

Kenosha County Department of Human Services
Quality Service Review Findings
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Continuous Quality Improvement

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Executive Summary

Since 2005 the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In January 2011 the Department conducted the second review in Kenosha County.

The scope of the QSR process has expanded since Kenosha County's first review in 2007. Four protocols were utilized to gather data across 45 cases. This included 12 Ongoing, 27 Access and Initial Assessment (IA), four Permanency Pathway and two Indian Child Welfare Act (ICWA) cases. The case review process generates an understanding of front line practice or what the QSR calls the Micro perspective.

The QSR used a different process to acquire the Macro perspective, which is the understanding of how the child welfare system as a whole is performing. While one Site Leader coordinated the review of the 45 cases a second Site Leader conducted 19 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

Kenosha County Child Welfare Performance

The table below displays the indicator scores from the 2007 review in comparison to the 2011 review that finished in the acceptable range. Twelve ongoing cases were reviewed in each year and the percentages by each indicator represent the percentage of cases found to be in the acceptable range for that indicator. The QSR uses a six point rating scale and scores in the 4-6 range are deemed acceptable. Scores in the 1-3 range are deemed unacceptable.

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

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

Kenosha County Quality Service Reviews for 2007 & 2010					
Legend					
N = The number of cases scored for each indicator (12 cases reviewed in Brown County)					
Two Point Scale Comparison					
	2007		2011		
Name of Indicator(s)	N=	Acceptable	N=	Acceptable	Delta
Practice Performance:					
Engagement/Role and Voice-					
Child/Youth	7	100%	9	100%	0%
Mother	11	64%	12	75%	11%
Father	9	44%	11	36%	-8%
Subst. Caregiver	7	100%	8	100%	0%
Role & Voice: child/youth	7	71%	6	67%	-4%
Role & Voice: mother	11	64%	12	50%	-14%
Role & Voice: father	9	22%	11	18%	-4%
Role & Voice: Subst. caregiver	7	100%	8	63%	-37%
Core Practice Functions-					
Coordination	12	92%	12	100%	8%
Team Formation	12	58%	12	67%	9%
Team Functioning	12	67%	12	58%	-9%
Assessment & understanding: safety	11	91%	12	83%	-8%
Assessment & understanding: overall	12	58%	12	83%	25%
Long-Term view	12	83%	12	75%	-8%
Planning Change Process-					
Safety management	11	64%	11	82%	18%
Permanency	9	78%	8	75%	-3%
Behavior outcomes: child/youth	7	100%	6	83%	-17%
Behavior outcomes: parent/family	12	67%	12	67%	0%
Sustainable supports	12	50%	12	67%	17%
Core Practice Functions-					
Resource & support: Child/youth	9	100%	11	73%	-27%
Resource & support: parent/family	6	83%	12	92%	9%
Resource & support subst. caregiver	12	100%	7	86%	-14%
Intervention adequacy	12	67%	12	67%	0%
Tracking	12	83%	12	100%	17%
Adjustment	12	75%	12	92%	17%
Specialized Practice-					
Transitions & Adjustments	4	75%	5	80%	5%

Family interactions: birth mother	6	57%	8	75%	18%
Family interactions: birth father	5	40%	7	43%	3%
Family interactions: siblings	5	33%	8	50%	17%
Quality relationship: birth mother	6	43%	8	75%	32%
Quality relationship: birth father	5	40%	7	57%	17%
Quality relationship: siblings	5	50%	8	50%	0%
Cultural accommodations	1	100%	0	0%	-100%
Overall Patterns-					
Overall Practice Performance	12	67%	12	75%	8%

Stakeholder Interviews

This review involved stakeholder interviews with 19 key informant and stakeholder groups totaling 117 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

- There is an increased intensity of caseloads. The county is serving more families with complex challenges including adult and child overmedication and/or abuse of prescription drugs, substance abuse, mental health issues, domestic violence, unaddressed trauma, and parents who are low-functioning or with cognitive delays.
- The community lacks local providers who accept Medical Assistance (MA); those who do accept MA often have long waiting lists.
- The community is seeing an increase in younger children with significant mental health issues and developmental disabilities, families from Illinois coming to the community to access its resources and school system, the number of homeless/transient families, and families of Hispanic origin.
- The growing diversity of children is not reflected in the professionals who serve them.

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. It is recommended Kenosha County, in consultation with the Division of Safety and Permanence, enhance Access and Initial Assessment practice by:
 - a. Creating an Access guide for taking Access calls. There is an opportunity to ensure it is aligned with the prompts in eWiSACWIS, which assist workers with gathering the most appropriate information to identifying and analyzing present and possible impending danger threats.

- b. Collaborating with the Coordinated Response to Child Abuse (CORE) team to revisit the policies around drug affected infants, assuring they align with Child Protective Services (CPS) safety standards and federal guidelines.
 - c. Taking the lead on implementing the mandated reporter trainings that occur within the school system to assure the most accurate and consistent information is shared.
- 2. It is recommended Kenosha County reevaluate the current method of conducting multidisciplinary staffings to:
 - a. Include the family in the decision making process.
 - b. Use the staffings as an opportunity to develop agency teaming and practice models.
- 3. It is recommended Kenosha County, in collaboration with the Wisconsin Child Welfare Professional Development System, provide safety foundation trainings to practice partners who provide services to the families served by Kenosha County, to address the perception that practice partners have differing understandings of safety than do agency workers.
- 4. It is recommended Kenosha County develop strategies to engage fathers and/or non-custodial parents.
 - a. There is a pattern of lack of father engagement; a challenge Kenosha County shares with other systems in the state and country. The potential for fathers to contribute to better outcomes for children appears to be underestimated in many cases, which results in outreach and engagement efforts being limited. It is recommended Kenosha County seek additional approaches to strengthen engagement of fathers, provide supervisors with case consultation tools that will help case managers focus more skillfully on engaging fathers, increase accountability for performance in this area, and join with legal partners, using the court system as a resource to assist identification of fathers.
- 5. It is recommended Kenosha County staff develop skills in defining, in behavioral terms, what safe case closure may look like for a particular family, specifically for families who are working with voluntary services.
- 6. It is recommended Kenosha County further study what is driving the re-entry of children into the child welfare system and develop strategies to reduce the re-entry rate.

Kenosha County Department of Human Services Qualitative Service Review Conducted January 24 – 28, 2011

I. Introduction and Background

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The QSR used a different process to acquire the Macro perspective, which is the understanding of how the child welfare system as a whole is performing. While one Site Leader coordinated the review of the 45 cases a second Site Leader conducted 19 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

II. The Qualitative Service Review Process

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

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

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

The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support

professional appraisals in two broad domains: Child and Parent/Caregiver Status and Practice Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Poor or Adverse Status/Performance” to “Optimal Status/Performance.” The judgment is quantified and combined with all other case scores to produce overall system scores.

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

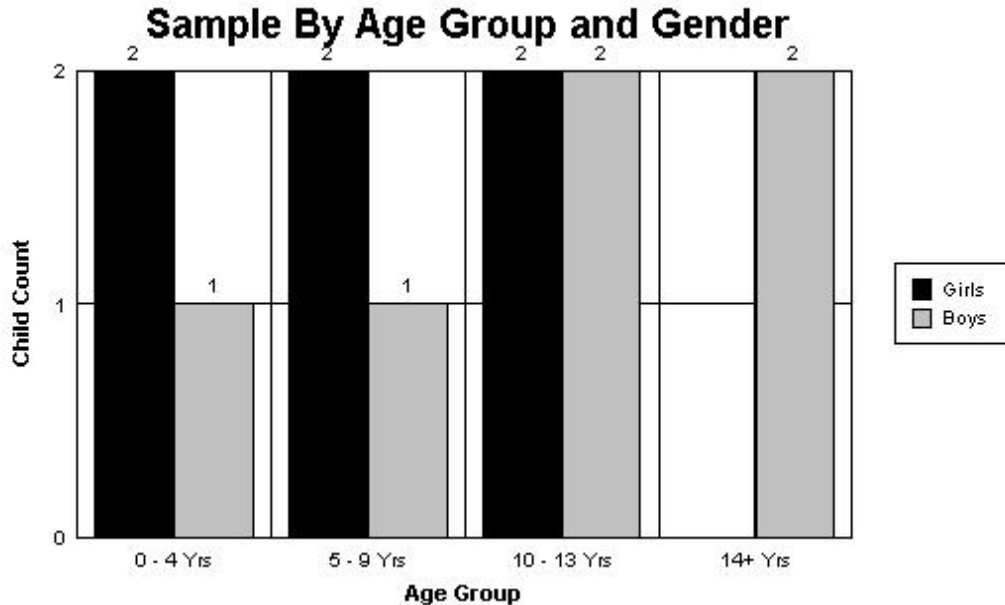
III. Methodology

The Ongoing review sample consisted of 12 cases, including four in-home case and eight 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. Interviews were conducted with 101 respondents in the twelve 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	5	42%
Adoptive home	0	0%
Foster Family home	2	17%
Relative/Kinship home	3	25%
Licensed Relative Foster home	1	8%
Therapeutic Foster home	0	0%
Group home/Congregate care	1	8%
Residential Treatment Center	0	0%
Independent Living	0	0%
Detention/Shelter	0	0%
Hospital/MHI	0	0%
Juvenile Correction Facility	0	0%
Other	0	0%
	12	100%

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



Age Group	Number	Percent
0-4 Yrs	3	25%
5-9 Yrs	3	25%
10-13 Yrs	4	33%
14 + Yrs	2	17%
	12	100%

Gender	Number	Percent
Female	6	50 %
Male	6	50%
	12	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 January 24 to 28, 2011.

IV. Stakeholder Interviews

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

Regardless, strongly held opinions are important to consider and therefore are reflected in the following summary.

The review team conducted stakeholder interviews with 19 different groups totaling 117 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Access/Initial Assessment Workers	8
Ongoing Case Workers	6
Supervisors	5
Service Providers and Community Partners	28
Foster Youth and Foster Parents	24
Legal Partners	15
Law Enforcement	4
Biological Parents	11
State Permanency Consultant	1
Adoption Workers & Supervisors	5
School Personnel	7
Directors and Lead Supervisor	3

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

Organizational Strengths

- Agency staff are viewed as knowledgeable, competent, experienced, and respected individuals who go above and beyond. There is observable cohesion within units.
- The addition of the Gang Intervention Supervisor and Special Needs Coordinator positions are valued, as are the individuals in those positions.
- Supervisors are viewed as respectful, accessible, and supportive to staff as well as to community members making contact with the agency.
- There is an agency philosophy of working under one umbrella; the Department of Human Services houses an array of resources, in one centralized location, to meet the various needs of community members.
- The agency is taking on innovative initiatives, such as seeking providers with trauma-informed care backgrounds and providing training opportunities in this area.
- Multidisciplinary staffings allow for increased coordination among services and providers. These include Coordinated Response to Child Abuse (CORE), Service Review Team (SRT), and Case Planning and Review (CPR) teams.
- There is an outcome based performance monitoring system of contracted agencies.

Organizational Challenges

- Differing perceptions of shared decision making contributes to tension among staff. There is an opportunity to increase cohesion and moral by identifying and addressing differing perceptions of the decision making process, specifically in multidisciplinary staffings.
- The current method for providing mandated reporter training in the schools, through a contracted agency, is perceived as providing inaccurate information. The preferred provision of training is by agency supervisors.
- State workload demands, such as eWiSACWIS documentation, paperwork, and policies, are viewed as layered and repetitive.
- There is an opportunity to develop a contemporary Alcohol and Other Drug Abuse (AODA) relapse prevention model given the high rate of families with AODA issues.
- Since funding for Family Group Conferencing was cut, a specific teaming model to be used by agency staff has not been adopted.
- There is an opportunity to explore the county's high re-entry rate. Kenosha County has a re-entry rate of 23.6 percent, which is greater than the federal standard of 9.9 percent.

Resource Strengths

- Contracted service providers and community partnerships offer an expansive array of services to families. This allows families access to a strong network of prevention and intensive in-home services and adult mental health services.
- Parenting education and support programs are offered in-home and are tailored to the family's needs.
- The Family Unification Program provides affordable housing and supportive services to families.
- The Youth Employment Program is viewed as a program that has deterred delinquent behavior by providing some of the most at-risk youth training and work experience opportunities.
- School based programs, including the Total Interagency Model for Education (TIME), Bridges, and the School Age Parent Program (SAPAR) provide educational and targeted services to meet the special needs of youth.
- The Independent Living program provides assessment, advocacy, independent living skills, and housing in an effort to support and prepare older adolescents for independence.
- The Child Advocacy Center provides a safe environment for child victims of abuse and neglect to receive medical care and to be interviewed in a manner intended to limit their trauma.
- Kenosha County foster parents are dedicated to assuring the safety and well-being of children in their care and receive training specified to the needs of the children in their care.

Resource Challenges

- The community has a shortage of local and available providers in the areas of child mental health and psychiatry, inpatient child and adult mental health and substance abuse services, and inpatient AODA treatment for new and expectant mothers.
- There are limited dental providers who accept MA.
- Public transportation offers limited routes and limited hours, limiting families' access to community resources.
- The limited higher level of care resources available for older youth has resulted in some older youth feeling stigmatized based on their race and being labeled as a "foster kids" when placed in higher level of care resources outside of the county.

- There is a need to explore additional community resources available to meet the needs of bilingual and culturally diverse families.
- There is an opportunity to explore alternative ways to accommodate and increase family interactions, especially when supervision is required.

Practice Strengths

- The agency possesses a practice model of working with the family unit and a philosophy of “these are our children.” There is a strong collaboration with other counties and the Special Needs Adoption Program.
- Staff are engaging with families and are viewed as some of the biggest advocates for the families they work with.
- Initial Assessment and Ongoing staff, as well as legal parties, are noted for improving their efforts to locate fathers.
- Foster parents feel supported by both agency and contracted staff.
- Agency staff and contracted providers work together to assure completion of monthly face to face contact with children.
- The agency promotes relative placement and efforts are made to place siblings together.
- Collaboration and communication between Initial Assessment staff and Law Enforcement as perceive to be improving and effective.
- Wraparound, Coordinated Service Team, and Family Group Conferencing teaming models are used with specific families by agency staff and service providers.

Practice Challenges

- There is an opportunity to improve the information gathering process at Access by engaging with the reporter and explaining the purpose for asking the required questions.
- There appears to be inconsistency in safety training across programs. Not all agency and contracted staff have the same understanding of safety.
- The policy of detaining drug affected infants is not aligned with state standards. There is an opportunity to revisit this policy and the roles various members play in this decision making process.
- While there appears to be constructive collaboration between agency and school administrators, individuals who have direct contact with children and families appear to struggles with keeping open lines of communication.
- Workers are challenged to obtain criminal background checks if the family is not involved with the legal system. There is a need to identify a process for receiving timely criminal background checks considering the number of individuals who have moved from out of state.
- The conditions required of non-maltreating parents are not fully understood by these parents. There is in opportunity to further engage with these parents and help them to understand the CPS and court systems.
- There is a perception that families have limited roles in case planning and lack an understanding of court ordered conditions for return.

Legal Strengths

- Agency staff are knowledgeable about their families and are prepared for court hearings.
- Court documents are viewed as thorough and helpful and are read by legal parties.
- Assistant District Attorneys (ADA) are knowledgeable about the cases.

- There is an ADA position dedicated to termination of parental rights (TPR) cases. The agency allots Title IV-E funding for this position.
- The commissioner promptly schedules further court hearings at the temporary physical custody hearing.
- In 2010, the District Attorney's (DA) office finalized 24 TPRs and 13 Guardianships.
- Legal parties, agency staff, and the State Permanency Consultant (SPC) collaborate during monthly concurrent case staffings to plan for permanency on select cases.

Legal Challenges

- The community does not have Court Appointed Special Advocates (CASA).
- There is a lack of legal representation for parents. There is a perception that parents' understanding of the court system is hindered because of this.
- There is concern for a lack of neutrality among parties. There is a perception that certain parties will consistently request substitution of the same judge, causing a disproportionate caseload between judges.
- While infrequent, when criminal charges are pending, delays in CHIPS cases occur and can significantly impact case timelines and outcomes.
- The standard court ordered conditions for return are overwhelming for parents. There is an opportunity to prioritize conditions for return in an effort to make them more achievable.
- There is a perception that the bar gets raised from safety to well-being; children are removed from the home due to safety threats, but reunification is contingent on well-being. The community appears to have a conservative approach to reunification.

V. Performance Analysis

A review of the stakeholder interviews, status and practice performance scores and the twelve case stories that were completed yields a rich description of practice within Kenosha County Department of Human Services and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. 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 Kenosha 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

This indicator is assessing if the child is free from abuse and neglect in every setting; birth home, substitute home, school or other settings. Seven of the eight (eighty-eight percent) applicable cases

rated for Exposure to Imminent Threats in the Birth Home rated in the acceptable range. All children scored for Imminent Threats in the Substitute Home and School Setting rated one hundred percent in the 4-6 range. Only three of the 12 children in the case sample were rated for Imminent Threats in Other Settings and of those three, one hundred percent in the acceptable range. Other settings may include the home of a non-custodial parent where family interaction occurs, summer camp, after school setting, daycare and anywhere the child regularly spends time.

A reviewer wrote of a case rating in the maintenance zone, *“The focus child currently lives in a safe neighborhood and has a stable living environment being in the same home since he was placed more than a year ago. His school is viewed as safe for him as well, with measures such as locked entrances having been installed and an emphasis by the school on early intervention of negative behaviors.”*

Stability

Stability examines whether children have been free from risks of disruption at home and in school during the 12 months prior to the review and whether children are at risk of disruption within the next six months based on information learned during the review. At the time of the view, all of the children were viewed as being stable in their home setting and seven of nine (seventy-eight percent) children rated for the school setting were experiencing stability.

Stability at home was a strength in the following case. *“The focus child’s stability rated in the maintenance zone. She is safe and is at no risk of a disruption of her placement while in the care of her aunt. She has excellent relationships with her caregiver, biological mother and extended family members.”*

A reviewer captured the relationship between school stability and challenges such as mental health, substance abuse and behavioral issues by describing a case which scored in the improvement zone. *“He is diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, Disruptive Behavior Disorder and Cannabis abuse. He has been smoking cigarettes since age nine, was recently charged with marijuana possession and has been smoking marijuana two times per month. Within two weeks of the review period, the focus child was required to change schools due to making sexually threatening statements to girls, threatening to rape one girl and engaging in borderline stalking behavior. This also required him to be on 100% restriction at school, meaning he is not allowed to be unsupervised at any time.”*

Permanency

Permanency applies to all children in an out-of-home placement as well as children residing in their biological home. The Permanency indicator is critical for all children as it assesses how effective the efforts are in achieving and sustaining a permanent placement for the child following safe case closure. Seventy-five percent of children reviewed were making satisfactory progress toward permanency, scoring in the 4-6 range. Several cases reflected the need for additional work toward permanency. A reviewer on a case that scored in the maintenance zone noted, *“The focus child appears to live in a very safe, stable home environment with his maternal aunt and uncle, as well as two brothers. He has a respectful relationship with his caretakers and it is expected to endure lifelong because of the apparent close family ties – this is a family that supports one another through even the most difficult of times. His maternal aunt and uncle meet all of his basic needs*

and are invested in his future. The focus child has regular weekly contact with his older siblings and his mother, and occasionally has contact by phone or in person with his father.”

