

**Brown County Human Services  
Quality Service Review Findings**  
November 15 – 19, 2010

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

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## **Acknowledgements**

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## **Executive Summary**

Since 2005 the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In November 2010 the Department conducted the second review in Brown County.

The scope of the QSR process has expanded since Brown County's first review in 2007. Four protocols were utilized to gather data across 53 cases. This included 12 Ongoing, 31 Access/Initial Assessment (IA), four Permanency Pathway and six Indian Child Welfare Act (ICWA) cases. The case review process generates an understanding of front line practice or what the QSR calls the Micro perspective.

The QSR used a different process to acquire the Macro perspective, which is the understanding of how the child welfare system as a whole is performing. While one Site Leader coordinated the review of the 53 cases, a second Site Leader conducted 14 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

### **Brown County Child Welfare Performance**

The table below displays the indicator scores from the 2007 review in comparison to the 2010 review that finished in the acceptable range. Twelve ongoing cases were reviewed in each year and the percentages by each indicator represent the percentage of cases found to be in the acceptable range for that indicator. The QSR uses a six point rating scale and scores in the 4-6 range are deemed acceptable. Scores in the 1-3 range are deemed unacceptable.

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 three months. The second grouping enables assessment of parent/caregiver status in relevant domains such as basic necessities and parent care-giving challenges and capacities. The third grouping enables assessment of practice performance in areas such as engagement, assessment, planning, and teaming.

The scores on child status, parent/caregiver status and practice performance for both Brown County reviews are presented in the following table.

<b>Brown County Quality Service Reviews for 2007 &amp; 2010</b>					
<b>Legend</b>					
N = The number of cases scored for each indicator ( <i>12 cases reviewed in Brown County</i> )					
<b>Two Point Scale Comparison</b>					
	<b>2007</b>		<b>2010</b>		
<b>Name of Indicator(s)</b>	<b>N=</b>	<b>Acceptable</b>	<b>N=</b>	<b>Acceptable</b>	
<b>Child Status</b>					
<b>Safety &amp; Permanency</b>					
Exposure to threats: birth home	7	57%	6	83%	
Exposure to threats: subst. home	8	100%	5	100%	
Exposure to threats: school setting	12	92%	11	100%	
Exposure to threats: other setting	6	100%	6	83%	
Stability: home	12	75%	12	75%	
Stability: school	12	75%	11	55%	
Permanency	12	67%	12	50%	
Living Arrangements: current	12	100%	12	83%	
Living Arrangements: alternative	3	33%	4	50%	
<b>Well Being</b>					
Physical Health	12	100%	12	100%	
Emotional development	12	67%	10	70%	
Behavioral functioning	12	67%	10	70%	
Behavioral risk: self	12	75%	10	70%	
Behavioral risk: others	12	67%	10	70%	
Learning & development	12	92%	12	75%	
<b>Parent/Caregiving Status</b>					
<b>Safety and Capacities</b>					
Safety of: mother	8	88%	11	82%	
Safety of: father	3	100%	7	86%	
Safety of subst. caregiver	7	100%	8	100%	
Caregiving capacities: mother	8	38%	11	55%	
Caregiving capacities: father	3	67%	7	43%	

Caregiving capacities: subst. caregiver	7	100%	8	100%	
Caregiving capacities: congregate care	0	0%	0	0%	
<b>Necessities/Challenges/Support</b>					
Basic necessities: mother	8	75%	11	55%	
Basic necessities: father	3	67%	7	43%	
Basic necessities: subst. caregiver	7	100%	8	88%	
P/C Challenges: mother	8	50%	11	27%	
P/C Challenges: father	3	67%	7	43%	
P/C Challenges: subst. caregiver	7	100%	8	100%	
Informal support: mother	9	11%	11	45%	
Informal support: father	3	0%	7	57%	
Informal support: subst. caregiver	7	100%	8	100%	
<b>Progress Towards Independence</b>					
Family of origin	9	67%	11	35%	
Guardianship/Adoption	4	50%	4	75%	
Older youth	1	100%	1	100%	
<b>Practice Performance</b>					
<b>Engagement/Role and Voice</b>					
Child/Youth	10	90%	12	92%	
Mother	12	75%	12	67%	
Father	8	25%	10	40%	
Subst. Caregiver	7	86%	8	100%	
Role & Voice: child/youth	8	88%	10	70%	
Role & Voice: mother	12	67%	10	64%	
Role & Voice: father	7	29%	9	30%	
Role & Voice: Subst. caregiver	7	86%	8	100%	
<b>Core Practice Functions</b>					
Coordination	12	75%	12	83%	
Team Formation	12	42%	12	58%	
Team Functioning	12	33%	12	50%	
Assessment & understanding: safety	11	67%	12	83%	

Assessment & understanding: overall	12	58%	12	83%	
Long-Term view	12	33%	12	33%	
<b>Planning Change Process</b>					
Safety management	12	42%	12	67%	
Permanency	9	67%	9	44%	
Behavior outcomes: child/youth	8	75%	9	67%	
Behavior outcomes: parent/family	12	25%	12	50%	
Sustainable supports	12	42%	12	67%	
<b>Core Practice Functions</b>					
Resource & support: Child/youth	11	91%	12	75%	
Resource & support: parent/family	10	70%	11	64%	
Resource & support subst. caregiver	6	83%	8	100%	
Intervention adequacy	12	75%	12	50%	
Tracking	12	67%	12	83%	
Adjustment	12	58%	12	67%	
<b>Specialized Practice</b>					
Transitions & Adjustments	8	75%	11	55%	
Family interactions: birth mother	6	67%	9	67%	
Family interactions: birth father	2	50%	5	60%	
Family interactions: siblings	6	67%	9	56%	
Quality relationship: birth mother	6	67%	9	67%	
Quality relationship: birth father	2	50%	5	40%	
Quality relationship: siblings	6	67%	9	56%	
Cultural accommodations	3	67%	8	88%	
<b>Overall Patterns</b>					
Overall Child Status	12	67%	12	75%	
Overall P/C Status mother	9	56%	11	45%	
Overall P/C Status father	3	67%	7	57%	
Overall P/C Status: Subst. caregiver	7	100%	8	100%	
Overall Progress to Permanency	11	64%	11	55%	
Overall Practice Performance	12	50%	12	67%	



## Stakeholder Interviews

This review involved stakeholder interviews with 14 key informant and stakeholder groups totaling 87 individuals. Stakeholders reported a number of common themes, which are highlighted below.

### Common Themes

- The depletion of agency funds has eliminated or reduced wraparound, daycare, parenting, substance abuse, mental health, and intensive in-home services.
- Parents served by the child welfare system are experiencing complex issues including mental health, substance abuse, domestic violence, and cognitive delays. Parents are increasingly challenged with joblessness, and lack of transportation and affordable housing.
- The community is seeing an increase in children with severe aggressive behaviors, homeless children, families of lower socioeconomic status, families migrating from larger cities, including Chicago and Milwaukee, and families with the diversity of different languages.
- The growing diversity of children is not reflected in the professionals who serve them.
- Foster children find the requirement of completing background checks on individuals they spend time with to be intrusive.

## Recommendations

### 1. Add an additional Access and Initial Assessment supervisor position.

Stakeholder and staff interviews consistently revealed that the current ratio of one Access and Initial Assessment supervisor to 12 Access and Initial Assessment staff is insufficient to meet the workload requirements. Information received revealed that the Access and Initial Assessment supervisor is available to support staff, however, limited time remains for the supervisor to complete duties such as case assignment in eWiSACWIS and Initial Assessment approval. This is supported by the findings from case reviews, which indicated seventy-five percent of the cases reviewed were open over the 60 state standard for completion of Initial Assessments. Similarly, eWiSACWIS data, at the time of the review, showed Brown County had an Initial Assessment approval rate of just thirty percent within the 60 day state standard. It is recommended that Brown County consider the workload capacity of just one Access and Initial Assessment supervisor and identify ways to support the supervisor, including allowing for an additional Access and Initial Assessment supervisor position.

### 2. Develop and support a clear approach to teaming.

Stakeholder and staff interviews revealed the agency framework for teaming, Coordinated Service Teams, is inconsistent among workers and cases. This is supported by the findings from the case reviews, as Team Formation and Functioning scored fifty-eight percent and fifty percent in the acceptable range, respectively. There appears to be little structure or coaching to assist staff in mastering the skills necessary to organize and facilitate family team meetings. In-depth training on team coordination, engagement, and functioning would better equip workers to plan

services and evaluate results. It is recommended that Brown County develop and implement a formal training and mentoring process that assists workers in developing the skills to facilitate family team meetings. It is anticipated that implementing this recommendation will improve practice in this area.

**3. Develop and support a clear approach to permanency planning.**

Effective teaming is often the vehicle for promoting more successful permanency planning; the two approaches are interrelated. Regarding permanency planning, it was similarly noted that numerous staff reported that there is no formal agency model used to develop well-reasoned plans to promote timely permanency. Worker practice around permanency planning is inconsistent and there is a lack of clarity for practice partners and stakeholders. These dynamics may be negatively influencing outcomes in this area, especially with regard to younger children. It is recommended that the Brown County review current statutes and standards to determine expectations about the approach to permanency planning, and issue clear policy around this issue, develop and implement a formal training and consultation process that supports workers in developing strategies and actions to achieve permanency for children, and incorporate permanency roundtables/consultation into case practice.

**4. Improve Engagement of Fathers**

There is a pattern of lack of father engagement at Initial Assessment, a challenge Brown County shares with other systems in the country. The potential for fathers to contribute to better outcomes for children appears to be underestimated in many cases, which results in outreach and engagement efforts being limited. It is recommended Brown County seek additional approaches to strengthen engagement of fathers, provide supervisors with case consultation tools that will help case managers focus more skillfully on engaging fathers, increase accountability for performance in this area, and join with legal partners, using the court system as a resource to assist identification of fathers.

**5. Improve the Current Budget Monitoring System**

A lack of funding for community resources for families impacts the quality of service Brown County is able to provide to families. Limited service delivery potentially impacts the time to permanency for children. It is recommended Brown County identify strategic ways to allocate and implement resources and better train those responsible for budget oversight so that they acquire the necessary skill set to oversee the budget.

# **Brown County Human Services Quality Service Review**

Conducted November 15-19, 2010

## **I. Introduction and Background**

Since 2005 the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In November 2010 the Department conducted the second review in Brown County.

The scope of the QSR process has expanded since Brown County's first review in 2007. Four protocols were utilized to gather data across 53 cases. This included, 31 Access and Initial Assessment (IA), 12 Ongoing, four Permanency Pathway and six Indian Child Welfare Act (ICWA) cases. The case review process generates an understanding of front line practice or what the QSR calls the Micro perspective.

The QSR used a different process to acquire the Macro perspective, which is the understanding of how the child welfare system as a whole is performing. While one Site Leader coordinated the review of the 53 cases, a second Site Leader conducted 14 key separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

## **II. The Qualitative Service Review Process**

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

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

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

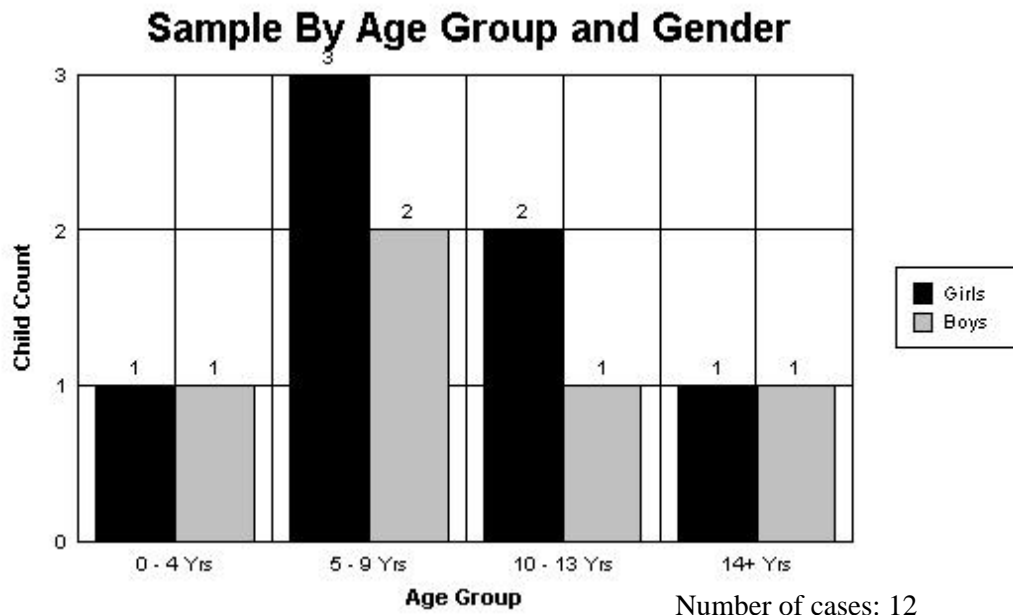
The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Parent/Caregiver Status and Practice 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. 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 Ongoing review sample consisted of 12 cases, including four in-home cases and eight out-of-home cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Ninety-nine interviews were conducted with respondents in the 12 cases reviewed. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in Appendix I.

#### QSR/Child Status and Performance Profile - Current Placement Frequency



<b>Type of Current Placement</b>	<b>Number</b>	<b>Percent</b>
Birth home	4	33%
Foster Family home	4	33%
Relative/Kinship home	1	9%
Therapeutic Foster home	2	16%
Other	1	9%
	<b>12</b>	<b>100%</b>

<b>Age Group</b>	<b>Number</b>	<b>Percent</b>
0-4 Yrs	2	17%
5-9 Yrs	5	43%
10-13 Yrs	3	25%
14 + Yrs	2	17%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Gender Frequency**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Female	7	58%
Male	5	42%
	<b>12</b>	<b>100%</b>

Reviewers included a combination of state CQI staff and certified state and county reviewers. The review was conducted the week of November 15-19, 2010.

**IV. Stakeholder Interviews**

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

The review team conducted stakeholder interviews with 14 different groups totaling 87 individuals. Included in the interviews were representatives of the following organizations and units:

<b>Focus Group Participants</b>	<b>Number</b>
Access/Initial Assessment Workers	10
Corporation Counsel	2
CPS Manager, DHS Director	2
CPS Supervisors	3
Foster Parents	11
Foster Youth	11
Guardians Ad Litem, Defense Attorneys, & Public Defenders	7
Judges	2
Law Enforcement	4
Ongoing Workers	13
School Personnel	3
Service Providers	12
State Permanency Consultant	1
Tribal	6

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

### **Organizational Strengths**

- Workers have opportunities to enhance practice skills by accessing Foundation and ongoing trainings offered through the Northeast Wisconsin (NEW) Partnership.
- The working relationships between Brown County Human Services and the Oneida and Menominee Tribes have improved since 2007.
- Brown County Human Services has experienced worker stability over the past three years which lessens disruption to families.
- Partnerships with community organizations including the Brown County Child Protection Collaboration Committee and Child Advocacy Center (CAC) enhance the provision of services to families.

### **Organizational Challenges**

- There is a need to achieve a collaborative understanding and practice framework between units to enhance outcomes for children and families.
- There is an opportunity to bridge the gap between the IA and Ongoing units, which impacts the transition of family cases.
- The perceived disconnect between upper management strategies and frontline realities impacts agency morale.
- Community perception is that the three supervisors and IA and Ongoing staff are stretched too thin; their increased workload impacts the level and quality of service they are able to provide.

- The current budget issues continue to have an impact on child welfare work. The agency is challenged with providing high-quality services with less funding. There is an opportunity to enhance the current budget monitoring system.

### **Resource Strengths**

- The volunteer coordinator and team of volunteers are highly regarded for the services they provide, including transportation and supervised visitation.
- The foster care coordinator is valued and seen as vital in foster home recruitment efforts, licensing and supporting foster placements, and matching children with foster placements.
- The Sexual Assault Response Team (SART) offers a multidisciplinary approach to treating, supporting, and advocating for victims of sexual abuse.
- Use of funds from the McKinney-Vento Act allows children placed in out of home care to receive transportation and maintain enrollment in their current school.
- The Oral Health Partnership, which provides dental care to all children in the Brown County School System, is an innovative approach in ensuring proper dental care to children in out of home care.
- Community programs assure the availability of basic necessities, such as furniture, dishes, and clothing.
- The planned opening of the Child Advocacy Center (CAC) is an effort to decrease the effects of trauma by providing a centralized location for interviewing and advocating for child abuse victims.
- The Ruth Helf Family Center provides an environment for families to interact in a supervised setting, with a focus on strengthening parenting skills.

### **Resource Challenges**

- The closing of mental health centers has resulted in children with significant needs returning to their homes and the community without the necessary supports and services. This has impacted parents and school personnel who are ill-equipped to meet these children's high levels of need.
- Long-term waiver restrictions have decreased the amount of support schools receive for children experiencing crisis. This has increased the number of referrals to the crisis center and mental health hospitalizations for children. There is a perception that the restrictions have strained the relationship between school personnel and county workers.
- There is a need for service providers to collaborate when multiple providers are working with a family system. Services are viewed as fragmented and provided in "silos," limiting their effectiveness. A contributing factor to this challenge is the lack of family systems practitioners in the community.
- Access to trauma informed providers is limited.
- There is a lack of timely access to mental health and psychiatric services for children and youth, and they are often unable to be seen at the frequency they need.
- There is an opportunity to enhance services for safety to reduce out of home placements.

### **Practice Strengths**

- Child Protective Services (CPS) staff receives support and consultation within their individual units.

- The IA supervisor is committed to staff and families and appears to understand the day to day challenges of staff providing direct practice to families.
- The State Permanency Consultant is available to staff cases and has a positive working relationship with ongoing workers.
- The implementation of the Permanency Roundtables Initiative allows for greater collaboration between agencies and families in an effort to improve permanency outcomes for children.
- The use of Coordinated Service Teams with select families is strength based, solution focused, and involves informal supports.
- Workers have an understanding of Wisconsin Indian Children Welfare Act legislation, and there is noticeable improvement in notification to the tribes. Communication between county workers and tribal workers is perceived as key to improved working relationships.

### **Practice Challenges**

- There is a need to develop written guidelines for the process of transitioning cases from IA to Ongoing. The current process is perceived as unstructured with variance amongst workers and cases.
- There is an opportunity to improve the timeliness of monthly face to face contact documentation in an effort to give credit for the contacts that are made.
- Increased workload for the workers is, in part, attributed to insufficient clerical support. Tasks that were once completed by clerical support are now the responsibility of workers.
- There are differing perceptions of permanency between the county and tribes. Accepting the tribal use of guardianship as a permanency option may improve permanency outcomes for children receiving CPS services.
- There is a perception that Brown County has a high number of child removals in relation to comparable counties. Exploring in-home services that control for safety is an area for consideration.
- The agency workers are challenged with identifying fathers early in the case. There is a need to develop strategies to identify and engage fathers earlier in the case planning process.
- There is a need to tailor case plans and services to a family's needs with specific and measurable goals.
- Opportunities exist to improve coordination with other agencies involved with families, such as probation and schools.

### **Legal Strengths**

- The Corporation Counsel for Children in Need of Protection and/or Services (CHIPS) cases is accessible and knowledgeable, and there is an effective collaboration with the agency.
- There is one Corporation Counsel dedicated to TPR cases. In 2010, 30 guardianships were conducted and 35 to 40 TPR petitions were filed.
- The Court Appointed Special Advocates (CASA) program is highly valued by both the agency and legal partners.
- Court partners and agency workers have positive and effective working relationships.
- Court reports are read by legal parties and are viewed to be of excellent quality and very thorough.

- There are opportunities for agency management and judges to address changes and to problem solve concerns during quarterly meetings.
- The two-year rotation of the two juvenile judges who rotate weekly is effective in maintaining the judges' assignments to families.
- The implementation of informal pre-trial conferences allows court parties to discuss pleas and service plans prior to entering the courtrooms. The process is perceived to limit the number of continuances.
- The process of scheduling hearings by the clerk of courts is viewed as seamless and prompt.
- The practice of appointing attorneys for parents is encouraged by legal parties and allows parents a greater understanding of the legal system.

### **Legal Challenges**

- It is the perception of some legal partners that the current budget crisis is limiting service delivery to parents, thus impacting parents' abilities to complete court ordered conditions for return. This has the potential to impact parents' motivation and the time to reunification or termination of parental rights (TPR).
- The number of court ordered conditions for return are perceived as overwhelming to parents. There is an opportunity to individualize conditions for return for each family.
- There is a perception that the bar gets raised from safety to well-being; children are removed from the home due to safety threats, but reunification is contingent on well-being.
- There is an opportunity to address concurrent planning and permanency earlier in the case. There is a perception that the process of filing for TPR is delayed.

## **V. Performance Analysis**

### **Access and Initial Assessment**

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

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

The Access and IA reviews analyze the following information:

#### 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 (23)

- Paper review of screened out Access reports (10)
- Monitored access calls (4)
- Reviewed access reports associated with the Initial Assessments (9)

#### Initial Assessment (8)

- Reviewed recently completed Initial Assessments

### **Access Practice Performance**

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

#### **Access – Strengths**

- The Access/IA supervisor is knowledgeable about Brown County’s families and is able to recall historical family information.
- Workers were observed to maintain composure when taking Access calls and were engaging and open with reporters.
- The development of a referral form for schools to complete when making a referral has contributed to a smoother referral process.
- Workers gathered thorough information from the reporter, asked follow up questions, and documented reported information, specifically in the areas of maltreatment and surrounding circumstances, location of child, the alleged maltreater’s access to the child, and school information
- When present danger threats were identified, workers immediately notified the supervisor in an effort to accelerate the assignment of an IA worker.
- Cases are screened and assigned to IA workers within 24 hours, in compliance with state standards.

