

**Fond du Lac County Qualitative Service Review
September 27 – October 1, 2010**

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

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Executive Summary

Since 2005 the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In September 2010, the Department conducted its second review in Fond du Lac County. In this review, ten ongoing services cases were reviewed. All cases were selected randomly. The review process is organized around analysis of two areas of system functioning. The first is child and family status, regarding current outcomes among indicators such as safety, stability and permanency. The second is system performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning. In addition, interviews were conducted with nine stakeholder groups representing agency staff, providers, foster parents, legal partners and others.

Agency Performance

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

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

The scores on child and family status and system performance for the 2007 and 2010 reviews in Fond du Lac County are presented in the following table. Please note that the criteria within an indicator may preclude some of the six cases from being rated for that indicator. The numbers in the N columns indicate how many of the cases could be scored for that particular indicator and the last column measures the change from the first review to the second review.

Fond du Lac County Quality Service Review 2007 and 2010					
Two Point Scale Comparison					
	2007		2010		
Name of Indicator(s)	N=	Acceptable	N=	Acceptable	Delta
Child Status:					
Safety & Permanency					
Exposure to threats: birth home	8	88%	7	100%	12%
Exposure to threats: subst. home	6	100%	8	100%	0%

Exposure to threats: school setting	8	100%	8	100%	0%
Exposure to threats: other setting	3	100%	4	75%	-25%
Stability: home	12	83%	10	90%	7%
Stability: school	8	88%	8	88%	0%
Permanency	12	92%	10	60%	-32%
Living Arrangements: current	12	100%	10	100%	0%
Living Arrangements: alternative	2	100%	5	80%	-20%
Well Being					
Physical Health	12	100%	10	100%	0%
Emotional development	10	80%	8	88%	8%
Behavioral functioning	10	80%	8	88%	8%
Behavioral risk: self	8	75%	8	88%	13%
Behavioral risk: others	8	88%	8	88%	0%
Learning & development	12	100%	10	100%	0%
Parent/Caregiving Status:					
Safety and Capacities					
Safety of: mother	8	100%	9	89%	-11%
Safety of: father	4	75%	7	86%	11%
Safety of subst. caregiver	5	100%	7	100%	0%
Caregiving capacities: mother	8	88%	9	78%	-10%
Caregiving capacities: father	4	75%	7	57%	-18%
Caregiving capacities: subst. caregiver	5	100%	7	100%	0%
Caregiving capacities: congregate care	0	0%	1	100%	100%
Necessities/Challenges/Support					
Basic necessities: mother	8	88%	9	67%	-21%
Basic necessities: father	4	75%	7	86%	11%
Basic necessities: subst. caregiver	5	100%	7	100%	0%
P/C Challenges: mother	9	78%	9	56%	-22%
P/C Challenges: father	5	60%	7	71%	11%
P/C Challenges: subst. caregiver	5	100%	7	100%	0%
Informal support: mother	8	88%	9	33%	-55%
Informal support: father	5	60%	7	43%	-17%

Informal support: subst. caregiver	4	100%	7	100%	0%
Progress Towards Independence					
Family of origin	8	75%	9	67%	-8%
Guardianship/Adoption	4	100%	2	50%	-50%
Older youth	2	50%	2	100%	50%
Practice Performance:					
Engagement/Role and Voice					
Child/Youth	7	100%	6	83%	-17%
Mother	10	70%	9	89%	19%
Father	8	50%	9	44%	-6%
Subst. Caregiver	6	100%	8	88%	-12%
Role & Voice: child/youth	6	100%	4	100%	0%
Role & Voice: mother	6	60%	9	89%	29%
Role & Voice: father	8	25%	9	56%	31%
Role & Voice: Subst. caregiver	6	100%	8	88%	-12%
Core Practice Functions					
Coordination	12	75%	10	90%	15%
Team Formation	12	58%	10	30%	-28%
Team Functioning	12	58%	10	40%	-18%
Assessment & understanding: safety	11	82%	8	88%	6%
Assessment & understanding: overall	12	58%	10	90%	32%
Long-Term view	12	58%	10	70%	12%
Planning Change Process					
Safety management	8	75%	8	75%	0%
Permanency	8	88%	9	67%	-21%
Behavior outcomes: child/youth	4	75%	6	83%	8%
Behavior outcomes: parent/family	12	67%	10	50%	-17%
Sustainable supports	12	58%	10	60%	2%
Core Practice Functions					
Resource & support: Child/youth	6	83%	7	100%	17%
Resource & support: parent/family	11	73%	9	89%	16%
Resource & support subst. caregiver	5	100%	5	100%	0%

Intervention adequacy	12	67%	10	80%	13%
Tracking	12	75%	10	100%	25%
Adjustment	12	67%	10	70%	3%
Specialized Practice					
Transitions & Adjustments	4	100%	6	67%	-33%
Family interactions: birth mother	2	100%	7	86%	-14%
Family interactions: birth father	4	25%	6	67%	42%
Family interactions: siblings	1	0%	4	75%	75%
Quality relationship: birth mother	2	100%	7	86%	-14%
Quality relationship: birth father	4	25%	7	57%	32%
Quality relationship: siblings	1	0%	4	50%	50%
Cultural accommodations	1	0%	1	0%	0%
Overall Patterns					
Overall Practice Performance	12	58%	10	80%	22%
Legend					
N = The number of cases scored for each indicator. (12 Total in 2007 & 10 Total in 2010)					

Stakeholder Interviews

This review involved stakeholder interviews with 17 key informant and stakeholder groups totaling 111 individuals. Stakeholders reported a number of common themes, which are highlighted below. A more detailed description of stakeholder comments is found in Section IV.

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 has a Training Supervisor that coordinates new and ongoing worker trainings, coaches and mentors workers, and educates practice partners.
- There is an absence of routine multi-disciplinary leadership meetings for practice partners to address child welfare system issues.
- There is a high degree of collaboration with practice partners on innovative projects.

- There is limited access to mental health, substance abuse and psychiatric services for children/youth and psychological assessments for adults.
- The agency has regular consultation with the State Permanency Consultant that is supported by a concurrent planning policy.
- There is a need to improve the consistency of the family teaming model in practice.
- There is an Assistant District Attorney position dedicated to TPR cases under a Title IV-E grant.
- The rotation of the judges and ADAs results in limited juvenile law expertise and inconsistent legal practice.

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

1. Develop and support a well-defined approach to family teaming.

Stakeholders and staff cited the agency's utilization of a family teaming model as an area for improvement. This recommendation is supported by comparing the case review scores related to teaming from 2007 to 2010. There was a 28 percent decrease in cases which scored in the acceptable range for Team Formation and an 18 percent decrease in cases which scored in the acceptable range for Team Functioning. It is noted that the core practice function of teaming was selected by Fond du Lac as an action plan item following the 2007 QSR. It is clear that steps have been taken to work toward achieving full implementation of the family teaming model; however, the review findings indicate there is a need to reassess and adjust. The agency has provided family teaming training to the workers to familiarize them with the model and skills associated with it. There is also a training supervisor available to mentor and support the workers in developing their teaming skills.

The primary factor influencing the effective use of the family teaming model appears to be related to consistency. Pockets of teaming are occurring across workers and supervisors; however there is a lack of clarity regarding the agency's teaming policy or procedure. Developing well-defined teaming expectations would provide a framework for case practice and supervision, help reduce variability in case practice and serve as a means to connect agency philosophy and values with front-line practice. Enhancing the teaming delivery process would likely result in improved outcomes regarding family engagement, participation, coordination, and planning. Effective teaming is also often the vehicle for promoting more successful permanency planning; the two approaches are interrelated.

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

As in much of the state, case review scores in the area of permanency planning show a practice challenge for Fond du Lac County. Case review findings for planning a change process for permanency from 2007 to 2010 show a 21 percent decrease in cases which scored in the acceptable

range. Practice strengths for permanency mentioned by stakeholders and staff include that there is a positive working relationship with the State Permanency Consultant and that there is a basic agency policy in place to support the permanency planning process. These are recognized as areas to build upon. Similar to teaming, it is noted that there is a lack of consistency regarding how workers and supervisors use the agency policy to guide decisions regarding permanency. It appears that the policy lacks specificity related to definition and expectations and functions more as a reference tool. The current permanency planning practice creates a lack of clarity for legal partners and stakeholders. It is questionable whether the agency and legal partners have a shared understanding of the definition of concurrent planning. The development and support of a strategy to enhance permanency planning will serve to improve outcomes related to reunification as well as adoption.

3. Develop strategies for building relationships with legal partners.

Key stakeholder and staff interviews consistently revealed the opportunity for relationships with legal partners to be strengthened. Persons across various professions acknowledged the positive working relationships agency staff has established with defense counsel and Guardians ad Litem. Consideration may be given to replicating the strategies and skills used to collaborate with these legal partners in extending relationship-building efforts to the District Attorney's Office and Fond du Lac County Circuit Court. Routine meetings with the prosecutors and judges would provide a venue for the agency and legal partners to address child welfare system issues. Thoughts and information shared during focus groups highlighted several areas of concern that could be explored, including:

- The current method of scheduling children's court one day per week may be inadequate in meeting the needs of children, families and/or professionals;
- The court reports prepared by the agency may benefit from being more objective, succinct and conclusionary; and
- The practice of rotating judges and ADAs may be resulting in limited juvenile law expertise and inconsistent legal practice.

Fond du Lac County Social Services Department

Qualitative Service Review

Conducted September 27 – October 1, 2010

I. Introduction and Background

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

II. The Qualitative Service Review Process

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

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

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

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

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

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

The fundamental assumption of the QSR model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently or have recently been unsafe or at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than in the matter of child safety.

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

III. Methodology

The review sample consisted of ten cases, including three in-home case and seven out-of-home ongoing cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Eighty-nine interviews were conducted with respondents in the ten cases reviewed. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in the Appendix 2.

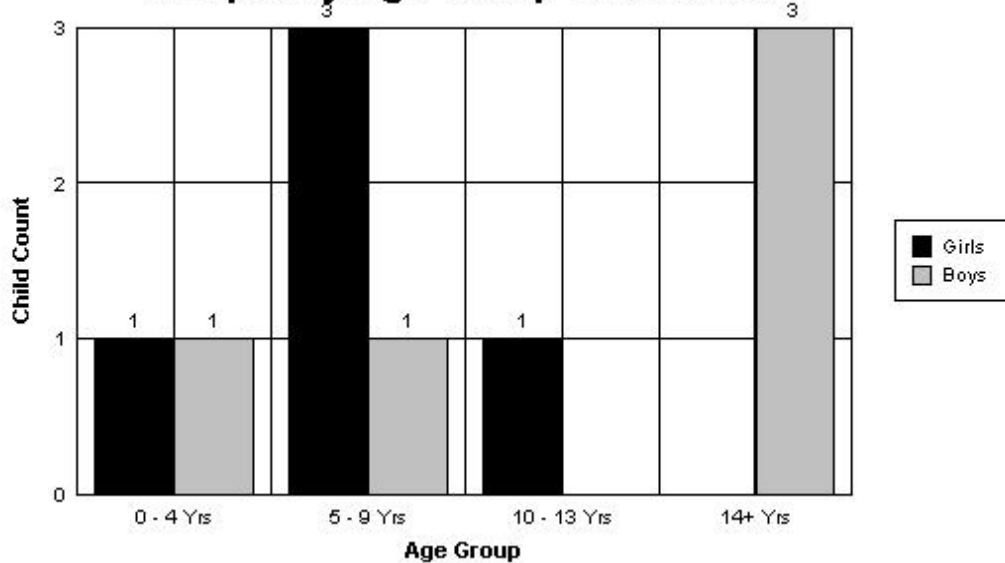
QSR/Child Status and Performance Profile - Current Placement Frequency

Type of Current Placement	Number	Percent
Birth home	3	30%
Adoptive home	0	0%

Foster Family home	3	30%
Relative/Kinship home	2	20%
Licensed Relative Foster home	0	0%
Therapeutic Foster home	0	0%
Group home/Congregate care	1	10%
Residential Treatment Center	0	0%
Independent Living	1	10%
Detention/Shelter	0	0%
Hospital/MHI	0	0%
Juvenile Correction Facility	0	0%
Other	0	0%
	10	100%

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

Sample By Age Group and Gender



Age Group	Number	Percent
0-4 Yrs	2	20%
5-9 Yrs	4	40%
10-13 Yrs	1	10%
14 + Yrs	3	30%
	10	100%

Gender	Number	Percent
Female	5	50 %
Male	5	50%
	10	100%

Reviewers included a combination of State level Continuous Quality Improvement (CQI) staff and certified State and County reviewers. The review was conducted over a one week period, from September 27 through October 1, 2010.

IV. Stakeholder Interviews

The review team conducted stakeholder interviews with 17 different groups totaling 111 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Ongoing Workers	21
Access/IA Workers	9
Family Support Workers	6
Service Providers	24
Supervisors	7
Foster Youth & Foster Parents	21
Legal Partners	11
Law Enforcement	5
Educators	4
State Permanency Consultant	1
Director & Deputy Director	2

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

Organizational Strengths

- The agency has dedicated professional staffs that are committed to children and families.
- The agency is skilled in retaining experienced workers.
- There are efforts to promote morale which create a positive work environment.
- There are efforts to recruit agency staff representative of the community.
- The agency’s leadership team promotes the quality improvement process.
- The staff has access to an excellent training system – both internal coordination and through the NEW Partnership for Children and Families.
- The agency is progressive and participates in specialized initiatives.

Organizational Challenges

- Budget constraints impact service availability and delivery.
- There are systemic limitations due to being a Department of Social Services versus a Department of Human Services.
- There is an absence of a routine multi-disciplinary leadership team to promote best practice within child welfare system.
- The community awareness regarding the types of services provided by DSS is limited.

Resource Strengths

- The “Save a Smile” supplemental dental program provides timely dental services to children involved in the child welfare system.
- The Family Support Workers have a variety of roles within the agency that help support children and families.
- The agency has devoted foster parents who advocate for children.
- There is a high degree of collaboration with community providers on initiatives – CSI, PACE, SPROUT.
- The community has a variety of resources to address basic necessities, respite, group home, shelter care, in-home parenting and therapy, and domestic violence.
- The agency promotes the use of early intervention and prevention services such as WIC, Birth-to-Three, Public Health, Family Resource Center, Family Foundations, and Wraparound.
- Treatment services are available in the community through DCP, ASTOP, LSS, ARC, and Agnesian Behavioral Health.
- The Transitional Living Facility and Independent Living Program adequately address the needs of older youth involved in the child welfare system.
- There are joint trainings with practice partners on shared practice topics such as safety, teaming, and trauma.

Resource Challenges

- There is a lack of timely access to mental health, substance abuse and psychiatric services for children/youth and they are often unable to be seen at the frequency they need.
- Public transportation options within the county are limited, especially in rural areas and due to the narrow city bus operation hours.
- Service provision in general for the rural areas is challenging; most of the resources are located in the city of Fond du Lac.
- There are few services available for Autistic and developmentally disabled children, and this population is perceived to be growing.
- The types and hours of child care necessary to support biological and foster parents are limited.
- There are no treatment providers for sexualized behaviors within the county, including treatment for juvenile sex offenders and services for younger children (ages 6-10) exhibiting over sexualized behaviors.
- There are trauma-informed providers within the local community, however the demand appears to be greater than the supply, therefore access to these specialized providers is somewhat limited.

Practice Strengths

- The agency staff works well together in and across units.
- The supervisors work together as a team and are supportive of each other.
- The use of the Victim Sensitive Interview Protocol promotes collaborative forensic interviewing in the best interest of the child.
- There are strong working relationships with law enforcement and schools.
- The agency has made efforts to train and promote the use of the family teaming model.
- When teaming is practiced, it includes families, schools and providers.
- The agency had made efforts to promote the use of trauma-informed assessment.
- The workers are viewed as responsive to and supportive of practice partners.

- The agency demonstrates skill in matching children's needs to appropriate foster homes.
- There is frequent consultation with the State Permanency Consultant.
- The agency has a policy and practice expectations regarding concurrent planning.

Practice Challenges

- Case transfer meetings from Initial Assessment to Ongoing are inconsistent.
- There is varied practice regarding family interaction, including visitation location, frequency, duration and how it graduates to less restrictive.
- There is a need to increase planning around transitions for children in foster care, including moves from one foster home to another or from one school district to another.
- There is a lack of foster parent training and/or support for special populations, such as Autistic, developmentally disabled or physically aggressive children.
- There is varied practice regarding the use of teaming by worker and by unit; it does not appear the teaming model has been fully integrated into practice.
- Reunification conditions are viewed as being vague and would benefit from being more individualized and behaviorally specific.
- Providers and schools would benefit from additional information on children and their families in order to coordinate care better and avoid duplication of services.
- There is a need to increase staff accessibility afterhours and for crisis intervention.
- Caseload size and documentation requirements were viewed as challenges for workers, in that their ability to do more is restricted by these expectations.

Legal Strengths

- There is an Assistant District Attorney position dedicated to TPR cases under a Title IV-E grant which has significantly reduced TPR backlog.
- The Guardians ad Litem, advocate counsel and defense attorneys have a wealth of experience practicing juvenile law.
- The court appoints attorneys for indigent parents in CHIPS cases, which likely expedites the legal process and prevents complications in the future.
- Guardians ad Litem are appointed for the life of a case and are able to maintain ongoing situational awareness regarding the case.
- Foster parents are allowed to provide input in court proceedings.
- The judges are thorough when making a legal record; and therefore appeals are less likely.
- The agency workers are knowledgeable about their families and are prepared for court.
- The agency workers have effective working relationships with the GALs and advocate counsel.

