interviews

The review team conducted stakeholder interviews with 9 different groups totaling 33 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Caseworkers	2
Director	1
Biological Parents	9
Foster Parents	1
Coordinated Services Team/Service Providers	14
Law Enforcement	2
Judges	1
District Attorney	1
Guardians ad litem	2

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

Organizational Issues – Strengths

- Iron County staff are dedicated, caring, responsive, compassionate, and professional
- Staff are always available and accessible to co-workers and those outside the agency
- The Human Services Director is open and willing to discuss cases. One focus group participant noted that she “has opened Human Services to the community.”
- The agency works with families in a strength-based manner
- The agency has an excellent relationship with law enforcement and conducts joint investigations
- Partnership trainings are accessible to staff
- The agency has a good working relationship with schools in the county
- Because of the small community size, everyone knows each other and informal relationships have developed
- The small size of the county and lack of funding has encouraged creativity in developing and utilizing resources
- Agency staff have open door policies that enhance communication, support, and connections

Organizational Issues – Challenges

- There is a lack of funding for programs, services, and staff
- Being a small, rural area with limited resources makes it difficult to find quality staff and providers who will stay long-term
- Child Welfare workers in the agency “wear many hats” and have multiple roles and responsibilities
- Workers are able to attend trainings through the training partnership, but sometimes have difficulty finding time to discuss and fully implement what is learned

Resource Issues – Strengths

- The Coordinated Services Team (CST) program is viewed as an asset to the county
- Psychiatric services are available to children in the community through Telehealth
- The mentoring program serves 50 children in the community
- Brighter Futures Initiative with its focus on prevention is viewed as a positive, proactive resource
- The Parent Support Group is seen as a valuable resource for parents of children with special needs
- Alcohol and Other Drug Abuse (AODA) and mental health counseling are available in the county through contracted therapists
- There is flexibility and creativity in the development and use of resources in the county

Resource Issues – Challenges

- There is a lack of foster homes in the county, as well as higher level placement options
- Intensive in-home therapy services are no longer available
- There is a need for more therapists/counselors
- There is a need for more intensive AODA treatment, as well as inpatient treatment
- Many focus group participants expressed a desire for classes or a program on general parenting issues
- Access to reliable transportation is a challenge for many families
- School funding is lacking in the county

Practice Issues – Strengths

- Practice is family-focused and strength-based
- Placement with relatives is a priority when children must be removed from their homes
- Workers make an effort to engage families and develop rapport
- There are efforts to keep families together or reunify quickly
- The Coordinated Services Team (CST) approach enhances communication and is viewed as helpful to families

Practice Issues – Challenges

- The Director has many duties and lacks adequate time for supervision of child welfare workers; there are no funds to hire a supervisor
- There is a need for more direction in completing WiSACWIS requirements, meeting state standards, and meeting other requirements
- The inquiry as to whether a child might have Indian heritage could be more thorough; use of the Screening for Child's Status as Indian form could be more consistent

Legal Issues – Strengths

- The District Attorney is accessible to staff and open to discussing cases
- The Judge and attorneys have confidence and trust in workers
- Workers are knowledgeable about their cases and prepared for court
- Guardians ad litem see kids to whom they are assigned and work well with others in the system
- Parties treated fairly and respectfully by the Court
- The judge asks parties questions during court proceedings
- There are no delay or continuance issues in court
- Notice of hearings are sent timely

Legal Issues - Challenges

- Title IV-E findings are not always made on the court record
- Hearings are sometimes very brief and the level of inquiry by the Judge could improve
- Caseworkers must complete court orders rather than having District Attorney's office complete
- Dispositional reports could sometimes be completed sooner

V. Performance Analysis

A review of the stakeholder interviews, status and performance scores and the six case stories that were completed yields a rich description of practice within Iron County Human Services and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. It is important to remember that the 2010 review examined six ongoing child welfare cases. 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 Iron 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 Iron County QSR trends 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.

Child and Family Status

Child Exposure to Imminent Threats

In this indicator, reviewers are asked to assess the focus child's exposure to threats of harm in the birth home, substitute home, school, and any other setting where the child regularly spends time. In the Iron County review, 100 percent of the 4 cases scored in the area of exposure to imminent threats in the child's home environment scored in the 4-6 range. This was also true for cases that were scored in the school, substitute home, and other settings, indicating that children in the sample are generally free from threats of harm in their daily settings.

In one case demonstrating good practice in this area, the reviewer wrote, "[The focus child] is exposed to minimal threats at the treatment facility and at the foster home she will be placed in. [The focus child]'s current placement is appropriate to meet her needs and manage her safety at this time."

Stability

Stability refers not only to whether children have been free from risks of disruption at home and in school during the review period, but also requires that reviewers make a determination of whether children are at risk of disruption within the next six months based on information learned during the review. At the time of the review, 50 percent of the six children in the sample were stable in their home setting and 80 percent of the five children rated for the school setting were experiencing stability. In one case where the child's stability scored in the unacceptable range for both school and home, the reviewer noted, "There have been struggles regarding stability at home and in school

as she has had 5 placements in the past 12 months, including her placement less than a month prior at the residential treatment facility.” In this particular case, the child’s lack of stability was affected by the child’s behavioral and mental health issues.

Permanency

Permanency for children in the review sample is an area in which there is an opportunity for improvement. Of the six children in the sample, 50 percent scored in the acceptable range. In one case where permanency for the child scored in the unacceptable range, reviewers felt that lack of acknowledgement by the parents of issues that brought the family to the attention of the agency and lack of progress by the parents greatly affected the child’s permanency status. The lead reviewer wrote, “Both parents have shown little remorse or insight regarding anything that has happened to date...No progress has been made since the case was opened. There is no permanency plan.”

Permanency is viewed as a "lagging" indicator in Quality Service Reviews. As practice improvements are made in areas such as assessment, planning, and long-term view, permanency outcomes for children should also improve.

Emotional Development and Behavioral Functioning

Of the five children in the sample who were scored in the area of emotional development, 40 percent scored in the acceptable range. Four of the five (20 percent) children who were scored in the area of behavioral functioning scored in the acceptable range. It should be noted that children age three and under are not scored for this indicator. Children in the sample are struggling with cognitive challenges, mental health issues, and behavioral issues. Of the six children in the sample, three have mental health diagnoses, three have a diagnosed behavioral disorder, one has an autism spectrum diagnosis, two have IQ’s that fall into the range of mental retardation, and two have developmental disabilities. All of the children in the sample have been exposed to some form of trauma in their lives.

One child with significant special needs scored in the unacceptable range for both emotional development and behavioral functioning, despite having a very strong system of informal and formal supports. This child’s special needs include an autism spectrum disorder, behavioral disorder, sensory impairments, mental health diagnoses, physical and developmental disabilities, and mental retardation. The child is also taking several medications to help manage his physical and mental health conditions. The reviewer noted, “The focus child does have some struggles due to his condition. He appears to get frustrated, mostly when he is tired, and this results in him being aggressive to the point where he lashes out at his biological mother, both maternal and paternal grandmothers and the in-home workers who provide mentorship to him. He also has the habit of pulling people’s hair or throwing objects at them...Often, his aggression appears to be unprovoked and the “striking out” occurs when he is not immediately re-directed. When the signs of his gathering anger, such as acting silly or repeating the same humming sound over and over, are not recognized for what they are, an aggressive outburst soon follows.”

Learning and Development

In the area of learning and development, 67 percent of children in the sample scored in the acceptable range, indicating that many of the children are making progress in this area at a level commensurate with their capacities and are receiving services to meet their individual needs. One older child in the sample scored in the acceptable range for this indicator despite challenges the child has faced. The reviewer wrote, “The focus child is described as intelligent and has a goal of

attending college. [The focus child] is in the 11th grade, one year behind in school after having repeated the 7th grade. [The focus child] has an Individual Education Plan (IEP) for occasional modifications in math but is otherwise enrolled in regular education classes. The focus child “had a rough year last year,” and [the focus child]’s low grade point average is attributed to [the focus child]’s low self-esteem rather than [the focus child]’s potential. School has been a stable place for the focus child; [the focus child] has a support network of peers and has been able to remain in the same school setting despite the disruptions [the focus child] has experienced.”

One child was not progressing in school despite receiving special education services to address his needs, which include a chronic health condition, mental health diagnoses, mild mental retardation, a behavioral disorder, a learning disability, and a developmental disability. The reviewer noted in the case story, “Educationally, there are concerns about [the focus child]’s progress within the special education program at his school, and one interviewee said [the focus child] has not progressed in three years of schooling and even regressed in [the focus child]’s maps and math skills last school year. An aide assigned to provide one-on-one attention to [the focus child] was said to be easily manipulated by [the focus child], and it is feared that [the focus child] is learning that when [the focus child] misbehaves, [the focus child] will be removed from the classroom and won’t have to work on assignments.”

Parent/Caregiver Capacities and Progress Toward Independence

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 deprivation, social isolation and substance abuse present in many child welfare families. Performance on these indicators is consistently slow to change and they are considered lagging indicators compared with some areas of functioning more easy to attain.

The following table reflects a group of indicators that are relevant to parent/caregiver capacity and independence from the system. As the table indicates, considerable progress is needed in many of these areas of parent status.

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	20%
Caregiver Capacities: Father	75%
Parent Caregiver Challenges: Mother	20%
Parent Caregiver Challenges: Father	50%
Informal Support: Mother	60%
Informal Support: Father	100%
Family (of origin) Progress Toward Independence	25%

In one case that was reviewed, both parents’ overall status scored in the acceptable range. The reviewer wrote in the case story that “Both parents have excellent and an enduring caregiving capacities. They are able to provide nurturance, care and protection to our focus child and his younger brother. They take advantage of every opportunity presented including attending classes to learn about our focus child’s conditions, special needs and how to parent him. The focus child’s mother attends conferences to learn how to manage the focus child’s behavior and how to relieve stress for parents with children with disabilities. The mother also has joined different organizations

such as one for autism to improve and deepen her understanding of the special needs of our focus child.”

In another case, struggles with alcohol and other drug abuse, mental health issues, domestic violence, past trauma, and generational patterns of dysfunction have significantly impaired the parents’ ability to safely care for their children. These issues have impeded any progress toward reunification or safe case closure. The lead reviewer noted, “Progress to Independence and Permanency was rated in the improvement zone. No progress has occurred...Neither parent recognizes the severity of their problems or their failure to keep their children safe.”

Substitute Caregiver Functioning

All of the substitute caregivers in the review sample had overall status scores in the acceptable range. This indicates that substitute caregivers are generally demonstrating competent caregiving and have few challenges that might affect their protective capacities. Caregivers are generally able to provide for the basic needs of the children in their home and have sufficient informal supports available to them.

Informal Support

Contrary to findings in other reviews, many of the parents in the review sample in Iron County have informal supports available to them. Sixty percent of the mothers in the sample scored in the acceptable range for this indicator, while 100 percent of the fathers in the sample scored in the acceptable range. The following excerpt from a case story illustrates the strong informal support system available to a family with a child who has significant special needs: “Both parents have great formal and informal support. They have the good fortune of having the paternal and maternal grandparents live close by and on call to the family as they are needed. The grandparents are committed to helping care for our focus child as they do spend considerable time at the focus child’s home taking turns caring for the focus child. The biological parents have lots of friends with whom they go camping and motorcycling. These friends are also there to be called upon in the event that one or both parents need someone to vent their frustrations to. Another advantage that benefits the family from having an extensive informal support network in the community is that each time the focus child flees unannounced, someone in the community knows who he is and can always call the focus child’s parents to tell them the whereabouts of the focus child.”

Trauma

While there is no indicator in the protocol to rate the existence of prior trauma, the review process does collect information about cases reviewed relative to trauma for focus children and parents in the sample. Because the effects of trauma are so harmful and pervasive to parents and children, this report will address it specifically in this section. All of the children in the review sample and at least one parent in each family had been exposed to some form of trauma in their lifetime. Unresolved issues related to past trauma had a significant effect on one parent’s ability to demonstrate protective caregiving capacities: “The biological mother has a long-standing and significant history of suicidality and alcohol abuse. Her alcoholism was characterized as “advanced” with respect to her age. Her binge drinking seems to coincide with suicidal thoughts, typically resulting in unconsciousness and the need for hospitalization. The mother has experienced multiple significant losses which likely play a role in her emotional instability.”

System Performance Indicators

Outreach and Engagement

This indicator asks that reviewers evaluate the engagement strategies used by workers and service providers to build trust-based working relationships with children, parents, and caregivers. In the Iron County sample, there were mixed results based on who was being rated. Outreach and engagement for the focus children in the sample scored 75 percent in the acceptable range. Fifty percent of mothers scored in the acceptable range, while 33 percent of fathers were scored as acceptable. Eighty percent of substitute caregivers scored in the acceptable range. It should be noted that in the State of Wisconsin, as well as the rest of the country, engagement with fathers is a area of challenge in case practice. One case illustrates how the parents' view of the child has diminished the ability of the worker to form a trust-based relationship with the parents: "An area of challenge in practice is engagement and role and voice of the parents. The parents' negative views of the focus child appear to have greatly inhibited their engagement with the agency and overshadowed their input into case planning. Because the parents see a punitive approach as being the only approach to working with the focus child, it has been difficult to engage them in an understanding of how trauma and family dynamics have impacted the focus child's current emotional and behavioral needs."

In the same case, good practice was noted in the area of engagement of the focus child: "The case worker's ability to engage with the focus child was an area of notable strength in practice. The case worker was responsive to the focus child's phone calls and emails and took the time to transport the focus child to driver's education classes. The case worker was able to build rapport and join with the focus child, allowing the focus child an opportunity to have her voice heard and to have an early, vital role in case planning for permanency and independence."

Role and Voice

The Role and Voice indicator differs from outreach in that it asks reviewers to assess how much input and influence parents and caregivers have in decision-making, planning, selection of services, and other case activities. Scores for role and voice mirrored the scores reported above for focus children, parents, and substitute caregivers in the sample. One case example illustrates the difficulties in other areas of case practice, such as assessment and planning, when parents and other family members are not engaged: "Unfavorable results were significantly affected by the lack of a team formation and functioning, a sound and thorough family assessment and the absence of engagement with all the family members...This is a difficult family to serve. They blame others and try to distract interveners from the real problems. A team approach may reduce the blaming and lead to a shared understanding of what needs to change in order for the children to be safe and stable."

Coordination

Sixty-seven percent of the cases in the review sample scored in the acceptable range for coordination. The use of a Coordinated Services Team (CST) approach in one case appears to have enhanced practice in this area. The reviewer wrote, "Coordination of services and the respective providers has been excellent due primarily to the CST coordination that has remained active in this case since 2005. The CST coordinator has been the single point of coordination and leadership, while promoting a common understanding of the child and family's strengths, needs, and areas of

concern. Communication with and amongst the service providers has been encouraged and remains consistent via regular team meetings. When the CST coordinator was unable to attend an important hearing or meeting she summarized in writing, prior to the meeting, any significant information, concerns, or recommendations she had for the team's consideration. The CST coordinator was well equipped for understanding the complexities of the case and, at one point, was the child's greatest advocate in terms of having realistic expectations for his daily and future functioning."

Family Teamwork

The case practice model upon which the QSR is based relies heavily upon teaming with families in core practice areas such as assessment, planning, and tracking and adjusting the plan. In the QSR, team formation and team functioning are the areas reviewers are asked to evaluate. Team formation focuses on to what degree all the necessary people, including the family, are involved in meeting on an ongoing basis to benefit families. Team functioning focuses on how cohesively the members of the team work together to assess, plan, evaluate progress, and make decisions. In the Iron County review, 67 percent of the cases in the sample scored in the acceptable range for both team formation and team functioning. Regarding one case that scored well in both team formation and team functioning, the reviewer wrote: "There is an excellent team in place. The team meets often to discuss the focus child's needs, those of his family in caring for a special needs child, progress made and to determine what areas to work on in the future."