#### **Access – Challenges**

- Opportunities exist to gather additional information and enhance documentation in the areas of child and adult functioning and with information related to other household members. The use of terms such as “not stated,” “unknown,” and “NA” lend an unclear explanation of whether or not the worker asked for the information or if the reporter did not know the information.
- There is an opportunity for Access workers to improve their understanding and identification of possible impending danger. The Safety Foundation and Access trainings offered through the state training partnerships may support this learning opportunity.

- There is a need for screening decisions and response times to align with state standards. Decisions did not always align with safety threats or risks identified in the Access reports. There is a perception that cases are screened out due to work load and staff capacity.
- Reports were missing, or provided limited explanations, for screen out decisions and when response times deviated from state standards.
- There is a need to refer necessary screened out Access reports to Law Enforcement and tribes in a timely fashion.
- The community perception of the CPS role is unclear, resulting in a misconception about what needs to be referred to the agency as well as the response that can be expected.

*The following information was collected from the review of 23 Access reports in Brown 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, ninety-one percent of cases scored in the 4-6 range. Several of the cases provided thorough information related to the alleged maltreatment and surrounding circumstances and clearly outlined the information the reporter wanted to report. In addition, inquiry into the child's location and current access by the alleged maltreater was explored. In one such case where thorough information was gathered, reviewers noted, *"The worker did a nice job of gathering information about the reported incident of maltreatment. The worker did a good job inquiring about the father's functioning as well as about the mother, even though the mother lives in a different home. The worker explored with the reporter what the plan for the 13 year old child would be given the child refused to go back to her father's home."*

Inquiry into and documentation of child and adult functioning, as well as other household members, are areas to be further considered. In one case, reviewers wrote, *"More information about the child's functioning, involvement with the juvenile justice system, and child's possible special needs could have been explored, as well as more information about the family dynamics, stressors/strengths in the home, and adult functioning."* In another case, it was noted, *"The report is lacking information on the other children in the family. A background check on the mother and father through CCAP was not documented."*

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

In this area, seventy percent of the Access reports reviewed scored in the 4-6 range. A complete understanding of the family situation, including possible threats to child safety, is dependent upon the diligent gathering of information. One such case demonstrated the relationship between diligent information gathering and depth of understanding. Reviewers wrote, *"The Access worker understood that the boys had special needs, therefore making them more vulnerable. The worker provided some indication that both parents may not be adequate caregivers due to*

*possible substance abuse. The worker documented that it was unclear whether the boys were adequately cared for over the weekend or who was going to be responsible for them after school.”*

Limited information-gathering influences the understanding of the family situation and limits the assessment of child safety. Reviewers on one case identified areas of information-gathering that were lacking, which in turn limited the depth of understanding. Reviewers wrote, *“More information could have been gathered to gain a better understanding of the family dynamics. The information gathered was factual and was not synthesized; present and/or impending danger threats were not accurately identified by the worker in the access report.”*

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

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 Brown County review, one hundred percent of the Access reports reviewed scored in the 4-6 range, indicating that staff involved in making decisions were both aware of extraneous variables and did not allow them to influence decisions. Reviewers noted, *“The Access report does not contain any of the Access worker’s personal opinions. Past history was considered, but the history was not unduly used as a basis for a screening decision in this Access report.”*

**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, eighty-three percent of the 23 cases reviewed scored in the 4-6 range for the screening decision and one hundred percent of the 11 cases that were screened in for Initial Assessment scored in the 4-6 range for response time decisions (screened out cases are not scored for response time). In one case that scored in the 4-6 range for both the screening decision and response time, reviewers were able to gain an understanding of the information that was considered and why the decisions were made; *“The supervisor used thoughtful analysis and good interpretation of the reported information to identify the existence of impending danger threats which led to an accurate screening decision and response time.”*

One case demonstrated how information gathering, analysis, understanding, and assessment for present and possible impending danger are integral in making screening decisions. Reviewers wrote, *“Information regarding the family’s functioning and the father’s parenting capacities indicate that there are possible impending danger threats and these were not taken into consideration when screening this case out.”*

**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 of actions, taken impacts the level of confidence in the screening decision. When appropriate conclusions are drawn and well-reasoned decisions are made, workers and supervisors are confident in the validity of the screening decision.

For this indicator, the confidence level of workers and supervisors is only rated when reviewers have had an opportunity to interview the worker and supervisor about decisions made. In the Brown County review, the workers were not interviewed during the Access review; the supervisor was interviewed for seven Access reports. In the area of confidence in decisions made, one hundred percent of the cases scored in the acceptable range for the supervisor, indicating that the supervisor was confident that decisions made were correct based on the information known at the time.

The reviewers' level of confidence in the decisions made at Access scored in the 4-6 range in 78 percent of the 23 cases reviewed. Reviewers had a high level of confidence when the documentation of information supported the decisions made. Reviewers noted, *"It is easy to follow the worker and supervisor's decision making. From the information gathered, the worker and supervisor made a logical and accurate screening decision."*

Reviewer confidence in the screening decision fell when unaddressed concerns for possible child safety were evident. In one case, where the supervisor also acknowledged a slightly lower level of confidence in decisions made, reviewers wrote, *"The supervisor expressed some concern regarding the family's functioning and recognized it would be optimal for a worker to offer the family services if the agency had the staffing capability. The reviewers' level of confidence also fell...due to there being possible impending danger threats in the household."*

### **Initial Assessment Practice Performance**

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

#### **Initial Assessment – Strengths**

- Effective collaboration between IA workers and some law enforcement agencies aids in meeting initial face to face response times.
- The IA document provides detailed information in areas such as maltreatment, surrounding circumstances, and adult and child functioning.
- IA workers are found to be resourceful and have knowledge of community supports. Families are being referred to community resources when formal agency involvement is not warranted.
- Community agencies, including Healthy Families and Family Services, are cited as effective safety and prevention programs. These programs allow for the provision of services in the home.
- Teaming between IA and Ongoing workers is seen as a positive step to enhancing communication and collaboration between the two units.
- IA workers and the IA supervisor have a trust-based collaboration, mutual support for one another, and high level of rapport.

- The IA supervisor is viewed as being available to staff cases despite the high workload the IA supervisor carries.
- IA workers are viewed as having an ongoing willingness to learn and a desire to do better.

### **Initial Assessment – Challenges**

- There is a perception that the agency is understaffed at both the worker and supervisor levels, with the supervisor supervising 12 workers. This contributes to the challenge of completing timely documentation in eWiSACWIS.
- Worker case assignments of 12 to 16 cases per month, the correlating workload, and restrictions on work hours limit the level of involvement with families. While workers meet initial face-to-face response times, additional involvement with parents, other family members, and collateral contacts are sometimes delayed or missing.
- There is an opportunity to enhance the assessment of underlying needs to assist in the identification of impending threats to safety.
- There is an opportunity to develop a streamlined approach to transferring cases between the IA and Ongoing units and to define worker roles and responsibilities.

*The following information was collected from the review of eight Initial Assessment cases reviewed in Brown County.*

**Engagement and 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 eight Initial Assessment cases reviewed in Brown County, seventy-five percent scored in the 4-6 range for both level of engagement and level of responsiveness. In one case where both engagement and responsiveness were seen as strengths, reviewers wrote, *“The worker interviewed the three boys separately at school within the assigned time frames. Strategies were used to develop rapport with them by talking about their interests and performance at school prior to discussing the alleged maltreatment. The worker was able to engage the mother so that she was cooperative with the assessment process by relaying to her how important it was to capture her thoughts on the situation. The father was able to talk openly with the worker about his recent use of alcohol and probation hold. The worker approached the family in a non-judgmental manner.”*

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

In the area of diligence of inquiry, seventy-five percent of cases reviewed scored in the 4-6 range. In one case, interviews with family members were supplemented with collateral contacts in order to gather the most accurate information to aid in decision making. Reviewers wrote,

*“The worker did a thorough job of explaining the maltreatment and surrounding circumstances, including the mother's explanation of the situation. The worker was able to explain the child and mother's strengths and challenges. The worker consulted with the other agency workers involved with the family in order to confirm or support the information she obtained from the family. The worker, jointly with law enforcement, conducted interviews with all household members.”*

Another case, however, demonstrated the need for concerted efforts to thoroughly interview family members, and how a lack of information can hinder the assessment of safety threats to the children. *“The worker did not fully interview both children so she could not assess what the actual concerns of abuse or neglect in the home were. The worker was unable to interview the father, although several attempts to contact him were made. The worker was unable to fully observe the conditions of the home. After an initial home visit was attempted, the worker did not attempt any other follow up home visits.”*

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

For this indicator, reviewers are asked to evaluate the depth of understanding in three areas: the overall family situation, safety assessment, and safety planning. Seventy-five scored in the 4-6 range for depth of understanding of the overall family situation and fifty percent scored in the 4-6 range for safety assessment. Just one case had identified safety threats and a safety plan was implemented. One particular case demonstrated how having an overall understanding of the family situation and understanding of how parent protective capacities influence the assessment for impending danger. Reviewers wrote, *“The worker understood that present danger did not exist because it was confirmed that the maltreater was in the county jail and would most likely remain there because he was being charged by the District Attorney. The worker was aware that the mother took protective actions in order to ensure her daughter's safety. The worker identified the mother's cognitive limitations as well as the child's special needs as impending threats. The worker demonstrated an awareness regarding the mother's lack of ability to safely judge adult males who may come into the family home and harm her children.”*

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

Avoidance of undue influence scored in the 4-6 range for workers in eighty-eight percent of the cases and for supervisors in seventy-five percent of the cases. In one case where it was evident 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, it was noted, *“The worker*

*did not rely on law enforcement to complete her role regarding safety and assessment. The worker presented and wrote about the family in an objective manner. The supervisor indicated that there were no organizational or extraneous influences that impacted decisions on this case. When there was a difference of opinion within the unit regarding whether to file a CHIPS petition or not, the supervisor used concrete criteria to determine that the informal disposition agreement could control for safety and be less intrusive.”*

While reliance on case history and collateral contacts can often enhance the assessment process, the challenge lies within the worker’s ability to use the information to supplement, rather than influence, the current assessment of the family situation. In one case where this posed a challenge to the worker, reviewers wrote, *“The worker was unduly influenced by previous reports on this family. Both the worker and supervisor had preconceived notions about the family that heavily influenced their approach to assessing maltreatment in the home. The worker relied on information from the mental health professional’s understanding of the family’s dynamics...five years prior. Based on the mental health professional’s opinion that the 13 year old child lies and is dramatic, the worker decided not to fully interview the 13 year old about possible maltreatment in the home.”*

**Critical Discernment:** Critical discernment is reflected in the degree to 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).

For critical discernment, seventy-five percent of cases scored in the 4-6 range. One case exemplified a deliberate process of gathering and assessing information in order to make key case decisions; *“The worker considered that there were no discrepancies in the information gathered during interviews with the parents and children. The worker made a sound decision in choosing not to substantiate the maltreatment and close the case. The worker recognized that the mother may benefit from involvement in community-based parenting and made an offer for services.”*

In another case, however, the overreliance on certain information and the lack of inquiry into the current family situation influenced the worker’s ability to form a well-reasoned analysis of the family. It was determined by reviewers that, *“The decision making process relied heavily on information from prior CPS history and collateral information from the mental health provider and one other provider who would be providing in-home services.”*

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

The worker, supervisor, and reviewers all concurred with confidence in decisions made. For this indicator, one hundred percent scored in the 4-6 range, indicating that the worker, supervisor, and reviewers were confident that decisions made were correct based on the information known

at the time. Reviewers wrote, *“The worker was confident in the case outcomes and believed this was an isolated incident. The worker was confident that the in-home parenting services would further enhance the father’s parenting capacities. The supervisor was confident in the decision making, considering the worker’s interaction with the family and given the amount of staffing that occurred between the worker and supervisor. The supervisor was confident in the amount of communication across all parties on the case. Reviewers concur with the actions taken and case outcomes.”*

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

Documentation of the information gathered and decisions made during the Initial Assessment process is rated separately in the protocol in recognition that workers and supervisors often know more information than is reflected in the actual Initial Assessment document. Documentation of case contacts and assessment findings scored sixty-three percent in the 4-6 range in Brown County. When documentation was sufficient, *“The reviewers were able to understand the decision points in the case and the initial assessment is written in a manner which would allow a subsequent Initial Assessment worker to understand the nature of the referral and how/why decisions were reached.”*

However, in another case it was noted that *“The worker knew more information about the family than was contained in the IA report or case notes; there was a greater level of detail obtained during interviews that described the family's functioning. There was limited documented summary or analysis of the factors that were considered when making decisions on the case. The written assessment was not completed within the 60 day timeframe.”*

### **Ongoing Practice Performance**

A review of the stakeholder interviews, status and performance scores and the twelve case stories that were completed yields a rich description of practice within Brown County Human Services Department (BCHSD) and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. A separate sample consisting of four adoption cases was also reviewed, but those results are reported separately from this report. The sample for this report involves only twelve cases and because the rating reflects primarily current status and performance, readers should be conservative in generalizing scores from this review to the entire Brown 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 BCHSD’s 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.

The QSR uses eight indicators to assess a child's status and five indicators to assess parents and/or caregivers. The results for the 13 indicators are presented in aggregate and graphic format and measure the child and parent/caregiver status in the 180 days prior to the review is located in Appendix I.

## **Child and Family Status**

### **Child Exposure to Imminent Threats**

This indicator is assessing if the child is free from abuse and neglect in every setting; birth home, substitute home, school or other settings. Eighty-three percent of cases scored in the 4-6 range related to Exposure to Imminent Threats in the Birth Home. All children scored for Imminent Threats in the Substitute Home and School Setting rated one hundred percent in the 4-6 range. Only six of the 12 children in the case sample were rated for Imminent Threats in Other Settings and of those six, eighty-three percent scored in the 4-6 range. Other settings include home of a non-custodial parent with home visit privileges, summer camp, after school setting, daycare and anywhere the child regularly spends time. A reviewer wrote of a case rating in the acceptable range, *"The focus child is seen as being safe in his current placement with no imminent threats of harm. The neighborhood is also seen as safe. Though there are many different people coming in and out of this home (the caregiver's uncle and nephew who are babysitters for the focus child, the mother's sister and current boyfriend) the atmosphere of this home remains calm. There is a current safety plan in place to assure that all contact between the mother and focus child is supervised thus explaining the multiple babysitters."*

### **Stability**

Stability examines the child's current placement at the time of the review, in the birth home or an out-of-home setting; the stability over the last twelve months and the likelihood of this stability continuing to be status quo, improving or deteriorating over the next six months. Seventy-five percent of the children were currently stable in home settings and fifty-five percent of children were in stable school settings. A reviewer wrote of case that scored acceptable for stability in the home and school setting; *"Since April of 2010, he has been living with his mother and her boyfriend in an apartment that appears to be clean, well organized and in a neighborhood that was described as safe. He started first grade in a new school selected by his mother through school choice. This school was described as better than his neighborhood school and located close to his maternal grandmother, who provides afterschool child care. He appears to be safe in his home and school with limits set on playing outside. This includes staying in the back yard, bicycling to the corner and who he plays with in the neighborhood. He is establishing friendships and takes time to introduce his friends to other support persons in his life such as the Child Appointed Special Advocate volunteer. The mother supports ongoing contact between the focus child and the former foster family"*

Another reviewer shared for a case that scored in the acceptable range for school stability, *"...strength for this child is school and the fact that he was able to remain in the same school despite removal from his home. Last year, he was truant, did not turn in homework and received poor grades. Since that time, school staff has worked with him, including adjusting his schedule*

*and he is no longer truant and has improved his grades. He is currently a sophomore in regular education classes and functioning at grade level.”*

A reviewer shared of a child struggling with stability in the home and school. *“The focus child is going through a major transition point in her life and has been in a state of crisis for the last six weeks. She ran from a foster home where she had been placed for almost one year. She placed herself at extreme risk with poor choices and it is believed that while on the run she was sexually assaulted. After she was picked up by the police, she was held in secure detention for two weeks while the case manager located an appropriate placement. The focus child was placed in a treatment foster home at the end of October, but is currently in respite care and will be for about one week. “This is her third school, and if she remains in her current treatment foster home, they may switch her school again, and if she disrupts from either her treatment foster home or her current respite placement, there is a high likelihood of her transitioning to yet another school.”*

## **Permanency**

Permanency applies to all children in an out of home placement as well as children residing in their biological home. The permanency indicator is critical for all children. It is assessing how effective the efforts are in achieving and sustaining a permanent placement for the child following safe case closure. Fifty percent of children reviewed were currently making satisfactory progress toward permanency in the 4-6 range. Several cases reflected the need for additional work toward permanency. A reviewer wrote, *“The focus child is in his fourth out of home placement with one planned move during the review period. However, the focus child has been able to maintain contact with his previous care providers. The permanency plan is reunification with the mother once she obtains employment and housing and is able to sustain her sobriety. The focus child is aware of the permanency plan and is cautious about this possibility coming to fruition. The mother has been sober for only two months and has significant barriers to obtaining basic necessities such as housing and employment. The focus child has been out of the home for 15 months and the plan for reunification hinges on mother’s ability to maintain sobriety and establish stable housing. Barriers include an extensive debt to former landlords and a history of relapse. The concurrent plan is placement with a relative though the specific relative has not yet been identified.”*

A second case scoring in the unacceptable range for permanency, a reviewer wrote, *“Although the foster parents are committed to maintaining the focus child in their home, they were considering terminating the placement due to the child’s challenging behaviors. This is not a concurrent placement and the focus child’s mother has not made significant progress in meeting the conditions of return. The concurrent goal for this child is currently placement with a fit and willing relative but a relative has not been identified.”*

Another case scoring in the unacceptable range for permanency, a reviewer shared *“The focus child has been in out of home care for over two years, and the current permanency plan remains reunification. Reunification to the mother’s home appears extremely unlikely, and though her father has recently expressed an interest in placement, the viability of this option is unknown. There is a possibility that the focus child’s current placement may be available for her until she turns eighteen, but permanency would not be achieved through long-term foster care. A*

*concurrent plan has also been identified as placement with a fit and willing relative, though this is an unrealistic option. A relative has not yet been identified, and given the information known about the maternal family, it does not appear that there is an appropriate family member available for long-term care.”*

## **Emotional Development and Behavioral Functioning**

Regarding child emotional and behavioral functioning, seventy percent scored in the 4-6 range. Seventy percent for behavioral risk to self and to others in the 4-6 range. It should be noted that two children under the age of three were not scored for this indicator. Fifty-eight percent of the children have a mental illness diagnosis and seventeen percent were identified as being substance exposed. Four children were prescribed one or more psychotropic medications. The following is an example of appropriate emotional development and behavioral functioning for a child.

*A reviewer wrote, “Behaviorally, [the focus child] does not pose any risk to herself or others. Her father and step mother report that [the focus child] does very well in terms of being a big sister, helping out with chores, and following directions. Her teachers report that she has “really grown” and “come out of her shell” since she first came to the school. She reportedly gets along well with others and has made friends over the past several months.”*

*Another child who scored in the acceptable range a reviewer shared, “[The focus child] is diagnosed with Attention Deficit Hyperactivity Disorder and is taking medication and participating in both individual counseling and family counseling. The focus child is reported to be steadily improving overall since spring, including improved socialization skills both in school and with peers and improved emotional stability when dealing with frustration and disappointments. Although there has been no formal trauma assessment, trauma was identified during the clinical assessment. It was indicated that the child experiences dreams/nightmares about his father.”*

*An example of a case that scored unacceptable for emotional development and behavioral functioning; the reviewer wrote, “[The focus child] has had multiple school placements and alternative school settings due to his emotional and behavioral outbursts. His current diagnoses are attention deficit hyperactive disorder, oppositional defiant disorder, mood disorder-NOS, impulse control disorder-NOS, anxiety disorder-NOS, and Post Traumatic Stress Disorder. The ongoing problems include episodes of physical aggression toward teachers, law enforcement, providers, peers, his mother and a previous foster parent; and, destruction of property (police vehicle, windows, school desks/chairs, etc.). These episodes were described as escalating quickly and not always having a clear trigger. There were numerous episodes when, after visiting or having contact with his mother, the focus child became aggressive and explosive. These behaviors led to the focus child scoring in the improvement zone for emotional development, behavioral functioning and behavioral risk to self and others. In addition, periods of contact between the child and his mother were stopped or became sporadic. Other episodes were not triggered by contact between the child and his mother, however, contact was stopped. Currently, there is no visitation between the child and his mother or his siblings. The child is not receiving any individual psychological services.”*

## Learning and Development

Learning and development status was at seventy-five percent in the 4-6 range. Information obtained regarding children's reading levels in Brown County revealed that four children were reading at their assigned grade level. Two children were two or more reading levels behind their assigned grade level. Four children's reading levels were unknown. Two children were not of school age, therefore their reading levels were not determined.

