



Child and Family Services Reviews

Wisconsin Statewide Assessment

February 16, 2018



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Wisconsin Department of Children and Families

CFSR Review Period

CFSR Sample Period: April 1, 2017 – September 30, 2017

Period of AFCARS Data: 2011B- 2017A

Period of NCANDS Data: FFY 2015 – FFY 2017

(Or other approved source; please specify if alternative data source is used):

Case Review Period Under Review (PUR): April 1, 2017 – April 16, 2018

State Agency Contact Person for the Statewide Assessment

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Introduction to the Wisconsin Statewide Assessment

The Wisconsin Child Welfare Model for Practice is the compass which guides the work and decision-making of Wisconsin's child welfare system. The current Wisconsin Child Welfare Model for Practice was created in 2016 through a multi-year collaborative process with counties, key stakeholders, and Tribes. As articulated in the Child Welfare Model for Practice, the purpose of Wisconsin's child welfare system is to keep children safe and to support families to provide safe, permanent, and nurturing homes for their children. The system does this by safely keeping children and youth in their own home, family, tribe, and community whenever possible. When it is not possible to keep children safely in their home, the system engages with the courts and others to provide a safe, stable, and temporary home that nurtures and supports the child's development. The system aims to transition children in out-of-home care safely and quickly back with their family, whenever possible, or to another permanent home. The system strives to engage with children, youth, and families to expand healthy connections to supports in their communities and tribes and bolster resiliency in families to help them thrive. The following core values guide the work of the child welfare system: Trust, Respect, Engagement, Accountability, Trauma-informed Practices, Culturally responsible Practices, Workforce Support, and Family-Centered Approaches. The full Wisconsin Child Welfare Model for Practice is available at the following link: <https://dcf.wisconsin.gov/files/cwportal/model/model.pdf>

Wisconsin is a state-supervised county-administered child welfare system in all counties other than Milwaukee where the child welfare system is state administered through the Department of Children and Families (DCF) Division of Milwaukee Child Protective Services (DMCPS). There are 72 counties and 11 Tribes in Wisconsin. The 71 non-Milwaukee counties are referred to as Balance of State (BOS). The eight counties with the largest populations are referred to as driver counties and include: Brown, Dane, Kenosha, Milwaukee, Outagamie, Racine, Rock, and Winnebago counties.

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Wisconsin's CFSR statewide assessment has been fully integrated with the state's planning of the Child and Family Services Plan and initial planning for the 2018 Program Improvement Plan. In alignment with the Model for Practice, DCF encourages stakeholder feedback in the development of all federal planning documents such as the CFSP and APSR as well as federal review and planning processes such as the CFSR and the PIP. A number of mechanisms are used to solicit stakeholder input, including posting federal plans on-line for public comment and general information, and briefing standing advisory bodies and stakeholder groups on these plans. Wisconsin posts all current federal plans at the following website link: <https://dcf.wisconsin.gov/reports>.

As part of the current federal review planning process, key stakeholders have been actively engaged over the last two years to provide input for completing the statewide assessment and developing the Program Improvement Plan. Efforts to date include developing a webinar series - <https://dcf.wisconsin.gov/cwportal/webinars> - that described all components of the upcoming CFSR including the statewide assessment, the case review process, and the state's performance on national performance standards. The webinar series covered the different plans the State completes including the APSR, the CFSP and the CFSR as well as the PIP process. The webinar series was widely disseminated, and the DCF provided outreach presentations to a broad range of stakeholder groups between June 2016 and May 2017 that included judicial partners, Tribes, foster parents, foster youth, and other key stakeholders. The feedback sessions provided an overview of the state's performance on the last CFSR and requested feedback on strengths, challenges, and ideas for improving the child welfare system. Following initial feedback sessions, the CFSR process has been regularly discussed with the stakeholder groups that are listed in this section.

In person feedback and consultation was received with all stakeholder groups at the following meetings.

Stakeholder Group	Date
Secretary's Advisory Council on Child Welfare	March 25, 2016
Citizen Review Panel Lead Staff	July 1, 2016
Foster Parent Advisory Council	September 23, 2016
Group Home Forum	November 8, 2016
Wisconsin Indian Child Welfare Directors	November 16, 2016
Out-of-Home Care Advisory Committee	December 7, 2017
Wisconsin County Human Services Agency Statewide Conference	December 1, 2016 and November 30, 2017
Wisconsin Commission on Children and the Courts	November 30, 2017 and June 25, 2017
Judicial Committee on Child Welfare	January 25, 2017 and December 13, 2017
Youth Advisory Council	February 11, 2017
Milwaukee Child Welfare Partnership Council	March 24, 2017

The Wisconsin Department of Children and Families is headed by Secretary Eloise Anderson. Wisconsin's efforts have been overseen and coordinated by the following DCF Team. This team has been meeting over the last year to assure department-level coordination of activities. Key DCF leaders and staff are noted below.

- Fredi-Ellen Bove, Division Administrator, Division of Safety and Permanence/State Child Welfare Director
- John Elliott, Deputy Administrator, Division of Safety and Permanence
- Jane Penner-Hoppe, Policy Initiatives Advisor, Division of Safety and Permanence/State CFSR Coordinator
- Yonah Drazen, Section Chief, Child Welfare Data and Analytics
- Ron Hermes, Bureau Director, Permanence and Out-of-Home Care/State Licensing Director

- Michelle Rawlings, Bureau Director, Safety and Well-Being
- Wendy Henderson, Bureau Director, Youth Services
- Jonelle Brom, Section Chief, Out-of-Home Care /State Foster Care Coordinator
- Katie Sepnieski, Section Chief, Adoption and Interstate Services/State Adoption Coordinator
- Emily Erickson, Section Chief, Child Welfare Policy Program/State CAPTA Coordinator
- Tyler Oettinger, Supervisor, Quality Review Unit/Online Monitoring System State Administrator

Following are several stakeholder groups with which the DCF regularly communicates. These groups have been provided opportunities for input on this statewide assessment and prior DCF federal planning documents such as the CFSP and the APSR. As standing advisory bodies to DCF, these groups meet on a monthly or quarterly basis. Over the last two years, these groups have been briefed about the status of the CFSR, the statewide assessment and been encouraged to provide feedback to DCF about strengths and challenges of the child welfare system as well as initiatives that have been effective in improving outcomes.

Wisconsin County Human Services Association, Policy Advisory Committee (WCHSA PAC)

- Alyssa Schultz, Child Welfare Manager, Dodge County Human Services and Health Department
- Brent Ruehlow, Child Welfare Manager, Jefferson County Department of Human Services
- Carrie Anderson, Child Welfare Manager, Dunn County Department of Human Services
- Dawn Buchholz, Director, Waushara County Department of Human Services
- Diane Cable, Director, Eau Claire County Department of Human Services
- Jessica Cody, Child Welfare Manager, Marquette County Department of Human Services
- Lance Horozewski, Child Welfare Manager, Rock County Department of Human Services
- Lisa Roberts, Child Welfare Manager, Waukesha County Department of Health and Human Services
- Nancy Randolph, Child Welfare Manager, Manitowoc County Human Services Department
- Patricia Lancour, Director, Fond du Lac County Department of Social Services
- Sandy Hoefert, Child Welfare Manager, Washington County Human Services Department
- Scott Shackelford, Child Welfare Manager, Sheboygan County Department of Health and Human Services
- Martha Stacker, Child Welfare Manager, Dane County Department of Human Services
- Susan Sleezer, Child Welfare Manager, Green Lake County Department of Health and Human Services
- Vicki Tylka, Director, Marathon County Department of Social Services

Secretary's Advisory Council on Child Welfare

- Eloise Anderson, Secretary, Department of Children and Families
- Ken Taylor, Executive Director, Kids Forward
- Tom Wirth, Director, Services Division Manager, Eau Claire County
- Rosemary Davis, Director, Outagamie County Department of Health and Human Services
- Jennifer Berg-Hargrove, Director, Oneida Nation Family Services
- Phyllis Greenberger, Mental Health Council of Wisconsin
- Lisa Roberts, Child Welfare Manager, Waukesha County

- Katie Herrem, WCHSA Executive Director
- Wanda Montgomery, Director of Community Partnerships, Children's Hospital of Wisconsin
- Terry Zwicky, CEO, Milwaukee Center for Independence
- Joy Anderson, Director, A Helping Heart
- Connie Palmer, Director, My Home, Your Home
- Sherry Benson, Wisconsin Foster Parent Association
- Oriana Carey, Executive Vice President, Coalition for Children, Youth and Families
- Linda Hall, Executive Director, Wisconsin Association of Families and Children's Agencies
- Lance Jones, Kids Matter, Inc.
- Shannon Reagan-Shaw, Foster Parent, Dane County
- Robin Joseph, Administrator, Division of Milwaukee Child Protective Services
- Fredi-Ellen Bove, Administrator, Division of Safety and Permanence (DSP)
- John Elliott, Deputy Administrator, DSP
- Elizabeth Hudson, Director, Office of Children's Mental Health
- Michelle Jensen, Executive Director, Child Abuse and Neglect Prevention Board

Wisconsin Indian Child Welfare (ICW) Directors

- Essie Leoso-Corbine, ICW Director, Bad River Band of Lake Superior Tribe of Chippewa Indians
- Abbey Lukowski, ICW Director, Forest County Potawatomi
- Carol Corn, ICW Director, Menominee Indian Tribe of Wisconsin
- Jennifer Berg-Hargrove, ICW Director, Oneida Nation
- Carolyn Blackdeer, ICW Director, HoChunk Nation
- Chally Thompson, ICW Director, Lac Courte Oreilles Band of Lake Superior Chippewa
- Kristin Allen, ICW Director, Lac Du Flambeau Band of Lake Superior Chippewa
- Gretchen Morris, ICW Director, Red Cliff Band of Lake Superior Chippewa
- Nick Vanzile, ICW, Sokaogon Chippewa Tribe
- Teresa Juga, ICW, Stockbridge Munsee Community

Wisconsin Youth Advisory Council

- Alexis Ange, Region 1, Former Foster Youth, Winnebago County
- Vanya Sikorsky, Region 1, Current foster youth
- Brandi Beyer, Region 2, Former Foster Youth, Waupaca County
- Cynthia Root, Region 2, Former Foster Youth, Winnebago County
- Aliza Mills, Region 3, Former Foster Youth, Milwaukee County
- Daniel Rembert, Region 3, Former Foster Youth, Milwaukee County
- Doshia Djay Joi, Region 3, Former Foster Youth, Milwaukee County
- Isaiah Kirkland, Region 3, Former Foster Youth, Milwaukee County
- ShawnaRae Bruch, Region 5, Former Foster Youth, Jefferson County
- Tina Czappa, Region 5, Former Foster Youth, Jefferson County
- Cameron Hunter, Region 6, Former Foster Youth, Marathon County
- Jason McClenning, Region 6, Former Foster Youth, Eau Claire County
- Shaun Smalley, Region 7, Former Foster Youth, Ashland County
- Jade Johnson, Coalition for Children, Youth, and Families
- Amber Kaio, Region 6, Advisor