Legal Challenges

- The rotation of the judges and ADAs results in limited juvenile law expertise and inconsistent legal practice.
- The court calendar allows for juvenile cases to be heard once weekly; and this frequency may not be meeting the demands of the system.
- Notification of court hearings for foster parents was viewed as being inconsistent.
- The court reports could benefit from being more objective and succinct.
- There is a need to work with the ADA regarding preparation for court hearings.
- There is a lack of clarity about whether the required visitations by Guardians ad Litem with children were occurring.
- There is no routine venue for legal partners to discuss issues related to child welfare.

V. Performance Analysis

A review of the stakeholder interviews, status and practice performance scores and the ten case stories that were completed yields a rich description of practice within Fond du Lac County Social Services and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. 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. In these areas, generalization of findings to the entire child population cannot be seen as representative.

The following section examines the Fond du Lac County QSR trends in key areas of status and practice 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 in Appendix 2 and measure the child and parent/caregiver status in the 180 days prior to the review.

Child and Family Status

Child Exposure to Imminent Threats

In this indicator, reviewers are asked to assess the focus child's exposure to threats of harm in the birth home, substitute home, school, and any other setting where the child regularly spends time. In the Fond du Lac County review, the seven applicable cases rated for exposure to imminent threats in the child’s home environment scored in the 4-6 or acceptable range. This includes the three cases where the focus child is currently living in his or her birth home and each of these scored in the maintenance zone for birth home. This was also true for eight applicable cases that were scored in the school setting and substitute home indicators. Three of the four cases rated for exposure to imminent threats in other settings scored in the 4-6 range, indicating that children in the sample are generally free from threats of harm in their daily settings.

Other settings include the home of a non-custodial parent where family interaction occurs, summer camp, an after school setting, daycare and anywhere the child regularly spends time. In one case the reviewer wrote that the focus child is attached to her mother, enjoys seeing her and is considered mostly safe at her mother’s house but is not completely comfortable there. The focus child stated, *“I feel safe at my dad’s house but just okay at my mom’s (house).”* The focus child went on to explain that her mother no longer drinks, but that it hasn’t been that long since her mother has been sober.

Stability

Stability refers not only to whether children have been free from risks of disruption at home and in school during the review period, but also requires that reviewers make a determination of whether children are at risk of disruption within the next six months based on information learned during the review. At the time of the review, nine of the ten children in the sample were viewed as being stable in their home setting and seven of eight children rated for the school setting were experiencing stability.

One of the youths in the sample had been adopted following termination of his birthparents' rights. Six years later the adoptive parents died and following this the youth lived with his adoptive sister for four years until there was a disruption. The reviewer wrote, *"When this placement disrupted he went to live with his birthmother, who his sister helped him contact. When his birthmother kicked him out he relocated to this area to live with his birthfather with whom he had reconnected. After four months, conflicts with his birthfather's wife caused his birthfather to ask him to leave. He then bounced between his brothers' homes and the home of an ex-friend of his birthfather and wife. When a domestic violence (DV) incident happened to this friend, she went into a DV shelter home and referred the focus child. Since coming to this agency's attention [in late 2009], he has been in five different placements including a non-relative, non-licensed home, a licensed foster home, two placements in shelter care and the fifth placement into his current independent living apartment."*

Permanency

The permanency indicator is viewed as a "lagging indicator" because it generally improves when practices such as assessment, planning and long-term view begin to capture underlying needs, identify desired goals or outcomes, and sufficiently identify and power change-oriented strategies. At the core of this indicator is the child's need to establish a connection to a parent or caregiver that will be sustained until the child reaches adulthood, or perhaps endure lifelong. Of the ten children in the sample, permanency scored in the acceptable range for six of them.

In one case the focus child has made great behavioral and emotional gains in the last few months, although there seems to be shared concern about sustaining these changes. Most of those interviewed do not think that the parents' capacities for caregiving align with the focus child's needs and that the focus child needs parental guidance to sustain him positively. Many believe the focus child will need to rely on himself or on supporting adults outside the home to succeed in his goals of completing high school and not reoffending in the future.

It appears relative care and placement may be contributing to maintaining connections for children. Two of the seven children in out-of-home care are placed with their maternal grandparents. In one of them the focus child has weekend overnights with her mother and this is believed to be working well to maintain the parent-child relationship.

Emotional Development and Behavioral Functioning

Abuse, neglect and family instability can seriously impact children's emotional development and behavioral functioning. Not surprisingly, all 10 children in the sample were identified as having been exposed to some form of trauma in their lives. Seven of the eight children (88 percent) whose status was scored in the areas of emotional development and behavioral functioning scored in the acceptable range. It should be noted that children age three and under are not scored for this indicator. Of the ten children in the sample, three have mental health diagnoses, two have a diagnosed behavioral disorder, and three have learning disabilities. One child is diagnosed with Pervasive Developmental Disorder (PDD).

Learning and Development

In the area of learning and development, all of the cases in the sample scored in the acceptable range, indicating that many of the children are making progress in this area at a level commensurate with their capacities and are receiving services to meet their individual needs. Of the eight school-age children in the sample, five are identified as reading at grade level, one is identified as reading

two grades below grade level, and one was significantly below grade level. The reading level for the child with PDD was not indicated.

In one case where the focus child is identified with learning disabilities and has received special education services throughout her life, her school programming and Individualized Education Plan meet her needs according to her abilities. Her school attendance is very good. The reviewer wrote, *“Apparently she has struggled with school in the past, but has started to catch up this year. She is enrolled in 6th grade and reading at a 4th grade level. She is making progress in math which has historically been a challenge. She is currently mainstreamed into regular school classrooms with assistance or one-on-one tutoring when needed. She prefers this method over being separated from her peers.”*

Parent/Caregiver Capacities and Progress toward Independence

Along with child safety and permanency, this group of indicators is among the most important in child welfare practice. Adequate parent caregiving capacity is essential to achieving 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 that are viewed as easier 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, one-half to three-fourths of the parents in the sample appear to possess much of the needed knowledge and skills related to caring for their children. While the mothers in the sample appear to have more caregiving challenges than the fathers, more than half of these cases scored in the acceptable range. A reviewer for one of the cases wrote, *“The mother’s challenges include her AODA and mental health concerns of Depression and suicidal ideation. These challenges appear to affect her ability to sustain consistent parenting and have led the mother to struggle with being able to independently provide for her children’s needs for structure, routine and discipline. She participated in individual therapy to assist with these challenges in the past; however, not on a regular basis.”*

Additionally, it appears that two-thirds of the cases are making sufficient progress toward independence. The one area where challenges remain is in identifying or enhancing parents’ informal support systems.

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	78%
Caregiver Capacities: Father	57%
Parent Caregiver Challenges: Mother	56%
Parent Caregiver Challenges: Father	71%
Informal Support: Mother	33%
Informal Support: Father	43%
Family (of origin) Progress Toward Independence	67%

Substitute Caregiver Functioning

All seven of the substitute caregivers in the review sample had overall status scores in the acceptable range. This indicates that substitute caregivers are generally demonstrating competent

caregiving and have few challenges that might affect their protective capacities. Caregivers are generally able to provide for the basic needs of the children in their home and have sufficient informal supports available to them. In the one case that scored in the refinement zone (lower acceptable range), the substitute caregiver (maternal grandmother) appeared to care for and love the children very much. She is viewed as being supportive of the family and their goals and her home is appropriate and safe. The reviewer added, *“The maternal grandmother struggles with meeting the household’s basic needs despite receiving Kinship payments, FoodShare, and Medical Assistance. She identified a challenge regarding always having enough food in the house for the children. The maternal grandmother demonstrates some parenting challenges with regards to the focus child’s brother as he displays aggressive behaviors.”* The maternal grandmother identified some family supports; however, there appears to be limited community supports in her area and this was identified as a challenge for her.

Informal Support

Several of the parents in the review sample in Fond du Lac County are believed to have some informal supports available to them. Thirty-three percent of the mothers in the sample scored in the acceptable range for this indicator, while 43 percent of the fathers in the sample scored in the acceptable range. The practice model suggests the need for informal supports to be identified and available to help sustain any changes the parents make in their protective and caregiving capacities. When the family is no longer involved with CPS and formal supports are fewer in number or no longer in place, informal systems of support can influence whether the family remains independent of the agency.

Trauma

While there is no indicator in the protocol to rate the existence of prior trauma, the review process does collect information about cases reviewed relative to trauma for focus children and parents in the sample. Because the effects of trauma are believed to be so harmful and pervasive to parents and children, this report will address it specifically in this section. All of the children in the review sample and at least one parent in each of the nine cases had been exposed to some form of trauma in their lifetime.

Unresolved issues related to past trauma had a significant effect on one parent’s ability to demonstrate protective caregiving capacities. The reviewer wrote, *“Though the mother appears exceptionally stable at this time, she does have a significant trauma history that cannot be overlooked. This history does impact her parenting challenges and basic necessities, as both of these indicators scored in the refinement zone. The mother’s history includes domestic violence between her and the father of the focus child and a multi-year unstable relationship with her previous partner. It was this relationship that forced the mother to choose between her relationship with her partner or her children, and for eight years, she chose her partner. The mother also reports being abandoned by her own mother as a child, and still harbors resentment towards her. Her current diagnosis is Obsessive-Compulsive Personality Disorder with histrionic, narcissistic, and anti-social traits.”*

System Performance Indicators

Outreach and Engagement

Outreach and engagement is a core practice principle underlying the QSR and crucial in helping families through the change process. As important as the nature of the helping relationship is,

effective engagement goes much deeper than friendly, appreciative relationships. Effective engagement means developing and maintaining a level of trust sufficient for the helping persons to fully understand underlying needs and engage the family in identifying change strategies. This indicator asks that reviewers evaluate the engagement strategies used by workers and service providers to build trust-based working relationships with children, parents, and caregivers. In the Fond du Lac County sample, the results were somewhat mixed based on who was being rated. Outreach and engagement for the focus children in the sample scored 83 percent (5 of 6 cases) in the acceptable range. Nine cases were rated for engagement with both mothers and fathers and scored 89 percent and 44 percent, respectively, in the acceptable range. Eighty-eight percent of the cases with substitute caregivers scored in the acceptable range. It should be noted that in the State of Wisconsin, as well as the rest of the country, engagement with fathers is an area of challenge in case practice.

A reviewer in one case wrote, *“The engagement of the mother is demonstrated by the case manager and other providers’ outreach and relationship building efforts. It was shared that the mother is starting to ask questions during visitations (when the father is not present) about the case, what would occur if she would separate from the father, and for more information about parenting. These more candid conversations initiated by the mother may be attributed to the trust-based connections established by the involved participants.”*

Role and Voice

The Role and Voice indicator differs from outreach in that it asks reviewers to assess how much input and influence parents and caregivers have in decision-making, planning, selection of services, and other case activities. Scores for role and voice were similar to the scores reported above for focus children, parents, and substitute caregivers in the sample and represent fairly significant practice improvement relative to mothers and fathers over the 2007 QSR. There was one notable difference; it appears that more fathers believe they have a role and voice than are engaged in a trust-based relationship with the worker and others. In one case the reviewer wrote, *“Initially the mother was told what to do through court conditions, but felt over time that she was able to have a voice in the direction the case was moving. The mother expressed feeling validated by the process and that she had ownership in the direction of the case.”* In another case the reviewer wrote, *“The mother demonstrated an active role in establishing her treatment goals in her trauma service and in her alcohol and other drug therapies. The mother is able to disclose to her providers when she relapses and they assist her in identifying triggers to assist with preventing another relapse.”*

Coordination

Ninety percent of the cases in the review sample scored in the acceptable range for coordination. Coordination is viewed as a relative strength in Fond du Lac County’s case practice in that eight of the 10 cases scored in the high refinement zone. Nevertheless, it represents an improvement in practice over the 2007 QSR. It appears agency staff are continually working at coordinating services and supports for children and families. The reviewer in one case wrote, *“All the providers involved with the focus child knew that the worker was the point person. The worker set up a team meeting at school this past April to address helping the focus child achieve his primary goal of earning a high school diploma. As of the date of this review the focus child is on target to graduate next spring. The worker also has regular contact and collaborates with other key people such as the teacher advocate and independent living (IL) worker.”*

Family Teamwork

The case practice model upon which the QSR is based relies heavily upon teaming with families in core practice areas such as assessment, planning, and tracking and adjusting the plan. Well-functioning teams are child and family-driven, include all helping persons (formal and informal), and meet on a regular basis or as determined to be needed by the team. The primary topic of the meetings is to assess progress toward outcomes but also to ensure everyone is aware of and communicating with one another about the strategies and progress. In the QSR, team formation and team functioning are the areas reviewers are asked to evaluate. Team formation focuses on to what degree all the necessary people, including family members, are involved in meeting on an ongoing basis to benefit families. Team functioning focuses on how cohesively the members of the team work together to assess, plan, evaluate progress, and make decisions.

In the Fond du Lac County review, 30 percent of the cases in the sample scored in the acceptable range for team formation and 40 percent of the cases scored in the acceptable range for team functioning. Although the agency is implementing Coordinated Services Teams for severely emotionally disturbed children, the teaming scores represent a decline in practice over the previous QSR. One of the challenges may be that not all agency staff are on board with teaming. There may be an opportunity to implement more informal teaming. Another challenge is that the family or parent appears to be deciding who will participate on their team without input and assistance from the worker or other helping persons.

Assessment and Understanding

Assessment and understanding indicators address two areas of practice: safety assessment and overall assessment. In the area of safety assessment, 88 percent of the cases in the review sample scored in the acceptable range. For overall assessment, 90 percent of cases scored in the acceptable range and represents a 32 percent improvement in practice over the previous QSR. Given that families in the sample presented with significant co-occurring conditions, assessment and understanding is viewed as a strength in practice. The reviewer wrote in one case example, *“The immediate safety concerns—the mother’s history of drinking and the types of choices she made while intoxicated that put her children at risk of harm—were well understood. There was also an understanding of impending danger threats, including triggers related to the mother’s trauma history, her difficulty with relationships and managing her stress levels. The ARC program, where the mother participated in intensive outpatient AODA services, conducted a very thorough psychosocial assessment, the results of which were used to create an individualized treatment plan which included referrals to aftercare and trauma-focused counseling. The worker was included in wraparound meetings through the ARC program and thus was aware of her progress and underlying issues that were seen as needing to be addressed for successful recovery.”*

Long-Term View

Development of a long-term view is critical in moving families toward safe case closure and independence from the agency. The long-term view answers the questions, “Where are we going?” and “How do we get there?” Ideally, everyone involved with the family, including family members, should be able to articulate the long-term view. Both overall assessment and long-term view are crucial in helping families move through the change process so that permanency for children can be achieved and cases can be safely closed. This area is typically one in which counties have struggled. In the Fond du Lac County review 70 percent of cases reviewed scored in the acceptable range for this indicator and this represents a 12 percent improvement in practice over the previous review. A reviewer wrote in this case example, *“Another remarkable strength is the*

worker's long-term view for safe case closure. All family members understood what behavior changes were necessary to reunite the family. All family members could identify what the plan was and when reunification would occur. The worker has implemented a well-reasoned plan for change by engaging the family with the appropriate service providers and resources for successful reunification in the near future."

Planning a Change Process

Successful plans are built on quality functional assessments of family strengths, needs, and underlying issues. In the QSR, planning is evaluated in four separate areas: safety management; permanency; behavior outcomes; and sustainable supports. In the area of planning for safety management, 75 percent of the cases reviewed scored in the acceptable range. In the area of planning for behavior outcomes for children, 83 percent scored in the acceptable range, while 50 percent of the cases rated for parents scored in the acceptable range, a decline of 17 percent from the previous review. Sixty percent of cases scored in the acceptable range in the area of planning for sustainable supports. Planning for permanency scored 67 percent in the acceptable range and this represents a 21 percent decline in practice from the previous review. Planning for permanency is also closely linked to the long-term view of the family and those working with the family. Permanency for children is therefore likely to improve when there is a clear, shared understanding of what permanency looks like for a specific child and the strategies for achieving this goal are identified and implemented.

A reviewer in a case that scored in the upper range of acceptable indicated that, *"Planning for behavioral outcomes has been strong for the mother and the child. The outcome of sobriety for the mother was well planned for and appropriate steps were taken to address the issue and underlying factors that contributed to alcohol use and poor parenting choices. The behavioral outcome planned for the child was fewer anger outbursts and better management of emotions. The right resources and supports were established to address these behaviors and produce change."*

One of the challenges noted during the review was that conditions identified in the court order were, in several cases, considered the plan. In two cases the parents expressed frustration because they believed they had completed the conditions for return and yet the order was extended. An opportunity with respect to planning overall is to develop behaviorally specific and measurable actions or objectives so that the team will know when behavior change has occurred that will better ensure safety, permanency and well-being.

Relative to sustainable supports, there appears to be a heavy reliance on one or two supports (usually a grandparent) and this highlights the need to further develop an informal support system that will remain available to the family once the agency is no longer involved.