Sixty-seven percent of the children in the case sample had an educational placement in a regular school setting. Seventeen percent of the children had part time special education. Two children under the age of four received early education through Birth to Three Program and Headstart. It appears that children of all ages in the sample received appropriate interventions to assess and address any learning and development needs. A reviewer wrote for a case that scored in the acceptable range, *"...strength for this child is school and the fact that he was able to remain in the same school despite removal from his home. Last year, he was truant, did not turn in homework and received poor grades. Since that time, school staff has worked with him, including adjusting his schedule and he is no longer truant and has improved his grades. He is currently a sophomore in regular education classes and functioning at grade level."*

A second case that scored in the acceptable range for learning and development, *"The focus child attends public school and is in her junior year. She did change schools this year and has made a good adjustment. She is taking advanced classes (college prep) and is currently carrying a 4.0 grade point. The school describes her as eager to learn and loves education. The focus child is a "model student". She gets along with her peers and has several friends and a boyfriend. She appears to be well liked by her teachers. The school would like to see her involved in outside activities. She is described as very ambitious. The focus child also has a part time job. She stated that she wants to focus on her school and going to college when she graduates."*

Lastly, another reviewer wrote of a case that scored acceptable for learning and development, *"The focus child's history revealed that she was oxygen deprived at birth and as a result has significant special needs. She has Cerebral Palsy, is bound to a wheelchair, is non-verbal, hearing impaired and is diagnosed with Rheumatoid Arthritis and depression. She attends a school for children with special need where she is in the sixth grade. She functions at the 2-4 year old level. The focus child is described as enjoying school and is working up to her capabilities. She will be transferring to a public school where she will receive specialized services."*

However, a case showed how one child continues to struggle in the educational setting. A reviewer wrote of a case that was rated in the unacceptable range, *"The focus child is currently in second grade but has difficult time retaining information. She is behind academically, is unable to read or write. The focus child does not have an Individualized Education Plan in place that the school follows. The focus child has been able to memorize her birth date, but is not able to remember other dates, such as days of the week or numbers. Another example that was provided to the reviewers is when the focus child and the foster parents writing the numbers 1-20 then having the focus child count as she points to each number, but when the focus child is asked to point to the number 20 she is unable to do so. The focus child cannot remember her*

home phone number or read without looking at the pictures. The child is struggling at school, as she is not able to complete her homework.”

**Parent/Caregiver Capacities and Progress Towards 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 which are more easily attained.

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

<b>Indicator</b>	<b>Percent Scoring 4-6</b>
Caregiver Capacities: Mother	55%
Caregiver Capacities: Father	43%
Parent Caregiver Challenges: Mother	27%
Parent Caregiver Challenges: Father	43%
Informal Support: Mother	45%
Informal Support: Father	57%
Family (of origin) Progress Toward Independence	36%

Sixty-seven percent of parents have a co-occurring condition of mental illness and thirty-three percent are struggling with substance abuse/addiction. Twenty-five percent of the parents are dealing with one or more chronic health impairments.

Past life experiences and current challenges had left parents with little capacity to care for their children, or in some cases, themselves. Past trauma, joblessness, and substance abuse played a major role in impairing parental capacity in many cases reviewed, as illustrated by the following examples.

*“The biggest area of concern for this family is their parenting challenges. Although no alcohol or drug concerns were identified, both are diagnosed with depression and neither has completed high school or held a job with any consistency in years. The mother’s diagnosis is more complicated and includes several personality disorder characteristics that impede her functioning. Her psychological evaluation describes her as aggressive, defensive, narcissistic and having low self esteem. Another major mental health concern is mother’s hoarding behavior. Another concern is mother’s inability to take on the role of parent with her children. The reviewers did hear of one example where she held the focus child accountable for skipping school, but her usual role is more of a friend, doing fun activities with the children such as spending money at a store. She stated that if she disciplines them she is “afraid they won’t like*

me”. Thus she is not in a position of authority with them to enforce house rules such as cleaning their rooms.”

A second example a reviewer wrote, “All interviewed saw mother’s caregiving capacities as good when she is not using substances. She has only been clean for two months and all are in hopes that she can maintain. She has almost completed a parenting class and reviewers learned that she will be one of the first to complete the program. She was described as being very thoughtful in completing her journal homework for the class. She would write in her journal what her problems were with her son, how she attempted to resolve them, whether her resolutions worked and then ask for more advice on how to better parent him. Reviewers were told that she absorbed and then implemented all of the parenting advice she was given. “03 Another example a reviewer wrote, “The challenges the mother faces include: historically her mental illness has impacted on her ability to parent a special needs child and on her own emotional and physical well being. In the past she has not been able to identify when she is escalating and when her behaviors and mental illness are getting out of control. This pattern has put her child at risk resulting in the focus child not attending school, changing the focus child’s medications and not caring for her. This pattern of behaviors has led to the mother being hospitalized and the placement of the focus child. The mother will often search out new physicians when she does not agree with the focus child’s current physician’s recommendations including seeking medications for the focus child. During the interviews this was identified as problematic including comments of the mother over medicating the child. Those interviewed also expressed concerns that the mother is not following the current recommendations regarding the wearing of leg braces for the focus child and frequently removes them.”

### **Substitute Caregiver Functioning**

Substitute caregiving capacity is at one hundred percent in the 4-6 range. No child in the case sample was living at a congregate care setting during the review period; therefore this indicator did not apply to any cases. A reviewer wrote of a case where the substitute caregivers rated in the acceptable range, “The foster parents have been a great resource for the focus child and his sister. The home is safe, nurturing and structured. There are no other children in the home and the foster parents are able to provide for the individual needs of the focus child. They consistently provide for the children’s social, emotional, educational and cultural needs. The foster father works at the focus child’s school and their home is in a safe neighborhood. The focus child has experienced growth in managing his behaviors and emotions since being placed in this home. The foster parents are very supportive of the mother and encourage contact between the siblings and family members. They have a good system of informal supports. The foster father’s parents live next door and they have many long-term friends and relatives in the area. They anticipate being a long-term support for this family upon reunification. They do not intend to be a long-term placement for the children but do plan to provide respite and opportunities for the children to do things they may not otherwise be able to do.”

Other examples appropriate substitute caregiving providers, a reviewer shared “[The foster parents] have been foster parents for 19 years. The foster mother indicated no safety concerns and has numerous supports including family members, friends and parents and other caregivers of children with special needs. They have extensive experience fostering children with behavioral

*and mental health needs. The reviewers observed during the home visit that they are able to meet their basic needs and the foster mother indicated they have no ongoing special needs. All those interviewed spoke positively about the foster parents, their care of the focus child, their commitment to the child and their relationship with the mother.”*

*A third example, “The caregiver is seen as a reliable, dependable and prompt individual that does what is asked of him. Previously, he was viewed as a rather laid-back parent who had difficulty implementing structure and discipline on a consistent basis. Since a Court Appointed Special Advocate started going to this home and giving him parenting pointers, he has been learning, listening and following her direction to the betterment of the children in his care. He is not seen as having any challenges other than not allowing others to take advantage of him. For example, he has allowed the mother’s boyfriend to bunk in his home when in town. He also allowed the mother’s sister and her child to stay temporarily when she lost her housing. The caregiver has several relatives who are good informal supports for him. For example, his uncle and nephew supervise the mother’s contact in the home with the focus child when he is unable to be home.”*

### **Informal Support**

The QSR acceptable scores of forty-five percent for mothers and fifty-seven percent for fathers related to informal support reflects the fact that many parents reviewed had few informal supports, which can seriously undermine a family’s ability to achieve and sustain parental capacity. Their isolation left many parents without personal (as opposed to professional) allies in addressing their daily challenges. A reviewer wrote for a case where the parent is need of informal supports. *“Another challenge the mother faces is her limited support system. At this time her support system includes the mental health case worker, a social services worker, the current foster parents and her husband. In the past she has “fired” supports and discontinued contact with supports including the foster mother. She has no contact with her family members. The mother was not able to identify any supports for herself and the focus child in the community.”*

### **Trauma**

There is no indicator in the protocol to rate the existence of prior trauma; however the review process does collect information about cases reviewed relative to trauma in the demographics section. The effects of trauma are so harmful and pervasive to parents and children, this report will address it specifically in this section. Ninety-two percent of the children and eighty-three percent of parents in the review had trauma in their past, which presents a daunting challenge for parents, their children and the system. The following case examples illustrate the impact and affects that trauma presents for individuals.

*“The challenges the mother faces include her mental health concerns along with her history of domestic violence. These challenges may be affecting her ability to sustain consistent parenting. The mother has participated in individual therapy during her previous involvements with the county; however, has not actively pursued the service at this time in order to assist her with these*

*challenges. The challenges the father faces include being an illegal immigrant, cultural/language barriers, and history of domestic violence.”*

*“Though she is really limited at this time, one of her greatest strengths is that she has insight into her severe mental health issues, and how it impairs her ability to not only care for herself, but meet her children’s needs. The mother has a significant trauma history including sexual abuse, physical abuse and neglect as a child, domestic violent relationships with men and significant mental health issues, including bi-polar, anxiety, Post Traumatic Stress Disorder, agoraphobia and cognitive delays. The mother reports taking over thirteen different mental health medications.”*

*“As a young child, the mother experienced an extensive amount of trauma involving abuse and loss. The mother was referred to the agency when she was three years old due to sexual abuse by relatives and others, as well as physical abuse by her mother. Her mother died of an overdose of medication. The mother was in many different foster homes between the ages of 11 and 18. She also had inpatient and outpatient treatment at hospitals, and was described as easily angered and explosive with little provocation. She was repeatedly physically, verbally and emotionally abused by the focus child’s father, which prompted a restraining order preventing him from having contact with the family. Later, the mother was living with a new male partner who physically abused the focus child, which resulted in the partner’s incarceration. He physically and verbally abused the mother. Following this, while in mother’s care, the focus child had multiple problems with uncontrollable behavior, aggression, anxiety, etc., all of which the mother could not work through, thus it led to the child’s numerous psychiatric hospitalizations.”*

*“... has a long history of significant mental health issues. She has several diagnosis including Borderline Personality Disorder, Anxiety Disorder, Bi-Polar Disorder, Epilepsy, Fibromyalgia and gluten intolerance. She is described by all interviewed as intelligent. The mother has a history of psychological problems since age 18 years, has made several suicide attempts and has been hospitalized inpatient over 20 times. Her medications are Tegretol, Amitriptyline and Insulin injections. The mother experience traumas as a child and as an adult. She indicated she experienced emotional abuse as a child, was separated from her biological father, and was over medicated when she was growing up. As an adult she was separated from her children and her own mother, is experiencing the loss of one child and has made serious suicide attempts.”*

## **System Performance Indicators**

### **Outreach and Engagement**

This is viewed as a critical piece in successfully working with families. Engagement is building a trusting collaborative relationship with families in order to promote behavioral changes in a nonthreatening manner. Engagement of children/youth scored quite high, at ninety-two percent in the 4-6 range. Engagement of the mother was at sixty-seven percent and engagement of the father was at forty percent. Nationally, engagement of fathers remains a significant challenge. The review confirmed that Brown County share similar struggles with engaging fathers.

Reviewers provided examples of unacceptable engagement with fathers. The first example the reviewer wrote, *“Engagement with the father has been a struggle and an area to place continued*

*emphasis. The ongoing worker has consistently tried to learn the father's whereabouts and sends letters to him on a monthly or more frequent basis. There has been some sporadic contact and family interaction, with the last interaction occurring in May of 2010. Development of more creative strategies may be necessary in order to include the focus child's father in the case planning process."*

*A second example a reviewer wrote "There were some areas in which there were opportunities for enhancement. Engagement and role and voice for father were areas that could be enhanced. The father did not appear to be an active participant with the county and the team. The father reported that he received some letters from the worker, however, the letters were in English which the father had difficulty understanding the letters. The father reported he did not attend any court hearings and relied heavily on the advice of the focus child's mother."*

*There was one case where there was acceptable engagement of the mother and unacceptable engagement of the father. A reviewer shared, "Great engagement between the mother and all her providers has helped her to become and remain sober, find employment, obtain housing and follow through on her parenting class. She is especially close to the parenting instructors using them to vent when things get tough and frustrating at home. The focus child, though only two, became very engaged with his former foster family and somewhat views his current caregiver as "daddy. "There is an opportunity to engage the father. The father indicated that he had face-to-face contact with the worker on two occasions while in the local jail. Since he went to prison in another area of the state, other than court papers regarding his son and one letter from the worker, he has heard nothing further. He has participated in no planning and in fact was not fully aware of what was happening with his son. The father has no interaction with his son other than having received one letter from the birthmother after he had written to her. The father does not appear to be engaged with any providers on this case and does not have the opportunity to demonstrate any role and voice in helping to plan for his son. He expressed the desire to know what is happening on his son's case and to be given a voice."*

*There were some cases that demonstrated acceptable engagement of the mother, father, substitute caregiver, and/or child with providers. A reviewer wrote "The first area that is working extremely well is the case manager's engagement and role and voice of the focus child, mother, father, and substitute caregiver. The focus child describes the only adult that she trusts as the case manager. One example of this occurred when the focus child was in a state of crisis, after hours workers were able to contact the case manager so she could work to stabilize and calm the focus child, because the case manager was the only person the focus child would listen to. Another example of solid engagement is the willingness and flexibility of the case manager to meet the mother at a variety of locations, including the hospital and recognizes the struggles that the mother has in going out in public settings, and will meet with her at level of comfort. The father also describes appreciating the information exchange that has been occurring between him and the case manager, now that he has become involved in the case. The foster parent values the support and positive relationship she has with her case manager."*

*A second example of acceptable engagement of a parent a reviewer shared, "...agency worker's excellent engagement with the family, especially the mother. The mother was extremely hostile and mistrustful of past agency workers, but this worker has been able to build a relationship with*

*her. The mother stated that she likes that the agency worker “puts everything out on the table” The mother states she feels that she is listened to and has input into decisions about her family. She also liked that the agency worker made an effort to get to know the children. She has met with the focus child and although he is uncommunicative, she seems to have some sense of his needs and has thought about what other positive opportunities that could be provided for him.”*

## **Role and Voice**

Role and voice indicates that participants feel they have been heard and that goals and plans are developed collaboratively with the family and team members. Seventy percent of youth were found to have involvement in decision planning and decision-making in the 4-6 range, sixty-four percent of mothers, thirty percent of fathers and one hundred percent of substitute caregivers. There is evidence in other QSR patterns over time that a high level of parent involvement in planning and decision-making is correlated with successful achievement of other case goals. A few examples of meaningful parental role and voice and minimal role and voice are provided as illustration of the importance of this indicator.

*“Mother has a strong role and voice and has used it to ask for flexibility in the start time of alcohol and drug treatment and asked for the adjustment of her safety plan. The mother asked to wait to do alcohol and drug assessment and follow up treatment until after she has completed her parenting class. The worker saw the wisdom in giving mother this flexibility. Since the worker is complying with these requests the mother feels heard and listened to.”*

*“The mother appears to trusts the ongoing worker completely and believes that the ongoing worker is doing everything she can to help the family. The ongoing worker is very responsive to the team and mother’s voice is clearly present and respected. As an example, the mother had reservations about the focus child’s school that was suggested by the foster parents. The ongoing worker acknowledged the mother’s specific concerns, empowered her decision-making on the issue and created opportunity for communication with the foster parents to discuss the concerns. After discussion, the mother was able to make the best choice that fit her son’s needs.”*

## **Coordination**

Coordination performance was quite high, at eighty-three percent in the 4-6 range. For example, *“Reviewers learned of good coordination and communication in this case. Everyone the reviewers spoke with indicated the ongoing worker gets back to team members quickly and promotes communication among family members, providers and caregivers. The ongoing worker is described as being prompt, responsive and a quick problem solver. There is also good coordination and communication between the ongoing worker, Indian Child Welfare worker and foster care worker.”*

## **Family Teamwork**

The results from this indicator demonstrates that this is an area of development for BCHSD. Teaming is a core principle and value of the QSR model. When there is strong team formation and functioning, other areas of practice are enhanced such as assessment, planning, tracking and adjustment. Effective teaming improves outcomes for children and families. Formation is

examining if all key participants in the family's life are present at the team meeting and include formal and informal supports. Functioning is inquiring if the team is operating together; is there a shared big picture understanding of the goals and needs of the family and are the strategies in place. The team, not only the case manager, are assessing, planning, tracking and adjusting as needed to assist the family in achieving desired outcomes. Team formation scored at fifty-eight percent in the 4-6 range and team functioning scored at fifty percent in that range. The following cases illustrate the areas of opportunity with team formation and functioning.

*“Team Formation and Functioning scored in the low refinement zone. Although all the service providers identified the assigned agency worker as the contact person, not everyone is talking or meeting on a regular basis. For example, there is a Child Appointed Special Advocate worker involved with the family but the team members that were interviewed were either not aware that she was involved or did not know what her role was with the family.”*

*“Regarding team formation and function, there are some pockets of teams and a formal team of professionals in place that meet regularly. The agency and providers, including school staff, are very committed to this child. However, there is not one team that includes all key members. The mother does not appear to be engaged in the process and does not appear to demonstrate a role or voice in decision-making and thus is not part of the plan. There is some ambiguity relative to meeting invitations and attendance. The mother has been invited to team meetings and school meetings in the past, but did not show or she became emotionally upset while being there. The mother would bring her issues to the table, which caused a disruption in moving forward with the issues at hand regarding the focus child. The school instructor reported that the mother has not been invited to any school meetings. She was unsure if the agency/school initially invited her to any school meetings.”*

*“A working team has been formed that seems to share the same views of the family's needs, strengths, and the necessary goals needed for change. It appears that the main focus of the team meeting is to share information which is great for tracking the case. There is an opportunity to expand the team formation and improve team functioning to allow for collaboration regarding problem solving. Many of the team meeting consisted of the worker, mother, Child Appointed Special Advocate worker, and contracted worker who provided parenting. The worker may find it beneficial to include others in the team meeting as the reviewers learned that another agency worker seemed to have crucial information regarding the focus child. In addition, the team could assist with assessing the mother's lack of progress for behavioral change.”*

*“The ongoing worker was effective in keeping all participants informed and had begun formal teaming prior to the mother's inpatient treatment outside of the area. However, not all participants were a part of the team. There is an opportunity to include the foster parents and grandparents on the family team. This may enhance communication between the care providers and further serve to enhance sibling contact. In addition, the team may want to look at ways to continue to meet regularly, while the mother is out of the area, through transportation assistance or use of technology.”*

## Assessment and Understanding

Like teamwork, assessment and understanding indicators also address two areas of practice, safety assessment and overall assessment. Safety assessment and overall assessment each scored at eighty-three percent in the 4-6 range. It is critical when working with children and parents to complete a comprehensive assessment of the family's strengths and underlying needs. Families are dealing with numerous external and internal challenges that greatly impact their everyday functioning. The family team needs to have a clear understanding of the family's underlying needs to implement the most appropriate, least intrusive intervention to sustain behavioral changes.

There was some case examples that illustrate effective assessment are provided below.

*“There is a good safety assessment and understanding of the child and family. The case participants are aware of the safety concerns for the child in the community and school. The participants and the mother see that the focus child needs constant supervision by the foster father. The agency received, per their request, a consultation report conducted by a psychologist that provided a thorough assessment of the child and family's history, the child's current needs, and suggestions for long-term planning to provide effective programming.”*

*“Another strength in case practice is safety assessment and understanding, the agency worker and service providers have a good understanding of the impending danger threats and mother's protective capacities. Those interviewed have a good understanding of the changes mother needs to make and what she needs to demonstrate for the focus child to be returned home and remain in the home. This includes mother being able to manage the focus child's behavior without the use of physical discipline or yelling at the child. The mother will also need to have a better understanding of the child's special needs and how it affects the child's emotional and developmental functioning.”*

However, there were cases where assessment was incomplete, failing to fully understand risk, family functioning and specific challenges like substance abuse. Assessment is vital to achievement of safety, permanency and well-being and because the human dynamics are so complex, assessment and understanding are among the most difficult to improve systemically.

*“There are some opportunities to enhance case practice, most notably in the area of safety. The agency worker stated that she had not done a “formal” safety assessment and the reviewers noted that there were several impending danger threats present at the time of review that are not being controlled. These include the parents' lack of parenting knowledge and skill, their failure to benefit from past intervention, mother's inability to control some of her behaviors and the parents' lack of understanding and remorse for the home's condition. In addition, the younger children have been seen several times on the property of the condemned house which is not a safe place for them to be. Despite this being brought to the parents' attention, it has continued to happen. Because no safety assessment has been completed, there is no safety plan in place which resulted in these indicators rating in the improvement zone.”*

The reviewer continued to share about the same family, *“The second area that could benefit from additional focus is the overall assessment and understanding of the case. On the surface, this is a family with chronic dirty and unsafe home conditions, but the agency worker might want to look more closely at the dynamics under the surface which start with mother’s mental health issues. The mother completed a psychological evaluation which recommended ongoing counseling and medication and it is unclear if this has occurred. This is especially important because it seems that mother’s hoarding behavior is a big contributor to the unsafe conditions in the home. In addition, mother’s low intellectual functioning might contribute to her lack of insight into the causes of the poor home conditions that are impacting child safety.”*

A second example of an opportunity to enhance the overall assessment a reviewer wrote, *“Although, the worker seems to have a good understanding of the mother and focus child’s needs, some assessing is still needed regarding the father and what services are appropriate for him. The worker appeared to be aware of the safety risks in the mother’s home. However, a formal safety plan has yet to be created; therefore, protective provisions are not in place at this time which affected the score for planning for safety management. A change of placement occurred, in which the focus child was returned to her mother’s care under a safety plan; a safety plan has not been created for this family. Reviewers also learned of numerous safety risks of the maternal grandmother who care takes for the focus child. For example, the reviewers heard that the maternal grandmother slaps the focus child along the face and is told to keep secrets from the service providers.”*

### **Long-Term View**

Identification of what needs to be present in order to safely close the case improves the likelihood of achieving those outcomes. Several cases were working towards the permanency goal of the child and could verbalize what was needed for the child to either remain in the home, to be returned to the home, or move to termination of parental rights. However, there were a few cases reviewed that when asked, “What does the end look like?” or “What needs to happen for the case to close with the county?” few individuals could offer specific answers. Thirty-three percent rated in the 4-6 range.