One case in which the focus child and parents were not engaged demonstrates the difficulty of teaming under these circumstances: "There is no current functioning team that meets, plans, and supports each other during regular meetings. This contributes to a lack of a shared 'big picture' or long-term view among team members as to what the goal is for this child. There is confusion among team members regarding what safe case closure looks like for this case. Some members have a different view than the current documented permanency goal but this needs to be shared with Mom and [the focus child]... The lack of a formal team also contributes to the team members not feeling heard. Further engagement efforts with Mom and [the focus child] are needed at this difficult time in the case. Both Mom and [the focus child] felt they were engaged in the past but not currently. At this time they do not feel included in the decision-making process. They feel a lack of ownership with the plan, as there is confusion about the permanency goal. Mom and [the focus child] are still behind reunification as the goal but do not feel that other team members are supporting this goal as there are no clear interventions or support for mom at this time in order to achieve reunification. Mom and [the focus child] do not feel that their input is truly valued."

Assessment and Understanding

Assessment and understanding indicators address two areas of practice: safety assessment and overall assessment. In the area of safety assessment, 80 percent of the cases in the review sample scored in the acceptable range. For overall assessment, 50 percent of cases scored in the acceptable range. One case example illustrates good practice in the area of assessing for overall strengths and needs in a family, including how past trauma might influence current functioning. The lead reviewer on the case wrote, "An assessment of the family was completed at the onset of the case and assessment was ongoing throughout the time the family voluntarily worked with the agency. Once a court order was in place, a mental health assessment of the focus child was completed, providing a deeper understanding of the focus child's needs related to her childhood trauma and allowing for a better understanding of intervention strategies. Team members were also able to voice strengths, challenges, and underlying needs for the parents."

In another case, the lack of teaming contributed to a lower score in the area of overall assessment: “In general the interveners do not share a common and specific ‘big picture’ understanding of the family that would allow for effective planning for safe case closure. An overall lack of consistent and inclusive teaming has contributed to hindering a more detailed assessment. For example, while all accept that mother’s severe alcoholism is a main hurdle to overcome, there is a less clear understanding of how it relates to past traumas (i.e., loss of two children among other possibilities) and other mental health conditions (i.e., depression and anxiety). Despite numerous inpatient hospital stays, it is not clear exactly what triggers the mother’s alcohol use and suicidal thinking. Though on the surface it appears that she parents better when sober, it is not 100% certain just how well she can provide adequate caregiving on an ongoing basis. She has relapsed and been away in inpatient treatment numerous times since the birth of the focus child, leaving minimal opportunity to truly gauge her parenting capacities.”

Long-Term View

Development of a long-term view is critical in moving families toward safe case closure and independence from the agency. The long-term view answers the questions, “Where are we going?” and “How do we get there?” Ideally, everyone involved with the family, including family members, should be able to articulate the long-term view. This area is typically one in which counties have struggled. In the Iron County review, 50 percent of cases reviewed scored in the acceptable range for this indicator. In one case that scored well in this area, good engagement with the focus child and good practice in the area of overall assessment led to a well-reasoned long-term view. The reviewer noted, “The case worker was able to build rapport and join with the focus child, allowing the focus child an opportunity to have her voice heard and to have an early, vital role in case planning for permanency and independence. A well-reasoned long-term view has been established and team members are aware of the roles they play in supporting the focus child as she moved towards independence. The case worker has been active in working with the focus child on independent living skills by taking the focus child to driver’s education classes and helping the focus child develop a résumé and job search. A support system for the focus child is in the process of being established, and includes the foster parent and extended family of the foster parent.”

In one case where practice scored in the unacceptable range for this indicator, the lack of a functioning team process contributed to the lack of a long-term view that was understood by all those involved. “There is no current functioning team that meets, plans, and supports each other during regular meetings. This contributes to a lack of a shared ‘big picture’ or long-term view among team members as to what the goal is for this child. There is confusion among team members regarding what safe case closure looks like for this case. Some members have a different view than the current documented permanency goal but this needs to be shared with Mom and [the focus child]. Everyone involved seems to have a different vision of the end goal. Stability is lacking at this time due to behavioral issues resulting in several placements. There seems to be some confusion regarding permanency for [the focus child]. Currently there are challenges regarding clear progress or planning in any particular direction other than keeping [the focus child] safe and stabilizing her behavior.”

Planning a Change Process

Successful plans are built on quality functional assessments of family strengths, needs, and underlying issues. In the QSR, planning is evaluated in four separate areas: safety management; permanency; behavior outcomes; and sustainable supports. In the area of planning for safety management, 40 percent of the cases reviewed scored in the acceptable range. In the area of

planning for behavior outcomes for children, 75 percent scored in the acceptable range, while 67 percent of parents in the sample were scored in the acceptable range. Sixty-seven percent of cases that were reviewed scored in the acceptable range in the area of planning for sustainable supports.

Planning for permanency is also closely linked to the long-term view of the family and those working with the family. Permanency for children is therefore likely to improve when there is a clear, shared understanding of what permanency looks like for a specific child and the strategies for achieving this goal. Scores in this area show a need for improvement, as only one of the four (25 percent) cases scored in this area fell into the acceptable range. One case clearly shows the link between having a well-reasoned long-term view and good practice in the area of permanency planning: “Finally, with respect to long-term view and the planning necessary to achieve safe case closure, the conditions are somewhat vague and not set forth in concrete terms...There has been no concurrent planning, which further puts the case behind required timelines and may lead to additional disruptions for the focus child should the mother relapse in the near future. For example, though it appears the current foster parents, the father, and the out-of-state maternal aunt are all possible permanent placements, concrete steps have not been taken to determine the viability these options.”

Resource and Support Use

Resource and support use is evaluated for children and youth, where 100 percent of cases reviewed were in the acceptable range; parents and families, with 67 percent in the acceptable range; and substitute caregivers, with 60 percent in the acceptable range. Practice in this area for children and youth was an area of strength. In one case, scores were in the acceptable range for the focus child and parents. The reviewer wrote, “The provision of support to the focus child and his family is commensurate to the specific needs of the family. For example, the use of in-home mentors for the focus child arose out of the need to work with the focus child in his home while easing some of the burden on the focus child’s mother and maintaining the family’s stability. Resources are made available to the focus child’s mother to attend specific conferences that contribute to her knowledge and skill set in caring for the focus child. Some of the conferences help the focus child’s mother learn how to manage family stress and manage a child with Down syndrome and autism. The focus child has not been diagnosed with autism, but is believed to be on the spectrum for autism.”

In another case, resource and support use scored in the unacceptable range for a foster parent caring for a teenager with challenging behaviors: “Another area of practice that posed as a challenge is resource and support for the foster parent. The foster parent did not feel prepared for the focus child’s behavioral needs and need for a high level of structure and supervision. The foster parent completed initial foster care licensing training, but has not had an opportunity to pursue additional trainings, especially training geared towards caring for challenging children. She is the only foster parent in the county and has not been provided with respite or additional support in foster parenting. The foster parent is fond of her relationship with the agency and the work that is being done for children, however, she would benefit from additional respite and support in order to continue providing the level of care required by the children in her home.”

Tracking and Adjustment

Tracking and adjustment anticipates routine monitoring of case progress and revision of plans and interventions when circumstances change. Eighty-three percent of the cases in the review sample scored in the acceptable range for both tracking and adjustment. One case example illustrates good practice in both areas: “There appears to be the right mix of support services based on how well the

focus child and his family are doing. The provision of respite care to the focus child every other weekend was borne out of the need to track and adjust services in a way that is efficient and meaningful...Another excellent use of tracking and adjustment is when the agency brought in a male in-home mentor when it was realized that the focus child is aggressive to women and likely to pull their hairs whilst he appears to prefer the company of males and form a relationship with them. Before this adjustment, the agency had used two female in-home mentors to work with the focus child.”

Maintaining Relationships

The QSR protocol asks reviewers to evaluate 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 working to build and sustain family connections with meaningful interactions through frequent visitation and other means of contact. In the Iron County review, this was an area of practice in which there is room for improvement. The area of family interactions addresses the frequency of visits, phone calls, and other means of interaction between children in out of home care and their families. Quality family relationships addresses the relationship building strategies used when families are living apart. The following table shows the percentage of cases scoring in the acceptable range for each family member.

Maintaining Relationships	
Family Member	Percent scoring 4-6
Family interactions: birth mother	33%
Family interactions: birth father	25%
Family interactions: siblings	33%
Quality relationship: birth mother	33%
Quality relationship: birth father	25%
Quality relationship: siblings	33%

One case illustrates the difficulty in maintaining relationships when the child is placed far from the family home due to lack of available resources in the community: “[The focus child] is struggling in the lack of contact with her mom and her perceived lack of knowledge and power regarding current decision-making. Mom is waiting to be told what to do and does not feel she has sufficient information to make decisions the majority of the time. There is noted difficulty in the ability to coordinate visits and phone calls due to the distance and resources available. The amount of time allowed for contact makes it difficult for the family to maintain their relationships with each other. Mom also does not feel supported in her relationship with [the focus child] when she has trouble accessing her and maintaining the relationship due to the distant placement and the current arrangements for contact.”

Case Prognosis Forecast

In the QSR, reviewers are asked to make a prediction of the focus child’s status in six months based on the child’s current status and case practice. Reviewers indicate whether they believe the child’s status will improve over current status, remain “status quo,” or decline. The following table represents the six-month prognosis for children in the Iron County sample.

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

VI. Recommendations

Any Qualitative Service Review reveals a number of areas of system performance that could be strengthened by focused attention. However, these often require attention at the system, practice, supervisory and accountability level, meaning that there are limits to the number of practice development opportunities organizations can attend to at one time. This report will identify a few strategically selected areas for attention to permit quality improvement to have the necessary intensity and depth.

1. Develop a strategy to increase supervision and support for child protection staff.

In Iron County, the agency director is the direct supervisor for child protective services (CPS) staff members. The review process illuminated the need for more direct supervision time for CPS, as the director has many other responsibilities in the agency and agrees that there is not enough time to spend in consultation with CPS workers. Focus group participants expressed a desire for more direction regarding state standards, statutes, and other expectations. The agency director has already identified possible avenues for increasing supervision, including contracting with a retired supervisor from another agency to provide regular consultation and videoconferencing with other agency supervisors. Providing more supervision to staff with assist them in increasing their practice skills, implementing new skills learned in training, and meeting expectations set forth in state standards and statutes, which will serve to benefit the children and families served by the agency.

2. Develop strategies for building relationships between children and their families when children must be placed in out-of-home care.

Scores in the practice area of maintaining family relationships demonstrate a need for strategies to increase the amount of time families spend visiting and having other contact when they are not living together, as well as strategies to enhance the quality of relationships between family members. Because of the lack of placement resources within the county, the agency is especially challenged when children are not placed within close proximity to their family. Developing strategies to address this area of need will serve to enhance the relationships between children placed out of home and their families, which may assist in reunification efforts.

3. Develop and support a clear approach to permanency planning, including concurrent planning.

As in most of the state, scores in the area of planning for permanency show there is a need for improvement in this area. There were many examples in the Iron County review of difficulty in

planning for permanency for children in out of home care and the use of concurrent planning. The development and support of a strategy to enhance permanency planning will serve to benefit children who might otherwise languish in foster care with no clear direction for a path to permanency.

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 (9)

- Paper review of screened out access reports (6)
- Reviewed access reports associated with the Initial Assessments (3)
- Monitored access calls (0)

Initial Assessment (3)

- Reviewed recently completed Initial Assessments

Access Practice Performance

The following themes and patterns were collected from the review of Access reports and information provided in focus groups.

Access – Strengths

- Screening decisions are made by the supervisor with 24 hours of receipt of the Access report
- There is good documentation of the reason for the supervisor's screening decision
- Thorough information is gathered regarding the allegation of maltreatment, which allows for an understanding of the alleged maltreatment and surrounding circumstances

- There is an understanding of the effects of alcohol and other drug abuse (AODA) on parenting and child safety
- There is an awareness and avoidance of undue influences on decision-making at Access
- Afterhours coverage is provided by the agency and supervisory consultation is readily available at all times during non-office hours

Access – Challenges

- The documentation of the inquiry into whether a child might have American Indian heritage could be more thorough
- Documentation of the records check [child protective services and the Consolidated Court Automation Programs (CCAP)] is lacking in the Access report
- There could be more consistent use of the Screening for Child’s Status as Indian form in the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS)
- There is a need for more information gathering in the area of child and parent functioning in order to enhance understanding of how these areas might affect child safety
- There is an overuse of “unknown” or “n/a” in Access reports that makes it unclear whether the information was unknown to the reporter or was not gathered

The following information was collected from the review of nine Access Reports in Iron 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, 44 percent of cases scored in the 4-6 range. Many of the cases reviewed had good information about the alleged maltreatment and surrounding circumstances, but were lacking information in other areas of the report. For example, in one case the reviewer wrote, “There is a lack of information about past police contacts or contacts with the department. There is no indication that the worker inquired about American Indian heritage. There is no information about the family functioning beyond that parents splitting up. There is no information about the child’s functioning. There was no information about the father.”

In another case in which there was sound practice in this area, the reviewer noted, “There is a (sic) good information gathered about the alleged maltreatment. There is information [about] prior history, father's whereabouts, and school contact information. There is information about mom's mental health history, her employment status, and her level of functioning. The worker requested information about other contacts, any domestic violence in the home, the family's Native American status, mom's view of the child, and family functioning. The worker also identified family stressors, including dad's current imprisonment and the family's financial stressors.”

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*

For this indicator, 44 percent of the Access Reports reviewed scored in the acceptable range (scores of 4-6). Much of the worker's and supervisor's understanding of the family situation, including possible threats to child safety, is dependent upon the diligent gathering of information. Similar to the previous indicator, in many of the cases reviewed there was a good understanding of the alleged maltreatment and surrounding circumstances, but understanding in other areas was lacking. One case example illustrates the connection between diligence of inquiry and depth of understanding: "Because there was a lack of information in multiple areas listed above, and no recorded attempt to get the information, the depth of understanding in this case was limited."

In one case that scored in the acceptable range for both diligence of inquiry and depth of understanding the reviewer wrote, "The worker and supervisor understand the exposure to safety threats at the time of the report. They understand the concern about mother's AODA issues, her condition at the time of the report, the concern over her physical health, and the child's vulnerability including his statement that he is afraid of his home situation."

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 Iron County review, 100 percent of the Access Reports reviewed scored in the acceptable 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, 56 percent of the 9 cases reviewed scored in the acceptable range for the screening decision and 100 percent of the 3 cases that were screened in for Initial Assessment scored in the acceptable range for response time decisions (screened out cases are not scored for response time). In one case that scored in the acceptable range for both the screening decision and the response time decisions the reviewer noted, "The child had a head injury, the mother was exhibiting strange behavior and the reporter was credible. Due to the child's age, mother's condition, and the information provided by the reporter, it appears that the response time was appropriate."

One case that scored in the unacceptable range in the area of critical discernment in the decision-making process for screening illustrates the connection between information gathering (diligence of inquiry), depth of understanding, and critical discernment. The reviewer wrote, "Because there was little known about the family's situation, including a lack of knowledge about the age of these children and their level of vulnerability the worker and supervisor did not have the opportunity to analyze, synthesize and interpret key information to make their determination."

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 Iron County review, the worker and supervisor were only interviewed regarding the Access Report when the report was screened in for an Initial Assessment. In the area of confidence in decisions made, 100 percent of the three screened in cases scored in the acceptable range for workers and supervisors, indicating that workers and their 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 acceptable range in 56 percent of the 9 cases reviewed. It should be noted that reviewers shared the confidence level of the worker and supervisor in the three cases that were screened in for Initial Assessment. In one such case the reviewer wrote, "The worker, supervisor and the reviewers have confidence in the decisions that were made in this case. The relevant factors were considered and the timeliness of the response was appropriate."