In a second case scoring in the refinement zone for Permanency, a reviewer wrote, *“The focus child has been in her current placement for 13 months, and though the case has not surpassed permanency timelines, they are quickly approaching. The focus child needs to know if she is going home with her mother, or staying permanently with her grandmother. Her family believes that ultimately she will return to her mother’s care, but the current plan for reunification does not necessarily support this. If return home does not occur, the concurrent plan of transfer of guardianship must be evaluated to determine if this is truly in her best interest.”*

Emotional Development and Behavioral Functioning

Ten cases in the sample were scored regarding child Emotional and Behavioral Functioning. Eighty percent of the children in both of these areas of child status scored in the acceptable range. Regarding Behavioral Risk to Self or Others, the ten cases scored ninety percent in the 4-6 range for both of these indicators. Children under the age of three are not scored for these indicators. It was noted that eighty-three percent of the children in the sample had identified co-occurring conditions. Of the 12 children, two (seventeen percent) have a mental health diagnosis, two (seventeen percent) have a diagnosed behavioral disorder, and five (forty-two percent) were identified as being substance exposed.

The following cases are examples of good development and functioning consistent with age and ability. *“Though the focus child has witnessed domestic violence between her mother and her significant others, and has a history of instability in her young life, she has no limitations in her functioning. There appears to be no evidence of emotional or behavioral concerns. The maternal grandmother, being proactive in meeting the focus child’s mental health needs, sought out the recommendations of a mental health clinic, which saw no need for any type of therapeutic intervention. All reports indicate that the focus child really is a “good kid.” It is also reported that the focus child has never been a risk to self or others.”* Another reviewer wrote of a case scoring in the acceptable range, *“The focus child is known for his good behavior. He is not a behavioral risk to himself or others. He has never had infractions with the law and the school proudly noted that he does not have behavioral incidents. His behavior is also exemplary in the home where he follows the household rules and is mindful of the foster mother. When upset, the focus child has an emotional reaction of shutting down wherein the focus child puts his head down and cries. These episodes are short lived and he can resume normal activities quickly, particularly when his foster mother assists him in calming down by talking to him.*

A few children scored lower for Emotional Development and Behavioral Functioning; however, the reviewers shared that many children are receiving the appropriate interventions to assist with addressing concerns. *“Some areas of concern for this child are her emotional development and functioning as well as her behavioral risk to others. She is described as “twelve going on eight.” For example, she still plays with dolls and likes cartoons and isn’t as socially mature as the average 12 year old. Her great aunt and uncle describe her as lying and stealing. In the past, she set a fire which destroyed her home, although no recent fire setting behavior has been noted. More recently, she was discovered to be engaged in inappropriate sexual behavior with her younger cousin on more than one occasion. A referral was made to the agency and the focus child was*

moved to a different bedroom. A referral has been made for a psychological evaluation, but this hasn't occurred to date and it is unknown if the child has been the victim of sexual abuse in the past. It is known that this child has experienced multiple traumas due to past neglect because of her mother's drug impairment and the physical abuse that she has suffered at the hands of her uncle as well as one of her mother's ex husbands."

Learning and Development

Learning and Development status was found to be eighty-three percent in the acceptable range. Information obtained regarding children's reading levels in Kenosha County revealed that six out of nine children were reading at their assigned grade level. Three children were not of school age, therefore their reading levels were not determined. Sixty-seven percent of the children in the case sample had an educational placement in a regular school setting and thirty-three percent of the children had part time special education. Children of all ages in the sample received appropriate interventions to assess and address any learning and development needs.

The following cases are examples of Learning and Development status consistent with age and capability that were considered to be in the maintenance zone. One reviewer wrote, *"Although she is enrolled in regular education classes, she has been placed in a program that allows her to be in smaller classrooms and this has resulted in the focus child performing better academically. Her last report card was straight A's. The focus child also has a worker in the school through the Youth Outreach program which allows her to have more individual attention and daily check-ins."* Another reviewer noted that, *"The focus child's move to his current placement in a neighboring county necessitated a change of school. He is doing an excellent job at this new school. Previous to placement in this school he was behind academically on credits, had been expelled from one school and experienced confrontations at school with peers. In his current school he has caught up on his credits, is maintaining a B average, has earned the privilege of being a teacher's assistant to the secretary and school principal, has been involved in school sports and gets along well with his peers and teachers. He does have an Individual Education Plan (IEP) for behavior monitoring, but is academically placed in regular education classes. One school authority indicated that he is more proud of the focus child than any of the other students he works with."*

A reviewer described the one case that scored in the improvement zone for Learning and Development as being based on, *"He has recently been found eligible for special education services in the area of specific learning disability. He receives support both in the classroom and through pull-out sessions. Services include behavior management, speech/language, small group activities and math support. The focus child's full scale Intelligence Quotient (IQ) is 86; however, the teacher reports that he is functioning at a pre-Kindergarten level. Although school attendance has increased over the last semester, the focus child has not made any academic gains to date. He cannot spell his name and does not know his numbers or alphabet. It was reported that school staff are still trying to figure out the focus child's learning style. Some progress in the area of emotional and behavioral control is allowing the child to better engage in classroom learning. School is a safe place for the focus child. Clear expectations, structured classroom activities, and a high level of supervision at school are proving to be the strength of his programming. At home, the focus child's mother is only able to offer him limited support in this area due to her own challenges. The school social worker noted that the Behavior Assessment System for Children (BASC) indicated clinical significance in the area of attention. An evaluation for Attention Deficit Hyperactivity Disorder (ADHD) is being considered by the mother and the case manager."*

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, a majority of the mothers in the sample appear to possess much of the needed knowledge and skills related to caring for their children, whereas only two of seven fathers (twenty-nine percent) scored in the 4-6 acceptable range.

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	70%
Caregiver Capacities: Father	29%
Parent Caregiver Challenges: Mother	80%
Parent Caregiver Challenges: Father	43%
Informal Support: Mother	50%
Informal Support: Father	29%
Family (of origin) Progress Toward Independence	82%

Past life experiences and current challenges often cause parents to have limited capacity to care for their children, or in some cases, themselves. Past trauma, substance abuse and mental illness played a major role in impairing parental capacity in many cases reviewed, as illustrated by the following examples.

This case captures the relationship between domestic violence, substance abuse, and mental health issues and caregiving capacities for a mother that was scored in the refinement zone. The reviewer wrote, *“There is a history of domestic violence (DV) with both parents being physically aggressive towards each other. Some of those interviewed reported that the focus child’s father had broken the mother’s nose during one incident and on another occasion the mother had stabbed the father. There has been no other DV incidents since 2008. The mother has been involved in at least two incidents in which she was charged with battery, it is believed that these incidents occurred when the mother was actively using drugs or alcohol. The mother and father were never married but are now co-parenting the children. The mother had been charged with driving while under the influence within the last ten years, but has remained sober for the last nine months. The mother also has a diagnosis of Depressive Disorder, Generalized Anxiety Disorder, Depression and Alcohol Dependence. She is currently on Wellbutrin and Phenelstine and is currently involved in individual therapy. The mother has made significant progress in therapy, she has been able to share her feelings and trauma history in the therapeutic setting. She has also been able to acknowledge how her decisions have impacted herself and the children.”*

A reviewer wrote the following regarding a father who is demonstrating acceptable parental capacities, *“The father’s caregiving capacities are acceptable. He has been described as parenting with the old school tough love type of approach. It is evident to all that he loves his son and that he could benefit from being more nurturing. The father has household rules that he expects to be obeyed. He has a hard time understanding his son’s mental health needs and parenting with those in mind. He seems to view his son as having problems that need to be fixed so that he can then return to the family home. The father appears to lack insight into how his son’s long-term mental health issues are not supported by his authoritarian parenting approach.”*

Despite the above, it appears that eighty-two percent of the cases are making sufficient progress toward the family of origin achieving independence from the child welfare system.

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 committed to the focus child, ensuring that her needs were consistently met. The substitute caregiver had a significant amount of family responsibility, in that she cared for her adult special needs daughter and five grandchildren. The maternal grandmother identified some informal supports; however, they did not appear sufficient in providing her the level of support she needed. The reviewer noted, *“The grandmother is juggling a lot in her home, and it does not take much to overwhelm her and throw life slightly out of balance. At times, any additional tasks appear to overpower her, for example the grandmother completely forgot that she had a scheduled interview for the review because one of the children in the home was sick.”* The reviewer added, *“The maternal grandmother was also recently denied foster care licensing for a number of concerning reasons, including lack of income and a substantial history with the department.”*

Informal Support

Several of the parents in the review sample in Kenosha County are believed to have some informal supports available to them. Ten mothers and seven fathers were rated for this indicator. Fifty percent of the mothers scored in the acceptable range, while twenty-nine percent of the fathers rated in the 4-6 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, informal systems of support can influence whether the family remains independent of the agency. A reviewer wrote for a case that scored in the improvement zone for the mother’s Informal Support, *“The mother’s greatest area of need is her informal support system. The mother demonstrated insight by recognizing her lack of informal supports and stated that she would like more support in her life. One of her major supports, her mother and the placement provider for two of her children, has been somewhat limited because of*

the involvement with the court system. She sees this relationship as a strained now, and describes missing the supportive relationship that they once shared.”

Trauma

There is no indicator in the protocol to rate the existence of prior trauma; however, the review process does collect information about cases reviewed relative to trauma for focus children and parents in the sample. Because the effects of trauma have the potential to be harmful and pervasive to parents and children, this report will address it specifically in this section. Nine children in the review sample and at least one parent in eleven of the twelve cases had been exposed to some form of trauma in their lifetime. The following case examples illustrate the impact and affects that trauma presents for individuals.

“The focus child has experienced a significant amount of trauma. He was placed in foster care at birth after testing positive for cocaine. He remained in out-of-home placement until age two, as both parents were incarcerated. He was reunited with his father at age two. During the years that followed, the focus child was exposed to domestic violence within his father’s relationships. He was sexually abused during his grade school years. At the age of seven, he began to show signs of mental health instability. The focus child was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), mood disorder, and anger management issues and is currently on five medications. Between the ages of seven and 12, he was hospitalized 12 times. Respite care placements were also used in an attempt to stabilize his behavior and provide the father with needed breaks. Given his history and challenges, the focus child has made a significant amount of progress in the last six months.”

“The mother does have an extensive trauma history, including sexual abuse by her stepfather for nine years of her childhood. Her teen years were spent in out of home care, and reports indicate she had at least 15 different placements. These placements were ordered through delinquency services and she eventually aged out of the juvenile justice system. The mother is diagnosed with depression, attention deficit disorder and narcissism. She currently is on medication to help manage some of her symptoms, and reports some notable improvement since starting. Additionally the mother has a history of domestically violent relationships, and reports that her children have been witness to this abuse.”

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. 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 Kenosha County sample, the results were varied depending on who was being rated. Engagement of the focus children scored quite high, with one hundred percent in the acceptable range. Engagement for the majority of the mothers (seventy-five percent)

scored in the acceptable range; however, there appeared to be a challenge regarding successful Engagement of fathers, with only four of eleven cases (thirty-six percent) being acceptable. All eight of the cases with substitute caregivers scored in the acceptable range. It should be noted that both statewide and nationally, Engagement of fathers remains a significant area of challenge in practice.

A reviewer described why the case scored in the maintenance zone for Engagement of the mother and substitute caregiver, *“The case manager has built a rapport with all people involved with this case. The engagement skills of the case manager have been encouraging according to the family. The case manager has good communication with the family as well as the ability to keep all individuals involved with the case motivated to achieve positive outcomes. The relative caregiver and the mother indicated they trust the worker and are able to communicate well with her.”*

An opportunity for enhancement of Engagement of the father was described as, *“There was minimal outreach to the father who resides out of county. The father is not engaged in this case at all and had not had any contact with the focus child during the period of this review. While the focus was on maintaining the child in the mother's home, engaging the father could ultimately positively benefit him and the focus child. When asked if the focus child had contact with her father, it was clear from her lack of response and facial expression that this is an area of discomfort. There appears to be an opportunity to explore the father's potential involvement in the case process and whether building a father-daughter relationship is something that could positively impact the focus child.”*

Role and Voice

The Role and Voice indicator assesses 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 lower than engagement scores reported above. It appears that even though case participants may have been engaged, they may not have been effective partners in the case planning process. Sixty-seven percent of youth were found to have acceptable Role and Voice in planning and decision-making, fifty percent of mothers, eighteen percent of fathers and sixty-three percent of substitute caregivers. There is evidence in other QSR patterns over time that a high level of parent involvement in planning and decision-making is correlated with successful achievement of other case goals. A few examples of meaningful Role and Voice and minimal Role and Voice are provided as illustration of the importance of this indicator.

“One factor that has challenged outcomes for the focus child is role and voice with the mother, father, and foster parents. Despite some efforts, the mother has not had contact with the agency for the past ten months. Engagement efforts with the mother continue, including sending case planning progress letters to the mother's last known address. Strategies to engage the mother have been unsuccessful, therefore her role and voice is absent. The father described his role within the case as a “student in a classroom.” He appears to feel as though he is being directed what to do instead of having a voice in his child's case. The foster parents believe their worker listens to them; however, they believe they have limited say in case planning. The foster mother reported that she has shared her concerns about the father's tardiness to visitation; however, does not believe her concerns for the focus child were considered in a timely manner.”

In another case the reviewer wrote, *“Both parents believe they have very limited role and voice in their case. They are described as guarded and not comfortable with bringing up their needs such as assistance with a very large utility bill or replacing their couch. Additionally, they do not know the purpose of all of the services, who all of the providers are, or what their case will look like when it closes.”*

A reviewer wrote for a case that scored in the acceptable range for the substitute caregiver, *“The role and voice of the substitute caregiver throughout the history of the case was very strong. The maternal aunt and uncle have shown themselves to be strong advocates for the focus child and the family, and sought the assistance of the child welfare system on their own in order to meet the children’s needs. Family members spoke highly of the worker. The worker was positively described as “the sunshine through all of this”. They saw her as having a positive role in their lives, and are grateful for the services that the worker and agency have offered to the family, such as a gang prevention program that the focus child participated in during the summer months where he worked in construction. The substitute caregiver stated that communication with the worker has been continuous; she reported keeping in contact by email twice per week and having home visits regularly once per month.”*

Coordination

All of the cases in the review sample scored in the acceptable range for Coordination. Coordination is viewed as a strength in Kenosha County’s case practice, especially in consideration of contracted service delivery system. It appears agency staff are continually working at coordinating services and supports for children and families. The reviewer in one case wrote, *“Coordination and teamwork, for example, are working well because the case manager is identified as a single point of contact. She acts as a liaison among team members, providing leadership through information sharing, planning, and monitoring. One provider described the case manager as doing a “phenomenal job being accessible and addressing the family’s needs.”* Another example of effective coordination was captured as, *“Coordination was rated highly for the agency with good communication among all of the people involved. Even though there were several workers and multiple agencies involved with the focus child and initially some question as to who was the primary worker, this was resolved and everyone knew that the worker was the “go to” person in the case.”*

Family Teamwork

Teaming is a core principle and value of the QSR model. When there is strong Team Formation and Functioning, other areas of practice are enhanced such as assessment, planning, tracking and adjustment; therefore effective teaming improves outcomes for children and families. Formation is examining if all key participants in the family’s life are present at the team meeting, including formal and informal supports. Functioning focuses on how cohesively the members of the team work together to develop a shared understanding of the family’s strengths, needs, goals and change strategies. The team, not only the case manager, are assessing, planning, tracking and adjusting as needed to assist the family in achieving desired outcomes. Team Formation scored sixty-seven percent in the 4-6 range and Team Functioning scored fifty-eight percent acceptable.

The following case illustrates the areas of improvement with Team Formation and Functioning. *“The last area of opportunity is Teaming. This is the foundation to bringing about the goal of*

reunification. The worker does recognize the need for a transition team meeting and knows what issues need to be discussed and resolved for reunification. Thus far she has been unable to schedule a date that hasn't been cancelled. There have been pockets of teaming, including school personnel and the group home worker in IEP meetings; and the therapist, ongoing worker, father and child discussing his emotional issues. However, the function of these teams is not to address transition planning but rather school or therapeutic issues. There is no opportunity at present for all professionals and informal support persons involved with the family to get together regularly, develop a shared understanding of the family's strengths and needs, and make unified decisions. The lack of teaming may be contributing to the fact that everyone interviewed seems to have a different idea as to when reunification should occur."

In one case that scored in the maintenance zone for Team Formation and Functioning it was noted that, "Teamwork was a plus in this case, both in the formation of the team and in the functioning. The team was made up of key persons in the case that included the mother, even when her mental health was not yet stabilized. The agency was creative in finding places where the team meetings could be held. For example, after the mother brought a knife to a court hearing, it was determined that team meetings would be held at the courthouse with the mother going through a metal detector. Later, team meetings were moved to the community support worker's office. In order to enhance the mother's understanding of what transpired at the meetings, the mother's community support worker functioned as her interpreter. At a team meeting joined by the child, the worker empowered the mother to give the impetus for the child to commence counseling."

Assessment and Understanding

Like teamwork, Assessment and Understanding indicators also address two areas of practice, Safety Assessment and Overall Assessment. Both Safety Assessment and Overall Assessment scored at eighty-three percent in the 4-6 acceptable range. Notably, the Overall Assessment score increased twenty-five percent from the 2007 QSR. It is critical when working with children and parents to complete a comprehensive assessment of the family's strengths and underlying needs in order to implement the most appropriate, least intrusive intervention to sustain behavioral changes. Given that families in the sample presented with significant co-occurring conditions, Assessment and Understanding was viewed as a strength in practice. Several case examples that illustrate effective assessment are provided below.

"Overall assessment, safety assessment and safety management were all areas of practice strength. The child appears to be safe in his home and the assessment of safety is clearly defined and well understood. The agency was able to reunify the child and close the court case based on a good assessment of safety that was well documented in the case file. Each person interviewed as part of the review was able to identify that the child was safe from a CPS perspective but at risk due to delinquency and out of control behaviors. Overall assessment and understanding was found to be effective. This area of practice was likely enhanced due to the length of time the family has been involved with the agency and the depth of knowledge regarding the family's functioning and underlying needs. All parties in the case were collectively aware of the issues, needs and strengths in the case. All parties were able to identify the mother's strengths in terms of improvement and providing for the focus child's basic needs; and that the mother's lack of understanding and responsibility regarding the focus child's needs was a major factor contributing to his current struggles."