Below are other examples where long-term view is a challenge which reveal impacts on permanency and progress toward independence and underscore the importance of assessment.

*“Even when the focus child and the mother were both stable, the long-term view was unclear. Most parties recognized that realistically it was doubtful that the focus child would ever be successfully reunified with her mother. There was ten month period where the focus child’s younger siblings were returned home, but reunification of the focus child during this time was not an option. Given all the present dynamics of the case, the long-term view is even more unclear. Currently all the efforts have shifted to stabilizing the focus child, and there appears no sense of urgency in developing a long-term view for the focus child or the family.”*

*“When asked how we will know when we are done with this family, the worker responded “I don’t know.” She anticipates the case will close in April 2011 when the court order expires. The worker notes that [the focus child’s] father has said he is going to initiate family court, but*

*so far has not. When reviewers asked the father if he knew what he needed to do to get into family court, he responded “yes”. When asked what steps he would need to take, the father could not articulate and appeared confused by the question. Other participants of the case also have varying understandings of the long-term view.”*

*“There needs to be clarification regarding the long term view with the focus child transitioning home within the next few weeks and there is a need to developing a safety plan. Based on interviews, no one indicated that a meeting has been set to develop a safety plan. Team members do not agree on what is needed to insure safety and the steps that need to be taken in order for team members to have a shared understanding of safety and the plan to return home. Team members have not shared their knowledge regarding the family’s strengths, needs and risks. This needs to be shared by all team members to develop sustainable supports and a plan for permanency and safe case closure. The mother is unclear that she will continue under the court order after reunification.”*

*“The other area with some confusion is the long- term view which also rated in the improvement zone. No one we talked to had the same impression of what safe case closure would look like or when it would occur. The family thought their case would close sometime in December or January and the agency worker was considering closing the case when the court order expires in February of next year. Some providers thought the case would close when the family had established a new residence and maintained it in good condition for a period of time, possibly six months.”*

### **Planning a Change Process**

Planning has four components, safety management, permanency planning, behavioral outcomes and sustainable supports. Planning for safety management was at sixty-seven percent in the 4-6 range, permanency planning was at forty-four percent in the 4-6 range, behavioral outcomes for parent/family was at fifty percent and for the child, sixty-seven percent in the 4-6 range and sustainable supports scored at the sixty-seven percent in the 4-6 range.

A reviewer wrote of a case that rated in the acceptable range for all planning indicators, *“Planning for safety has been accomplished with a safety plan and ongoing tracking of that plan. Creative use of placement planning also has enhanced the safety of the focus child. The ongoing and Child Appointed Special Advocate workers are in the home every other week with eyes on how all is going. Planning for permanency—all know the goal of reunification and what is still needed to accomplish alcohol and drug treatment and the need for a concurrent permanency plan. Planning for behavior change for mother is being accomplished via random urinalysis checks parenting classes, and probation and parole supervision (mother has probation for past criminal activity such as disorderly conduct for about another year). The alcohol and drug treatment and relapse planning will complete this process.”*

### **Resource and Support Use**

There are three elements to resource and support use, youth/child use, which was at seventy-five percent acceptability, parent/family use, which was at sixty-four percent in the 4-6 range and

substitute caregiver use, which scored at one hundred percent in the 4-6 range. Examples of good resource availability follow.

*“The worker has provided the mother and focus child with needed resources and supports. The focus child was referred to the [child’s] program and assigned a Child Appointed Special Advocate worker. The ongoing worker is aware that the focus child has acted out sexually in the past and did refer the focus child to the Sexual Assault Crisis Center for education on appropriate boundaries. The mother was offered parenting services, visitations, and provided transportation.”*

*“The use of resources and formal supports for the mother, child, and foster family are very good (i.e. long-term support children’s waiver, economic support, in-home parenting program, school and community-based program facility and therapy). The caseworker and long-term support case manager work diligently to keep needed services in place.”*

However, there are a few cases with area of opportunity to enhance the Resource and Support Use.

*“In terms of resource and support use for the mother and [the focus child], reviewers believe there is an opportunity for increased efforts to be made to engage [the focus child] and her mother in a way that will allow the two of them to mend their relationship. This includes assuring the two of them have meaningful family interactions and providing an opportunity for family therapy. This is important given the information resulting in the removal of the children from the home was provided by [the focus child]. Per several interviewees, [the focus child] could benefit from some additional assistance such as a tutor to support her in getting caught up at school.”*

*“While a referral has been made to an in home parenting program, these services were not initiated prior to the focus child’s imminent return home to assist the mother in developing and utilizing techniques to deal with challenging behaviors presented by the focus child. A plan for the provision of Children’s Long Term Support Services has not been developed for when the child returns home.”*

## **Tracking and Adjustment**

Eighty-three percent rated in the 4-6 range for tracking. Effective tracking requires maintaining ongoing situational awareness of the child and family. Is all the information that is available being obtained and used in the assessment and planning? Effective adjustment depends upon understanding and acting on what is working and not working for the family to meet the conditions for safe case closure. How well is the service team finding out what works for the child and family and then using the information appropriately? It is expected that the case plan created with the family at the start of a case will not be the same case plan at the time of reunification or closing. Sixty-seven percent cases rated in the 4-6 range for adjustment.

A good example of practice in this area a reviewer wrote, *“The ongoing worker’s tracking and adjusting according to changing events has been very effective. She discussed an escape plan with the mother when she left the state with a man the ongoing worker believed was dangerous*

*and the mother used this plan when needed. The ongoing worker recognized she needed to be firmer with the mother regarding her need for inpatient treatment. The ongoing worker persisted in getting the mother to understand the urgency of the situation given the Adoption and Safe Families Act timelines. The ongoing worker continuously adjusted family interaction plans to ensure interaction continued safely regardless of the mother's housing situation."*

*Another example, "A final practice area demonstrating success is tracking and adjustment. Tracking and adjusting is occurring on a daily basis. The status of the focus child and the mother is constantly changing, and the case manager and the team are regularly adapting the plans to reflect these changes. For example, throughout the last three months the focus child has had multiple placements, resulting in changes in school, and the case manager has been adjusting the plan as necessary to meet the focus child's shifting needs."*

A case example from the review revealed the effect of ineffective adjustment on progress and outcomes. *"The mother in this case was making progress regarding her actively parenting and to manage her home in a safe manner; however, once the focus child began extended visitations the mother's progress impeded. There were two occasions where the worker found the home conditions to have deteriorated significantly and safety risks were present in the home. This presented an opportunity to 'adjust' perhaps by conducting more home visit to assess the suitability of mother's home or slow down the reunification process and place different services in place particularly since the condition of mother's home was one reason that the focus child was removed. The lack of safety planning along with opportunities to adjust the plan affected the long term view for safe case closure given that the mother has not sustained the changes."*

## **Cultural Accommodations**

Cultural accommodations are an area of specialized practice focus that in which the QSR looks at the degree to which specialized accommodations are made in response to cultural issues within the family. The system scored at eighty-eight percent in the 4-6 range among the eight applicable cases. Several cases stand out as examples of superior practice and are referenced here.

*"The worker ensured that all team members shared an understanding of the family's strengths and needs. The team was clear on what has to happen in order for reunification and safe case closure to occur. All persons interviewed, including the eight year old focus child, identified the same steps in the plan. The mother expressed the importance of her Native American heritage and the ongoing worker was able to honor her request for a Native American Foster Home. She also has Native American service providers and the focus child attends a Native American school."*

*"The agency also provided excellent cultural accommodations for this family. The father, mother, focus child and the mother's boyfriend are all Spanish speaking; therefore cultural competent services were needed for this family. The agency worker, the focus child's therapist, mom's therapist and foster parents are Spanish speaking. It should also be noted that when the focus child initially was removed from her home she was placed in a foster home that did not speak Spanish, this concerned the agency worker who advocated for the focus child to be moved*

*to the current foster home. It was reported by the foster parents that they were not planning on having any other children placed in their home after they adopted, but the agency social worker was persistent, which ultimately led them to agree to having the focus child placed in their home, which they agree was in the child’s best interest.”*

**Maintaining Relationships**

The review examined the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves supports such as visits, other forms of contact and communication, family involvement in decisions affecting children and planning. The scores below reveal there are challenges in developing and maintaining high quality relationships for a significant number of children in out-of-home care. As is the case with other indicators related to the role and involvement of fathers, scores for father relationships were quite low.

<b>Maintaining Relationships</b>	
<b>Family Member</b>	<b>Percent scoring 4-6</b>
Family interactions: birth mother	67%
Family interactions: birth father	60%
Family interactions: siblings	56%
Quality relationship: birth mother	67%
Quality relationship: birth father	40%
Quality relationship: siblings	56%

There were cases that scored in the acceptable zone as it relates to maintaining family relationships. A reviewer wrote, *“Another area of great strength was maintaining good quality and quantity interactions between the focus child and her mother which included weekday overnight visitations. The focus child also maintains weekly visitations with her brothers and father. he worker did a commendable job on planning regarding the extensive visitation plan that included giving the mother an active parenting role in the focus child’s life that facilitated the focus child returning home. The worker has implemented a well reasoned plan for change by engaging the family with the appropriate service providers and resources for reunification to occur; however, the mother did not sustain the change once the focus child was returned.”* 11

Other examples of acceptable practice, *“The plan for reunification has included the use of wraparound services to provide transportation for visits and supervision of visits. As the plan has moved forward, home visits have increased including over night and weekend visits and the supervision of the visits has decreased. The reviewers observed the mother looking forward very positively to the focus child’s visit and observed the focus child and the mother enthusiastically and warmly greeting one another.”* 07

*“Another area that has been effective is the child has been having regular home visits three times per week with some of the visits being partially supervised by the agency, family members and agency staff are also doing check-ins These visits are two to three hours in length, which allows the focus child to spend time quality time not only with her mother but her siblings.”*06

However, the review revealed some areas of struggle as it relates to maintaining family relationships and connections. A reviewer wrote, *“One final practice area that has been identified as an opportunity for enhancement is family interactions and quality family relationships, specifically with the focus child’s siblings. During this time of change the focus child has not had an opportunity to visit with her siblings, though she has expressed a strong desire to visit and communicate with them. It was discussed that parties want to make this happen and are aware that it must occur, however the focus child has not seen her siblings for almost two months. The relationship the focus child has with her siblings’ means a lot to her, and having a plan in place that would allow her the opportunity to visit with them may be enough to stabilize her for a period of time.”*10

*“There have been some recent issues with regard to contact between the focus child and his older sibling who resides with the maternal grandfather. Even though they live in the same neighborhood, regular and frequent contact between the siblings is not occurring at this time.”*08

*“Some of the interviewees were not sure of the schedule for the visits between the mother and focus child or who was responsible for the supervision of this contact. The other concern is the fact that the mother is cancelling some of the visits between her and the focus child due to lack of transportation. She and her boyfriend only have one vehicle, which the mother’s boyfriend uses to get back and forth to his work. The Family Training Team has been unable to work with the mother and focus child due to the fact that the mother has cancelled visits. However, the Family Training Team does not appear to be aware that transportation is an issue.”* 06

### **Case Prognosis Forecast**

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

<b>Six month Prognosis</b>	<b>Percent</b>
Improve	17%
Status quo	58%
Decline	25%

## **VI. Recommendations**

### **1. Add an additional Access and Initial Assessment supervisor position.**

Stakeholder and staff interviews consistently revealed that the current ratio of one Access and Initial Assessment supervisor to 12 Access and Initial Assessment staff is insufficient to meet the workload requirements. Information received revealed that the Access and Initial Assessment supervisor is available to support staff, however, limited time remains for the supervisor to complete duties such as case assignment in eWiSACWIS and Initial Assessment approval. This is supported by the findings from case reviews, which indicated seventy-five percent of the cases reviewed were open over the 60 state standard for completion of Initial Assessments. Similarly, eWiSACWIS data, at the time of the review, showed Brown County had an Initial Assessment approval rate of just thirty percent within the 60 day state standard. It is recommended that Brown County consider the workload capacity of just one Access and Initial Assessment supervisor and identify ways to support the supervisor, including allowing for an additional Access and Initial Assessment supervisor position.

### **2. Develop and support a clear approach to teaming.**

Stakeholder and staff interviews revealed the agency framework for teaming, Coordinated Service Teams, is inconsistent among workers and cases. This is supported by the findings from the case reviews, as Team Formation and Functioning scored fifty-eight percent and fifty percent in the acceptable range, respectively. There appears to be little structure or coaching to assist staff in mastering the skills necessary to organize and facilitate family team meetings. In-depth training on team coordination, engagement, and functioning would better equip workers to plan services and evaluate results. It is recommended that Brown County develop and implement a formal training and mentoring process that assists workers in developing the skills to facilitate family team meetings. It is anticipated that implementing this recommendation will improve practice in this area.

### **3. Develop and support a clear approach to permanency planning.**

Effective teaming is often the vehicle for promoting more successful permanency planning; the two approaches are interrelated. Regarding permanency planning, it was similarly noted that numerous staff reported that there is no formal agency model used to develop well-reasoned plans to promote timely permanency. Worker practice around permanency planning is inconsistent and there is a lack of clarity for practice partners and stakeholders. These dynamics may be negatively influencing outcomes in this area, especially with regard to younger children. It is recommended that the Brown County review current statutes and standards to determine expectations about the approach to permanency planning, and issue clear policy around this issue, develop and implement a formal training and consultation process that supports workers in developing strategies and actions to achieve permanency for children, and incorporate permanency roundtables/consultation into case practice.

### **4. Improve Engagement of Fathers**

There is a pattern of lack of father engagement at Initial Assessment, a challenge Brown County shares with other systems in the country. The potential for fathers to contribute to better

outcomes for children appears to be underestimated in many cases, which results in outreach and engagement efforts being limited. It is recommended Brown County seek additional approaches to strengthen engagement of fathers, provide supervisors with case consultation tools that will help case managers focus more skillfully on engaging fathers, increase accountability for performance in this area, and join with legal partners, using the court system as a resource to assist identification of fathers.

#### **5. Improve the Current Budget Monitoring System**

A lack of funding for community resources for families impacts the quality of service Brown County is able to provide to families. Limited service delivery potentially impacts the time to permanency for children. It is recommended Brown County identify strategic ways to allocate and implement resources and better train those responsible for budget oversight so that they acquire the necessary skill set to oversee the budget.

# Appendix I

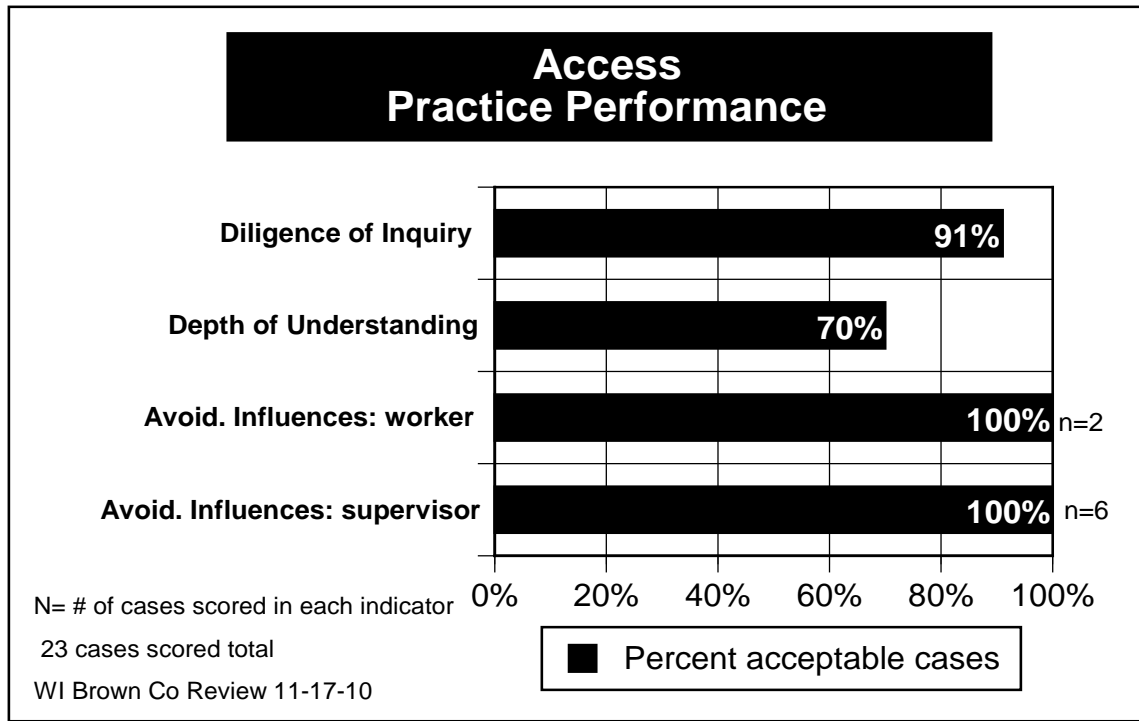
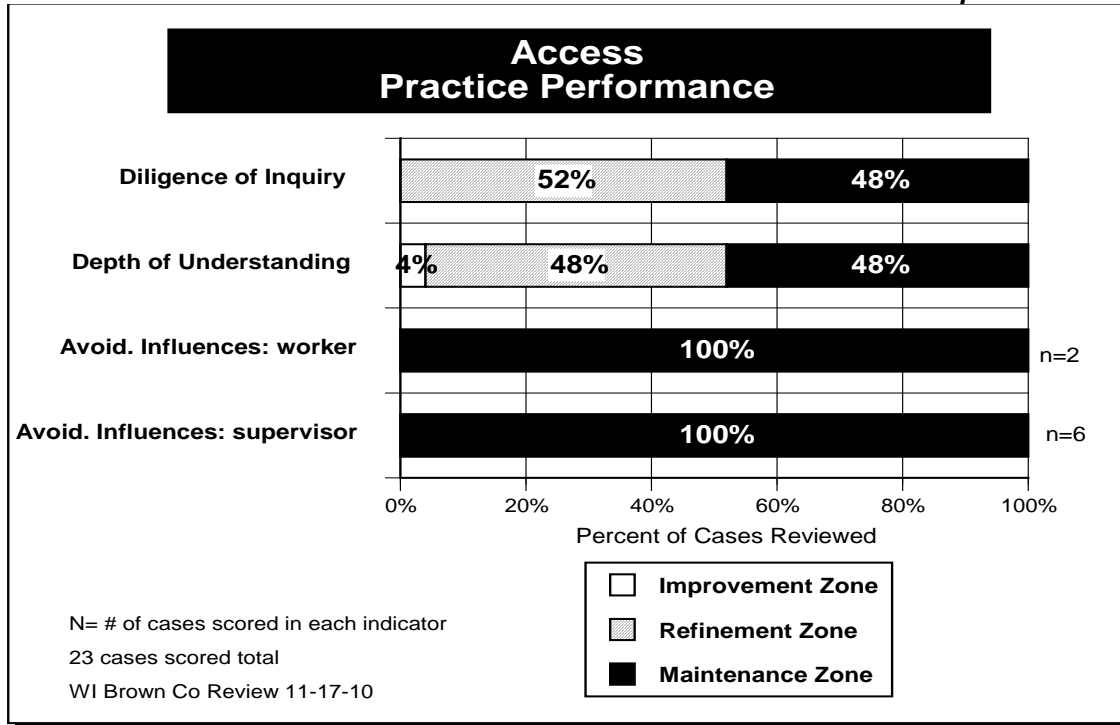
## Review Findings

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.

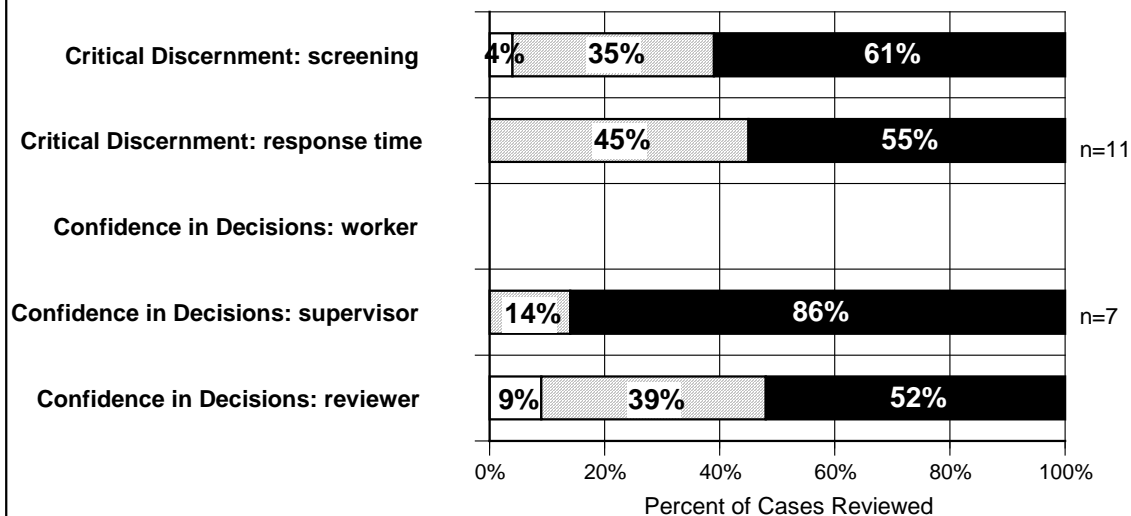
The second table for each indicator distinguishes status and system performance based on the percentage of cases that fall in the Minimally Acceptable to Optimal range, meaning cases that score between 4 (minimally acceptable) and six (optimal performance). This presentation of data sharpens the distinction 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 for Access and Initial Assessment practice in the Brown County review are presented in the following tables.