In four of the nine cases, the reviewers' level of confidence in the screening decision fell into the unacceptable range. In each of these cases the reviewers noted that the lower level of confidence was due to the lack of information gathered in the report.

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

- Cases are assigned for Initial Assessment within 24 hours of receipt of the Access Report
- There is awareness and avoidance of undue influences on decision-making at Initial Assessment
- The initial face-to-face contact is made within response times and generally within 24 hours regardless of assigned response time
- There is genuine effort made to engage families during the Initial Assessment process that includes the use of varied approaches, persistence in attempts to meet with family members, and workers balancing the role of helper and protective authority
- There is a good working relationship between the agency and law enforcement, which enhances joint investigations

Initial Assessment – Challenges

- More information could be gathered regarding child and parent functioning in order to enhance understanding of the family situation and child safety
- Cases are held open with no services after approval of the Initial Assessment
- Some information known to the worker is not documented in the assessment
- There should be documentation in the case file of decisions made by the District Attorney and the Court

The following information was collected from the review of three Initial Assessment cases in Iron County. Due to the small sample size (three Initial Assessments were reviewed), 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 Iron County, 100 percent scored in the acceptable range for the level of engagement and level of responsiveness. In one case that scored well the reviewer wrote, “The worker made numerous attempts to engage mom, who had significant mental health, drug and alcohol, and behavioral concerns in the process. The worker also met with maternal grandmother, the child's father, and the child's paternal grandparents who were all involved in the child's life. The worker also spoke with the child about his wishes to remain connected with his maternal grandmother while wanting to live with his father who lives several counties away.”

Diligence of Inquiry

In the area of diligence of inquiry, one of the three cases (33 percent) reviewed scored in the acceptable range. In that case the reviewer wrote, “The worker gathered good information about the child's level of functioning, his school performance, and his relationship with his mother, father, and grandparents. The worker had detailed information about the mother's functioning despite the difficult task of engaging the mother in the process. The worker also gathered detailed information about the father's current medical challenges, his current living situation, and the plans for a future move from his parent's home once he is medically ready. The worker had a good understanding of what the child would be doing once placed in the father's home, including what summer activities he would be enrolled in, as well as what family members would be willing and able to care for him if his father was unable to do so. The worker took steps to clarify whether the family is Native American including contacting the mother and grandmother about their current status.”

In another case that scored in the unacceptable range, reviewers were concerned about missing information that could have an effect on the safety of the children in the home. The reviewer noted, “The family is reportedly well known to this county and the neighboring county, but no detailed information was included in the assessment. There were criminal charges mentioned but there was no information included in the assessment about details of those charges or how they may effect (sic) the safety of the children in the home. However, there was information printed from CCAP in the paper file. There is information that the child is in therapy but no details about how she is managing and if there are any additional services she may benefit from. There is information that in the past there were concerns about the condition of mom's home, but no indication that there was additional information gathered about the current condition of the home.”

Depth of Understanding

In this indicator, reviewers are asked to evaluate the depth of understanding in three areas: the overall family situation; safety assessment; and safety planning. All three Initial Assessment cases were scored for the overall depth of understanding and one (33 percent) scored in the acceptable range. Two of the three Initial Assessment cases were scored in the area of depth of understanding in the areas of safety assessment and planning. One case scored in the acceptable range for both areas, as well as in the area of overall depth of understanding. In this case, reviewers believed that the diligence in gathering information contributed to a good depth of understanding in all areas. The reviewer wrote, “The worker had a good understanding of the safety risk to the child in his mother's care. The mother's possible AODA issues, the child's fear of the home, and the child's injuries were all taken into consideration when the child was placed at his grandmother's home. The worker also had a good understanding of the need to move the child to his father's home given that the grandmother lives next door to the child's mother which allows the mother to have access to the child.”

In one case that scored in the unacceptable range, the reviewer noted that the lack of information gathered contributed to marginal understanding in this case: “Because information was not gathered about parent functioning, child functioning, mental health and AODA concerns, and past CPS history, there is a lack of understanding about how this family functions and what factors could affect this child's safety.”

Avoidance of Undue Influence

Similar to scores in the review of Access Reports, all three Initial Assessment cases reviewed scored in the acceptable range for workers and the supervisor in the area of avoidance of undue influence. Again, 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.

Critical Discernment

One of the three (33 percent) Initial Assessment cases reviewed scored in the acceptable range for this indicator. Regarding the case that scored in the acceptable range, the reviewer wrote, “The worker was able to clearly identify the information that was gathered to support her decisions and was clearly able to articulate why that information warranted the child's move from his mother's home. It was apparent that this was a thoughtful process that took into account the child's fear of the home and the mother's significant mental health and AODA issues.”

In one case that scored in the unacceptable range, reviewers were concerned that the absence of important information and subsequent lack of understanding of the family situation led to an inability to appropriately analyze case information to make sound decisions. The lead reviewer commented, “As stated previously, because there was a lack of information gathered by the worker, there was a lack of analysis and understanding about threats to child safety. Though the doctor stated that the explanation by the parents did not account for the injuries, and though the subsequent explanation for the injuries provided by the parents were inadequate, the department unsubstantiated the report and did not prepare a safety plan for the child.”

Confidence in Decisions Made

In the area of confidence in decisions made there were mixed results. In all three cases reviewed workers' level of confidence scored in the acceptable range. For the supervisor, two of the three cases (67 percent) scored in the acceptable range. Reviewers scored only one of the three cases (33 percent) reviewed in the acceptable range. In one case that scored in the unacceptable range, the reviewer noted that “Because there was a lack of information gathered and assessed, the reviewers were less confident that a well-informed decision was made.” This underscores the importance of being diligent in gathering information to enhance understanding of the family situation and child safety, which in turn leads to a higher level of critical discernment and better informed decisions throughout the Initial Assessment process.

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

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. In the Iron County review, one of the three cases (33 percent) scored in the acceptable range in the area of documentation. In one case that scored in the unacceptable range reviewers noted, “The worker had information that was not documented in the assessment which was important, but would not have changed the safety status of the child. However it should have been documented to reflect the work

that was done in the initial assessment. There was also no documentation about the thought process behind the decisions that were made, including key conversations with the District Attorney.”

VIII. Appendix 2

Review Findings

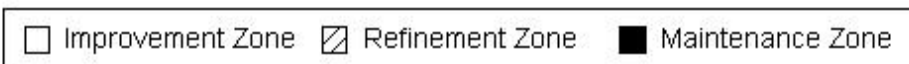
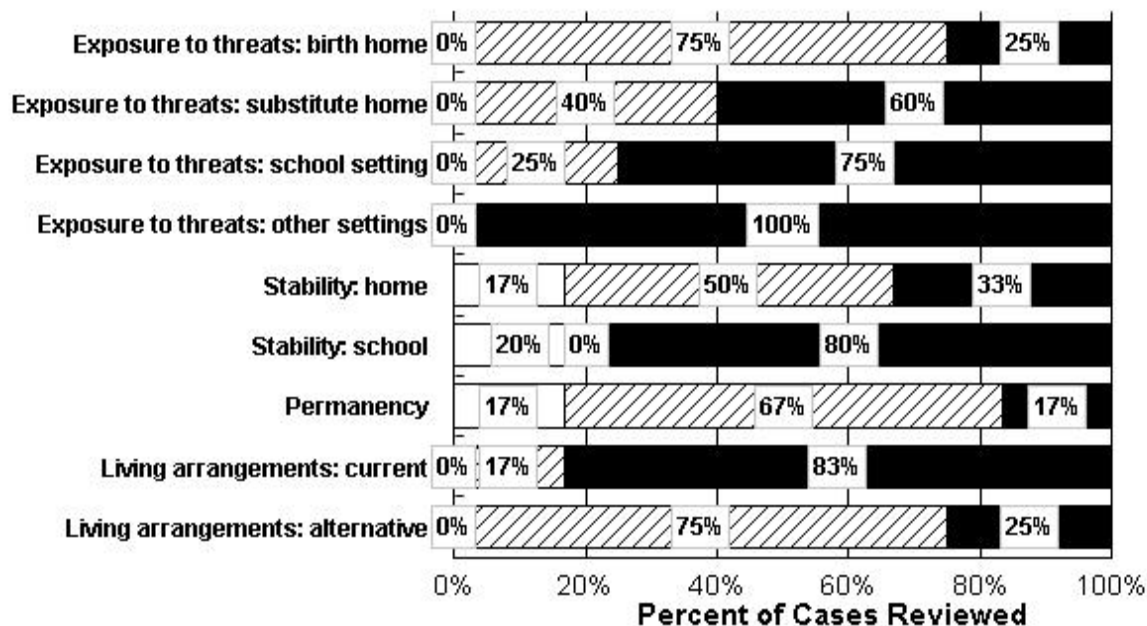
In the following, QSR data are reported in two ways. On each of the following pages related to scores, there are two different charts for each indicator. The first chart on each page uses a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement 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 Iron County review are presented in the following tables.

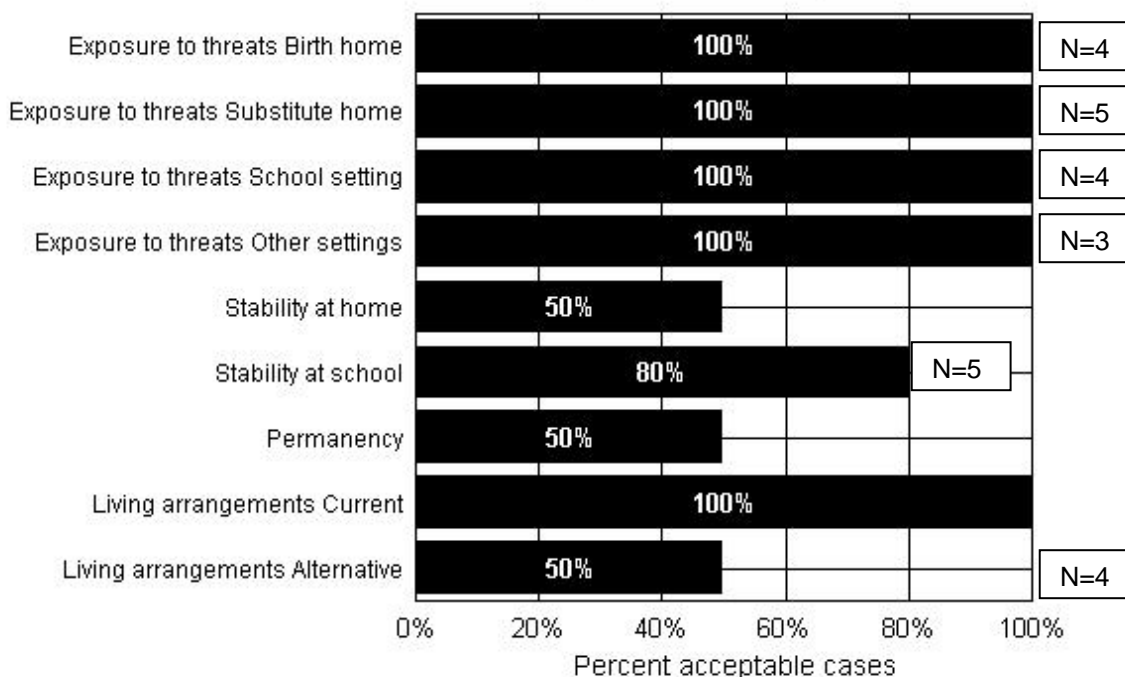
Child Status

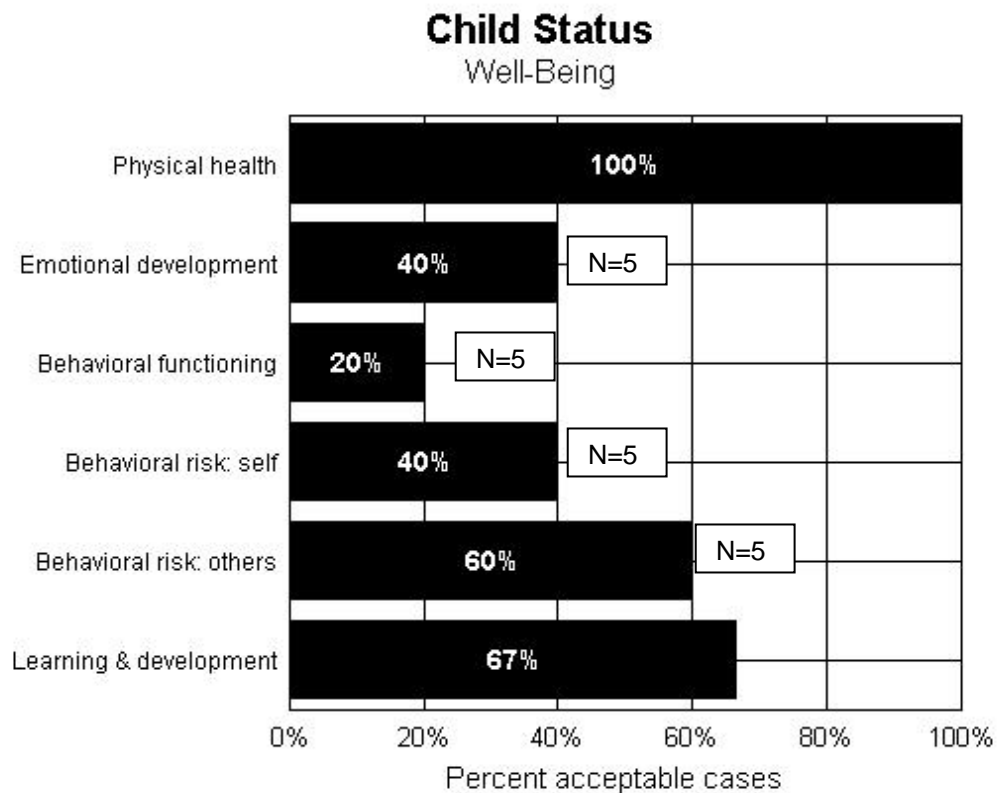
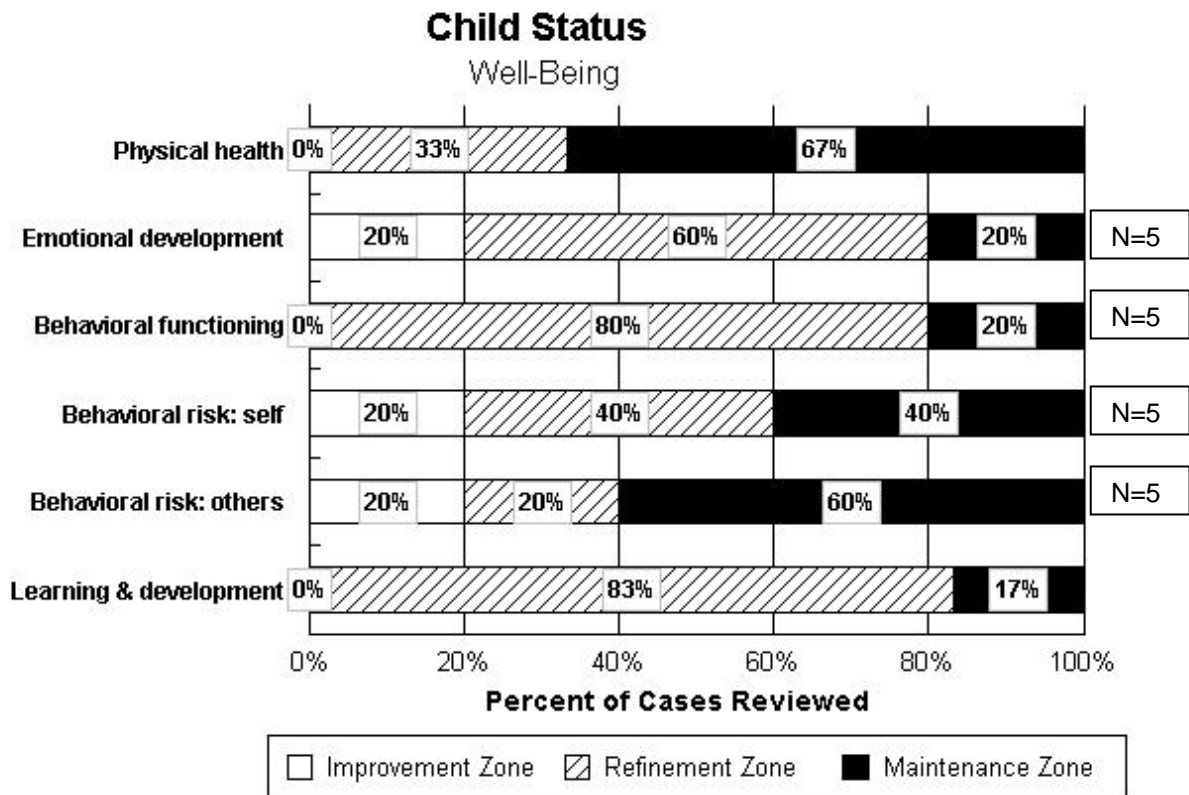
Safety and Permanency



