

Dane County Children, Youth and Families Division
Quality Service Review Findings
June 14 – 25, 2010

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

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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 June 2010 the Department conducted the second review in Dane County. The review process is organized around analysis of two areas of child welfare system functioning. The first is Child and Family Status, regarding current outcomes among indicators such as safety, stability and permanency. The second is System Performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning. Information for status and practice appraisal was obtained through individual case reviews and stakeholder interviews. The scope of the QSR process has expanded since Dane County's first review in 2006. Four protocols were utilized to gather data across 63 cases. This included 24 Ongoing, 28 Access/Initial Assessment, six Permanency Pathway and five Indian Child Welfare Act (ICWA) cases. In addition, interviews were conducted with 26 key informant and stakeholder groups, including agency staff, providers, foster parents, legal partners and others.

Dane County Child Welfare Performance

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

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

The scores on child and family status and system performance for 2010 in Dane County and the Statewide Summary of QSR Scores for 2006-2009 are presented in the following table.

Dane County Quality Service Review 2010					
Two Point Scale Comparison					
	Dane		State		
Name of Indicator(s)	N=	Acceptable	N=	Acceptable	
Child Status					
Safety & Permanency					
Exposure to threats: birth home	16	94%	307	84%	
Exposure to threats: subst. home	16	100%	258	99%	

Exposure to threats: school setting	20	100%	346	99%	
Exposure to threats: other setting	5	80%	185	89%	
Stability: home	24	83%	435	78%	
Stability: school	21	95%	353	84%	
Permanency	24	75%	435	58%	
Living Arrangements: current	24	100%	435	97%	
Living Arrangements: alternative	6	83%	143	82%	
Well Being					
Physical Health	24	100%	435	100%	
Emotional development	22	91%	364	74%	
Behavioral functioning	22	86%	364	80%	
Behavioral risk: self	21	90%	363	82%	
Behavioral risk: others	21	95%	362	82%	
Learning & development	23	96%	434	86%	
Parent/Caregiving Status					
Safety and Capacities					
Safety of: mother	20	90%	344	84%	
Safety of: father	14	86%	229	88%	
Safety of subst. caregiver	15	93%	233	100%	
Caregiving capacities: mother	20	70%	347	58%	
Caregiving capacities: father	14	50%	227	51%	
Caregiving capacities: subst. caregiver	15	93%	233	99%	
Caregiving capacities: congregate care	2	100%	36	97%	
Necessities/Challenges/Support					
Basic necessities: mother	20	65%	345	66%	
Basic necessities: father	14	50%	228	66%	
Basic necessities: subst. caregiver	14	100%	233	99%	
P/C Challenges: mother	20	65%	349	49%	
P/C Challenges: father	14	36%	232	52%	
P/C Challenges: subst. caregiver	15	93%	233	99%	
Informal support: mother	20	40%	351	48%	
Informal support: father	14	36%	229	55%	
Informal support: subst. caregiver	15	93%	229	97%	

Progress Towards Independence					
Family of origin	21	67%	356	56%	
Guardianship/Adoption	6	33%	113	55%	
Older youth	4	100%	83	49%	
Practice Performance:					
Engagement/Role and Voice					
Child/Youth	18	100%	307	92%	
Mother	21	95%	414	71%	
Father	21	48%	350	52%	
Subst. Caregiver	15	93%	244	94%	
Role & Voice: child/youth	16	88%	263	82%	
Role & Voice: mother	21	81%	414	61%	
Role & Voice: father	21	29%	349	41%	
Role & Voice: Subst. caregiver	15	87%	244	91%	
Core Practice Functions					
Coordination	24	88%	435	84%	
Team Formation	24	46%	435	59%	
Team Functioning	24	38%	435	54%	
Assessment & understanding: safety	24	96%	403	85%	
Assessment & understanding: overall	24	83%	435	72%	
Long-Term view	24	54%	435	53%	
Planning Change Process					
Safety management	22	77%	377	73%	
Permanency	19	74%	322	67%	
Behavior outcomes: child/youth	15	87%	257	83%	
Behavior outcomes: parent/family	24	67%	435	56%	
Sustainable supports	24	54%	435	55%	
Core Practice Functions					
Resource & support: Child/youth	21	95%	362	90%	
Resource & support: parent/family	22	91%	409	70%	
Resource & support subst. caregiver	16	94%	237	95%	
Intervention adequacy	24	83%	435	71%	

Tracking	24	88%	435	82%	
Adjustment	24	75%	435	66%	
Specialized Practice					
Transitions & Adjustments	20	75%	235	65%	
Family interactions: birth mother	12	83%	240	70%	
Family interactions: birth father	12	42%	194	48%	
Family interactions: siblings	12	75%	174	60%	
Quality relationship: birth mother	12	67%	241	62%	
Quality relationship: birth father	13	38%	194	46%	
Quality relationship: siblings	12	75%	178	57%	
Cultural accommodations	9	89%	50	68%	
Overall Patterns					
Overall Child Status	24	96%	435	91%	
Overall P/C Status mother	20	65%	356	58%	
Overall P/C Status father	14	50%	237	59%	
Overall P/C Status: Subst. caregiver	15	93%	242	100%	
Overall Progress to Permanency	24	71%	429	60%	
Overall Practice Performance	24	79%	435	73%	
Legend					
N = The number of cases scored for each indicator. (24 cases reviewed in Dane County)					

Stakeholder Interviews

This review involved stakeholder interviews with 26 key informant and stakeholder groups totaling 164 individuals. Stakeholders reported a number of common themes, which are highlighted below.

Common Themes

- The agency and local community genuinely care for children and families. There is a commitment to quality child welfare services.
- The children and families served by the child welfare system are growing in complexity. Individuals are often challenged with combinations of mental health, substance abuse, domestic violence, poverty and trauma histories. Many families have few sustainable informal supports and have had formal interventions for multiple generations.
- The county's changing population, including an increase in diversity, unemployment and working poor, has created emerging challenges for the child welfare system.

- The agency recently implemented “pod “meetings which have resulted in increased collaborative efforts across units as well as with community practice partners.
- There is a need to achieve a collaborative practice framework between units to enhance outcomes for children and families.
- The agency has access to a wide array of needed services, including a network of purchased providers and prevention services.
- There is a need for service receipt to be timelier, including trauma informed mental health, substance abuse, psychological evaluations, psychiatric consultations, respite, and dental/orthodontic care.
- The agency promotes professional skill development, such as motivational interviewing, through the Southern Partnership.
- There is a need for a well-defined practice framework for teaming and permanency planning.
- The shift from the District Attorney to the Corporation Counsel on CHIPS cases has resulted in improved consistency in legal approach, collaboration with the agency, and clarity of court orders.
- There is a need for the agency and their legal practice partners to reach an understanding and agreement on the use of concurrent planning in achieving timely permanency for children.

Recommendations

The Quality Service Review reveals a number of areas of system performance that could be strengthened by focused attention. This is discovered by analyzing the case review narratives and by evaluating the information from the stakeholder interviews. Strategies for improvement, however, often require attention at the system, practice, supervisory and accountability level, meaning that there are limits to the number of practice development opportunities organizations can attend to at one time. This report identifies a few strategically selected areas for attention to permit quality improvement to have the necessary intensity and depth.

1. Develop a program to train workers on how to prepare children for adoption and develop a case transfer method from the county to the adoption agency.

Key stakeholders and staff have noted that the amount of time from when a case has reached termination and when a child is discharged to a finalized adoption is less than optimal. There appears to be a couple of factors influencing this period of time. The agency workers have not had adequate training about how to emotionally prepare children or their pre-adoptive families prior to TPR for the adoption process and are not confident in their ability to perform this role. In-depth training in child development, early relationship and attachment issues, and grief and loss would better equip workers to hold these sometimes difficult conversations. Additionally, the time in out of home care is impacted by the absence of a formal process to transfer the case from the county to the adoption agency. This creates a situation where vital assessment and family information may not be properly conveyed, resulting in the adoption planning process being based on limited or faulty information and creating further time delays. There is no clear policy or procedure in place to promote best practice, which may be contributing to poor outcomes. It is noted that the CFSR National Standard is that of all children who exit out of foster care to a finalized adoption during a reporting period, 32% or more are adopted in less than 24 months from the time of their latest removal from home. For the first quarter of 2010, Dane County’s finalization rate was 25%.

It is recommended that the Dane County CYF Division:

- Collaborate with the state permanency consultant and adoption agency to develop a best practice approach to preparing children for adoption prior to TPR;
- Develop and implement a formal training, mentoring process and handbook for workers that guides them in their explanation of the adoption process; and
- Develop and implement a procedural process where the county worker, state permanency consultant and adoption worker jointly meet with the child and pre-adoptive family to discuss case transfer and provide case background information.

It can be anticipated that implementing these recommendations will improve practice in this area and may increase Dane County's finalization rate.

2. Develop and support a clear approach to teaming and permanency planning.

Stakeholder and staff interviews consistently revealed that there is no formal agency framework for teaming or permanency planning. This is supported by the findings from the case reviews, as Team Formation and Functioning scored 46% and 38% 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 engagement, participation, coordination, functioning and planning would better equip workers to plan services and evaluate results. 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. The CFSR National Standard is that of all children reunified during a reporting period, 76.2% or more are reunified within 0-12 months from the time of the latest removal from home. For the first quarter of 2010, Dane County's reunification rate for children age 0-4 was 70.91%.

It is recommended that the Dane County CYF Division:

- Research and review teaming models to determine a framework for best practice;
- Develop and implement a formal training and mentoring process that assists workers in developing the skills to conduct family team meetings;
- Review current statutes and standards to determine expectations about the approach to permanency planning, and issue clear policy around this issue; and
- Develop and implement a formal training and consultation process that supports workers in developing strategies and actions to achieve permanency for children.

It is anticipated that implementing these recommendations will improve practice in these areas and may increase Dane County's reunification rate.

3. Develop strategies to decrease the out-of-home care re-entry rate within 12 months of reunification.

The issue of re-entry is not unique to Dane County; it is a challenge statewide. The expectation is that counties identify and pursue case practice and permanency solutions for children that minimize the likelihood that children will subsequently return to out of home care following reunification.

The CFSR National Standard is that of all children that entered foster care during a reporting period, 8.6% or fewer re-entered foster care within 12 months of a prior foster care episode. For the first quarter of 2010, Dane County's re-entry rate was 23.16%. Factors that may contribute to lower performance in this area may include a lack of a overall assessment regarding the family conditions prior to the child's return, a lack of thorough understanding of how to plan for the child's behavioral needs, or a lack of resources to support families in sustaining children once reunification has occurred. Further exploration of what may be impacting the elevated re-entry rate would be necessary in determining an appropriate solution.

It is recommended that the Dane County CYF Division:

- Research and review cases where re-entry has occurred to determine what factors are contributing to this area of practice;
- Consult with the Bureau of Safety & Well-Being to explore best practice options, including the use of trial reunifications ; and
- Develop and implement targeted strategies to decrease the number of children re-entering out of home care within 12 months.

It is anticipated that implementing these recommendations will improve practice in these areas and may decrease Dane County's re-entry rate.

4. Develop a clear understanding and agreement on the use of concurrent planning with legal practice partners.

It was discovered through stakeholder and staff interviews that there is a varied definition of concurrent planning among the legal practice partners and the agency. The lack of agreement with the corporation counsel, Guardians ad Litem, and judges has lead to workers being tentative about the formulation and timeliness of concurrent planning recommendations. According to the April 2010 Permanency Plan Goal Summary for Dane County, 8.2% of children in placement 7-12 months had an identified concurrent goal; and for children in placement 25-35 months, there was an identified concurrent goal for 52% of cases. Further, according to the ASFA Documentation Report for April 2010, 36.6% of children in out of home placement in Dane County were in placement over 16 of the last 22 months. Regardless of the reasons for these outcomes, effective and concentrated education and clarification are necessary to resolve these barriers.

It is recommended that the Dane County CYF Division:

- Consult with the Bureau of Permanence & Out-of-Home Care to determine expectations about the use of concurrent planning;
- Collaborate with the judges and other legal partners to develop a best practice approach and issue clear procedural guidelines around this issue; and
- Develop and implement a formal training and consultation process that supports workers in developing strategies and actions to improve concurrent planning practice.

It is anticipated that implementing these recommendations will improve working relationships with the legal partners and may positively impact the amount of time children spend in out of home care.

5. Develop strategies to ensure statutory timelines for response time and completion of Initial Assessments are met on a regular basis.

Stakeholder interviews revealed that while supervisors are making a screening decision on most Access reports within the 24 hour requirement, the case is not always immediately assigned to an

Initial Assessment worker. Participants discussed cases with a within five business day response time are being held, at times, up to three days before assigning an Initial Assessment worker in order to help manage caseloads. However, this practice then lessens the amount of time the Initial Assessment worker has to make contact with the family and has contributed to workers not meeting the assigned response time. It was also discovered through the individual case review and a review of WiSACWIS data that workers struggle to complete Initial Assessments within the required 60 day timeframe and avoid backlog. April 2010 data for Dane County showed a timely completion rate of Initial Assessments at only 30 percent.

It is recommended that the Dane County CYF Division:

- Implement the practice of assigning all screened in Access reports to Initial Assessment workers at the time of the screening decision.
- Research underlying factors contributing to the delay in completing Initial Assessments within the 60 day requirement.
- Develop strategies to assist Initial Assessment workers in ensuring that Initial Assessments are completed within 60 days and to avoid backlog.

It is anticipated that implementing these recommendations will improve practice in these areas and will positively impact Dane County's ability to manage workload in Initial Assessment.

Dane County Children, Youth and Families Division

Quality Service Review

Conducted June 14-25, 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 June 2010 the Department conducted the second review in Dane County. The review process is organized around analysis of two areas of child welfare system functioning. The first is Child and Family Status, regarding current outcomes among indicators such as safety, stability and permanency. The second is System Performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning. Information for status and practice appraisal was obtained through individual case reviews and stakeholder interviews. The scope of the QSR process has expanded since Dane County's first review in 2006. Four protocols were utilized to gather data across 63 cases. This included 24 Ongoing, 28 Access/Initial Assessment, six Permanency Pathway and five Indian Child Welfare Act (ICWA) cases. In addition, interviews were conducted with 26 key informant and stakeholder groups, 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 System and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system. Wisconsin has developed its own version of the QSR, adapting it from protocols used in other systems in the country. The Wisconsin version reflects the unique features of the State's system. The QSR process is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Family Status and System Performance.

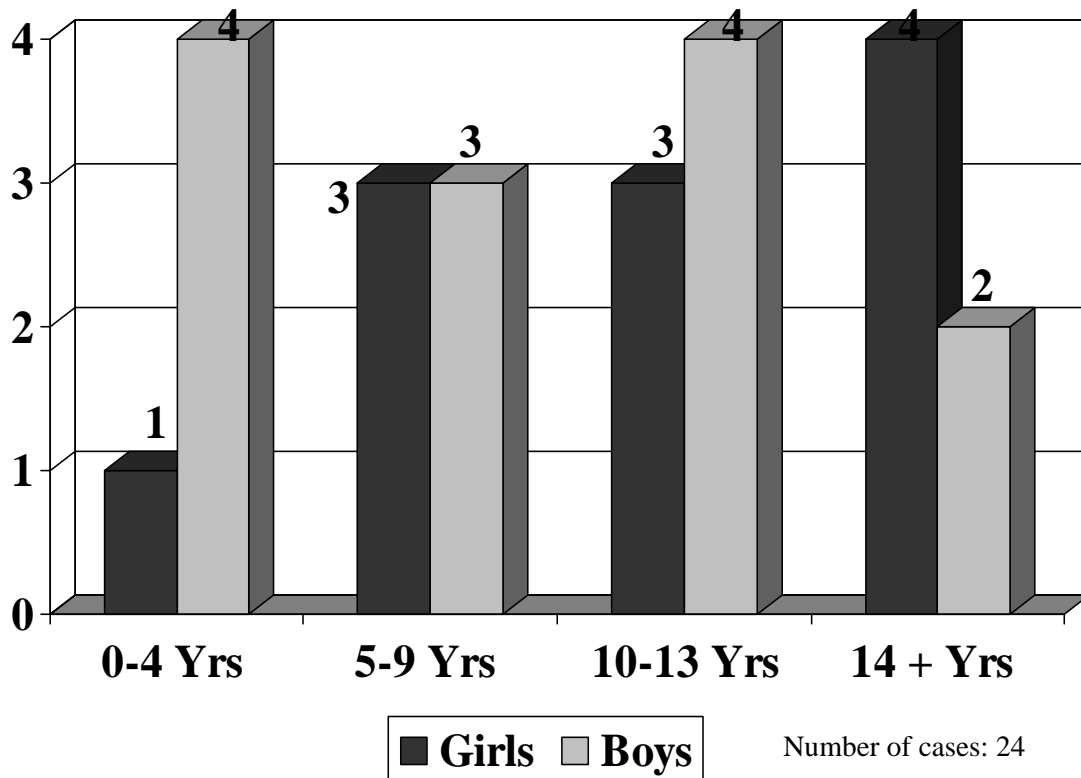
The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Poor or Adverse Status/Performance” to “Optimal Status/Performance.” The judgment is quantified 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 review sample consisted of twenty-four cases, including eight in home cases and 16 out of home cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. One hundred and seventy-eight interviews conducted with respondents in the twenty-four cases reviewed. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in Appendix I.

QSR/Child Status and Performance Profile - Current Placement Frequency



Type of Current Placement	Number	Percent
Birth home	11	46%
Adoptive home	1	4%
Foster Family home	8	33%
Relative/Kinship home	1	4%
Licensed Relative Foster home	0	0%
Therapeutic Foster home	1	4%
Group home/Congregate care	1	4%
Residential Treatment Center	0	0%
Independent Living	0	0%
Detention/Shelter	1	4%
Hospital/MHI	0	0%
Juvenile Correction Facility	0	0%
Other	0	0%
	24	100%

Age Group	Number	Percent
0-4 Yrs	5	21%
5-9 Yrs	6	25%
10-13 Yrs	7	29%
14 + Yrs	6	25%
	24	100%

OSR/Child Status and Performance Profile - Gender Frequency

Gender	Number	Percent
Female	11	46%
Male	14	54%
	24	100%

Reviewers included a combination of State level CQI staff and certified State and County reviewers. The review was conducted over a two-week period, from June 14-25, 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 Dane 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 26 different groups totaling 164 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Access/Initial Assessment Supervisors	4
Access/Initial Assessment Workers	18
Biological Parents	4
CASA Workers	4
Children Come First Workers (ARTT & CP)	9
Corporation Counsel	6
CPS Manager, CYF Administrator, DHS Director	3
Foster Parents	12
Foster Youth	4
Guardians Ad Litem & Advocate Counsel (child)	9
Joining Forces for Families Workers	10
Judges	5
Law Enforcement	6
Ongoing Supervisors	4
Ongoing Workers	20
Parent Representation Project attorneys	3
Relative Caregivers	2
School Personnel	11
Service Providers	11
Social Service Specialists	5
State Adoption Supervisor	1
State Permanency Consultant	1
Substitute Care Workers	12

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

Organizational Strengths

- The agency recently implemented "pod" meetings which have resulted in increased collaborative efforts across units as well as with community practice partners, such as schools and law enforcement.
- The CYF staff work well together and provide support to each other. They are viewed as competent, dedicated, and caring in their work with children and families.
- The agency has a strong team of supervisors who are accessible for consultation and are supportive of the workers. There is significant amount of communication and consultation between supervisors and regular team meetings are a priority.
- The Social Service Specialists are regarded as an asset and have a valuable role in the case planning and implementation process.
- Joining Forces for Families is a highly-regarded community-based program that assists with a variety of basic needs issues on a voluntary basis.
- The agency staff has positive working relationships with the schools, law enforcement, legal partners, and providers.

- The County Executive and County Board are supportive of the work performed by Human Services staff.

Organizational Challenges

- There is a need to achieve a collaborative practice framework between units to enhance outcomes for children and families.
- 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. For example, the Family Group Conferencing and Reunification programs have been lost or reduced, and both were viewed as effective and valuable programs.
- The expansion of state and federal practice standards is impacting staff workload and resources. For example, the workers are allocating more time and efforts to meet the relative search requirements.
- There appears to be an opportunity to enhance staff retention efforts, particularly in the IA units and Sun Prairie/Stoughton offices. These areas have experienced a high turnover rate.
- There was concern expressed that the centralization of agency services in Madison has impacted the working relationships with providers, stakeholders and families in outlier communities.
- It was suggested that the community may have a misperception regarding the role of CPS and that additional educational efforts in this regard could be beneficial.

Resource Strengths

- The agency has access to a wide array of needed services, including a network of purchased providers and prevention services. Examples of community agencies that are available to children and families include: Mental Health Center of Dane County, Rainbow Project, Respite Care Center, Canopy, Family Enhancement program, Safe Harbor Child Advocacy Center, and ARC Center for Women & Children.
- The agency coordinates several programs internally which provide meaningful prevention and treatment services. Examples of these programs include: Birth-to-Three, Family Preservation, Achieving Reunification Through Teamwork and Community Partnerships, and Alternate Care.
- Overall, there appears to be adequate service providers and resources. Most of the time workers are able to get children and families the services they need. This includes a variety of individual, group and in-home service options focused on parenting, alcohol and drugs, and mental health issues.
- The agency has focused on recruiting and training appropriate foster parents. They are provided with ample agency support and are encouraged to use trauma-informed care.
- The access to transportation options in the city, such as buses and taxis, are considered strength.
- The CASA program's overall function and their worker's ability to have weekly contact with families were viewed as helpful.
- The Family Unification Program (FUP), which offers specialized Section 8 housing access for child welfare families, was indicated as a vital basic necessity resource.

Resource Challenges

- There is a need for service receipt to be timelier, including trauma informed mental health, substance abuse, psychological evaluations, psychiatric consultations, respite, and dental/orthodontic care.
- The economy appears to be a factor influencing the increased need for additional low-income housing options and greater access to homeless shelters.