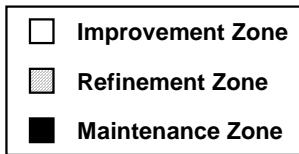
**NOTE: 23 cases reviewed total: N= the number of cases scored per indicator**



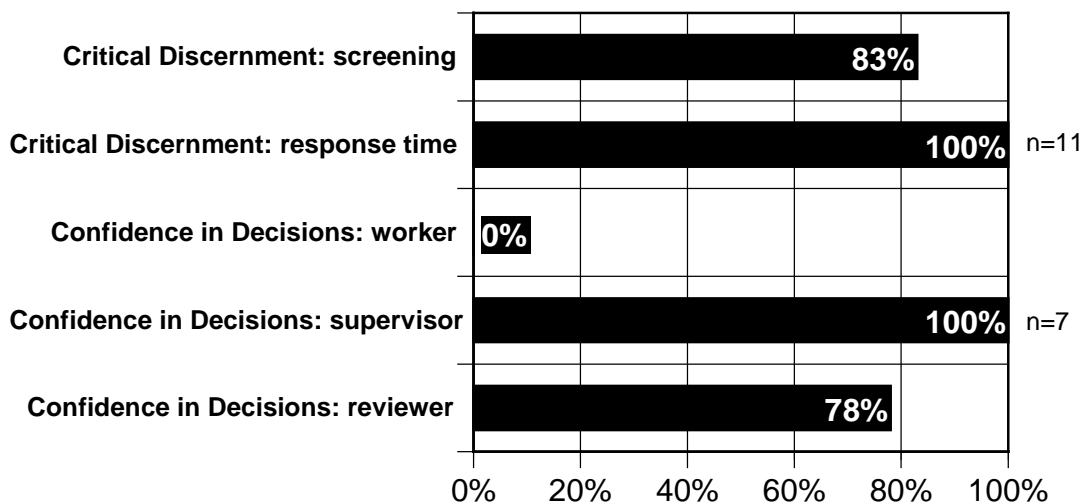
## Access Practice Performance



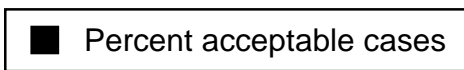
N= # of cases scored in each indicator  
 23 cases scored total  
 WI Brown Co Review 11-17-10



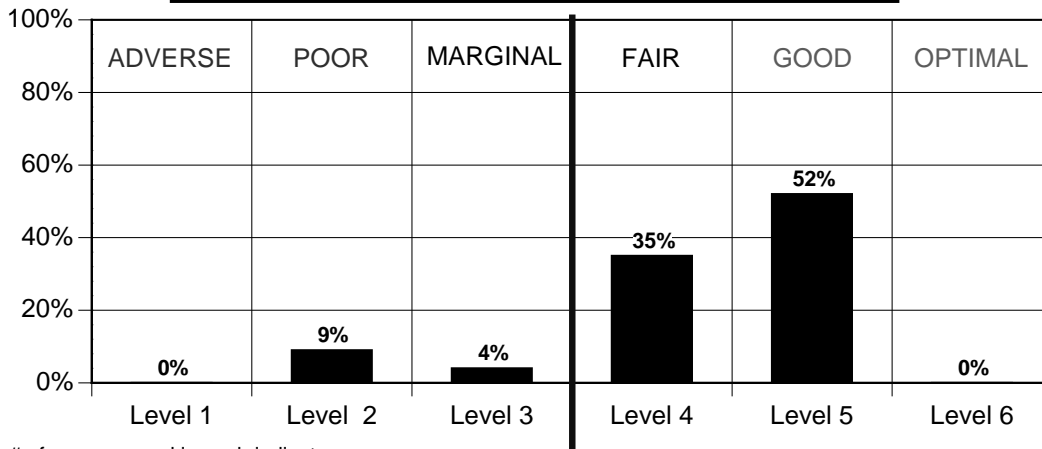
## Access Practice Performance



N= # of cases scored in each indicator  
 23 cases scored total  
 WI Brown Co Review 11-17-10



### Access Overall Practice Performance



N= # of cases scored in each indicator

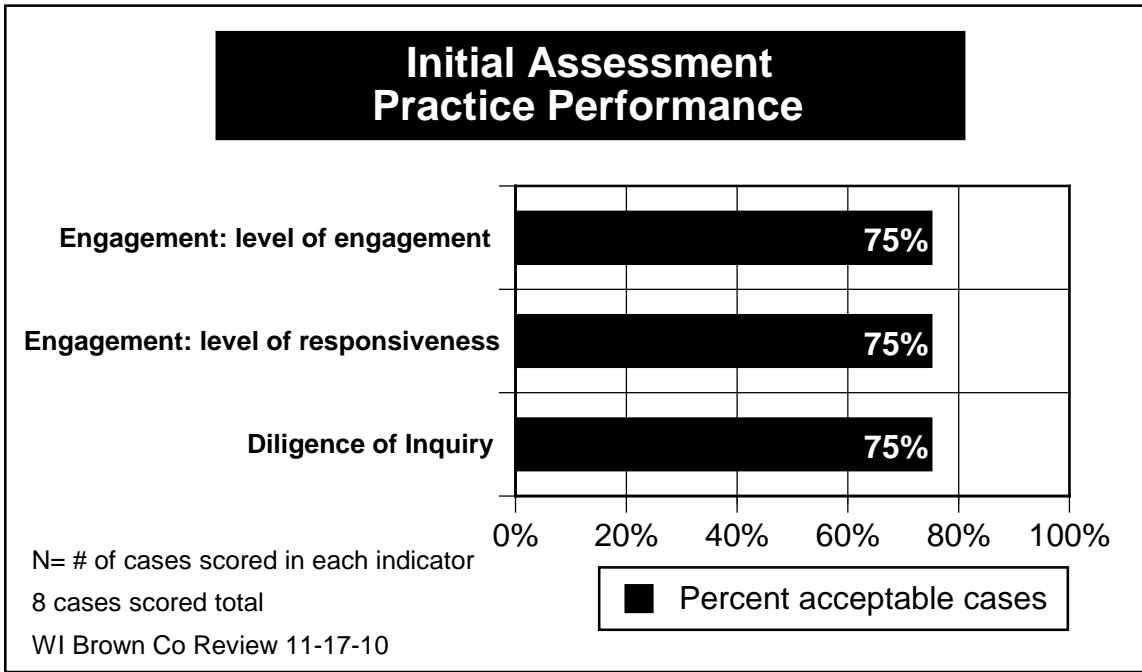
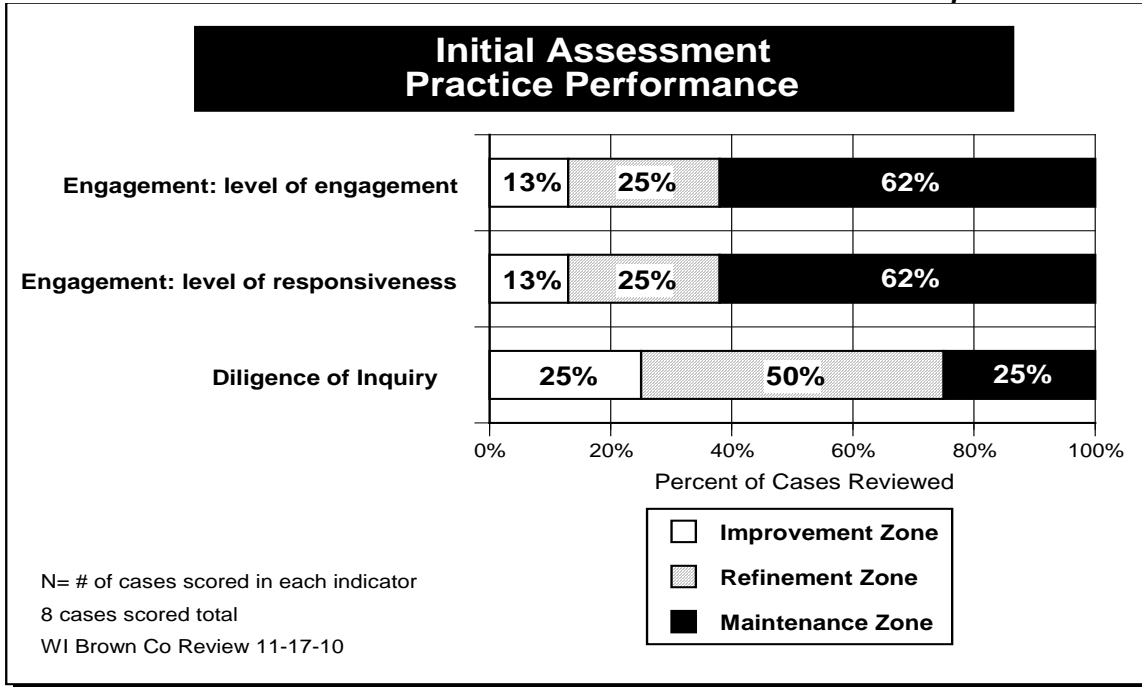
23 cases scored total

WI Brown Co Review 11-17-10

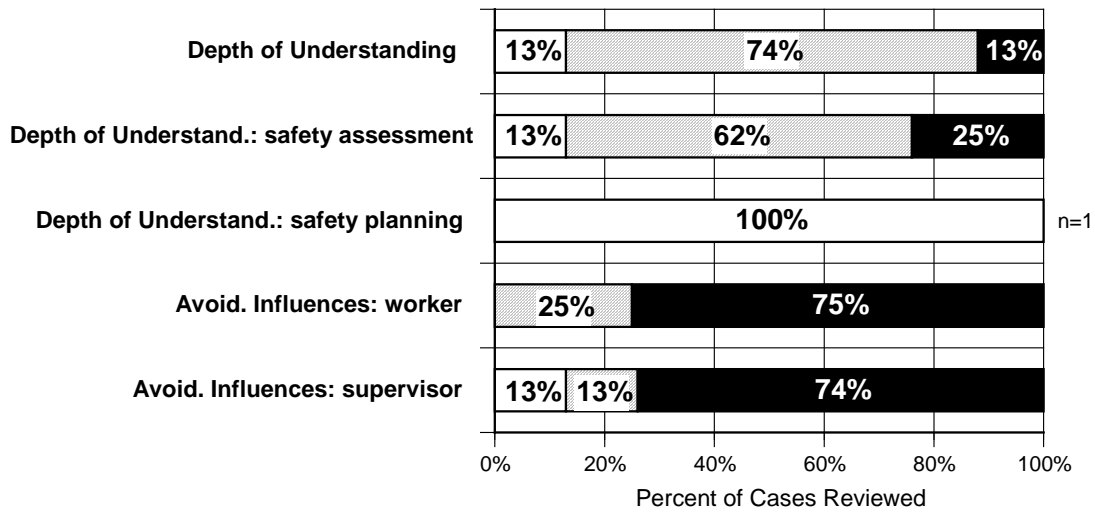
■ Percent of cases

<b>IMPROVEMENT</b>	<b>REFINEMENT</b>	<b>MAINTENANCE</b>
<b>UNACCEPTABLE</b>		<b>ACCEPTABLE</b>

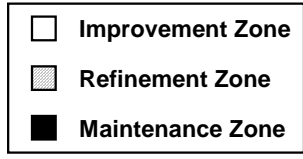
**NOTE: 8 cases reviewed in IA: N= the number of cases scored per indicator**



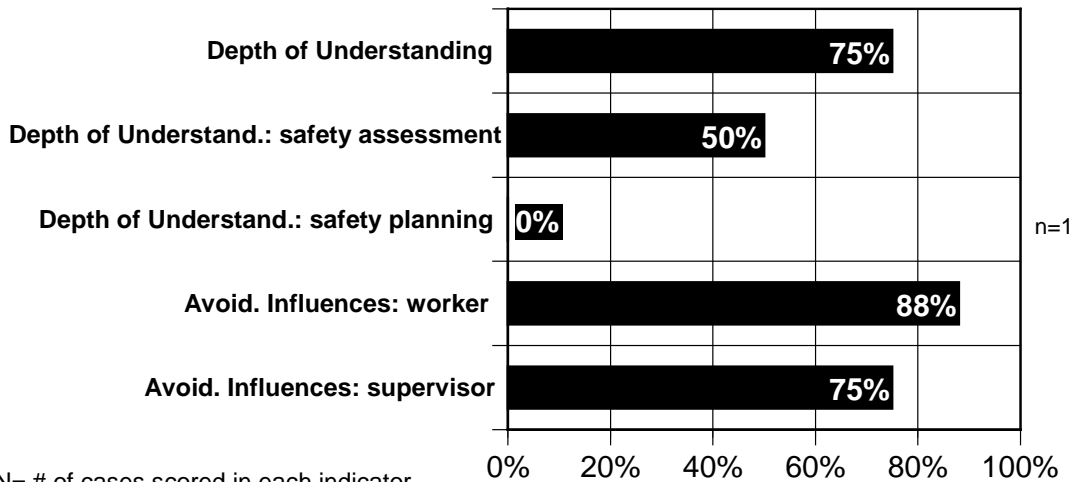
## Initial Assessment Practice Performance



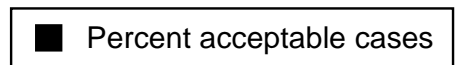
N= # of cases scored in each indicator  
 8 cases scored total  
 WI Brown Co Review 11-17-10



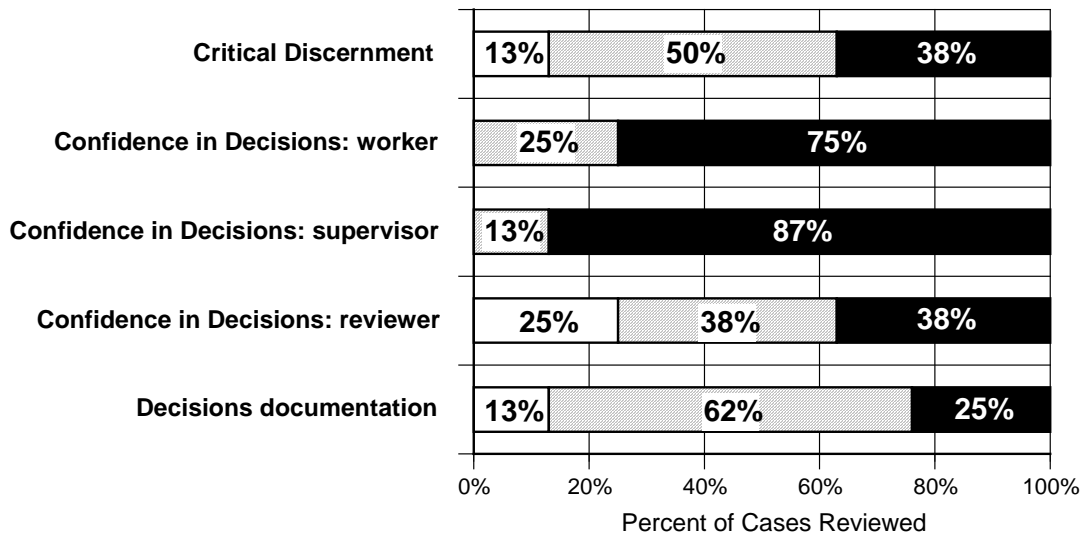
## Initial Assessment Practice Performance



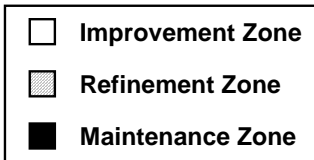
N= # of cases scored in each indicator  
 8 cases scored total  
 WI Brown Co Review 11-17-10



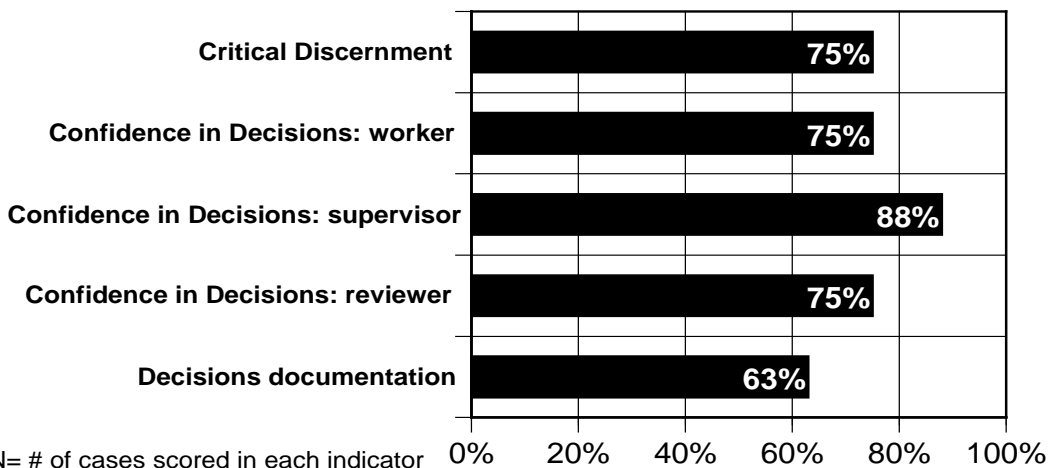
## Initial Assessment Practice Performance



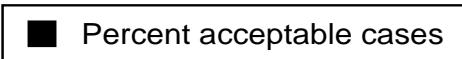
N= # of cases scored in each indicator  
 8 cases scored total  
 WI Brown Co Review 11-17-10



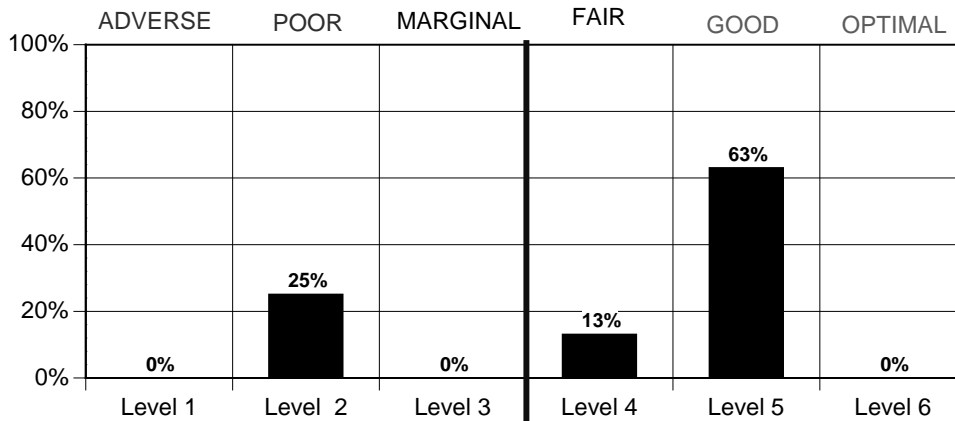
## Initial Assessment Practice Performance



N= # of cases scored in each indicator  
 8 cases scored total  
 WI Brown Co Review 11-17-10