Child Status

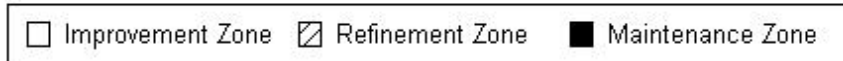
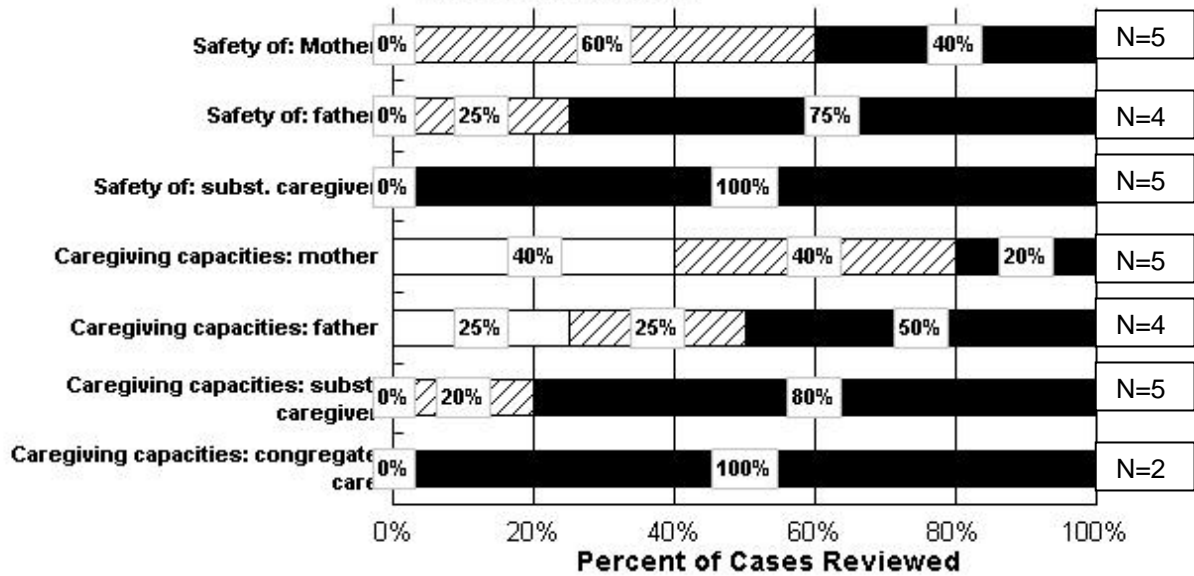
Safety and Permanency





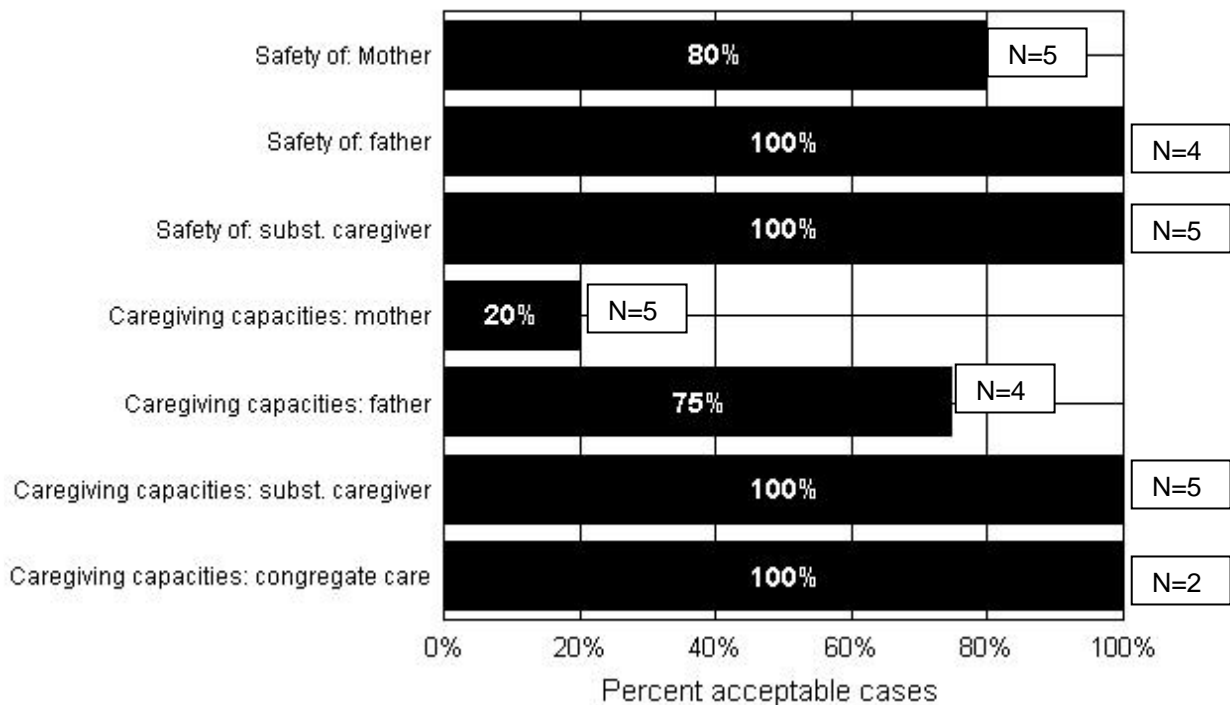
Parent/Caregiving Status

Safety and Capacities



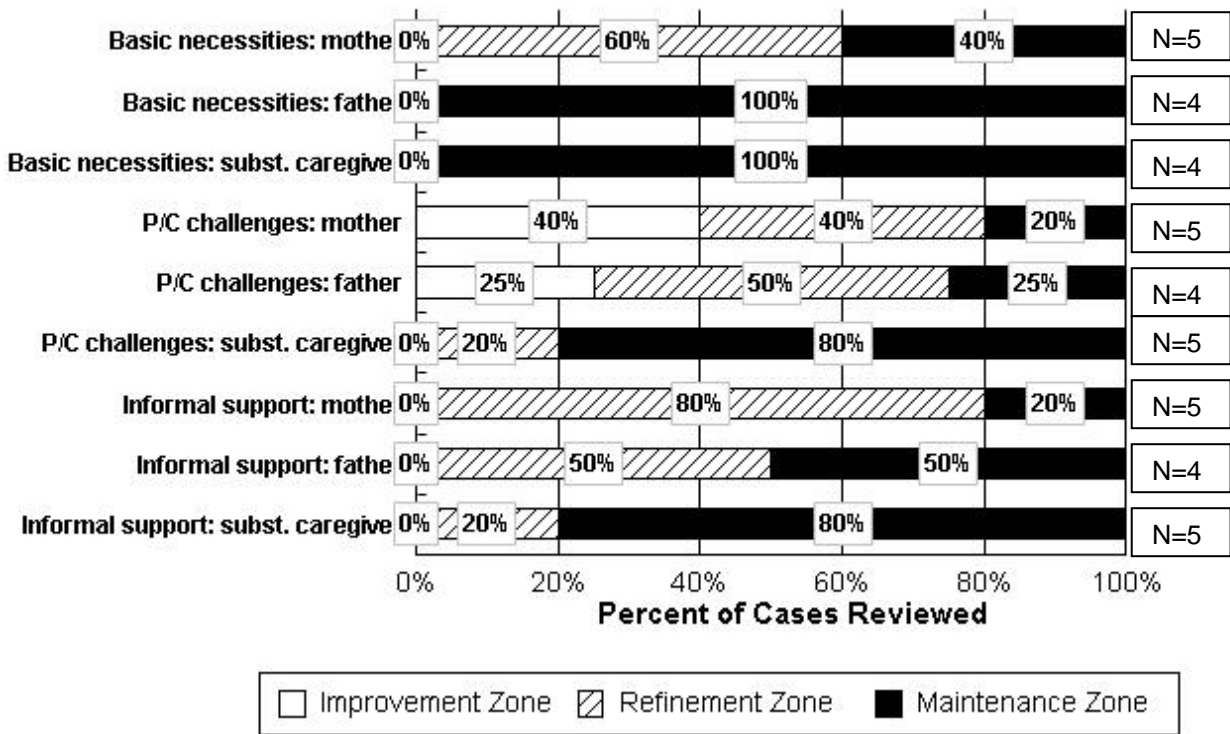
Parent/Caregiving Status

Safety and Capacities



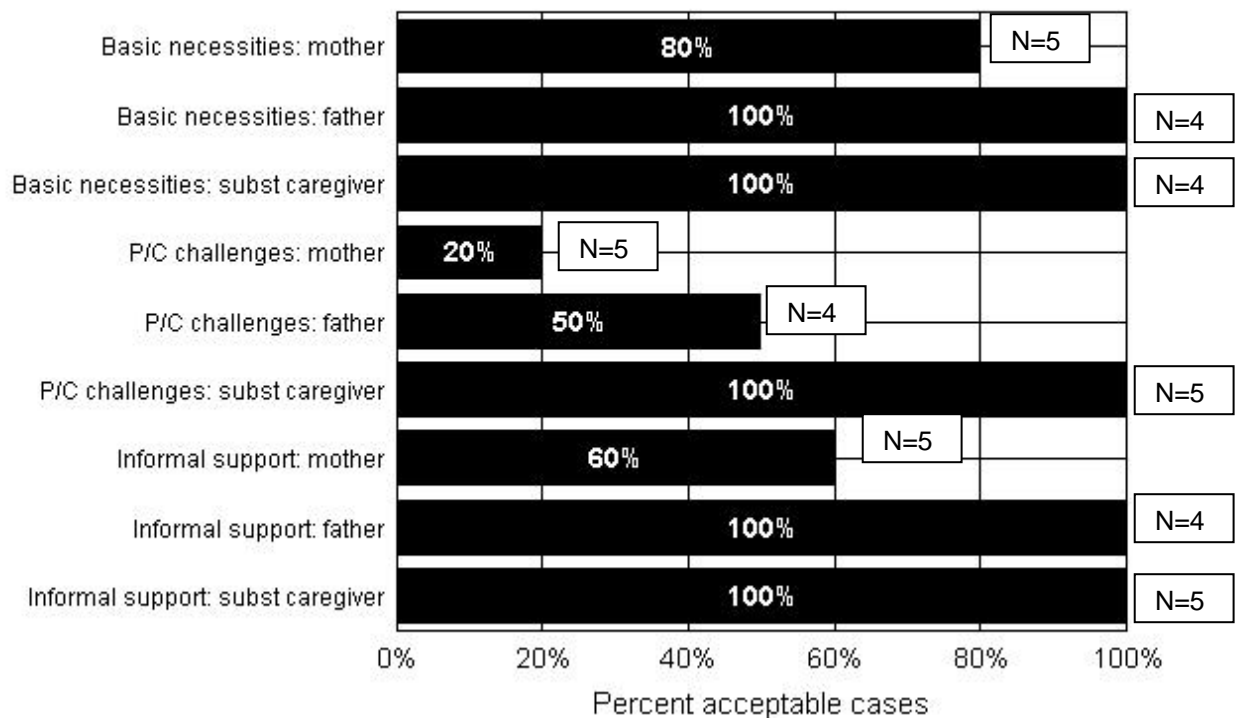
Parent/Caregiving Status

Necessities/Challenges/Support

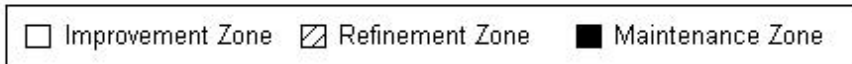
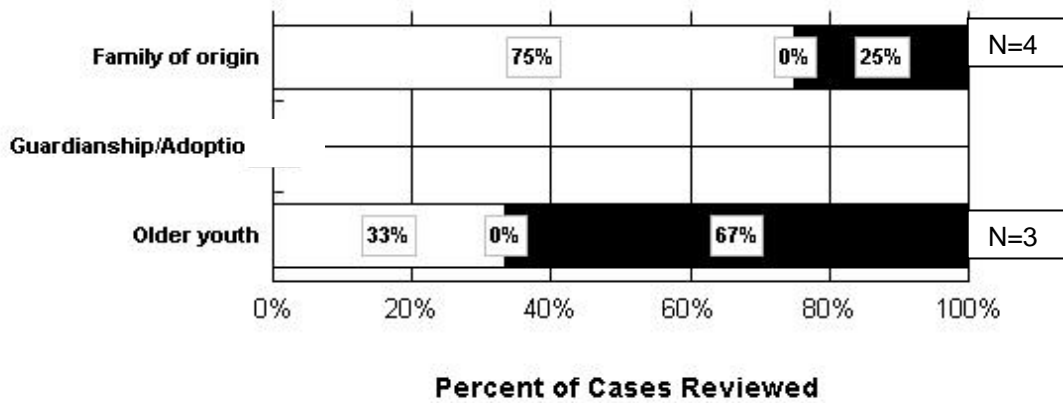


Parent/Caregiving Status

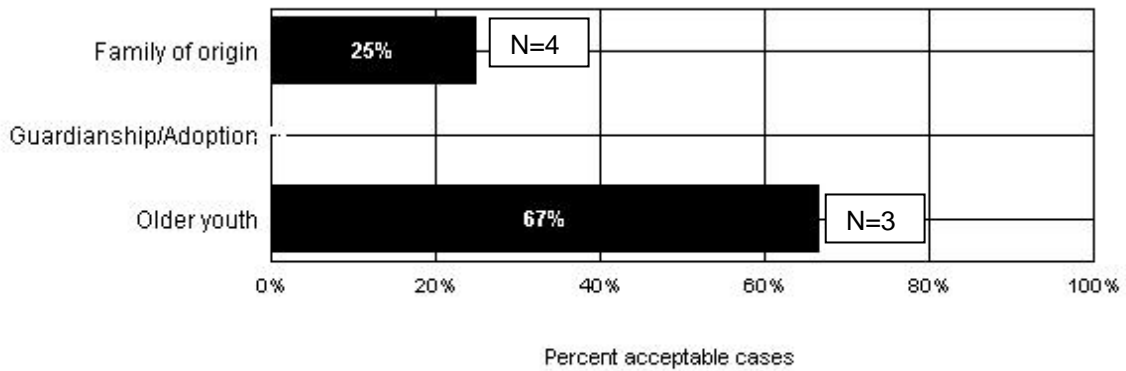
Necessities/Challenges/Support



Progress Toward Independence

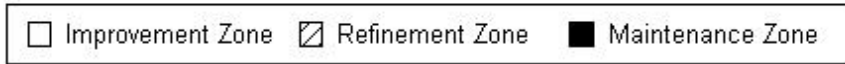
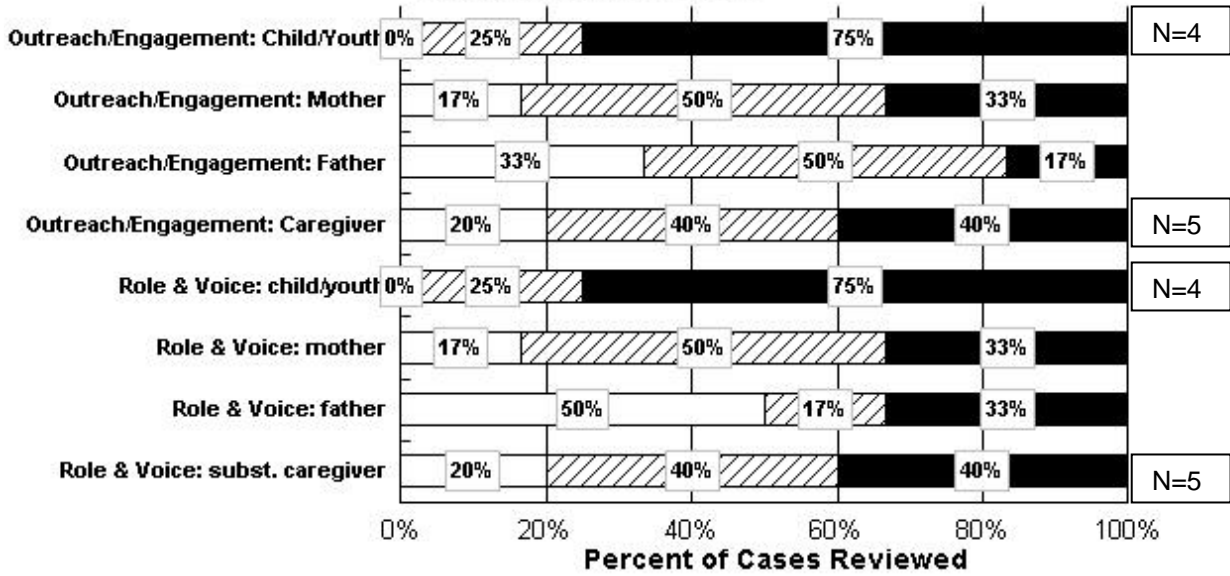