In another case that found Safety Assessment and Overall Assessment to be in the maintenance zone, the reviewer wrote, *“Everyone that was interviewed was aware of the strengths and needs of this family. They all were aware of the other services involved with this family and what each service was providing this family. Everyone that was interviewed appears to have a good understanding of each parent’s protective capacities and had a good understanding of what was needed for this mother, father and focus child to be independent from the agency.”*

There were a few cases where assessment was incomplete which resulted in a limited understanding of safety, the family and their functioning. A reviewer for a case that scored in the unacceptable range for Assessment and Understanding of Safety wrote, *“The current safety assessment and understanding is vague. Parties are unclear as to what the present safety threats are in the mother’s home. It is not known why visitation remains supervised and only twice a month. In addition, the mother also does not have knowledge as to how she can demonstrate that she has a safe home or graduate to less restrictive family interaction.”*

Long-Term View

Identification of what needs to be present in order to safely close the case improves the likelihood of achieving those outcomes. In the Kenosha County review seventy-five percent of cases reviewed scored in the acceptable range. Several cases were working towards the child’s permanency goal and case participants could verbalize what was needed for the child to either remain in the home to be returned to the home or move to termination of parental rights. This case example highlights the maintenance zone finding for Long-Term View being due to, *“Everyone sees this child going home with supportive services in place as long as needed, even after safe case closure. Although the timing of reunification is being somewhat accelerated because of issues with the caregivers, the permanency plan is clear and realistic, and good planning is occurring for this transition.”*

There were a few cases reviewed that when asked, “What does the end look like?” or “What needs to happen for the case to close with the county?” hardly any individuals could offer specific answers. The following is an example where Long-Term View is a challenge which reveals the impact on Permanency and Progress Toward Independence and underscores the importance of assessment. *“At the current moment, there is no clear vision between the parties involved about the direction the case is moving. The focus child is approaching fourteen months of out-of-home placement and reunification is not in the short-term forecast. It is unknown what the necessary conditions are to achieve safe case closure. What is known is that the mother must demonstrate continued stability in her home environment and show that she can place her children’s needs above her own, but the confusion lies regarding how the mother can behaviorally demonstrate that she is achieving this. If return home does not occur, a question that must be explored is whether the maternal grandmother realistically can maintain the focus child in her home given her recent foster care denial. Licensing obstacles may need to be overcome, and agency approvals may be necessary to continue with the recommendation of the focus child in the grandmother’s home, or another permanency option may need to be identified. There appears no sense of urgency in developing a realistic long-term view for the focus child or the family.”*

Planning a Change Process

Successful plans are built on quality assessments of family strengths, needs, underlying issues and functional capacities. Planning a Change Process has four components: Safety Management; Permanency; Behavior Outcomes; and Sustainable Supports. Planning for Safety Management was eighty-two percent acceptable and Planning for Permanency scored seventy-five percent in the 4-6 range. Five of the six (eighty-three percent) cases scored for Planning for Behavior Outcomes for children rated in the acceptable range, which was a slight decline from the 2007 QSR score for this indicator. Both Planning Behavior Outcomes for parents and Sustainable Supports scored sixty-seven percent in the acceptable range.

There was an eighteen percent increase in cases scoring in the acceptable range for Planning a Process for Safety Management from 2007 to 2011. A reviewer described well-reasoned, ongoing practice in the area as, *“Safety analysis is updated regularly. Plans have been modified when it has been determined a change is needed to address in-home safety plans. One example identified in the review was when the agency received a new report in December; the agency provided random in-home checks seven days a week as an added intervention to assure the safety of the children in the home. The case manager reported they are doing everything they can in order to keep the children in the home.”*

It should be noted that Planning for Permanency is closely linked to the Long-Term View of 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. The following case example which rated in the lower range of acceptable illustrates this relationship. *“Planning for permanency is another area in need of attention. There appears to have been barriers to achieving timely permanency and a lack of well-reasoned plan to drive the reunification process. The time needed to complete a trauma assessment and the wait for resolution of the alleged out-of-state sexual charges against the focus child have delayed reunification planning several times since early fall 2010. Another reason for delay is that a team meeting set up to develop a transition plan for reunification was cancelled and needs to be rescheduled. Particularly given that the focus child recently reached 15 consecutive months in placement, there is some urgency in resolving permanency issues.”*

Developing behavioral outcomes and interventions for the child and family produced favorable results in the example that follows, which scored in the acceptable range for both of these indicators. *“Given the mother’s inability to engage in the service process for the first few years of the case due to mental health barriers, and the father’s unavailability due to incarceration, the service plan focused specifically on the needs for change in the focus child and the services that would be required to assist him in making these changes. While legal permanency was not achieved in this case, all options were thoroughly explored and the family’s decision to keep the agency involved for support and services was respected. The case plan and all current case documentation focus on the child’s needs for development now; namely improved school performance and progress in developing skills that will aid the focus child in successful independent living as an adult.”*

Relative to Sustainable Supports, there appears to be a heavy reliance on one or two supports 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. A reviewer on a case where Informal Supports were lacking wrote, *“All those interviewed did have an idea of how this case could close; however, the mother lacking sustainable supports was directly tied to closure being a reality. Because sustainable supports are a challenge in this case for the mother, it is unclear how it would be possible to close the case successfully. The mother has a strong team of providers but these supports are all formal and it is essential to formulate a team of informal supports around the mother and family in order for them to successfully leave the system for good.”*

Resource and Support Use

There are three elements to Resource and Support Use: youth/child use, which was at seventy-three percent acceptability, parent/family use, which was at ninety-two percent in the 4-6 range and substitute caregiver use, which scored at eighty-six percent in that range. Overall, it appears that families, particularly parents and substitute caregivers, in this sample were receiving and utilizing the services and supports provided to them. Cases that illustrate Resource and Support Use as a strength and challenge in practice are found below.

“Resource and support use has been actively targeted to address areas of family challenge. The mother is being provided with an effective level of in-home training, assistance, and support. Formal agency services have included family preservation, in-home family support and parenting, and intensive in-home therapy. Community based services included truancy prevention, special education services, early head start, and a housing program. The family has successfully progressed from an ongoing crisis state to stabilization. When asked to rate how things are going with service providers, the mother rated her experience as “10 plus; better than best.” When asked if there was anything that was not working so well, the mother stated, “Everything is working perfectly.” She went on to say that she wants her service providers to be able to help other families.”

A reviewer noted that Resource and Support Use could benefit from more focus due to, *“Independent living skills were identified as a need for the focus child and the service has been referred and provided, but the child has clearly not engaged nor benefitted from the process. The substitute caregiver is quite concerned about how the child will be doing six months from now when he’s an adult. While the mother eventually engaged in mental health treatment, neither parent was offered other supportive services or assistance towards establishing a safe home environment for the focus child. It appears that both parents are now willing to engage with the worker and team in order to assist in the focus child’s transition to adulthood.”*

Tracking and Adjustment

All of the cases in the review sample scored in the acceptable range for Tracking and ninety-two percent were in the 4-6 range for Adjustment. Effective Tracking involves maintaining ongoing situational awareness of case progress and effective Adjustment results in the revision of plans and interventions when circumstances change with the family when working safe case closure. There were several examples of good practice in this area such as the following. In one case the reviewer wrote, *“An area of strength is around the tracking and adjusting done by the case manager. She*

maintains consistent contact with the various service providers on the case. She also checks in with the mother and relative caregiver to see how the services are benefitting the family. At one point in the case the mother shared with her case manager feelings of dislike for the service provider she was seeing for her substance abuse. The case manager changed the service provider to adjust to the mother's needs. The case manager was able to express the importance of the client to be comfortable with any providers she is working with. The case manager also adjusted to the mother's wishes when the mother asked that her mother and sister not be a part of the team meetings. Initially it was noted by the worker that the mother appeared anxious and uncomfortable during team meetings with her mother and sister. Only when the case manager approached the mother did she express her desire to have them not participate in the meetings."

Maintaining Relationships

The review examined the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves 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 address the relationship building strategies used when families are living apart. This area of practice appears to be an emerging strength for Kenosha County. 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	75%
Family interactions: birth father	43%
Family interactions: siblings	50%
Quality relationship: birth mother	75%
Quality relationship: birth father	57%
Quality relationship: siblings	50%

The Family Interactions and Quality Relationships scores for the birth mother demonstrate notable improvement, eighteen percent and thirty-two percent respectively, over scores from the previous review. Compared to 2007, there was a seventeen percent increase in acceptability of Quality Relationships for birth fathers. Although there has been some progress regarding sibling family interactions, both the areas of practice are at fifty percent in the 4-6 range.

Two cases are offered below to illustrate the positive impact of maintaining family connections. The reviewer in one case wrote, *"Family Interactions and Quality Relationships for mother and siblings scored in the maintenance zone. The focus child and her siblings were placed in the maternal grandmother's home at the time of removal. The mother was able to visit the children on a regular basis and assist with their care by helping with homework, dinnertime and bath time. The*

mother and the children's contact were supervised by the maternal grandmother, which was supported by the agency. After the focus child and her sibling were returned to the mother's home, the family decided to allow the focus child's half-sibling to remain with the maternal grandmother under a guardianship. The focus child is able to visit her grandmother and half-sibling on a regular basis and the half-sibling also spends time with the focus child in the mother's home. As previously noted the maternal grandmother resides in the same neighborhood of the mother and her home is within walking distance." Another case scoring in the acceptable range for the mother and siblings found that, "Family interaction over the years and the quality of the family relationship between the caregivers, the mother, and the siblings was excellent. The substitute caregivers were committed to ensuring that separated siblings visited each other regularly and they maintained weekly in-person contact with the mother, even during times when her mental health was very much out of control. The substitute caregiver has capitalized on the mother's recent interest in being involved with decisions related to the focus child's schooling, and works to have her voice heard in family meetings."

The review revealed some areas of struggle as it relates to this area of practice. The following case highlights challenges that may arise due to the level of parental involvement and half-sibling relationships. This case scored in the unacceptable range for Family Interactions and Quality Relationships for the mother, father and siblings. The reviewer wrote, *"The focus child's mother has not seen her daughter since she was placed in the foster home. There are no opportunities in place to build her relationship with her maternal half brother. The half brother resides with his father and there are concerns that need to be addressed about the potential impact of visits considering the focus child has never lived with him, does not have a relationship with him, and there is uncertainty about the focus child's permanency. Regarding interactions with the father, his supervised visitation has been reduced; however it was shared during interviews that he has connected with his daughter and she goes to him when they visit. Including the father in his daughter's doctor appointments and other services would provide another method of family interaction where he could build on his relationship with her and increase his understanding of her needs."* In another case that scored in the improvement zone for Family Interaction and Quality Relationships for and siblings it was noted, *"The focus child has half-siblings but has no relationship with them. The focus child has expressed a desire to see his half sister who resides in the same city. She has been approached but was given the choice of contact, which she declined. The focus child is experiencing a loss of this relationship which he had in the past."*

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 Kenosha County sample.

Six month Prognosis	Percent
Improve	25%
Status quo	75%
Decline	0%

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. It is recommended Kenosha County, in consultation with the Division of Safety and Permanence, enhance Access and Initial Assessment practice by:
 - a. Creating an Access guide for taking Access calls. There is an opportunity to ensure it is aligned with the prompts in eWiSACWIS, which assist workers with gathering the most appropriate information to identifying and analyzing present and possible impending danger threats.
 - b. Collaborating with the Coordinated Response to Child Abuse (CORE) team to revisit the policies around drug affected infants, assuring they align with Child Protective Services (CPS) safety standards and federal guidelines.
 - c. Taking the lead on implementing the mandated reporter trainings that occur within the school system to assure the most accurate and consistent information is shared.
2. It is recommended Kenosha County reevaluate the current method of conducting multidisciplinary staffings to:
 - a. Include the family in the decision making process.
 - b. Use the staffings as an opportunity to develop agency teaming and practice models.
3. It is recommended Kenosha County, in collaboration with the Wisconsin Child Welfare Professional Development System, provide safety foundation trainings to practice partners who provide services to the families served by Kenosha County, to address the perception that practice partners have differing understandings of safety than do agency workers.
4. It is recommended Kenosha County develop strategies to engage fathers and/or non-custodial parents.
 - a. There is a pattern of lack of father engagement; a challenge Kenosha County shares with other systems in the state and country. The potential for fathers to contribute to better outcomes for children appears to be underestimated in many cases, which results in outreach and engagement efforts being limited. It is recommended Kenosha County seek additional approaches to strengthen engagement of fathers, provide supervisors with case consultation tools that will help case managers focus more skillfully on engaging fathers, increase accountability for performance in this area, and join with legal partners, using the court system as a resource to assist identification of fathers.
5. It is recommended Kenosha County staff develop skills in defining, in behavioral terms, what safe case closure may look like for a particular family, specifically for families who are working with voluntary services.

6. It is recommended Kenosha County further study what is driving the re-entry of children into the child welfare system and develop strategies to reduce the re-entry rate.

Appendix 1

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

The purpose of the Access and 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 (20)

- Paper review of screened out Access reports (8)
- Monitored Access calls (4)
- Reviewed Access reports associated with the Initial Assessments (7)
- Paper review of screened in Access report (1)

Initial Assessment (7)

- Reviewed recently completed Initial Assessments

Access Practice Performance

The following information contains themes and patterns which were collected from the review of 20 Access reports.

Access – Strengths

- Access reports are screened within 24 hours. Emergency cases are brought to a supervisor's attention immediately.

- Workers demonstrate professional telephone skills when taking calls; they use open-ended questions and have an appropriate tone and demeanor.
- There is diligent inquiry made regarding details related to the alleged injury and maltreatment.
- There is thorough gathering of demographic information. This includes accessing data through other systems such as CCAP, eWiSACWIS, CARES, Child Support, Kenosha Unified School District, and law enforcement.
- Workers are knowledgeable about community-based resources and make appropriate referrals as is necessary.

Access – Challenges

- There is limited information gathering around child, adult, and family functioning and parenting practices. Specifically, there are missed opportunities when the reporter may know the information, such as a teacher or relative.
- The agency form used to gather Access information is not aligned with eWiSACWIS; it does not prompt questions that assist with identifying/analyzing present and impending danger threats.
- Screening decisions are inconsistent among back-up supervisors.

The following information was collected from the review of 20 Access reports.

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, forty percent of cases scored in the 4-6 range. Some of the cases provided thorough information related to the alleged maltreatment and clearly outlined the information the reporter wanted to report. In addition, in one particular case, other supporting information that would be useful for the assigned IA worker was clearly documented. *“The information is in the report regarding the concerns for the injuries to the child (description of the black eye and bruises on the neck and back). There is information as to the family’s location. The worker asked about Native American heritage for the child and it was documented “unknown to the reporter.” The children’s school information is documented and there is a brief description of the six-year-old’s demeanor. The report reflected that CCAP was checked and documented for the mother and father. Additional questions were asked by the worker and the report reflects the report’s response ‘unknown to the reporter.’”*

Gaining a full understanding of how the thorough gathering of information influences the understanding of the family situation and assessment for present or impending dangers at the point of Access may assist the Access worker in knowing the importance of asking specific information from the reporter. One case demonstrated where key information that could have influenced the decision making was missing. Reviewers, who were able to observe the Access call, wrote, *“The access report was incident focused. The access worker needed to inquire about the child’s functioning and parental capacities. Though the reporter spoke of a pattern of injuries over the last two months none of the information was documented in the access report. The access worker did not inquire about domestic violence, AODA, or general functioning of the parents.”*

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, thirty 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 asked questions of the caller about the safety of the children. The worker recognized the potential issues related to the home/car condition and the caller's health concerns. The worker asked follow up questions and obtained information to understand the caller's functioning and family's basic needs. The worker further explored the parenting capacities of each parent and who is responsible for the every day care of the children. The mother cares for the children when the father is at his second shift employment. There is an understanding of the mother's mental health issues (bipolar disorder, anxiety attacks and depression) and how this impacts her ability to provide for the children's safety and well-being.”*

Limited information-gathering influences the understanding of the family situation and limits the assessment of child safety. Reviewers, who were able to observe the Access call and review the corresponding Access report on one case, identified areas of information-gathering that were lacking, which in turn limited the Depth of Understanding. Reviewers wrote, *“The report is incident focused and inquiry about child functioning, parent functioning and family functioning were not explored. Because of this, a limited understanding of the child/family circumstances exists. The reporter referenced possible domestic violence and this was not followed up with during the call.”*

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 affect 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 Kenosha County review, all three (one hundred percent) of the cases rated for the worker scored in the 4-6 range, while six of the seven (eighty-six percent) Access cases rated for the supervisor were in the 4-6 range. In one case, it appears the supervisor may have been influenced by agency policy that is driven by community stakeholders. Reviewers noted, *“The supervisor has good awareness of undue influences which direct practice. The supervisor is aware that the supervisor has no choice in the screening decisions for cases, where a mother tests positive for drugs at the birth of the mother's child, due to agency policy. Although the supervisor is aware of undue influences, the supervisor is not able to prevent undue influences from affecting screening decisions due to agency policy. One of the unintended consequences of this policy drives the agency to be more incident focused.”*

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 to gather, understand, and apply available information in making strategic decisions (e.g., screening of report).

In the area of Critical Discernment, fifty-five percent of the 20 cases reviewed scored in the 4-6 range for the screening decision and sixty 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). A diligent gathering of information lends to a deeper understanding of the situation, thus influencing the degree to which the information can best be analyzed and accurate screening and response time judgments made. In one case that scored in the 4-6 range for both the screening decision and response time, reviewers recognized the worker's and supervisor's ability to understand the urgency of the situation and implemented the most reasonable screening and response times. Reviewers wrote, *"Based on the information collected the decision to immediately screen the case and respond immediately was an accurate response. There were existing present danger threats requiring assistance from CPS to address these threats."*

A case that scored in the 1-3 range in the area of Critical Discernment for response time illustrates not only the need to gather sufficient information, but also to understand and analyze it, in order to make the most appropriate decisions. In addition, a more complete understanding of safety threats is necessary in order to comply with state standards related to assigning response times. In the event the worker taking the Access call is not the worker responsible for making final screening decisions, it is important to fully capture the information shared by the reporter. It was noted that, *"The report was incident focused and there was limited information (child and parent functioning) gathered that prevented a more thorough analysis and synthesis of the information. There was information the reviewers noted while observing the Access call, which is not contained in the Access report; the reviewers question the response time. One present danger was identified but the response time was 24/48 hours. Because of a present danger threat being documented the response time should be same day."* In another case reviewers noted, *"The access worker focused on visible injuries and did not inquire about child functioning, parent functioning or parental capacities. This resulted in a great deal of missing information and a very incident focused analysis of the situation. More comprehensive information was necessary in order to make well-reasoned decisions."*

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. The supervisor was interviewed for seven Access reports and fifty-seven percent of the cases scored in the acceptable range. In the Kenosha County review, Confidence in Decisions Made was not rated for the Access workers as this is not part of their role. The reviewers' level of confidence in the decisions made at Access scored in the 4-6 range in fifty-five percent of the 20 cases reviewed. When both the reviewers and the supervisor were confident in the decisions made reviewers wrote, *"Confidence in Decision Made for the Supervisor and Reviewers rated in the maintenance zone. The reviewers agree with the entry on a Service Report and the screening decision. During the interview, the supervisor confirmed she used additional information about the family (past CPS history and involvement with Prevention Services Network) in the screening decision and it enhanced the supervisor's understanding of the family and the agency's ability to help."*

Reviewer confidence in the screening decision fell when information gathering limited the ability to appropriately assess for safety at Access. In one case, reviewers wrote, *“The information about family functioning was not described sufficiently in the write up to indicate that there were no safety concerns/impending threats. It was difficult for the reviewers to determine if the report should be screened out. There is no information to indicate safety threats were found; however, the lack of information prevents the reviewers from determining either way (screened out or screened in).”*

Initial Assessment Practice Performance

The following themes and patterns were collected from the review of seven Initial Assessment cases.