### Initial Assessment Overall Practice Performance



N= # of cases scored in each indicator

8 cases scored total

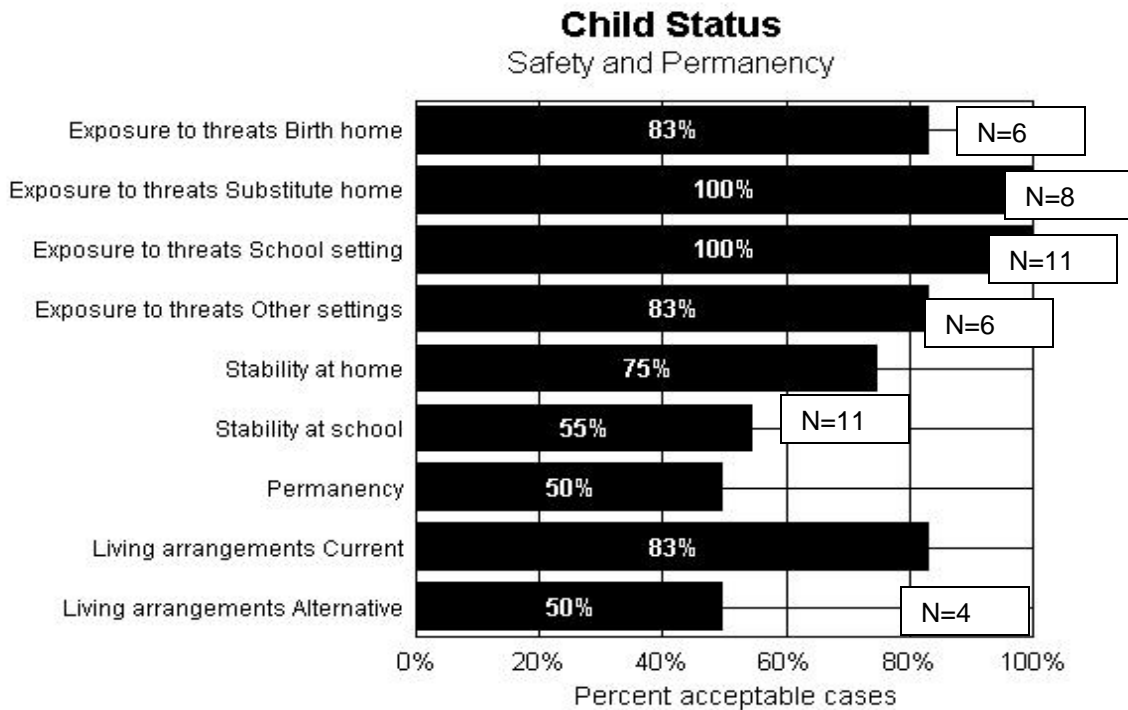
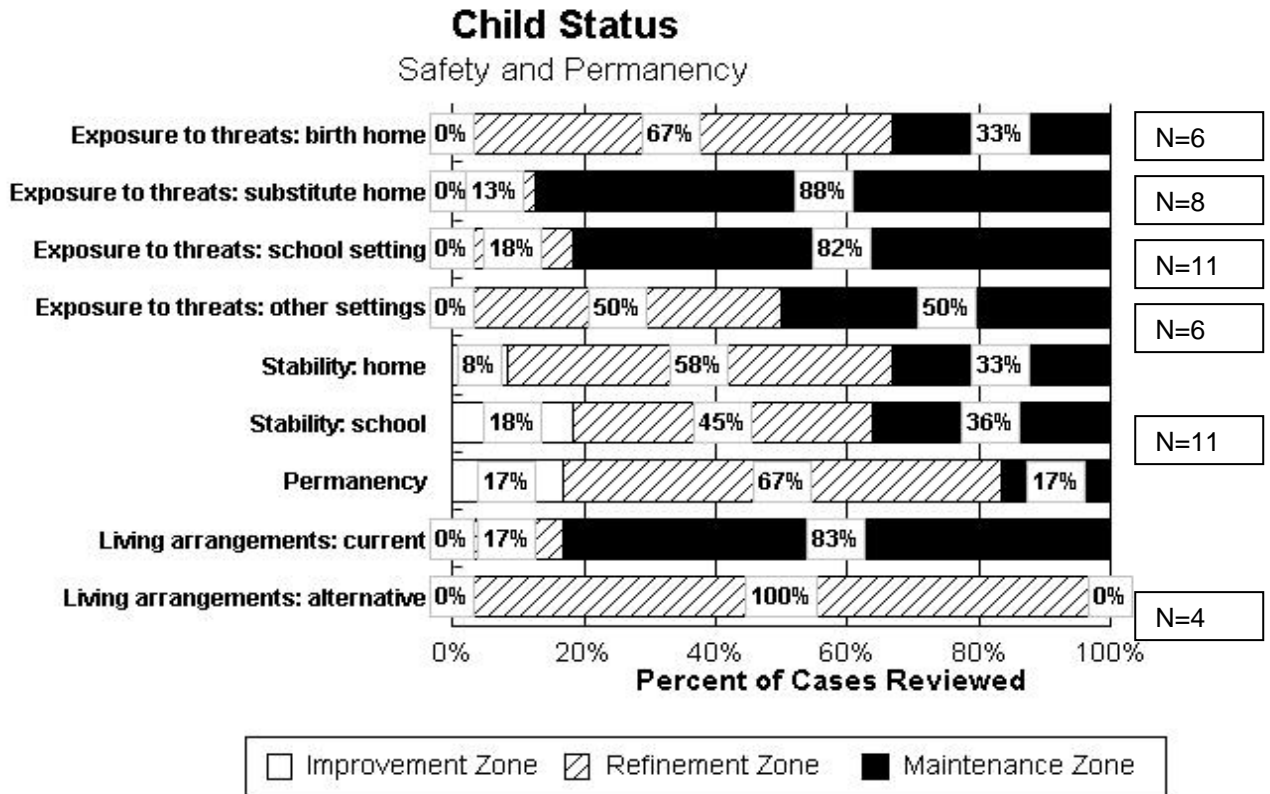
WI Brown Co Review 11-17-10

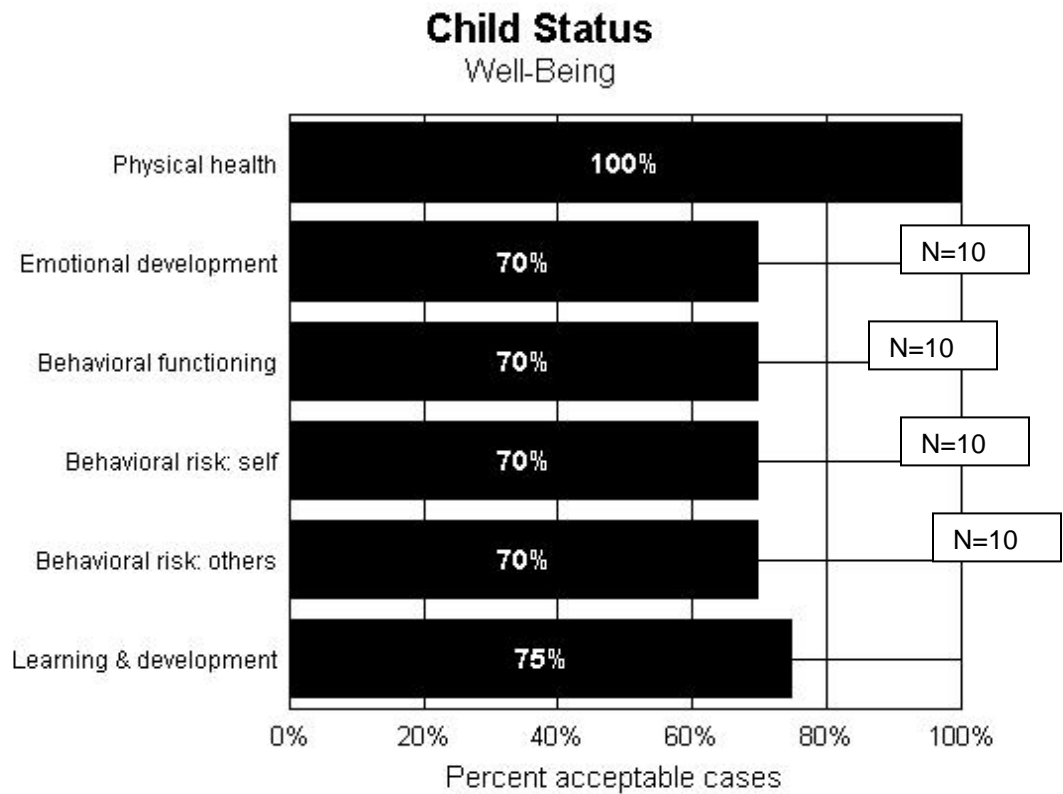
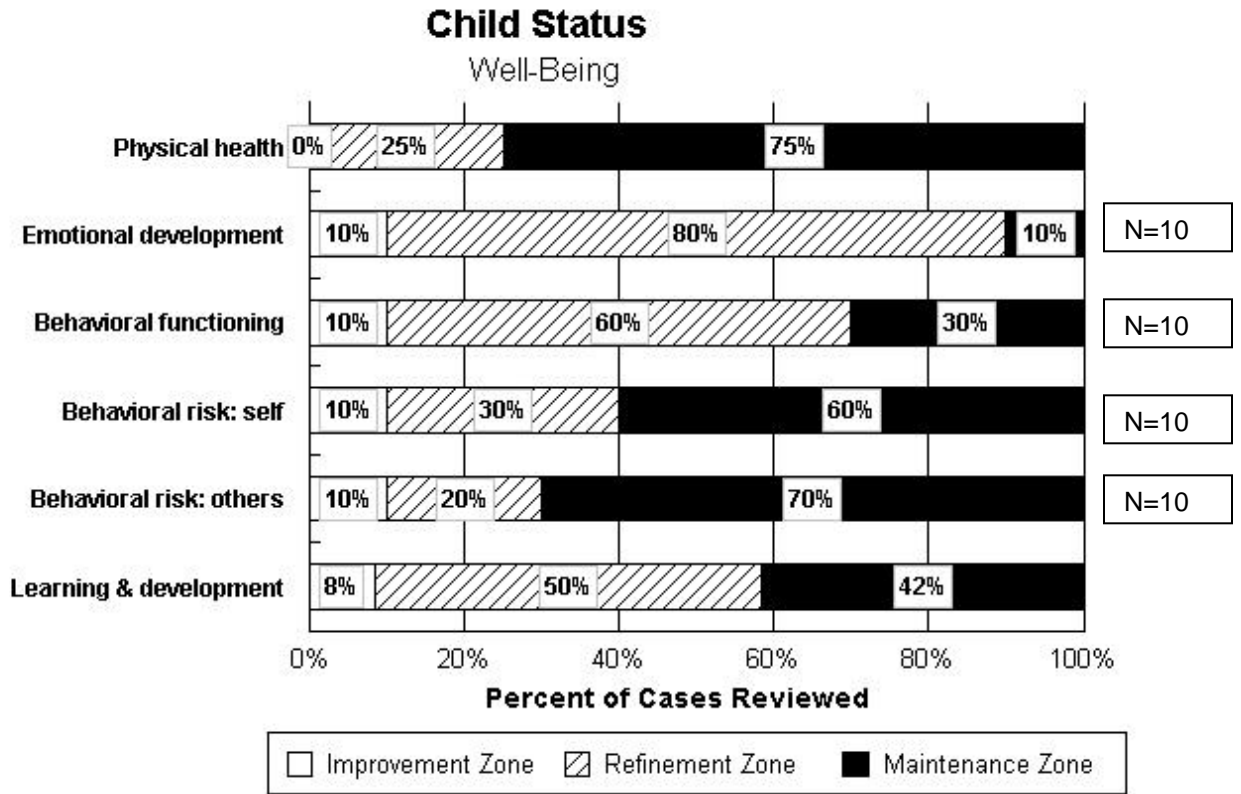
■ Percent of cases

<b>IMPROVEMENT</b>	<b>REFINEMENT</b>	<b>MAINTENANCE</b>
<b>UNACCEPTABLE</b>		<b>ACCEPTABLE</b>

The scores for child and family status and Ongoing system performance in the Brown County review are presented in the following tables.

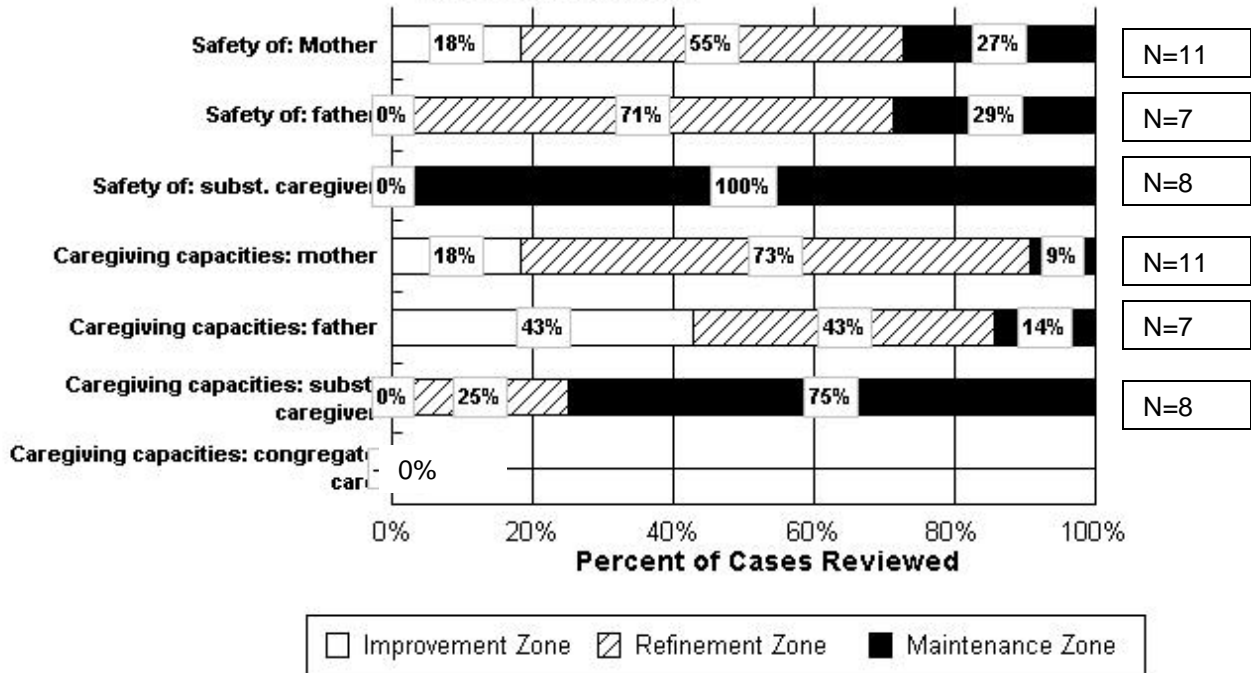
**12 Cases Scored Total**     *N= the number scored in each indicator out of the 12 cases*





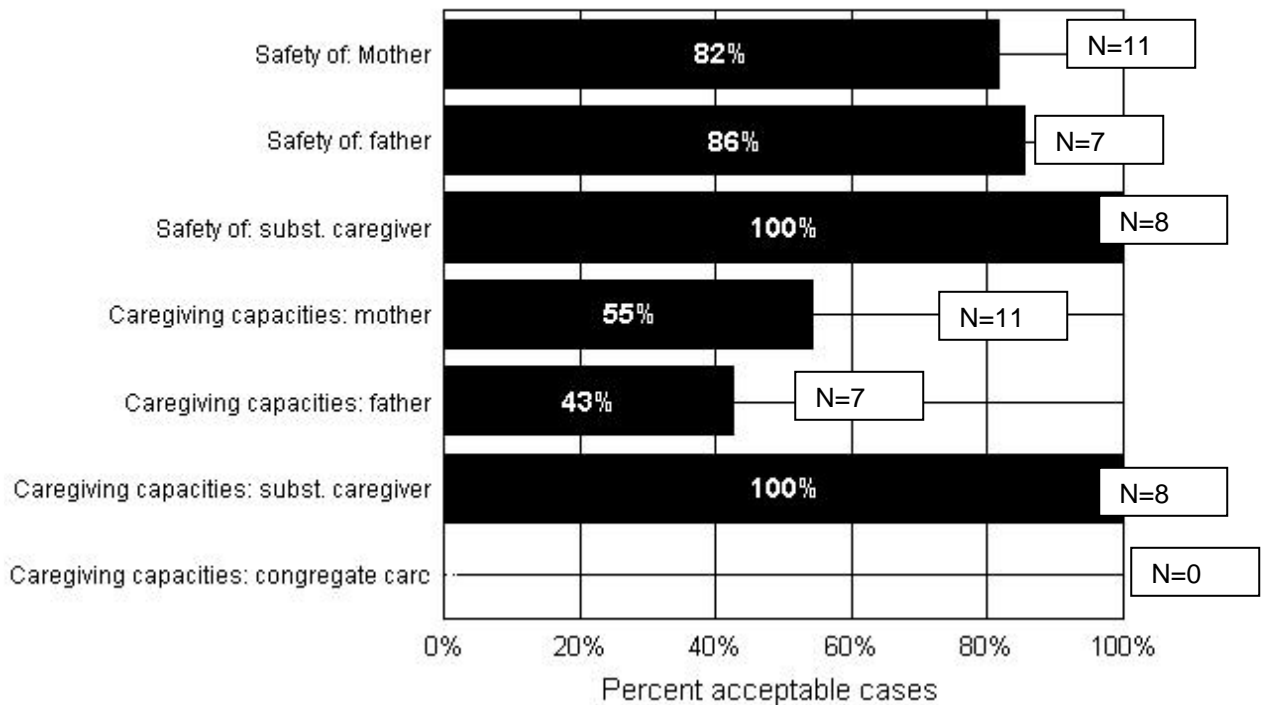
## Parent/Caregiving Status

Safety and Capacities



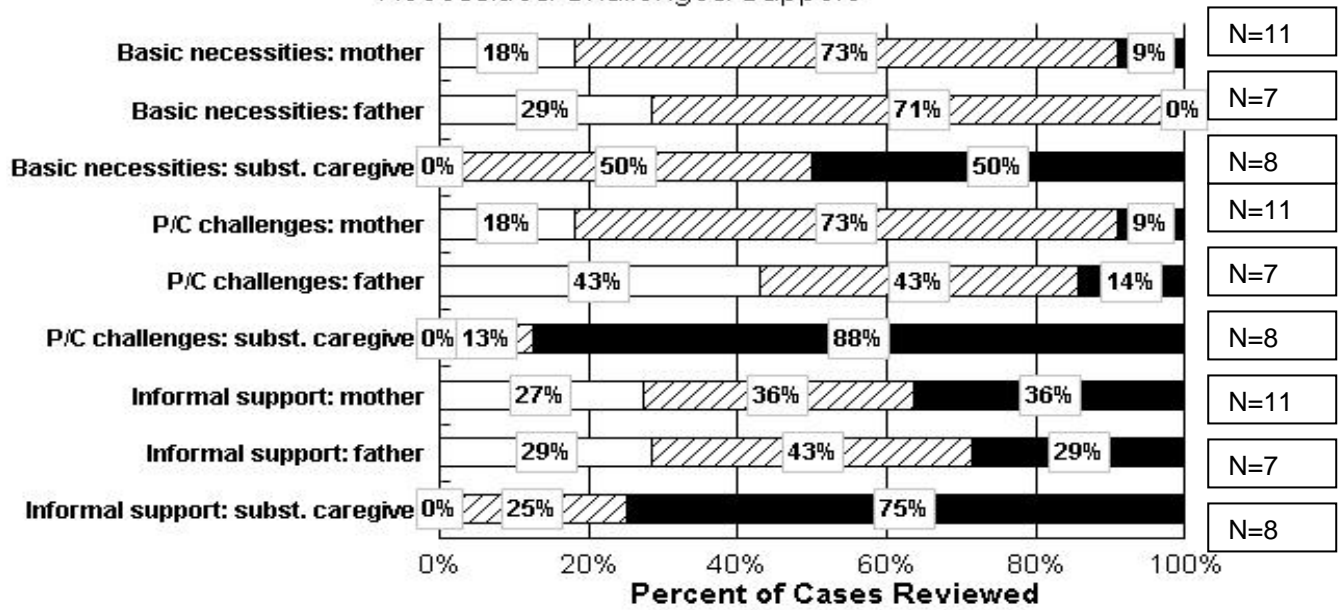
## Parent/Caregiving Status

Safety and Capacities



## Parent/Caregiving Status

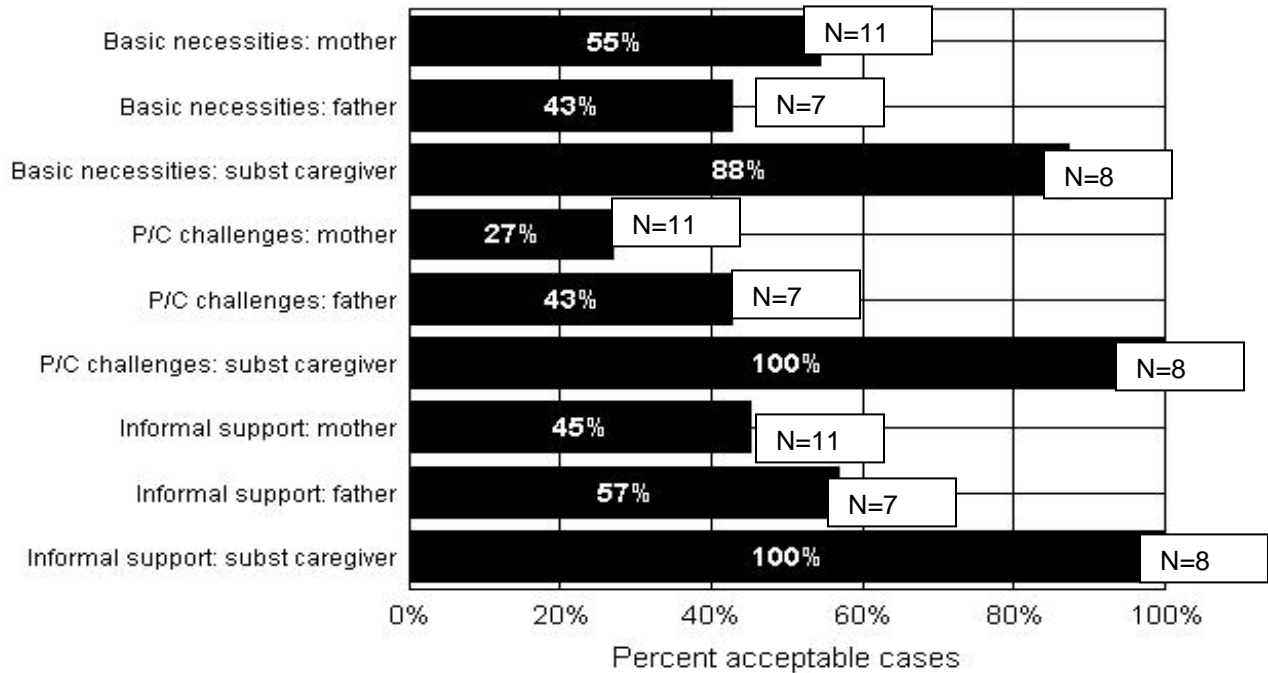
Necessities/Challenges/Support



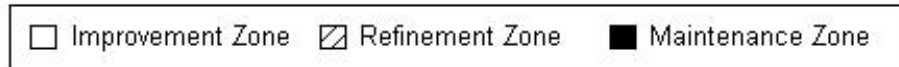
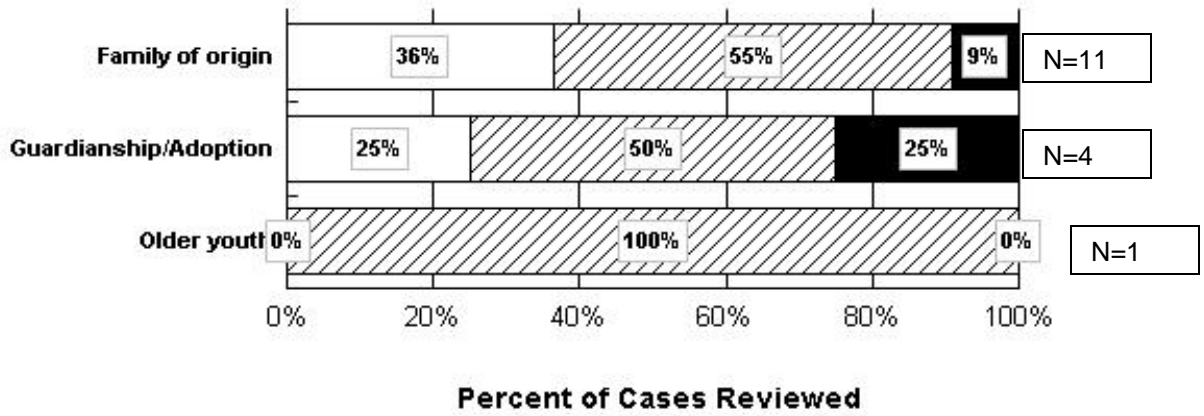
□ Improvement Zone    ▨ Refinement Zone    ■ Maintenance Zone