- The transportation resources in rural areas were viewed as limited, impacting the ability of children and families to engage in treatment services.
- There is concern regarding the access to appropriate placement and respite options for special needs children and older youth.
- There is a need to improve resources for special populations. This includes services for undocumented or uninsured families as well as providers who are bilingual and culturally sensitive.
- There has been concern expressed regarding the lack of supervised family interaction resources. This impacts the length, frequency and quality of visitations as well as the reunification process.

Practice Strengths

- The agency promotes professional skill development, such as motivational interviewing, through the Southern Partnership.
- The CYF staff is viewed as professional and dedicated. They are creative in meeting the needs of children and families.
- The agency is using Safety Assessments and Safety Plans to maintain and/or return children to their own homes.
- The agency has implemented an effective case transfer process from IA to Ongoing.
- The agency promotes the use of Kinship Care placements when appropriate and has workers dedicated to this function.
- The agency utilizes the SAFE tool for foster care licensing which has resulted in more thorough assessment of substitute care providers.
- The agency instituted an Access policy of mandatory supervisor corroboration on screen-outs or “within five day” response times on any child in the household under age two. Overall, Access reports are generally screened within 24 hours.
- The agency developed and implemented an IA writing guide which has resulted in thorough information gathering and analysis of decision making.
- The workers are aware of the need to inquire about possible Indian heritage and follow up on information provided by families.
- The agency effectively collaborates with the State Permanency Consultant on adoption cases.

Practice Challenges

- There is a need for a well-defined practice framework for teaming and permanency planning.
- The agency has a high out-of-home care re-entry rate within 12 months of reunification. There is an opportunity for the agency to re-examine whether to use trial home reunification.
- The agency has a disproportionate number of minority children in out-of-home care.
- There has been concern expressed regarding practice inconsistencies across workers and supervisors. Case practice and approach appear to be varied and individualized.
- The level of support and resources provided to relative caregivers has been suggested as an area of improvement in order to sustain Kinship placements.
- The agency workers are challenged regarding issues with fathers. There is a need to develop strategies to engage fathers in the case planning process and improve the frequency and quality of their interactions with children.
- There is concern regarding access to trainings for specialized units and more experienced workers as well as the lack of a formal training process for newly hired employees.
- There is a need to address the delay in the assignment of an IA worker on screen-ins that have a “within five day” response time.

- There is a need for workers to complete IA reports within the 60 day timeframe and avoid backlog, as evidenced by the county's April 2010 IA completion rate (within 60 days) of 30%.
- There is a need for workers to provide more thorough information to the Bureau of Indian Affairs when a specific tribe is not known and communicate with specific tribes when known rather than with the Bureau of Indian Affairs.
- There is a need to develop a more effective method of preparing children for adoption and making a seamless case transition to the adoption agency.

Legal Strengths

- The shift from the District Attorney to the Corporation Counsel on CHIPS cases has resulted in improved consistency in legal approach, collaboration with the agency, and clarity of court orders.
- There is a healthy working relationship between the various legal partners and agency staff. The workers are viewed as knowledgeable about their families and well-prepared for court.
- The legal partners involved in the child welfare system have expertise in Chapter 48. The attorneys are viewed as competent and approachable.
- The Court's ability to appoint Guardians Ad Litem at the point of temporary physical custody and have them remain assigned for the life of the case is a positive practice that creates consistency and stability.
- The parent's ability to access legal counsel through the Parent Representation Project allows parents to have a greater understanding of the system. The use of adversary counsel is viewed as contributing to greater timeliness in court once they are assigned to a case.
- The judges review court documents submitted by the agency staff and demonstrate respect for the worker's recommendations. The judges also routinely seek input from foster parents and relative caregivers in hearings.

Legal Challenges

- There is a need for the agency and their legal practice partners to reach an understanding and agreement on the use of concurrent planning in achieving timely permanency for children.
- The termination of parental rights (TPR) process for the corporation counsel's office is extremely time consuming. There is a great deal of preparation for a TPR prior to trial and oftentimes the case is settled within a week of the scheduled hearing. Additionally, when TPR cases are appealed, further legal preparation time is needed for research, briefs and hearings.
- The length and number of delays in the court disposition process could use some further evaluation due to the impact on reunification and permanency. It appears that court calendar issues and initial parental requests for attorneys are contributing factors to these delays.
- There has been concern expressed regarding the process for judge rotation. The present system has resulted in judges who are unfamiliar with the child welfare system as well as judges who are new to the bench. This has created a situation where it will take a period of time to train the judges and allow them to adjust their practice to the current standards.
- There is a need for greater consistency with regard to the role and performance of the Guardians Ad Litem. This function appears to be individualized based upon the appointed attorney's approach.
- It has been noted by parties involved in the legal system that return conditions tend to drift from being focused on child safety at the time of disposition to being focused on best interest throughout the life of a case.

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/IA standards, it is still a qualitative review which applies best practice.

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

The Access/IA reviews analyze the following:

Access

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

Initial Assessment

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

Access and Initial Assessment Review Sample

Access (28)

- Paper review of screened out access reports (10)
- Reviewed access reports associated with the Initial Assessments (14)
- Monitored access calls (4)

Initial Assessment (14)

- Reviewed recently completed Initial Assessments

Access Practice Performance

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

Access – Strengths

- Supervisors are screening access reports within 24 hours (eWiSACWIS data shows that the median number of days to screen access reports is .12 days in Dane County)
- The narrative of the alleged maltreatment is documented thoroughly which allows for the circumstances to be fully understood by the reader.
- The access reports include good descriptions of CCAP and WiSACWIS history.

- The access workers demonstrated a patient demeanor (e.g. using open-ended questions, allowing the reporter to talk freely, and asking follow up questions to gather additional information as needed) while gathering information from the reporters.
- A policy was developed stating a supervisor must obtain corroboration from another supervisor if deciding to screen out or assign a within five day response time when there are children two years and under living in the identified home.

Access – Challenges

- American Indian heritage needs to be more clearly documented to ensure the reader that the reporter was asked about it.
- Functioning sections of the access report lack information even when the reporter is someone who could have additional information. (i.e. school staff could have information on how that child functions on a daily basis)
- Access workers should ensure they are inquiring about and including all members of the household in the access report.
- Supervisors should ensure that reports involving high school truancy are given consideration for possible abuse and/or neglect concerns before screening them out.
- Supervisors need to ensure they are assigning the appropriate response times which are based on the state standards when the information within the report identifies possible impending danger, even when there is no injury to the alleged victim.
- Assignment of an access report to an Initial Assessment worker can at times occur a day or two after the access report was screened which shortens the amount of time the Initial Assessment worker has to make contact with the family.

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

For this indicator, 96 percent of cases scored in the 4-6 range. Thorough information gathering by Access staff was noted as a strength for Dane County.

In one case highlighting sound information gathering, the reviewers wrote, *“The worker followed up with questions related to each area of allegations made by the reporter. The worker used open ended lines of questioning and probed for further information in most areas. Using these techniques, the worker was able to gather detailed information of the current situation. The worker inquired about the mother but was unable to gather detailed information about the mother because the reporter did not know. The worker gathered information related to the child's current whereabouts and when the child will next have contact with Mom. The worker asked about the family's American Indian heritage.”*

In another case where additional information would have been beneficial, the reviewers noted, *“The Access report does not include information related to the other children residing in the home, nor the mother's functioning. The Access report does not include the reasons for this current Services Report, considering the last incident of concern occurred over three months ago.”*

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

In terms of Depth of Understanding, 89 percent of the cases scored in the 4-6 range.

In one example where the depth of understanding was noted as a strength, the reviewers wrote, *“The worker included past behaviors to support the seriousness of the current situation, including previous CPS history and involvement with this worker. The worker realized the child may be in danger and took extra steps to locate the child and mother. The report also mentions the mother assaulted a nurse and would be going to jail, which clearly indicates a need for immediate action because of the present danger. The worker recognized the child's vulnerability and identified both present and impending danger threats to the child.”*

In the following example, a challenge was noted in this area. The reviewers wrote, *“It appears that although the CPS record was checked, it is unclear to reviewers if that information was used in decision-making. Further, the mother is known to the reporter however there is little information gathered about parental caregiving capacity or her overall functioning.”*

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

This indicator looks at the avoidance of undue influences for both the worker and the supervisor. Five out of the 28 cases were scored for both worker and supervisor. In both areas, 100 percent of the cases scored in the 4-6 range.

Reviewers in one case noted, *“The worker was familiar with this case as there have been several calls on this family recently. There is no indication that this prior knowledge influenced her information gathering or decision-making. The supervisor was able look at this report with fresh eyes and took the time to check with her worker who is handling case before making her final decision.”*

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

This indicator evaluates two separate actions; one being the screening decision and the other setting the appropriate response time. In terms of screening, 93 percent scored in the 4-6 range. For response time, 94 percent scored in the 4-6 range.

In one case reviewers stated, *“There is the well-founded thought process about the domestic violence concerns, how this affects the child's safety given the reported history and the response time was appropriate given the identification of present danger.”*

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

Reviewers also evaluate their own confidence level based on the information gathered from all sources during the review. Of the cases scored for the worker and supervisor, 100 percent were in the 4-6 range. Reviewers were slightly less confident than the workers and supervisors with only 89 percent scoring in the 4-6 range.

In one case where the reviewers were less confident about the screening decision, the reviewers wrote, *“Reviewers think the screen out decision was inaccurate. The agency did not take into account the child's vulnerability as part of making the decision.”*

Initial Assessment Practice Performance

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

Initial Assessment – Strengths

- Initial Assessment workers were described as committed, talented, and supportive of each other.
- Supervisors are available to consult with workers regarding decisions (i.e. safety and custody) and will remain available to workers who are handling emergency cases which continue after business hours.
- Supervisors continually communicate with each other and reach out for help from staff who cover other geographic areas of the county when their unit is overloaded.
- The positive relationship with Joining Forces for Families (JFF) staff creates the ability to divert cases from formal Initial Assessments and also creates an opportunity for Initial Assessment workers to team with the JFF workers, which can enhance engagement with families who may already have an established relationship with JFF.
- The recently created “Pod” system, where smaller pockets of staff from various disciplines are physically co-located, has enhanced the ability to develop relationships with those other disciplines, as well as with community partners like Law Enforcement or local schools in each geographic area.
- The supervisors developed an Initial Assessment writing guide which has produced thorough assessments of the family situation, ensured the use of collateral contacts to enhance information gathering, and enhanced analysis of information in decision making.
- Initial Assessments workers are trained in Cognitive Graphic Interviewing and use this technique when interviewing all children.
- The county has a well functioning method of transferring cases from the Initial Assessment unit to the Ongoing unit.

Initial Assessment – Challenges

- The process for training new workers is not well structured and puts additional work on experienced workers to ensure the new workers get exposure and guidance prior to taking on case responsibilities.
- According to state standards, Initial Assessments must be completed within 60 days; however this is not occurring consistently in Dane County. (eWiSACWIS data shows that approximately 30 percent of Initial Assessments are completed within the required 60 days)
- Initial Assessment workers are carrying a backlog of cases which creates increased stress on the workers who have outstanding assessments and also creates delays in making face-to-face contact with families.
- The county has access to services which can prevent removal from the home, such as Family Preservation, Protective Daycare, and Safe at Home; however, these services have limited availability.
- Families often have to wait several months before they can access Alcohol and Other Drug Abuse (AODA) services which affects the county’s ability to return children to the home.
- Initial Assessment workers and supervisors tussle with attempts by Law Enforcement or the District Attorney’s Office to influence decisions around substantiation and/or taking children into protective custody.
- Initial Assessment workers are not always making contact with non-custodial parents.
- Initial Assessments worker have no structured process for ensuring they have exhausted all resources when they are unable to locate a family and wish to close the case.
- Initial Assessment workers were found to have a wealth of knowledge about the families they assess; however, the Initial Assessment documentation was not always reflective of all the information known to the worker or at times did not include information on all applicable participants in the case.

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

In terms of level of engagement, 93 percent of the cases scored in the 4-6 range. For level of responsiveness, 86 percent of cases fell in the 4-6 range.

One case scored both of these areas as a strength. The reviewers noted, “*The mother was easily engaged, as she frequently requests assistance from various sources. The worker spent a great deal of time explaining the role of CPS, state standards, and state statutes to school personnel and the grandparents, specifically related to the safety concerns, which assisted in her ability to engage them in the assessment process. The worker met with all household members face-to-face as outlined in standards. The initial face-to-face contact was made within the assigned response time.*”

Diligence of Inquiry

For diligence of inquiry, 93 percent of the cases reviewed scored in the 4-6 range. During the review, the reviewers found this to be an area of strength. The assessments were thorough and there was evidence of information gathering beyond the reported incident of maltreatment.

One example of this, the reviewers noted, *“There was good information gathered regarding the maltreatment and surrounding circumstances, the family's functioning, and the family support system. There was diligent gathering of information regarding the mother's physical and mental health concerns and how these might affect her ability to parent the children. There was also extensive information gathered about the physical and mental health of the children. The worker went beyond addressing the reported concern of truancy to gather information about underlying causes for the children's lack of attendance. The worker spent a great deal of time gathering information to determine the guardianship status of the grandparents. Numerous collateral contacts were made and the worker maintained frequent communication with many of these contacts.”*

Depth of Understanding

This indicator evaluates three areas; depth of understanding of the overall family situation, safety assessment and safety planning. For depth of understanding, 93 percent of cases scored in the 4-6 range. For safety assessment, 93 percent scored in the 4-6 range. For safety planning, 60 percent scored in the 4-6 range.

In one case where there was a good assessment of safety, but the management of the threats to child safety needed enhancement. The reviewers wrote, *“Because there was a lack of information about the mother or father's parenting practices, the worker did not appear to have a good understanding of the mother or father's ability to parent this child. While there was a safety plan in place, the plan relied on the mother and grandmother's agreement to not allow contact between the child and his father. During the course of the assessment, the mother not only retracted her statements about the maltreatment in court, the maternal grandmother also indicated that the mother does not want her son to grow up without a father. Given that the safety plan relies in part on mom's ability to keep her son away from the father, there is no safeguard in place to ensure that this would occur. At the time of the review the father was in jail. However, if the father were to be released, the safety plan would be inadequate.”*

Avoidance of Undue Influence

Of the cases scored for the worker, 92 percent scored in the 4-6 range, while 100 percent of the cases scored in the 4-6 range for supervisors.

In one case an outside entity made a decision which influenced the agency's ability to work with the family. The reviewers stated, *“The agency wanted court action and submitted a petition to Corporation Counsel who declined the petition. This thwarted the agency's decision to keep the case open and provide services to the family.”*

Critical Discernment

In terms of the decision making process, 93 percent of the cases scored in the 4-6 range.

In one case where decision making was a strength, the reviewers noted, *“The worker used a thoughtful reasoning process when making the decision to take the child into custody and file a petition. The worker consulted with the supervisor who stated that the supervisor concurred with the decision because the worker provided a detailed picture of the situation. The worker and supervisor were very thoughtful in deciding to unsubstantiate for neglect because the mother's mental health was out of the mother's control.”*

Confidence in Decisions Made

In terms of the level of confidence for workers and supervisors, 100 percent scored in the 4-6 range. Reviewers were slightly less confident, with 93 percent in the 4-6 range.

One case which gave the reviewers concern, the reviewers noted, *“The reviewers think that the efforts made to locate the family were insufficient. Based on the information gathered there was a strong indication that there were impending danger threats.”*

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

For this indicator, 79 percent of the cases scored in the 4-6 range. While it was discovered during the review that the workers had a wealth of knowledge regarding these families, it was noted that at times the documentation of the case was lacking. This was noted as a challenge for Dane County.

In one example of this, the reviewers wrote, *“Although it is clear from our interview with the worker and from a review of her case notes that the father was considered, there is no inclusion of the father in the Initial Assessment except that he is briefly mentioned at certain points in the family functioning section. A more comprehensive documentation of his functioning in all areas is missing in the Initial Assessment. There was information in the child functioning areas for both children that was not included (e.g., the older child's parentified behaviors and the impact of the 9 yr. old's physical limitations).”*

Ongoing Practice Performance

A review of the stakeholder interviews, status and performance scores and the twenty-four case stories that were completed yields a rich description of practice within Dane County Department of Human Services (DCDHS) and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. It is important to remember that the 2010 review examined twenty-four cases. A separate sample consisting of six adoption cases was also reviewed, but those results are reported separately from this report. The sample for this report involves only twenty-four cases and because the rating reflects primarily current status and performance, readers should be conservative in generalizing scores from this review to the entire Dane 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 DCDHS'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. Ninety-four 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 100 percent in the 4-6 range. Only five of the 24 children in the case sample were rated for Imminent Threats in Other Settings and of those five, eighty 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 maintenance zone "The focus child is currently safe from Imminent Threats of Harm in his Home, School and Community. The family lives near the edge of the city boundary in a well maintained area of apartment complexes with green space and playground equipment. Despite appearances his mother reported that the police are frequently called to the neighborhood because of drug dealing. Consequently, she keeps the children inside the home ensuring their safety."

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. Eighty-three percent of children were currently stable in home settings and one-hundred percent of children were in stable school settings. There were several cases with examples of children living in stable homes with no to minimal disruptions. A reviewer wrote "The focus child is in a safe, stable and appropriate living arraignment that may possibly be the best she has ever had. She has been with the treatment foster family for two years and they have expressed a long-term commitment to her. There is no evidence that this placement will disrupt. The focus child's grandfather/guardian has developed a remarkable relationship with the treatment foster parents which also positively contributed to her stability."

Another reviewer shared for a case that scored in the maintenance zone for stability in the home and school "He has stability at his substitute home and at school where the support he gets helped him to have a successful first year in high school. In planning for his freshman year at high school,

the focus child had a team who worked with him to design a first year experience for him that was weighted toward his personal and social preferences to enable him to stay in school. The experiment worked well because by involving the focus child the transition to high school from middle school was easier.”

A reviewer shared of a child struggling with stability in the home and school. “Stability is in the refinement area for both home and school. Over the past three months the focus child has run from the foster home on two occasions, with one of the two absences lasting almost a month in length. During her month long absence, the focus child became pregnant by a Hispanic adult. After each elopement, the focus child returned to her current foster home. Thus far, there are no concrete strategies in place to prevent the focus child’s running behavior. Stability for school has improved since the focus child was placed in a specialized program for pregnant teen mothers; however, improvement was described as, ‘She only missed 17 of her 40 days of enrollment in this program.’ While the focus child’s absences from this program may seem excessive, her absences while in the regular public school program were much worse. Academically, her high intelligence is seen in that she tested high enough to be passed on to the next level of school even though she failed most of her classes this year.”

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. Seventy-five 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, “Permanency was the area of most concern, and the only area that scored in the refinement zone. Though the home the focus child is placed in is very interested and committed in keeping her long-term, the primary permanency goal is reunification and the focus child strongly desires to go home. The focus child needs and deserves permanency. She has been in out-of-home care for three and a half years, and at this time, the plan of reunification to her mother’s home, is in the infancy stages. The focus child has had only two official visits with her mother in the last six months, and the mother admitted to being under the influence of drugs during one of the visits. The mother and the focus child have been attending family therapy sessions for the last six months, and the focus child is empowered to ask her mother difficult questions regarding decisions her mother has made and how these choices have impacted the focus child.”

A second case scoring in the refinement zone for permanency, a reviewer wrote, “The focus child is living in a substitute home and has been for close to three years; everyone involved with him is working on the same goal of the focus child returning home to live with his biological mother and sibling, but it seems that preparation is not moving as fast as it should. It’s been over a year since the focus child’s mother was released from prison but it’s been less than two months since she got her own apartment. The focus child’s mother is working on creating a home for the focus child to return to in the fall of 2010. The focus child has his mind set on returning to his mother’s with whom he appears to have a warm, respectful and loving relationship. The focus child’s mother has rented a place with sufficient rooms for the focus child and his siblings.”

Lastly a reviewer wrote, “Permanency is in the area of refinement. Although, the foster mother has indicated a desire to adopt the focus child, her commitment has wavered since the birthparents’

rights were terminated and appeals prevented movement toward adoption over the past two years. Despite the delays and past wavering commitment, both foster mother and focus child indicated to reviewers that adoption is what they both desire. Though the foster mother has had trouble controlling the focus child's running behavior, this placement is still seen as the most appropriate living arrangement for the focus child."

Emotional Development and Behavioral Functioning

Regarding child emotional and behavioral functioning, ninety-one percent scored in the 4-6 range for emotional development and eighty-six percent were rated in the 4-6 range for behavioral functioning. Ninety percent for behavioral risk to self and ninety-five percent for behavioral risk to others in the 4-6 range. It should be noted that children under the age of three are not scored for this indicator. Thirteen percent of the children have a mental illness diagnosis and eight percent were identified as being substance exposed. Eight percent of the children had identified co-occurring conditions and no children in the case sample are diagnosed with a behavioral disorder.

The following are a few examples of appropriate emotional development and behavioral functioning. A reviewer wrote "The focus child's functioning emotionally and behaviorally is appropriate for his age. While very active and requiring close supervision and frequent re-direction he is responsive to his foster mother. The foster mother reported that the focus child has made friends, both at day care and in their neighborhood. While being very active, his behavior is not so extreme as to be dangerous to other children or to himself. The foster mother also observed that his level of activity is more extreme in the morning and decreases as the day progresses."

Another case reviewed, a reviewer wrote "In general, the focus child has good behavior functioning, is self-regulated and can amend his behavior. It was learned he had one minor issue occurring on the bus this year, and after discussion coupled with a reinforcement technique, he did not repeat the behavior. He has good emotional development for his age. He had two evaluations following the sexual abuse and each time the recommendation was no services. It was noted that at age 4, he witnessed a fire where his step-grandfather as well as some pets died and he seemed to be re-traumatized by this due to the stepmother having difficulty coping with it. He was to start counseling for this the week following this review."