- Katie Kirmse, Region 1, Advisor
- Kim Larson, Region 5, Advisor
- Crystal Meier, Region 7, Advisor
- Faith Price, Region 2, Advisor
- Bethany Reque, Region 1, Advisor

Wisconsin Foster Parent Advisory Council

- Diane Behm, Foster Parent, Milwaukee County
- Tina Christopherson, Adoptive Parent, Wisconsin Foster and Adoptive Parent Association
- Lori Ann D'Aquisto, Adoptive Parent, Coalition for Children Youth and Families
- Linda Dobbe, Foster Parent, Portage County
- Paulette Drankiewicz, Foster Parent, Milwaukee County
- Missy Makinia, Foster Parent, Rusk County
- Shannon Reagan Shaw, Foster and Adoptive Parent, Dane County
- Marieke Spiegelhoff, Foster and Adoptive Parent, Walworth County
- Molly Tupta, Foster and Adoptive Parent, Dane County
- Bruce Williams, Foster and Adoptive Parent, Lutheran Social Services

Milwaukee County Child Welfare Partnership Council

- Mark Mertens, Administrator, Milwaukee County Delinquency and Court Services Division
- Victor Barnett, Executive Director, Running Rebels Community Organization
- Libby Mueller, Designee for District Attorney, Milwaukee County
- Hon. Joe Donald, Presiding Judge, Milwaukee Children's Court
- Delvyn Crawford, West Care Wisconsin
- Christine Holmes, Executive Director, Penfield Children's Center
- Dr. Veneshia McKinney-Whitson, Medical College of Wisconsin
- Dr. James (Dimitri) Topitzes, Associate Professor, University of Wisconsin-Milwaukee
- Tony Shields, United Neighborhood Centers of Milwaukee
- Dr. Mallory O'Brien, Medical College of Wisconsin
- Supervisor Willie Johnson, Jr., County Board of Supervisors
- Supervisor Anthony Staskunas, County Board of Supervisors
- Supervisor Steve Taylor, County Board of Supervisors
- Hon. Marshall Murray, Milwaukee County Circuit Judge
- State Representative Jessie Rodriguez, State Legislature
- State Representative Jocasta Zamarripa, State Legislature
- State Senator Alberta Darling, State Legislature
- State Senator LaTonya Johnson, State Legislature
- Steve Gilbertson, Clinical Director and Consulting Psychologist, Wraparound Milwaukee
- Maria Rodriguez, Director, Youth and Family Services Manager, Housing Authority of the City of Milwaukee

DCF has regularly consulted with two statewide bodies that advise Wisconsin's justice system on issues related to the courts: the Wisconsin Judicial Committee on Child Welfare and the Wisconsin Commission on Children and the Courts. DCF Leadership, including the state's Child Welfare Director, Fredi-Ellen Bove, and State Licensing Director, Ron Hermes, are members of the Wisconsin Commission. A complete list of these two advisory groups follows.

Wisconsin Judicial Committee on Child Welfare

- Patrick Brummond, District 7 Court Administrator
- Hon. Christopher Foley, Milwaukee County Circuit Court
- Hon. Shelley Gaylord, Dane County Circuit Court
- Hon. Ramona Gonzalez, La Crosse County Circuit Court
- Commissioner Anton Jamieson, Dane County Circuit Court
- Hon. Randy Koschnick, Director of State Courts
- Hon. Marshall Murray, Milwaukee County Circuit Court
- Hon. Scott Needham, St. Croix County Circuit Court
- Hon. Jason Rossell, Kenosha County Circuit Court
- Hon. Mary Triggiano, Milwaukee County Circuit Court
- Hon. Todd Ziegler, Monroe County Circuit Court

Wisconsin Commission on Children and the Courts Members

- Chief Justice Patience Drake Roggensack (chair)
- Hon. Marshall Murray, Milwaukee County Circuit Court (vice chair)
- Justice Shirley S. Abrahamson
- Secretary Eloise Anderson, Wisconsin Department of Children and Families
- Hon. R. Alan Bates, Rock County Circuit Court
- Bridget Bauman, Director, Children's Court Improvement Program
- Fredi-Ellen Bove, Wisconsin Department of Children and Families
- Patrick Brummond, Seventh Judicial District Court Administrator
- Oriana Carey, Chief Executive Officer, Coalition for Children, Youth and Families
- John Elliott, Wisconsin Department of Children and Families
- Attorney Michael Fugle, Oneida County Corporation Counsel's Office
- Hon. Shelley Gaylord, Dane County Circuit Court
- Attorney Michelle Gordon, Oneida Nation
- Attorney Douglas Heenan, Block, Scott & Heenan
- Ron Hermes, Wisconsin Department of Children and Families
- Julie Incitti, Education Consultant, Department of Public Instruction
- Dr. Robin Joseph, Administrator, Division of Milwaukee Child Protective Services
- Hon. Randy Koschnick, Director of State Courts
- Attorney Duke Lehto, Lehto Law Office
- Stephanie Lozano, Tribal Liaison, Wisconsin Department of Children and Families
- Commissioner Sandra Marcus, Marathon County Circuit Court
- Ron Rogers, Division of CPS Director, Kenosha County Department of Human Services
- Commissioner Sara Scullen, Waukesha County Circuit Court
- Vicki Tylka, Director, Marathon County Department of Social Services

The most recent group that is providing feedback is the CFSR Program Improvement Plan (PIP) Advisory Group. Many of these members have been working with DCF for several years. The purpose of this group is to assist DCF in developing a Program Improvement Plan (PIP) in conjunction with the upcoming federal Child and Family Services Review (CFSR) process that is

comprehensive, effective, trauma-informed and focused on strengthening the child welfare system and improving outcomes for the families and children involved in the system. Membership of this group follows.

Program Improvement Plan (PIP) Advisory Group

- Hon. Joe Donald, Presiding Judge, Milwaukee County Children's Court
- Hon. Wendy Klicko, Sauk County Circuit Court Judge
- Bridget Bauman, Director, Children's Court Improvement Program/Justin Wolff, Policy Analyst, Children's Court Improvement Program
- Fred Johnson, Director, St. Croix County Department of Health and Human Services
- Ron Rogers, Director, Kenosha County Division of Children and Family Services
- Sue Sleezer, Children and Family Services Unit Manager, Green Lake County Department of Health and Human Services
- Kim Vagueiro, Family Services Manager, Portage County Department of Health and Human Services
- Roxann Pazdera, ICW Social Worker, Oneida Family Services
- Mary James, ICW Social Worker, Menominee Tribal Social Services
- Dr. Robin Joseph, Administrator, DCF Division of Milwaukee Child Protective Services (DMCPS)/Kevin Boland, Deputy Administrator, DMCPS
- David Whelan, Director of Family Case Management, Children's Hospital of Wisconsin
- Alison McMorrow, Director of Child Welfare Services, SaintA
- Megan DeVore, La Crosse County Corporation Counsel
- Melinda Tempelis, Outagamie County District Attorney/Lacey Coonen, Assistant District Attorney
- Tina Czappa, Former Foster Youth, Youth Advisory Council
- Cynthia Root, Former Foster Youth, Youth Advisory Council
- Paulette Drankiewicz, Foster Parent
- Molly Tupta, Foster Parent
- Kathy Markeland, Associate Director, Wisconsin Association of Family and Children's Agencies
- Mark Elliott, Executive Director, Northwest Passage, Ltd.
- Karen Steinbach, Treatment Foster Care Supervisor, La Causa
- Elizabeth Hudson, Director, Office of Children's Mental Health
- Teresa Steinmetz, Section Chief, Children, Youth, and Families Section, Division of Care and Treatment Services, Department of Health Services
- Michelle Jensen, Executive Director, Child Abuse and Neglect Prevention Board
- Darin Smith, Associate Director, Wisconsin Child Welfare Professional Development System
- Therese Durkin, Attorney, Office of Legal Counsel, DCF
- DCF CFSR Staff Team identified earlier

Wisconsin has also regularly solicited the feedback, advice and counsel from the Out-of-Home Care committee, a large cross-system body that includes DCF staff, caseworkers, supervisors and others who work in the child welfare system on a range of child welfare issues and policies. The list of members for this committee is provided in Appendix 1.

Section II: Safety and Permanency Data State Data Profile

Wisconsin

September 2017

Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

Risk Standardized Performance (RSP)

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

- State's performance (using RSP interval) is statistically better than national performance
- State's performance (using RSP interval) is statistically no different than national performance
- State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

		National Performance	11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	RSP		46.7%	47.1%	45.7%	43.5%	41.9%	42.0%	41.7%				
	42.7%▲ RSP interval		45.2%-48.2% ¹	45.6%-48.6% ¹	44.2%-47.2% ¹	42.1%-45.0% ²	40.4%-43.3% ²	40.6%-43.4% ²	40.3%-43.1% ²				
	Data used		11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Permanency in 12 months (12 - 23 mos)	RSP						44.3%	44.3%	41.5%	40.6%	41.8%	40.6%	40.4%
	45.9%▲ RSP interval						41.9%-46.7% ²	41.9%-46.7% ²	39.1%-43.8% ³	38.4%-42.8% ³	39.7%-44.0% ³	38.5%-42.8% ³	38.3%-42.5% ³
	Data used						13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Permanency in 12 months (24+ mos)	RSP						32.7%	31.8%	31.2%	31.5%	30.1%	28.3%	31.0%
	31.8%▲ RSP interval						30.9%-34.5% ²	30.0%-33.6% ²	29.4%-33.1% ²	29.6%-33.3% ²	28.3%-31.9% ²	26.7%-30.1% ³	29.4%-32.6% ²
	Data used						13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Re-entry to foster care	RSP		13.3%	13.3%	12.4%	12.2%	13.2%	11.7%	11.6%				
	8.1%▼ RSP interval		11.8%-15.0% ³	11.7%-15.1% ³	10.8%-14.1% ³	10.7%-13.9% ³	11.6%-15.0% ³	10.2%-13.4% ³	10.1%-13.2% ³				
	Data used		11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Placement stability (moves/1,000 days in care)	RSP						4.10	4.23	3.98	4.08	3.91	4.03	3.90
	4.44▼ RSP interval						3.96-4.26 ¹	4.08-4.39 ¹	3.83-4.13 ¹	3.93-4.24 ¹	3.77-4.06 ¹	3.88-4.18 ¹	3.76-4.04 ¹
	Data used						13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Maltreatment in care (victimizations/100,000 days in care)	RSP		13AB, FY13	14AB, FY14	15AB, FY15	FY12-13	FY13-14	FY14-15	FY15-16				
	9.67▼ RSP interval		4.36	4.28	4.08								
	Data used		3.49-5.45 ¹	3.44-5.33 ¹	3.28-5.09 ¹								
Recurrence of maltreatment	RSP						6.3%	6.5%	6.5%	6.5%			
	9.5%▼ RSP interval						5.5%-7.1% ¹	5.7%-7.3% ¹	5.8%-7.3% ¹	5.7%-7.3% ¹			
	Data used						FY12-13	FY13-14	FY14-15	FY15-16			

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

Wisconsin

September 2017

Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

Footnotes

National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the “national standard.” See the Data Dictionary for more information, including the time periods used to calculate the national performance for each indicator.