Progress Toward Independence



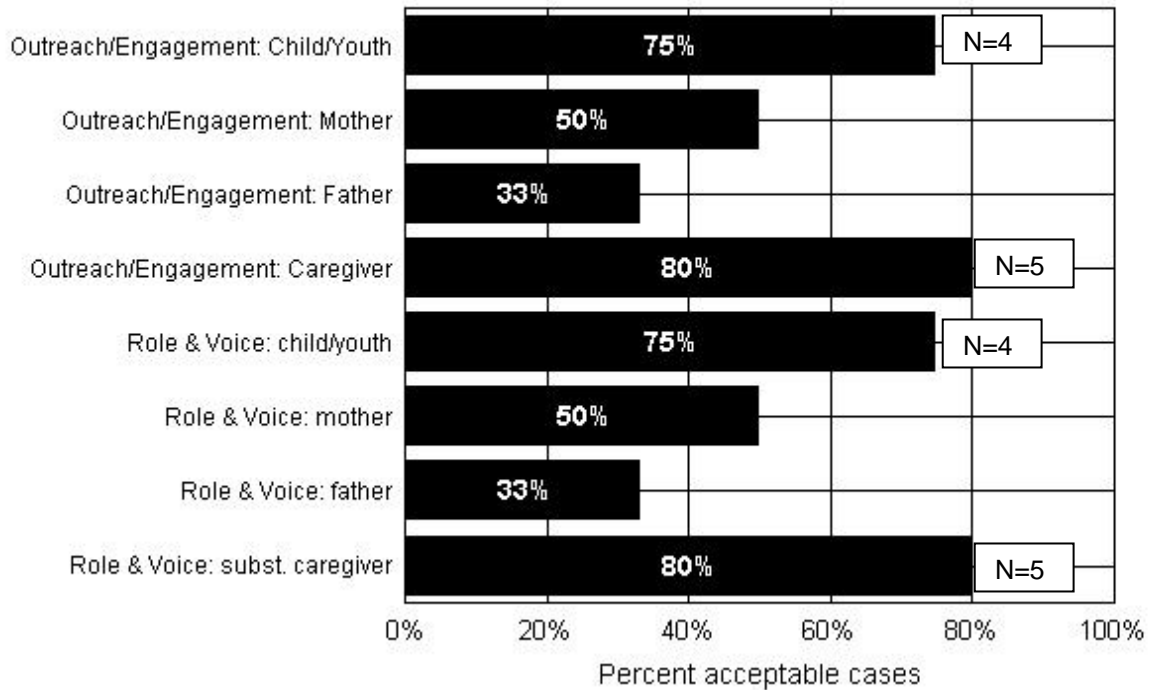
Practice Performance

Engagement/Role & Voice



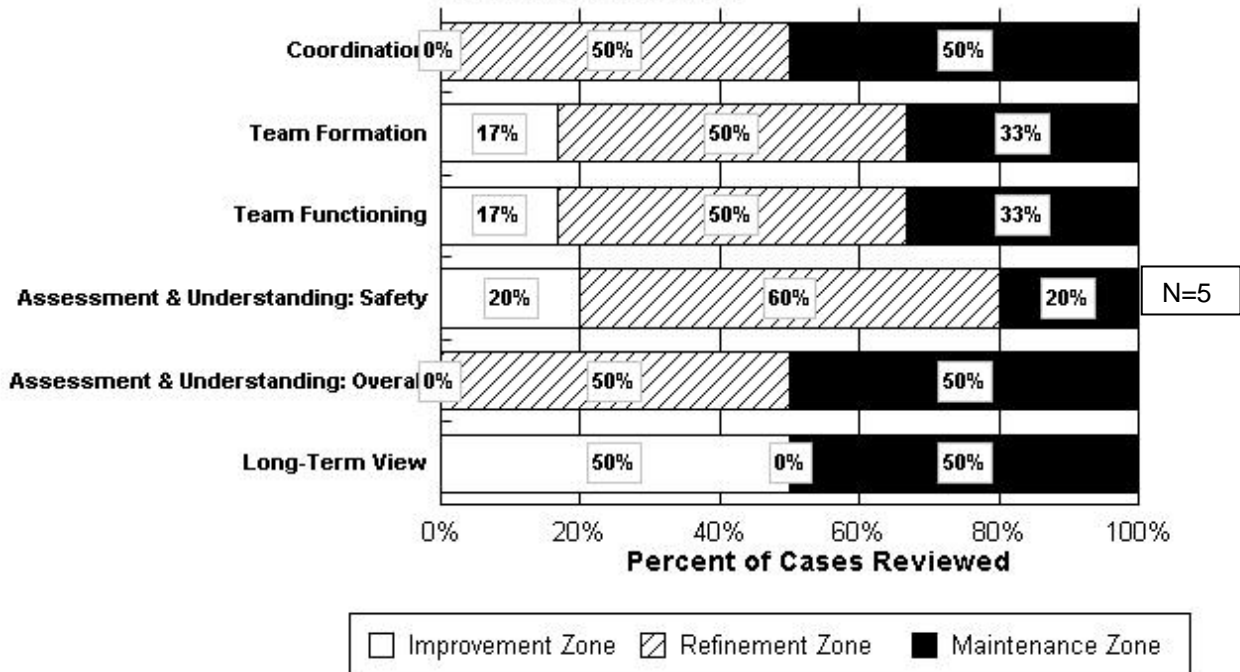
Practice Performance

Engagement/Role & Voice



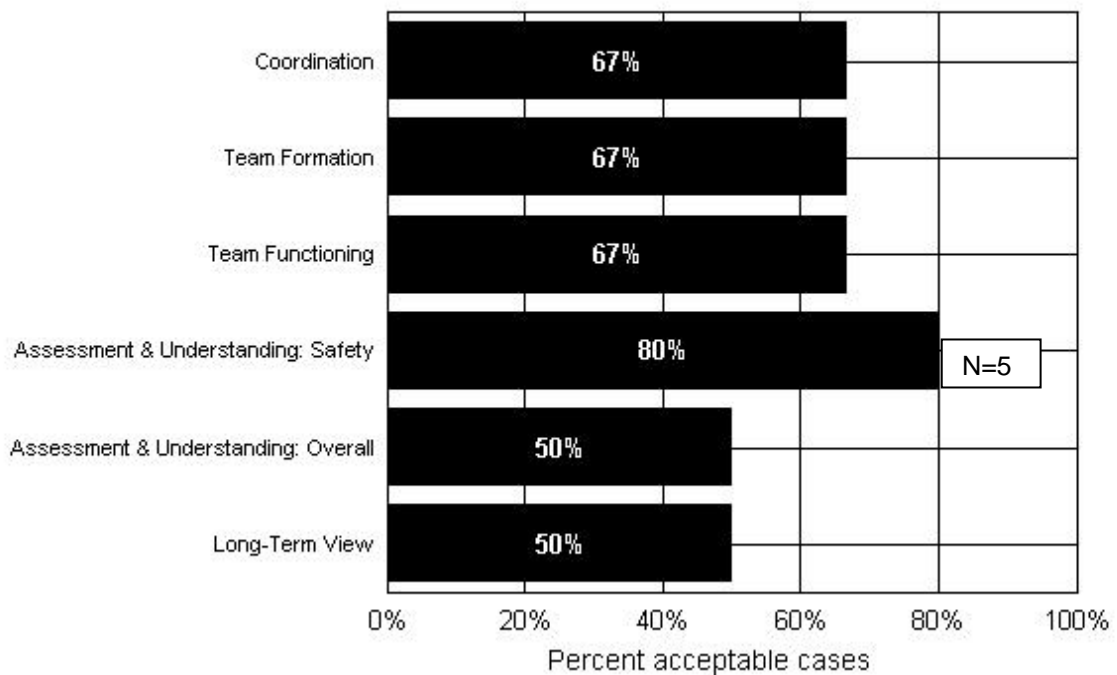
Practice Performance

Core Practice Functions



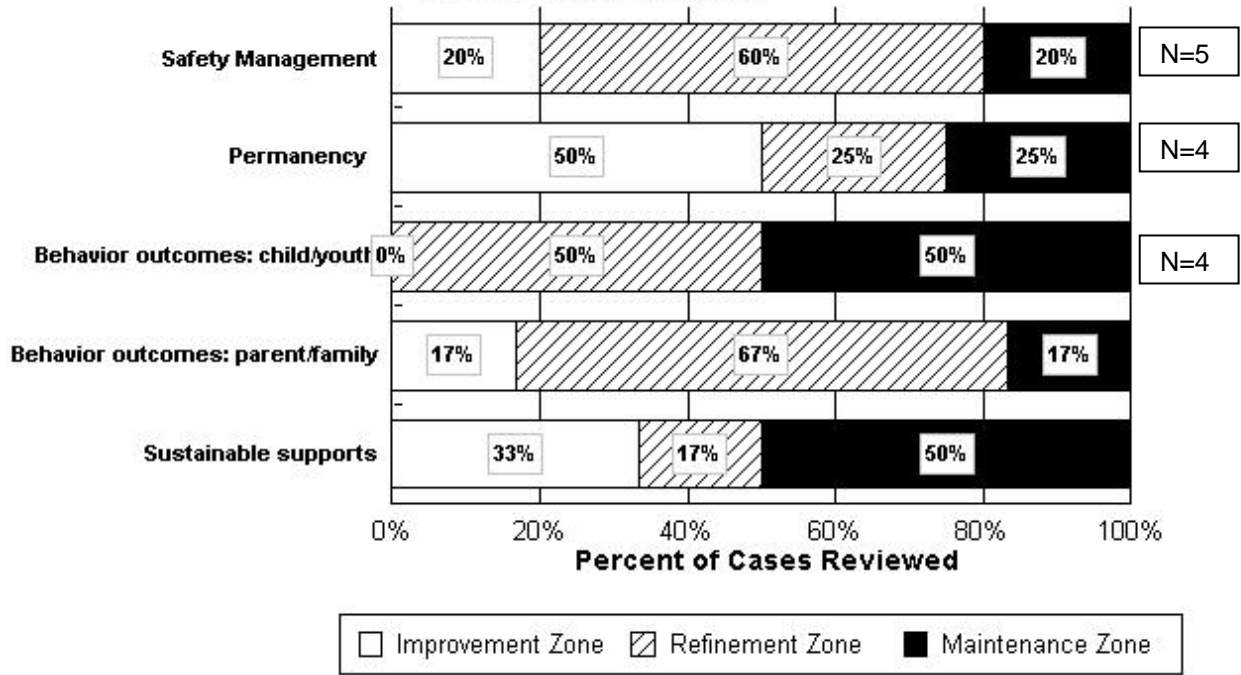
Practice Performance

Core Practice Functions



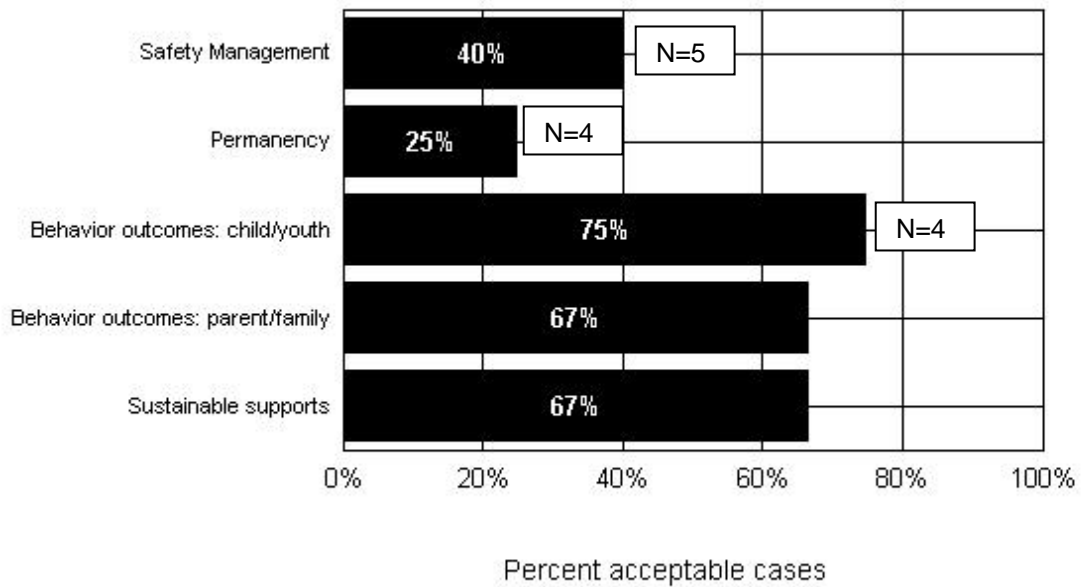
Practice Performance

Planning Change Process



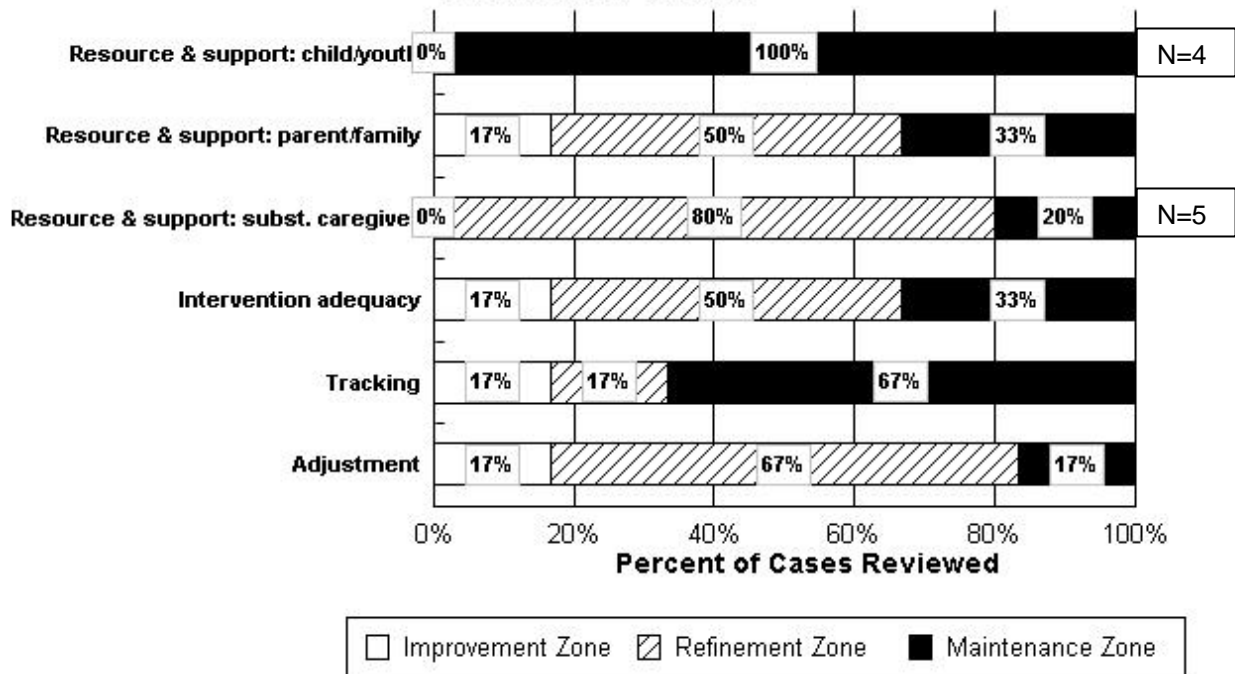
Practice Performance