## Parent/Caregiving Status

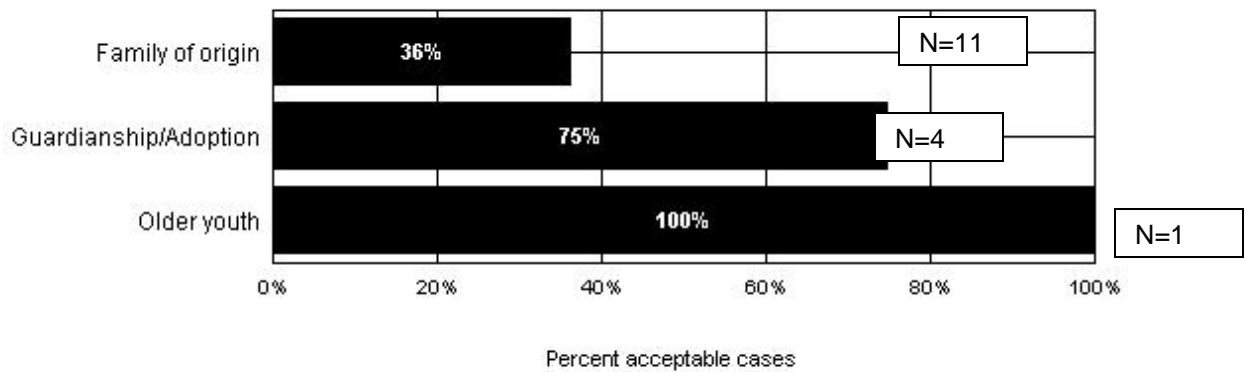
Necessities/Challenges/Support



## Progress Toward Independence

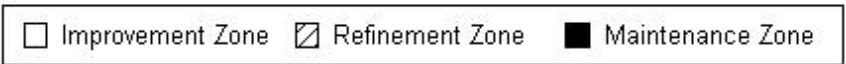
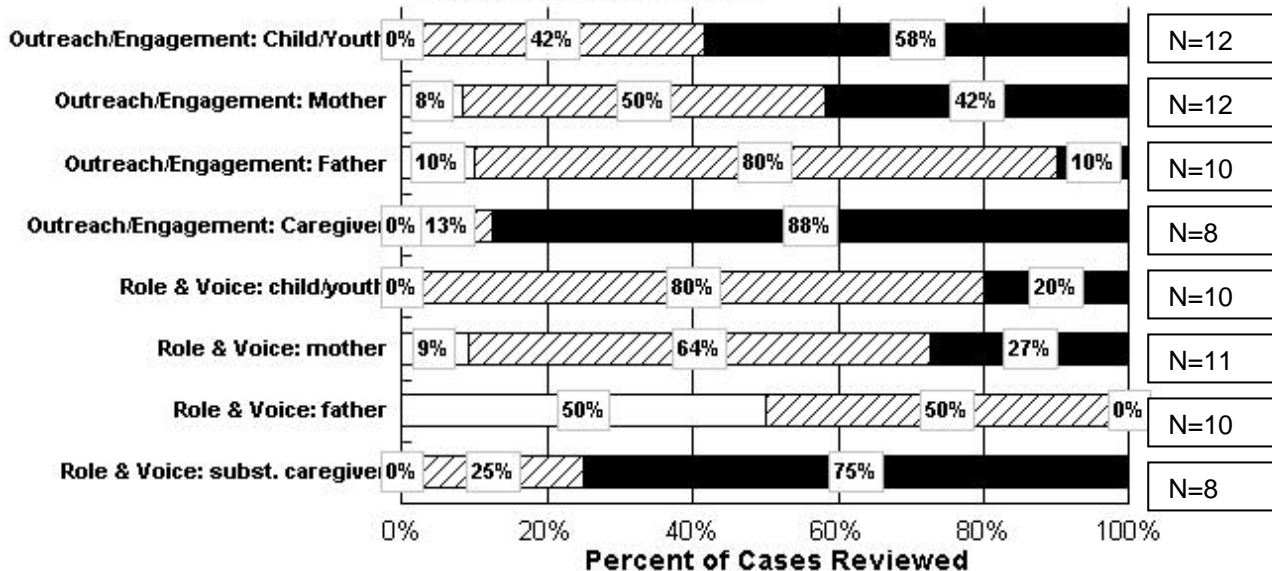