Resource and Support Use

Resource and support use is evaluated for children and youth and all of the seven cases reviewed were in the acceptable range; 89 percent of the nine cases rated for parents and families scored in the acceptable range; and all five of the cases rated for substitute caregivers scored in the acceptable range. Practice in this area for children/youth and substitute caregivers is viewed as an area of strength. Overall, it appears that families, particularly children and substitute caregivers, in this sample are receiving and utilizing the services and supports provided to them. A reviewer in one case wrote, *"The parents were offered and are receiving a very comprehensive array of services.*

This includes anger management, therapeutic services, medication management (mother) and services at the Family Resource Center for parenting and supervised visitations.”

In another case example the review wrote, “The mother was able to participate in one-on-one parenting services with the Family Support Worker who also supervised the family interactions. In addition, the mother is receiving the resource and formal supports to acquire the needed skills and knowledge to parent her child safely and meet the family’s needs through the focus child’s individual therapist and the mother’s service providers. The family support worker is available to the mother by telephone during the unsupervised family interactions. There has been discussion around accessing the voluntary service program again to assist the family as they move closer to reunification.”

Tracking and Adjustment

Tracking and adjustment involves routine monitoring of case progress and anticipates the revision of plans and interventions when circumstances change. All of the cases in the review sample scored in the acceptable range for tracking and 70 percent scored in the acceptable range for adjustment. In one case the reviewer wrote, *“The worker has maintained situational awareness (tracking) through monthly visits to the foster home with the foster mother and focus child, attempting to monitor the mother’s whereabouts and monitoring visits between the focus child and mother. Due to visitation issues the worker supervised some of the visits and made a referral for individual therapy services. The worker knew that both parents had completed parenting education. The worker was aware of the mother’s sporadic participation in counseling, domestic violence treatment and lapses in sobriety.”*

Maintaining Relationships

The QSR protocol asks reviewers to evaluate the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves working to build and sustain family connections with meaningful interactions through frequent visitation and other means of contact. The area of family interactions addresses the frequency of visits, phone calls, and other means of interaction between children in out of home care and their families. Quality family relationships addresses the relationship building strategies used when families are living apart. The following table shows the percentage of cases scoring in the acceptable range for each family member.

Maintaining Relationships	
Family Member	Percent scoring 4-6
Family interactions: birth mother	86%
Family interactions: birth father	67%
Family interactions: siblings	75%
Quality relationship: birth mother	86%
Quality relationship: birth father	57%
Quality relationship: siblings	50%

Although still providing an opportunity to enhance practice in this area, the scores for birth father and siblings represent a significant improvement over scores from the previous review. In 2007 the

scores for birth father were 25 percent for both interactions and the quality of the relationship and none of the cases rated for siblings scored in the acceptable range. To illustrate the importance of maintaining family connections, a reviewer in one case wrote, *“Lastly, a strong and enduring strength is the regular and frequent contact allowed between the focus child and members of his birth family despite the past termination of parental rights. His birth family has helped give him a feeling of connection and sense of belonging. Despite the fact that some family members “use” the focus child, the birth father was seen by many as a possible strong informal support for the focus child now and in the future.”*

Case Prognosis Forecast

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

Six month Prognosis	Percent
Improve	0%
Status quo	90%
Decline	10%

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

1. Develop and support a well-defined approach to family teaming.

Stakeholders and staff cited the agency’s utilization of a family teaming model as an area for improvement. This recommendation is supported by comparing the case review scores related to teaming from 2007 to 2010. There was a 28 percent decrease in cases which scored in the acceptable range for team formation and an 18 percent decrease in cases which scored in the acceptable range for team functioning. It is noted that the core practice function of teaming was selected by Fond du Lac as an action plan item following the 2007 QSR. It is clear that steps have been taken to work toward achieving full implementation of the family teaming model; however, the review findings indicate there is a need to reassess and adjust. The agency has provided family teaming training to the workers to familiarize them with the model and skills associated with it. There is also a training supervisor available to mentor and support the workers in developing their teaming skills.

The primary factor influencing the effective use of the family teaming model appears to be related to consistency. Pockets of teaming are occurring across workers and supervisors; however there is a lack of clarity regarding the agency’s teaming policy or procedure. Developing well-defined teaming expectations would provide a framework for case practice and supervision, help reduce variability in case practice and serve as a means to connect agency philosophy and values with

front-line practice. Enhancing the teaming delivery process would likely result in improved outcomes regarding family engagement, participation, coordination, and planning. Effective teaming is also often the vehicle for promoting more successful permanency planning; the two approaches are interrelated.

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

As in much of the state, case review scores in the area of permanency planning show a practice challenge for Fond du Lac County. Case review findings for planning a change process for permanency from 2007 to 2010 show a 21 percent decrease in cases which scored in the acceptable range. Practice strengths for permanency mentioned by stakeholders and staff include that there is a positive working relationship with the State Permanency Consultant and that there is a basic agency policy in place to support the permanency planning process. These are recognized as areas to build upon. Similar to teaming, it is noted that there is a lack of consistency regarding how workers and supervisors use the agency policy to guide decisions regarding permanency. It appears that the policy lacks specificity related to definition and expectations and functions more as a reference tool. The current permanency planning practice creates a lack of clarity for legal partners and stakeholders. It is questionable whether the agency and legal partners have a shared understanding of the definition of concurrent planning. The development and support of a strategy to enhance permanency planning will serve to improve outcomes related to reunification as well as adoption.

3. Develop strategies for building relationships with legal partners.

Key stakeholder and staff interviews consistently revealed the opportunity for relationships with legal partners to be strengthened. Persons across various professions acknowledged the positive working relationships agency staff has established with defense counsel and Guardians ad Litem. Consideration may be given to replicating the strategies and skills used to collaborate with these legal partners in extending relationship building efforts to the District Attorney's Office and Fond du Lac County Circuit Court. Routine meetings with the prosecutors and judges would provide a venue for the agency and legal partners to address child welfare system issues. Thoughts and information shared during focus groups highlighted several areas of concern that could be explored, including:

- The current method of scheduling children's court one day per week may be inadequate in meeting the needs of children, families and/or professionals;
- The court reports prepared by the agency may benefit from being more objective, succinct and conclusionary; and
- The practice of rotating judges and ADAs may be resulting in limited juvenile law expertise and inconsistent legal practice.

Appendix 1

Access and Initial Assessment Review

The Access and Initial Assessment (IA) protocols differ significantly from the Ongoing Quality Service Review protocol. While this review has a foundation in the Access/IA standards, it is still a qualitative review which applies best practice. The purpose of the Access/IA review is to analyze the critical decision points in a case at the point of and following the receipt of an allegation of maltreatment.

The Access/IA reviews analyze the following:

Access

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

Initial Assessment

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

Access and Initial Assessment Review Sample

Access (21)

- Paper review of screened out access reports (10)
- Monitored access calls (2)
- Reviewed access reports associated with the Initial Assessments (9)

Initial Assessment (8)

- Reviewed recently completed Initial Assessments

Access Practice Performance

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

Access – Strengths

- Section A of the Access report (maltreatment & surrounding circumstances) is thoroughly completed; it is easy to understand what is being reported.
- Access reports are screened within 24 hours, often within just a couple hours. This is most notable in cases where present/impending danger threats are identified.
- There is a timely assignment of cases to Initial Assessment.

- There is a good gathering of/searching for demographic/collateral information when this information is unknown to the reporter. The workers use Cares, Tiburon, CCAP, and eWiSACWIS databases.
- The Access reports provide a clear explanation of screen-out decisions.
- Experienced social workers are taking calls.
- Workers display a patient and positive demeanor when taking calls; they allow the reporter to talk, explain the process for screening reports, and provide referrals to community resources as necessary.
- Supervisors provide mandated reporter training to community members.
- There are opportunities for workers to be observed taking calls and feedback is provided.

Access – Challenges

- Documentation can be unclear/misleading; examples are the use of “not stated,” “no,” and “unknown.” These words are often found in areas of American Indian heritage, domestic violence, parenting practices, and family response. This is also seen when the report is made via a written document (letter, police report).
- There is limited information gathering around child, adult, and family functioning and parenting practices. This is seen when the reporter may know the information (teacher, relative), when an urgent response is needed and there is a rush to assign the case to Initial Assessment, or when the case is already open with the agency. This can influence the assessment and identification of impending danger.
- Documentation of work done at Access is missing, including checks of the Cares, Tiburon, CCAP, and eWiSACWIS databases.
- Screening decisions are inconsistent among supervisors.

The following information was collected from the review of 21 Access reports in Fond du Lac County.

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

In the area of diligence of inquiry, 90 percent of cases scored in the 4-6 range. Several of the cases provided thorough information related to the alleged maltreatment and clearly outlined the information the reporter wanted to report. In one such case where thorough information was gathered, reviewers noted, *“The report provides an indication of the locations of the child’s injury on her nose and forehead and describes what the injury looks like (red in color). The report provides an explanation of how the injury occurred. The report provides information on the household composition, including that it is a single parent household with two children and that the father recently passed away. The report does indicate the reporter was unaware of any other circumstances related to the injury, which indicates the worker asked.”*

Inquiry into and documentation of child, adult, and family functioning is an area to be further considered. In the same case as just noted, reviewers continued, *“The documentation is incident focused and provides little to no information related to family dynamics including child, adult, and family functioning and parenting practices. It is unclear if the reporter asked about American Indian heritage as the report only lists ‘no.’”*

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

In this area, 76 percent of the Access reports reviewed scored in the 4-6 range. A complete understanding of the family situation, including possible threats to child safety, is dependent upon the diligent gathering of information. One such case demonstrated the relationship between diligent information gathering and depth of understanding. Reviewers wrote, *“The worker had a good understanding of present and impending danger threats and understood the mother’s parenting capacities. Given the child’s age/vulnerability, the worker recognized the possible risks of harm to the child. The worker’s explorations of the family’s support system helped the worker to understand the support system identified by the reporter was positive.”*

Limited information-gathering influences the understanding of the family situation and limits the assessment of child safety. Reviewers on one case identified areas of information-gathering that were lacking, which in turn limited the depth of understanding. Reviewers wrote, *“A more detailed understanding of the step-grandmother’s functioning and her parenting capacities would allow for a better understanding of present or impending danger threats to the children. There is an unclear understanding of it/how the step-grandmother’s alleged substance abuse impacts her ability to safely care for and meet the needs of the children. Information related to the children’s functioning and special needs would allow for a better understanding and assessment of safety threats. The limited information gathering influenced the depth of understanding of this family unit. While there was a police records check through the Kinship unit completed, the Access report does not support that a CCAP or eWiSACWIS check was completed.”*

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

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

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

In the area of critical discernment, 90 percent of the 21 cases reviewed scored in the 4-6 range for the screening decision and 80 percent of the 10 cases that were screened in for Initial Assessment scored in the 4-6 range for response time decisions (screened out cases are not scored for response time). In one case that scored in the 4-6 range for both the screening decision and response time, reviewers were able to gain an understanding of the information that was considered and why the

decisions were made; *“The worker and supervisor were in agreement with the screen in 24-48 hour response time given the identification of impending danger. Both the worker and supervisor took into consideration not only this incident but the known family history of mother’s behaviors and father’s failure to protect, grandmother’s implementation of a safety plan with the children, and the collateral information found in CCAP.”*

One case that scored in the 1-3 range in the area of critical discernment for screening decision illustrates the need for a better understanding of Services Reports versus CPS Reports. On a case that was screened out as a Services Report, reviewers wrote, *“Given the allegations of threats to the child and his fearfulness of the home, this report would be better captured in a CPS report rather than a Services report. Had this been captured as a CPS report, the worker may have been prompted to further inquire into family and child functioning and parenting capacities which may have led to a more informed screening decision.”* Another case demonstrates the link between information gathering, understanding and assessing, and assigning appropriate response times. Reviewers wrote, *“Given the nature of the child’s injuries and the vulnerability of the child, a more immediate response time would be most appropriate. The report lacked information suggesting a safety plan was in place and that father would not have access to the child. Additionally, there was a lack of information related to adult functioning and parenting capacities. This information would have led to a more informed understanding of impending danger which in turn would have influenced a possibly more appropriate response time.”*

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

For this indicator, the confidence level of workers and supervisors is only rated when reviewers have an opportunity to interview the worker and supervisor about decisions made. In the Fond du Lac County review, the workers were interviewed for three Access reports, and the supervisor was interviewed for five Access reports. In the area of confidence in decisions made, 100 percent of the cases scored in the acceptable range for workers and supervisors, indicating that the worker and the supervisor were confident that decisions made were correct based on the information known at the time.

The reviewers’ level of confidence in the decisions made at Access scored in the 4-6 range in 86 percent of the 21 cases reviewed. Reviewers had a high level of confidence when the documentation of information supported the decisions made; *“Reviewers are confident that the information gathering and the reasoning process for making the screening decisions were based on adequate information being gathered and documented by the Access worker. Despite the referral being screened out, the report documented that the information would be passed on to the currently assigned Initial Assessment worker.”*

Reviewer confidence in the screening decision fell when unaddressed concerns for possible child safety were evident. In one case, reviewers wrote, *“Reviewers are not confident in the response time assigned given the child’s vulnerability and possible impending danger. The report was missing documentation as to what actions were implemented to protect the child from the father.”*

Initial Assessment Practice Performance

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

Initial Assessment – Strengths

- Workers demonstrate a high level of engagement with children and parents, and provide information and referral for families after case closure.
- Workers seek to engage absent fathers.
- Assessments are comprehensive and go beyond the incident; they include assessments of underlying needs.
- There is a good assessment and understanding of impending danger
- The supervisor developed an Initial Assessment guide to direct the thorough gathering of information.
- An analysis of information and decision making is evident in the assessments.
- Effective safety planning is demonstrated.
- Formal and informal support systems are identified with families.
- There is detailed documentation of case contacts and analysis/decision making; it is clear what information was considered and/or not applicable.
- Workers are committed, compassionate and supportive.
- There are opportunities for workers to be observed in the field; the workers and supervisor discuss individual areas of professional development.

Initial Assessment – Challenges

- There is an inconsistent follow up with collateral contacts when additional information may be pertinent to the overall assessment.
- Initial Assessments are lengthy; some information may be better documented in a case note.
- Documentation of child, adult, and family functioning is inconsistent throughout the Initial Assessment; information was found both in the maltreatment/surrounding circumstances section and the functioning sections.
- A summary of past CPS involvement, rather than just listing the CPS history, would add depth to the assessment.
- There is an inconsistent completion of Initial Assessments within 60 days.

The following information was collected from the review of eight Initial Assessment cases in Fond du Lac County.

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

Of the eight Initial Assessment cases reviewed in Fond du Lac County, 100 percent scored in the 4-6 range for both level of engagement and level of responsiveness. In one case where both engagement and responsiveness were seen as strengths, reviewers wrote, *“The worker made initial face to face contact within the delegated response time. Although the interview protocol included a*

deviation from standards, i.e., the alleged maltreater was interviewed first, this was necessary due to who was available in the reporting state to obtain information. The mother and child had already fled the reporting state's jurisdiction and were en route to Wisconsin. The worker documented the worker's ability to engage the mother during initial contact and agency response and the offer of services was appropriate for the situation. There was good engagement and response by the worker in this case. There is documentation that appropriate feedback was given to the mandated reporter and this was done in compliance with standards."

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

In the area of diligence of inquiry, 100 percent of cases reviewed scored in the 4-6 range. In one case, the worker explored the functioning of family members and diligent efforts were made to collaborate with community partners for additional information. Reviewers wrote, *"The worker was thorough in her inquiry into the 17 year old child's and the mother's functioning. The worker explored areas of past and present functioning which included information related to the father who is now deceased. The worker inquired into the mother's past substance abuse and gathered information suggesting substance abuse is not a current concern. The worker explored the mother's mental health (depression) and physical health concerns (back pain/pending surgery). The worker observed the child's body for other possible injuries and also observed the bedroom where the injury occurred. The worker inquired into the family's American Indian heritage and completed the necessary paperwork."*

In that same case, however, reviewers identified where further gathering of information would enhance the overall assessment, *"There is a lack of follow-up information related to the mother's plan for child care/assistance after her surgery and recovery. Follow up with the pediatrician about mom's contact regarding the child's injury would provide for a more complete assessment given the injuries were to the child's face and head."*

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

In this indicator, reviewers are asked to evaluate the depth of understanding in three areas: the overall family situation, safety assessment, and safety planning. All eight cases (100 percent) scored in the 4-6 range for depth of understanding of the overall family situation and safety assessment. In five cases, where safety threats were identified, safety plans were implemented. All five cases (100 percent) scored in the 4-6 range for safety planning. One particular case demonstrates how having an overall understanding of the family situation and collaboration with partners influences both safety assessing and safety planning. Reviewers noted, *"The worker's depth of understanding came from having worked closely with the family a year prior. The worker immediately consulted with the family's ongoing worker to find out the family's current situation. As part of the safety planning, there was good agency collaboration and coordination between CPS, Juvenile Court Intake (JIPS order), and Ongoing. The case was returned to the previous*

ongoing worker for continuity of services and where the safety plan developed by IA could be monitored. While assessing and planning for safety, the worker and supervisor, having a good understanding of mom's upbringing and background, implemented services (in-home parenting) to assist mom in understating how to keep kids safe."