Planning Change Process



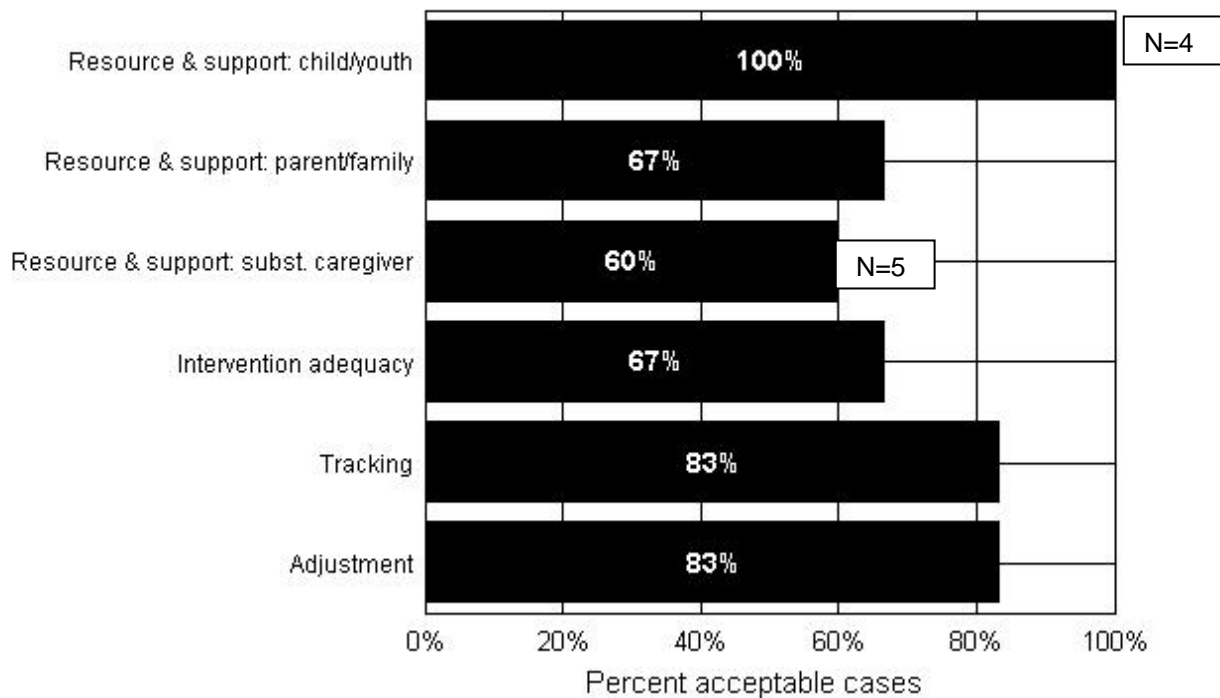
Practice Performance

Core Practice Functions



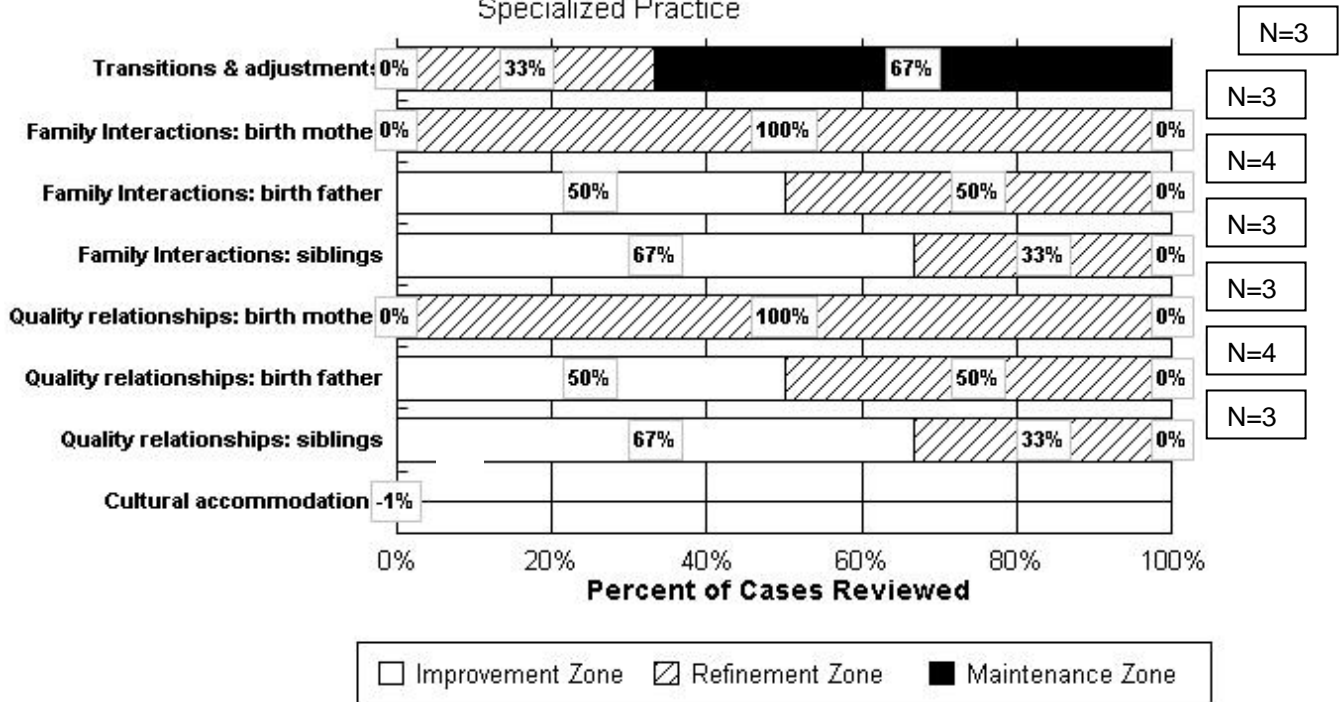
Practice Performance

Core Practice Functions



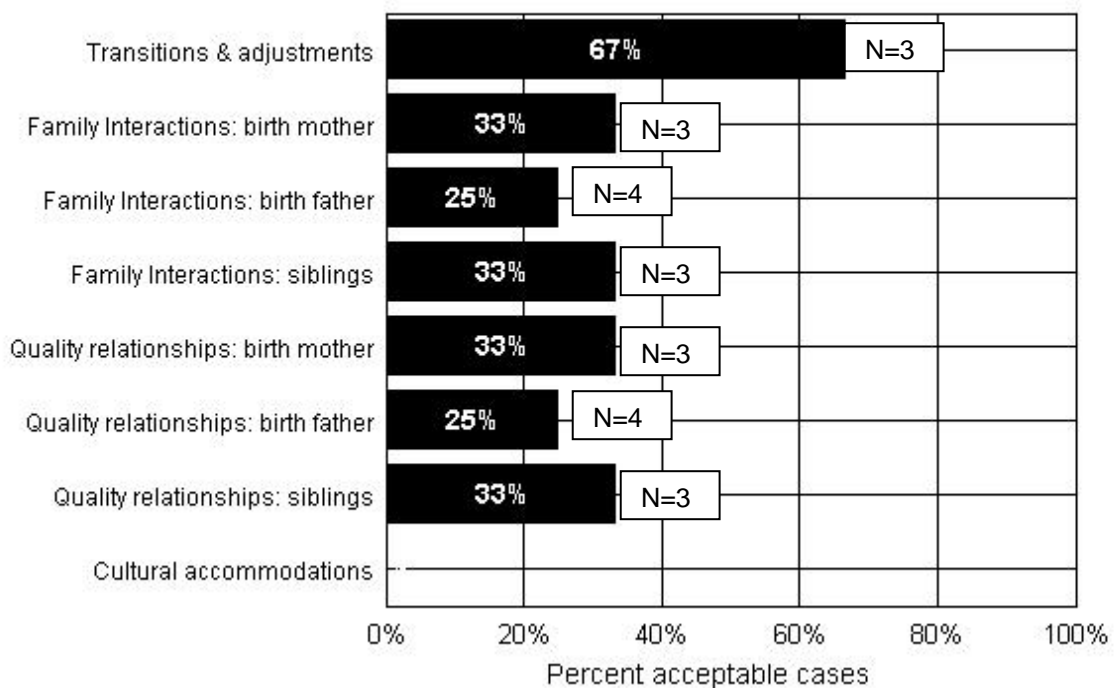
Practice Performance

Specialized Practice

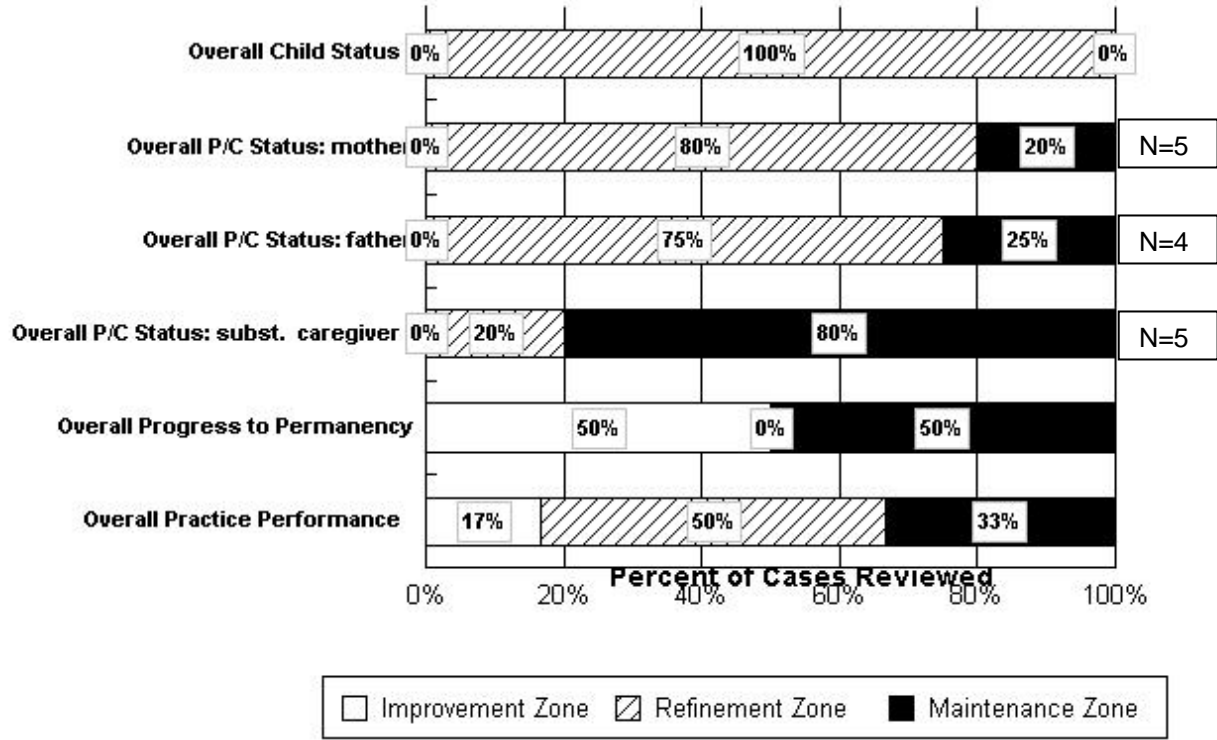


Practice Performance

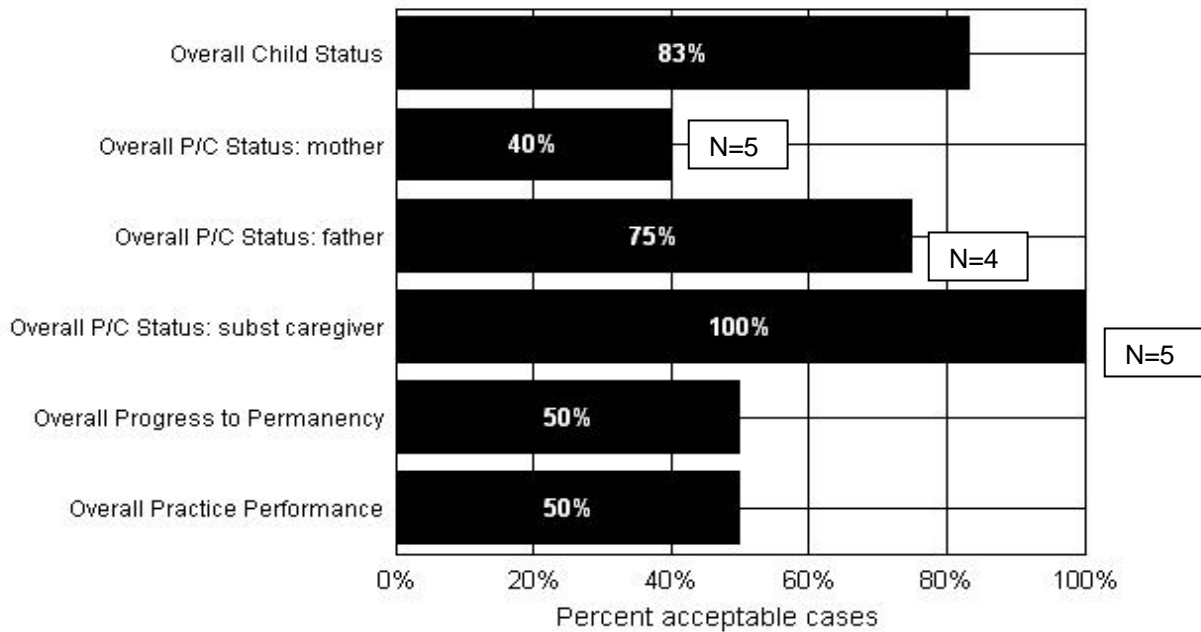
Specialized Practice



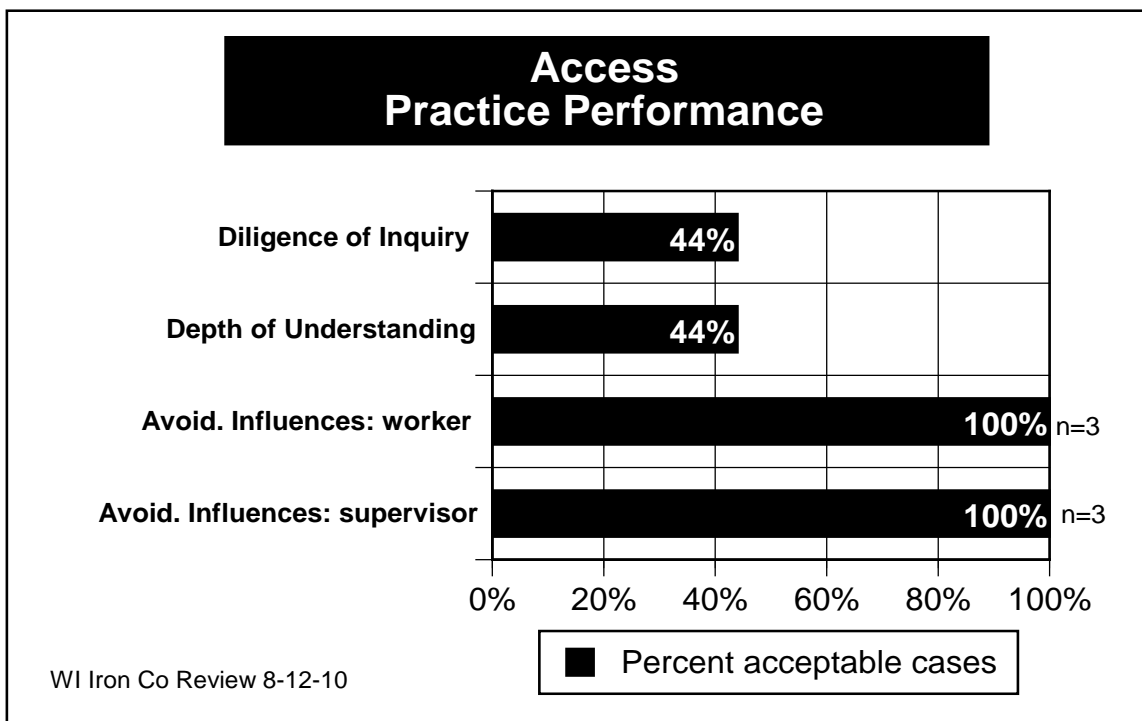
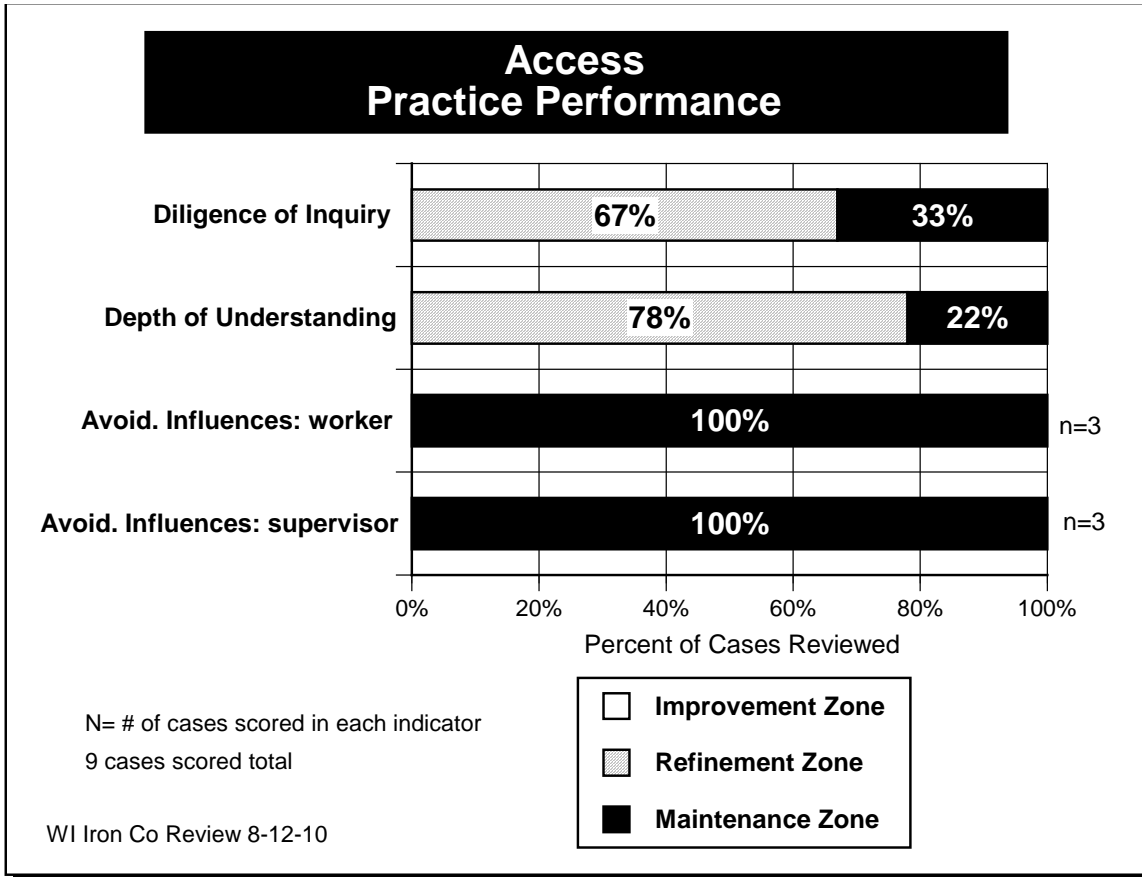
Overall Patterns



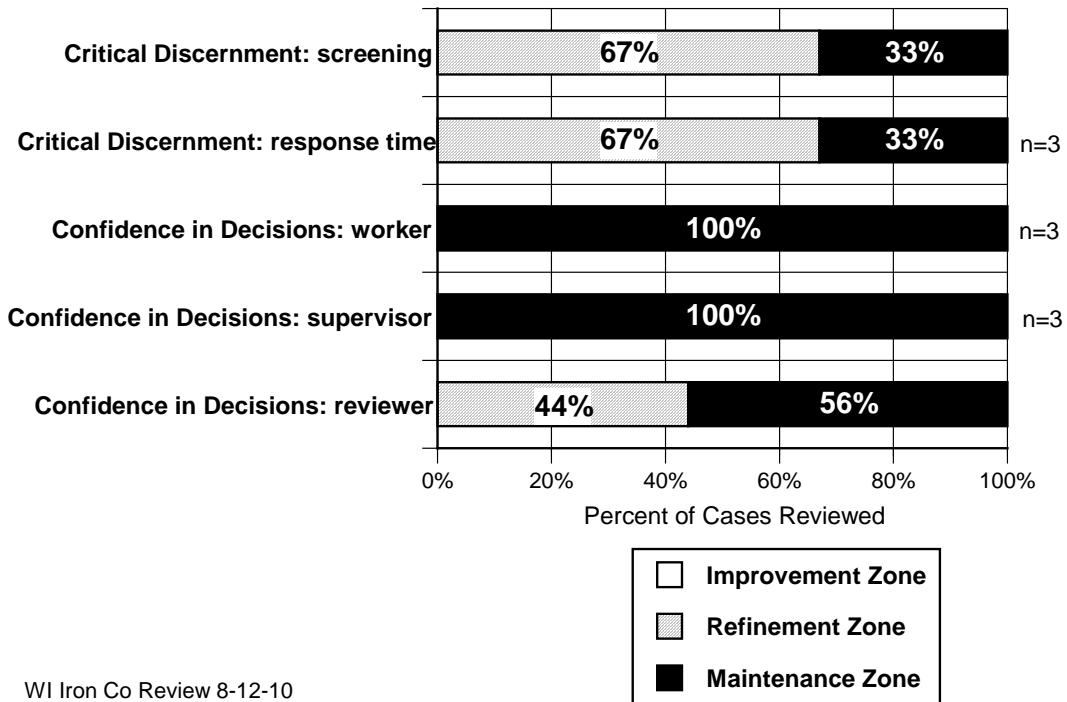