Initial Assessment – Strengths

- Workers function well as a team; there is cohesion within the IA unit.
- Workers are non-judgmental and maintain neutrality throughout the assessment process.
- Initial face-to-face contacts are made within the assigned response time.
- Workers demonstrate skill in engaging primary caregivers.
- Workers make contact with all household members when gathering information.
- Workers are skilled in assessing underlying needs and identifying possible impending danger.
- Workers make efforts to prevent families from becoming formally involved in the system.
- Daily debriefings between the IA supervisor and Juvenile Crisis Intervention supervisor promote ongoing communication about IA cases.

Initial Assessment – Challenges

- There is inconsistent follow up with collateral contacts when additional information may be pertinent to the overall assessment.
- There is inconsistent documentation of child, adult and family functioning. Workers have greater knowledge than what is actually documented.
- Initial Assessment practice between the county IA unit and Juvenile Crisis Intervention is inconsistent.
- There are undue influences from schools, law enforcement and prosecutor which significantly impact practice decisions.

The following information was collected from the review of seven Initial Assessment cases.

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 seven Initial Assessment cases reviewed in Kenosha County, one hundred 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, *“Engagement scored in the maintenance zone. The worker uses the step-wise protocol when interviewing children and starts the interview with getting to know what the child likes or dislikes. The worker learned the child likes to swing on her bunk bed, play on the trampoline and monkey bars. The worker*

appeared to approach the father in a non-threatening manner due to the fact the father disclosed that his initial avoidance of the worker was because he thought she was a bill collector. The worker describes that she approaches people in a nonjudgmental manner, is straight forward, and treats people with respect. Responsiveness scored in the maintenance zone. The worker went to the school to see the children and to the house to interview the parent on the same day she was assigned the case. The worker's response to the referral was faster than required by the established response time in the Access Report."

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

In the area of Diligence of Inquiry, seventy-one percent of cases reviewed scored in the 4-6 range. In one case which rated in the refinement zone, the worker explored many avenues of gathering information that would contribute to the assessment. Reviewers wrote, *"The IA worker did a thorough job in collecting information about the mother's functioning, parenting capacities, supports system, and the family's strengths. The worker was able to obtain a very good picture of the family's functioning and stressors in the home."* In that same case, however, reviewers identified how additional interviews and contacts would have contributed to a better overall understanding, *"The IA worker did not attempt to contact the fathers for either child and based the decision to do this on the mother's desire not to have the fathers involved. The IA worker did not gather all collateral information on the five year old and information from the child's school and pediatrician could have been pursued."*

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. Six of the seven cases (eighty-six 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. Four of these cases (eighty 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 safety assessing and safety planning for the children, both in the parental home and in out of home placements. Reviewers noted, *"The afterhours unit placed the children with a family friend who had an open drug charge. When the agency assumed responsibility for the case, the assigned worker completed a back ground check on the provider and found she had open drug cases in CCAP. The worker explored other relatives for possible placement. There were no relatives that had a suitable home for placement and the children were placed together in a licensed foster home in a nearby county that will ensure their safety. The worker completed an out of home safety assessment which identified a present danger of the parents' lack of availability to care for the children and impending dangers related to the parents' drug issues. There were no relatives that had a suitable home for placement and the children were*

placed together in a licensed foster home in a nearby county. The worker reported he did a brief assessment of the foster home to provide for the children's safety."

Another case identifies the challenges of accurately assessing and planning for safety when key information is missing and when other systems influence the decision making and planning for a family's case. Reviewer wrote, *"There is a lack of documented understanding on what the discipline in the home normally looks like. For example, the alleged victim has some difficult behaviors but there is not a lot of detail about how the family has tried to discipline and parent the child up to the point of CPS intervention. The worker did not document why services in the home were needed or what issues of safety in the home they would address. The worker identified an impending danger threat in the home that the worker did not feel was accurate. The worker acknowledged the impending danger threat was identified because it would support the petition filed by the ADA's office. The safety plan does not specify what the goals of services are in the home or how safety in the home is going to be mitigated through the service."*

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.

Eighty-six percent of cases 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 acted in an objective and professional manner. It should be noted that this case was in the media and there was nothing revealed in the review process to indicate the worker, supervisor or agency were influenced in any manner."*

However, in another case, it was evident to reviewers that, *"the worker recognized that law enforcement and the ADA had tremendous influence on the outcome of this case."*

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).

All of the cases reviewed (one hundred percent) scored in the 4-6 range for this indicator. One case exemplified a deliberate process of gathering and assessing information, *"The worker was able to verbalize the steps she took in this process. The worker conducted a rather extensive assessment in order to rule out safety threats. The worker used the stepwise protocol when interviewing the children. The children reported the same information to the school and the worker. The father reported similar information to explain the injuries to the child. There was consistency across all those interviewed as to the explanation of the injuries."*

Another case, while scoring in the 4-6 range for this indicator, did reveal some areas of practice to build upon. Reviewers wrote, *"There was a minimal understanding of the root cause of the alleged victim's behavior in the home and at school, and there was not a documented understanding of the*

mother's normal response to the child's behavior. There is also a minimal understanding of the family's functioning on a daily basis, general parenting practices, and the family's support system."

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.

In this indicator reviewers are asked to measure the Confidence in Decisions Made in three areas: worker, supervisor, and reviewers. All seven of the cases (one hundred percent) scored in the 4-6 range, indicating that the worker, supervisor, and reviewers were confident that decisions made were correct based on the information known at the time. For one case, reviewers wrote, *"The worker took the information, analyzed it correctly and came to good decisions which ensured for the children's safety through an appropriate relative placement. The worker initiated court intervention and transferred it to ongoing to provide the family with ongoing case management and continued service referrals."*

Reviewer confidence was lower, however, still acceptable, in another case where *"reviewers think that the decision to close the case before understanding and attempting to address the underlying causes for the dysfunction was not the correct decision. Reviewers think neglectful conditions/age of children warranted opening the case for ongoing services, case planning and case evaluation."*

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 scored eighty-six percent in the acceptable range. Reviewers found that *"the IA worker clearly states in documentation her thought process, information to support the safety determination, and what information guided the worker in making her final case determination."*

However, in the same case it was also noted that *"there was too much written information under maltreatment and surrounding circumstances which included information that was not needed. Some of the information is more appropriate in case notes or other parts of the assessment. The information could have been more clear and concise which would allow documentation to be easier read and understood."*

Appendix 2

VIII. Permanency Pathway Review

The Permanency Pathway (PP) protocol is designed to evaluate the quality of child welfare services offered to children whose parents have experienced a termination of their parental rights (TPR) and whose permanency plan is adoption. The PP protocol provides an opportunity to study practice before, during and after a TPR and examines the practice of three different systems: 1) county child welfare; 2) permanency consultation offered through the Wisconsin Department of Children and Families; and 3) adoption services offered through contracted agencies.

Kenosha County DHS receives permanency consultation services through the Southern Region, with a permanency consultant based in Waukesha. Two adoption agencies are contracted to provide services in the Southern Region from offices based in Waukesha and Janesville. Four cases were reviewed during the review week, which included interviews with the county ongoing worker for the focus child's case, the state permanency consultant, and the contract agency adoption worker who works with the child and family after TPR. Of the four cases reviewed, three of the focus children were living in a pre-adoptive home, while the fourth had undergone an adoption finalization. Three children were in the age group 0-4 years and the fourth in the age group 10-13 years. There were two girls and two boys in the sample.

The indicators related to status and practice performance in the Permanency Pathway protocol are similar to those of the Ongoing QSR protocol. The PP protocol has a number of additional areas of attention related to adoptive practice: preparation for adoption for the child and pre-adoptive family, the family's integration of the child into the family unit, and to the ability of the family to sustain the adoption throughout the child's life. In addition, consideration is given in the practice area to Family Selection, to Transitions within the Systems, to planning for Maintaining Relationships following adoption finalization, and to Case Closure.

The findings related to the four cases are summarized below. Indicators that showed particular information related to practice are included.

	Improvement	Refinement	Maintenance
Overall Child Status	0%	25%	75%
Overall Parent Status	0%	0%	100%
Overall Adoptive Family Status	0%	25%	75%
Overall Practice Performance	0%	75%	25%
• Intervention Adequacy	0%	50%	50%
• Transitions/System	0%	100%	0%
• Coordination	0%	67%	33%
• Teamwork: Formation	0%	100%	0%

The overall results of the PP review showed positive results in a number of areas. The first portion of the table relates to the three status indicators, child status, parent/caregiver status, and adoptive family status. The children who have undergone TPR have had an open case at the Ongoing level

with the county, followed by a transfer of case management responsibilities to the contract adoption agency following TPR. As such, it is to be hoped that the child has reached a stable situation and will be going through the emotional work with the pre-adoptive family to become a full member of the new family. Seventy-five percent of the children in the sample had an overall status in the maintenance zone. In addition, one hundred percent of the caregivers, who were all adoptive or pre-adoptive parents, rated in the maintenance zone. The third status indicator relates to the integration of the child into the adoptive family and the preparation of the family for sustaining the adoption; seventy-five percent of the families (three) rated in the maintenance zone. The fourth family rated in the refinement zone due to the family's challenges in grasping the role of adoptive parents.

The overall practice performance indicators additionally showed areas of strength. Twenty-five percent of the cases were in the maintenance zone, while seventy-five percent of the cases fell into the refinement zone. Of the thirteen practice indicators in the PP protocol, four different indicators are highlighted. The practice challenge that stood out, amongst many areas of strength, was the transition of the child case from the county ongoing worker through the permanency consultant to the contract agency adoption worker. The reviews of all four cases noted that case transfer did not involve a face-to-face meeting between the ongoing worker and the contract agency adoption worker, nor in any case was a phone call documented. Challenges were noted with the delay in transferring information from the county ongoing worker to the contracted agency adoption worker. Areas of opportunity in practice related to the consequences of an inadequate transition relate to issues of Coordination and Teamwork. Intervention Adequacy can be a related factor, as the adoption worker may not have access to the services that would support moving toward a sustainable adoption finalization.

The following information contains themes and patterns which were collected from the review of PP cases and from information provided in focus groups.

Strengths:

- The county is open to communication throughout the life of a case, including through finalization and post-adoption.
- The county Assistant District Attorney, whose position is dedicated to TPR cases, is seen as a great resource for the county.
- Early consultation in cases has helped to move towards permanency.

Challenges:

- Transition meetings do not occur as a rule, which can hinder a deep understanding of the family dynamics.
- Understanding the abilities and needs of foster/pre-adoptive families can be a challenge as the licensing function is not done within the county.
- Access to providers equipped deal with foster/adoptive issues and trauma is limited.

Appendix 3

IX. Review Findings

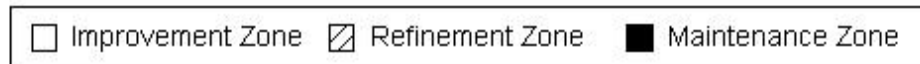
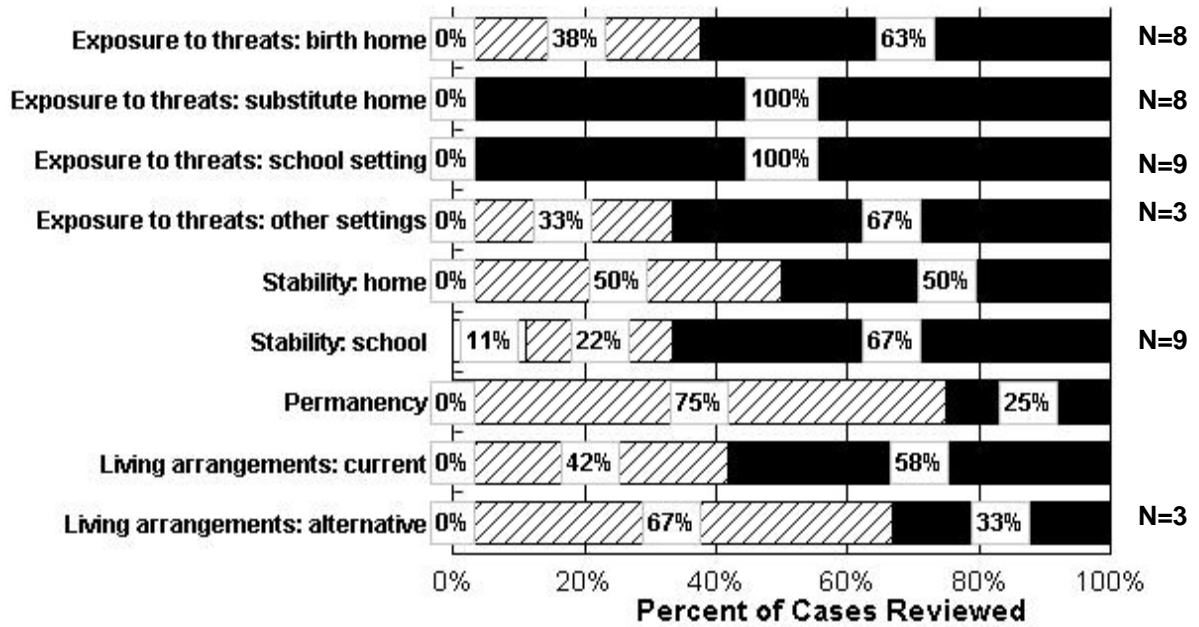
In the following, QSR data are reported in two ways. On each of the following pages related to scores, there are two different charts for each indicator. The first chart on each page uses a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement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

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

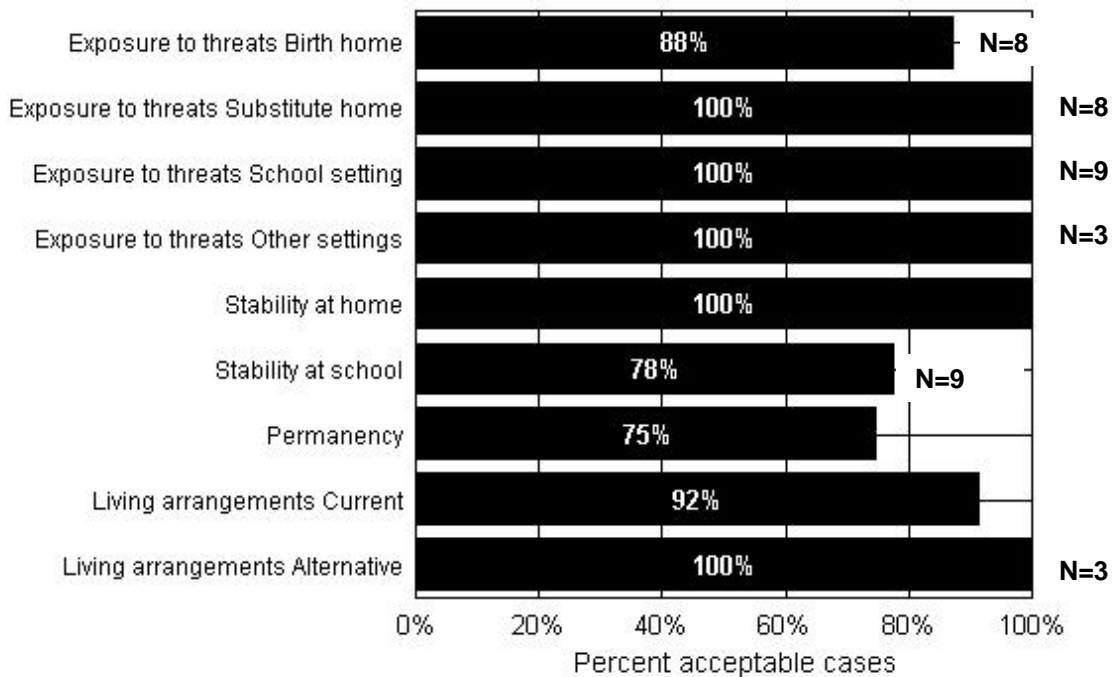
Child Status

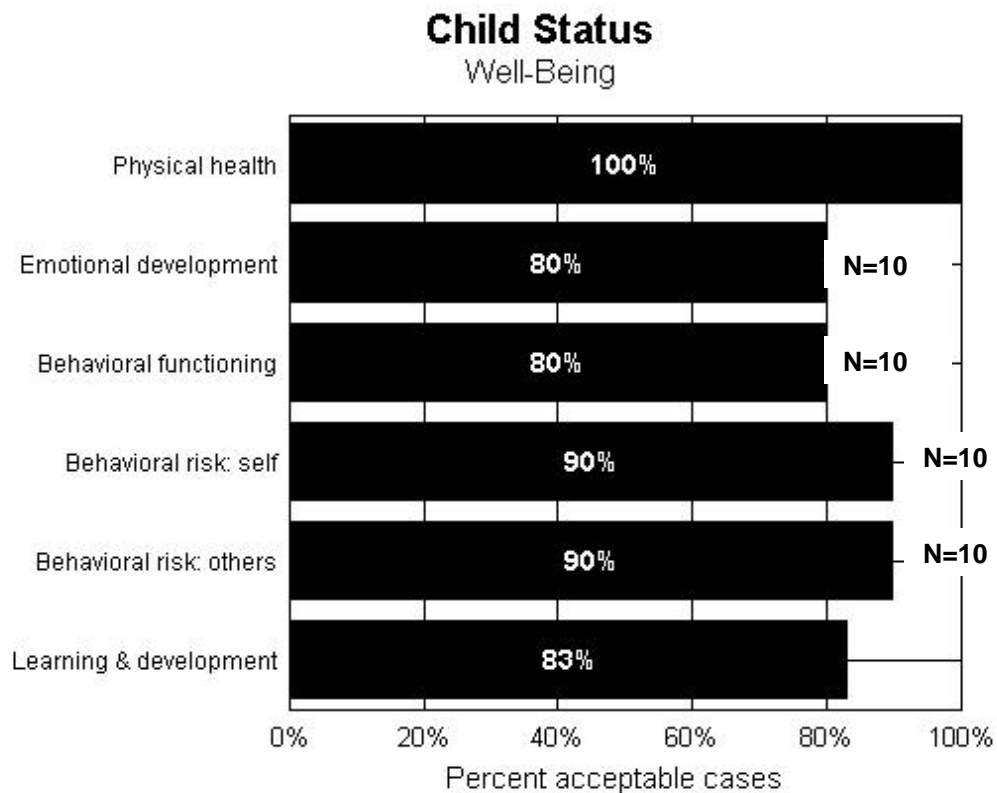
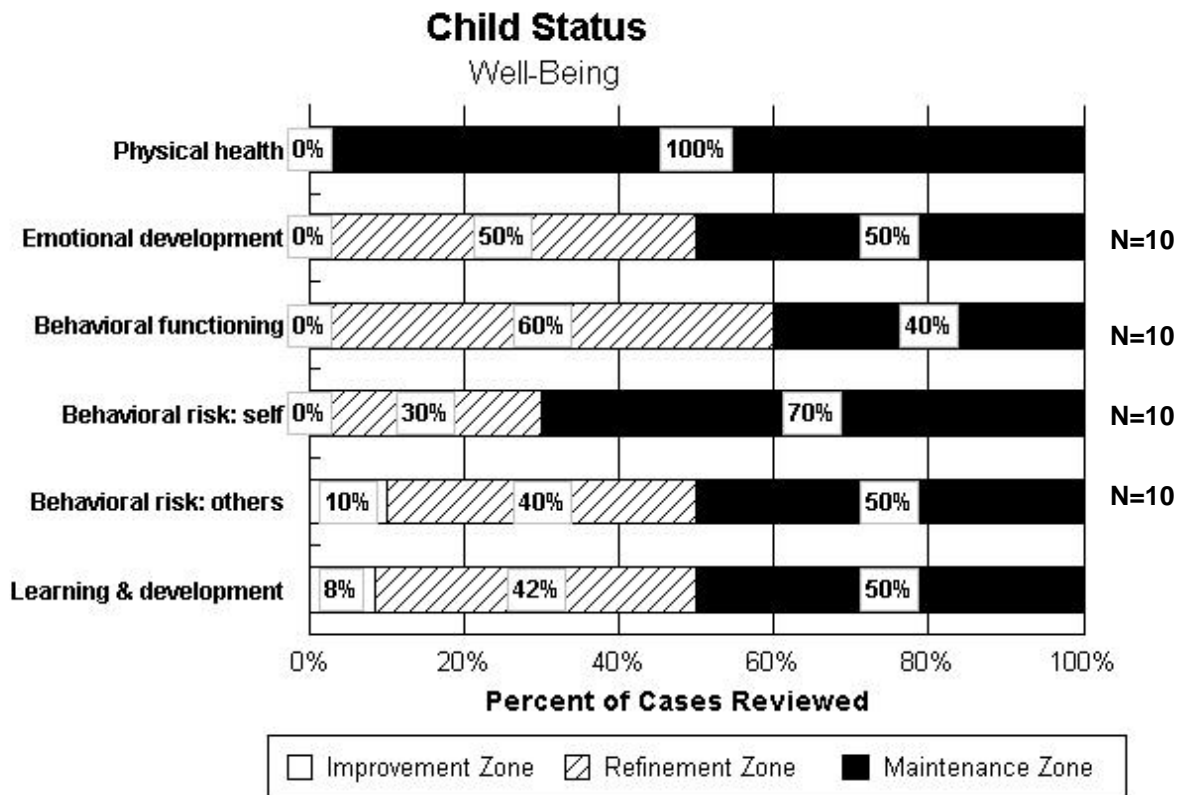
Safety and Permanency