## Progress Toward Independence



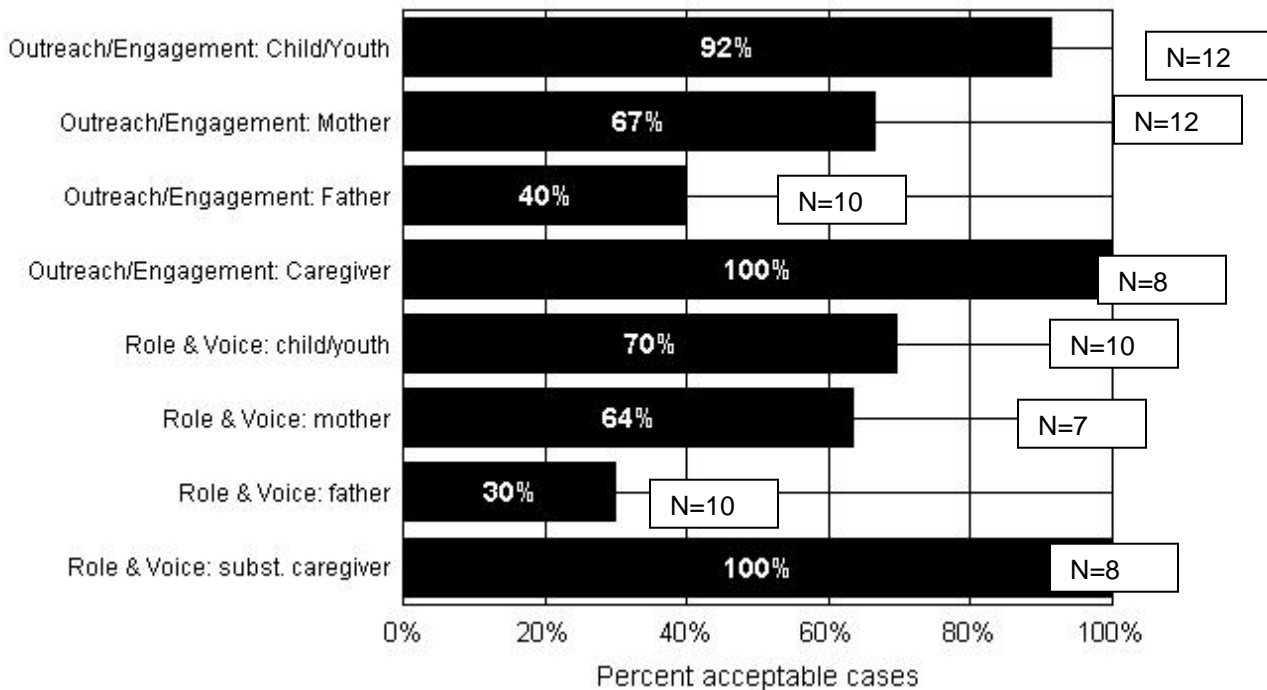
## Practice Performance

Engagement/Role & Voice



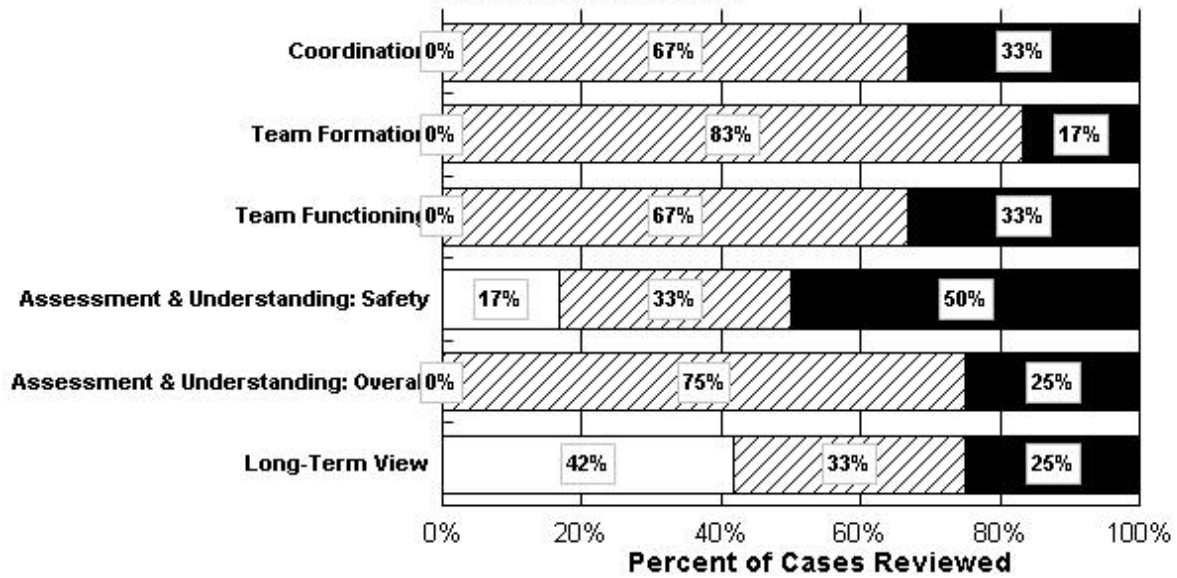
## Practice Performance

Engagement/Role & Voice



## Practice Performance

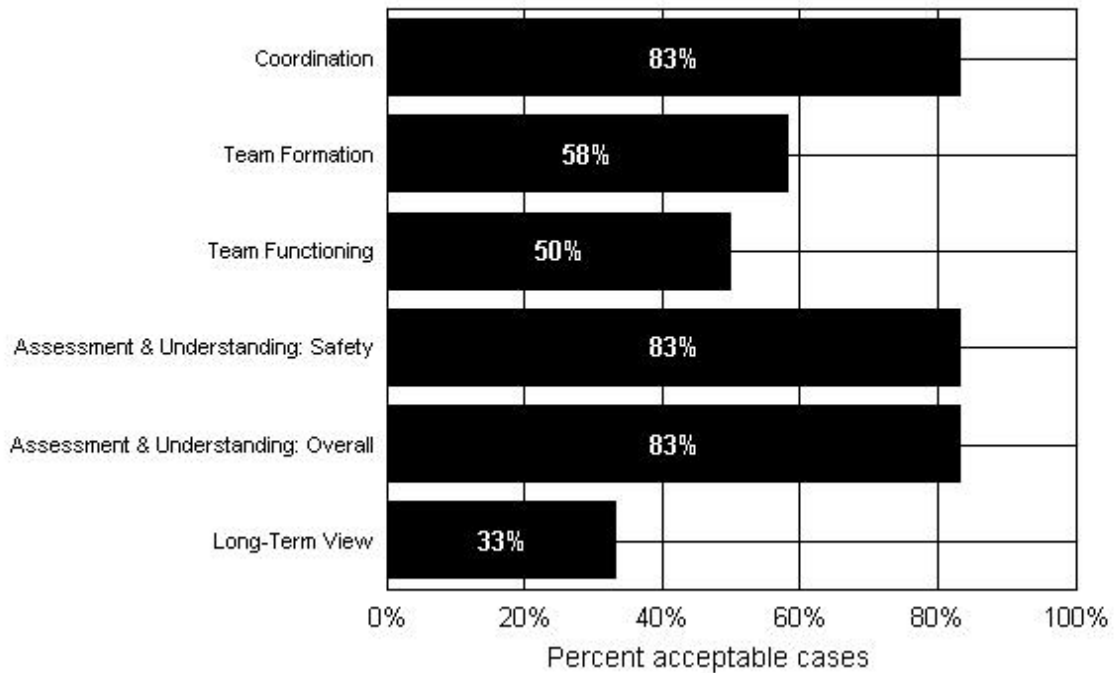
Core Practice Functions



□ Improvement Zone    ▨ Refinement Zone    ■ Maintenance Zone

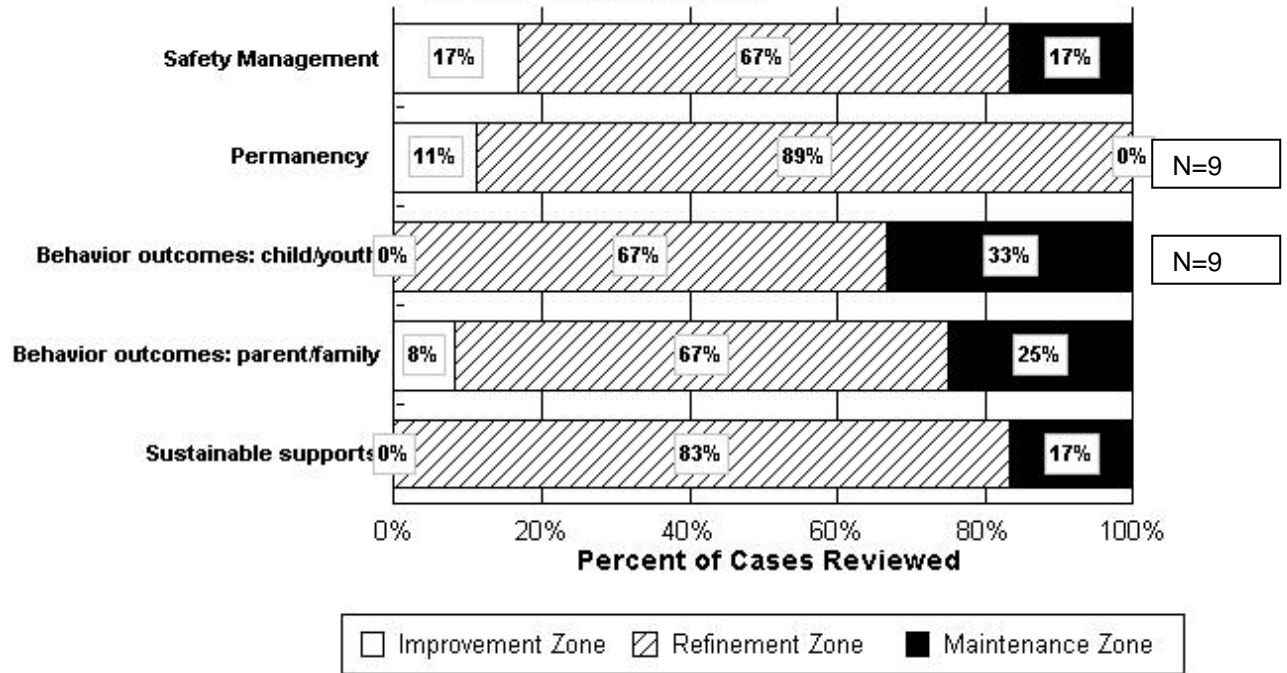
## Practice Performance

Core Practice Functions



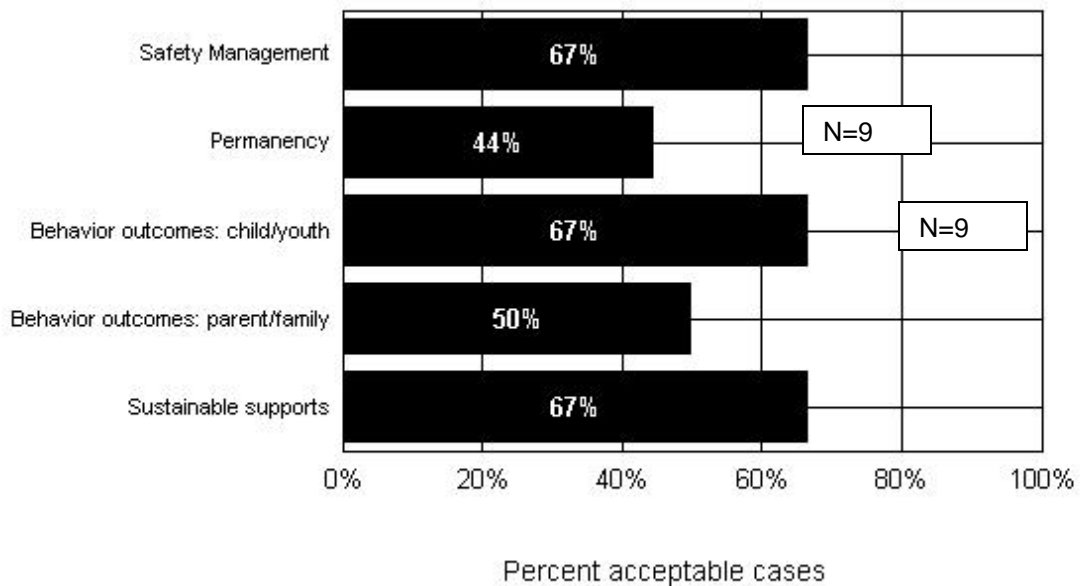
## Practice Performance

Planning Change Process



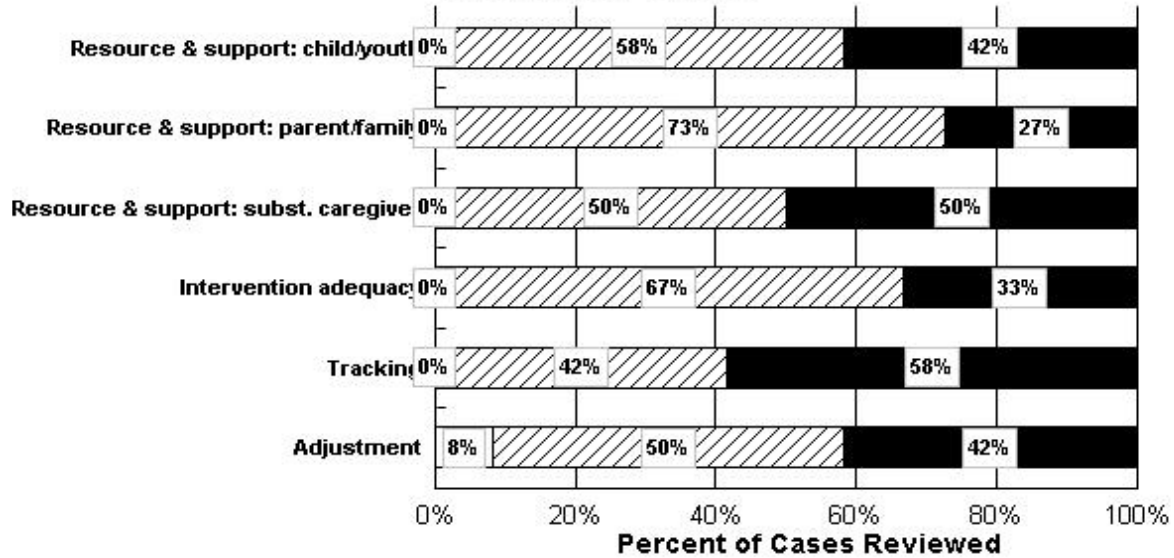
## Practice Performance

Planning Change Process



## Practice Performance

Core Practice Functions



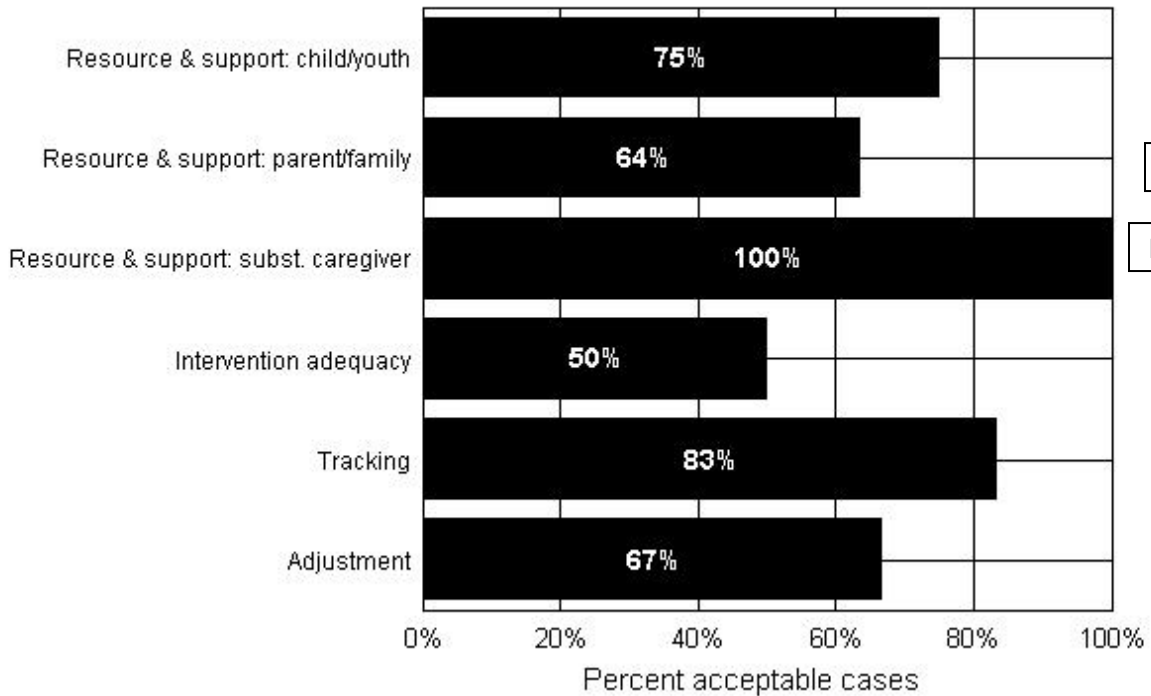
N=22

N=16

□ Improvement Zone    ▨ Refinement Zone    ■ Maintenance Zone

## Practice Performance

Core Practice Functions

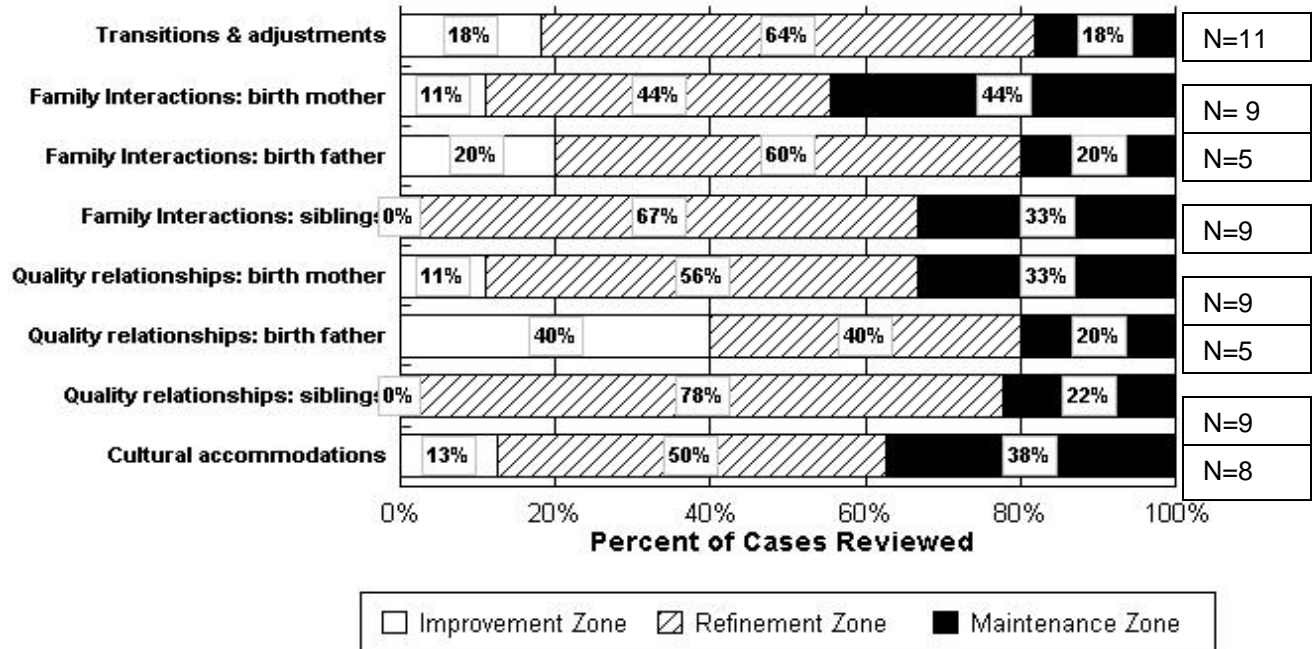


N=11

N=8

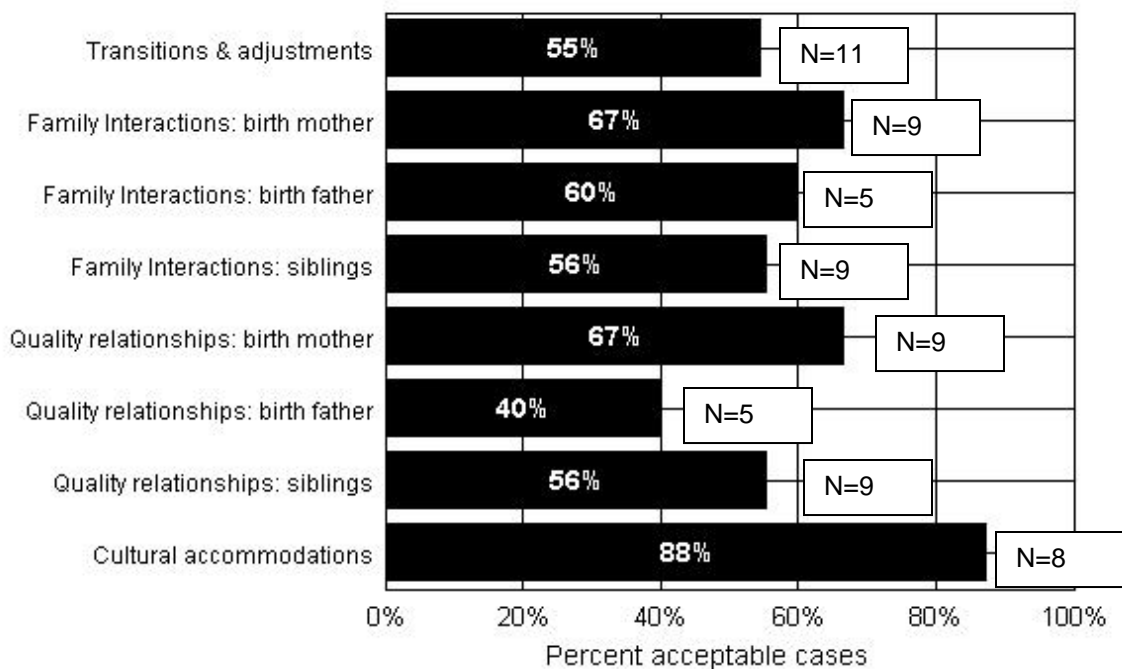
## Practice Performance

Specialized Practice

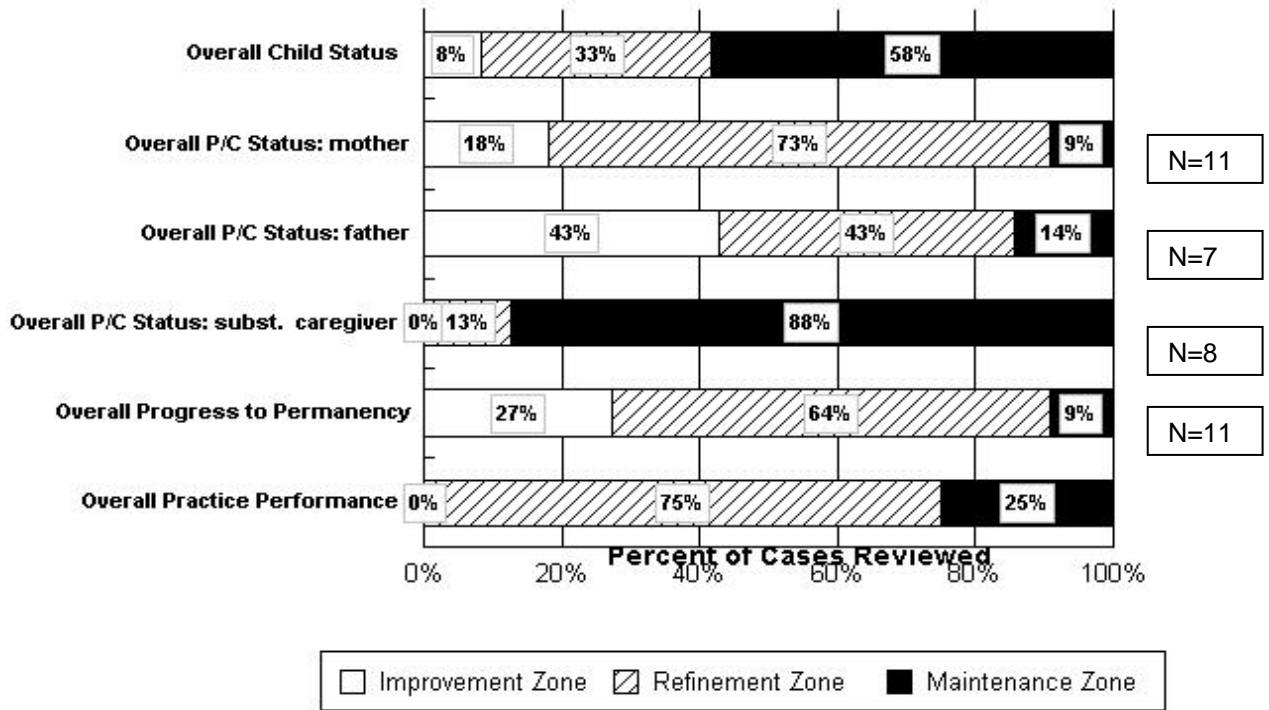


## Practice Performance

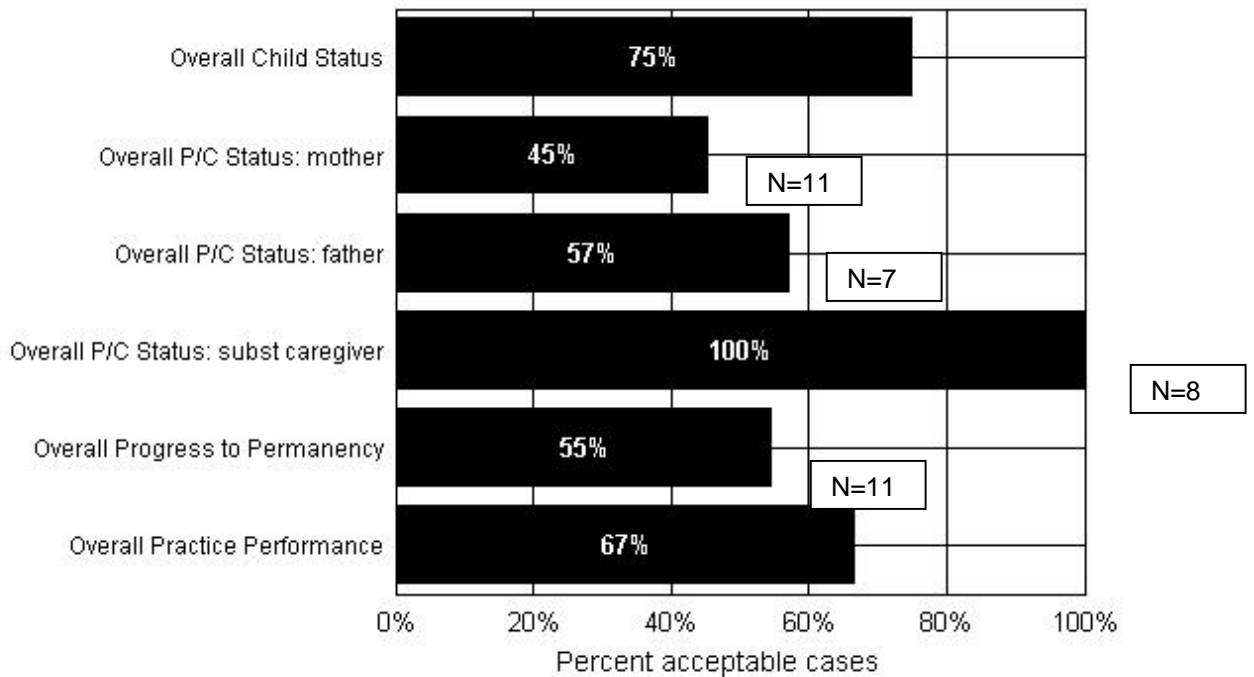
Specialized Practice



### Overall Patterns



### Overall Patterns





# Appendix II

## QSR Access and Initial Assessment Case Characteristics

### QSR Access – Access and/or Initial Assessment

Cases by Access or IA	Number	Percent
Access only	15	65%
Access & Initial Assessment	8	35%
	<b>23</b>	<b>100%</b>

### QSR Access – Access Call Monitored

Access Call Monitored	Number	Percent
Yes	4	17%
No	19	83%
	<b>23</b>	<b>100%</b>

### QSR Access – Type of Report

Type of Report	Number	Percent
CPS	18	78%
Services	5	22%
	<b>23</b>	<b>100%</b>

### QSR Access – Access Decision

Access Decision	Number	Percent
Screened-in	10	43%
Screened-out	13	57%
	<b>23</b>	<b>100%</b>

### QSR Access – Screening within 24 hours

Was Screening Decision made within 24-Hours of Access Report	Number	Percent
Yes	21	91%
No	2	9%
	<b>23</b>	<b>100%</b>

**OSR Access/Initial Assessment – Access Response Time**

<b>Access Response Time</b>	<b>Number</b>	<b>Percent</b>
Same day	2	25%
24-48 hours	2	25%
Within 5 business days	4	50%
	<b>8</b>	<b>100%</b>

**OSR Access/Initial Assessment – Assigned to IA within 24-Hours**

<b>Was Report Assigned to IA within 24-Hours</b>	<b>Number</b>	<b>Percent</b>
Yes	8	100%
No	0	0%
	<b>8</b>	<b>100%</b>

**OSR Access/Initial Assessment – Face-to-Face Contacts Frequency**

<b>Face-to-Face Contacts with Family</b>	<b>Number</b>	<b>Percent</b>
0 contacts	0	0%
1-3 contacts	2	25%
4-6 contacts	3	38%
7-10 contacts	3	38%
11+ contacts	0	0%
	<b>8</b>	<b>100%</b>

**OSR Access/Initial Assessment – Timely Face-to-Face Frequency**

<b>Timely Face-to Face Contact</b>	<b>Number</b>	<b>Percent</b>
Yes	6	75%
No	2	25%
	<b>8</b>	<b>100%</b>

**OSR Access/Initial Assessment – Time Case Open in IA Frequency**

<b>Time Case Open in IA</b>	<b>Number</b>	<b>Percent</b>
Within 60 days	2	25%
Over 60 days	6	75%
	<b>8</b>	<b>100%</b>

## QSR Ongoing Case Characteristics

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

Change Of Home	Number	Percent
Yes	5	42%
No	4	33%
NA	3	25%
	<b>12</b>	<b>100%</b>

### QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	2	17%
No	10	83%
Unknown	0	0%
	<b>12</b>	<b>100%</b>

### 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.	0	0%
10-12 mos.	2	17%
13-18 mos.	6	50%
19-36 mos.	4	33%
37+ mos.	0	0%
	<b>12</b>	<b>100%</b>

### QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	1	8%
1-2 Placements	7	58%
3-5 Placements	3	25%
6-9 Placements	1	8%
10 + Placements	0	0%
	<b>12</b>	<b>100%</b>

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

<b>Placed with Siblings</b>	<b>Number</b>	<b>Percent</b>
No Siblings	0	0%
Different Home	7	58%
Same Home with All	0	0%
Same Home with Some	2	17%
Not Applicable	3	25%
	<b>12</b>	<b>100%</b>

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

<b>Full IQ Scale</b>	<b>Number</b>	<b>Percent</b>
64	1	8%
87	1	8%
115	1	8%
Unknown	9	75%
NA	0	0%
	<b>12</b>	<b>100%</b>

**OSR/Child Status and Performance Profile - Educational Placement Frequency**

<b>Educational Placement</b>	<b>Number</b>	<b>Percent</b>
Regular K-12 Education	8	67%
Full Inclusion	0	0%
Part-time Special Education	2	17%
Self-contain Special Education	2	17%
Adult Basic/GED	0	0%
Alternative Education	0	0%
Vocational Education	0	0%
Expelled/Suspended	0	0%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	1	8%
*Other	2	17%

\*Other – children enrolled in daycare, not school age or specialized educational setting.

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

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	0	0%	0	0%
Behavior Disorder	1	8%	0	0%
Sensory Disorder	1	8%	0	0%
Mental Illness	7	58%	8	67%
Mental Retardation	1	8%	1	8%
Neurological Impairment/Seizure	0	0%	1	8%
Specific Learning Disability	2	17%	0	0%
Degenerative Diseases	0	0%	1	8%
Chronic Health Impairment	1	8%	3	25%
Medically Fragile/Complex	0	0%	1	8%
Orthopedic Impairment	1	8%	1	8%
Physical Disability	1	8%	2	17%
Developmental Disability	2	17%	1	8%
Trauma Exposed	11	92%	10	83%
Suicide Risk	0	0%	2	17%
Pregnant	0	0%	1	8%
Substance Exposed	2	17%	0	0%
Substance Abuse/Addiction	0	0%	4	33%
*Other	3	25%	1	8%

\*Other child – multiple removals and out of home placements, Attachment issues and runaway

\*Other parents – Arthritis

**OSR/Child Status and Performance Profile - Sensory Impairment**

Sensory Impairment	Number	Percent
Vision – Child	0	0%
Hearing – Child	1	8%
Vision – Parent	0	0%
Hearing – Parent	0	0%
	<b>1</b>	<b>100%</b>

**OSR/Child Status and Performance Profile - Functional Limitations Frequency**

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	10	83%	4	33%
Self-Care	1	8%	2	17%
Mobility	1	8%	2	17%
Communication	1	8%	0	0%
Self-Direction	2	17%	2	17%
Economic Self Sufficiency	0	0%	5	42%
Diminished Capacity	1	8%	3	25%
Independent Living	0	0%	2	17%

**OSR/Child Status and Performance Profile - Psychotropic Medications Frequency**

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	8	67%
1 Psychotropic Medication	1	8%
2 Psychotropic Medications	2	17%
3 Psychotropic Medications	1	8%
	<b>12</b>	<b>100%</b>

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

Agency	Number	Percent
Child Welfare	12	100%
Mental Health	9	75%
Special Education	4	33%
Probation/Parole	1	8%
Developmental Disabilities	1	8%
Juvenile Justice	0	0%
Vocational Rehabilitation	0	0%
Substance Abuse	3	25%
Crisis Services	0	0%
Early Childhood	0	0%
*Other	9	75%
None	0	0%

\*Other - Court Appointed Special Advocates (CASA), Department of Corrections (criminal justice and/or prisons), Tribal Worker, W-2 and Treatment Foster Care

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

<b>Level of Functioning</b>	<b>Number</b>	<b>Percent</b>
In Level 1-5	2	17 %
In Level 6-7	4	33%
In Level 8-10	4	33%
NA (Under Age 5)	2	17%
	<b>12</b>	<b>100%</b>

**OSR/Child Status and Performance Profile - Legal Status Frequency**

<b>Legal Status</b>	<b>Number</b>	<b>Percent</b>
Child in Need of Protection or Services (CHIPS)	12	100%
Consent Decree	0	0%
Termination of Parental Rights (TPR) w/ County Custody	0	0%
TPR Order	0	0%
Voluntary	0	0%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
Delinquent	0	0%
	<b>12</b>	<b>100%</b>

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

<b>Reason for Case Opening – Child</b>	<b>Number</b>	<b>Percent</b>
Adoption Disruption	0	0%
Physical Abuse	2	17%
Sexual Abuse	2	17%
Neglect	7	58%
Mental Health Issues	0	0%
Delinquency	0	0%
Truancy/Status Offense	0	0%
*Child - Other	1	8%

\*Other – Behavioral Issues

<b>Reason for Case Opening-Family Issues</b>	<b>Number</b>	<b>Percent</b>
Failure to Protect	1	8%
Absent Parent	6	50%
Substance Abuse	4	33%
Domestic Violence	4	33%
Neglect	7	58%
Mental Health Issues	5	42%
Housing	3	25%
*Family - Other	2	17%

\*Other – child’s special needs and attempted suicide

**QSR/Child Status and Performance Profile - Permanency Goal Frequency**

<b>Permanency Goal</b>	<b>Number</b>	<b>Percent</b>
Remain at Home	4	33%
Reunification	6	50%
Adoption	0	0%
Long-term Foster Care	1	8%
Independent Living	1	8%
Permanent Placement with fit and willing relative	0	0%
Legal Guardianship	0	0%
Not Applicable	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Concurrent Goal Frequency**

<b>Concurrent Goal</b>	<b>Number</b>	<b>Percent</b>
No Concurrent Goal	5	42%
Adoption	2	17%
Legal Guardianship	1	8%
Reunification	1	8%
Independent Living	0	0%
Long-term Foster Care	0	0%
Permanent Placement with fit and willing relative	3	25%
Other	0	0%
Sustaining Care (TPR)	0	0%
	<b>12</b>	<b>100%</b>

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

<b>Length Of Stay in Current Placement Program</b>	<b>Number</b>	<b>Percent</b>
Not Applicable	4	33%
0-3 mos.	2	17%
4-6 mos.	2	17%
7-9 mos.	1	8%
10-12 mos.	0	0%
13-18 mos.	2	17%
19-36 mos.	1	8%
37 + mos.	0	0%
	<b>12</b>	<b>100%</b>