Risk standardized performance (RSP) is derived from a multi-level statistical model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state’s entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance.

Risk standardized performance (RSP) interval is the state’s 95% confidence interval estimate for the state’s RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state’s performance is statistically no different than the national performance. Otherwise, the state’s performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

Data used refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: ‘A’ refers to the 6-month period Oct 1st – March 31st. ‘B’ refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

Wisconsin

Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	Denominator	4,197	4,005	3,998	4,282	4,402	4,451	4,406				
	Numerator	1,977	1,902	1,841	1,880	1,855	1,884	1,850				
	Observed performance	47.1%	47.5%	46.0%	43.9%	42.1%	42.3%	42.0%				
Permanency in 12 months (12 - 23 mos)	Denominator					1,513	1,508	1,532	1,717	1,819	1,852	1,821
	Numerator					665	673	641	712	774	773	753
	Observed performance					44.0%	44.6%	41.8%	41.5%	42.6%	41.7%	41.4%
Permanency in 12 months (24+ mos)	Denominator					1,669	1,622	1,560	1,560	1,634	1,710	1,819
	Numerator					639	598	563	569	583	588	704
	Observed performance					38.3%	36.9%	36.1%	36.5%	35.7%	34.4%	38.7%
Re-entry to foster care	Denominator	1,911	1,831	1,767	1,790	1,779	1,837	1,818				
	Numerator	220	209	187	190	204	188	185				
	Observed performance	11.5%	11.4%	10.6%	10.6%	11.5%	10.2%	10.2%				
Placement stability (moves/1,000 days in care)	Denominator					689,326	668,229	693,203	646,501	685,952	696,575	728,400
	Numerator					2,838	2,828	2,742	2,636	2,677	2,794	2,826
	Observed performance					4.12	4.23	3.96	4.08	3.90	4.01	3.88
Maltreatment in care (victimizations/100,000 days in care)	Denominator	2,276,369	2,384,161	2,504,089								
	Numerator	72	74	74								
	Observed performance	3.16	3.10	2.96								
Recurrence of maltreatment	Denominator					4,378	4,560	4,859	4,667			
	Numerator					210	228	244	233			
	Observed performance					4.8%	5.0%	5.0%	5.0%			

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Wisconsin

September 2017

Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. See the Data Dictionary for a complete description of each check and what the values represent. A blank cell indicates there was no data quality check assessed for that data period because it relies on a subsequent period of data that is not yet available. If the data period needed to calculate performance on an indicator displays an orange value or "DQ", then state performance was not calculated. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality.

■ Indicates that data quality performance exceeds the data quality limit. DQ = The data quality check was not performed due to data quality issues.¹

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	10A	10B	11A	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A	16B	17A	
AFCARS IDs don't match from one period to next	> 40%	●	●	●	21.8%	24.3%	21.9%	23.8%	22.3%	24.6%	22.4%	24.2%	21.9%	22.6%	20.6%	23.1%	19.8%	21.5%		
Age at discharge greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.0%	0.2%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%		
Enters and exits care the same day	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.2%	0.1%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		●		0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			●	0.2%	0.1%	0.2%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	●	●	●	74.6%	74.3%	74.0%	74.6%	74.8%	74.4%	75.1%	76.2%	76.9%	77.1%	77.4%	77.5%	77.4%	77.1%	77.1%	

NCANDS Data Quality Checks

	Limit	MFC	RM	12-13	13-14	14-15	15-16	2012	2013	2014	2015	2016
Child IDs for victims match across years	< 1%		●	1.8%	1.5%	1.7%	1.7%					
Child IDs for victims match across years, but dates of birth / age and sex do not	> 5%		●	0.6%	0.0%	0.0%	0.0%					
Missing age for victims	> 5%	●	●					0.4%	0.1%	0.6%	0.0%	0.0%
Some victims should have AFCARS IDs in child file	< 1%	●						100.0%	100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N -	●						Y	Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)

¹ For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

	Percent Strength WI	Average National Percent Strength*	Federal Standard	Initiatives to Address
Safety Outcome 1				
Item1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	76%	71%	95%	<ul style="list-style-type: none"> • Access and Initial Assessment (IA) Dashboards help supervisors, agencies and individuals monitor/track performance
Safety Outcome 2				
Item2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	88%	70%	90%	<ul style="list-style-type: none"> • Access and Initial Assessment (IA) Dashboards help supervisors, agencies and individuals monitor/track performance • eWiSACWIS re-referral report • In Home Safety Services (IHSS) • Post Reunification Support Program (PS) • Adoption and Guardianship Support program (AGES)
Item3: Risk and Safety Assessment and Management	64%	61%	90%	<ul style="list-style-type: none"> • Access and Initial Assessment (IA) Dashboards help supervisors, agencies and individuals monitor/track performance • Protective Plans • Present Danger Assessment Plans (PDAP) • Confirming Safe Environments (CSE) • IHSS and PS

*The average national percent strength is from the August, 2017 presentation by the Children’s Bureau and is the average CFSR results from the first 24 states that completed CFSR Round 3.

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Introduction:

Section III of the statewide assessment includes relevant state policies that address each performance item, data that demonstrates performance on each of the 18 case review performance items and descriptions of programs/services that address each of the 18 performance items.

Each of the 18 performance items is structured as followed: a description of State Policies is followed by four major sections:

- I. Case Record Review Data;
- II. National Performance Standards Data, if applicable;
- III. Administrative data; and,
- IV. Relevant Programs, Tools, and Initiatives

The content of these four sections is described below.

I. Case Record Review Data

Information from Wisconsin's child welfare CQI case record review reports is shown in this section. Wisconsin reviewed a statewide representative sample of ongoing services cases in 2015 and 2016. The reviews were conducted using the federal Onsite Review Instrument (OSRI) and all reviews were completed online through the federal CFSR Online Monitoring System (OMS), where review data is stored. Case practice on the cases selected for the random sample was examined for a set timeframe, or period under review (PUR). In 2015, a total of 271 ongoing services cases were reviewed. The PUR for the 2015 Ongoing Services case record review assessed case practice between July 1, 2014 (PUR start date) until the date that the case review was started, or December 31, 2015 (PUR end date), whichever came first. The maximum PUR was 18 months. In 2016, there were small modifications to the review process to reflect more accurately the Children's Bureau guidelines. This included adopting a six-month rolling sampling timeframe which created a one-year PUR. In 2016, 266 (164 foster care, 102 in-home) ongoing services case reviews were completed.

Both in-home and out-of-home care (OHC) cases were reviewed in 2015 and 2016. For the purposes of this review, an in-home case was defined as having no children from the family placed in OHC during the period under review. An OHC case was defined as having a child placed in OHC (in settings including a foster home, relative placement, group home, etc.) for at least 24 hours during the PUR. OHC cases reviewed focused on a single target child selected at random, while in-home cases typically encompassed the entire family/all children residing in the home. All other case elimination criteria provided by the Children's Bureau was applied to the review samples.

II. National Performance Standards Data

Data is included showing Wisconsin's performance on the seven national performance standards in the areas of safety and permanence, in the relevant performance item.

III. Administrative Data

Several kinds of administrative data are used in this assessment. The DCF has 12 child welfare dashboards to help county directors, supervisors, and workers quickly and accurately understand their caseload status and performance compared to federal and state standards. These 12 dashboards include information on Safety, Permanence, Well-Being, and Worker-Performance. While the Safety, Permanence, and Well-Being dashboards provide information by county, the Worker-Performance dashboard provides worker, supervisor, and county-specific information to enable individuals and teams to manage their workload and understand their areas of strengths and limitations. Wisconsin's KidStat is DCF's Performance Management Program and monitors measures on an ongoing basis that align with the Wisconsin Child Welfare Model for Practice and the CFSR. All of these sources of data are analyzed to create information and knowledge used to make improvements to Wisconsin's child welfare system.

IV. Relevant Programs, Tools, and Initiatives

Descriptions are provided of the programs, tools, and initiatives in place in Wisconsin to address the performance item.

Data, Programs, and Policy by Outcome and Item:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 1 is composed of one item. The purpose of assessment is to “determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.”¹

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Item 1 measures the timeliness of agencies’ responses to reports of alleged abuse and neglect. Cases are assessed for this item if there is at least one screened-in report of alleged maltreatment during the period under review.

In order to receive a *Strength* for this item, there had to be a successful attempt at face-to-face contact with all alleged victims within the assigned response time for all Initial Assessments. (If the case is rated as a *Strength* for this item, the outcome is *Substantially Achieved*, as this outcome has a one-to-one relationship with the item that makes up its score). It is worth noting that if there were reasons for delay due to circumstances outside the agency’s control then the case still receives a *Strength* rating.²

State Policies

- Item 1: Timeliness of initiating investigations of reports of child maltreatment.

Reference: Child Protective Services (CPS) Access and Initial Assessment Standards pp. 7-11, 21-28 and CPS Safety Intervention Standards Apps. 4 and 6.

County agencies and the Division of Milwaukee Child Protective Services (DMCPS) are required to have in place a mechanism to receive Access reports 24 hours a day, seven days a week. An Access report is information received by the agency if the reporter either:

- Makes a report in accordance with s. 48.981, Stats., and the reporter suspects or states a suspicion that a child has been abused or neglected or is likely to be abused or neglected, regardless of whether the reported information constitutes child abuse or neglect as defined in the Ch. 48 of the Wisconsin statutes, or
- States a suspicion that a child needs agency intervention in order to be safe, in accordance with requirements in Chs. 46 and 48 of the Wisconsin statutes. These include but are not limited to:
 - Relinquished infants, [s. 48.13(2m), Stats.]
 - Newborn children with illegal substances in their system [s. 46.238, Stats.]
 - Lack of necessary care due to poverty
 - Parent fails to provide necessary care for religious reasons [s.48.981(3)(c)4,Stats.]