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

All eight of the Initial Assessment cases (100 percent) reviewed scored in the 4-6 range for the worker and the supervisor in the area of avoidance of undue influence. This is an indication that staff involved in making decisions during the Initial Assessment process were both aware of extraneous variables and did not allow them to influence decisions. In one case where exceptional awareness of undue influences was evident, reviewers wrote, *"The worker did not rely on law enforcement's role to complete the assessment; when law enforcement did not show up for the scheduled home visit/interview, the worker proceeded. The worker remained objective with the families despite their discord with one another. The assessment was written in an objective manner. Despite other case responsibilities, the worker and supervisor were thorough and took the time to develop and implement a safety plan."*

In one case, reviewers identified a concern where Initial Assessment standards were not followed, and identified that, *"Concern was voiced regarding the negative effect on the family if a substantiation decision was made on the case. The supervisor stated a substantiation decision might hinder mom's employment opportunities in the future and a sincere interest in the well being of the family appeared to influence decision making in this area."*

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

The eight Initial Assessment cases reviewed (100 percent) all scored in the 4-6 range for this indicator. One case exemplified a deliberate process of gathering and assessing information, *"The worker took into consideration information provided by extended family members and other professionals, including medical providers and law enforcement when making case decisions. The worker considered the nature of the child's injury along with the father's functioning and parenting capabilities when making case decisions. The worker was thoughtful and deliberate when developing a safety plan in order to maintain family relationships while assuring child safety. The worker considered what was needed for the child to safely reside with the parent and referred for appropriate services, including in-home parenting for the father. Although the father was the primary caregiver during the timeframe in which the child received the bruises, the child was under the care of other adults as well. Therefore, the father could not be concluded as the maltreater of the child. An unknown maltreater was substantiated, per statutes, for physical abuse."*

Confidence in Decisions Made: The degree to which workers and supervisors are certain that they have acted adequately based on policy and procedural expectations, with sufficient diligence in

actions taken, while drawing the most appropriate conclusions and making well-reasoned decisions impacts the level of confidence workers and supervisors have regarding the screening decision.

The worker, supervisor, and reviewers all concurred with confidence in decisions made. For this indicator, all three cases (100 percent) scored in the 4-6 range, indicating that the worker, supervisor, and reviewers were confident that decisions made were correct based on the information known at the time. Reviewers wrote, *“The worker was confident in the case outcomes and believed this was an isolated incident. The worker was confident that the in-home parenting services would further enhance the father’s parenting capacities. The supervisor was confident in the decision making considering the worker’s interaction with the family and given the amount of staffing that occurred between the worker and supervisor. The supervisor was confident in the amount of communication across all parties on the case. Reviewers concur with the actions taken and case outcomes.”*

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

Documentation of the information gathered and decisions made during the Initial Assessment process is rated separately in the protocol in recognition that workers and supervisors often know more information than is reflected in the actual Initial Assessment document. Documentation of case contacts and assessment findings were thorough in Fond du Lac County. Reviewers found that *“The case contacts were thoroughly documented and followed a chronological timeline. All areas of the assessment were well covered and documented in the case record and/or assessment. The safety plan was outlined in the closing summary. The documentation provided a vivid picture of the family circumstances and course of action taken. The assessment document was completed within the 60 day timeframe.”*

However, it was also noted that *“Although all areas of the assessment were well covered, they were not always documented clearly. For example, information for adult functioning was found in the maltreatment/surrounding circumstances narrative, but was not fully captured in the adult functioning portion of the assessment.”*

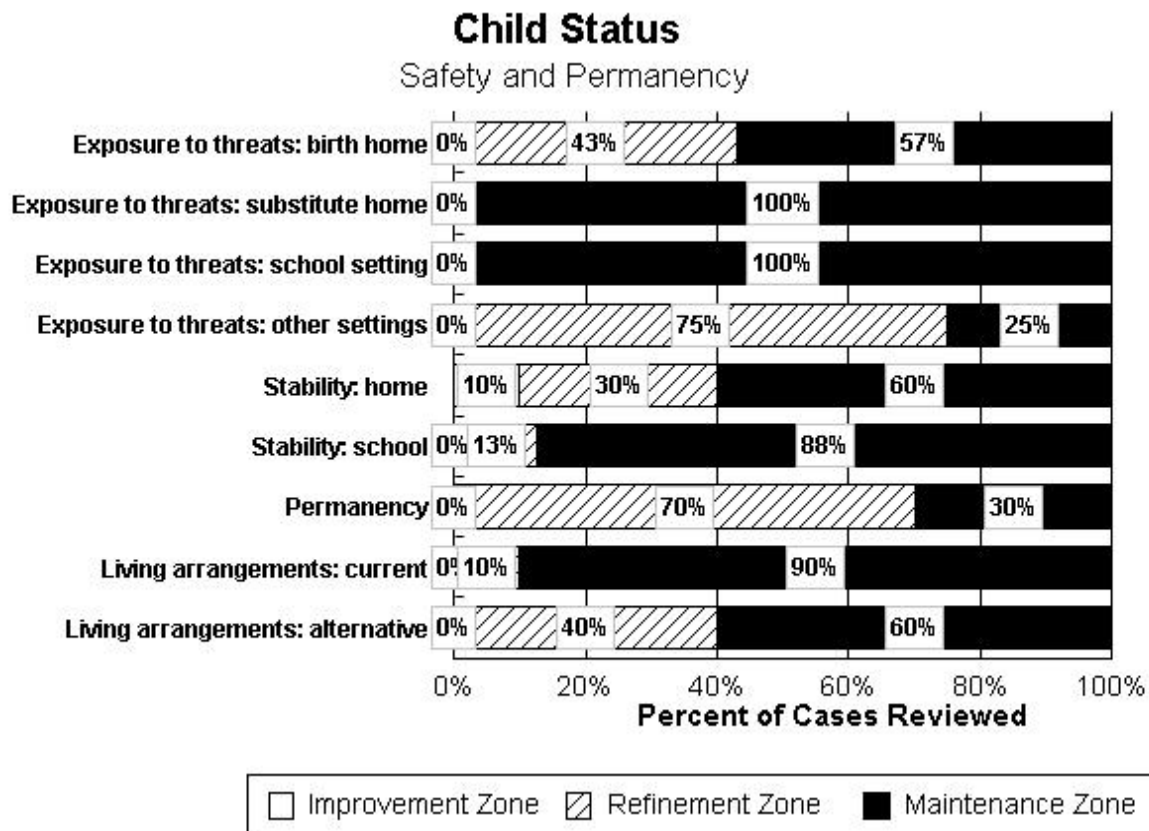
VII. Appendix 2

Review Findings

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

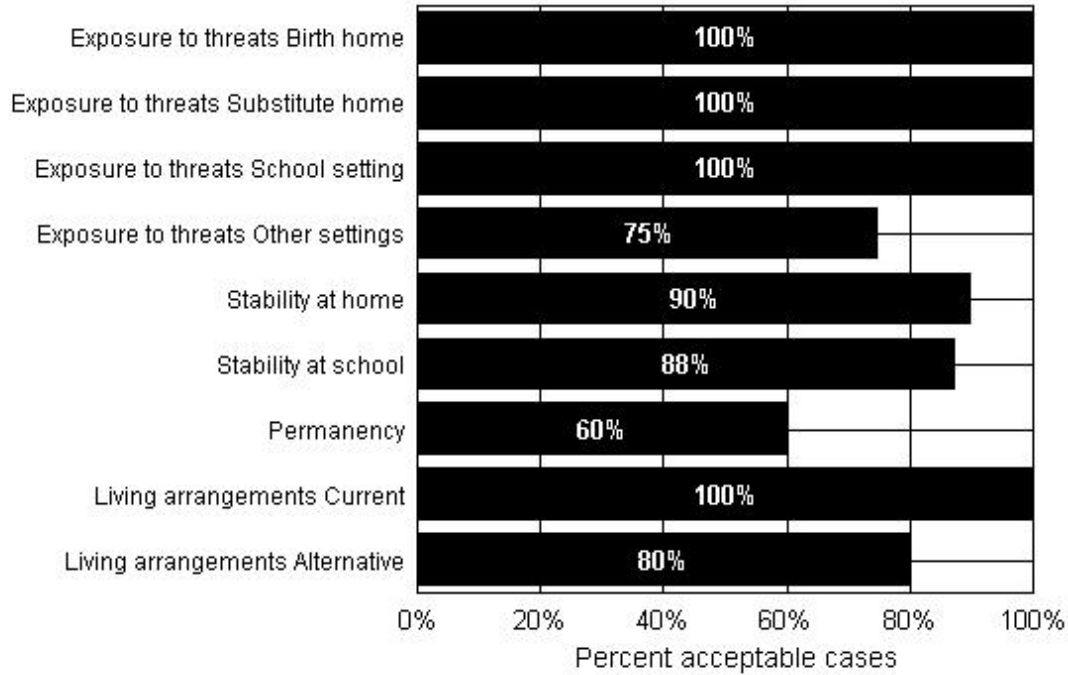
The second table for each indicator distinguishes status and system performance based on the percentage of cases that fall in the Minimally Acceptable to Optimal range, meaning cases that score between 4 (minimally acceptable) and six (optimal performance). This presentation of data sharpens the distinction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

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



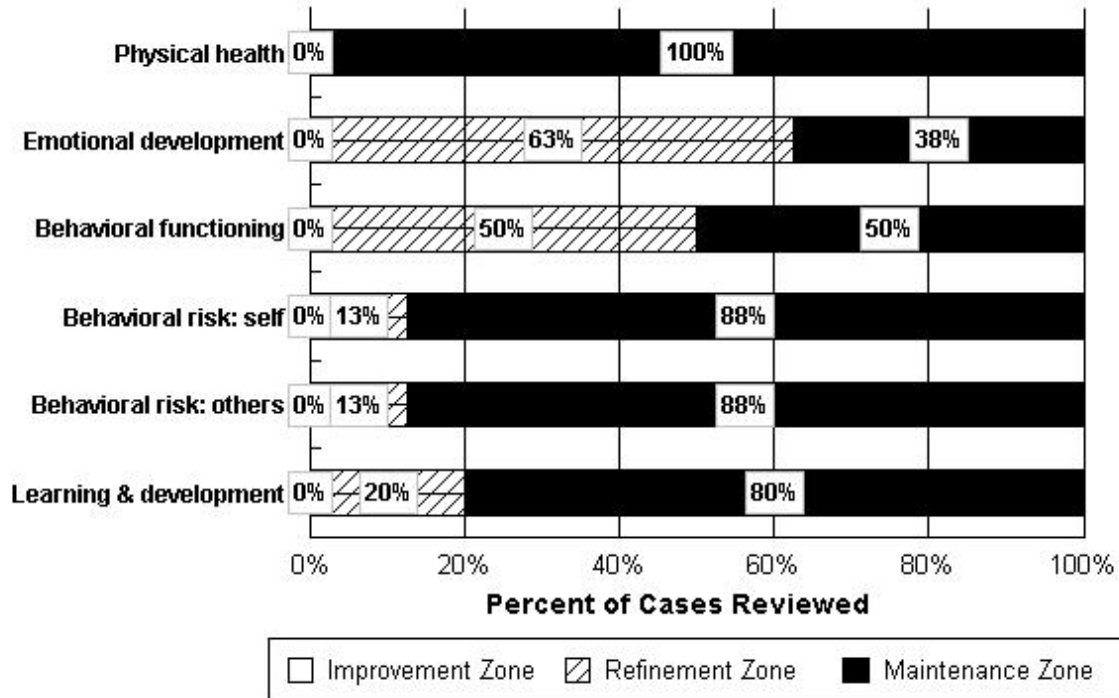
Child Status

Safety and Permanency

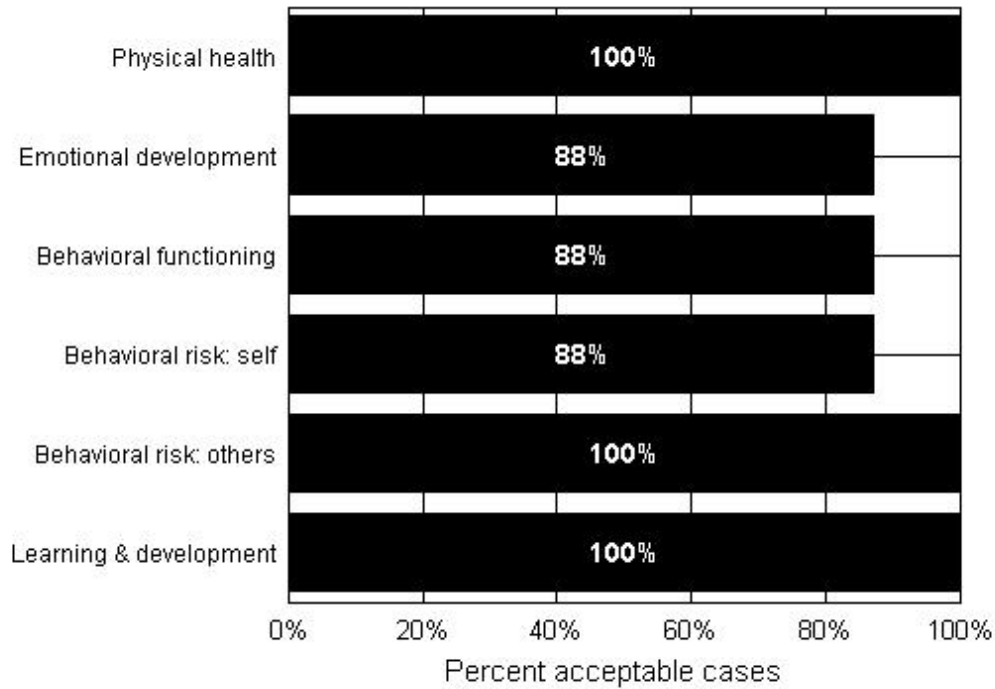


Child Status

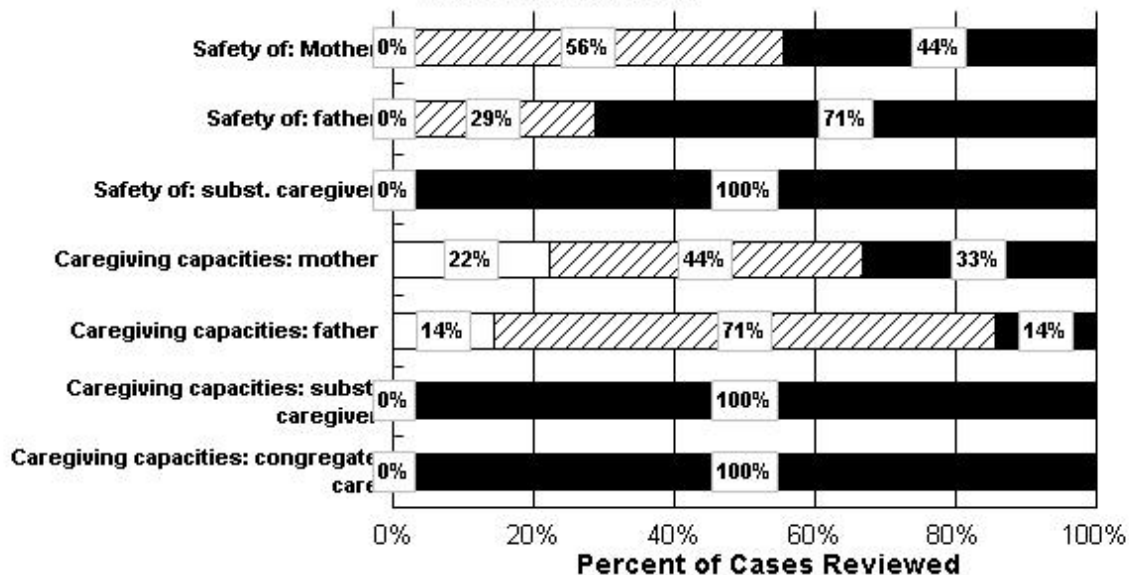
Well-Being



Child Status Well-Being



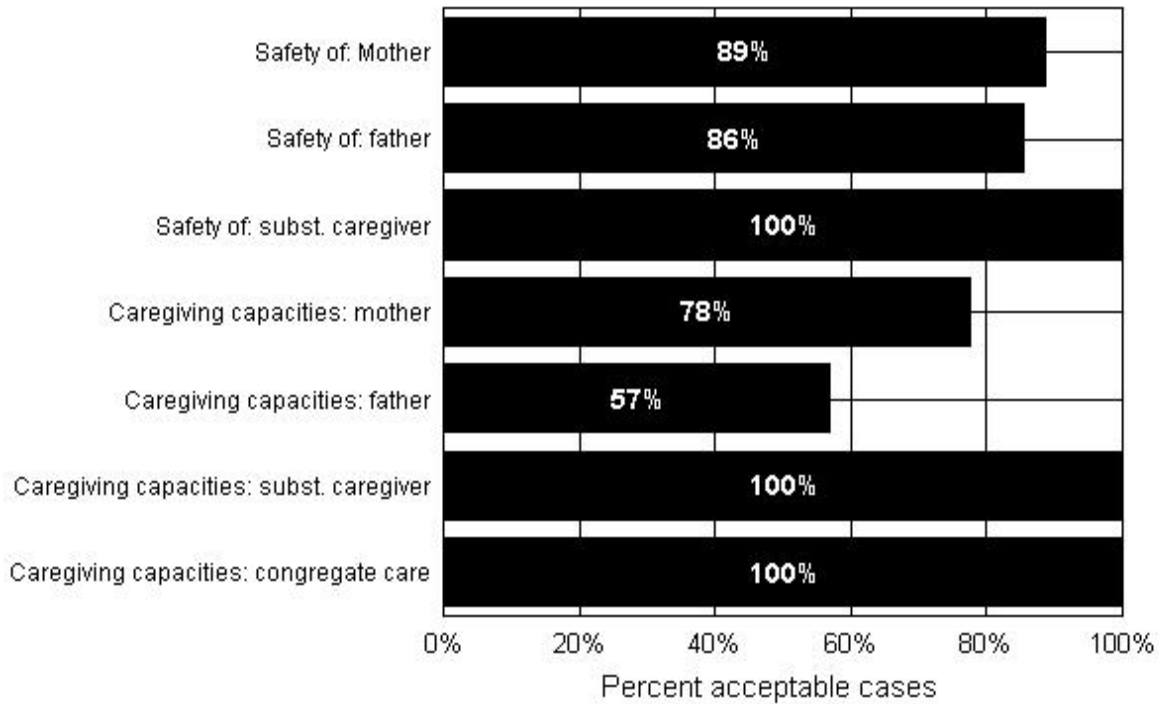
Parent/Caregiving Status Safety and Capacities