Child Status

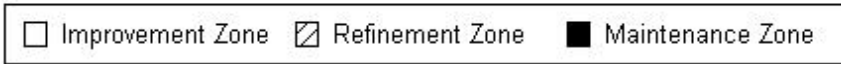
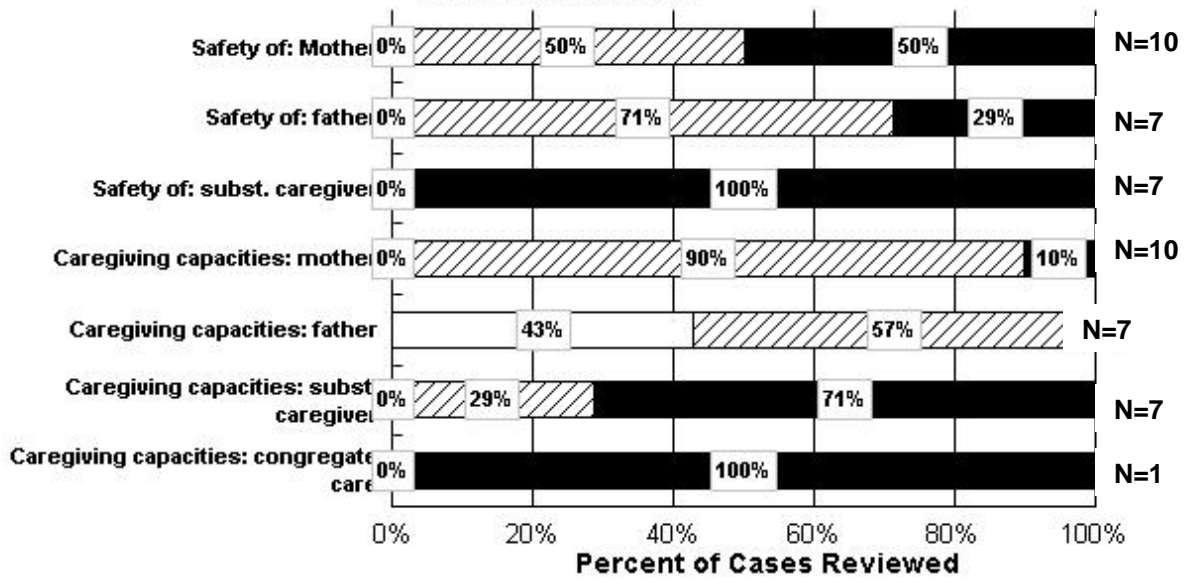
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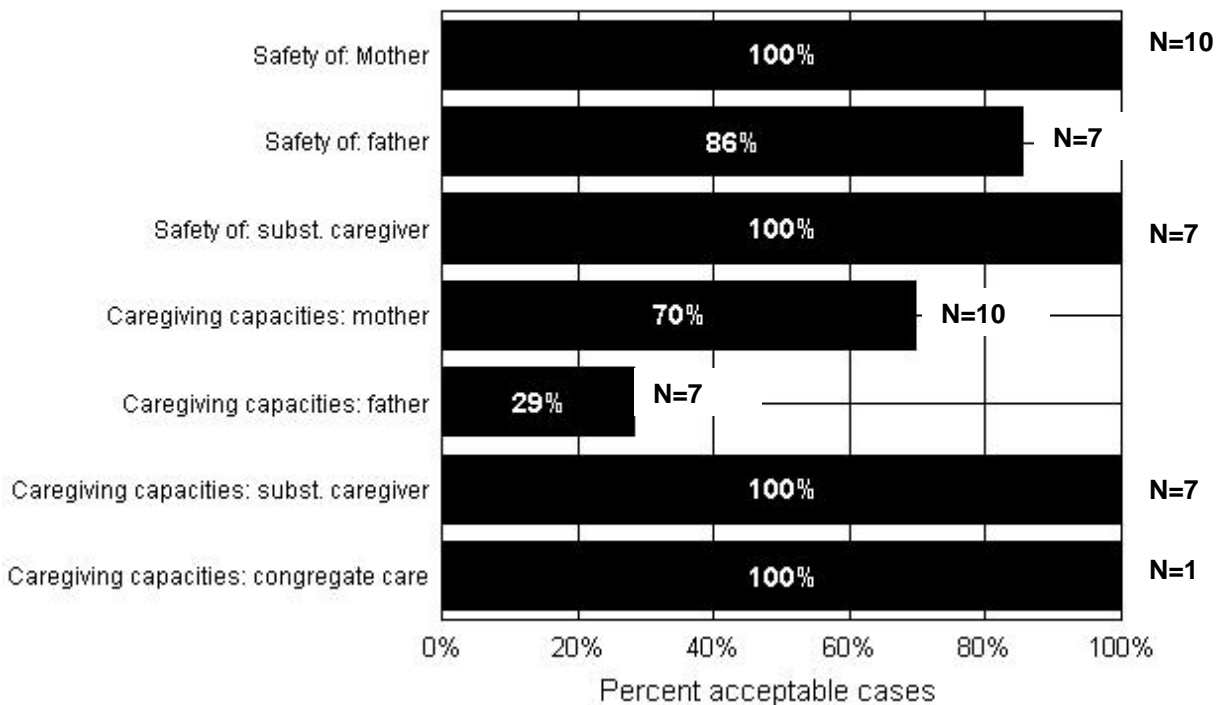
Parent/Caregiving Status

Safety and Capacities



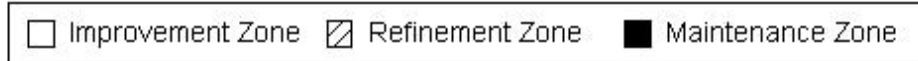
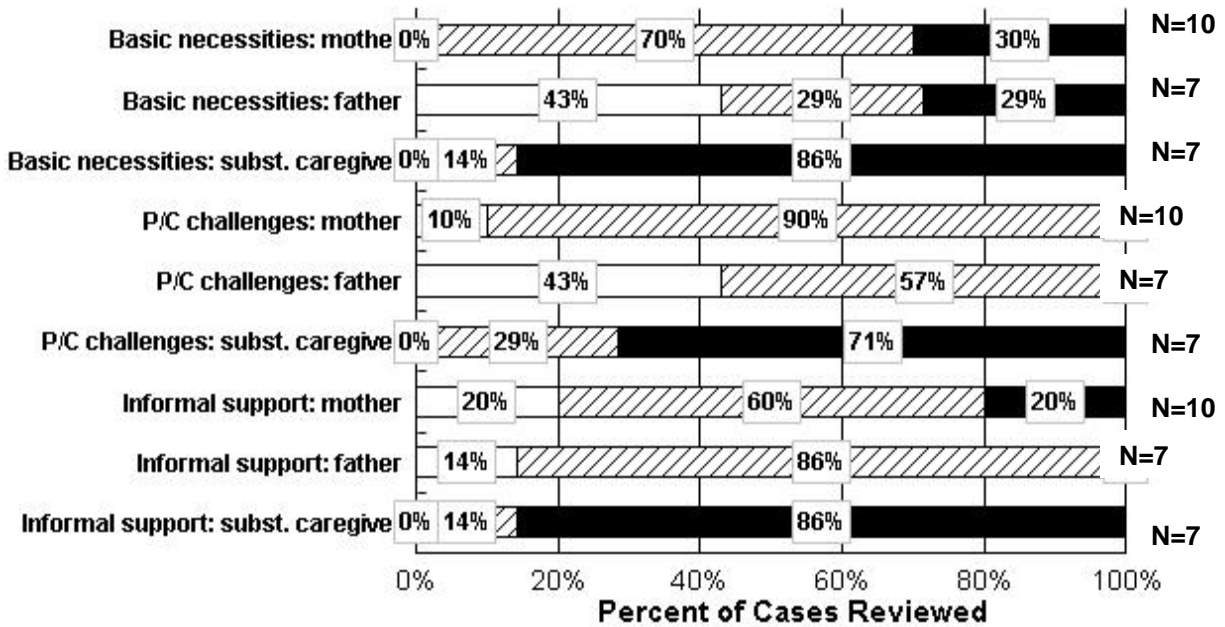
Parent/Caregiving Status

Safety and Capacities



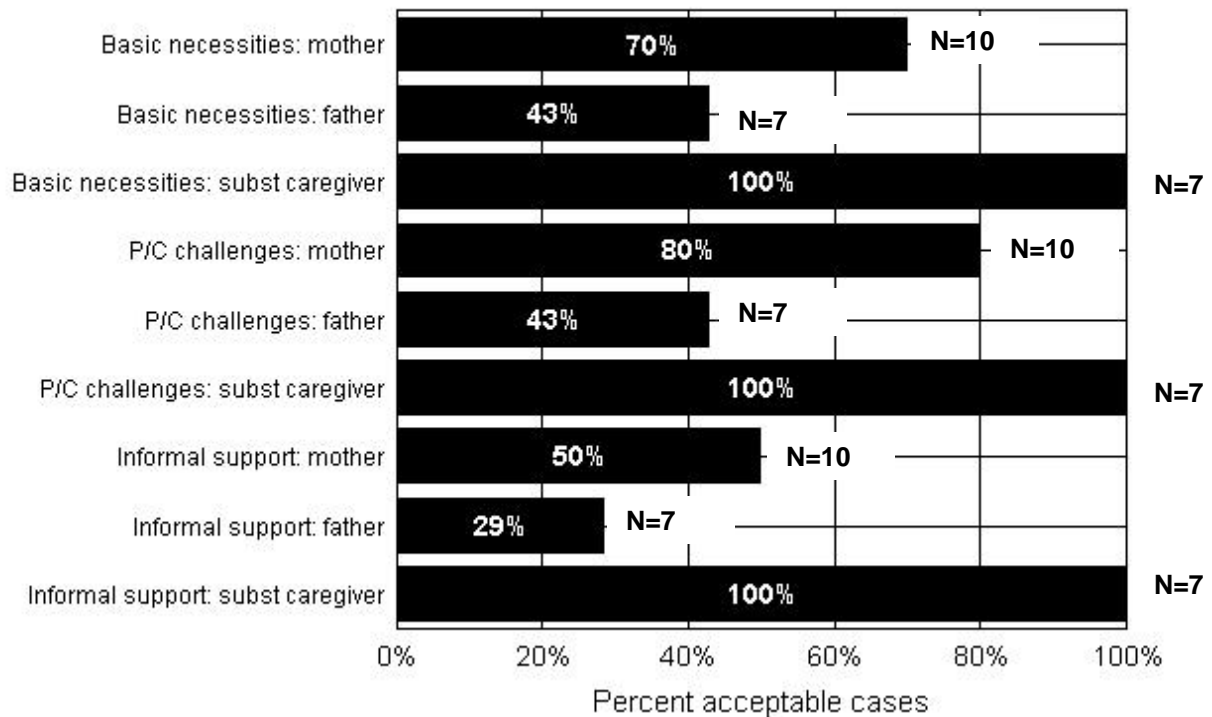
Parent/Caregiving Status

Necessities/Challenges/Support

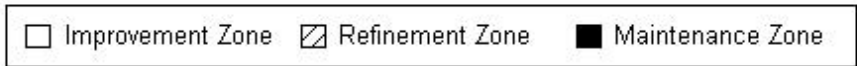
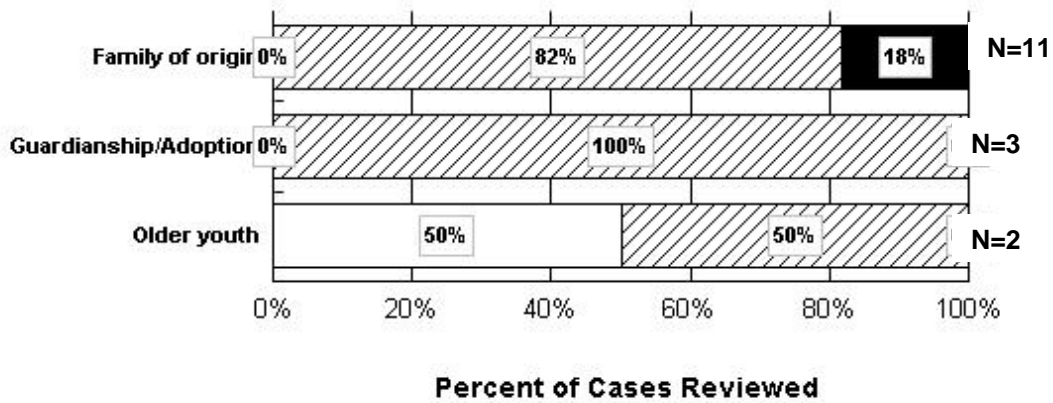