A few children scored lower for emotional development and behavioral functioning; however, the reviewers shared that many children are receiving the appropriate interventions to assist with addressing concerns. A reviewer shared for child who scored in the refinement zone for these indicator, "The focus child is on medication for Attention Deficit Hyperactivity Disorder (ADHD) and does sometimes struggle with his emotions. He sometimes doesn't know how to ask for help and this is being attended to at school. His teachers have worked out a cue to let him know when his behavior in class is unacceptable and this worked well in the past school year. He has also completed his therapy sessions to help him deal with the issues he has such as not doing well with authority and failing to ask for help in class when he does not understand the work."

A second example, a reviewer wrote "The focus child has some issues with behavioral functioning, however, these are improving and being addressed in therapy two to three times monthly. He experiences some anxiety and fears likely related to the trauma and instability he experienced in his mother's care. He is diagnosed with Adjustment Disorder with Depressive and Anxiety features. He has some trouble with adjustments and transitions and is sometimes impulsive. He shows some

aggression toward other children, although minor and not violent. He displays no behavioral risk to himself.”

Learning and Development

Learning and development status was at ninety-six percent in the 4-6 range. Information obtained regarding children’s reading levels in Dane County revealed that nine children were reading at their assigned grade level. Three children were four or more reading levels behind their assigned grade level. Two children were reading two levels below their assigned grade. One child was reading one grade level below his assigned grade. Three children’s reading levels were unknown. Six children were not of school age, therefore their reading levels were not be determined.

Sixty-seven percent of the children in the case sample had an educational placement in a regular school setting. Twenty-nine percent of the children had part time special education. 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 maintenance zone, *“The focus child receives special education services and her Individualized Education Plan (IEP) appears to be appropriate and meeting her needs. In the past two years the focus child has made significant improvement strides in her educational functioning, as evidenced by her reading level increasing two grades and her overall IQ score increasing from a 70 to 85. This progress has allowed her to change special education service areas from cognitively disabled to learning disabled. She remains in a self-contained classroom environment. There is a school transition that has been planned and prepared for, including visits to the new school to become oriented to the building and meet some teachers.”*

A second case that scored in the maintenance zone for learning and development, *“The focus child is a developmentally age appropriate and well-adjusted 2nd grader, who is meeting the academic expectations in both regular and special education classes. Her hearing, vision and speech needs (including occupational and physical therapies) are being addressed in the school environment per her Individualized Education Plan (IEP).”*

Parent/Caregiver Capacities and Progress Toward Independence

Along with safety and permanency, this group of indicators is among the most important in child welfare practice. Adequate parent caregiving capacity is essential to achievement of safety and permanency for children and a major system challenge because of the combination of past trauma, financial deprivation, social isolation and substance abuse present in many child welfare families. Performance on these indicators is consistently slow to change and they are considered lagging indicators compared with some areas of functioning more easy to attain.

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

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	70%
Caregiver Capacities: Father	50%
Parent Caregiver Challenges: Mother	65%

Parent Caregiver Challenges: Father	36%
Informal Support: Mother	40%
Informal Support: Father	36%
Family (of origin) Progress Toward Independence	67%

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.

Parent/Caregiver Capacities

“The status of the mother scored in the improvement zone. The mother, at the time of the review, was residing in a half-way house located in the review county. The mother has an extensive history of drug abuse, including a criminal conviction for obtaining prescription drugs by fraud. The mother reports that she has regular drug screens as part of the half-way house program, and has passed all of the drug screens. Following discharge from this setting it is unclear as to what her plans are to continue remaining free of drug use. The mother’s future relationship with the focus child’s father is also unclear. While the mother reports a history of domestic violence and the father being involved in another relationship, she is unclear if their relationship will continue. The mother was found to be in violation of the rules of the half-way house when she obtained a cell phone that she used to contact the focus child’s father.”

“The mother grew up in Chicago, one of nine children of her mother, an alleged crack cocaine abuser. The mother was placed with her grandmother at age four, but her grandmother died of cancer when the mother was 14. The mother went to live with her own mother. The focus child’s mother became pregnant, went to live with a cousin who took guardianship of her and her first child after the mother had a suicide attempt. She has reported several suicide attempts over the last few years. She started receiving Supplemental Security Income (SSI) last year for her depressive disorder. She has a diagnosis of borderline to low average intelligence, cannabis abuse, and a possible dependence on sedatives or anti-anxiety medications. She takes Effexor and Risperidone for her mental health conditions. She has been exposed to trauma and reports that she was beaten by an aunt when she lived with her grandmother.”

However, a reviewer wrote of a parent demonstrating appropriate parenting capacities “The father reports that he has become a better father over the past six months since he was put in the position of becoming a full time single parent to his three children. He states he did not realize how bad his children’s situation was until he saw the pictures taken by the police six months ago when he was asked to come and get his children. All those interviewed reported that the father is doing a good job of parenting, appropriately guiding the focus child and following up on anything needed or requested for the child. Those interviewed observe the father and the focus child enjoy each other and to be attached. The father stated he is their father now and they will stay with him and appears committed to providing a safe and stable environment for his children. He states this is a big change for him in that he always saw it as the mother’s job to raise and care for the children. The father also indicates that he is close with his sister and she assists him in caring for the children from time to time. The day care observes the child to bring healthy lunches, and the father and his son to be enjoying each other. The father is functioning well and appears to be observant of the

focus child's needs. When the father has challenges or needs, he is stated to be very direct with providers to let them know when he does not know how to do something or needs assistance."

A second example illustrates the progress for parents with challenges. A reviewer wrote *"The mother's status scored in the refinement zone. She is intelligent, has good education and steady employment. She sees herself as looking for the silver lining in any situation. Others viewed her as loving her children and doing whatever she needed to do for them. She has good caregiving capacities and provides for the basic necessities of the focus child when he is in her care via good employment she has had for over one year. The mother has begun to take measures to improve her life. She has ceased drinking alcohol, is in Alcohol and Other Drug Abuse (AODA) treatment now and is starting to open up in group therapy, particularly about issues surrounding her childhood as well as difficult times in her adulthood."*

Substitute Caregiver Functioning

Substitute caregiving capacity is at ninety-three percent in the 4-6 range. A reviewer wrote *"The substitute caregiver's overall status rated in the maintenance zone. This home is safe, stable and nurturing to the focus child. The family has formal supports within their licensing agency as well as informal supports within their community. They receive ongoing training for licensing and their parental capacities are viewed as appropriate and consistent. The family participates in martial arts and they express pride in their accomplishments as a group as well as individually. Challenges for this family mainly surround unanswered questions about the future. While they express a desire to be the focus child's forever family, they appear hesitant to make a permanent legal commitment to her because they are uncertain of what she will need in her future and how they will meet those needs for her."*

A substitute caregiver who scored in the unacceptable range, a reviewer wrote *"The relative caregiver rated in the low refinement zone. Her past is characterized by frequent mental and physical health emergencies as well as frequent moves. Although her daughter states that she told her about the sexual abuse at the time, she denied knowing about it. The relative caregiver was described as very crisis oriented. About every other home visit, she would demand the girls be removed. Her parenting skills were poor and she relied on physical discipline and on the older girls to control the younger girls. She was uncooperative with two different intensive in-home programs. Her informal supports were very limited."*

One child resided in a congregate setting and the setting scored in the maintenance zone. The reviewer wrote *"Caregiver capacities in the congregate setting did score in the maintenance zone. The group home is a two-parent foster family home that is truly a family home. Our focus child is extremely bonded and connected to his foster father and has blossomed in the home. It is described that his foster father has become his 'grounding point.' The group home meets all his needs, both physically and emotionally and provides a loving and nurturing environment that is safe and appropriate. As stated the foster parents encourage the focus child to participate in extra-curricular activities and are aware that they live in a rural community and assist with transportation to allow for engagement in these activities. The foster parents are also well-known within their community and the school and worked well in assisting the focus child in becoming independent."*

Informal Support

The QSR acceptable scores of forty percent for mothers and thirty-six 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 that scored in the improvement zone for the mother's informal support, *"Her work is very physical and she is exhausted by the end of the day. Other than her 'boss' she has no informal supports which can add to her becoming overwhelmed with parenting. Her brother no longer lives in the area and most of her family resides out of state. She does not belong to a church and is not active in the community because she is concerned about being the subject of gossip."*

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. Because 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 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.

"Challenges for this youth include her emotional and behavioral delays. It is likely that some of these delays can be attributed to the trauma our focus child has experienced throughout her life. This includes severe sexual abuse, an unsafe or dysfunctional family environment, loss of her grandmother and multiple placements. The focus child has been let down by several caregivers and has struggled to form trust-based relationships. She has a number of diagnoses by history including Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder, and Post Traumatic Stress Disorder. The current mental health provider's treatment plan indicates a diagnosis of Disruptive Behavior Disorder, which may not be fully addressing the underlying trauma issues for this child. Furthermore, there is a recent emergence of over sexualized behavior which may need to be addressed. Some of this behavior may be attributed to normal development for a teenage youth; however, due to this child's abuse history and developmental delays, body awareness and safety are much different than her same age peers."

"Mother rated in the refinement zone despite having a very traumatic history. Her mother had significant mental and physical health problems as well as alcohol and drug issues and did not provide nurturing or protection to her daughter. Her stepfather began sexually abusing her around age 12 and testing has determined that he is the father of her two older daughters. She dropped out of school when she was pregnant with her second child. She became promiscuous as a teen as well as involved in some drug use. Currently she is diagnosed as cannabis dependent. Her IQ is in the low average range and she has been determined to have a learning disability. She is also diagnosed with major depression and anxiety. Her psychological evaluation described a woman with low self esteem, and poor problem solving and comprehension skills. "

“The father also has a history of childhood and early adulthood trauma. He was physically abused by his father and stepfather “since infancy,” and was neglected by his alcoholic drug dependent parents. His mother died ten years ago of a drug overdose and his father still abuses drugs and is an alcoholic. He was sexually abused as a child by a cousin, but has blocked memories about this. He witnessed domestic violence between his mother and father as well as his mother and stepfather. He himself used and abused “any and all drugs” and was involved in criminal and gang activity, becoming a skinhead. He lived in a violent city in a state on the west coast where gunshots were heard so often he could tell how far away they were. The father is open about his life and is viewed as resilient.”

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 one hundred percent in the 4-6 range. Engagement of the mother was at ninety-five percent and engagement of the father was at forty-eighty percent. Nationally, engagement of fathers remains a significant challenge.

“Opportunities for enhancement include outreach and engagement with the father. Though father was incarcerated, there was very little contact with him, outside of sending court related documents. He has not had a role and voice in the case planning process. The caseworker was unaware that the father and our focus child had been periodically communicating to each other through letters. The father was sending dolls to his daughter. Mother informed the reviewers that she would like father to be a part of her daughter’s life.”

A reviewer described why a case scored in the maintenance zone for role and voice of the mother and child, *“Another area of practice strength is in outreach and engagement. Both the focus child and his mother feel greatly engaged and do have influence in the change process. The focus child, for example, had a significant role in designing his freshman school curriculum with emphasis on making his first year of high school a successful and enjoyable experience for him. Also, the teachers worked with the focus child to develop cues to use in class for when his behavior becomes disruptive. When the agency considered moving the focus child to another foster home from his present one the focus child was consulted and his decision to stay where he is rather than move to a different place was respected. The focus child’s mother is very engaged with most of the people in her life. She feels that she can speak openly with her providers and has influence on decisions made concerning her. She notes that the providers she works with listen to what she has to say and that they advocate on her behalf. An example of such a role is when the focus child’s mother asked for more time to prepare her home for reunification with the focus child, she was given that time and the date for reunification with the focus child was moved to the upcoming fall.”*

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. Eighty-eight percent of youth were in found to have involvement in decision planning and decision-making in the 4-6 range, eighty percent of mothers, twenty-nine percent of fathers and eighty-seven 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.

“The most significant area of challenge is in the area of role and voice of the parents. These parents do not feel they are part of the change process or that their viewpoint or knowledge of their children is given any credibility. They are of the opinion that their efforts are viewed as negatives rather than as helpful in moving the case along. The parents have been advised to say nothing, shake their head and just get through the consent decree. They have found resources and paid for them only to be viewed as circumventing the system. They are excluded from family sexual abuse treatment meetings regarding their children and have no opportunity to express their opinion or be part of the decisions made. Because of conditions noted in court documents, they feel they have to change therapists, even though they had used the same counselor for years and found this therapist helpful to them. The father expressed that he feels “shoved into things without knowing why.” He stressed that if he understands why something is needed or why it will be beneficial, he will do it. It appears that when these parents are required to do something that does not make sense to them, they respond with reluctance and by “dragging their feet.”

A reviewer wrote for a case that scored in the acceptable range, *“Role and voice is another area of practice strength. The focus child and his mother do have an ongoing role in decisions made that affect them. The focus child’s mother, for example, was able to delay the return to the family home of the focus child’s older brother because she felt that she was not ready yet. The agency worker supported this and was able to work with her to make sure that her wish for a delay was acted upon. Another example of the role and voice for the focus child and for his mother was that the mother was able to stop the mental health therapy that the focus child was receiving. There was agreement that the focus child was stable and that the mother had gained sufficient insight to manage his behavior.”*

Coordination

Coordination performance was quite high, at eighty-eight percent in the 4-6 range. For example, a reviewer noted, *“Another area of strength is coordination. With eight children in four foster homes, difficulty in securing consistent interpreters, and an array of providers, it would be understandable to experience challenges with the complex coordination required with this case. However, this doesn’t appear to have happened and everyone we spoke to, including school staff, felt that the agency worker was in “constant communication”. She was described by providers as “outstanding” and “marvelous.” Most of the services she wanted in place when the children came home, such as in-home family therapy, were there and those that weren’t, such as a Court Appointed Special Advocate (CASA), were not a result of lack of effort and referral on her part.”*

One of the many outcomes of working with a family is that the parent becomes the coordinator for his/her own family. A case that scored in the maintenance zone, a reviewer illustrates how the mother, not a professional is the coordinator, *“Coordination is an area of practice strength and scored in the maintenance zone. The focus child’s mother does have a very busy schedule, born out of the various appointments she keeps with her physician, mental health therapist, probation officer, the focus child’s school, etc. These appointments and meetings are well-coordinated because she, with the help of the mental health therapist, appears to assume the leading role in organizing and coordinating all her appointments. The focus child’s mother is the central and*

single point of leadership for all meetings and appointments concerning her and the focus child. She is certainly aware of almost everything that is going on at the focus child's school and at his substitute home. Her involvement here appears to bear out her statement that she realizes the effects her past mistakes have had on her children and that she is determined to make up for those mistakes."

Family Teamwork

The results from this indicator demonstrates that this is an area of development for DCDHS. 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 forty-six percent in the 4-6 range and team functioning scored at thirty-eight percent in that range. The following cases illustrate the areas of improvement with team formation and functioning.

"To improve team functioning, there is a current plan to transition from pods of teaming to the formation of a larger, single team. Several people interviewed talked about the strong personalities and communication break-downs during earlier teaming efforts that resulted in developing pods of teams rather than an inclusive team process. Through tracking and adjustment, and mother's improved insight into her ineffective anger management skills there has been the recent acknowledgement of the need to re-format the team in an effort to improve team functioning. Team formation and functioning may have an impact on long-term view planning efforts as all persons interviewed agreed on the goal of reunification, but there were distinct differences expressed in perceived next-steps during the interviews with family and providers. The team will need to resolve conflicts between therapy and service providers and manage the implications of having so many players involved in the case plan. The difference of opinions between therapy and service providers has prevented sibling visits over the past two months and re-instating these visits seems critical given the statements by the focus child regarding his desire to have contact with his siblings."

"Another opportunity for growth is in the formation and functioning of the team. There is a team that meets to plan for the children and family. It does not and cannot include the parents due to the practice of the contract agency, much to their dismay. The team has only recently begun to meet and there have been only two meetings thus far. The first team meeting was only attended by the agency workers. This team appears to be more directed toward the brother than the focus child and has control over the interactions between the focus child and the brother. As there is the philosophy that the offender must understand and take responsibility for the offense before there can be any contact, there has been no sibling relationship even on holidays since the brother was removed from the family home."

"Another area that is in need of refinement is family teamwork, both formation and functioning. Currently there is no team in place; there is no planning, no creation of goals or strategies by a team. Parties do not appear to have a big picture understanding of the family and where they are going. For example, the foster parents would like to have the focus child remain in their home until

she ages out of foster care, however, the focus child and the mother would like to achieve reunification. The functioning of the few individual teams is splintered, and it appears that no one is aware what others are thinking or feeling, resulting in a lack of direction of where this family is going. If reunification is seriously going to be pursued, a team needs to be established to support this plan. There is a lot of opportunity at this time, particularly given the mother's recent progress and desire to become an active participant."

In one case that scored in the maintenance zone for Team Formation and Functioning, *"There is a solid, functioning team that meets regularly and includes all the individuals necessary to support the focus child. All parties are communicating effectively and working together for the betterment of the focus child, including the social workers, foster parents, school, and guardian. As a result of this teaming process, there is a strong sense of role and voice for the family. The grandfather appears to be actively involved in decision making and so is the focus child based on her level of functioning. The shared parenting that occurs between the grandfather and the foster parents can be describes as extraordinary."*

Assessment and Understanding

Like teamwork, assessment and understanding indicators also address two areas of practice, safety assessment and overall assessment. Safety assessment scored at ninety-six percent in the 4-6 range and overall assessment was 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 several case examples that illustrate effective assessment are provided below.

"Assessment and understanding, particularly as it relates to safety, is another area of practice strength. This area of practice scored in the maintenance zone. It appears that there is a shared understanding among all involved in providing services and support to the focus child about the child's safety and the biological mother's protective capacities. To enhance the mother's protective capacities and to diminish the concern that she may have difficulty setting aside her needs for those of her children, she has taken parenting classes. The parenting classes are helpful in assisting the focus child's mother to learn how to control the frustration and anger that might arise with raising teenagers who might not always agree with her decisions. She is also scheduled to begin working with an in-home therapy program in the next couple of months."

"Another major strength is that the worker has good safety assessment and knows what is needed to keep the child safe. The worker not only looked at the area of sexual abuse as a safety issue, but also the behaviors of the parents, such as alcohol abuse and family violence, as safety threats to the focus child. The worker reassessed the safety of the child since she has had the case and the plan has been revised accordingly. For example, the plan has been amended so that the focus child is now starting to have contact with the sister in a structured and supervised manner. The worker has articulated to the parents what is needed to keep the focus child safe and no recurrent safety situations have occurred in either parental home. The parents have a good understanding of the

safety measures put in place in each parent's home, such as the requirement surrounding the focus child and his sister on visits that all contact is within the view and hearing of adult supervision."

"There is a good safety assessment in this case. The safety threats are recognized and understood by everyone involved and the plan is reassessed when needed. There were good ideas to thwart episodes of sexual abuse by eradicating opportunities through the use of closer supervision and stricter conditions (such as not allowing children to be in the home unattended at the same time) being put into place. The mother has gone to the school several times this year to discuss safety of the focus child in the high school setting where the exposure to possible unsafe situations is increased over the middle school. The focus child's physical appearance is that of an attractive teenage girl with no apparent features of retardation and the mother wants to make certain her daughter is protected from inappropriate sexual statements or advances of male peers."

However, there were a number of 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.

"Overall assessment and understanding was identified as an area to explore and refine. There appears to be an opportunity to develop clarity regarding insight into the mother's parenting capacities. The mother's trauma history was not addressed as a possible factor impacting her cognitive abilities in addition to her mental health issues. Safety management, permanency, behavioral outcomes, resource and support use, adequacy for change, and tracking and adjustment all scored within the refinement zone due to the lack of understanding of what "made the mother tick". It was difficult to identify how to best help her to make progress towards reunification, or if she has the capability of learning parenting strategies to safely care for the focus child."

"The workers understood the mother's presenting problems of alcoholism and anxiety attacks, but were unclear about the underlying issues that brought this on. Without understanding what is behind her behavior, the resources to treat her and the end point in which the agency may safely exit the family's life were not clear. The mother has reached a plateau of not drinking, being able to care and protect her children. However, it is unknown what crisis might upset the equilibrium and lead to the re-placement of the children. Contingency planning for several possible situations would be helpful for this family."

"...area for improvement concerning practice is assessment and understanding, as there appears to be a lack of clarity regarding the focus child's current level of cognitive and emotional functioning. It was noted that her overall IQ has increased in recent time and that her behaviors have stabilized substantially. There appears to be some question about whether her delays are organic or perhaps trauma-related. Having a more comprehensive understanding of the focus child's specific needs will assist the team in case planning for her and also with providing support for the caregivers."

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.

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.

“The long-term view for the focus child’s case rated in the improvement zone. None of the people who were interviewed were able to identify when the case should be closed, what the family would look like in order to close or what the plan was to safely close the case. In addition, the next likely transition for this family will be the return of the focus child’s older brother to the home. Visits are currently being supervised in the home, but there has been minimal planning done around future safety of the focus child or sustainable supports for the family that will be in place when the agency is no longer involved.”

“A final practice area that has been identified with a need for improvement is long-term view. Presently, a long-term view has not yet been established. There is not a clear understanding of where the family is going and how parties will get there. As previously highlighted, there is no urgency driving the case plan or what needs to be put in place to achieve safe case closure. The mother’s true parenting capacities are unknown and her ability to effectively parent the focus child is not clear. In addition the concurrent plan of long term foster care has not yet begun addressing independent living skills given that the focus child is now fifteen years-old.”

“Despite the fact that the focus child has achieved great outcomes and there is strong hope for a successful future, considering the big picture, these are rather short-term goals. The focus child has graduated from high school, and does have a safe place to stay after his order expires until boot camp, after he completes his initial obligations with the Reserves; there are a lot of unknowns. His true long-term view is somewhat fragmented. While our focus child is an adult, he is still ‘timid and fragile’ at times and has no ‘true’ family to fall back to. Permanency has been achieved through successful independent living work; however it has taken nine years in foster care to achieve.”