Improvement Zone
 Refinement Zone
 Maintenance Zone

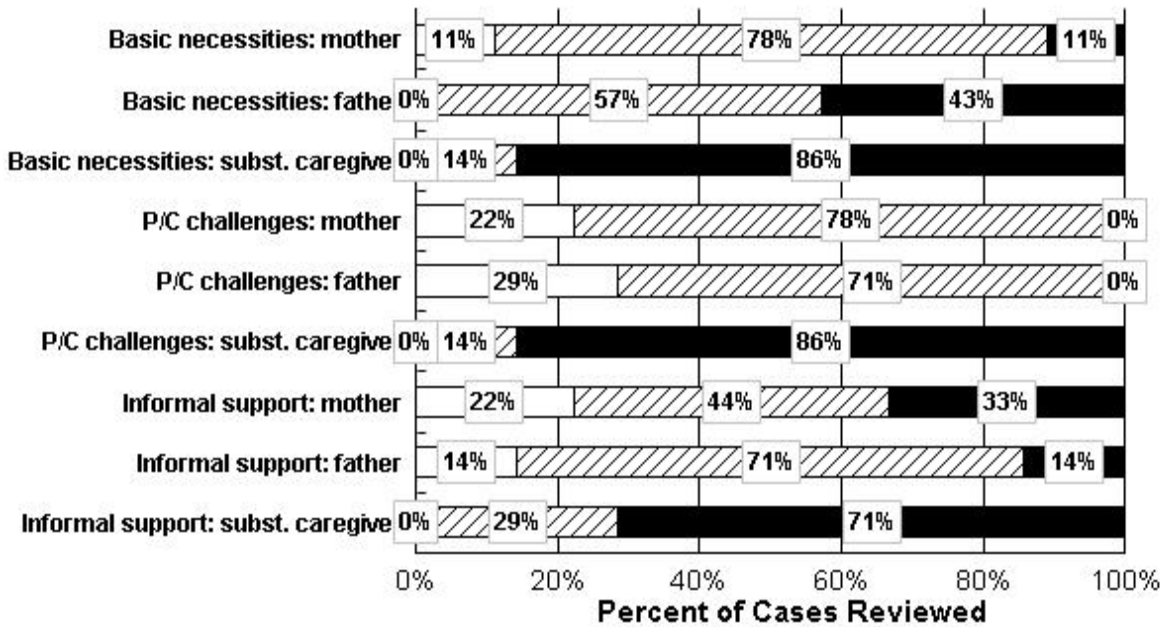
Parent/Caregiving Status

Safety and Capacities



Parent/Caregiving Status

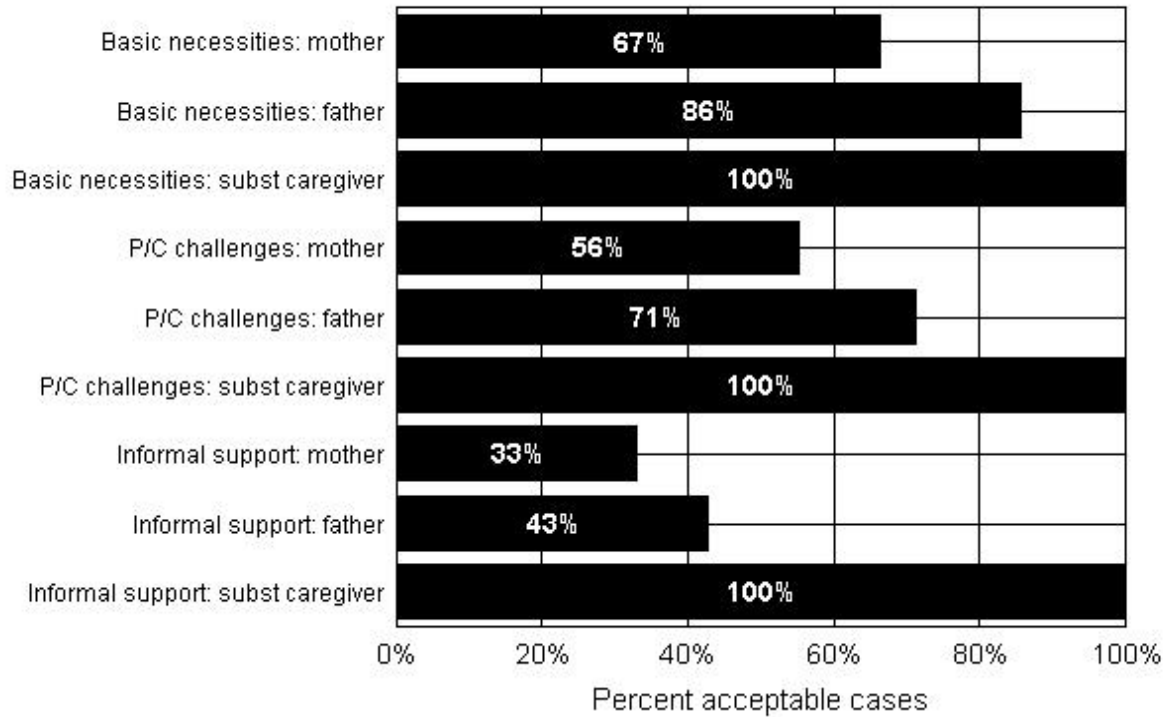
Necessities/Challenges/Support



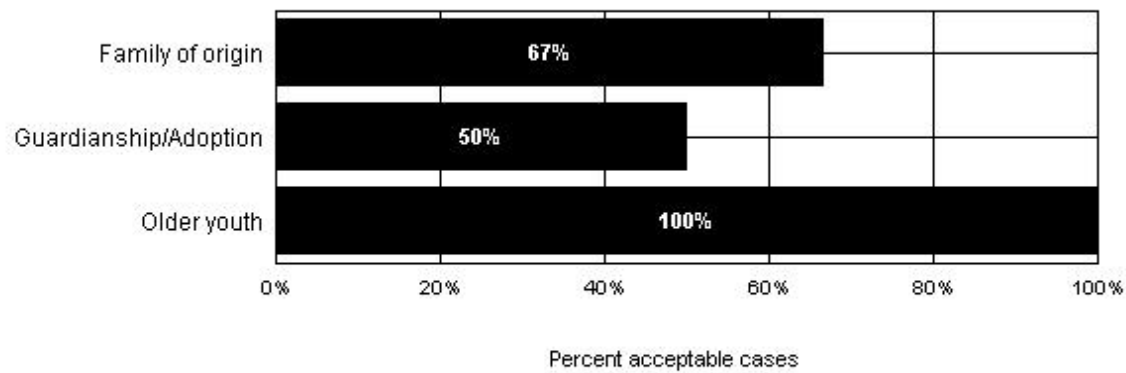
Improvement Zone
 Refinement Zone
 Maintenance Zone

Parent/Caregiving Status

Necessities/Challenges/Support

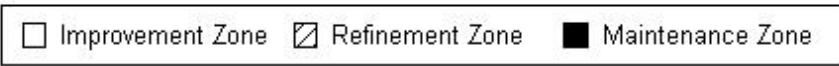
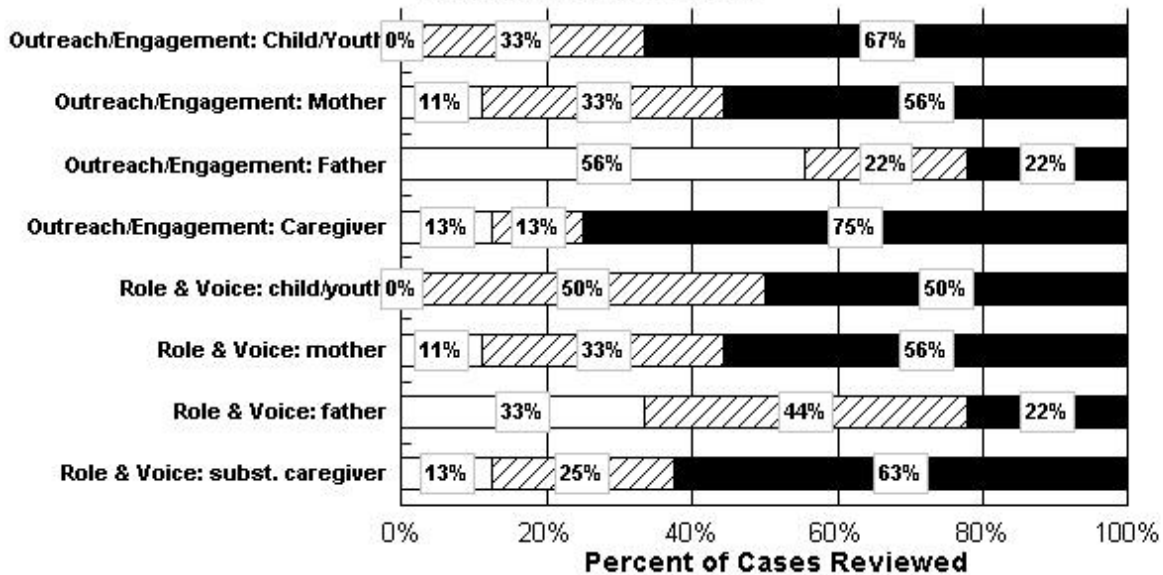


Progress Toward Independence



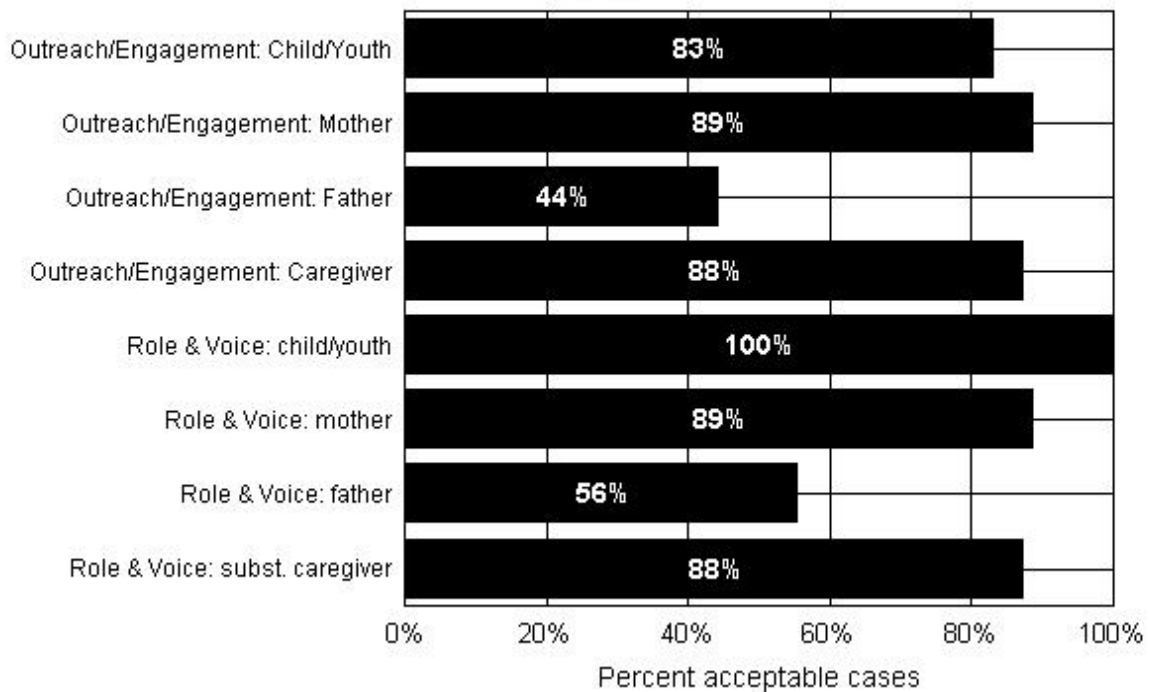
Practice Performance

Engagement/Role & Voice



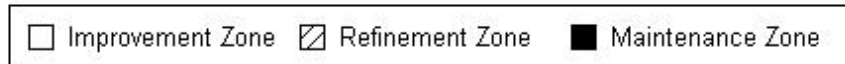
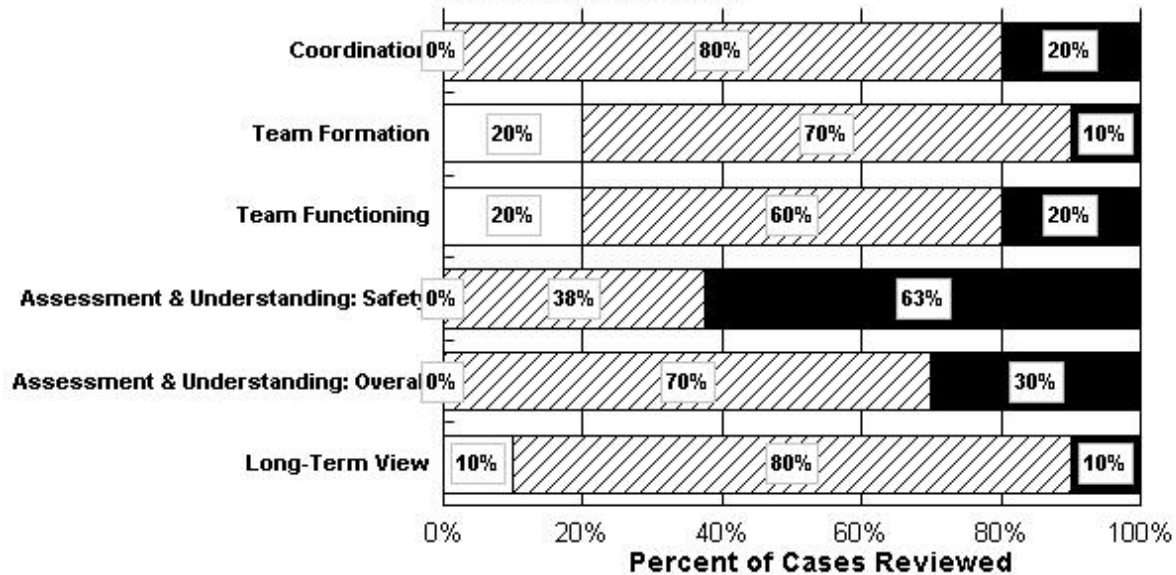
Practice Performance