¹ Child and Family Services Reviews Onsite Review Instrument, *January 2016*, p. 7.

² This occurred in 5 cases.

CPS Access and Initial Assessment Standards, p. 7.

Within 24 hours of receipt of the report, county agencies and DMCPs must make a screening decision about whether or not to accept the report for investigation and assign a response time. In Wisconsin, an investigation is conducted through an “Initial Assessment” (IA), which is “a comprehensive assessment of individual and family conditions, functioning, and dynamics in response to a report of alleged child maltreatment and includes the CPS investigation process as defined in s. 48.981(3)(c), Stats.” CPS Access and Initial Assessment Standards, p. 4, n. 1.

When an Access report is screened in for Initial Assessment/investigation, the response time (priority level) is when a CPS worker will have initial, face-to-face contact with the alleged child victim and/or parent(s) and will further assess threats to a child’s safety. The CPS Access and Initial Assessment Standards requires the agency to make a decision about how quickly to respond to a report based on present danger and possible impending danger threats, not on a risk level. In Access reports where present danger is assessed at Access, an immediate to same day response is required. In Access reports where no present danger is identified but possible impending danger is identified, a 24 to 48 hour response is required. All other screened in reports must include a face-to-face contact with a member of the immediate family no later than five working days after the agency’s initial receipt of the report. If the report is particularly lacking in detail or information sufficient to assess urgency, a more prompt response should be carefully considered, dependent on other known factors and variables. The timeframe for response must be determined or approved by a supervisor.

The date of the initial face-to-face with the alleged child victim and/or parent(s) is the date of initiating the investigation.

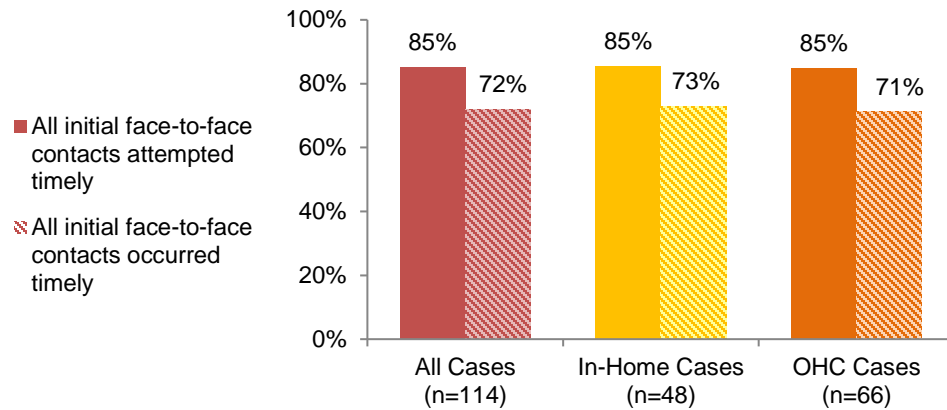
I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 1.

Safety Outcome 1, Item 1, Ongoing Services Case Record Review Data

Item 1:	Timeliness of Initiating Investigations of Reports of Child Maltreatment	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	76%	24%	114	95%
	2016	76%	24%	87	95%

Figure: Initial Face-to-Face Contacts During the Period Under Review



II. National Performance Standards Data: Not Applicable (N/A)

III. Administrative Data

The following table uses data from the eWiSACWIS system and shows the timeliness of Initial Contacts for all Access reports in CY2016.

Table: Statewide Percent of Initial Contacts Attempted or Occurred Timely. CY 2016 Initial Assessment Case Record Review Population, DCF, Wisconsin 2016.

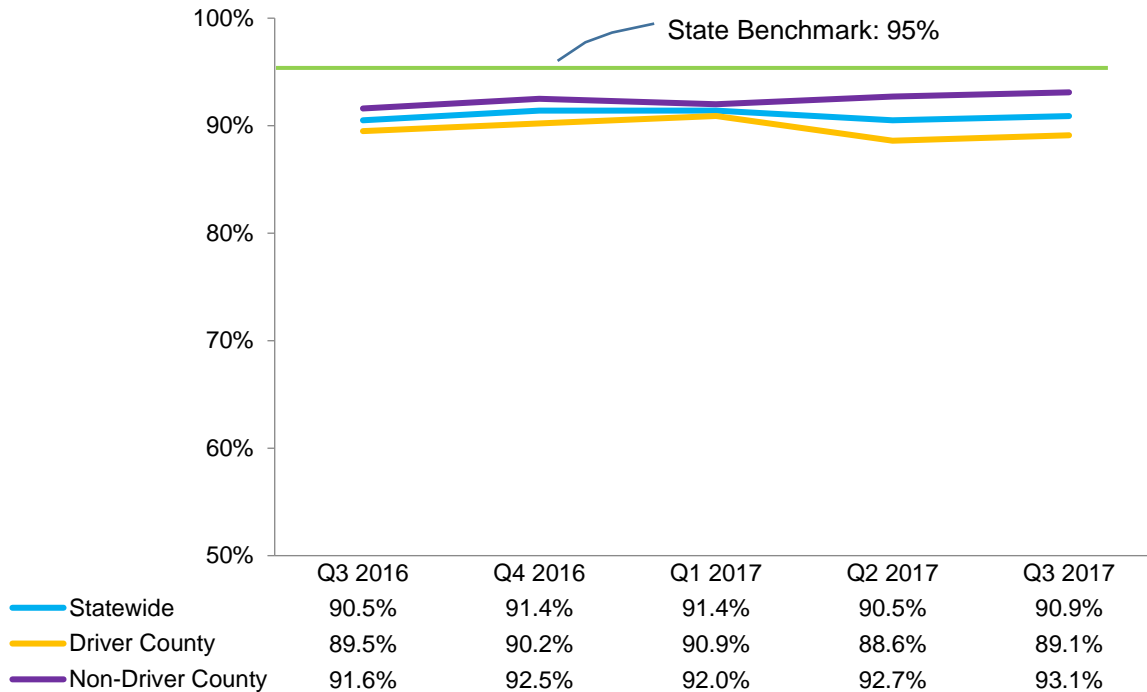
		Response Time		
		Same-Day (N=6,121)	Within 24-48 Hours (N=4,835)	Within 5 Business Days (N=20,630)
Timeliness of Occurrence/Attempt	Timely			
	Occurred- Timely	87.0%	82.6%	78.7%
	Attempted- Timely	1.2%	3.3%	4.8%
	<i>Subtotal</i>	<i>88.2%</i>	<i>85.9%</i>	<i>83.5%</i>
Not Timely	Occurred- Not Timely	11.1%	12.9%	15.2%
	Attempted- Not Timely	0.4%	0.5%	0.8%
	<i>Subtotal</i>	<i>11.5%</i>	<i>13.4%</i>	<i>16.0%</i>
Did Not Occur	Not Documented	0.3%	0.7%	0.4%

Note: The population of Initial Assessments (compiled using the SM06A109-IA Report) included Access Reports screened in during CY 2016. Preliminary data show that there were a total of 39,156 IAs approved during this period, with 31,586 included above. The above analysis eliminates IAs with a recorded response time of "N/A" (N=8), non-CPS cases (N=4829), recorded screening reason of "Accepted for Services" or "Closed in Error" (N=1528), and face-to-face contact efforts of "Doc Error" (N=1205).

Wisconsin regularly monitors timeliness data related to initial contact. This measure is included in the quarterly KidStat meetings with DCF leadership and is also a Governors Metric measurement that is posted on Wisconsin's statewide performance dashboard. Data related to this is shared and discussed quarterly in meetings including information regarding staffing patterns and including other county-specific factors influencing this measure. The following slide is from the November 2017 KidStat.

All Initial Assessments are assigned a response time in which the initial face-to-face investigation must occur. Wisconsin's internal standard is 95 percent compliance with the assigned response time, which is shown as the green line in the slide below.

Figure: Initial Contacts Completed or Attempted Timely: October 2016 – September 2017



Driver counties are made up of the eight largest-population counties that make up a significant number of Wisconsin’s CPS caseload.

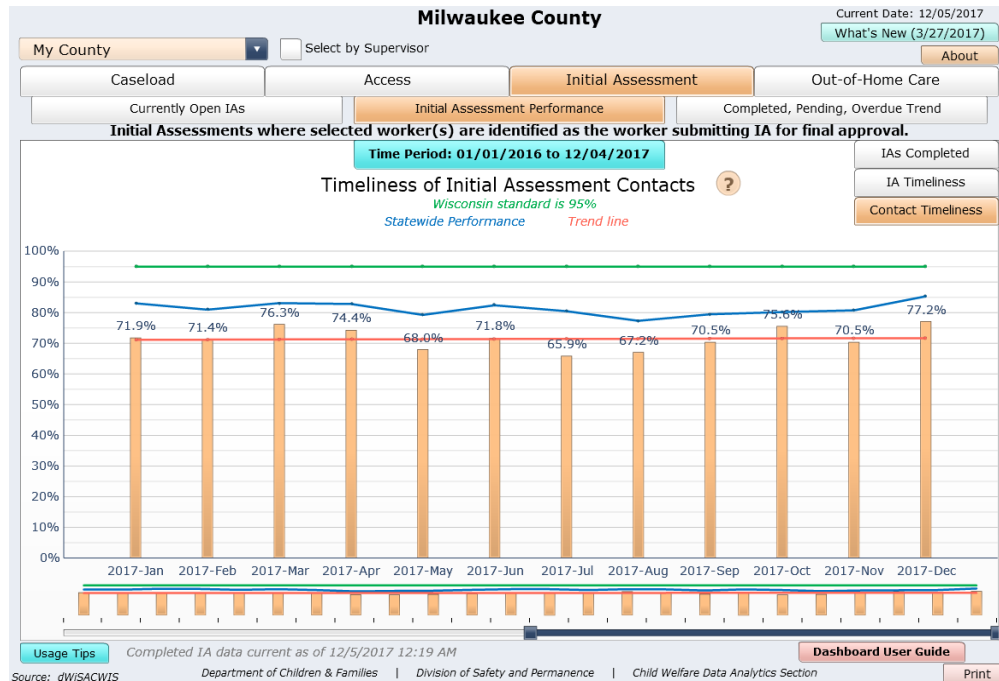
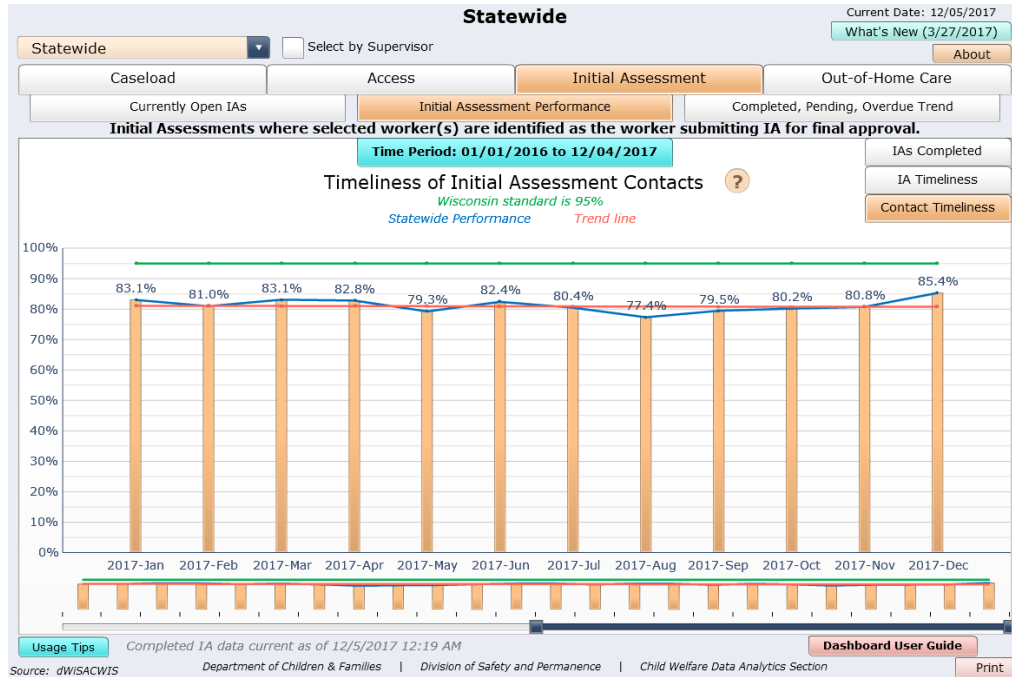
Of the 90.9% of initial face-to-face contacts that were completed or attempted timely in Quarter 3 2017:

