



# Continuous Quality Improvement 2015 Access Case Record Review Executive Summary

This is the first of many continuous quality improvement (CQI) reports on the Wisconsin's Child Welfare Access process. Access is an essential child protective services (CPS) function, which introduces the child welfare system to local communities and their children and families. Access begins when a reporter – a teacher, neighbor, parent, relative, healthcare worker, police officer – calls his or her local child welfare agency to report suspected maltreatment of a child. Access workers collect pertinent information and are required to quickly assess the information to appropriately respond to reports of alleged child abuse and/or neglect. Decision-making based on collected information is the most critical task performed by Access supervisors, with each decision potentially affecting the immediate safety and well-being of children and their families.

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The 2015 Access review focused on two goals:

**Goal 1:** Establish a statewide baseline for CPS Access Practice

**Goal 2:** Test the new case record review process

This report focuses on the first goal. Appendix A provides information about the second goal.

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## **Next Steps:**

This report is the beginning of the CQI process for Access. It provides case record review results about adherence to Access and Initial Assessment Standards in CPS case practice and the consistency of decision-making based on Standards at Access. These results, in combination with other information sources and projects being pursued to improve child welfare outcomes, can be used to identify challenging areas of practice to inform improvement projects. Future case record reviews and analyses, and subsequent improvement projects based on review results, will provide opportunities to continue enhancing DCF services and promoting positive outcomes for children and families in Wisconsin.

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## KEY FINDINGS AND RECOMMENDATIONS

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### **The vast majority (92%) of screening decisions were consistent with Access and Initial Assessment Standards.**

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This baseline may be biased to a higher percentage because reviewers knew the screening decision prior to assessing its consistency with Access Standards. Additionally, a separate review panel discussed all of the cases in which reviewers identified the screening decision as inconsistent with Standards. Some of these assessments were overturned by the panel but similar attention was not provided to cases where the screening decision was deemed consistent with Access Standards.

#### **RELATED RECOMMENDATIONS:**

*Refine the case review process to eliminate potential biases where possible. Conduct additional data analyses using administrative data to determine what factors influence screening decisions.*

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### **Safety assessments were consistent with Access and Initial Assessment Standards 85% of the time.**

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The safety assessment (determining the presence or absence of present danger and/or possible and likely impending danger) informs the assigned response time. Child welfare agencies are then required to make face-to-face contact within those timeframes, which helps child welfare agencies prioritize incoming CPS Reports.

#### **RELATED RECOMMENDATION:**

*Continue to develop and support enhanced safety training for supervisors and workers.*

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### **The consistency of screening decisions with Access and Initial Assessment Standards varied by allegation type.**

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Sexual abuse allegations were screened consistently 100% of the time, neglect cases 90% of the time and physical abuse cases 85% of the time. Physical abuse allegations had fewer screening decisions consistent with Standards than neglect.

#### **NO RELATED RECOMMENDATIONS.**

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### **A safety assessment (the presence or absence of present danger and/or possible and likely impending danger) consistent with Access and Initial Assessment Standards was found to be associated with screening decisions consistent with Standards.**

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When the safety assessment (determining the presence or absence of present danger and/or possible and likely impending danger) was consistent with Standards, the screening decision was also consistent with Standards between 94% and 97% of the time. There were times when the screening decision was consistent with Standards even though one or both components of the safety assessment were not consistent with Standards.

#### **RELATED RECOMMENDATION:**

*Continue to develop and support enhanced safety training for supervisors and workers.*

“ *The vast majority (92%) of screening decisions [to screen in or screen out] were consistent with Access and Initial Assessment Standards.* ”

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## KEY FINDINGS AND RECOMMENDATIONS

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### **Adherence to Access and Initial Assessment Standards in information gathering and documentation had a wide range depending on the specific item.**

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Demographic information was most likely to be captured (between 78% and 92% of the time) while more nuanced information such as child functioning and parental protective capacities were documented less frequently (between 13% and 35% of the time). The baseline for information gathering may be biased to a lower percentage because the case record review instrument and instructions were constructed with a strict interpretation of Standards.

#### **RELATED RECOMMENDATIONS:**

*Collect more information and conduct additional analyses to 1) better understand the variation in documentation from the worker's perspective; 2) understand whether measured variation in documentation changes depending on the interpretation of Standards; and 3) understand how this variation relates to positive outcomes.*

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### **The more information adequately documented, the higher the likelihood of producing screening decisions and safety assessments that were consistent with Standards.**

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Adequate documentation of information to meet Standards about the alleged maltreater, child functioning and parental protective capacities was highly associated with screening decisions and safety assessments that were consistent with Standards.

#### **RELATED RECOMMENDATION:**

*Provide guidance around documenting key information and consider relevant updates to eWiSACWIS.*

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### **Adequacy of information gathering varied by allegation type.**

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Child injury/condition was more likely to be adequately documented for physical abuse allegations (71%) compared to neglect (48%).

#### **NO RELATED RECOMMENDATIONS.**

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## PROCEDURAL LESSONS LEARNED

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### **Improvements to the Access review instrument were identified.**

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The review process identified the need to add questions and refine skip logic.

#### **RELATED RECOMMENDATION:**

*Refine the review instrument to capture additional information or documentation that may have an effect on decision-making.*

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### **More time was needed to train new reviewers.**

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The time invested in supporting new reviewers was greater than their case review output, due to the tight timeframe of the 2015 review schedule. In the future, Access reviewers will be offered more time to complete prerequisite training and be provided with additional coaching opportunities.

#### **RELATED RECOMMENDATION:**

*Formalize the case reviewer certification process before the next Access review in 2016.*