Engagement/Role & Voice



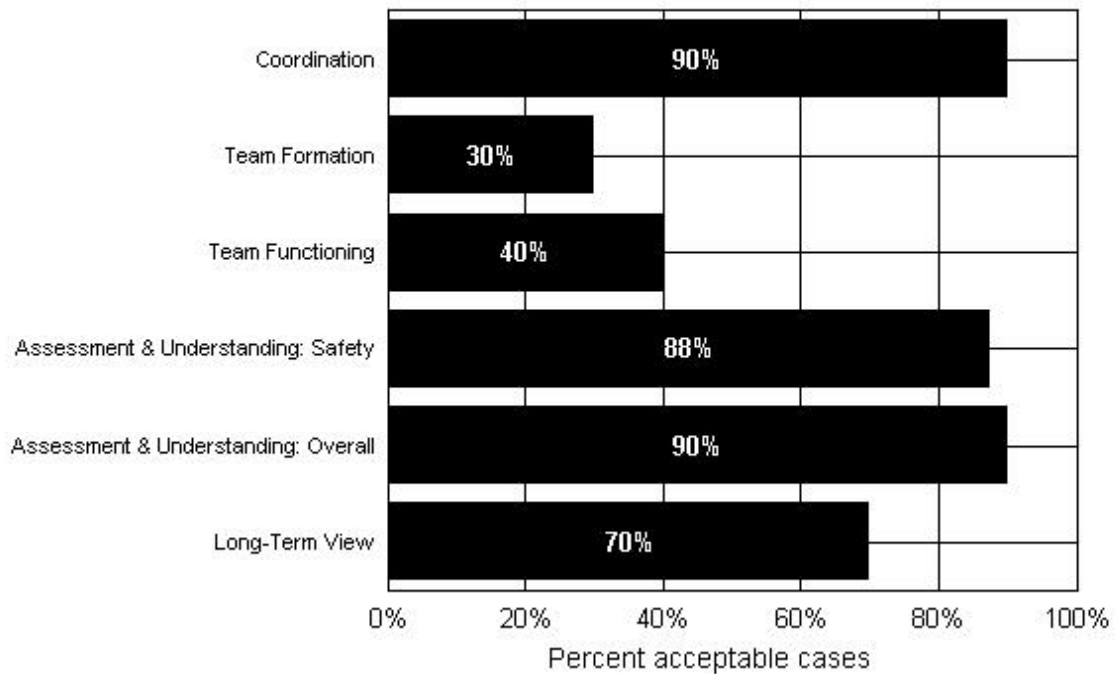
Practice Performance

Core Practice Functions



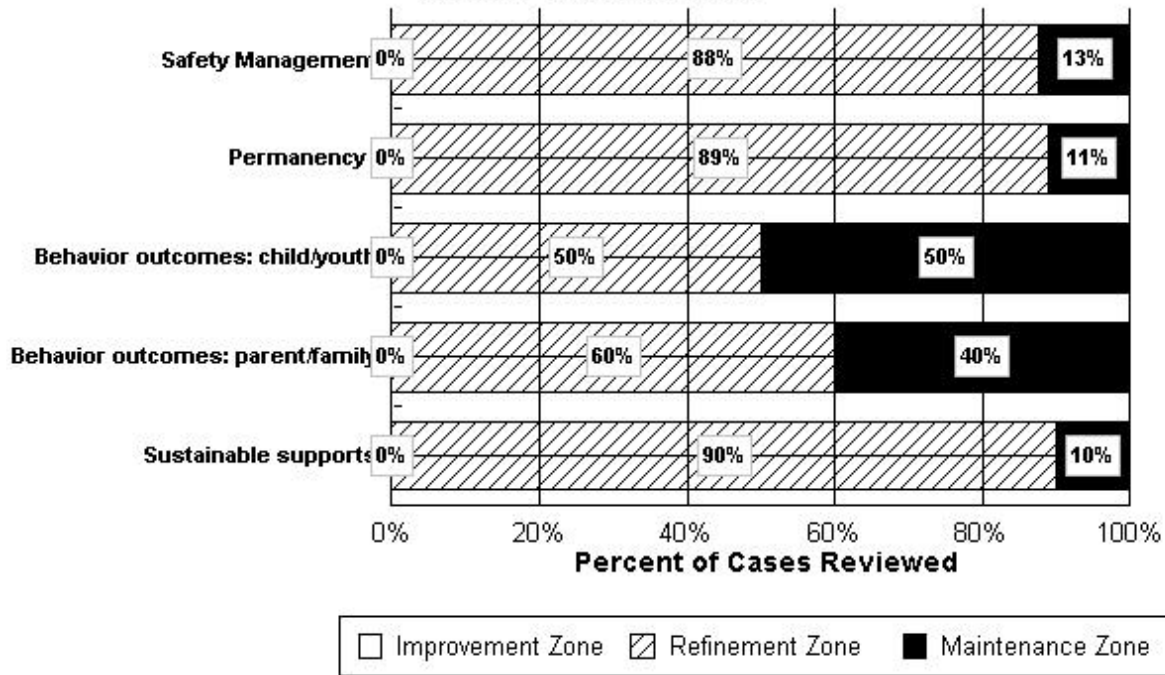
Practice Performance

Core Practice Functions



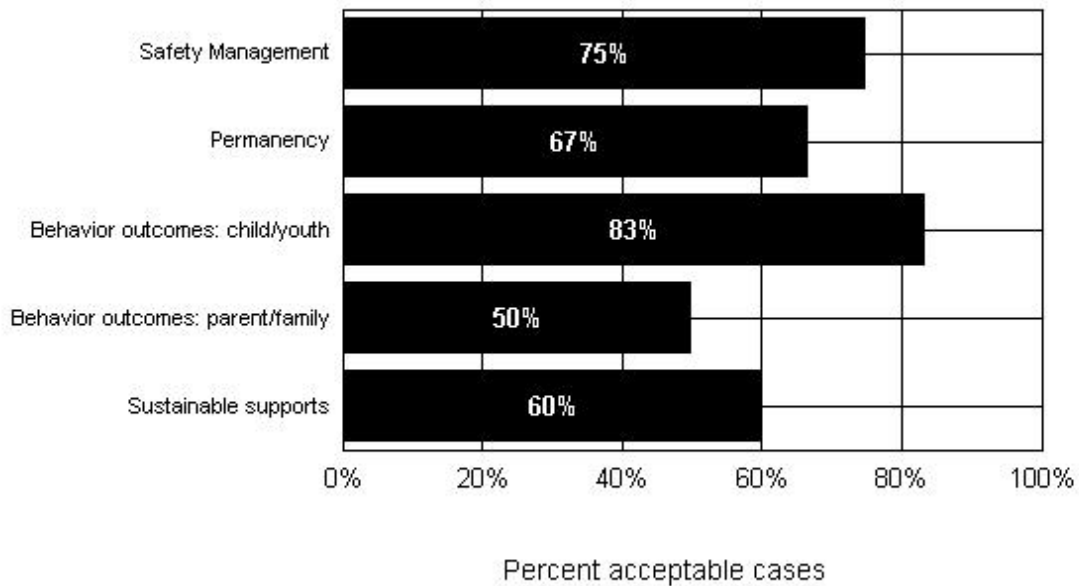
Practice Performance

Planning Change Process



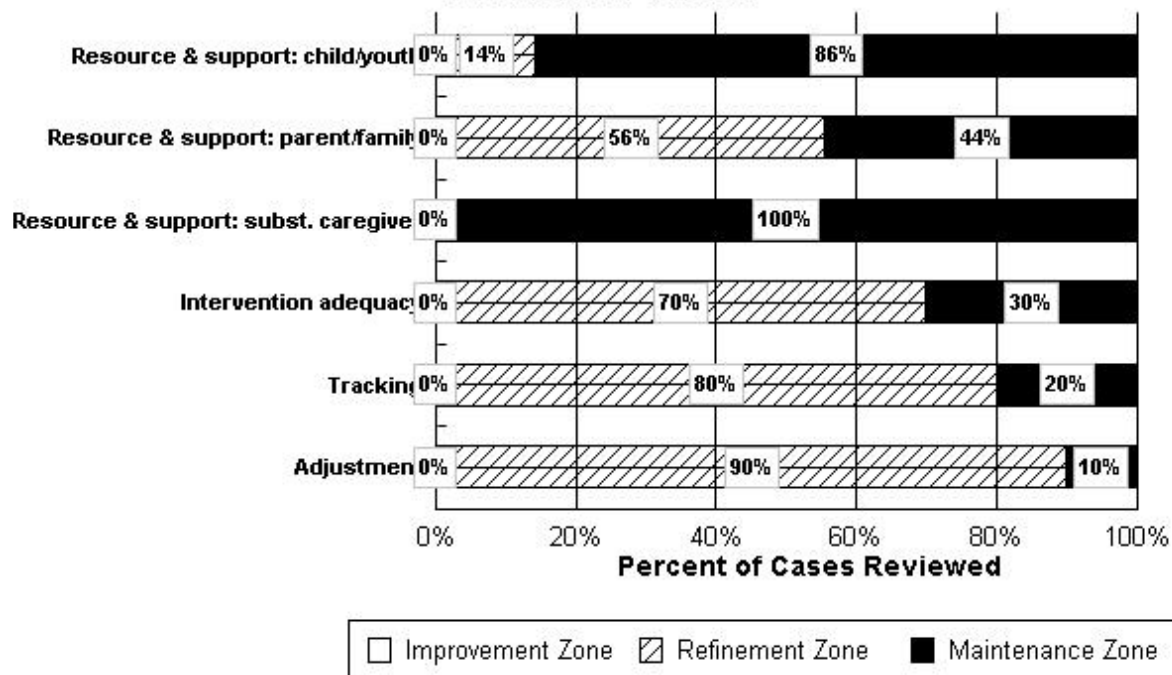
Practice Performance

Planning Change Process



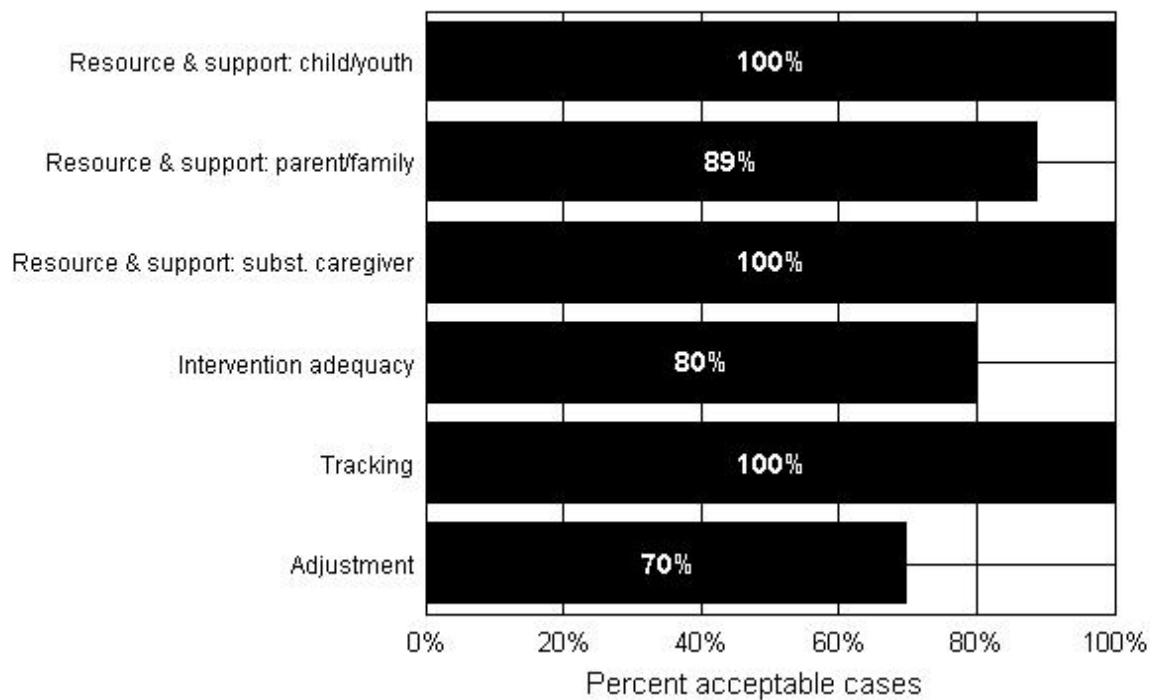
Practice Performance

Core Practice Functions



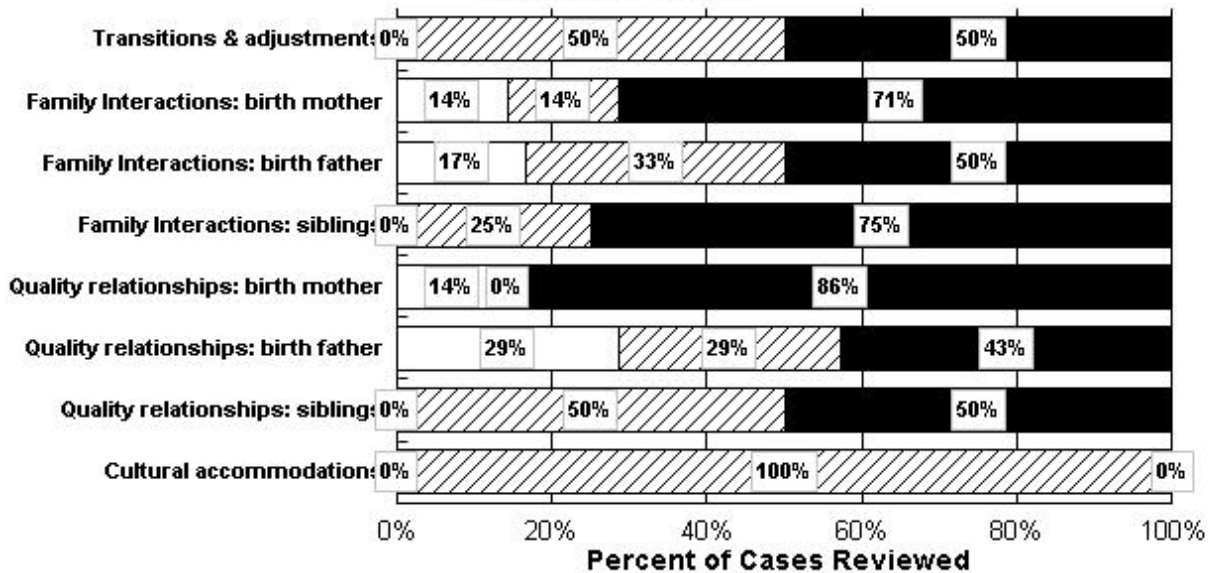
Practice Performance

Core Practice Functions



Practice Performance

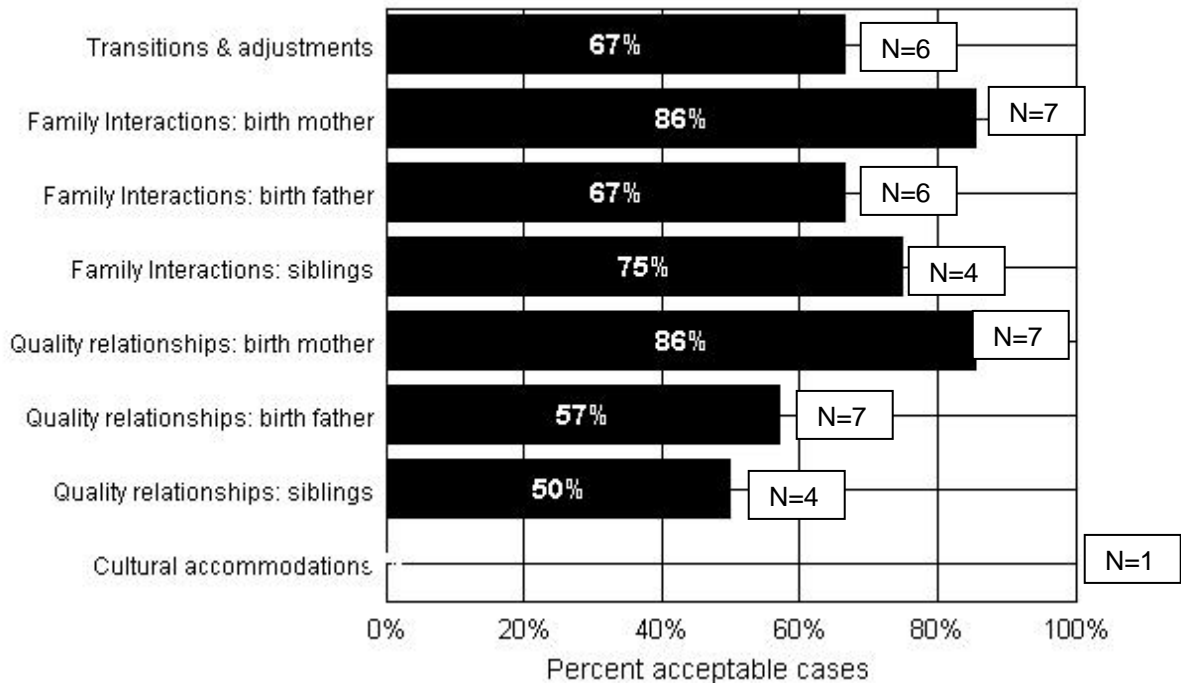
Specialized Practice



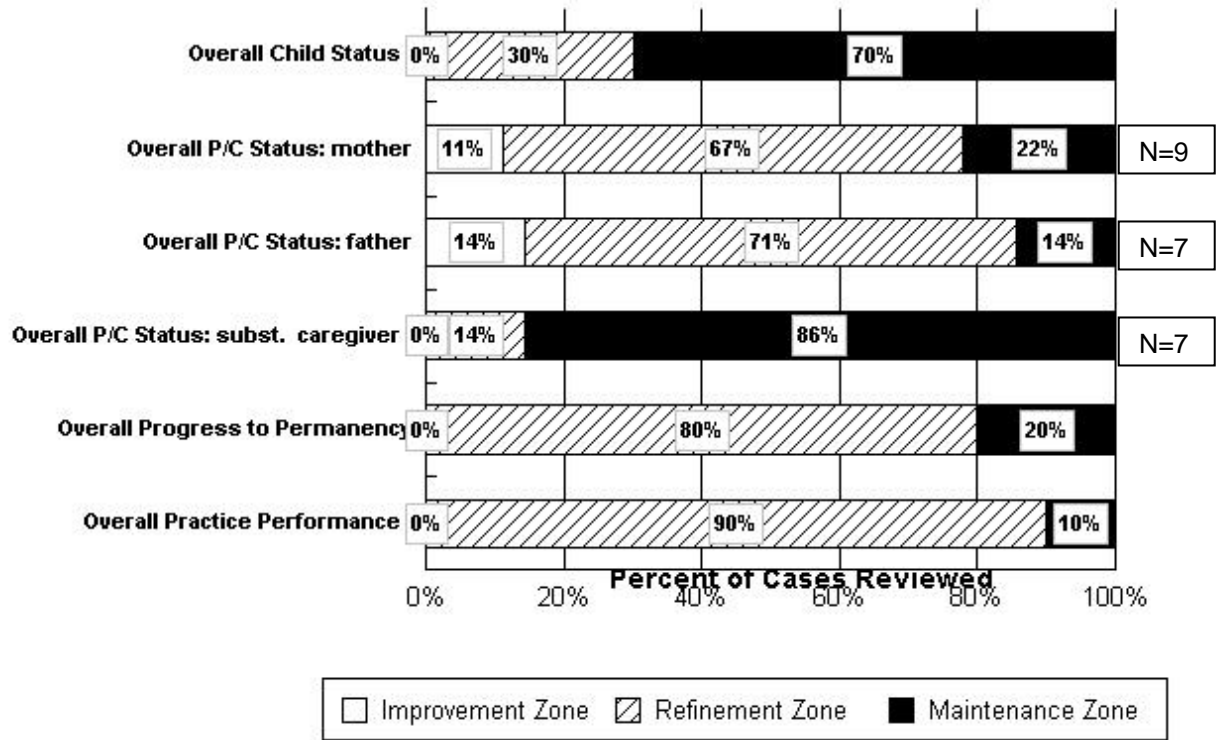
□ Improvement Zone ▨ Refinement Zone ■ Maintenance Zone