Planning a Change Process

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

A reviewer wrote *“There is also good behavioral outcome planning for the parents and child. Both parents have been dealing with their alcohol issues with the mother’s treatment especially being very intense and covering the underlying issues of alcohol and drug abuse. She is attending group counseling two nights per week and has been incorporating what she has learned into life changes. The mother has not consumed alcohol for four months. The father is regularly taking medication for his Attention Deficit Hyperactivity Disorder and is amazed at the difference it has made in his daily functioning. The parents are remorseful that they drove under the influence and want to regain their driver’s license. There has been an assessment of the focus child’s hyperactivity symptoms in school and at home and services are beginning for him. The parents have been able to*

plan for the focus child with each other and their behavioral changes surrounding the placement arrangement had positive results, in that the focus child's school performance improved while maintaining good relationships with each parent."

Another reviewer wrote, "Planning a change process for sustainable support is an area of practice that scored in the refinement zone and could benefit from further exploration. The focus child's mother does not have sufficient informal support to sustain the change process for her when the agency closes the case and could benefit from the agency's help in developing a cadre of supporters that she can rely on. It is also not clear to the reviewers about what sort of activities are being planned for the focus child's mother for safe case closure. For example, the focus child's mother has taken parenting classes but it is not known what her needs are relating to the parenting class. That is, if she learned from the parenting classes she has taken and acquired the skills necessary to parent a teenage son. This is important considering the separation she and the focus child have had and dealing with the fact that the focus child is at that phase in his life growth where he might be learning about his own identity and learning to separate from his mother."

Resource and Support Use

There are three elements to resource and support use, youth/child use, which was at ninety-five percent acceptability, parent/family use, which was at ninety-one percent in the 4-6 range and substitute caregiver use, which scored at ninety-four percent in that range. Examples of good resource availability follow.

"The resources to meet the focus child's needs have been appropriate, such as getting her started in a Birth to Three program. In addition, there is a good array of services for the mother, including a program for drug and alcohol treatment, a psychological evaluation, and help with housing. The father is undergoing domestic violence treatment at the current time. In the future, other resources will be introduced to work with the family on reunification."

"Resource and support use was also seen as a strength. Resources provided for mother include Social Security (SSI), food stamps, transportation services, Medical Assistance, school programming and in-home therapy. Resources for our focus child include school services (special and regular education, occupational, physical and speech therapies), kinship care, medical/dental health, visitation, and in-home therapy."

"The focus child and foster parent have utilized the services and supports that have been provided and the focus child's mother appears to be beginning to do this. For example, the in-home team is helping the mother and her children to recognize when they may need a break or to catch their breath (crisis time outs) when in the middle of a disagreement. The foster parent has utilized ongoing training. It also appears that the people involved have maintained an awareness of the situation overall and individual struggles and have adapted the strategies when needed."

"Both the adult criminal and child social services systems combined to provide a complete assortment of services for this family, thus scoring in the maintenance zone for good use of Resources and Support. The bail monitoring program required the mother to take three breath tests each day to check on any alcohol consumption. She also was provided with group therapy that specialized in substance abuse. The child social services agency used this extensive program to safely return the children to their mother in a relatively short period of time."

Tracking and Adjustment

Eighty-eight 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. Seventy-five percent cases rated in the 4-6 range for adjustment.

There were several examples of good practice in this area such as the following.

“Tracking and Adjustment of the services is also one of the practice strengths in this case. As the mother made progress the support worker reduced her contacts and so did the in-home therapists. As other needs were identified, referrals were made to a community resource agency, the Food Share Program, respite services English as a Second Language classes and so on.”

“The tracking and adjustment indicators also rated in the maintenance zone. The first example of this is how the case worker moved the visits along in a timely manner from supervised to unsupervised based on reports of the parent and children’s interaction. Another example also demonstrates her ability to be creative in matching services to the family’s need. The parents’ denial regarding their daughters’ significant sexual abuse has continued. The agency worker set up an educational session about sexual abuse in general utilizing a community expert. The goal was to increase the parents’ knowledge about this issue as a nonthreatening way to begin to address their denial.”

“It appeared clear that information was shared for the purpose of not only providing updates but rather to monitor progress and make changes to the case plan as is necessary. For example, now that the focus child has shown some growth and development with regard to her emotional and behavioral development, consideration is being given to allowing her to have supervised contact with her biological mother in a therapeutic setting. Similarly, when contact with her biological sister by letter or phone has caused the focus child some discomfort or disturbance, the frequency of this contact was subsequently decreased. The team appears to have a thorough understanding of the focus child’s strengths and challenges and is able to accurately interpret her cues. The proper resources and supports are then aligned to support her. The team appears to recognize that as the focus child is growing and developing there is a need for a shift in planning for change.”

“Tracking and adjustment has been a strength in practice, especially given the challenges in this complex case. In the area of safety and assessment of this family, the co-case managers were able to determine that initial visits with all siblings were too chaotic, so plans were developed to have visits separately with older siblings and younger siblings which were more effective in allowing mother to apply learned parenting skills. This transition offered the mother an opportunity to successfully achieve a safe home for her children by displaying the use of appropriate disciplinary measures despite cultural and family support to continue with corporal punishment.”

“There is good situational awareness and tracking and this is leading to good adjustment. Even under adversity, the worker tried to track and make adjustments in the case based on the changing conditions. Two evaluations have been completed on the focus child that have more clearly defined her issues and functioning and that have suggested a course of direction to best meet her needs. The evaluations have also opened up funding sources for services through insurance rather than tapping the finances of the parents. The evaluations have suggested a learning style from which the focus child will derive the best results for her academic and social needs. Transitioning is going on in the educational realm so the focus child can adapt to the world around her.”

A case example from the review revealed the effect of ineffective adjustment on progress and outcomes.

“...the adjustment of interventions using the information to continue to assess and plan but without a comprehensive team and concrete plan, adjustments were not being made to bring about the long term view of adoption. Several barriers were seen as preventing adjustments to the plan and stalling the long term view. For almost two years post TPR there were appeals to the TPR which have been only recently resolved. Between the appeals, lack of a comprehensive team, lack of a concrete plan, focus child’s running episodes and her resistance to treatment the long term view of adoption has been hampered.”

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-nine percent in the 4-6 range among the nine applicable cases. Several cases stand out as examples of superior practice and are referenced here.

“The case manager is sensitive to cultural and language challenges and provided Spanish speaking providers or interpreters when providers were not available. The mother was connected to an agency that serves the Hispanic community. The case manager expressed an interest in obtaining additional training to help her understand the culture.”

“The foundation of this good practice is the agency worker’s respect for her clients’ culture and her efforts to educate herself about it. She has volunteered for culturally diverse cases and is constantly accessing resources on the internet and educating providers about the family’s cultural beliefs and customs. She has treated the father with respect and as a result has engaged him in services that wouldn’t come naturally to him such as parenting classes and family therapy.”

“A final strength in case practice is the introduction of a culturally sensitive advocate for mother to assist in court proceedings, team meetings, and communication with providers. Previously the mother would become angry and uncooperative because she felt that she did not have a role and voice in planning. Cultural differences with regard to hair care and clothing selection for the children were evident in early disputes between the mother and the foster parents. These differences did impede the working relationship between the mother and several providers including the therapists for several of the children. Mother felt stereotyped as an African-American woman with a strong personality and the therapists suggested the involvement of an African-American advocate to promote a positive working relationship within the team.”

However, one case was identified in needing improvement. A reviewer wrote, “The focus child is of Cambodian descent with little knowledge of his familial roots. When asked, the focus child stated that he had little desire to explore this history; however, there was not much effort in pursuing this with him. The focus child was placed in a rural area where there were no options to explore his cultural identity. Further efforts should have been explored to assist the focus child in gaining at least minimal knowledge of his cultural identity.”

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.

Maintaining Relationships	
Family Member	Percent scoring 4-6
Family interactions: birth mother	83%
Family interactions: birth father	42%
Family interactions: siblings	75%
Quality relationship: birth mother	67%
Quality relationship: birth father	38%
Quality relationship: siblings	75%

There were cases that scored in the acceptable zone as it relates to maintaining family relationships. A reviewer wrote, “The choice of the relative caregiver has allowed family interactions to go smoothly. The relative caregiver is committed to maintenance of relationships and takes the children weekly to jail to see their father, as well as including the mother in visiting the home and allowing open access to the children. Regular visits have been organized and supervised by agency resource staff, which has been very positive for the children.”

In a second case that scored in the acceptable range, a reviewer wrote, “Another strength in practice was the maintenance of connections among family members while the focus child was in foster care, and continues now while her brother remains in care. The agency worker and the foster parent worked to ensure that the focus child saw both her mother and her brother regularly to ensure they remain connected. The focus child’s transition home started with supervised interaction. This lasted for just a couple of weeks when those involved realized they could move to unsupervised interaction and overnights. The overnights started with just one overnight (Friday to Saturday) and moved to two overnights (Friday to Sunday). As everything went according to plan, the focus child was reunified with her mother.”

However, the review revealed some areas of struggle as it relates to maintaining family relationships and connections. A case that scored in the improvement zone for family interactions with the focus child and his or her siblings and father and the refinement zone for family interactions with his or her mother; a reviewer wrote *“Some special practices areas that warrant immediate attention include family interactions and quality of relationships with both her father and her older sister. Of most concern is the lack of a relationship between the focus child and her older sister, which is something the focus child desperately wants to have. Presently, the focus child is not allowed telephone contact with her sister, though there was some confusion regarding who truly is prohibiting this contact. These two areas could also be enhanced for the mother. The focus child is having only once a month contact with her mother in a therapeutic session. Developing a plan that would build quality visitation between the focus child and her mother is important, particularly given the plan of reunification.”*

The case sample was unique in that there were two children post Termination of Parental Rights (TPR). One case was awaiting transfer to the adoption worker. This case scored well in maintaining sibling relationships post-TPR. A reviewer wrote, *“Many times when a TPR occurs, ongoing contact with birth family is also terminated or drastically reduced. This case is different from that scenario in that the foster mother believes in family and allows ongoing contact by the focus child with her biological family. In fact, two of the biggest strengths for this case are related to maintaining family ties and maintaining quality family relationships. Since the foster mother strongly believes in the importance of maintaining family ties, she regularly schedules contact between the focus child and her siblings as well as with the birth mother. The day reviewers interviewed the foster mother, she stated she learned that the birth mother had been hospitalized, so the foster mother made plans to take the focus child to see her birth mother at the hospital.”*

However, a second case illustrates the struggle it can be to maintain sibling relationships for children especially after a child has been adopted and may return a county’s custody for any number of reasons. The child returned to care due to the death of his adoptive parents, his case scored in the refinement for sibling relationships. A reviewer wrote, *“A second area identified as needing some refinement is sibling interactions and quality of sibling relationships. Though the agency was proactive in assisting the focus child visit with one of his biological brothers, overall the focus child knew very little about his birth family. When asked, the focus child was unaware of how many biological brothers and sisters he had. He also has a younger brother that remains in the system pending an adoption that he is not even aware of. The case manager did provide some telephone numbers of siblings to the focus child, and often left the contact up to him. In addition, the case manager did assist in supervising visits between the focus child and several of his biological family; however, this contact was only a couple times in a one year period.”*

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.

Six month Prognosis	Percent
Improve	0%
Status quo	96%
Decline	4%

VI. Recommendations

The Quality Service Review reveals a number of areas of system performance that could be strengthened by focused attention. This is discovered by analyzing the case review narratives and by evaluating the information from the stakeholder interviews. Strategies for improvement, however, often require attention at the system, practice, supervisory and accountability level, meaning that there are limits to the number of practice development opportunities organizations can attend to at one time. This report identifies a few strategically selected areas for attention to permit quality improvement to have the necessary intensity and depth.

1. Develop a program to train workers on how to prepare children for adoption and develop a case transfer method from the county to the adoption agency.

Key stakeholders and staff have noted that the amount of time from when a case has reached termination and when a child is discharged to a finalized adoption is less than optimal. There appears to be a couple of factors influencing this period of time. The agency workers have not had adequate training about how to emotionally prepare children or their pre-adoptive families prior to TPR for the adoption process and are not confident in their ability to perform this role. In-depth training in child development, early relationship and attachment issues, and grief and loss would better equip workers to hold these sometimes difficult conversations. Additionally, the time in out of home care is impacted by the absence of a formal process to transfer the case from the county to the adoption agency. This creates a situation where vital assessment and family information may not be properly conveyed, resulting in the adoption planning process being based on limited or faulty information and creating further time delays. There is no clear policy or procedure in place to promote best practice, which may be contributing to poor outcomes. It is noted that the CFSR National Standard is that of all children who exit out of foster care to a finalized adoption during a reporting period, 32% or more are adopted in less than 24 months from the time of their latest removal from home. For the first quarter of 2010, Dane County's finalization rate was 25%.

It is recommended that the Dane County CYF Division:

- Collaborate with the state permanency consultant and adoption agency to develop a best practice approach to preparing children for adoption prior to TPR;
- Develop and implement a formal training, mentoring process and handbook for workers that guides them in their explanation of the adoption process; and
- Develop and implement a procedural process where the county worker, state permanency consultant and adoption worker jointly meet with the child and pre-adoptive family to discuss case transfer and provide case background information.

It can be anticipated that implementing these recommendations will improve practice in this area and may increase Dane County's finalization rate.

2. Develop and support a clear approach to teaming and permanency planning.

Stakeholder and staff interviews consistently revealed that there is no formal agency framework for teaming or permanency planning. This is supported by the findings from the case reviews, as Team Formation and Functioning scored 46% and 38% 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 engagement, participation,

coordination, functioning and planning would better equip workers to plan services and evaluate results. 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. The CFSR National Standard is that of all children reunified during a reporting period, 76.2% or more are reunified within 0-12 months from the time of the latest removal from home. For the first quarter of 2010, Dane County's reunification rate for children age 0-4 was 70.91%.

It is recommended that the Dane County CYF Division:

- Research and review teaming models to determine a framework for best practice;
- Develop and implement a formal training and mentoring process that assists workers in developing the skills to conduct family team meetings;
- Review current statutes and standards to determine expectations about the approach to permanency planning, and issue clear policy around this issue; and
- Develop and implement a formal training and consultation process that supports workers in developing strategies and actions to achieve permanency for children.

It is anticipated that implementing these recommendations will improve practice in these areas and may increase Dane County's reunification rate.

3. Develop strategies to decrease the out-of-home care re-entry rate within 12 months of reunification.

The issue of re-entry is not unique to Dane County; it is a challenge statewide. The expectation is that counties identify and pursue case practice and permanency solutions for children that minimize the likelihood that children will subsequently return to out of home care following reunification. The CFSR National Standard is that of all children that entered foster care during a reporting period, 8.6% or fewer re-entered foster care within 12 months of a prior foster care episode. For the first quarter of 2010, Dane County's re-entry rate was 23.16%. Factors that may contribute to lower performance in this area may include a lack of a overall assessment regarding the family conditions prior to the child's return, a lack of thorough understanding of how to plan for the child's behavioral needs, or a lack of resources to support families in sustaining children once reunification has occurred. Further exploration of what may be impacting the elevated re-entry rate would be necessary in determining an appropriate solution.

It is recommended that the Dane County CYF Division:

- Research and review cases where re-entry has occurred to determine what factors are contributing to this area of practice;
- Consult with the Bureau of Safety & Well-Being to explore best practice options, including the use of trail reunifications ; and
- Develop and implement targeted strategies to decrease the number of children re-entering out of home care within 12 months.

It is anticipated that implementing these recommendations will improve practice in these areas and may decrease Dane County's re-entry rate.

4. Develop a clear understanding and agreement on the use of concurrent planning with legal practice partners.

It was discovered through stakeholder and staff interviews that there is a varied definition of concurrent planning among the legal practice partners and the agency. The lack of agreement with the corporation counsel, Guardians ad Litem, and judges has led to workers being tentative about the formulation and timeliness of concurrent planning recommendations. According to the April 2010 Permanency Plan Goal Summary for Dane County, 8.2% of children in placement 7-12 months had an identified concurrent goal; and for children in placement 25-35 months, there was an identified concurrent goal for 52% of cases. Further, according to the ASFA Documentation Report for April 2010, 36.6% of children in out of home placement in Dane County were in placement over 16 of the last 22 months. Regardless of the reasons for these outcomes, effective and concentrated education and clarification are necessary to resolve these barriers.

It is recommended that the Dane County CYF Division:

- Consult with the Bureau of Permanence & Out-of-Home Care to determine expectations about the use of concurrent planning;
- Collaborate with the judges and other legal partners to develop a best practice approach and issue clear procedural guidelines around this issue; and
- Develop and implement a formal training and consultation process that supports workers in developing strategies and actions to improve concurrent planning practice.

It is anticipated that implementing these recommendations will improve working relationships with the legal partners and may positively impact the amount of time children spend in out of home care.

5. Develop strategies to ensure statutory timelines for response time and completion of Initial Assessments are met on a regular basis.

Stakeholder interviews revealed that while supervisors are making a screening decision on most Access reports within the 24 hour requirement, the case is not always immediately assigned to an Initial Assessment worker. Participants discussed cases with a within five business day response time are being held, at times, up to three days before assigning an Initial Assessment worker in order to help manage caseloads. However, this practice then lessens the amount of time the Initial Assessment worker has to make contact with the family and has contributed to workers not meeting the assigned response time. It was also discovered through the individual case review and a review of WiSACWIS data that workers struggle to complete Initial Assessments within the required 60 day timeframe and avoid backlog. April 2010 data for Dane County showed a timely completion rate of Initial Assessments at only 30 percent.

It is recommended that the Dane County CYF Division:

- Implement the practice of assigning all screened in Access reports to Initial Assessment workers at the time of the screening decision.
- Research underlying factors contributing to the delay in completing Initial Assessments within the 60 day requirement.
- Develop strategies to assist Initial Assessment workers in ensuring that Initial Assessments are completed within 60 days and to avoid backlog.

It is anticipated that implementing these recommendations will improve practice in these areas and will positively impact Dane County's ability to manage workload in Initial Assessment.

Appendix I

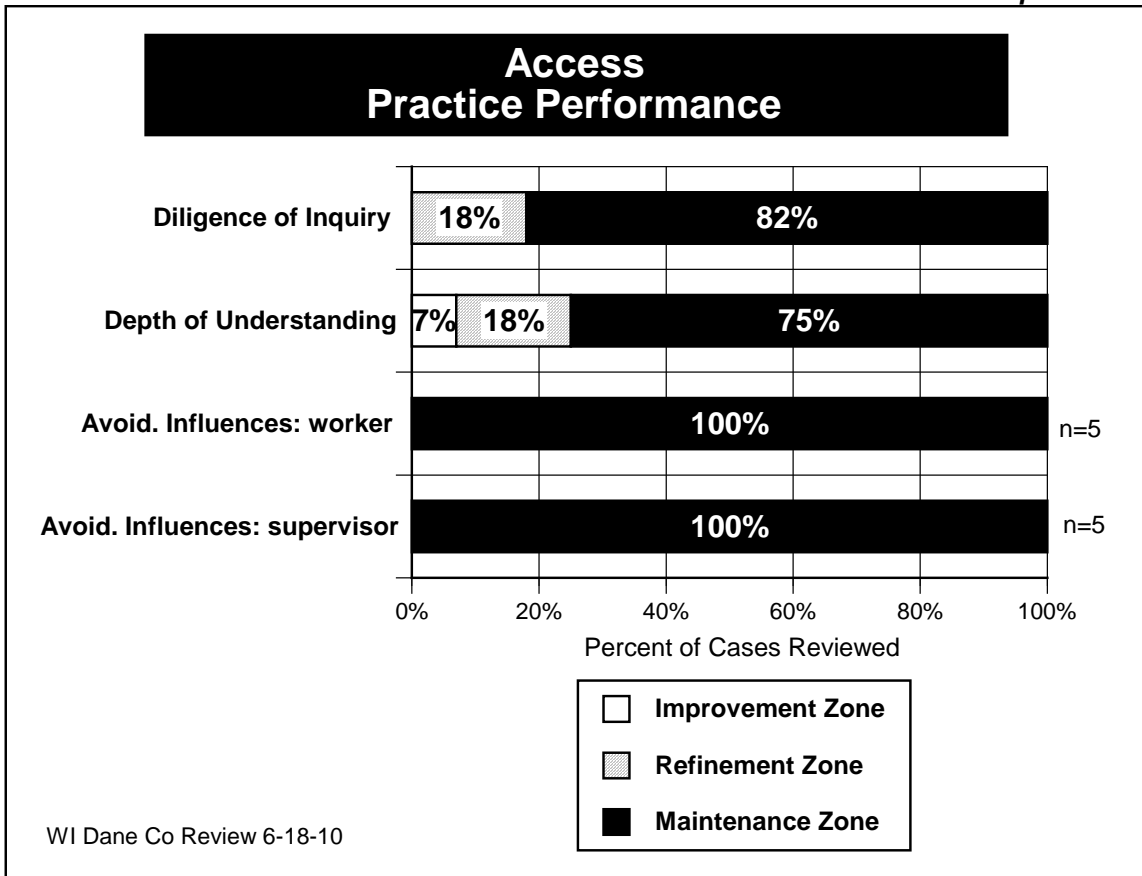
Review Findings

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.