Overall Patterns



The scores for the Access and Initial Assessment review are presented in the following tables.

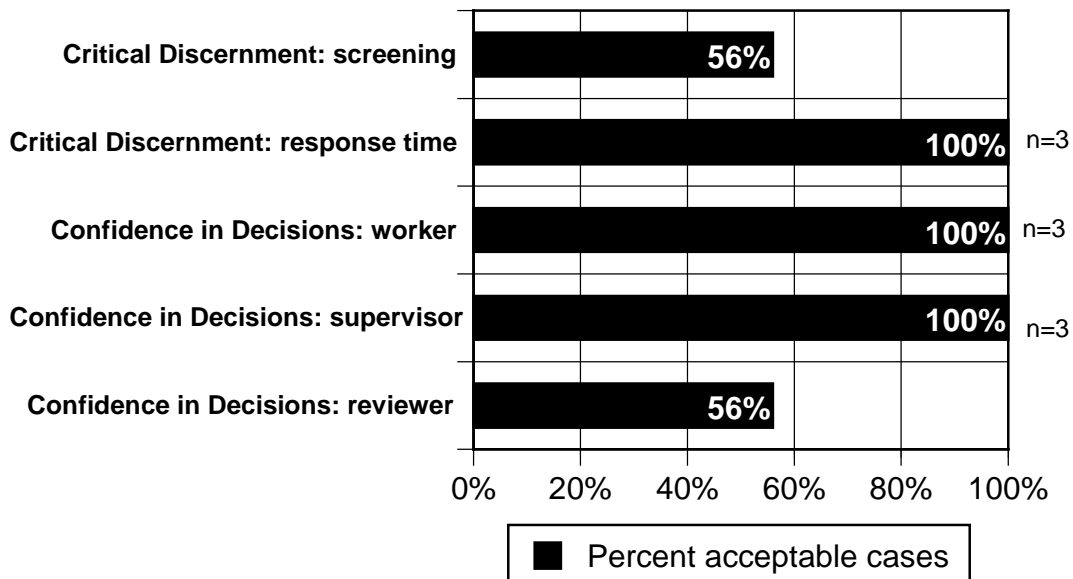


Access Practice Performance



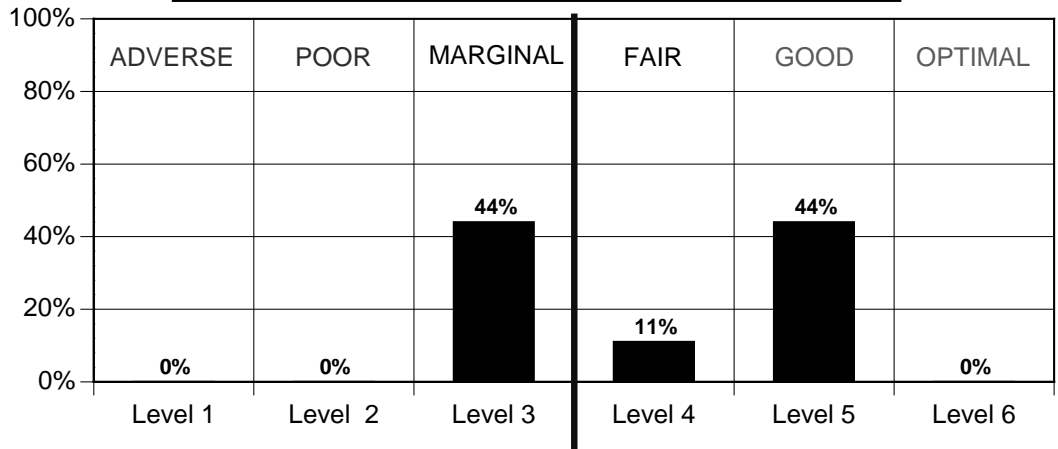
WI Iron Co Review 8-12-10

Access Practice Performance



WI Iron Co Review 8-12-10

Access Overall Practice Performance

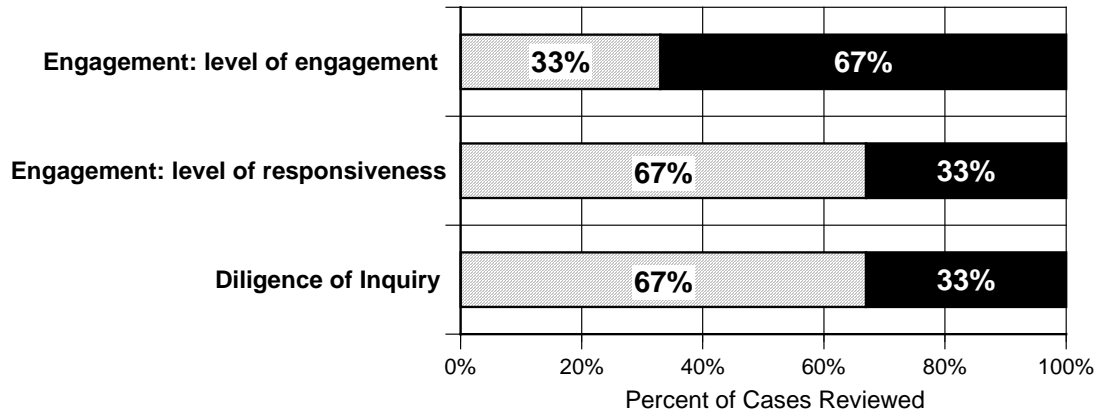


WI Iron Co Review 8-12-10

■ Percent of cases

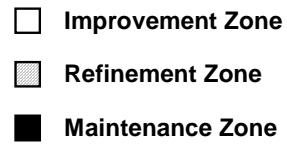
IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