- 79.3% occurred within the expected timeframe
- 6.1% were attempted to be done timely, but occurred outside of the expected timeframe.
- 5.5% were attempted to be done timely, but never occurred.

IV. Relevant Programs, Tools, and Initiatives

The Division of Safety and Permanence (DSP) has implemented a worker dashboard that provides workers with real-time information on their initial face-to-face contact timeliness. Technical assistance is provided by the DCF to all counties, targeting counties with especially low initial face-to-face contact timeliness rates to improve this rate.

DCF dashboards also provide information on how the state meets timeliness goals. The two screenshots following below are examples of this information.



Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Safety Outcome 2 is composed of two items intended to determine whether the agency made concerted efforts to (1) provide services to prevent children's entry or re-entry into out-of-home care and (2) assess safety concerns relating to the children in their own home or while in out-of-home care.

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care

Item 2 explores agencies' efforts to provide safety-related services to protect children and prevent their entry or re-entry into out-of-home care. Wisconsin utilizes a number of approaches, including protective planning to assess for impending danger, court-ordered in-home services, voluntary services, and referrals to community response programs. Any case where there was at least one child in the family residing at home during any portion of the period under review (e.g., reunified during PUR, temporary physical custody after the PUR start date, etc.) is assessed for Item 2.

If the agency made efforts to provide or arrange for appropriate services, the case receives a *Strength* rating. However, if services were not provided because the child was removed due to immediate safety threats, the case still receives a *Strength*.

State Policies for Item 2

Present Danger Assessment and Plan (Protective Plan)

A protective plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the initial assessment/investigation. A protective plan involving emergency removal must be used when present danger threats exist and family network or formal resources are not available or accessible or parents/caregivers are unable/unwilling to permit CPS to implement a protective plan.

For the duration of the protective plan, CPS must review the adequacy of the protective plan weekly and modify, when necessary. After reviewing the protective plan, the caseworker must document the status of the present danger threat(s) identified; the sufficiency, feasibility, and sustainability of the protective plan and any needed revisions in a case note. If there are modifications made to the protective plan, a newly developed protective plan document must be signed by all parties, and scanned into eWISACWIS within two business days of implementation of the plan. If separation is used as part of the Protective Plan, the Present Danger Assessment and Protective Plan needs to be updated in eWISACWIS to reflect any changes that have been made that impacts the frequency or duration that separation is used. When present danger threats are no longer active in the family and a protective plan is no longer needed, the assessment surrounding this determination and the end of the protective plan must be documented in a case note and ended in eWISACWIS.

For more information, see *CPS Safety Intervention Standards, dated 2016, p. 7 and Safety Appendix 3: Establishing and Implementing the Protective Plan*

CPS staff must involve tribes in all aspects of safety intervention (*CPS Safety Intervention Standards, dated 2016, I.C. ICWA Requirements, page 3*), including protective planning, and must initiate active efforts immediately when protective planning with Indian children. These efforts include ongoing, vigorous, and concerted casework interventions which are intended to promote communication, collaboration, and coordination with tribe(s) to develop protective plans with Indian children.

Repeat Maltreatment

For new reports of maltreatment that occur while the family is receiving ongoing service, the *Ongoing Standards* requires that the initial assessment/investigation shall be conducted in alignment with the *CPS Access and Initial Assessment Standards*. Each county agency may make its own decision as to whether the investigation/assessment should be conducted by an initial assessment worker, the ongoing services worker or the two workers teamed. If the supervisor screens out the new report of alleged maltreatment, it may be treated as new information in the case and should be maintained in the record. Regardless of who is assigned responsibility for investigating the new report, the ongoing service worker should receive the information contained in the report. Supervisors make all final screening decisions. In all instances, the ongoing service worker and current case record will be significant sources of information.

Confirming Safe Environment for Placing a Child in Out-of-Home Care

The obligation to confirm a safe environment exists for all placement settings whether the care is provided by family members, friends, neighbors, or professional providers such as foster families. Assessing for a safe environment is distinctly different from licensing the placement home. Licensing occurs bi-annually and focuses on specific requirements for the provider and environment rather than the safety of a specific child in the placement. Therefore, assessing and confirming a safe environment in placement settings occurs every time a new placement is considered. Confirming Safe Environments procedure applies when a child is placed in an unlicensed home, foster care home, group home, or residential care center.

This procedure does not apply when a child is on a trial reunification, is missing from out-of-home care, or is placed in the following settings: voluntary kinship care home, juvenile correctional institution, shelter care facility, adult correctional facility, secure detention facility, hospital, or supervised independent living placement.

For more information see *Ongoing Services Standards pages 51-60 and 114-123*.

I. Case Record Review Data

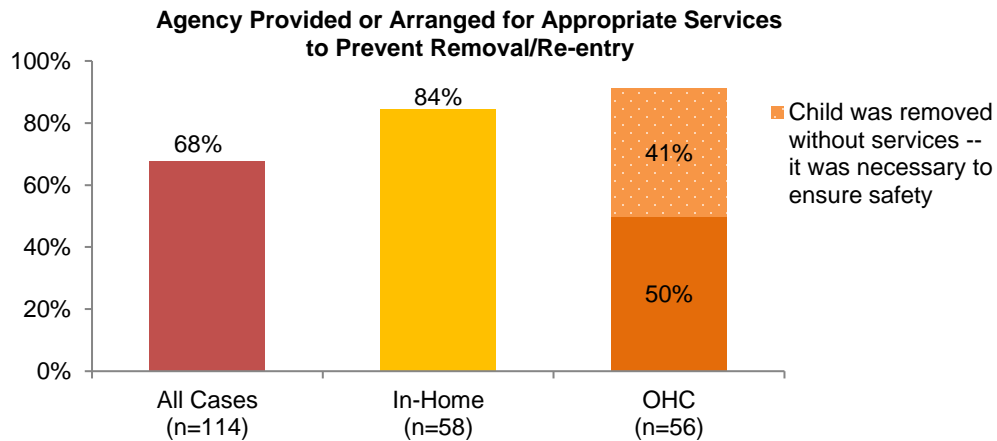
The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 2.

Ongoing Services Case Record Review, Safety Outcome 2, Item 2

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	88%	12%	114	90%
2016	86%	14%	107	90%

The figure below shows agency efforts to provide and/or arrange for services necessary to prevent entry into OHC (or re-entry after reunification) for the cases reviewed in the case record review. In a total of 68% (77) of cases, the agency demonstrated concerted efforts to obtain appropriate services for the family. This was true for 84% (49) of in-home cases and 50% (28) of OHC cases. It is worth noting, however, that in 41% (23) of OHC cases, the child did not receive such services because he or she had to be removed from the home to ensure safety before they could be arranged for or provided.

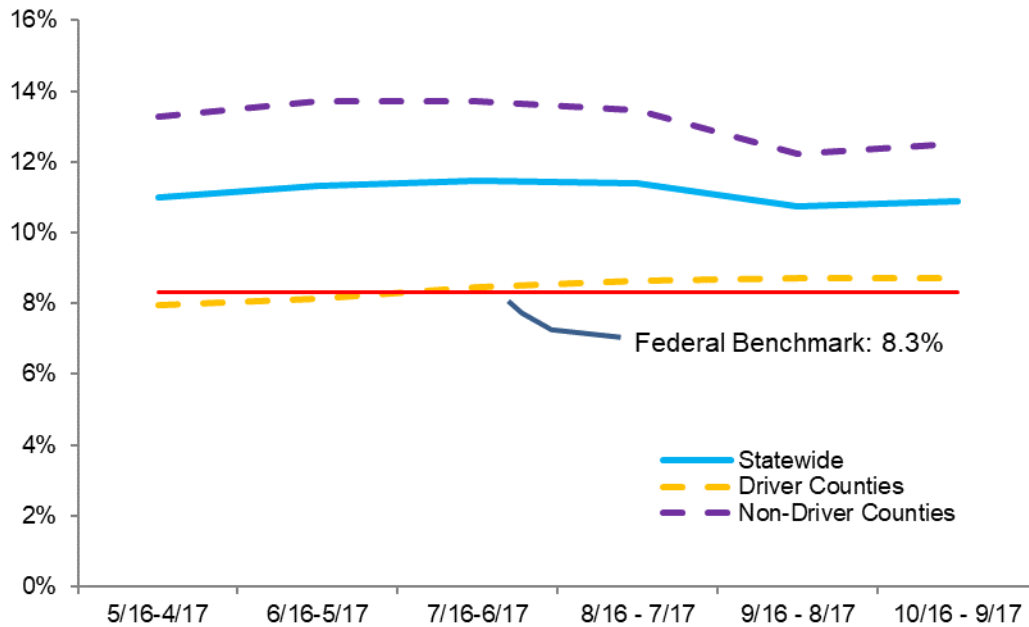
Figure: Agency Efforts to Provide Services to Prevent Removal or Re-Entry, 2015



II. National Performance Standard Data

The figure below shows Wisconsin’s re-entry rate. Wisconsin’s re-entry rate is 10.9%, which is above the federal benchmark of 8.3%. The need for improvement in this area was the motivation for developing and implementing the Post-Reunification Support (PS) Program to improve the re-entry rate.