Practice Performance

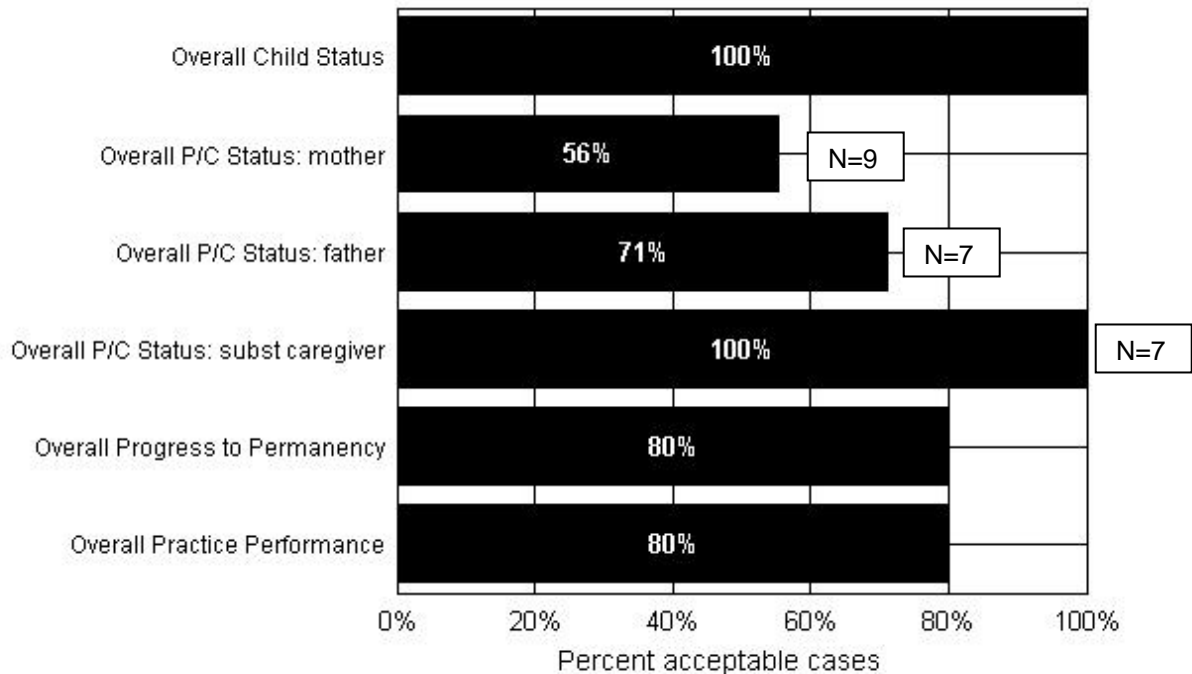
Specialized Practice



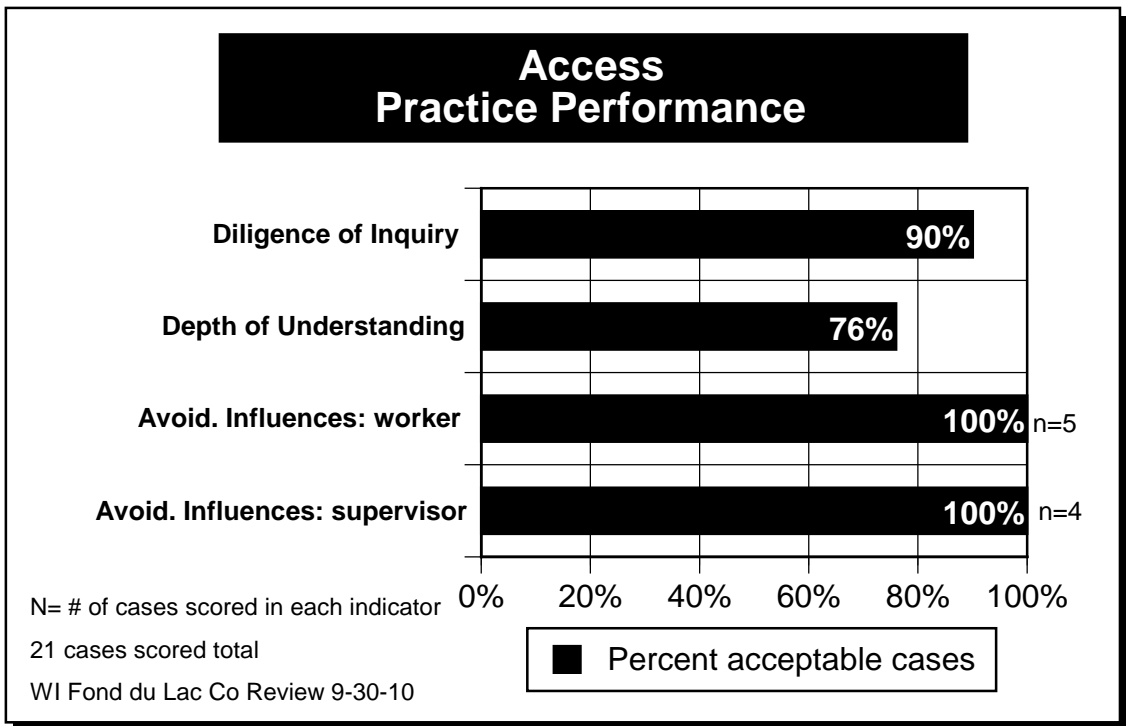
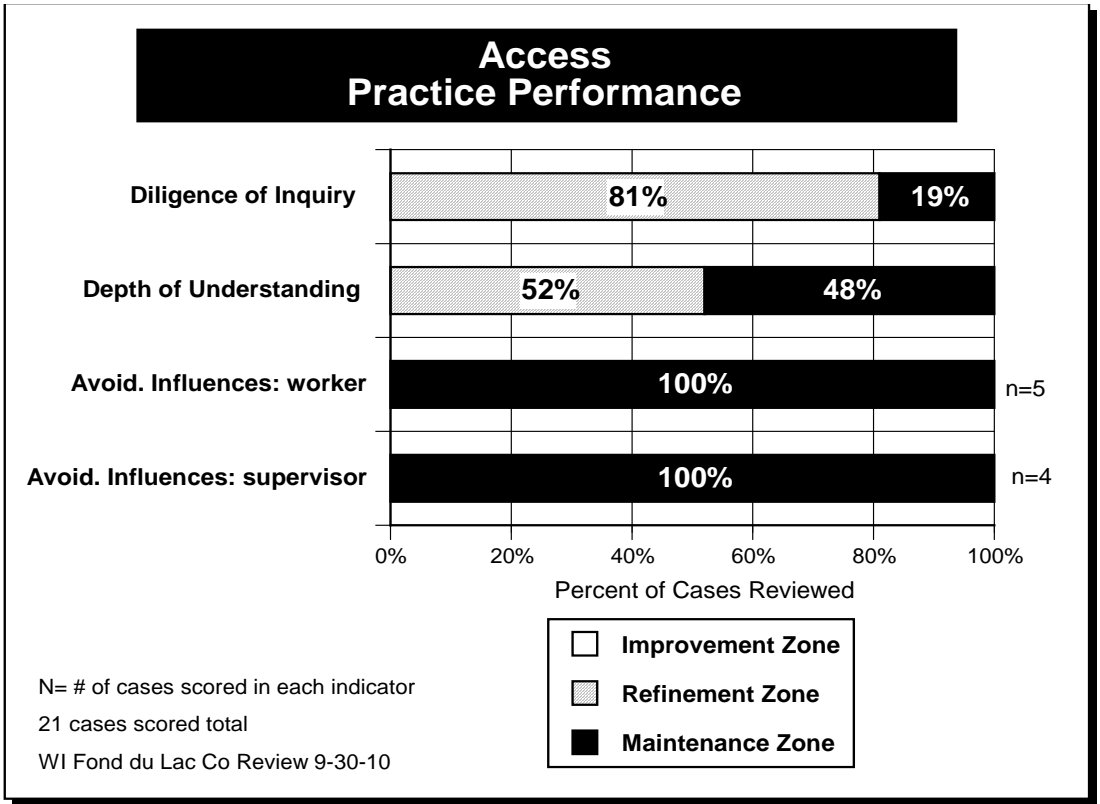
Overall Patterns



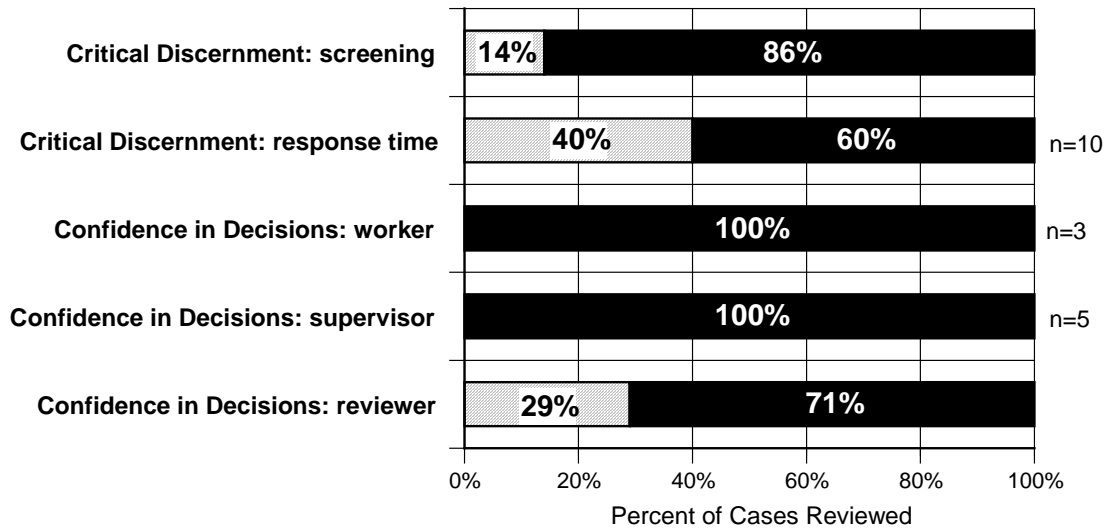
Overall Patterns



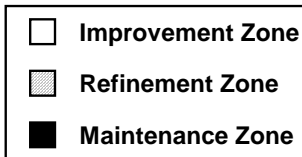
The scores for the Access and Initial Assessment review are presented in the following tables.



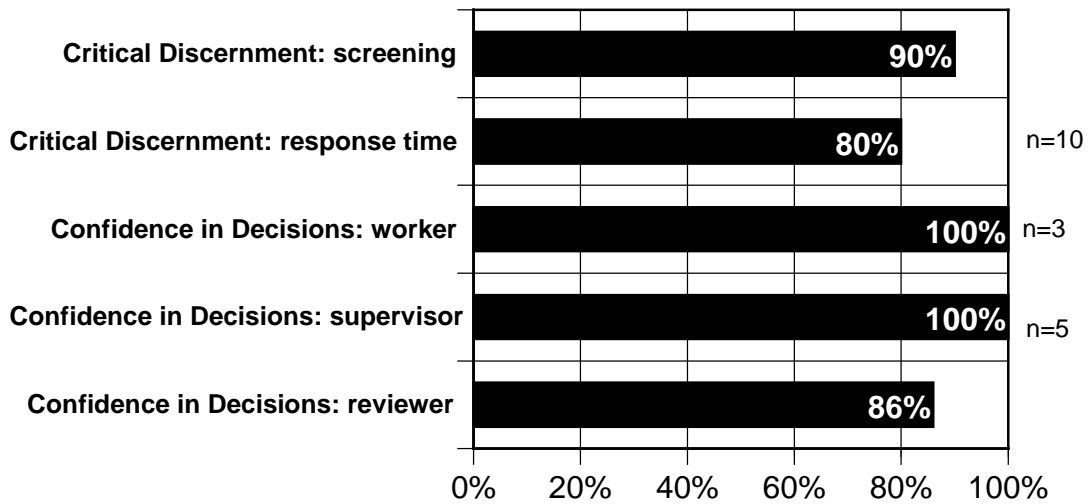
Access Practice Performance



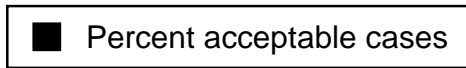
N= # of cases scored in each indicator
 21 cases scored total
 WI Fond du Lac Co Review 9-30-10



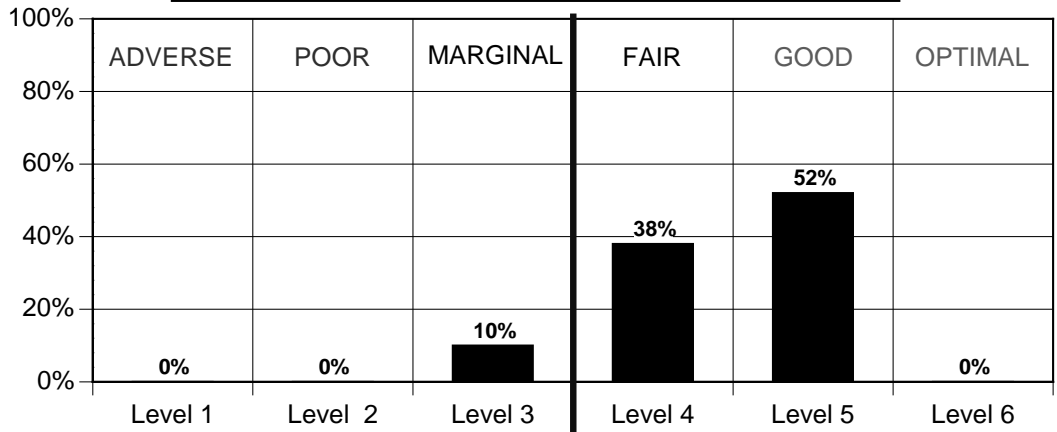
Access Practice Performance



N= # of cases scored in each indicator
 21 cases scored total
 WI Fond du Lac Co Review 9-30-10

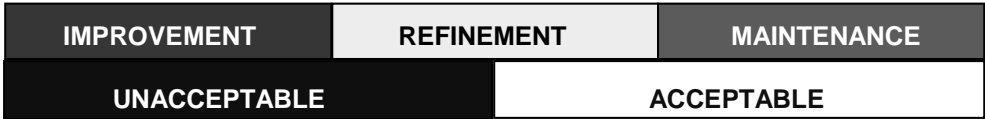


Access Overall Practice Performance

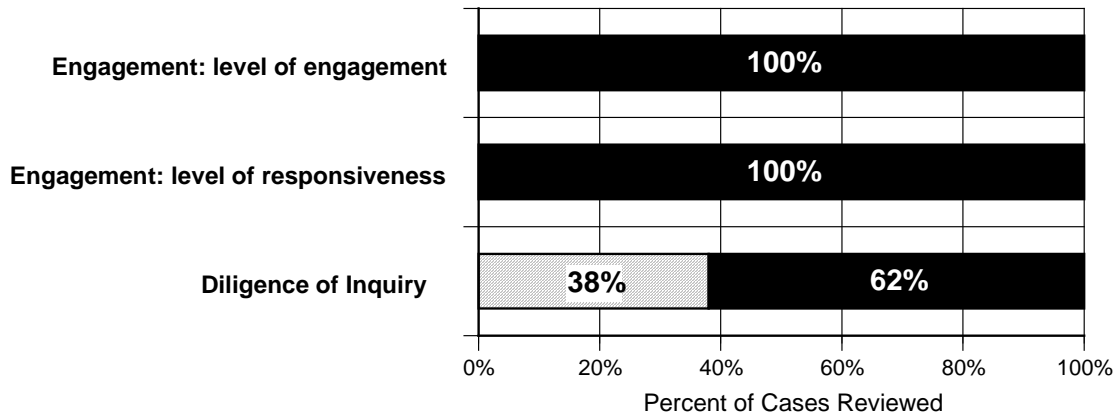


N= # of cases scored in each indicator
 21 cases scored total
 WI Fond du Lac Co Review 9-30-10