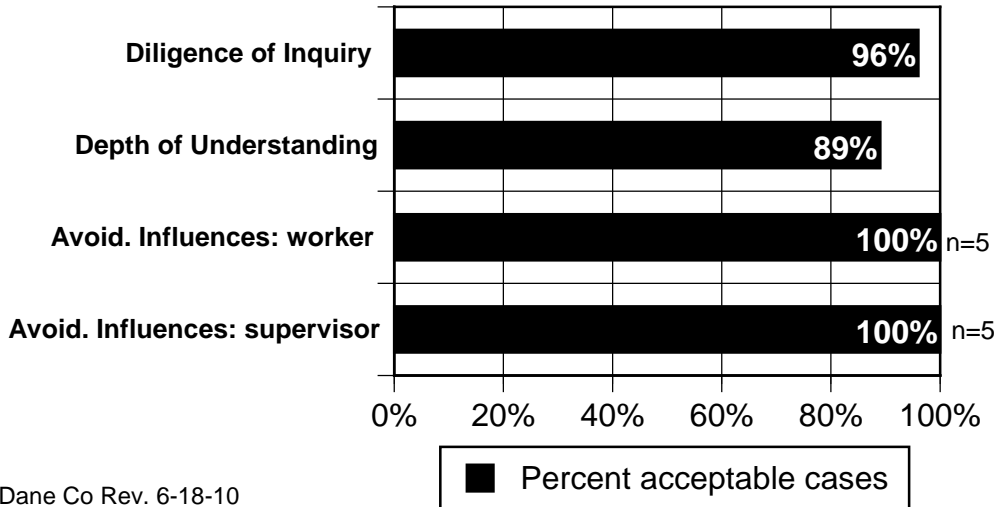
The scores on Access and Initial Assessment practice in the Dane County review are presented in the following tables.

NOTE: 28 cases reviewed total: N= means the number of cases scored per indicator.



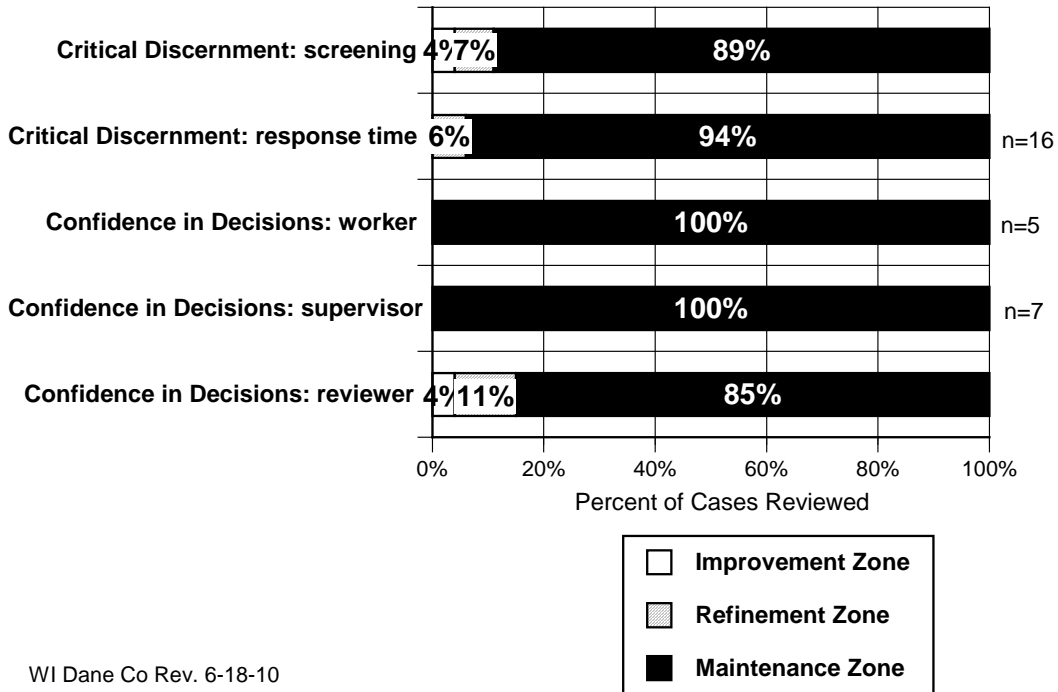
WI Dane Co Review 6-18-10

Access Practice Performance



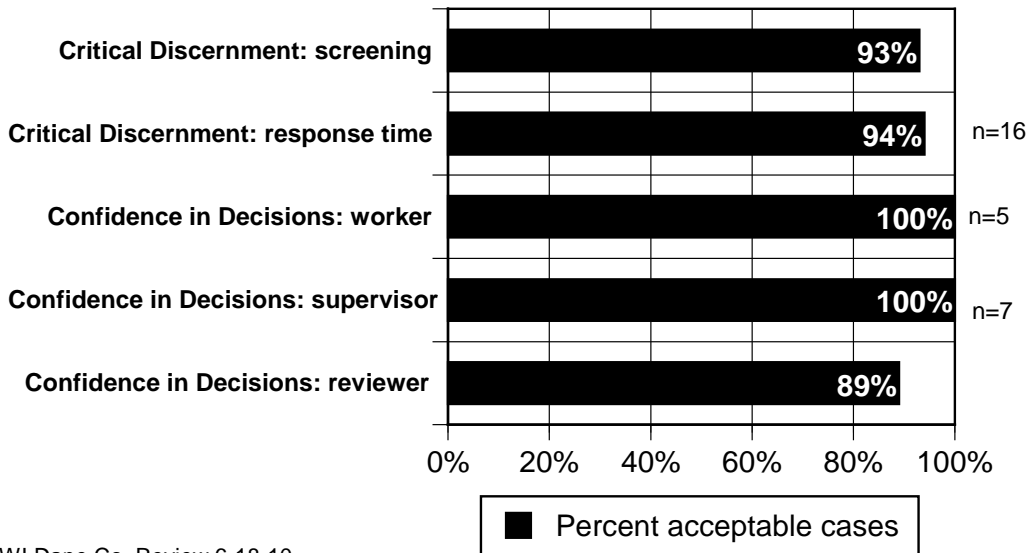
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Access Practice Performance



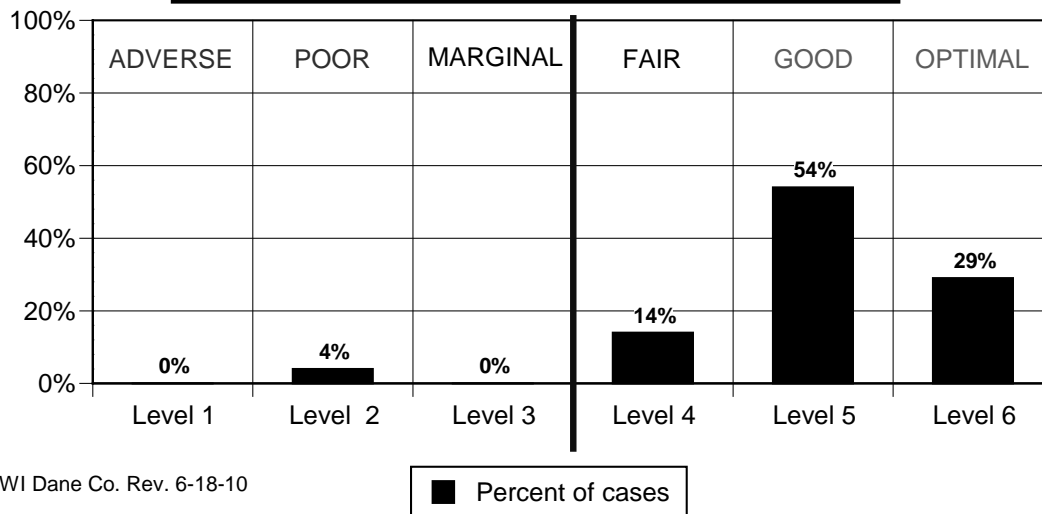
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Access Practice Performance



WI Dane Co. Review 6-18-10

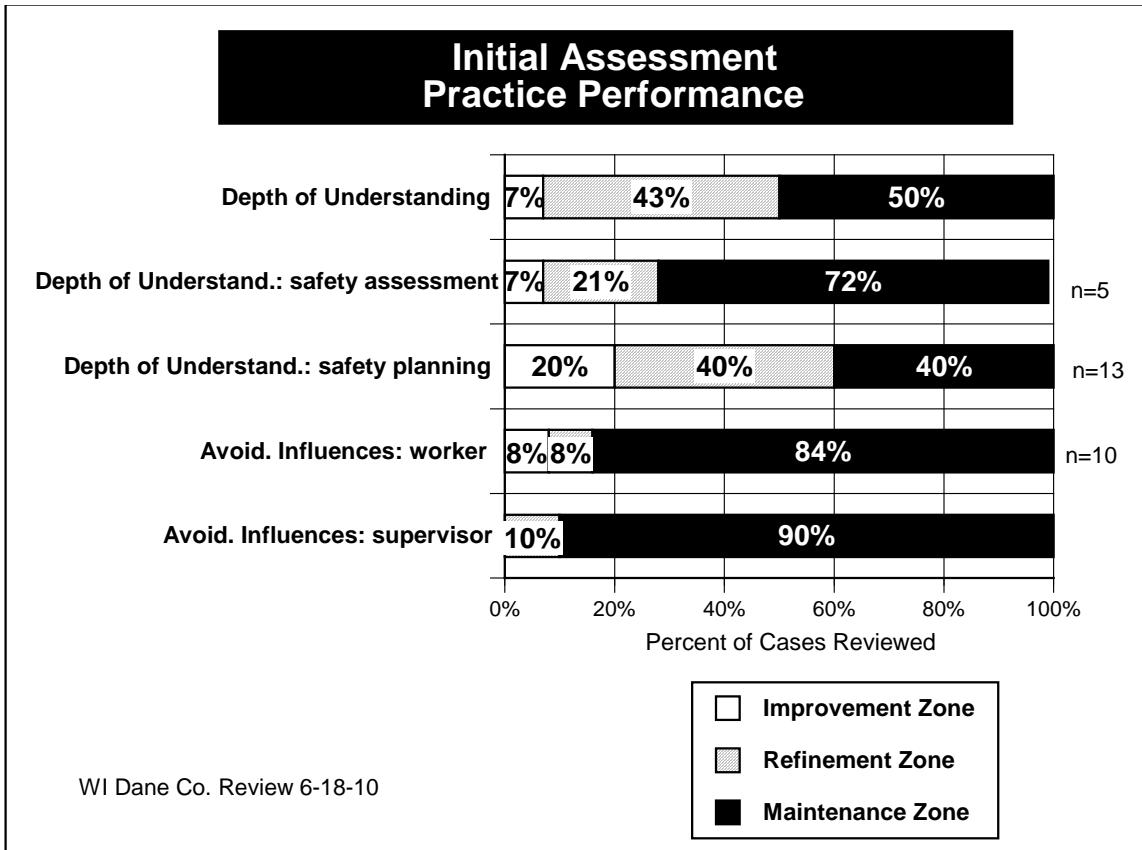
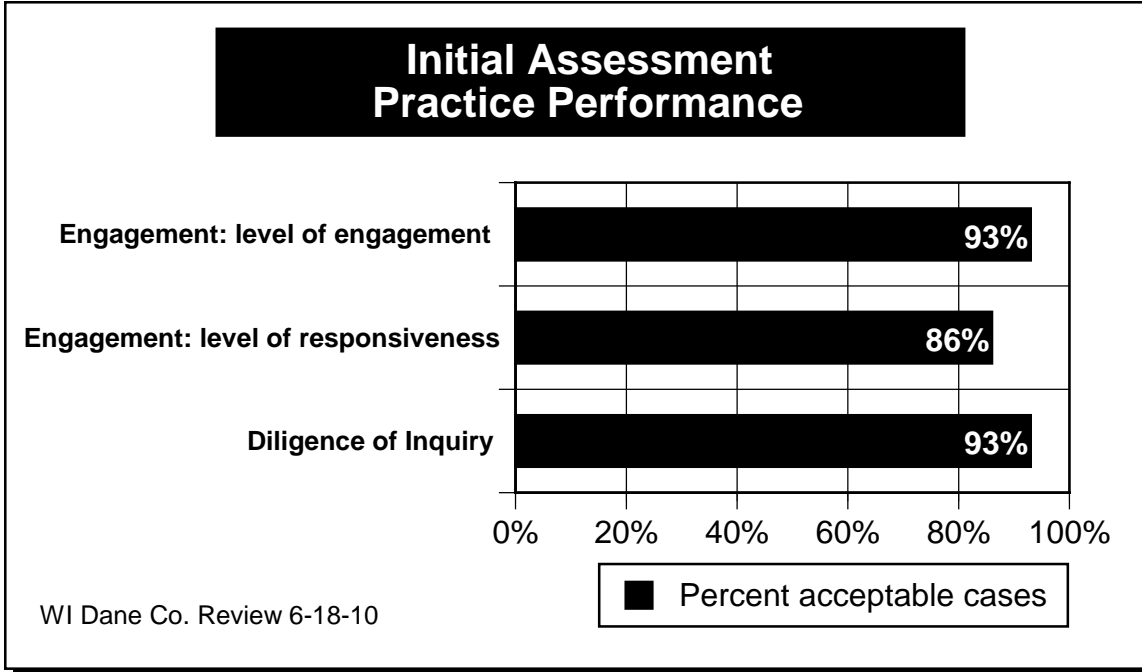
Access Overall Practice Performance



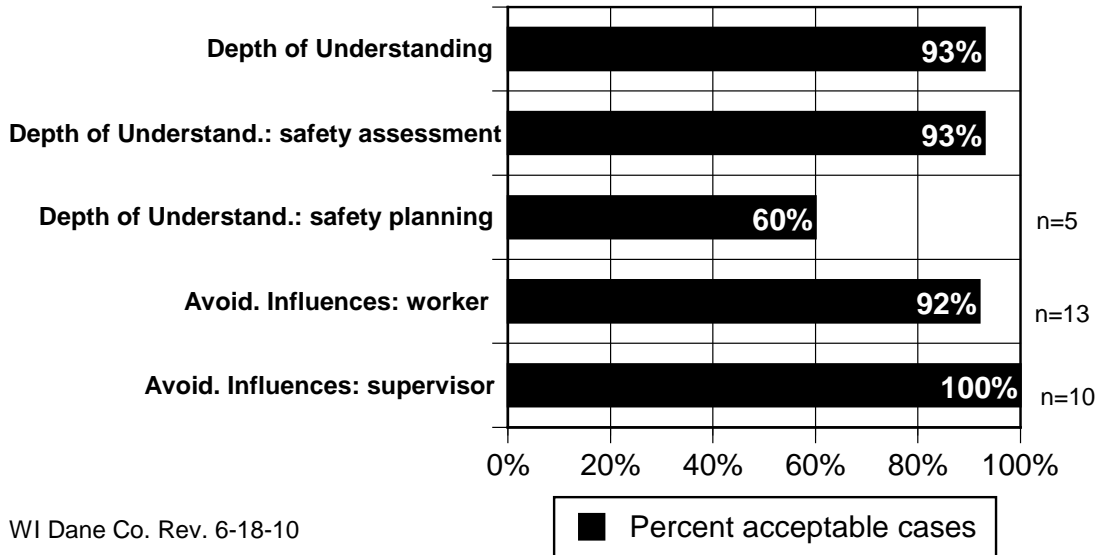
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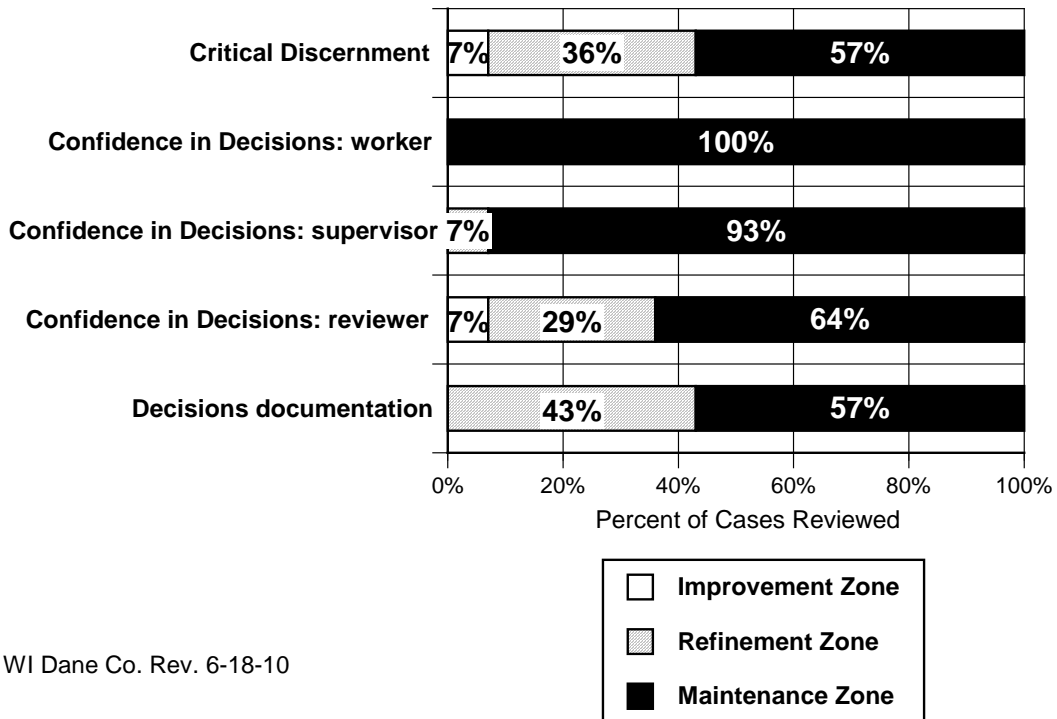
NOTE: 14 cases reviewed in IA: N= means the number or cases scored per indicator



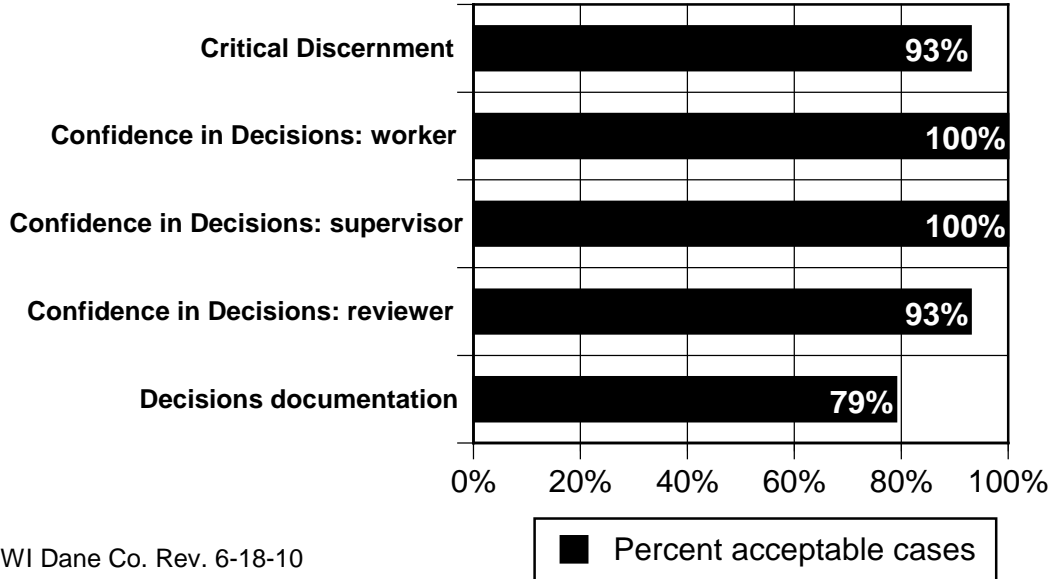
Initial Assessment Practice Performance



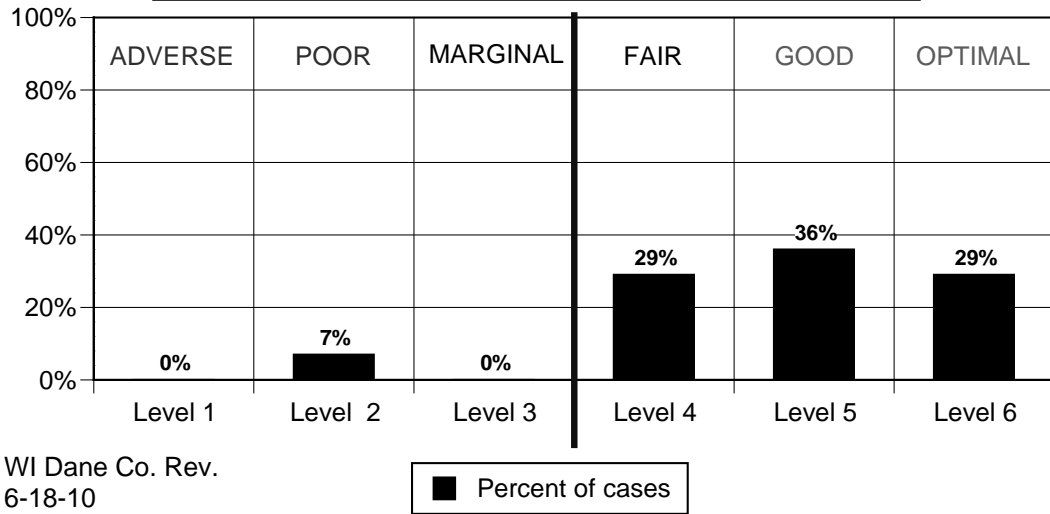
Initial Assessment Practice Performance



Initial Assessment Practice Performance



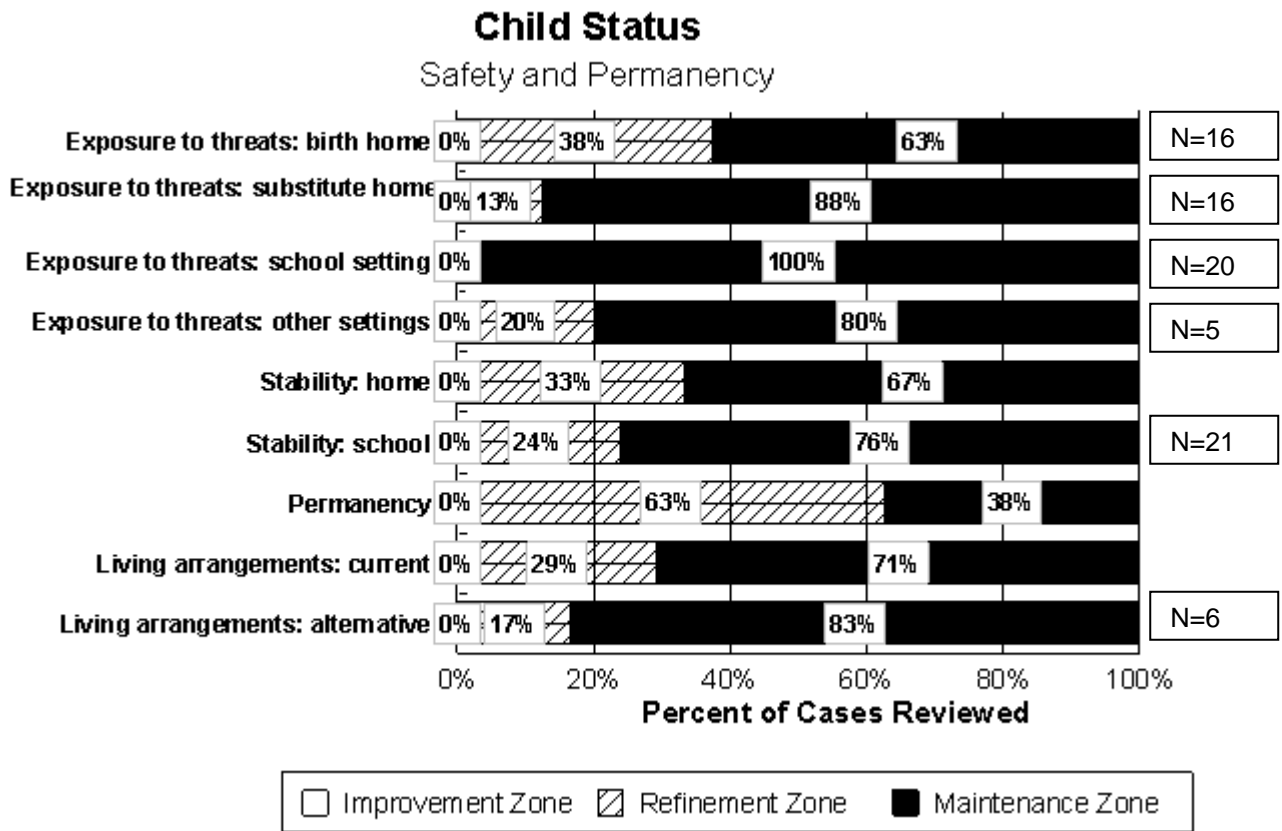
Initial Assessment Overall Practice Performance



IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

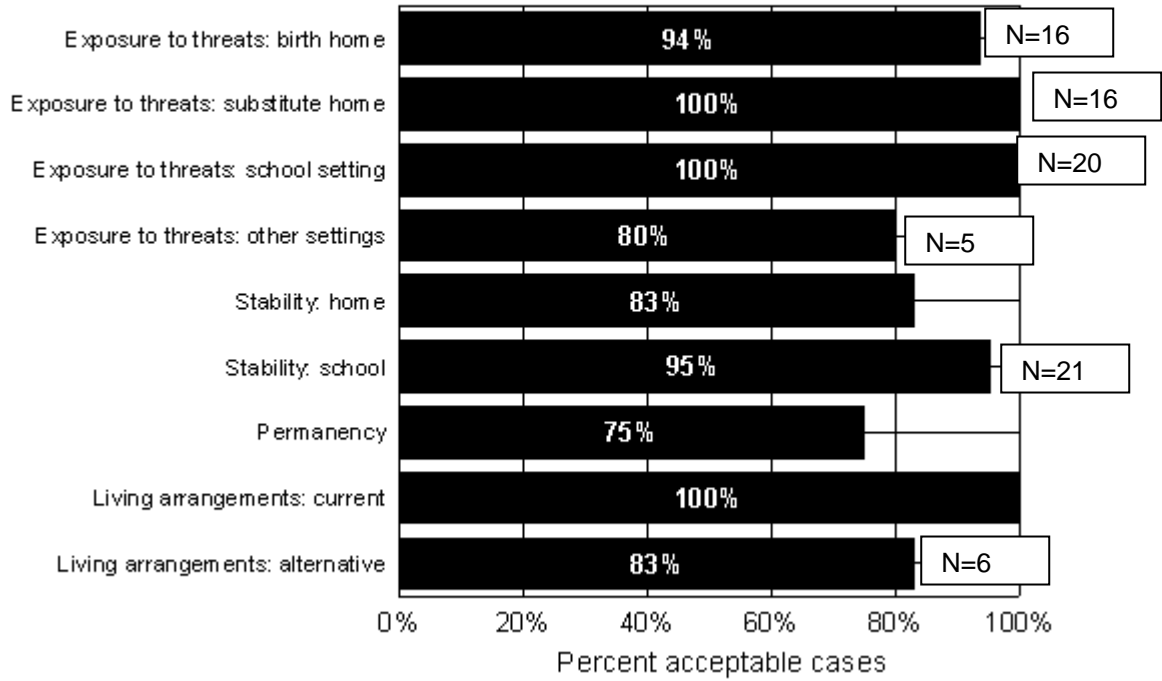
The scores on child and family status and system performance in the Dane County review are presented in the following tables.

24 Cases Scored Total *N= the number scored in each indicator out of the 24 cases*



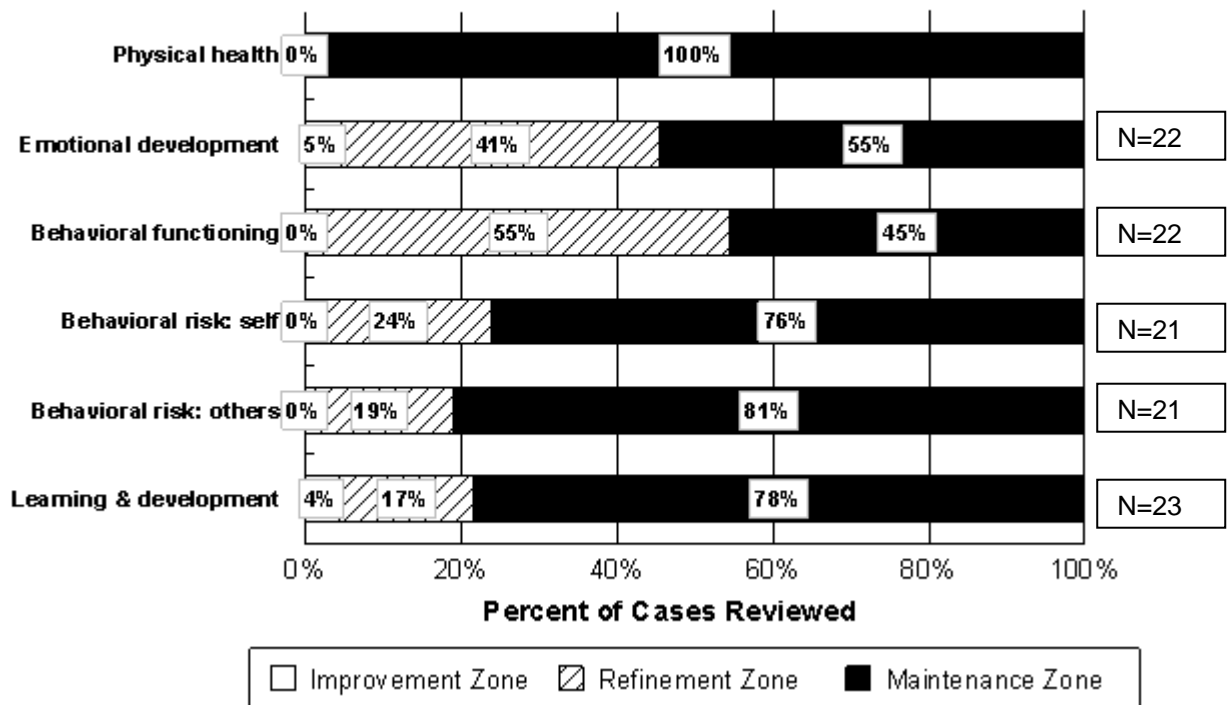
Child Status

Safety and Permanency

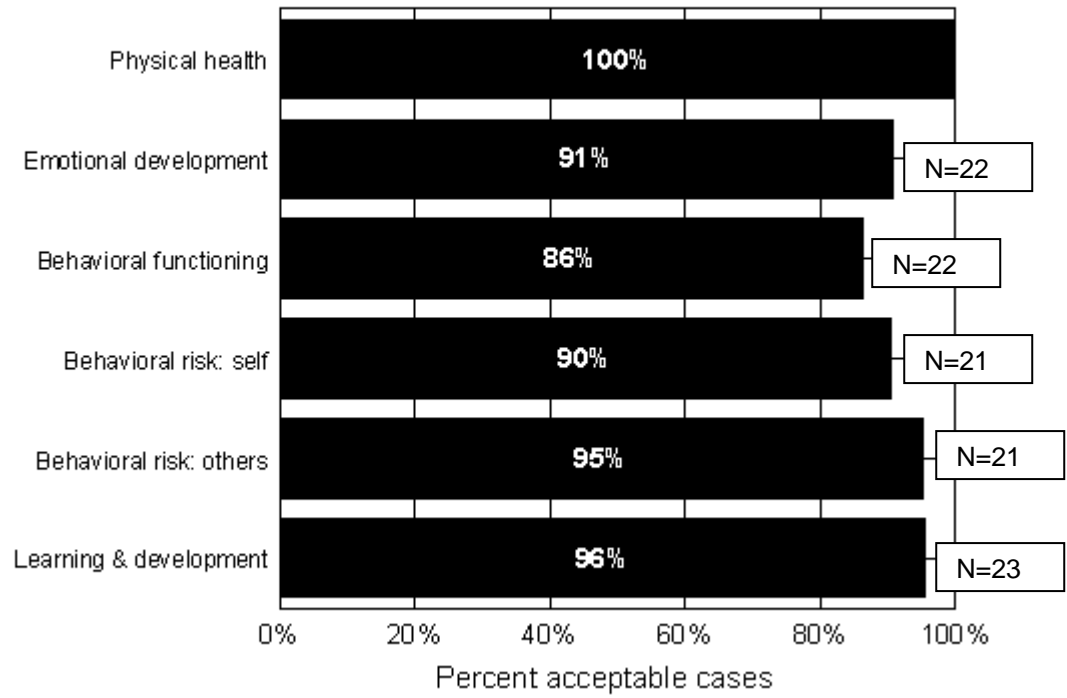


Child Status

Well-Being

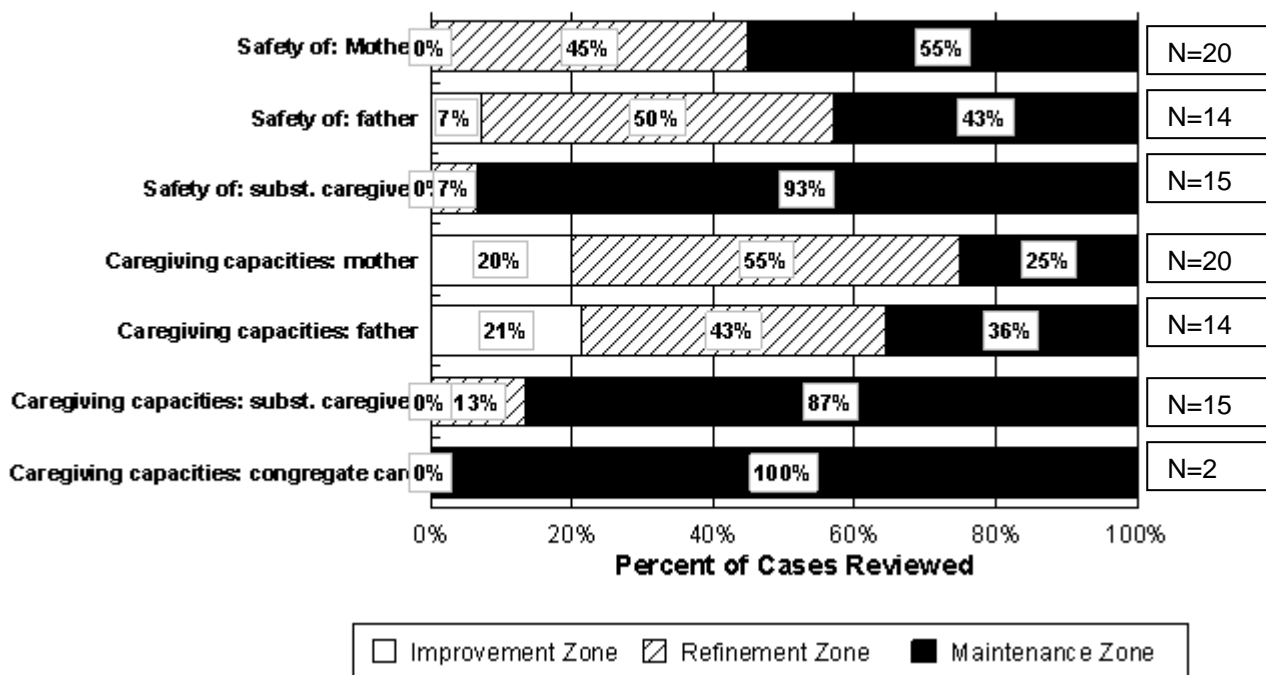


Child Status Well-Being



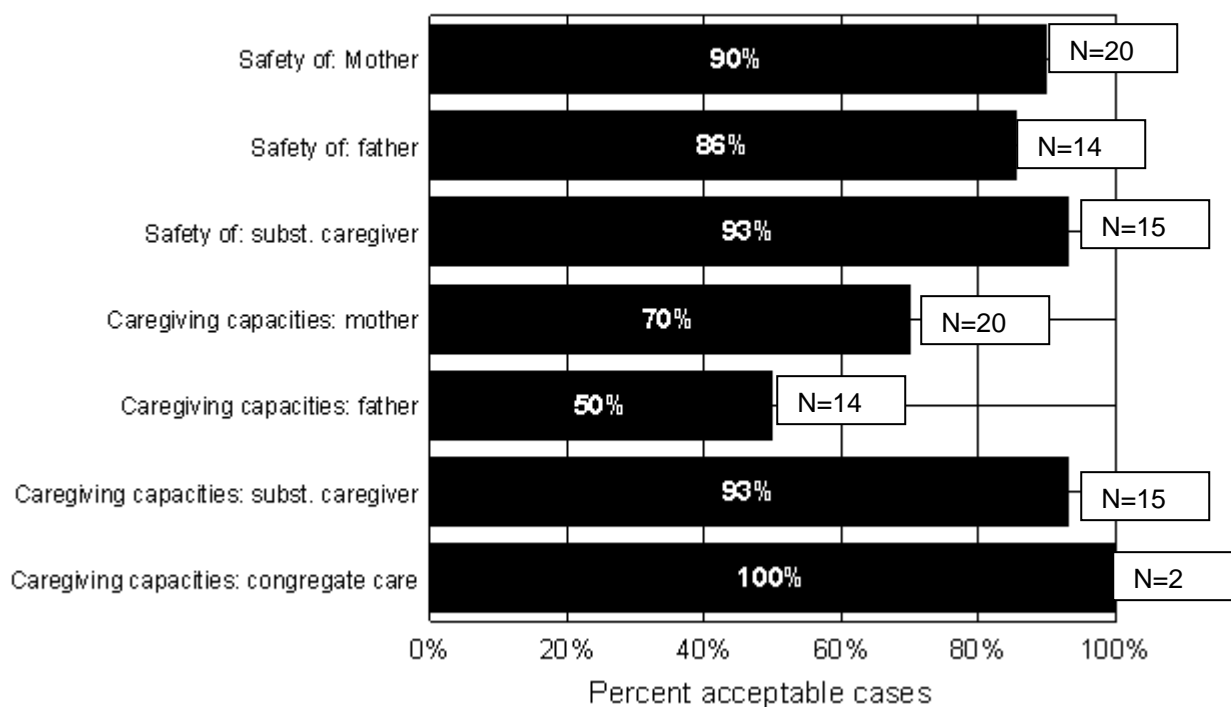
Parent/Caregiving Status

Safety and Capacities



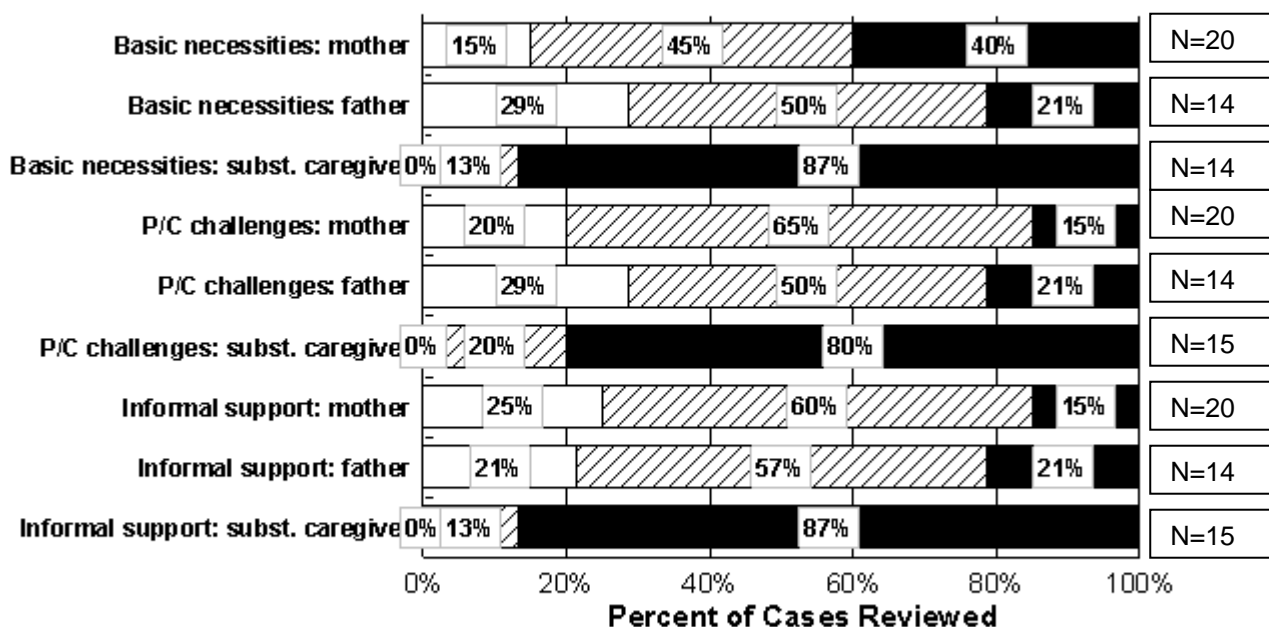
Parent/Caregiving Status

Safety and Capacities



Parent/Caregiving Status

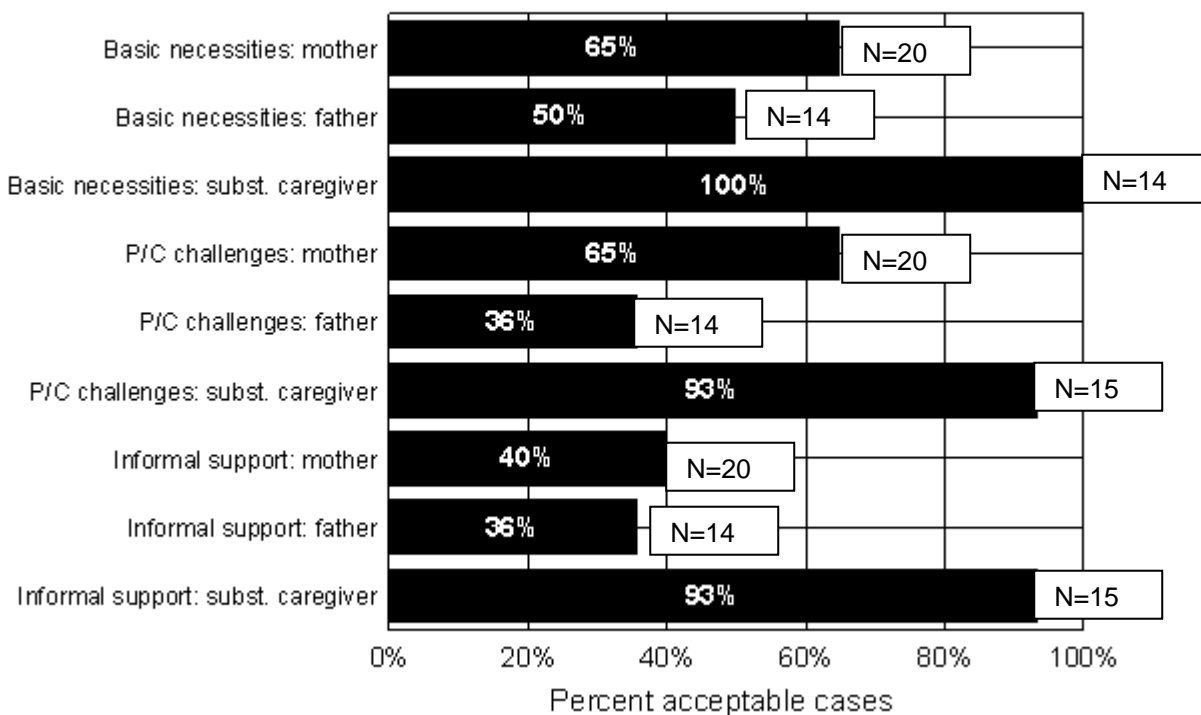
Necessities/Challenges/Support



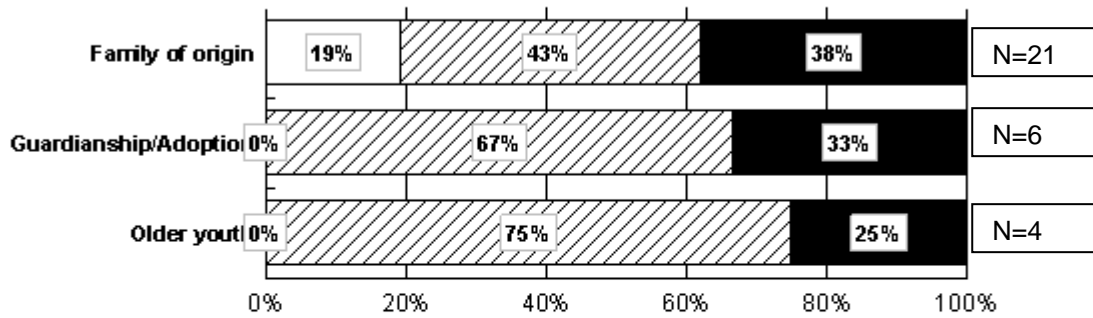
□ Improvement Zone ▨ Refinement Zone ■ Maintenance Zone