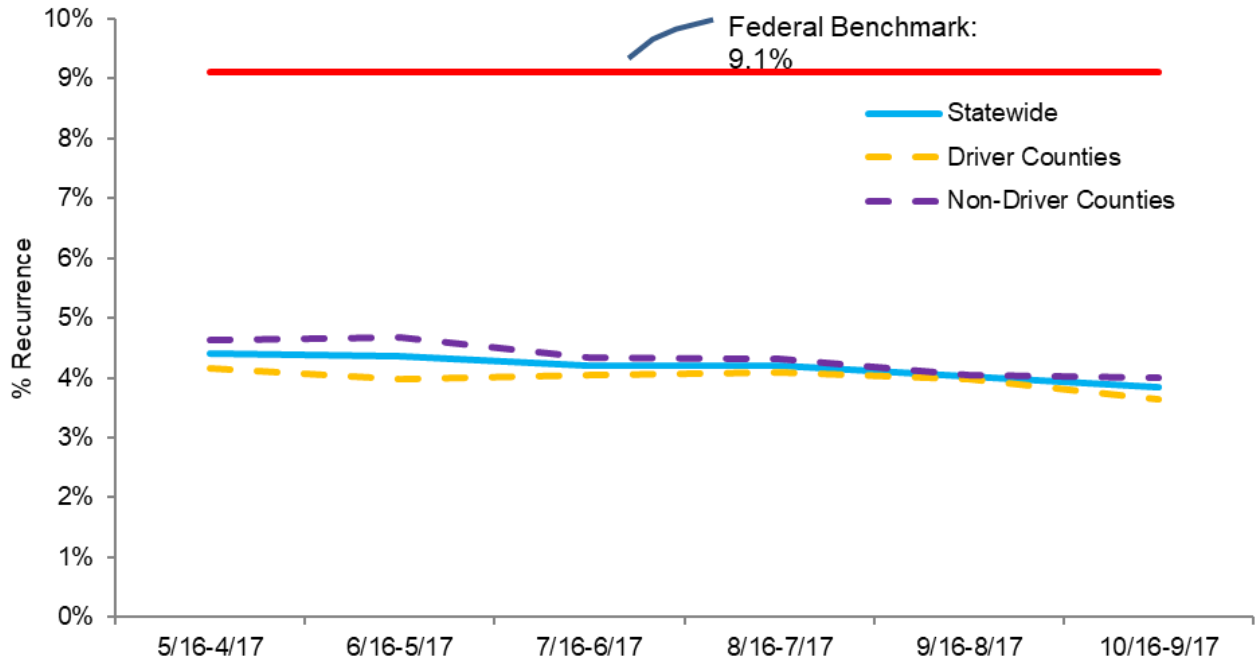
Figure: Re-entry into Out-of-Home Care



Re-entry into Out-of-Home Care within 12 months for the periods ending in 10/16-9/17. The federal standard is 8.3%.

The figure on the following page is used in KidStat to measure recurrence of maltreatment using the CFSR 3 methodology. This measure compares all of the children with a substantiated maltreatment in a twelve-month period with the number of children with subsequent substantiated maltreatments within a 12-month period of their initial maltreatment incident. The federal benchmark is less than a 9.1 % rate of maltreatment recurrence in a one-year period and is shown as the red line in the graph below. Wisconsin’s performance is significantly better than federal benchmark: in CY16, Wisconsin’s performance was 4.8% and as of September 2017 is 3.8%.

Figure: CFSR 3 Measure – Recurrence of Maltreatment



Recurrence of Maltreatment during 12-month rolling periods ending 10/16-9/17. The federal benchmark is less than 9.1% rate of maltreatment recurrence in a one-year period.

III. Administrative Data

Protective Planning

Child welfare professionals in Wisconsin can use a protective plan to help control for a child's safety, maintaining them in the home while allowing the professional to continue his/her assessment of safety. The Present Danger Assessment (PDA) is an assessment completed at initial contact with families to determine if there are Present Danger Threats (PDTs) active in the home that cause the child to be unsafe. Present Danger Assessments are done regardless of whether PDT(s) are found. The Present Danger Assessment and Protective Plan (PDAPP) is completed when PDT(s) are found and a plan needs to be put into place to address the active threats. This process was recently revised in order to be more trauma-informed, recognize the strengths of the family, and encourage family participation.

Between January 1, 2017 and December 31, 2017, a total of 9,237 cases had at least one approved and/or pending Present Danger Assessment (PDA) in 2017. Of these cases with an approved and/or pending Present Danger Assessment, 3,272 had an identified Present Danger Threat. Of the 3,272 with an identified Present Danger Threat, 2,603 (79.6%) had a Present Danger Assessment and Protective Plan implemented and in 660 (20.2%) the county took Temporary Physical Custody (a means of addressing a Present Danger Threat when a Protective Plan is not possible). There were 19 instances where the family refused to participate and there was no court jurisdiction to take further action.

Data from Wisconsin In Home Safety Services Program

Wisconsin uses an In-Home Safety Services Program (IHSS) to maintain children in their home and prevent removal. The IHSS Program provides funding to counties to serve families whose children are assessed to be unsafe and at-risk of removal from their home. Intensive and short-term services are provided to the family to keep children safe while keeping the family together. A subset of Wisconsin's 72 counties are currently participating in the program, which is expected to be expanded statewide in the coming years. Below is data regarding participation of counties in the IHSS Program.

Table: In Home Safety Services Program Participation*
July 1, 2017 – September 30, 2017

County	Number of Cases	Number of Enrollees	Average Days the Enrollees were in the IHSS Program	Cumulative Days in IHSS Program
Adams	1	1	81	81
Ashland	2	5	65	326
Barron	5	7	93	650
Brown	8	17	98	1659
Clark	1	1	93	93
Columbia	5	8	113	900
Dane	1	3	24	72
Fond Du Lac	1	3	125	375
Green	5	9	65	582
Green Lake	2	4	44	174
Jackson	2	4	116	464
Jefferson	12	23	65	1,496
Kenosha	9	21	88	1,846
La Crosse	10	16	95	1,515
Lincoln	1	1	34	34
Marathon	3	11	37	412
Marquette	1	1	102	102
Monroe	8	12	82	980
Oconto	1	2	25	50
Ozaukee	1	2	42	84
Rock	11	13	84	1,095
Sauk	8	13	65	850
Vernon	2	2	81	162
Washington	28	58	86	4,970
Waupaca	1	1	95	95
Waushara	3	4	55	219
Balance of State	132	242	80	19,286
Milwaukee*	101	297	186	54,741
STATEWIDE	233	539	2,139	74,027

*Milwaukee has a similar but distinct program called Intensive In-Home Services, so it is counted separately here.

Data from the Post-Reunification Support Program (balance of state) and the Permanency Support Services Program in Milwaukee

While IHSS targets the front-end of systems involvement, Wisconsin also targets specialized supports to families' post-reunification to prevent re-entry through the Post-Reunification Support Program (P.S. Program) and the Permanency Support Services Program in Milwaukee. These programs provide focused and frequent supports to families once their children return home with the specific goal of preventing re-entry and recurrence. The below data represents the number of children and families who have participated in the P.S. Program.

As of September 26, 2017 in non-Milwaukee Counties:

- Total Number of Families Enrolled and Reunified: 598
- Total Number of Children Enrolled and Reunified: 947
- Total Number of Counties with Currently Enrolled Children: 29
- Total Number of Children Currently Enrolled: 235

Other referral information of interest:

- Percent of enrolled children are designated as county funded local reinvestment slots: 25%
- Children that have completed the full 12 months of program participation: 485

Demographic Information:

- Average Age of P.S. Enrolled Children: 8 years old
- Average Days in Program (to date): 268
- Average Days in Care Prior to Reunification: 381

Current enrolled population legal status:

- Court Ordered: 62%
- Voluntary: 38%

CY 2016 Enrollments in Milwaukee's post permanency program:

- 564 families and a total of 901 children.

After a family enrolls in the P.S. Program, it is important to maintain active and dynamic engagement with the children and the caregivers regarding what services they are participating in and what services or supports would be helpful for them to achieve the goals in their case plan. To understand which services and supports prevent a child's later re-entry into out-of-home care, the P.S. Program's independent evaluators are assessing the type and intensity of services received by families on a regular basis. A monthly family service report has been created to collect this information for each family enrolled in the P.S. Program.

IV. Relevant Program Tools and Initiatives:

In addition to the In-Home Safety Services Program and the Post-Reunification Support Program described above, Wisconsin uses the following programs and tools to protect children in their home and prevent removal or re-entry.

- The Predictive Risk Model
 - The Predictive Risk Model created in the P.S. program provides an opportunity for the state and counties to learn more about predictive risk related to re-entry into child welfare system. The state is further pursuing the power of predictive risk models and is currently working with the Child and Family Resource Center and University of Illinois- Champaign Urbana to create a predictive analytic tool that identifies which cases are more likely to be referred back to CPS within a given time period. The assigned re-referral metric is intended to be used by designated local CPS staff and other stakeholders to better assess the family's history and needs at the point of a CPS referral. Counties are expected to use this additional data to further inform agency decision-making regarding appropriate and timely intervention, including interventions that can help prevent future referrals.