Parent/Caregiving Status

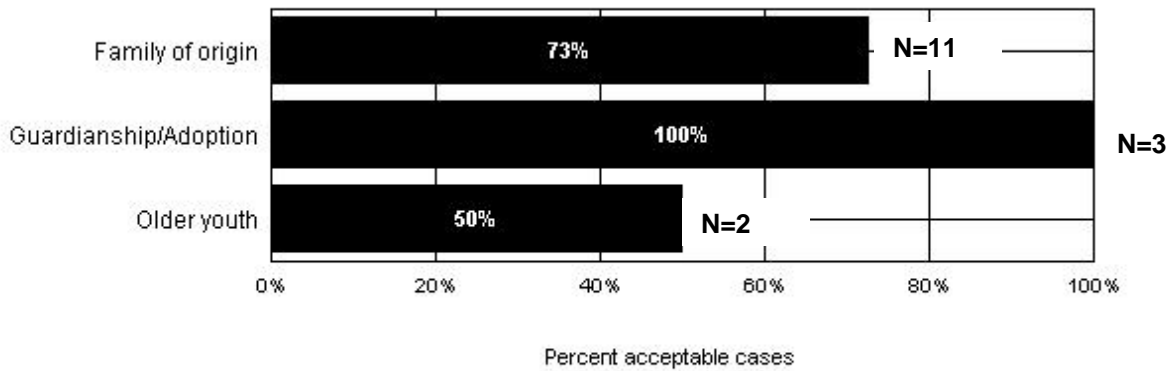
Necessities/Challenges/Support



Progress Toward Independence

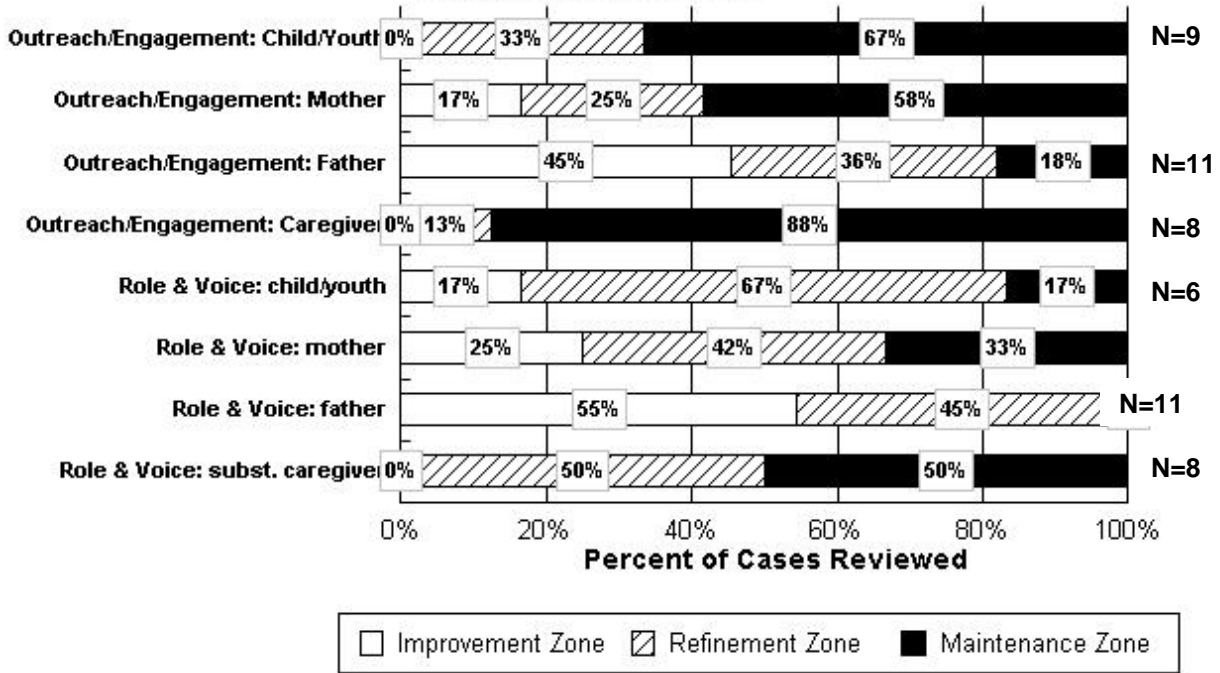


Progress Toward Independence



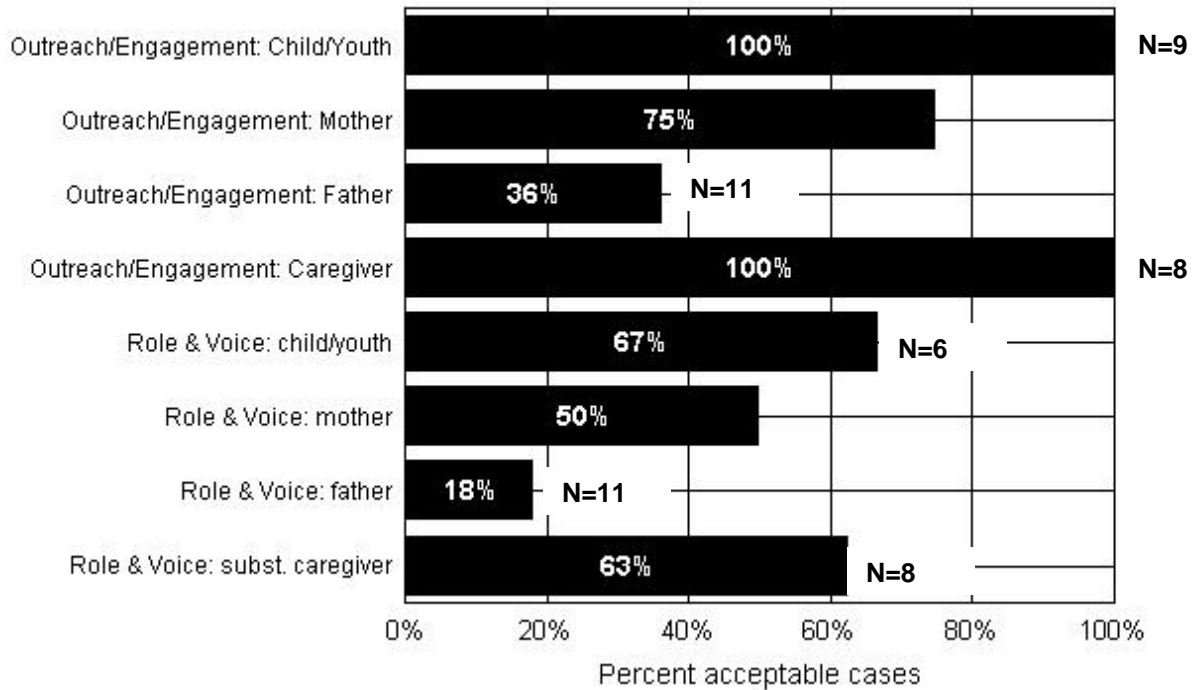
Practice Performance

Engagement/Role & Voice



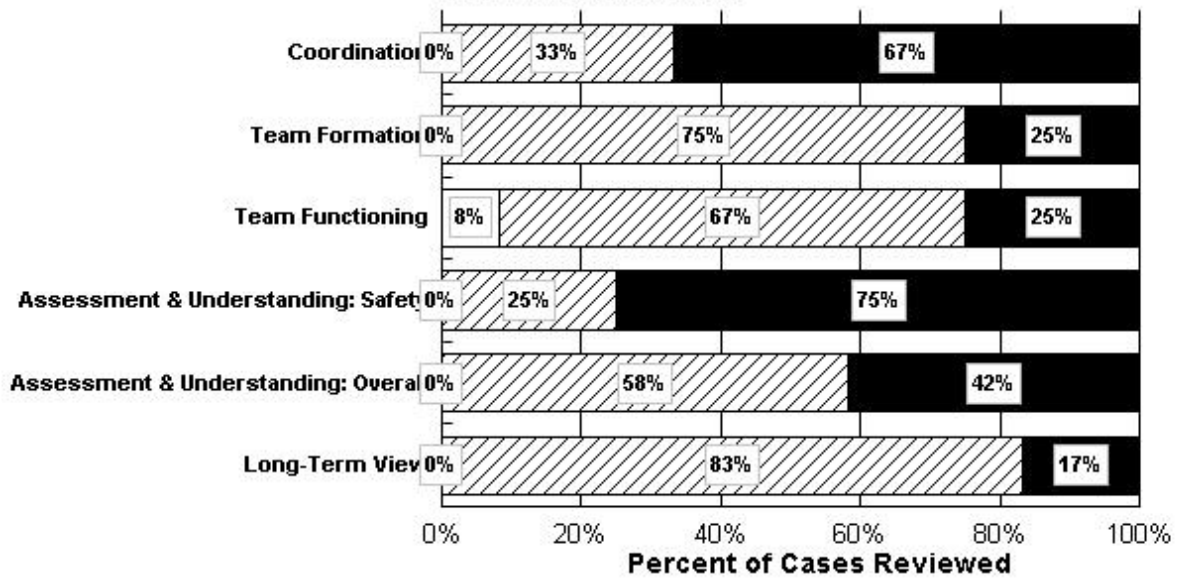
Practice Performance

Engagement/Role & Voice



Practice Performance

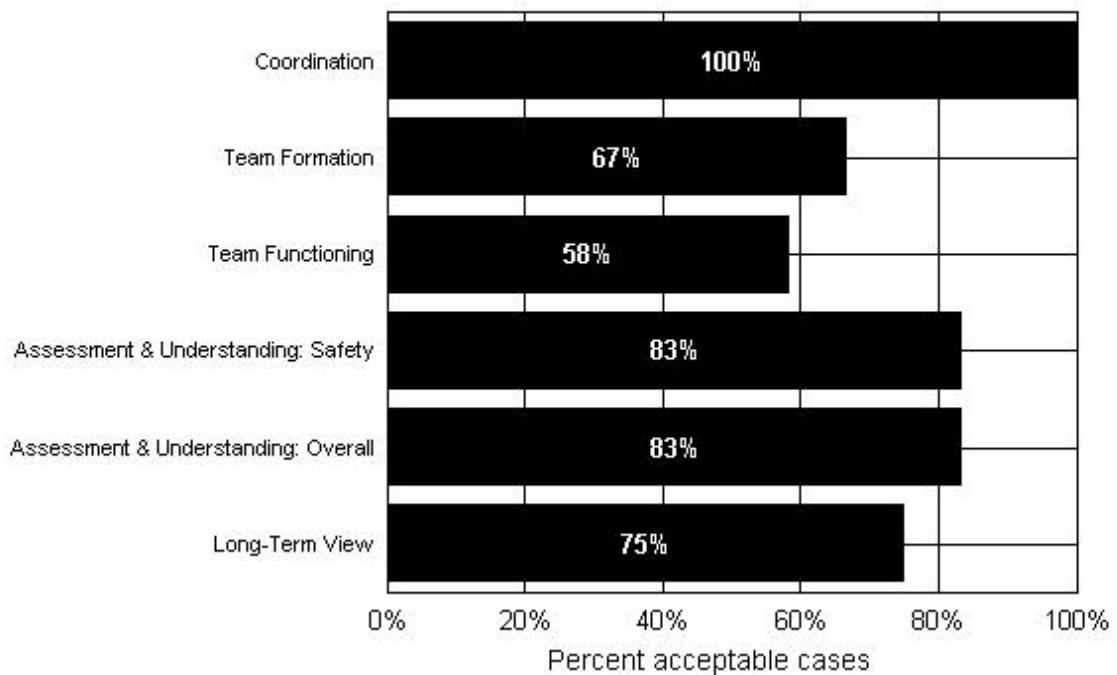
Core Practice Functions



□ Improvement Zone ▨ Refinement Zone ■ Maintenance Zone

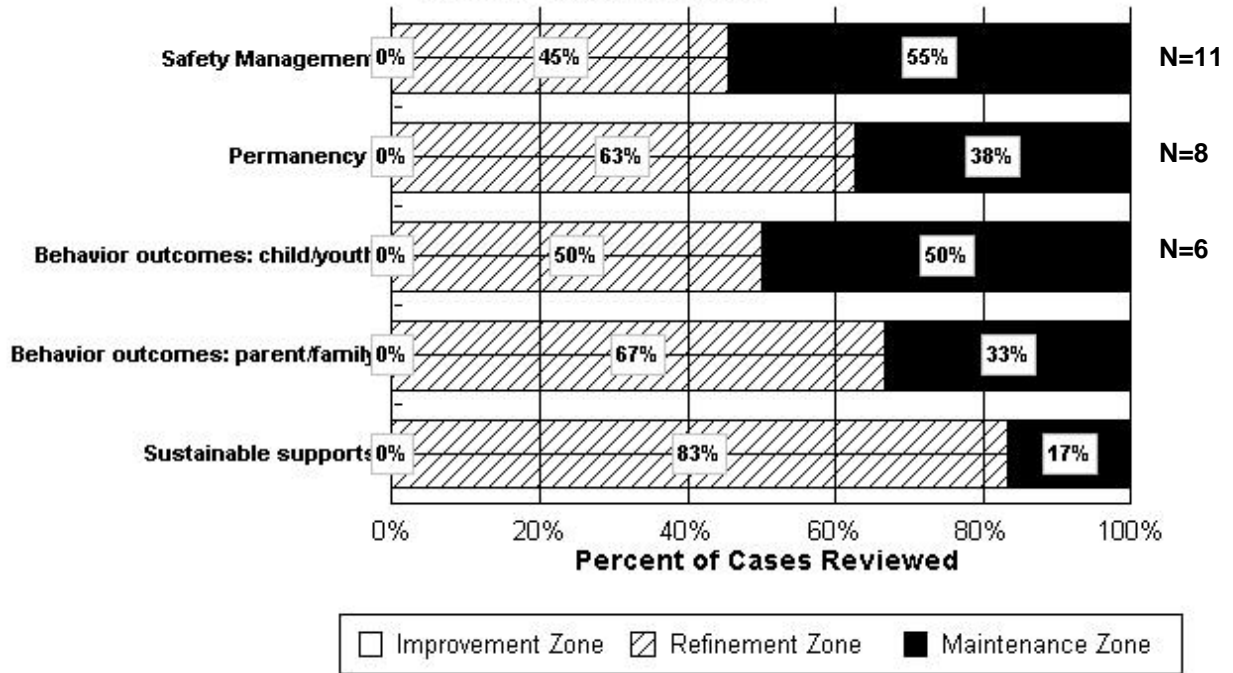
Practice Performance

Core Practice Functions



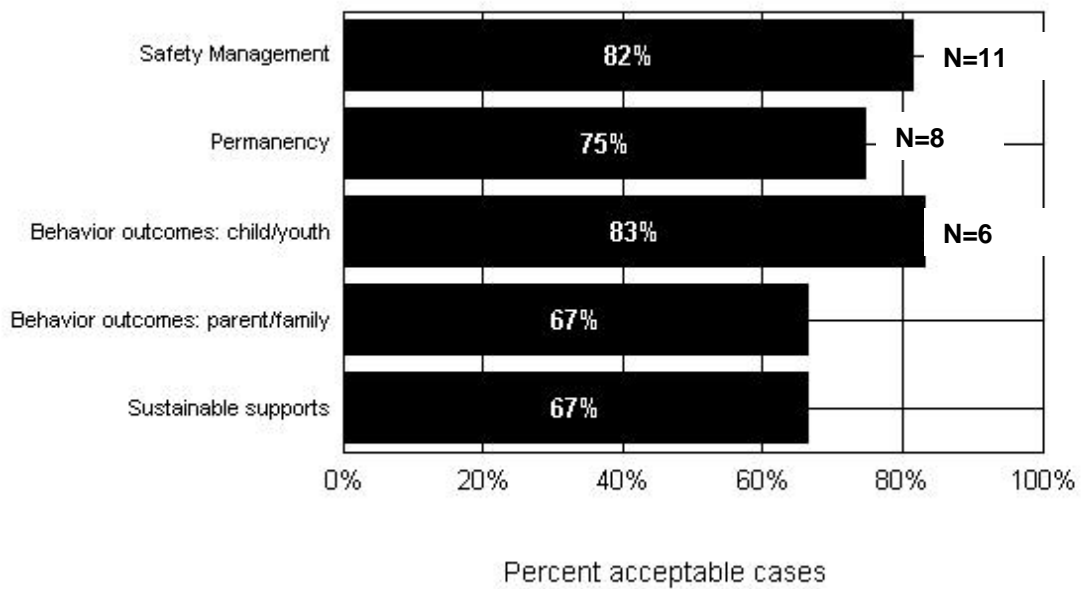
Practice Performance

Planning Change Process



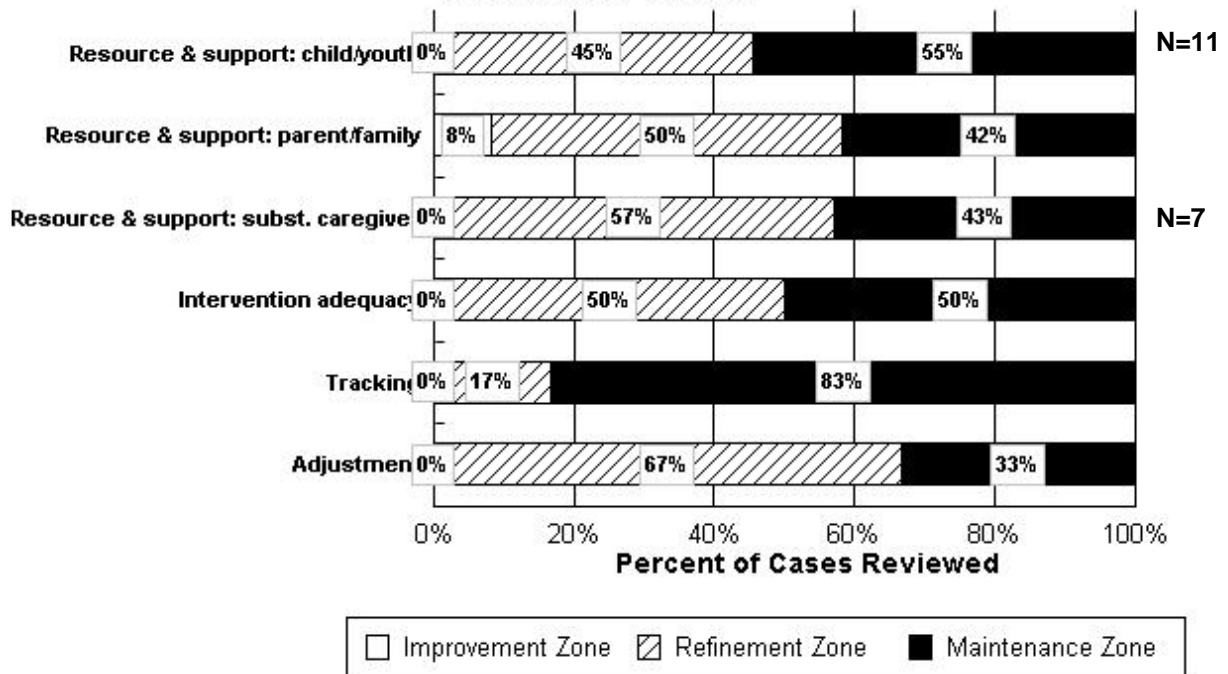
Practice Performance

Planning Change Process



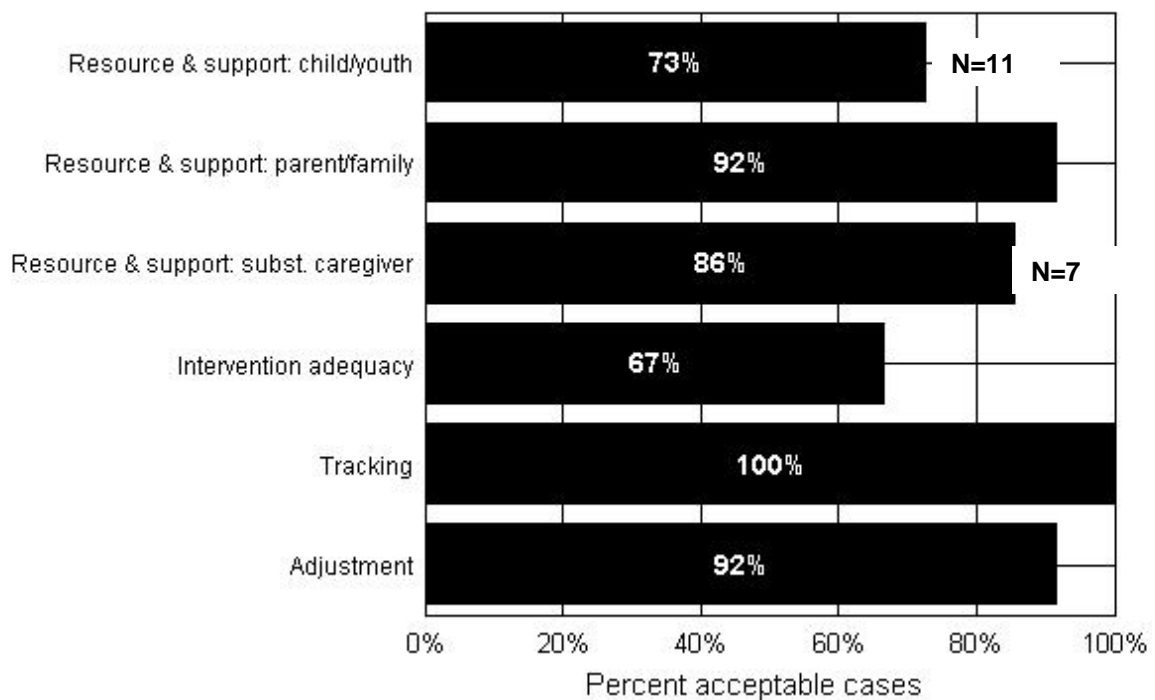
Practice Performance

Core Practice Functions