Parent/Caregiving Status

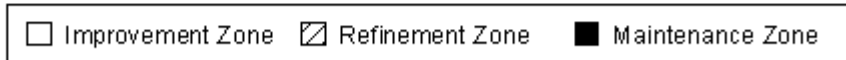
Necessities/Challenges/Support



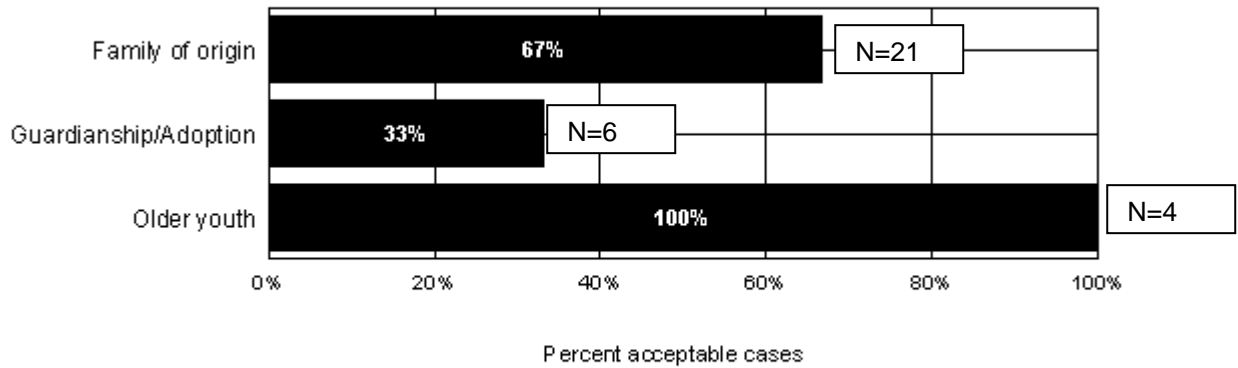
Progress Toward Independence



Percent of Cases Reviewed

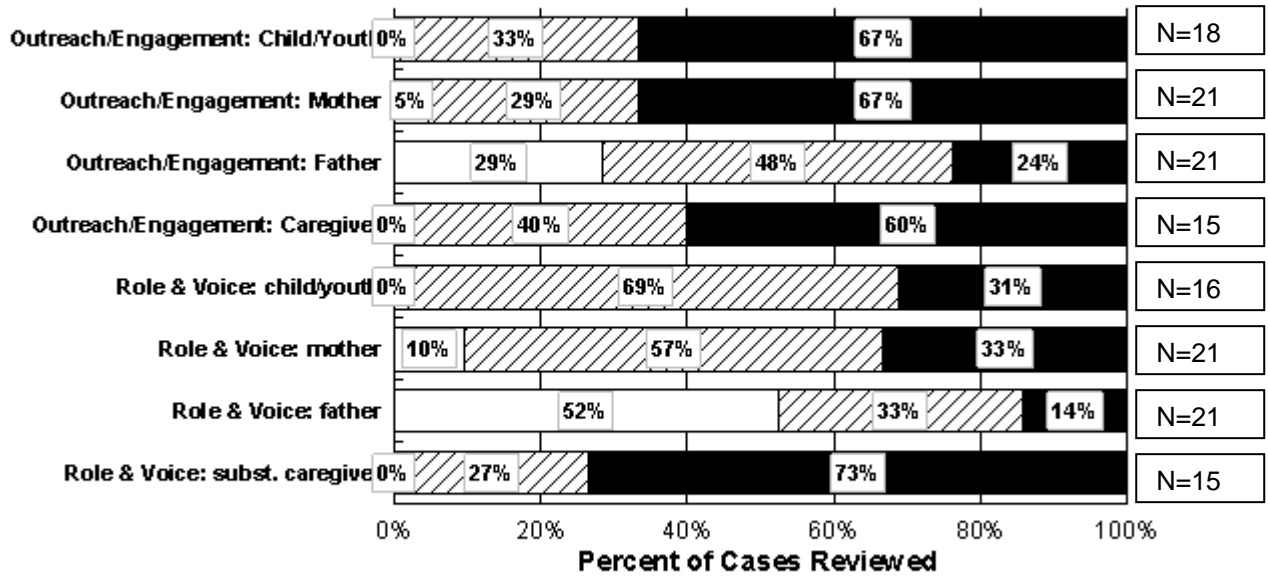


Progress Toward Independence



Practice Performance

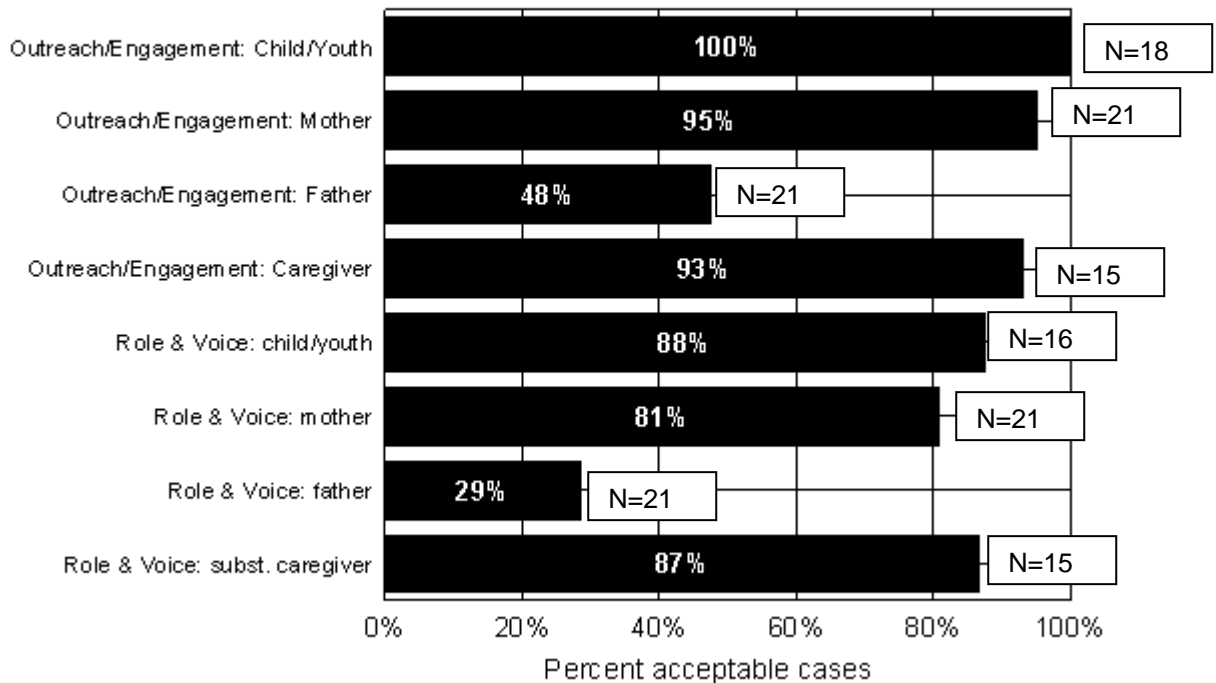
Engagement/Role & Voice



□ Improvement Zone ▨ Refinement Zone ■ Maintenance Zone

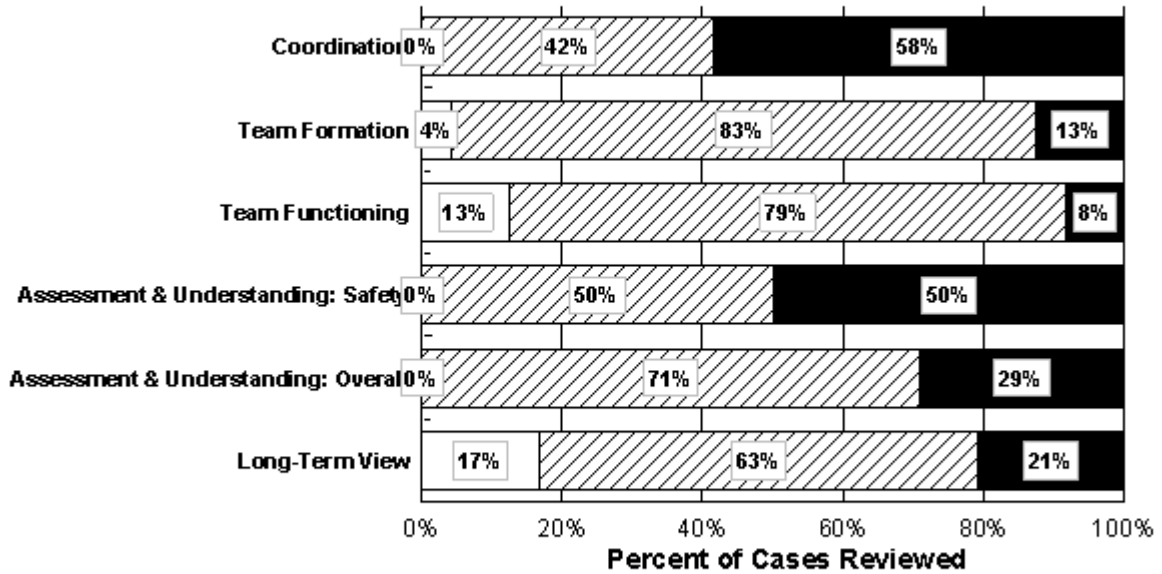
Practice Performance

Engagement/Role & Voice



Practice Performance

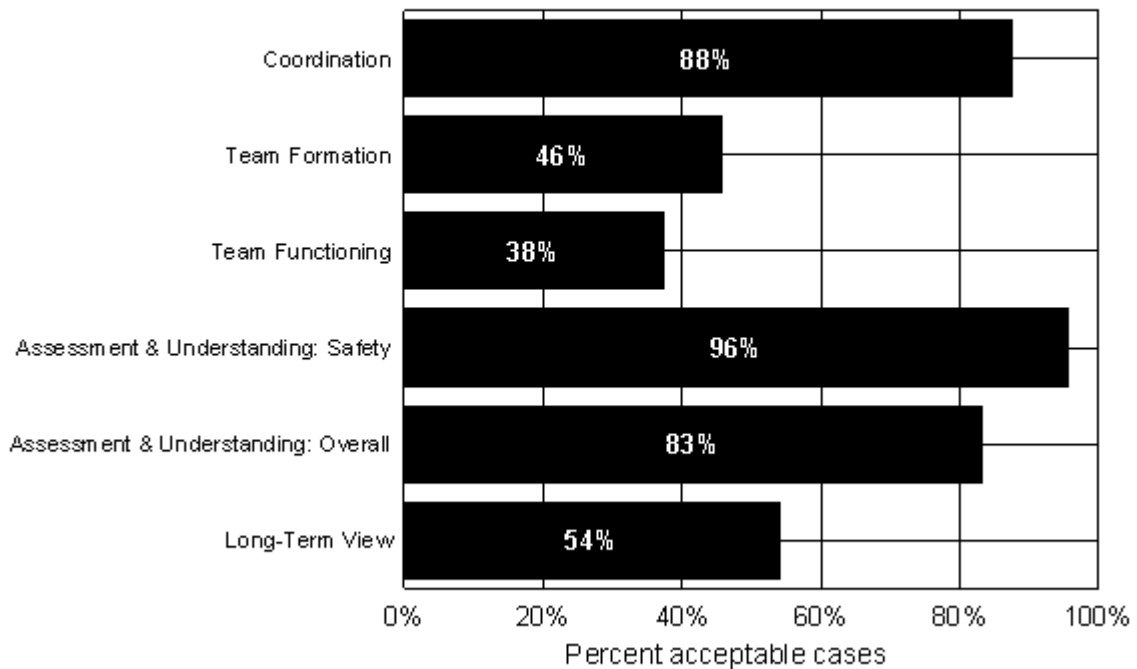
Core Practice Functions



□ Improvement Zone ▨ Refinement Zone ■ Maintenance Zone

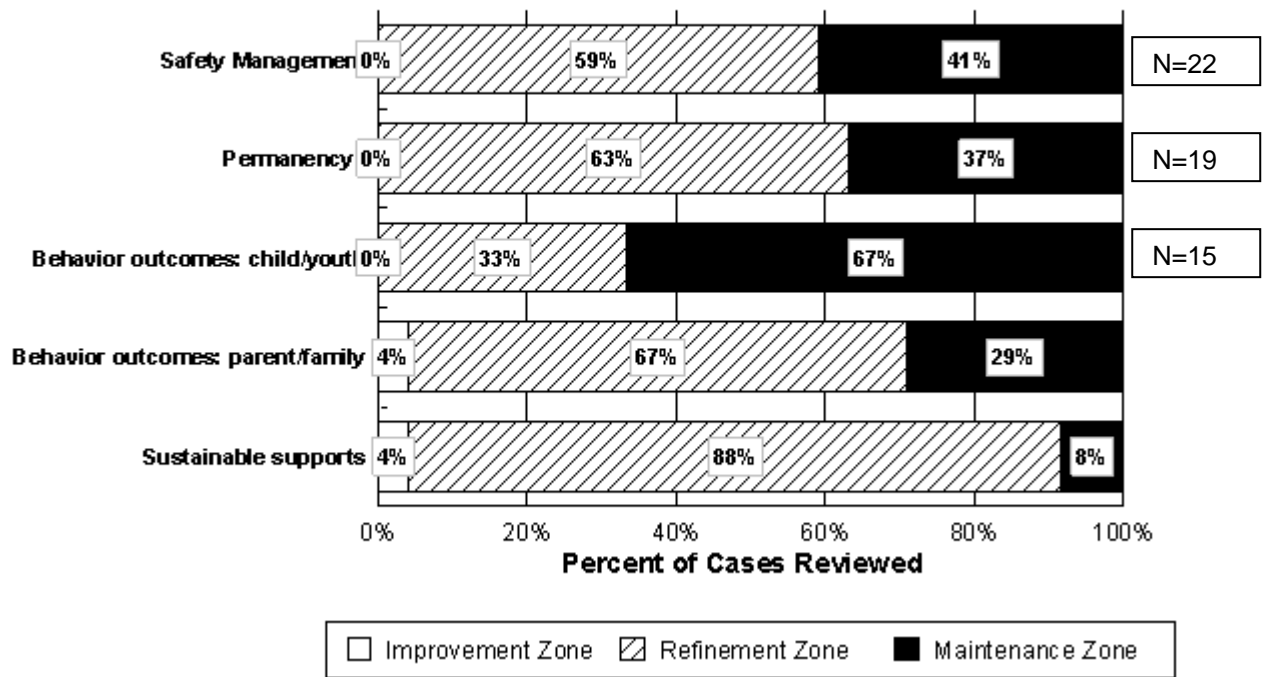
Practice Performance

Core Practice Functions



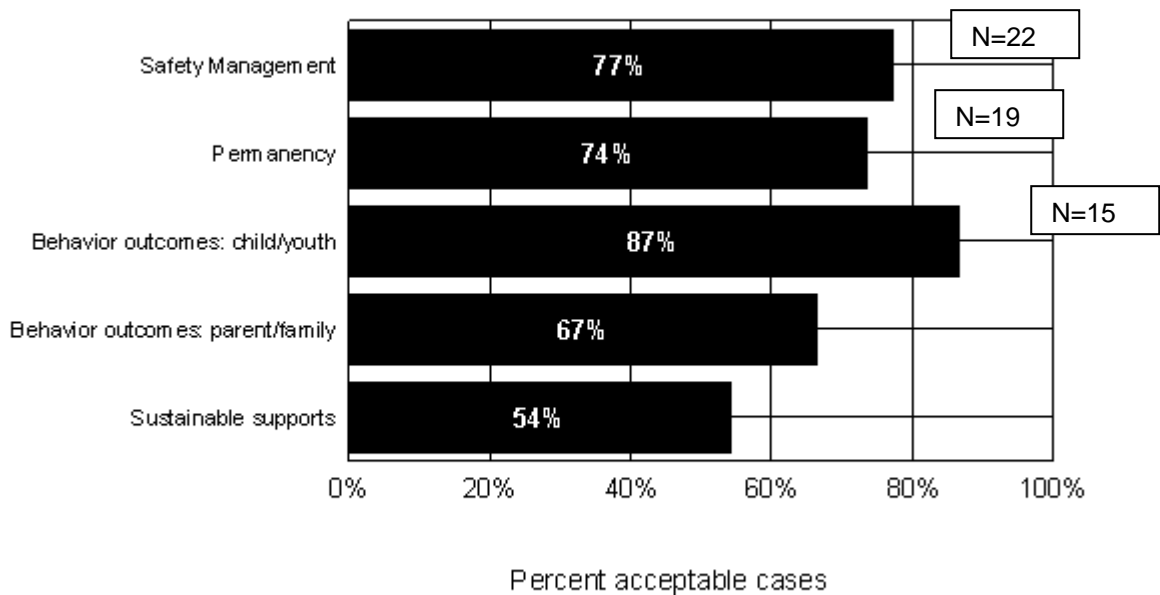
Practice Performance

Planning Change Process



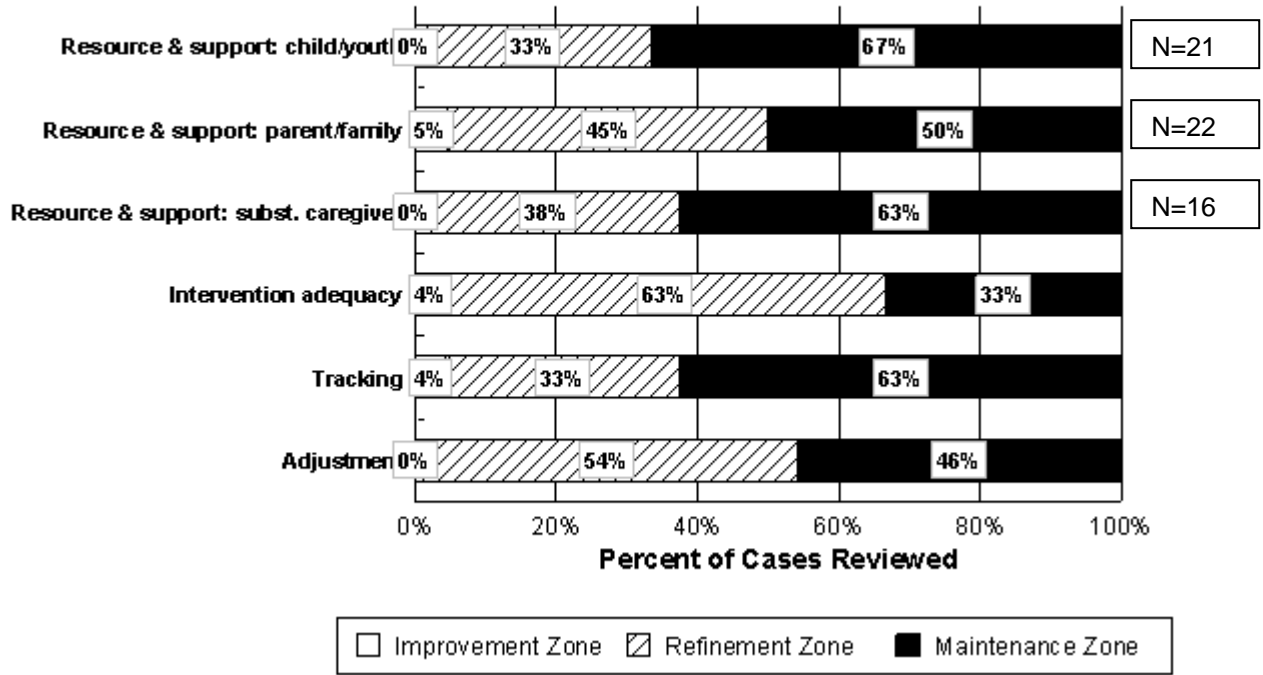
Practice Performance

Planning Change Process



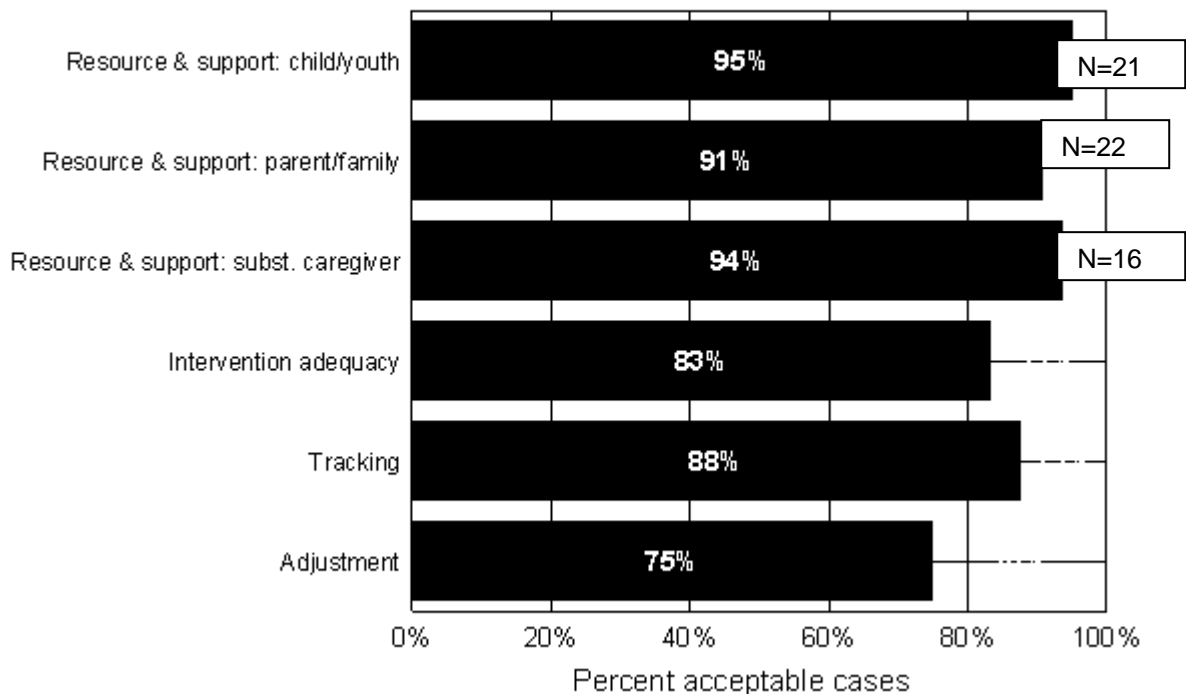
Practice Performance

Core Practice Functions



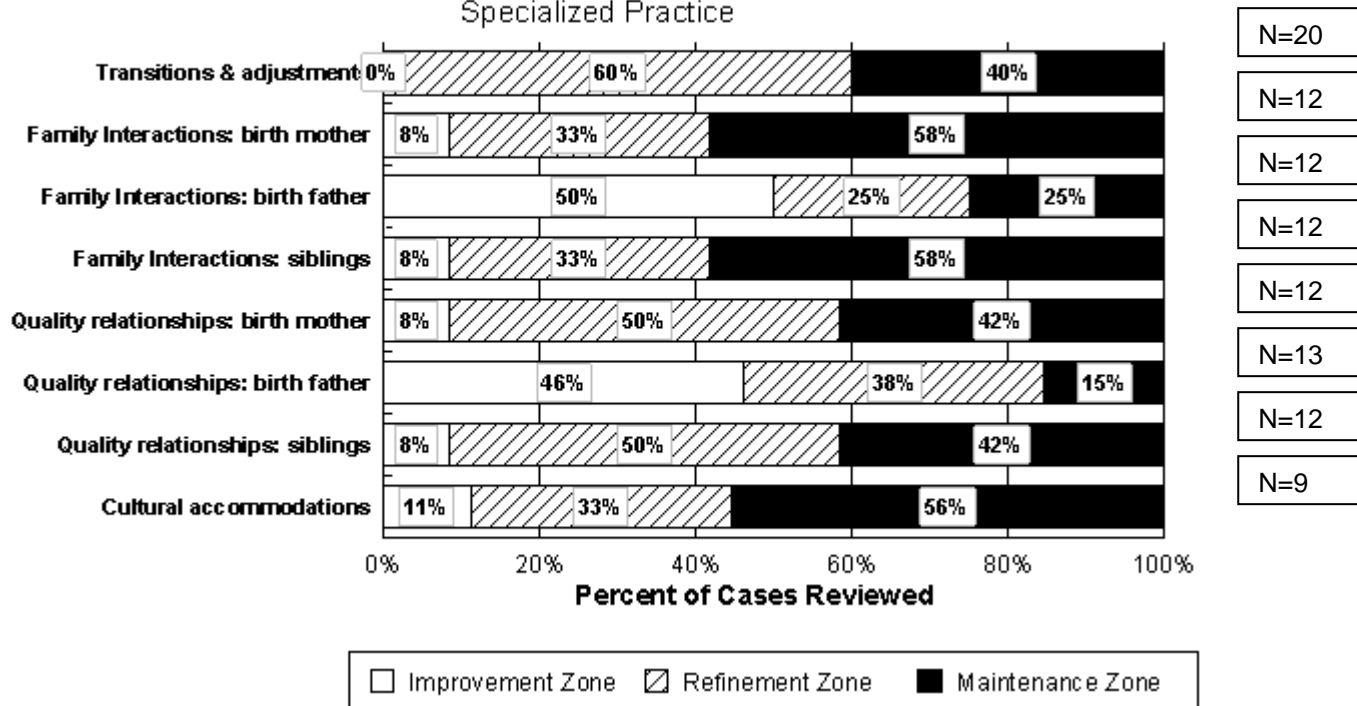
Practice Performance

Core Practice Functions



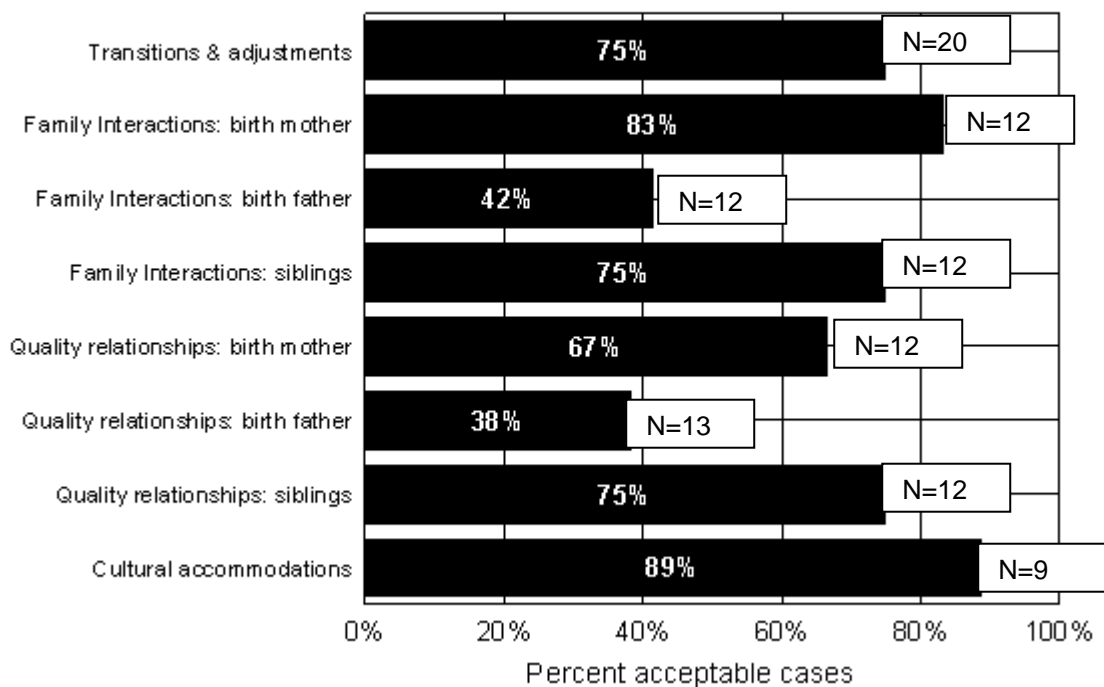
Practice Performance

Specialized Practice

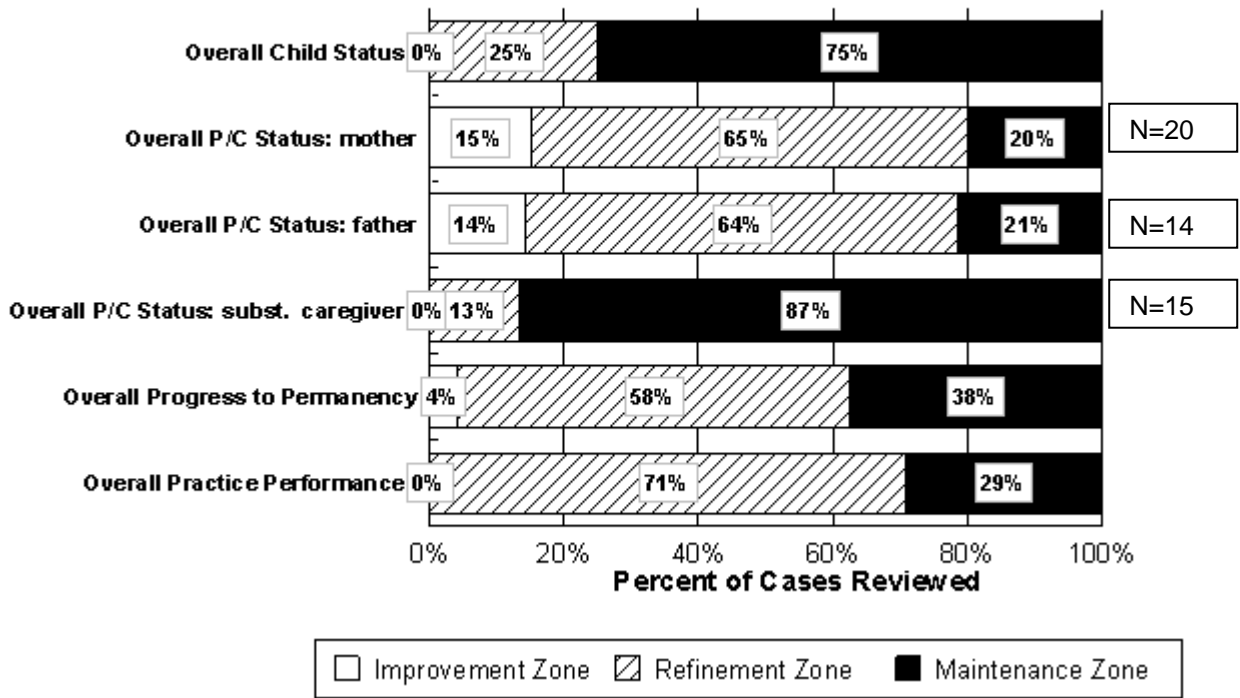


Practice Performance

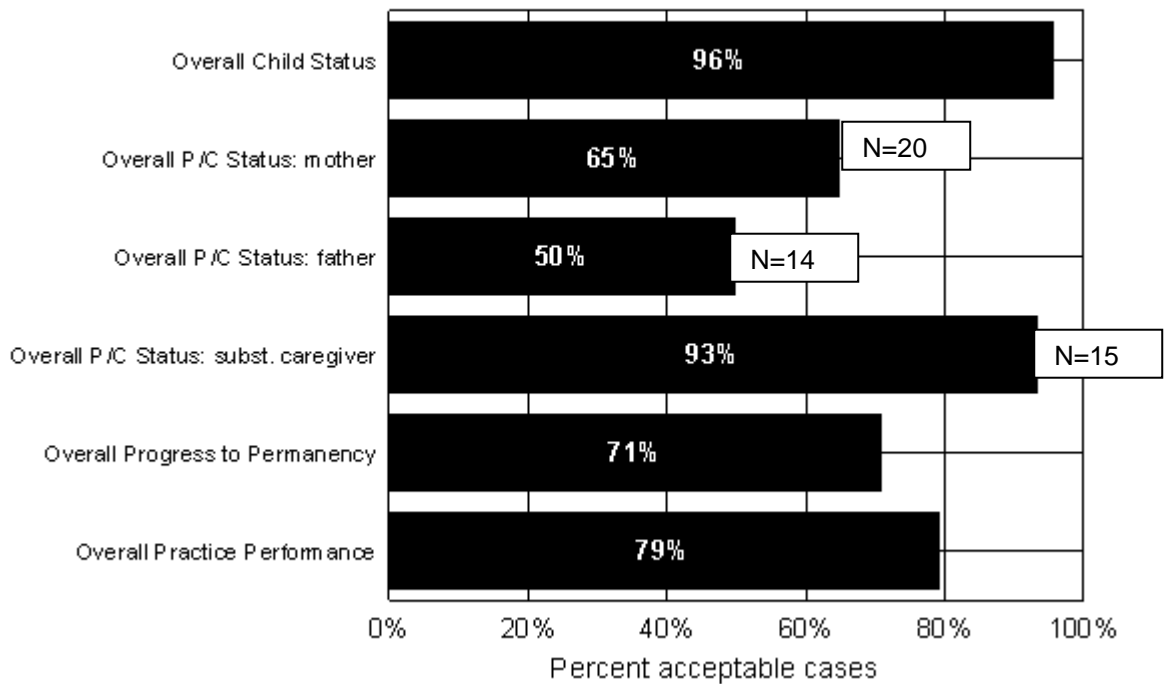
Specialized Practice



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	14	50%
Access & Initial Assessment	14	50%
	28	100%

QSR Access – Access Call Monitored

Access Call Monitored	Number	Percent
Yes	4	14%
No	24	86%
	28	100%

QSR Access – Type of Report

Type of Report	Number	Percent
CPS	24	86%
Services	4	14%
	28	100%

QSR Access – Access Decision

Access Decision	Number	Percent
Screened-in	15	54%
Screened-out	13	46%
	28	100%

QSR Access – Screening within 24 hours

Was Screening Decision made within 24-Hours of Access Report	Number	Percent
Yes	26	93%
No	2	7%
	28	100%

OSR Access/Initial Assessment – Access Response Time

Access Response Time	Number	Percent
Same day	2	14%
24-48 hours	2	14%
Within 5 business days	10	71%
	14	100%

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

Was Report Assigned to IA within 24-Hours	Number	Percent
Yes	12	86%
No	2	14%
	14	100%

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

Face-to-Face Contacts with Family	Number	Percent
0 contacts	1	7%
1-3 contacts	3	21%
4-6 contacts	6	43%
7-10 contacts	3	21%
11+ contacts	1	7%
	14	100%

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

Timely Face-to Face Contact	Number	Percent
Yes	11	79%
No	3	21%
	14	100%

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

Time Case Open in IA	Number	Percent
Within 60 days	3	21%
Over 60 days	11	79%
	14	100%

QSR Ongoing Case Characteristics

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

Change Of Home	Number	Percent
Yes	0	0%
No	17	71%
NA	7	29%
	24	100%

QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	4	17%
No	20	83%
Unknown	0	0%
	24	100%

QSR/Child Status and Performance Profile - Case Open Frequency

Length of Time Case Open	Number	Percent
0-3 mos.	0	0%
4-6 mos.	1	4%
7-9 mos.	4	17%
10-12 mos.	2	8%
13-18 mos.	6	25%
19-36 mos.	4	17%
37+ mos.	7	29%
	24	100%

QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	6	25%
1-2 Placements	13	54%
3-5 Placements	5	21%
6-9 Placements	0	0%
10 + Placements	0	0%
	24	100%

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

Placed with Siblings	Number	Percent
No Siblings	2	8%
Different Home	9	38%

Same Home with All	1	4%
Same Home with Some	5	21%
Not Applicable	7	29%
	24	100%

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

Full IQ Scale	Number	Percent
70-	1	4%
72-82	1	4%
81	1	4%
85	2	8%
Unknown	18	75%
NA	1	4%
	24	100%

QSR/Child Status and Performance Profile - Educational Placement Frequency

Educational Placement	Number	Percent
Regular K-12 Education	16	67%
Full Inclusion	0	0%
Part-time Special Education	7	29%
Self-contain Special Education	1	4%
Adult Basic/GED	0	0%
Alternative Education	1	4%
Vocational Education	0	0%
Expelled/Suspended	0	0%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	1	4%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	0	0%
*Other	7	29%
	21	100%

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

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

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	2	8%	2	8%
Autism Spectrum Disorder	1	4%	0	0%
Behavior Disorder	0	0%	0	0%
Sensory Disorder	2	8%	0	0%

Mental Illness	3	13%	15	63%
Mental Retardation	1	4%	0	0%
Neurological Impairment/Seizure	0	0%	1	4%
Specific Learning Disability	4	17%	1	4%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	1	4%	0	0%
Medically Fragile/Complex	0	0%	1	4%
Orthopedic Impairment	0	0%	0	0%
Physical Disability	0	0%	1	4%
Developmental Disability	2	8%	1	4%
Trauma Victim	0	0%	0	0%
Trauma Exposed	22	92%	22	92%
Suicide Risk	0	0%	1	4%
Pregnant	1	4%	1	4%
Substance Exposed	2	8%	1	4%