- Adoption and Guardianship Enhanced Support (AGES) program
 - Wisconsin is participating in the federally funded Quality Improvement Center for Adoption and Guardianship with the Adoption and Guardianship Enhanced Support (AGES) program. This program is voluntary and serves families who have established guardianships or adoptions of all types in the Northeastern Region with an indicated need level of intervention. The program is designed to support families who face escalating stress stemming from a variety of factors, including the child's behavior, the child's age, or changes within the family unit. AGES is modeled after postadoption support programs in Pennsylvania and North Carolina, and the program is designed to be responsive to the unique, complex challenges faced by families who have adopted or assumed guardianship of a child. AGES offers families individualized assessment of their strengths and needs, identification of child- and family-specific goals, personalized assistance with identifying resources and navigating services, and targeted advocacy. When developing the AGES program, Wisconsin made an important distinction between providing *services* and providing *support*. The AGES program provides enhanced case management services to the families, assists the family by making necessary linkages to external services that the family might not be aware of or know how to access, and provides support to adoptive and guardianship families with the goal of avoiding adoption disruption and entry into the child welfare system. Additional information on the WI AGES program may be found here: <https://qic-ag.org/wi-site>

- Protective Planning
 - Wisconsin implemented policy changes related to protective planning in 2016. As described above, a Protective Plan is a way to voluntarily engage families early in

the case process when a Present Danger Threat has been identified. This document creates a plan with the family to keep the child safe in the family home while the agency gathers more information. The plan is meant to be voluntary and very short-term. This can be a helpful tool in preventing removal.

- Re-Referral Report
 - The report provides an additional level of data to county child welfare agencies when considering the needs of families. Research shows that there are several potential indicators for re-referrals to the child welfare system and this report provides high-level information on families and documents whether the indicators are present in the case. The report allows counties to see the life of the case and can allow counties to consider family history and previous interventions as they consider how to best support families.
- Promoting Safe and Stable Families
 - DCF requires counties to prepare annual applications and reports related to federal Promoting Safe and Stable Families (PSSF) funds that are distributed to the counties. The annual reports require evaluation metrics of goals identified in the county's application related to promoting stability and reducing entry or re-entry in to out-of-home care. DCF reviews all county applications and reports and promotes the use of quantifiable metrics and targeted outcome measures related to appropriation of the funds.

Item 3: Risk and Safety Assessment and Management

Item 3 rates the agency's efforts to assess and address safety concerns related to children at home or in out-of-home care. Safety assessment, present danger assessment, protective planning, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family. Therefore, all cases are assessed for Item 3.

If the agency completed all required assessments and plans (for the target child in out-of-home care and/or any children remaining in the home) and did not leave any safety concerns unaddressed, the case receives a *Strength*. Depending on the case type and events during the period under review, this could include formal assessments like Confirming Safe Environments (CSE), Family Interaction Plan (FIP), or Safety Analysis and Plan (SAP).

State Policies for Item 3

- The CPS Safety Intervention Standards provide CPS workers with a structured analysis and decision-making framework to assess what specific, observable factors are making the child unsafe, known as danger threats. The identified danger threats and the analysis of these danger threats form the basis of safety planning. Safety planning ensures that danger threats are controlled to keep the child safe while the CPS agency works with the family to develop a plan to change those conditions or behaviors negatively affecting child

safety. The goal is to eliminate danger threats in the family or to ensure the family has the resources necessary to control the danger threats on their own.

- See **State Policies for Item 2** (including policies for protective and safety plans and confirming safe environments).

I. Case Record Review Data

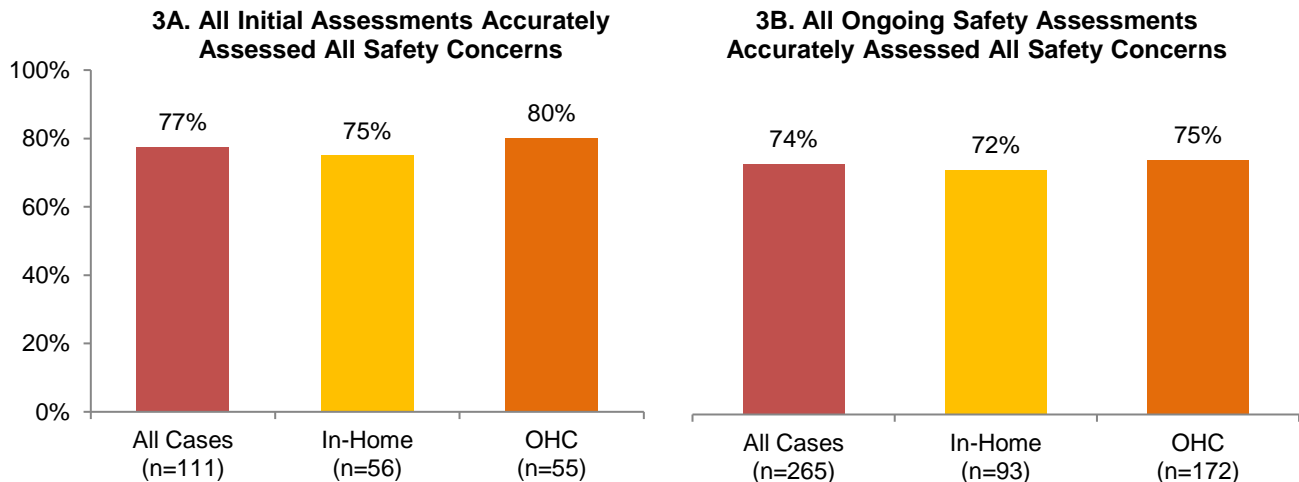
Ongoing Case Record Reviews

Following is information on performance of the cases reviewed on the specific components that make up the rating for Item 3 in Wisconsin’s 2015 and 2016 statewide representative sample of ongoing case record reviews using the OSRI. Figures below and on the following page provide information on 3A and 3B relating to safety assessments carried out by the agency during the period under review. The number of cases applicable for each individual question (in parentheses) varies based on the safety intervention responsibilities that coincided with the period under review for each specific case. For example, if there was no Initial Assessment conducted during the period under review, the case was not applicable for Item 3A.

Safety Outcome 2, Item 3

Item 3:	Risk and Safety Assessment and Management	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	64%	36%	271	90%
	2016	72%	28%	266	90%

Figure: Initial and Ongoing Safety Assessments During the Period Under Review, 2015



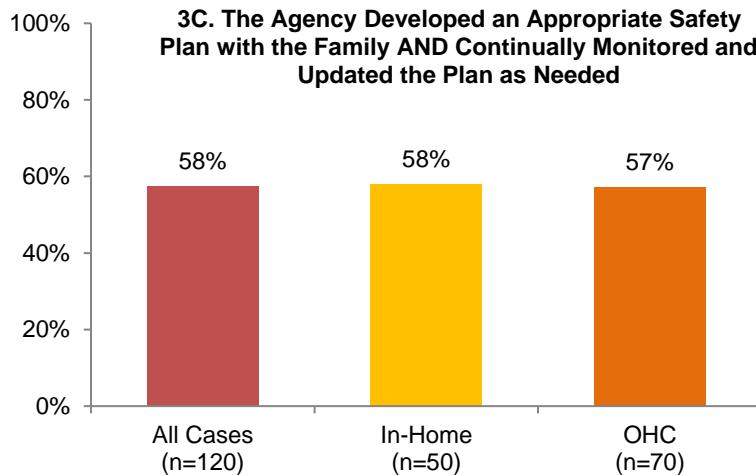
In assessing this item, reviewers were asked to examine several areas of safety intervention practice and indicate if any unaddressed safety concerns or other safety-related issues occurred during the period under review.

In addressing Item 3A, reviewers had to indicate the following related to allegations of maltreatment during the period under review:

- There were maltreatment allegations about the family that were never formally reported or investigated/assessed (occurred in 35 cases, results not shown)
- There were maltreatment allegations that were not substantiated despite evidence that would support substantiation (occurred in 7 cases, not shown)

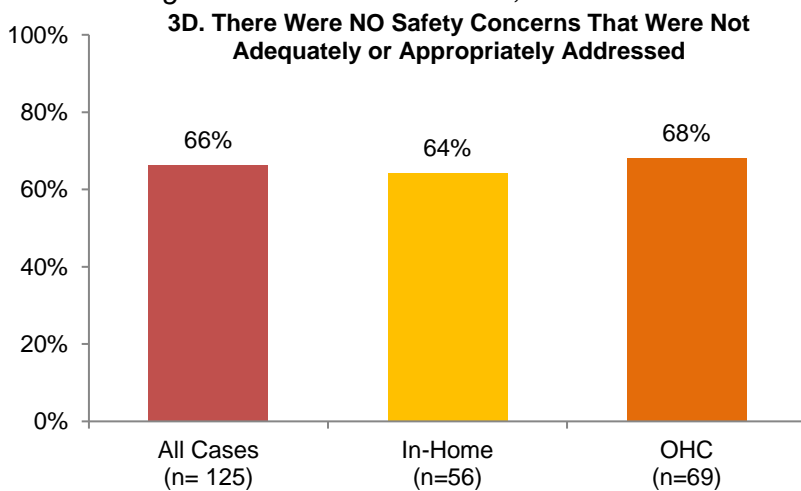
The figure below shows Item 3C, which covers safety plans created during the period under review. If there were no safety concerns present (i.e., no safety plan needed) during the period under review, the case was not applicable for this question. In a total of 58% (69) of the applicable cases, all safety plans developed by the local agency during the period under review were appropriate and updated as needed during the entire period under review.

Figure: Safety Plans During the Period Under Review, 2015



The figure below shows Item 3D, which covers identified safety concerns pertaining to the target child in out-of-home care and/or any children in the family remaining in the home. If there were no safety issues during the period under review, the case was not applicable for this question. In a total of 66% (83) of applicable cases, the local agency adequately and appropriately addressed all safety concerns during the entire period under review.

Figure: Safety Concerns During the Period Under Review, 2015

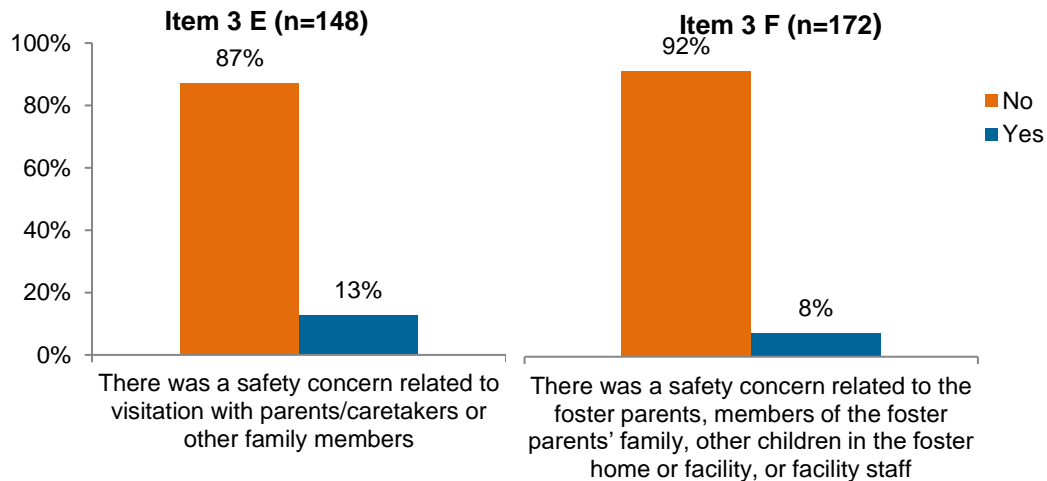


In addressing Item 3D, reviewers indicated any safety-related incidents that occurred during the period under review that were not adequately addressed by the agency. They included:

- Case was closed while significant safety concerns that were not adequately addressed still existed in the home (n=11)
- Recurring maltreatment³ (n=3)
- Recurring safety concerns⁴ (n=1)
- Other safety-related incidents⁵ not adequately addressed by the agency (n=25)

Items 3E and 3F relate to safety concerns in out-of-home care cases only. Figure 7 shows those results. Note that for Item 3E, the case was not applicable if the target child in OHC was not able to have visits with his or her parents.