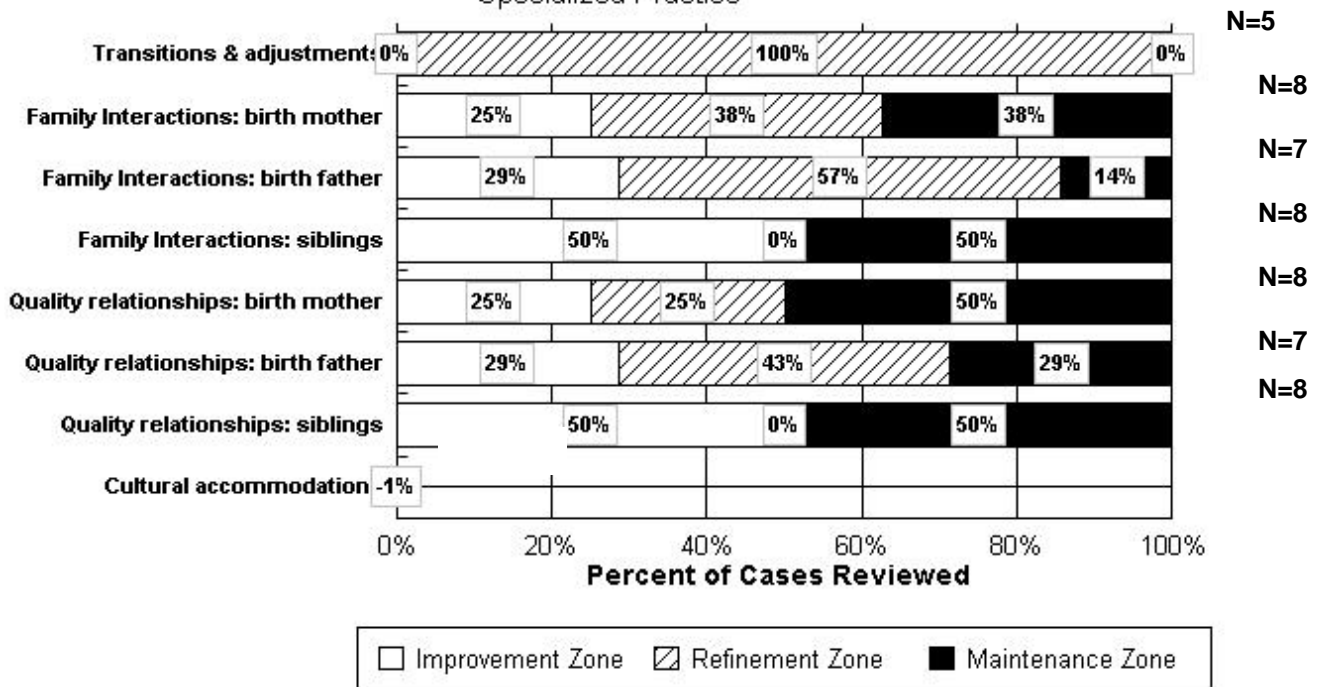
Practice Performance

Core Practice Functions



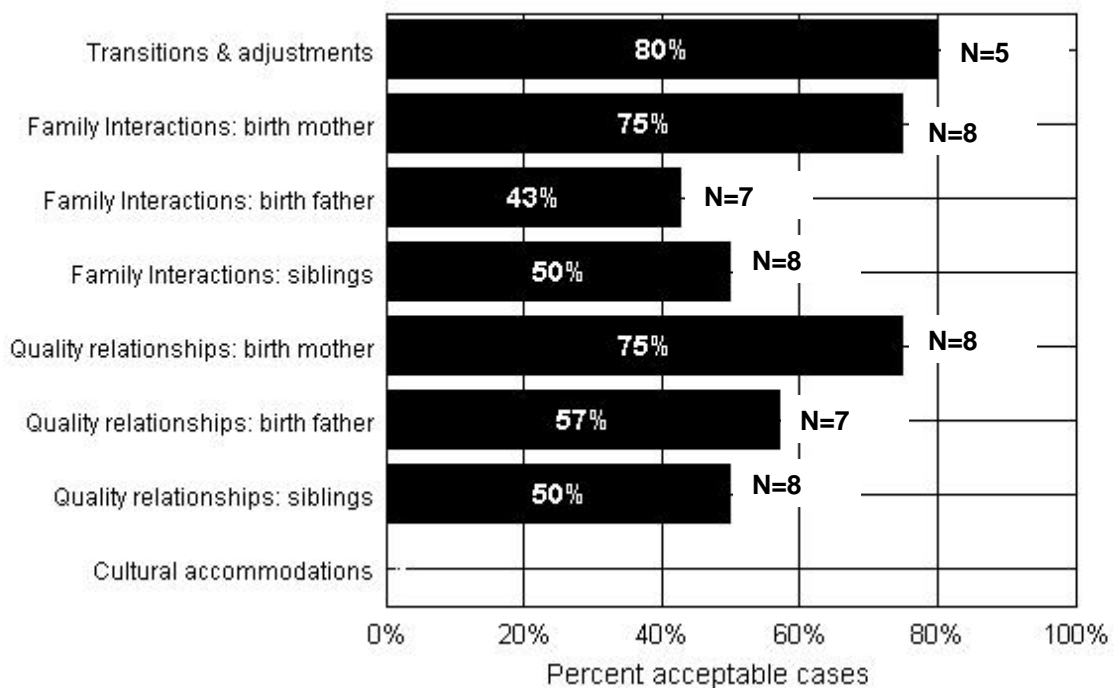
Practice Performance

Specialized Practice

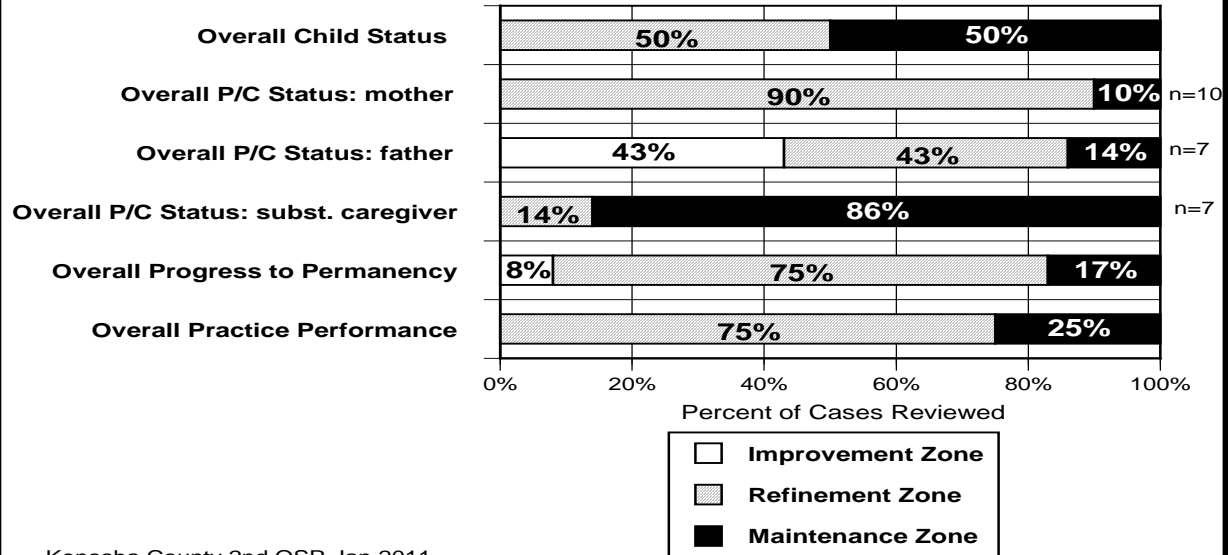


Practice Performance

Specialized Practice

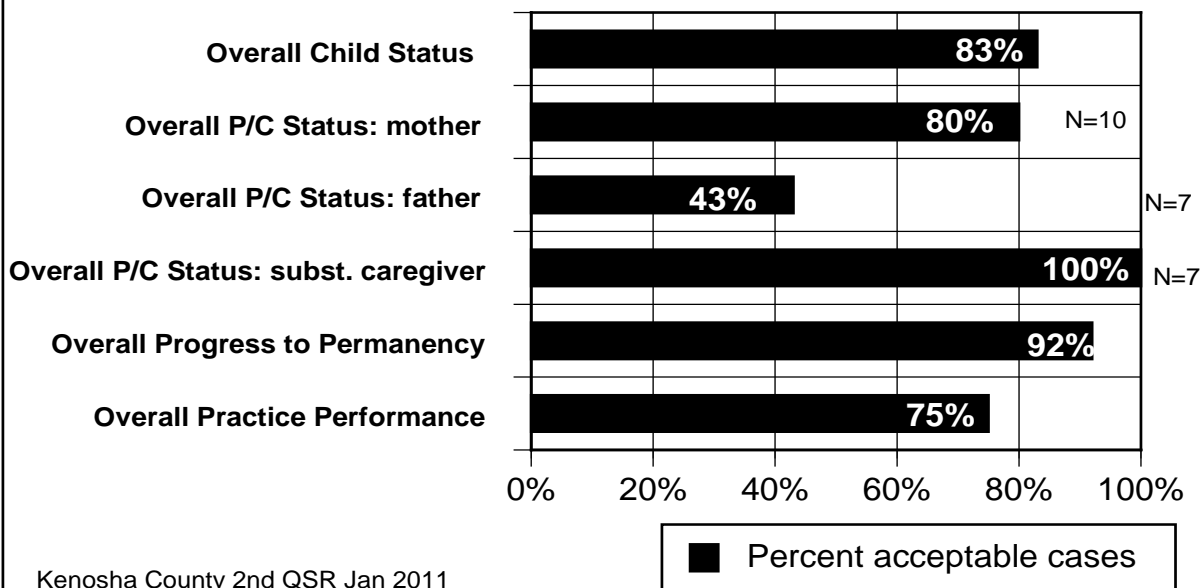


Overall Patterns



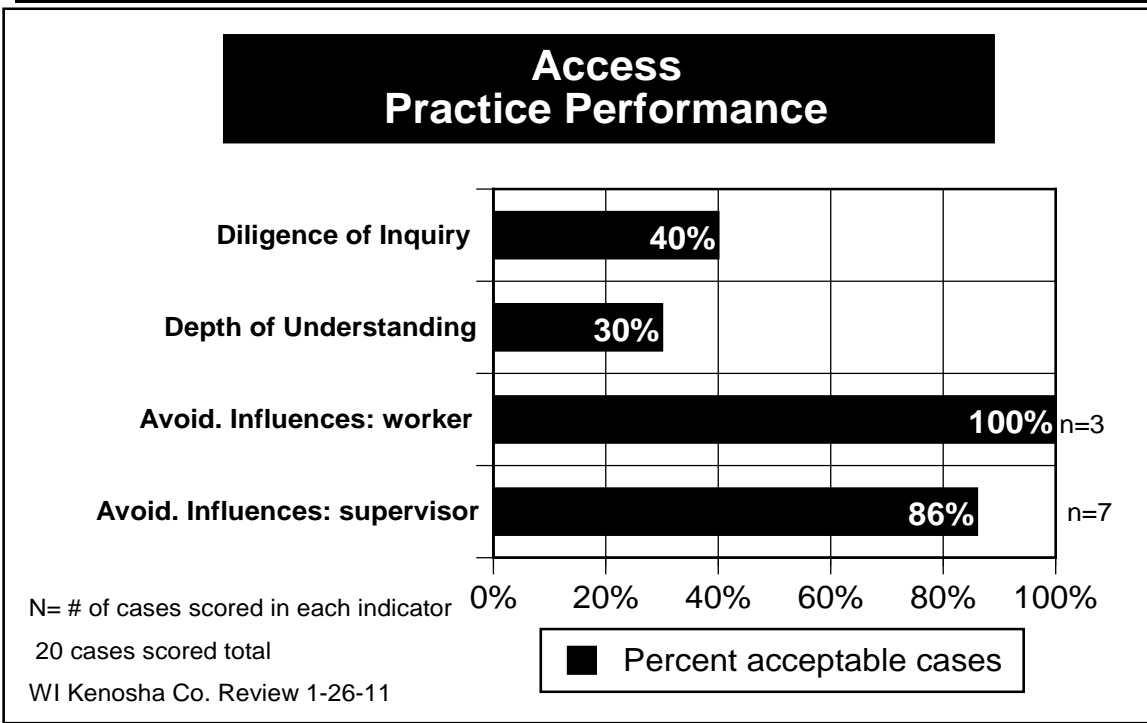
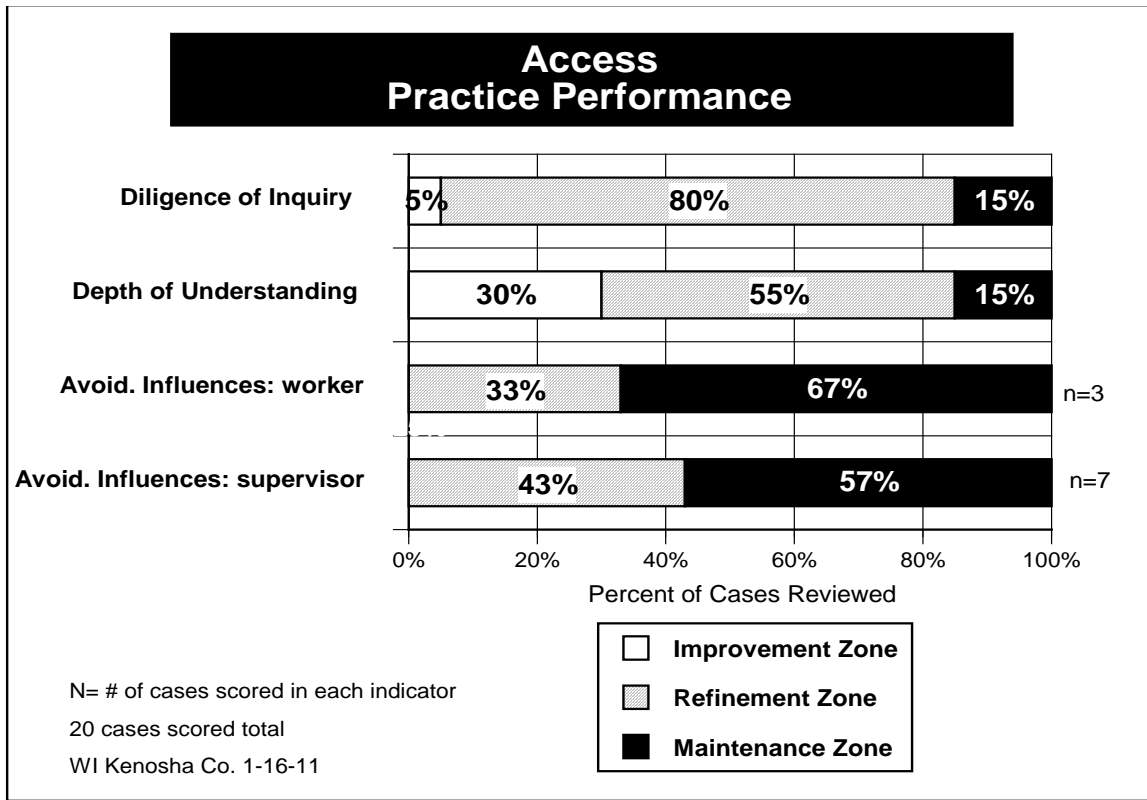
Kenosha County 2nd QSR Jan 2011

Overall Patterns

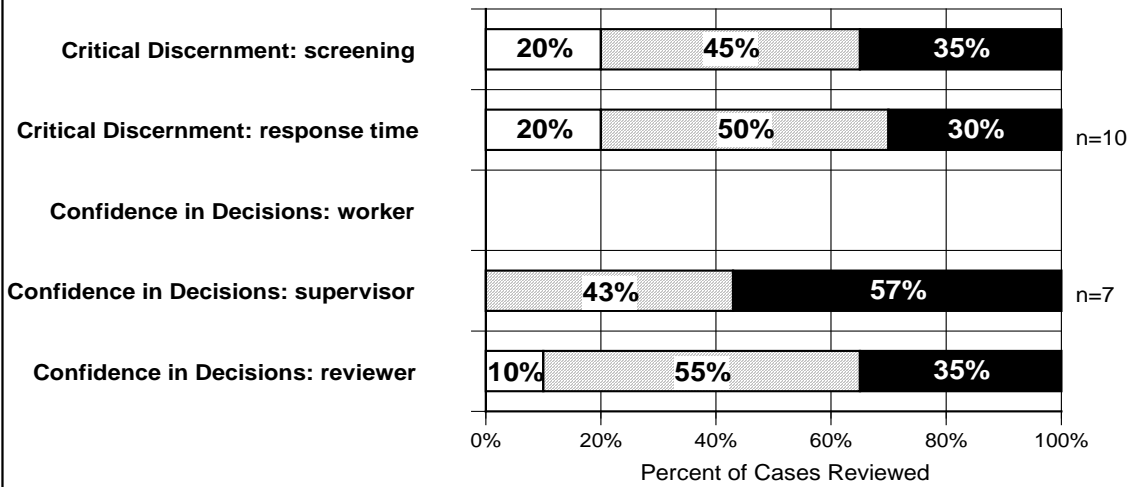


Kenosha County 2nd QSR Jan 2011

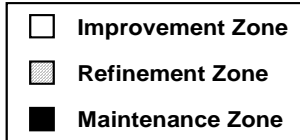
The scores for the Access and Initial Assessment review are presented in the following tables.



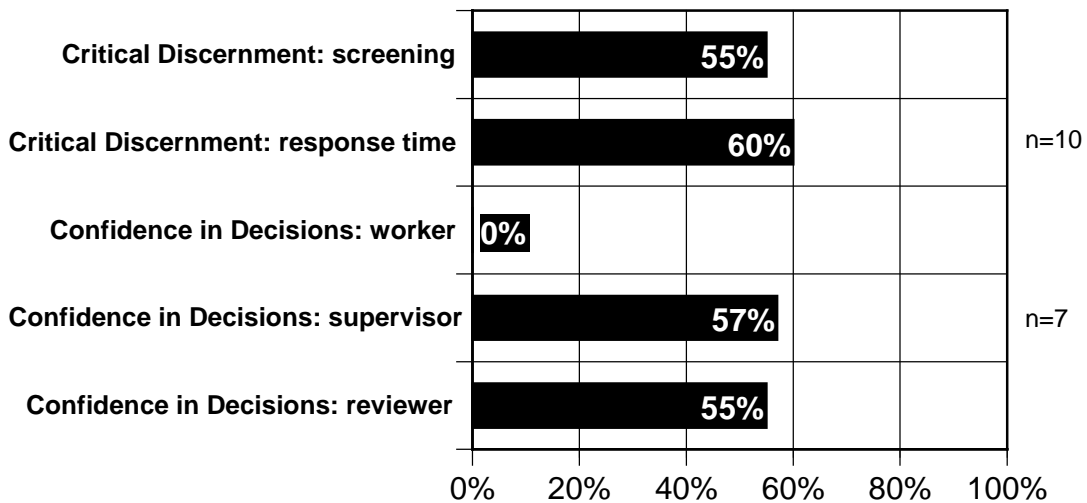
Access Practice Performance



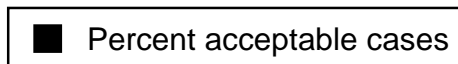
N= # of cases scored in each indicator
 20 cases scored total
 WI Kenosha Co. Review 1-26-11