Substance Abuse/Addiction	0	0%	13	54%
HIV/AIDS	0	0%	0	0%
*Other	2	8%	2	8%

*Other child – asthma and suspected Attention Deficit Hyperactivity Disorder

*Other parents – anger management and cognitive delays

QSR/Child Status and Performance Profile - Sensory Impairment

Sensory Impairment	Number	Percent
Vision – Child	2	8%
Hearing – Child	0	0%
Vision – Parent	0	0%
Hearing – Parent	0	0%
	2	100%

QSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	21	88%	11	46%
Self-Care	1	4%	0	0%
Mobility	0	0%	1	4%
Communication	2	8%	2	8%
Self-Direction	1	4%	1	4%
Economic Self Sufficiency	0	0%	11	46%
Diminished Capacity	1	4%	2	8%
Independent Living	2	8%	1	4%
*Other	0	0%	2	8%

*Other – undocumented legal status and incarceration

QSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	20	84%
1 Psychotropic Medication	2	8%
2 Psychotropic Medications	2	8%
3 Psychotropic Medications	0	0%
4 Psychotropic Medications	0	0%
5 + Psychotropic Medications	0	0%
	24	100%

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

Agency	Number	Percent
Child Welfare	24	100%
Mental Health	19	79%
Special Education	10	42%
Probation/Parole	4	17%
Developmental Disabilities	1	4%
Juvenile Justice	4	17%
Vocational Rehabilitation	0	0%
Substance Abuse	10	42%
Crisis Services	0	0%
Early Childhood	0	0%
*Other	9	38%
None	0	0%

*Other - Birth to Three, Domestic Violence Advocacy, W2, Court Appointed Special Advocates (CASA), Department of Corrections, Foodshare, Safety Services, and Section 8 Housing.

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

Level of Functioning	Number	Percent
In Level 1-5	3	13 %
In Level 6-7	8	33%
In Level 8-10	8	33%
NA (Under Age 5)	5	21%
	24	100%

QSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	21	88%
Consent Decree	1	4%
Termination of Parental Rights (TPR) w/ County Custody	1	4%

TPR Order	1	4%
Voluntary	0	0%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
Delinquent	0	0%
	24	100%

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

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	0	0%
Physical Abuse	7	29%
Sexual Abuse	5	21%
Neglect	15	63%
Mental Health Issues	0	0%
Delinquency	0	0%
Truancy/Status Offense	0	0%
*Other	2	8%

*Other – voluntary s. 48.10(4) and homeless.

Reason for Case Opening-Family Issues	Number	Percent
Failure to Protect	10	42%
Absent Parent	5	21%
Substance Abuse	8	33%
Domestic Violence	4	17%
Neglect	11	46%
Mental Health Issues	7	29%
Housing	6	25%
*Other	5	21%

*Other reasons - voluntary s. 48.10(4), criminal activity, incarceration, caregiver's death, and sexual abuse of siblings.

OSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Remain at Home	9	38
Reunification	12	50%
Adoption	2	4%
Long-term Foster Care	0	0%
Independent Living	1	4%
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%
	24	100%

OSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	19	79%
Adoption	3	13%
Legal Guardianship	0	0%
Reunification	0	0%
Independent Living	0	0%
Long-term Foster Care	2	8%
Permanent Placement with fit and willing relative	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	24	100%

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

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	10	42%
0-3 mos.	1	4%
4-6 mos.	1	4%
7-9 mos.	2	8%
10-12 mos.	2	8%
13-18 mos.	2	8%
19-36 mos.	4	16%
37 + mos.	2	8%
	24	100%

OSR/Child Status and Performance Profile - Outcome Frequency

Service Test Results	Number	Percent
1 + Status + Performance	19	79%
3 + Status + Performance	4	17%
4 + Status + Performance	1	4%
	24	100%

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

Level of Functioning	Age	Number	Percent
In Level 1-5	14 + Yrs	3	13%
In Level 6-7	0-4 Yrs	1	4%
	5-9 Yrs	2	8%
	14 + Yrs	2	8%
In Level 8-10	5-9 Yrs	7	29%
	10-13 Yrs	1	4%
	14 + Yrs	2	8%
NA (Under Age 5)	0-4 Yrs	6	25%

		24	100%
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OSR/Child Status and Performance Profile - Age by Outcome

Age	Outcome	Number	Percent
0-4 Yrs	1 + Status + Performance	5	21%
5-9 Yrs	1 + Status + Performance	3	13%
	3 + Status + Performance	3	13%
10-13 Yrs	1 + Status + Performance	7	29%
14 + Yrs	1 + Status + Performance	4	17%
	3 + Status + Performance	1	4%
	4 + Status + Performance	1	4%
		24	100%

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

Outcome	Level of Functioning	Number	Percent
1 + Status + Performance	In Level 1-5	2	8%
	In Level 6-7	6	25%
	In Level 8-10	6	25%
	NA (Under Age 5)	5	21%
3 + Status + Performance	In Level 6-7	2	8%
	In Level 8-10	2	8%
4 + Status + Performance	In Level 1-5	1	4%
		24	100%

OSR/Child Status and Performance Profile - Outcome by Prognosis

Outcome	Prognosis	Number	Percent
1 + Status + Performance	Continue – Status Quo	18	75%
	Decline/deteriorate	1	4%
	Improve Status	0	0%
3 + Status + Performance	Continue – Status Quo	4	17%
	Decline/deteriorate	0	0%
4 + Status + Performance	Continue – Status Quo	1	4%
	Decline/deteriorate	0	0%
		24	100%