Initial Assessment Practice Performance

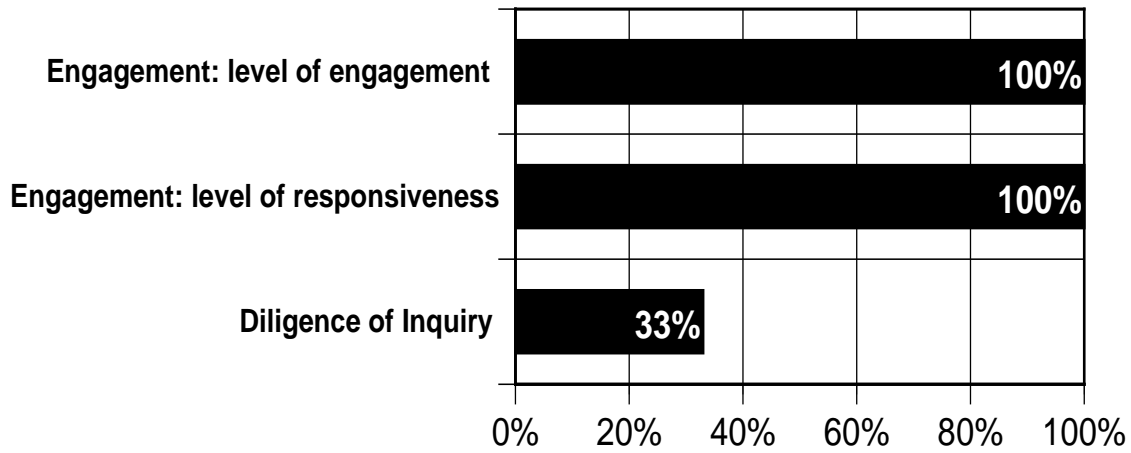


N= # of Cases scored in each indicator
3 Cases Scored Total

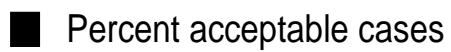
WI Iron Co. Review 8-12-10



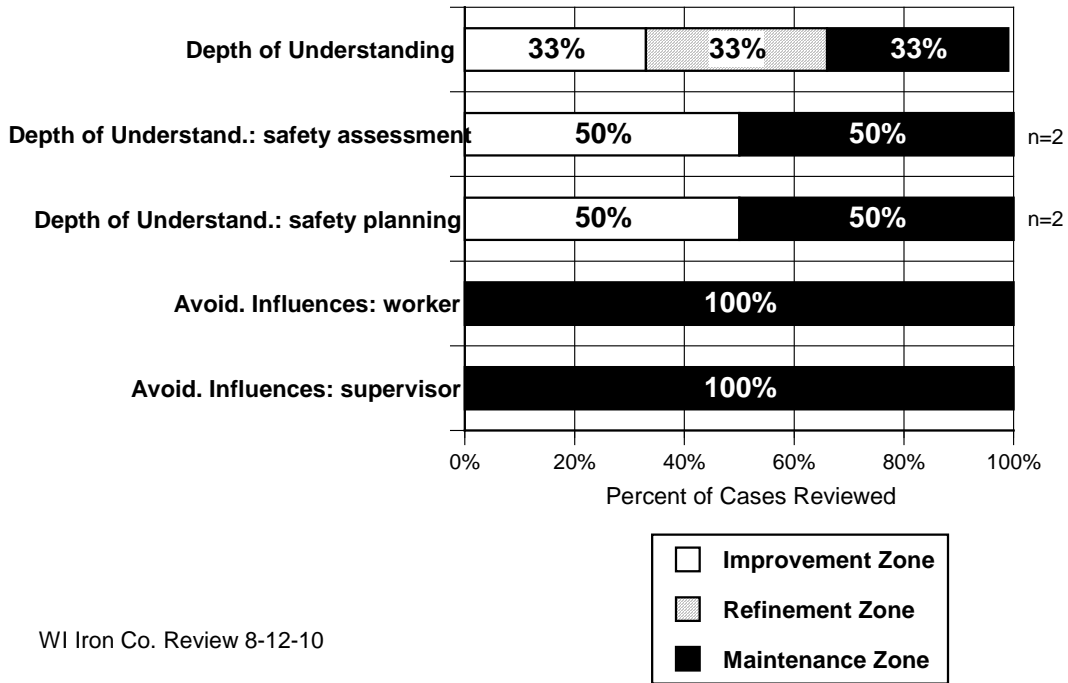
Initial Assessment Practice Performance



WI Iron Co. Review 8-12-10

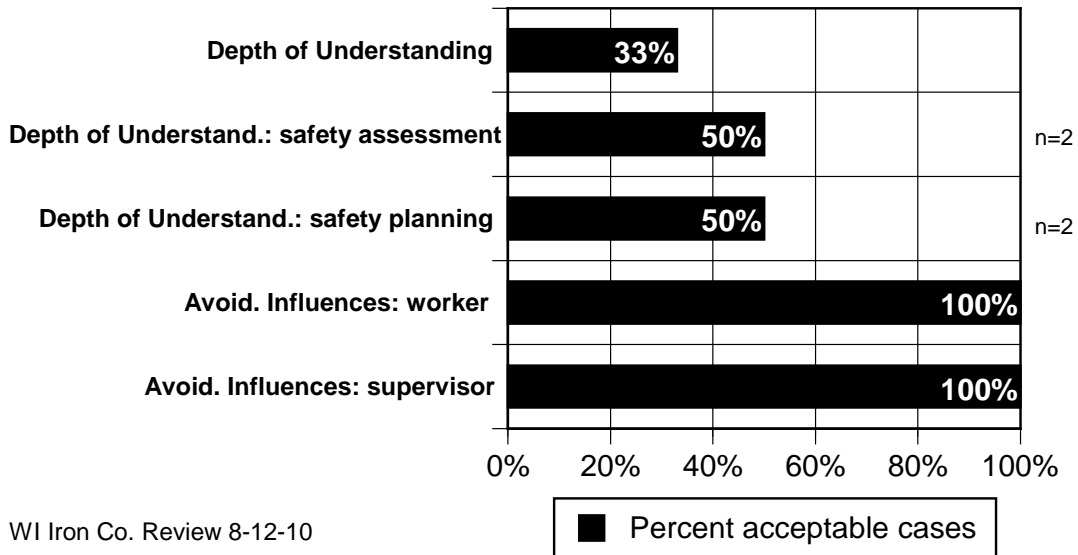


Initial Assessment Practice Performance



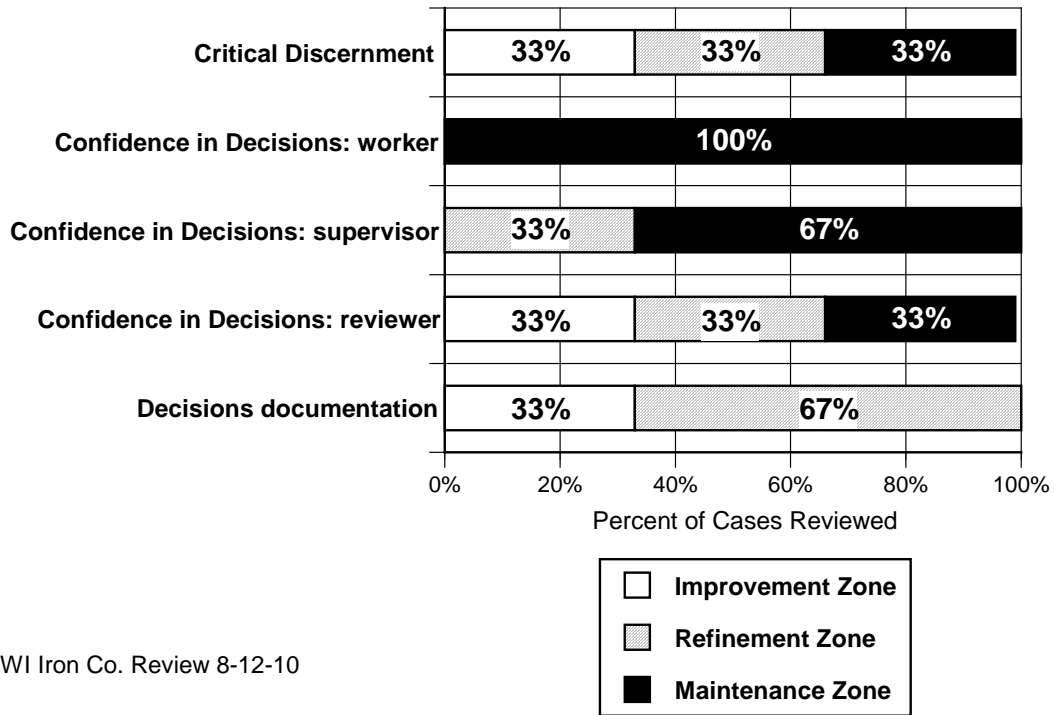
WI Iron Co. Review 8-12-10

Initial Assessment Practice Performance



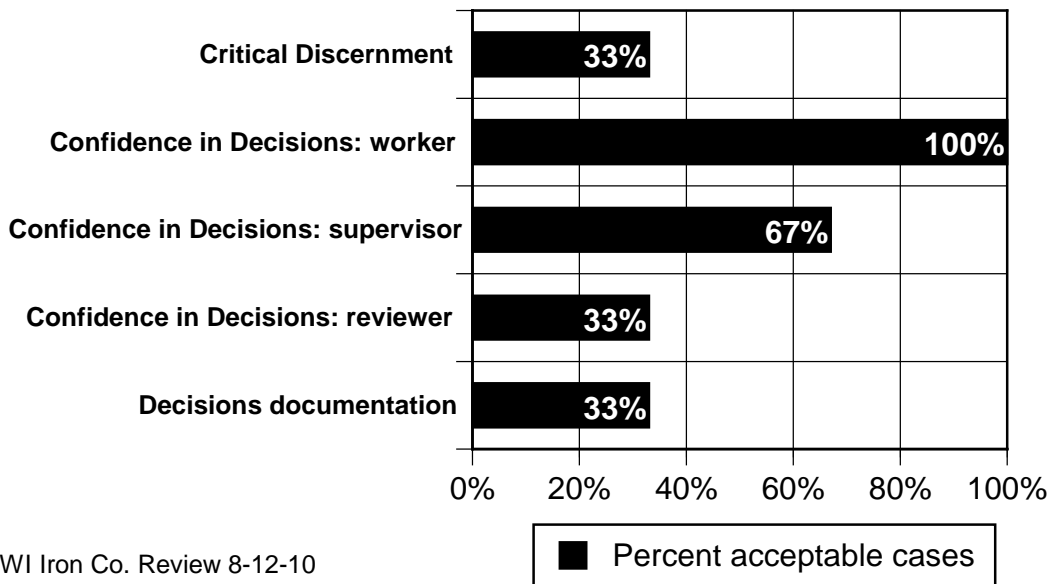
WI Iron Co. Review 8-12-10

Initial Assessment Practice Performance



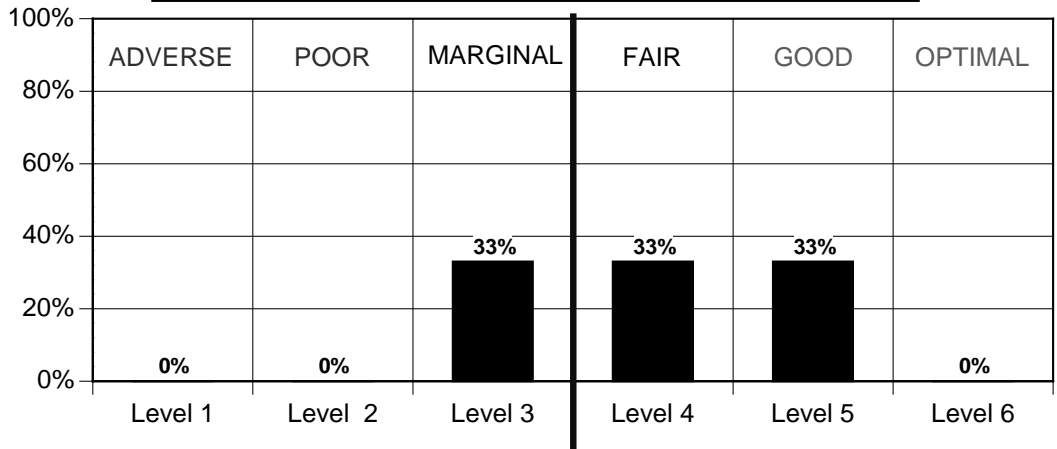
WI Iron Co. Review 8-12-10

Initial Assessment Practice Performance



WI Iron Co. Review 8-12-10

Initial Assessment Overall Practice Performance



WI Iron Co. Review 8-12-10

■ Percent of cases

IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

IX. Appendix 3

QSR Case Characteristics

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

Change of Home	Number	Percent
Yes	4	67%
No	1	17%
N/A	1	17%
	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.	2	33%
13-18 mos.	0	0%
19-36 mos.	0	0%
37+ mos.	3	50%
	6	100%

QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	1	17%
1-2 Placements	3	50%
3-5 Placements	1	17%
6-9 Placements	1	17%

10 + Placements	0	0%
	6	100%

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

Placed with Siblings	Number	Percent
Same Home with All	1	17%
Different Home	3	50%
No Siblings	1	17%
Not Applicable	1	17%
	6	100%

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

Full IQ Scale	Number	Percent
42	1	17%
75	1	17%
97	1	17%
Unknown	3	50%
	6	100%

QSR/Child Status and Performance Profile - Educational Placement Frequency

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

*Other - Early Headstart, IEP for occasional modifications, sheltered workshop

QSR/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	1	17%	0	0%
Behavior Disorder	3	50%	1	17%
Sensory Impairment	1	17%	0	0%
Mental Illness	3	50%	3	50%
Mental Retardation	2	33%	1	17%
Neurological Impairment/Seizure	0	0%	1	17%
Specific Learning Disability	2	33%	1	17%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	1	17%	0	0%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	1	17%	0	0%
Physical Disability	1	17%	1	17%
Developmental Disability	2	33%	0	0%
Trauma Victim	0	0%	0	0%
Trauma Exposed	6	100%	6	100%
Suicide Risk	0	0%	1	17%
Pregnant	0	0%	0	0%
Substance Exposed	1	17%	1	17%
Substance Abuse/Addiction	1	17%	3	50%
HIV/AIDS	0	0%	0	0%
Other	0	0%	0	0%

QSR/Child Status and Performance Profile - Sensory Impairment

Sensory Impairment	Number	Percent
Vision – Child	1	17%
Hearing – Child	1	17%
Vision – Parent	0	0%
Hearing – Parent	0	0%

OSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	4	67%	3	50%
Self-Care	2	33%	0	0%
Mobility	0	0%	0	0%
Communication	2	33%	1	17%
Self-Direction	2	33%	1	17%
Economic Self Sufficiency	1	17%	1	17%
Diminished Capacity	2	33%	1	17%
Independent Living	2	33%	0	0%
Other	0	0%	0	0%

OSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	2	33%
1 Psychotropic Medication	2	33%
2 Psychotropic Medications	0	0%
3 Psychotropic Medications	1	17%
4 Psychotropic Medications	0	0%
5 + Psychotropic Medications	1	17%
	6	100%

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

Agency	Number	Percent
Child Welfare	5	83%
Mental Health	5	83%
Special Education	4	67%
Probation/Parole	1	17%
Developmental Disabilities	0	0%
Juvenile Justice	2	33%
Vocational Rehabilitation	1	17%
Substance Abuse	2	33%
Crisis Services	0	0%
Early Childhood	0	0%
*Other	4	67%
None	0	0%

*Other – Jail, Multi-disciplinary Team, Residential Care, Treatment foster home

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

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

QSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	4	67%
Voluntary	1	17%
Delinquent	1	170%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
	6	100%

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

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	0	0%
Physical Abuse	1	17%
Sexual Abuse	0	0%
Neglect	3	50%
Mental Health Issues	2	33%
Delinquency	1	17%
Truancy/Status Offense	0	0%
*Other	3	50%

*Other – uncontrollable, special needs child, runaway

Reason for Case Opening-Family Issues	Number	Percent
Failure to Protect	0	0%
Absent Parent	1	17%
Substance Abuse	3	50%
Domestic Violence	1	17%
Neglect	1	17%
Mental Health Issues	2	33%
Housing	0	0%
*Other	1	17%

*Other – parents unable to provide necessary care

OSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Reunification	3	50%
Long-term Foster Care	2	33%
Remain at Home	1	17%
Adoption	0	0%
Independent Living	0	0%
Legal Guardianship	0	0%
Not Applicable	0	0%
Other	0	0%
Permanent Placement with fit and willing relative	0	0%
Sustaining Care (TPR)	0	0%
	6	100%

OSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	4	67%
Independent Living	1	17%
Long-term Foster Care	1	17%
Adoption	0	0%
Legal Guardianship	0	0%
Other	0	0%
Permanent Placement with fit and willing relative	0	0%
Reunification	0	0%
Sustaining Care (TPR)	0	0%
	6	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	1	17%
0-3 mos.	3	50%
4-6 mos.	0	0%
7-9 mos.	0	0%
10-12 mos.	0	0%
13-18 mos.	0	0%
19-36 mos.	2	33%
37 + mos.	0	0%
	6	100%

OSR/Child Status and Performance Profile - Outcome Frequency

Service Test Results	Number	Percent
1 + Status + Performance	3	50%
3 + Status - Performance	2	33%
4 - Status - Performance	1	17%
	6	100%

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

Level of Functioning	Age	Number	Percent
In Level 1-5	10-13 Yrs	1	17%
	14+ Yrs	1	17%
In Level 6-7	14+ Yrs	2	33%
NA (Under Age 5)	0-4 Yrs	2	33%
		6	100%

OSR/Child Status and Performance Profile - Age by Outcome

Age	Outcome	Number	Percent
0-4 Yrs	3 + Status - Performance	2	33%
10-13 Yrs	1 + Status + Performance	1	17%
14 + Yrs	1 + Status + Performance	2	33%
	4 - Status - Performance	1	17%
		6	100%

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

Outcome	Level of Functioning	Number	Percent
1 + Status + Performance	In Level 1-5	2	33%
	In Level 6-7	1	17%
3 + Status - Performance	NA (Under Age 5)	2	33%
4 - Status - Performance	In Level 6-7	1	17%
		6	100%

OSR/Child Status and Performance Profile - Outcome by Prognosis

Outcome	Prognosis	Number	Percent
1 + Status + Performance	Continue – Status Quo	3	50%
3 + Status - Performance	Continue – Status Quo	2	33%
4 - Status - Performance	Continue – Status Quo	1	17%
		6	100%