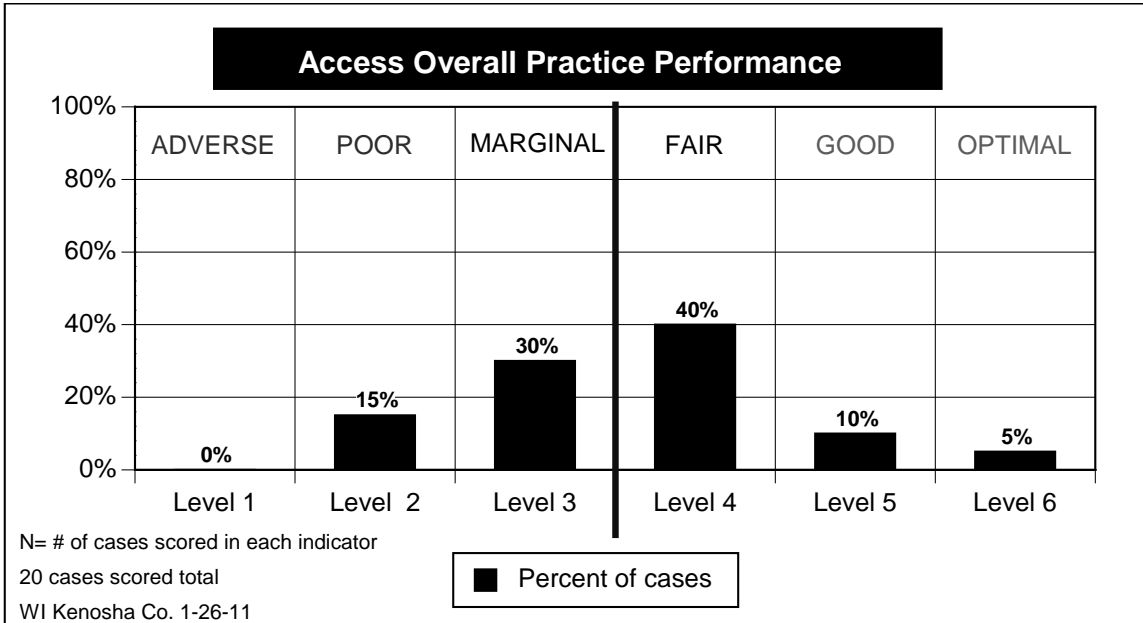


Access Practice Performance



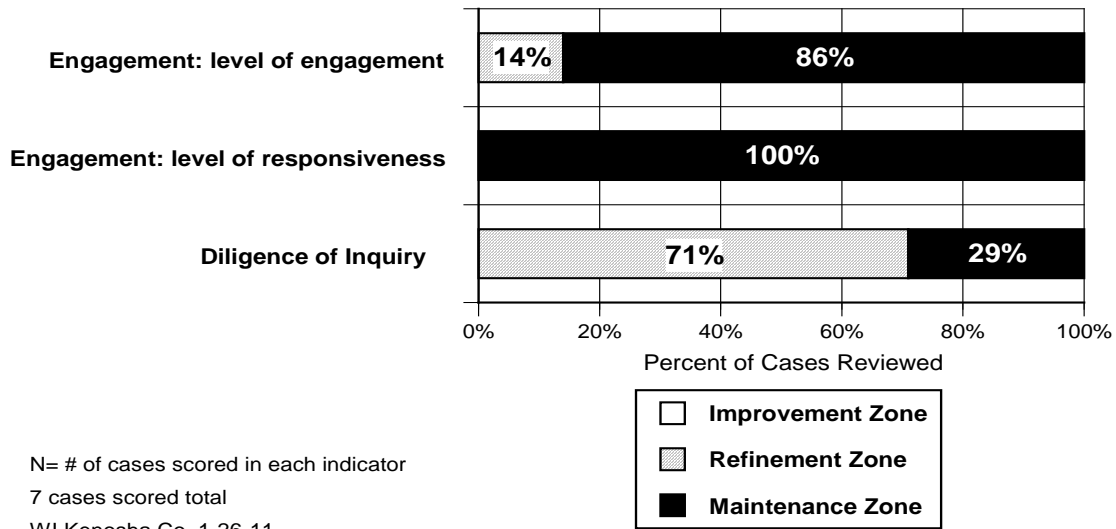
N= # of cases scored in each indicator
 20 cases scored total
 WI Kenosha Co. Review 1-26-11



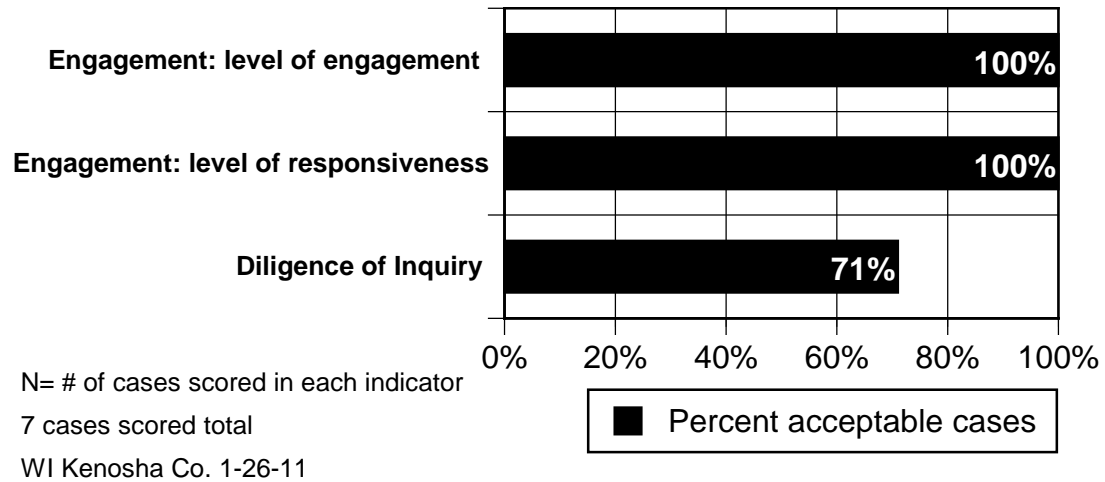


IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

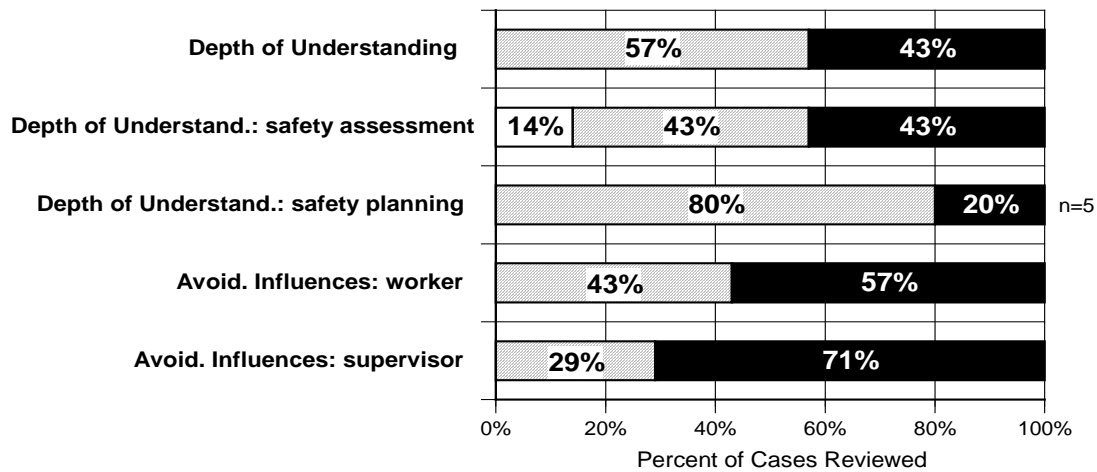
Initial Assessment Practice Performance



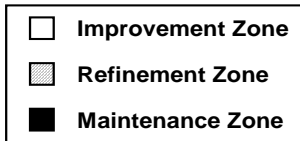
Initial Assessment Practice Performance



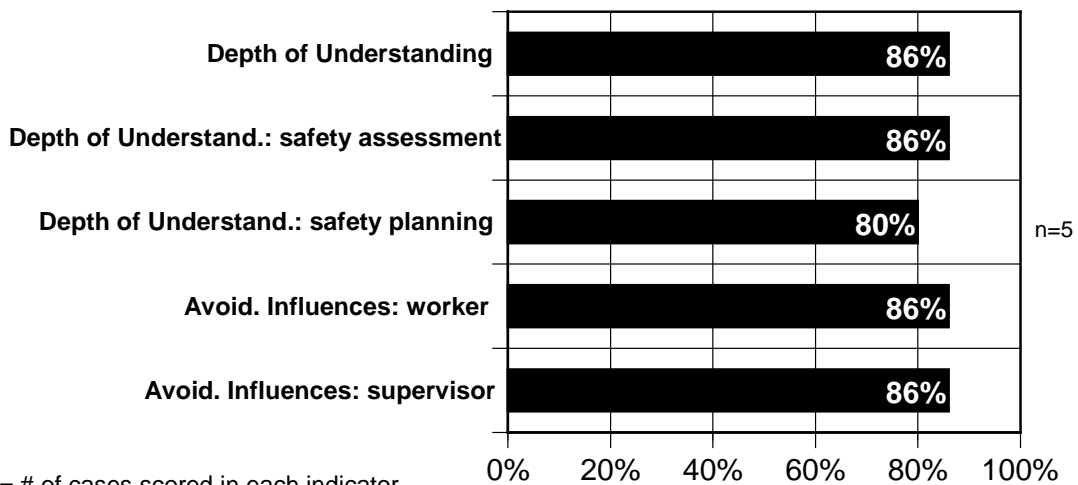
Initial Assessment Practice Performance



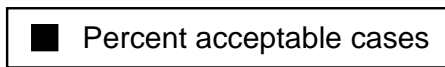
N= # of cases scored in each indicator
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 WI Kenosha Co. 1-26-11



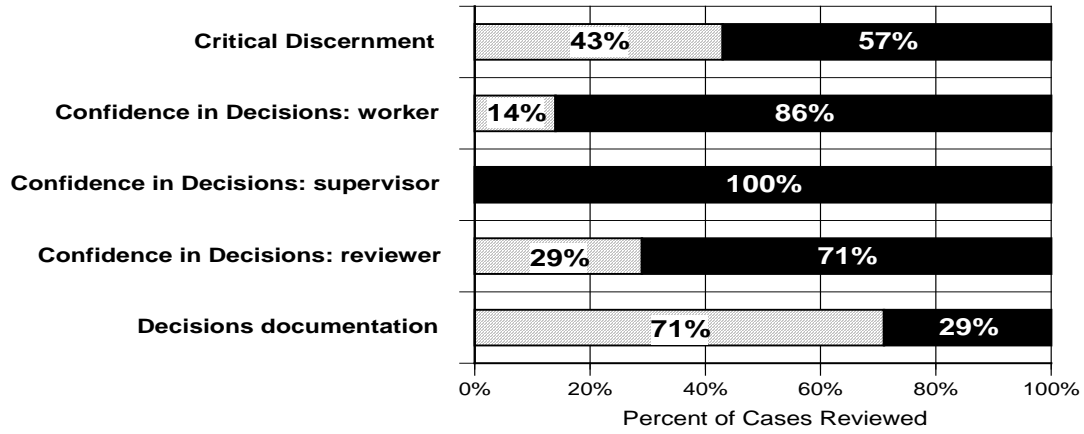
Initial Assessment Practice Performance



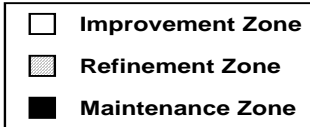
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 WI Kenosha Co. 1-26-11



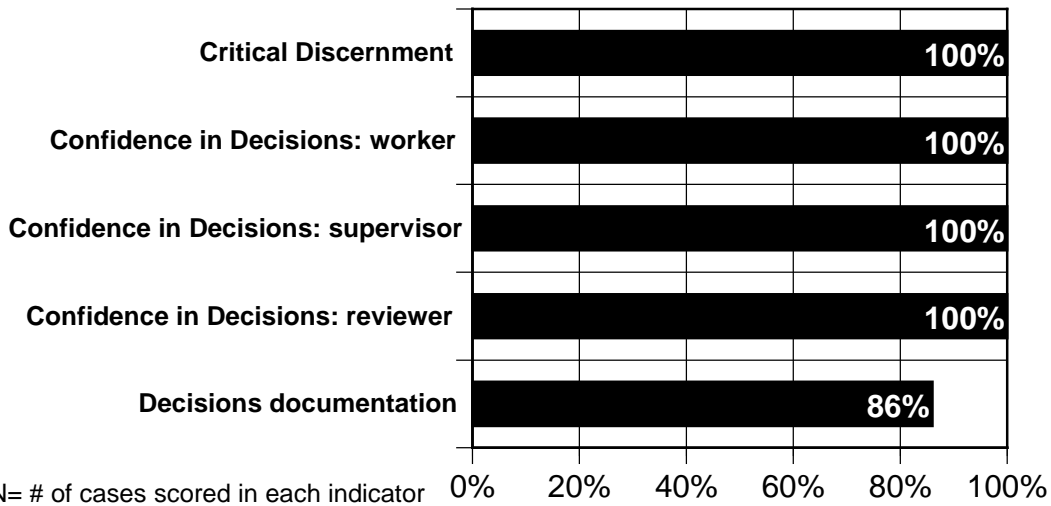
Initial Assessment Practice Performance



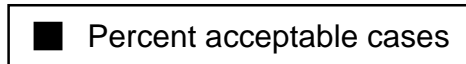
N= # of cases scored in each indicator
 7 cases scored total
 WI Kenosha Co. 1-26-11



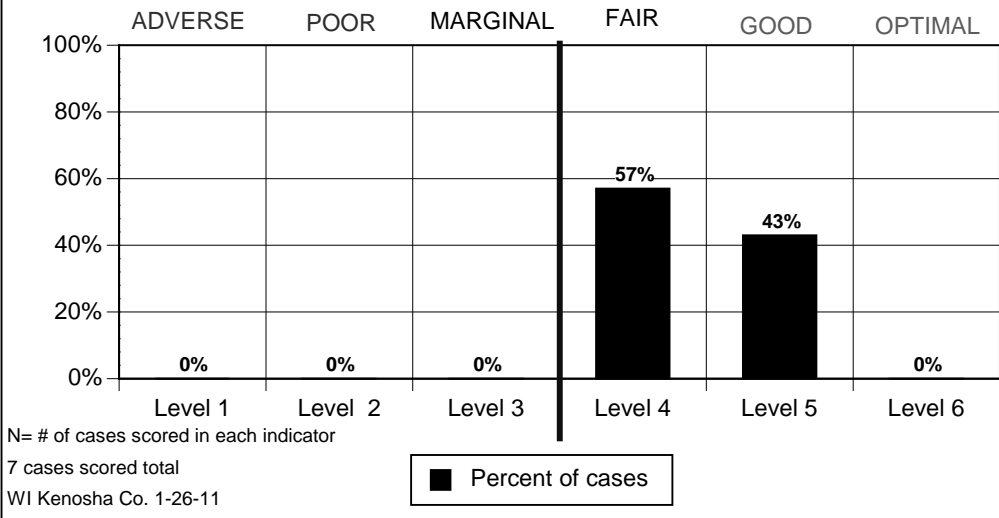
Initial Assessment Practice Performance



N= # of cases scored in each indicator
 7 cases scored total
 WI Kenosha Co. 1-26-11



Initial Assessment Overall Practice Performance



IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

Appendix 4

IX. QSR Case Characteristics

QSR/Child Status and Performance Profile –Placement Changes Frequency

Placement Changes	Number	Percent
None	3	25%
1-2	5	42%
3-5	3	25%
6-9	1	8%
	12	100%

QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	4	33%
No	7	58%
Unknown	1	8
	12	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	8%
10-12 mos.	2	17%
13-18 mos.	6	50%
19-36 mos.	1	8%
37+ mos.	2	17%
	12	100%

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

Placed with Siblings	Number	Percent
Different Home	4	33%
Not Applicable	4	33%
Same home with all	2	17%
Same home with some	2	17%
	12	100%

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

Full IQ Scale	Number	Percent
86	1	8%
Not Applicable	2	17%
Unknown	9	75%
	12	100%

QSR/Child Status and Performance Profile - Educational Placement Frequency

Educational Placement	Number	Percent
Regular K-12 Education	8	67%
Full Inclusion	0	0%
Part-time Special Education	4	33%
Self-contain Special Education	0	0%
Adult Basic/GED	0	0%
Alternative Education	0	0%
Vocational Education	0	0%
Expelled/Suspended	0	0%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	1	8%
*Other	2	17%

*Other – Bridges Program, IEP-EBD (behavior monitoring)

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

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	2	17%	0	0%
Behavior Disorder	2	17%	0	0%
Mental Illness	2	17%	4	33%
Neurological Impairment/Seizure	0	0%	1	10%
Specific Learning Disability	2	17%	2	17%
Chronic Health Impairment	0	0%	1	8%
Trauma Exposed	9	75%	11	92%
Suicide Risk	1	8%	0	0%
Substance Exposed	5	42%	0	0%
Substance Abuse/Addiction	1	8%	7	58%
*Other	3	25%	0	0%

*Other child: ADHD, suspected ADHS, Torticollis

OSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	10	83%	4	33%
Self-Care	0	0%	1	8%
Mobility	0	0%	0	0%
Communication	1	8%	2	17%
Self-Direction	0	0%	1	8%
Economic Self Sufficiency	0	0%	7	58%
Diminished Capacity	0	0%	1	8%
Independent Living	1	8%	0	0%
Other	0	0%	0	0%

OSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	9	75%
1 Psychotropic Medication	1	8%
3 Psychotropic Medications	1	8%
5+ Psychotropic Medications	1	8%
	12	100%

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

Agency	Number	Percent
Child Welfare	12	100%
Mental Health	9	75%
Special Education	5	42%
Probation/Parole	3	25%
Developmental Disabilities	0	0%
Juvenile Justice	2	17%
Vocational Rehabilitation	1	8%
Substance Abuse	6	50%
Crisis Services	3	25%
Early Childhood	1	8%
*Other	3	25%
None	0	0%

*Other – Project Home, Racine County Jail, parent aide/educator, Youth Outreach

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

Level of Functioning	Number	Percent
In Level 1-5	3	25 %
In Level 6-7	2	17%
In Level 8-10	5	42
NA (Under Age 5)	2	17%
	12	100%

OSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	10	83%
Voluntary	2	17%
Delinquent	0	0%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
	12	100%

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

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	0	0%
Physical Abuse	0	0%
Sexual Abuse	0	0%
Neglect	8	67%
Mental Health Issues	0	0%
Delinquency	0	0%
Truancy/Status Offense	0	0%

*Other	3	25%
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*Other – uncontrollable behavior, drug affected infant (2)

Reason for Case Opening-Family Issues	Number	Percent
Failure to Protect	0	0%
Absent Parent	4	33%
Substance Abuse	6	50%
Domestic Violence	2	17%
Neglect	7	58%
Mental Health Issues	4	33%
Housing	2	17%
*Other	4	33%

*Other – criminal activity, physical abuse to brother, finance, high risk health concerns

OSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Reunification	6	50%
Remain at Home	5	42%
Permanent placement with fit and willing relative	1	8%
Adoption	0	0%
Legal Guardianship	0	0%
Long-term Foster Care	0	0%
Not Applicable	0	0%
Other	0	0%
Independent Living	1	8%
Sustaining Care (TPR)	0	0%
	12	100%

OSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	9	75%
Legal Guardianship	2	17%
Adoption	1	8%
Permanent placement with fit and willing relative	0	0%
Independent Living	0	0%
Long-term Foster Care	0	0%
Other	0	0%
Reunification	0	0%

Sustaining Care (TPR)	0	0%
	12	100%

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

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	5	42%
0-3 mos.	0	0%
4-6 mos.	0	0%
7-9 mos.	2	17%
10-12 mos.	1	8%
13-18 mos.	3	25%
19-36 mos.	0	0%
37 + mos.	1	8%
	12	100%