■ Percent of cases



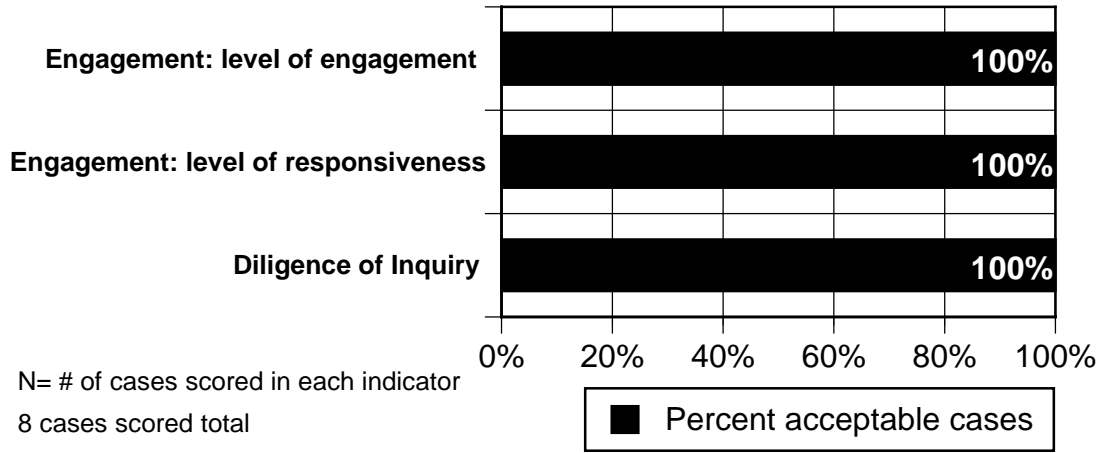
Initial Assessment Practice Performance



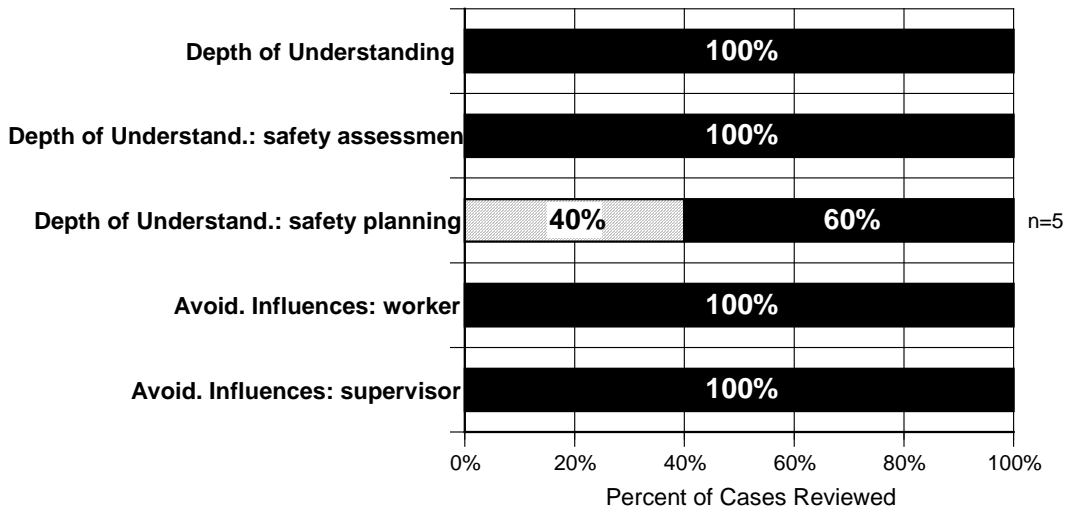
N= # of cases scored in each indicator
 8 cases scored total
 WI Fond du Lac Co Review 9-30-10

Improvement Zone
 Refinement Zone
 Maintenance Zone

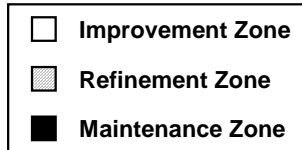
Initial Assessment Practice Performance



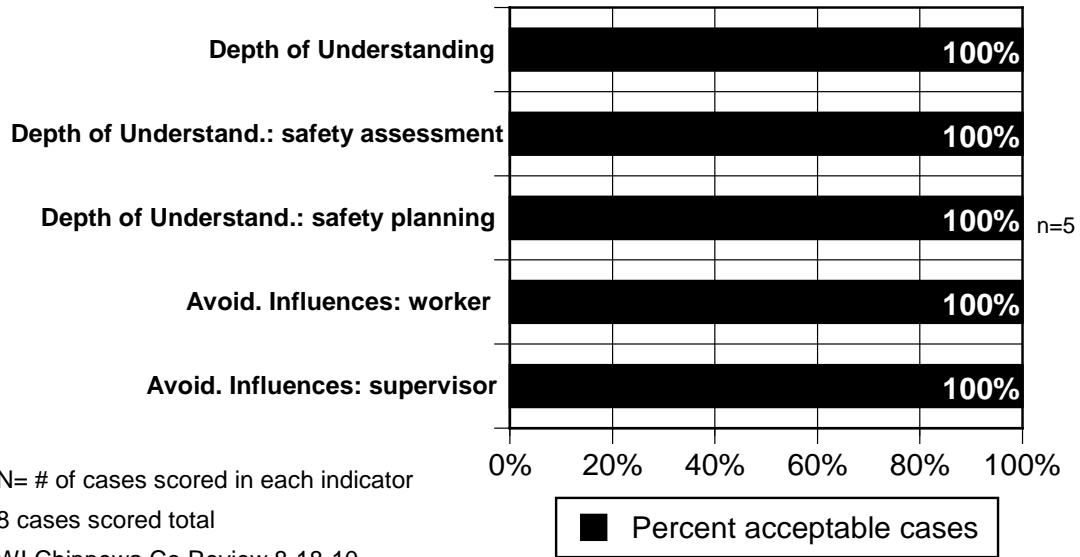
Initial Assessment Practice Performance



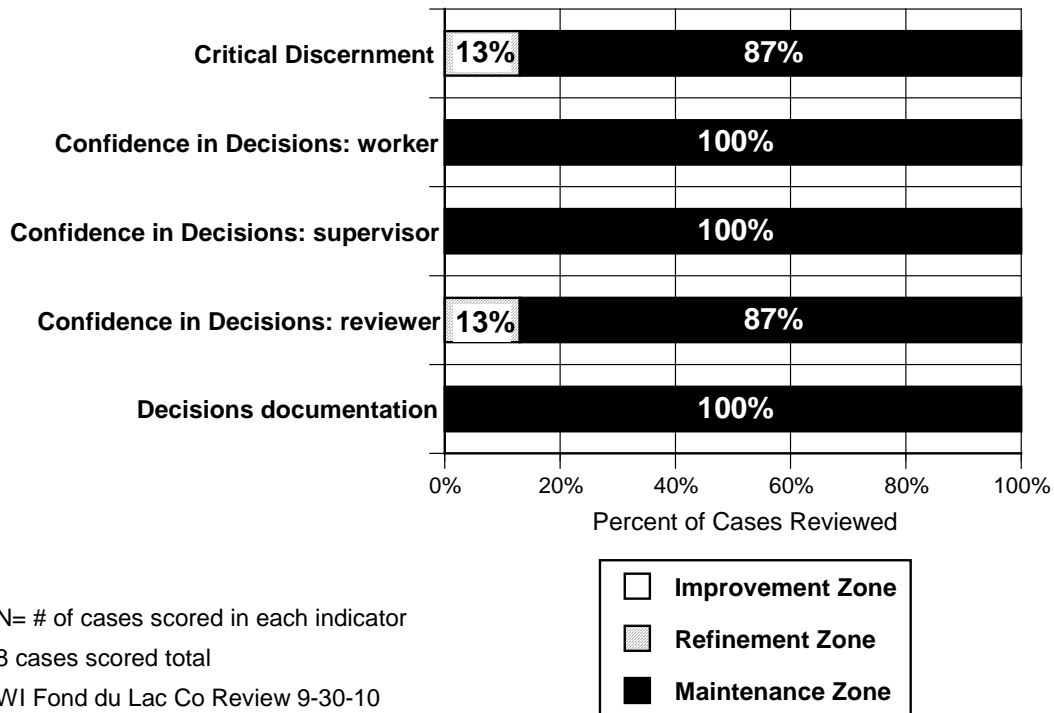
N= # of cases scored in each indicator
8 cases scored total
WI Fond du Lac Co Review 9-30-10



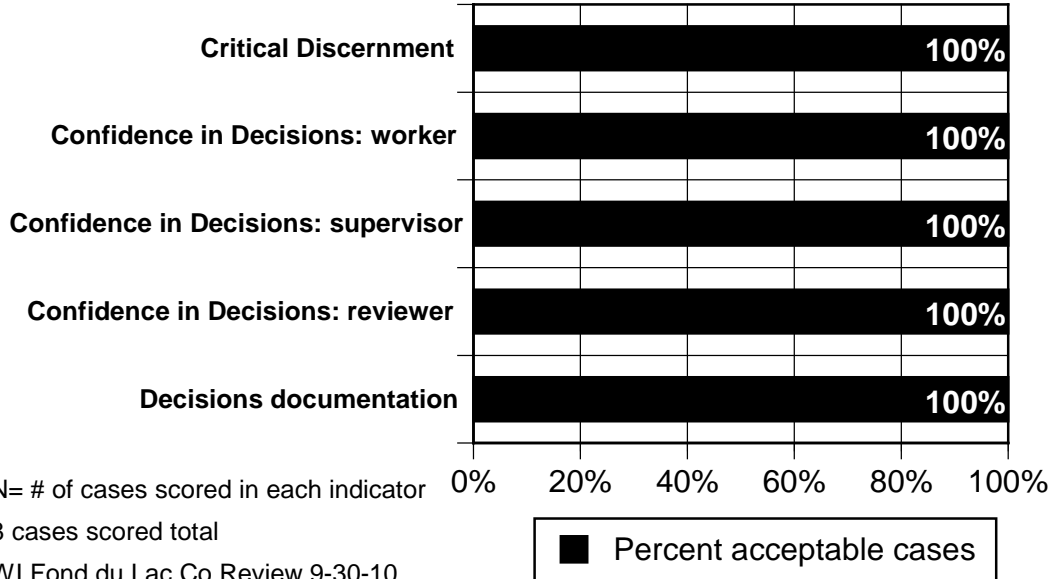
Initial Assessment Practice Performance



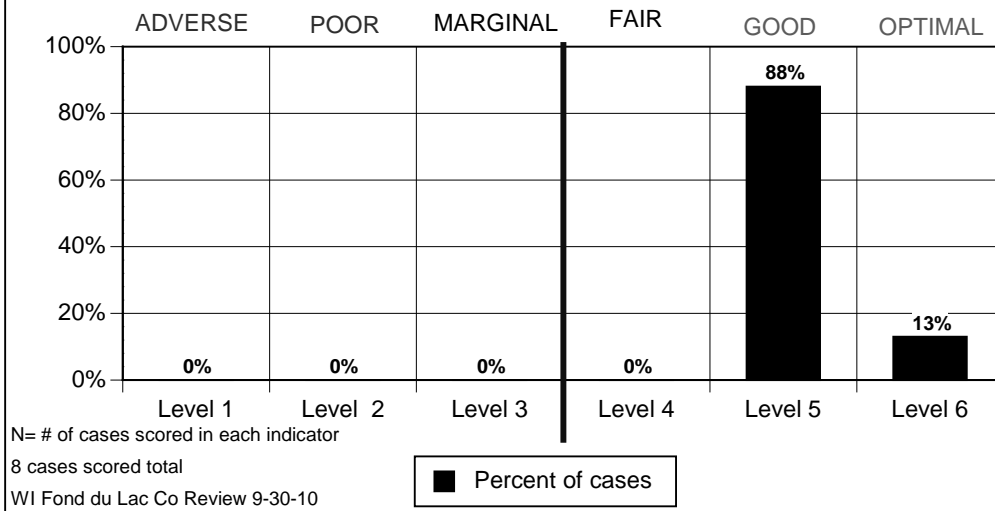
Initial Assessment Practice Performance



Initial Assessment Practice Performance



Initial Assessment Overall Practice Performance



IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

IX. Appendix 3

QSR Case Characteristics

QSR/Child Status and Performance Profile –Placement Changes Frequency

Placement Changes	Number	Percent
None	2	20%
1-2	6	60%
3-5	2	20%
	10	100%

QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	1	10%
No	9	90%
Unknown	0	0%
	10	100%

QSR/Child Status and Performance Profile - Case Open Frequency

Length of Time Case Open	Number	Percent
0-3 mos.	0	0%
4-6 mos.	0	0%
7-9 mos.	1	10%
10-12 mos.	3	30%
13-18 mos.	5	50%
19-36 mos.	1	10%
37+ mos.	0	0%
	10	100%

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

Placed with Siblings	Number	Percent
Different Home	4	40%
No Siblings	2	20%
Not Applicable	2	20%
Same home with all	1	10%
Same home with some	1	10%
	10	100%

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

Full IQ Scale	Number	Percent
100	2	20%
Unknown	8	80%
	10	100%

OSR/Child Status and Performance Profile - Educational Placement Frequency

Educational Placement	Number	Percent
Regular K-12 Education	7	70%
Full Inclusion	1	10%
Part-time Special Education	3	30%
Self-contain Special Education	1	17%
Adult Basic/GED	0	0%
Alternative Education	0	0%
Vocational Education	0	0%
Expelled/Suspended	0	0%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	1	10%
*Other	1	10%

*Other – Reading tutor

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

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	0	0%	0	0%
Autism Spectrum Disorder	0	0%	0	0%
Behavior Disorder	2	20%	0	0%
Sensory Impairment	0	0%	0	0%
Mental Illness	3	20%	8	80%
Mental Retardation	0	0%	0	0%
Neurological Impairment/Seizure	0	0%	1	10%
Specific Learning Disability	3	30%	1	10%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	1	1%	3	30%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	1	10%	0	0%
Physical Disability	0	0%	1	10%
Developmental Disability	0	0%	0	0%
Trauma Victim	0	0%	0	0%
Trauma Exposed	10	100%	9	90%
Suicide Risk	0	0%	2	20%
Pregnant	0	0%	0	0%
Substance Exposed	1	10%	0	0%
Substance Abuse/Addiction	1	10%	7	70%
HIV/AIDS	0	0%	0	0%
*Other	1	10%	1	10%

*Other child: Speech delay, possible Autism spectrum disorder

*Other parent: Parents are both deceased

QSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	7	70%	4	40%
Self-Care	0	0%	0	0%
Mobility	0	0%	0	0%
Communication	2	20%	0	0%
Self-Direction	0	0%	1	10%
Economic Self Sufficiency	1	10%	4	40%
Diminished Capacity	0	0%	4	40%
Independent Living	0	0%	0	0%
*Other	0	0%	1	10%

*Other parent: Parents are both deceased

QSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	9	90%
1 Psychotropic Medication	1	10%
2+ Psychotropic Medications	0	0%
	10	100%

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

Agency	Number	Percent
Child Welfare	9	90%
Mental Health	9	90%
Special Education	3	30%
Probation/Parole	1	10%
Developmental Disabilities	0	0%
Juvenile Justice	0	0%
Vocational Rehabilitation	1	10%
Substance Abuse	7	70%
Crisis Services	0	0%
Early Childhood	0	0%
*Other	5	50%
None	0	0%

*Other – Birth to 3, nursing service, domestic violence, POCAN, W-2, CAP

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

Level of Functioning	Number	Percent
In Level 1-5	2	20 %
In Level 6-7	3	30%
In Level 8-10	3	30%
NA (Under Age 5)	2	20%
	10	100%

QSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	8	80%
Voluntary	1	10%
Delinquent	1	10%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
	10	100%

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

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	0	0%
Physical Abuse	2	20%
Sexual Abuse	0	0%
Neglect	8	80%
Mental Health Issues	0	0%
Delinquency	1	10
Truancy/Status Offense	0	0%
*Other	1	1%

*Other – Homeless/No parent or legal guardian

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

*Other – parents unable to provide necessary care

QSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Reunification	6	60%
Remain at Home	3	30%
Independent Living	1	10%
Adoption	0	0%
Legal Guardianship	0	0%
Long-term Foster Care	0	0%
Not Applicable	0	0%
Other	0	0%
Permanent Placement with fit and willing relative	0	0%
Sustaining Care (TPR)	0	0%
	10	100%

QSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	5	50%
Permanent Placement with fit and willing relative	3	30%
Adoption	1	10%
Legal Guardianship	1	10%
Independent Living	0	0%
Long-term Foster Care	0	0%
Other	0	0%
Reunification	0	0%
Sustaining Care (TPR)	0	0%
	10	100%

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

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	3	30%
0-3 mos.	1	10%
4-6 mos.	2	20%
7-9 mos.	1	10%
10-12 mos.	1	10%
13-18 mos.	2	20%
19-36 mos.	0	0%
37 + mos.	0	0%
	10	100%

QSR/Child Status and Performance Profile - Outcome Frequency

Service Test Results	Number	Percent
1 + Status + Performance	8	80%
3 + Status - Performance	2	20%
	10	100%

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

Level of Functioning	Age	Number	Percent
In Level 1-5	5-9 Yrs	1	10%
	14+ Yrs	1	10%
In Level 6-7	5-9 Yrs	1	10%
	10-13 Yrs	1	10%
In Level 8-10	14+ Yrs	1	10%
	5-9 Yrs	2	20%
NA (Under Age 5)	14+ Yrs	1	10%
	0-4 Yrs	2	20%
		10	100%

QSR/Child Status and Performance Profile - Age by Outcome

Age	Outcome	Number	Percent
0-4 Yrs	1 + Status + Performance	1	10%
	3 + Status - Performance	1	10%
5-9 Yrs	1 + Status + Performance	4	40%
10-13 Yrs	1 + Status + Performance	1	10%
14 + Yrs	1 + Status + Performance	2	20%
	4 - Status - Performance	1	10%
		10	100%

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

Outcome	Level of Functioning	Number	Percent
1 + Status + Performance	In Level 1-5	1	10%
	In Level 6-7	3	30%
	In Level 8-10	3	30%
3 + Status - Performance	NA (Under Age 5)	1	10%
	In Level 1-5	1	10%
	NA (Under Age 5)	1	10%
		10	100%

QSR/Child Status and Performance Profile - Outcome by Prognosis

Outcome	Prognosis	Number	Percent
1 + Status + Performance	Continue – Status Quo	7	70%
	Decline/deteriorate	1	10%
3 + Status - Performance	Continue – Status Quo	2	20%
		10	100%