Figure: Safety Concerns in OHC Cases During the Period Under Review, 2015



In addressing Item 3E, reviewers indicated if there were safety concerns related to visitation, specifically if the following occurred during the period under review:

- Unsupervised visitation was allowed when it was not appropriate (n=9)
- Sufficient monitoring of visitation by parents/caretakers or other family members was not ensured (n=8)
- Visitation was court-ordered despite safety concerns that could not be controlled with supervision (did not occur; n=0)
- Other safety concerns that existed with visitation (n=5)

³ The CFSR OSRI defines recurring maltreatment as follows: "There was at least one substantiated or indicated maltreatment report on any child in the family during the period under review AND there was another substantiated report within a 6-month period before or after that report **that involved the same or similar circumstances**" (Child and Family Services Reviews Onsite Review Instrument, January 2016, p. 17).

⁴ The CFSR OSRI defines recurring safety concerns as follows: "There was at least one maltreatment report involving any child in the family during the period under review that was handled by an alternative response and resulted in opening the case for services to address safety concerns AND there was at least one additional maltreatment report within a 6-month period before or after that report that was handled by an alternative response and resulted in a decision to open the case for services to address **the same or similar safety concerns**" (Child and Family Services Reviews Onsite Review Instrument, January 2016, p. 17).

⁵ Per reviewers' comments, these incidents were largely related to re-referrals and parental substance abuse.

In addressing Item 3F, reviewers indicated if safety concerns existed for any OHC care placement during the period under review. They included:

- The child’s placement presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed (n=7)
- A critical incident report or other major issue relevant to noncompliance by foster parents or facility staff that could potentially make the child unsafe, and the agency could have prevented it or did not provide an adequate response after it occurred (n=1)
- Reviewer discovered that there were safety concerns related to the child in the foster home of which the agency is unaware because of inadequate monitoring (n=1)
- A substantiated allegation of maltreatment of the child by a foster parent (including a relative foster parent) or facility staff member that could have been prevented if the agency had taken appropriate actions (did not occur; n=0)
- Other safety concerns that existed with the child’s foster placement (n=7)

Initial Assessment Case Record Review

In addition to the Ongoing Services Case Record Review, DCF completed an Initial Assessment Case Record Review of a statewide representative sample. This report shows information on protective and safety planning. Lack of documentation was found regarding protective planning, which spurred the creation of the Present Danger Assessment and Protective Plan (PDAPP) improvement project discussed previously. Below is information from the IA Case Record Review Report.

Table: Documented Protective Actions/Plans and Safety Plans in Initial Assessments Reviewed. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Protective Plan	Safety Plan
Plan documented	55	45
No plan documented	216	226
<i>Plan not needed</i>	170	171
<i>Plan needed but none documented[§]</i>	24	7
<i>Not enough information to determine if plan needed</i>	22	48

[§] Based on local agency and/or reviewer identification of present and/or impending danger.

Figures below show the types of plans used. Of the 55 IAs that documented protective planning, 15 contained a Protective Plan document, 33 relied on Temporary Physical Custody (TPC), 2 had a Voluntary Placement Agreement (VPA), and 5 employed multiple types of protective plans (for example, combined use of Protective Plan, TPC and/or VPA). Of 45 IAs in the review sample that contained a safety plan, 36 were out-of-home and 9 were in-home.

Figure: Protective Planning in Initial Assessments Reviewed. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

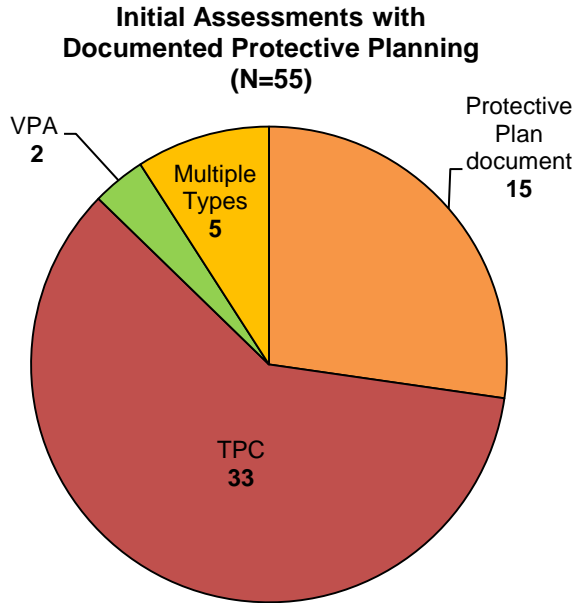
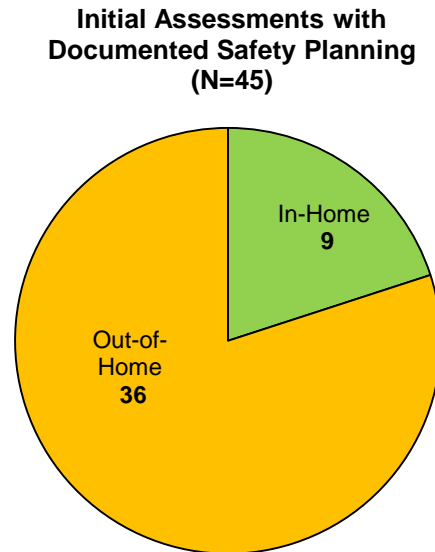


Figure: Safety Planning in Initial Assessments Reviewed. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.



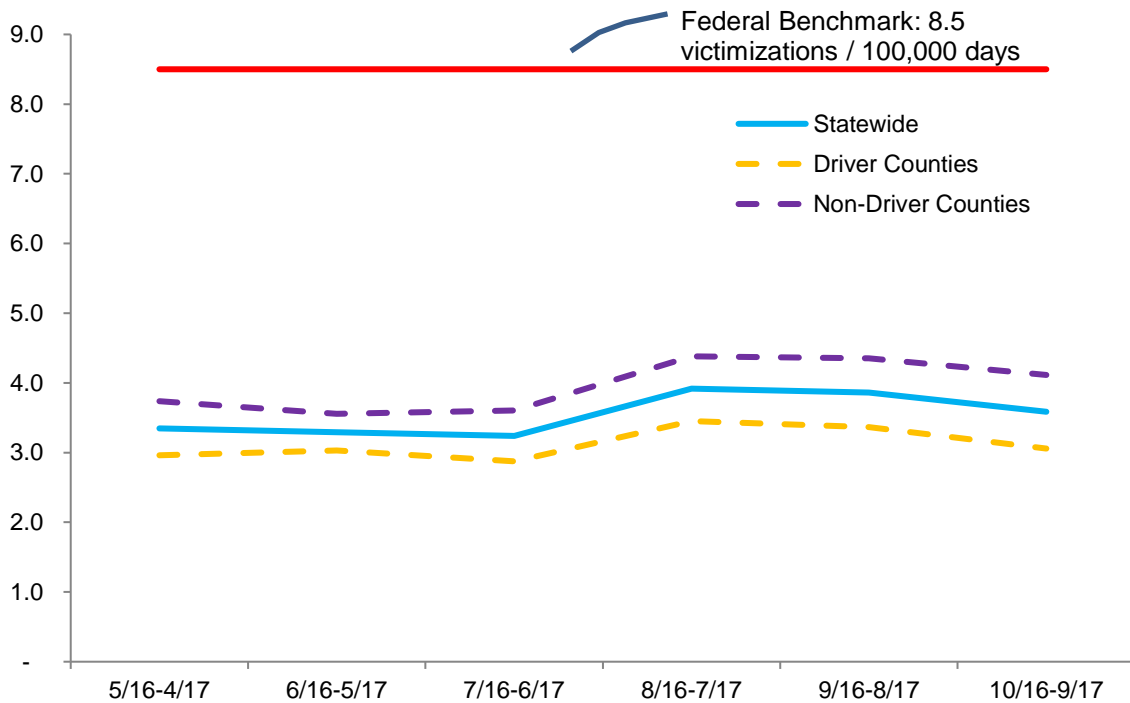
When protective plans and safety plans were present, the review also assessed their quality. Of the protective plans reviewed, 89.1% were immediately implemented as required by Standards, while 10.9% were not; 80.8% of plans contained a sufficient description of how all identified Present Danger Threats would be controlled for all children, while 19.2% did not.

The reviewers also evaluated the quality of the 9 in-home safety plans contained in the review sample. Overall, one-third of the in-home safety plans reviewed comprehensively documented all required details of the safety plan. Specifically, 5 of the 9 in-home safety plans reviewed adequately described all identified Impending Danger Threats, and 4 out of 9 adequately described safety services used to manage those threats. Three out of 9 adequately documented the names of safety services providers, described roles and responsibilities of providers, and described frequency and duration of necessary services.

II. National Performance Standards Data:

Below is the national performance standard for maltreatment in out-of-home care. As shown in the following figure, Wisconsin consistently performs better than the federal benchmark on this measure and is currently at 3.6, which is significantly below the federal benchmark of 8.5, victimizations/100,000 days.

Figure: CFSR 3 Measure – Maltreatment in Out-of-Home Care



Rate of Victimization per 100,000 days for children in OHC for the 12 month period ending in 10/16-9/17. The federal standard is less than 8.5 victimizations per 100,000 days.

III. Administrative Data

Timeliness of Initial Assessment

Of a total of 4,710 open Initial Assessments as of December 31, 2017, a total of 1,074 or 22.8% were open for 61 days or more, which is greater than the 60-day required completion time for IAs.

Safety Decisions

The safety assessment result figures below show the safety decisions for completed safety assessments in primary caregiver CPS Initial Assessments. If a child is determined to be unsafe, the CPS agency is required to implement a safety plan to assure the child is safe and protected.

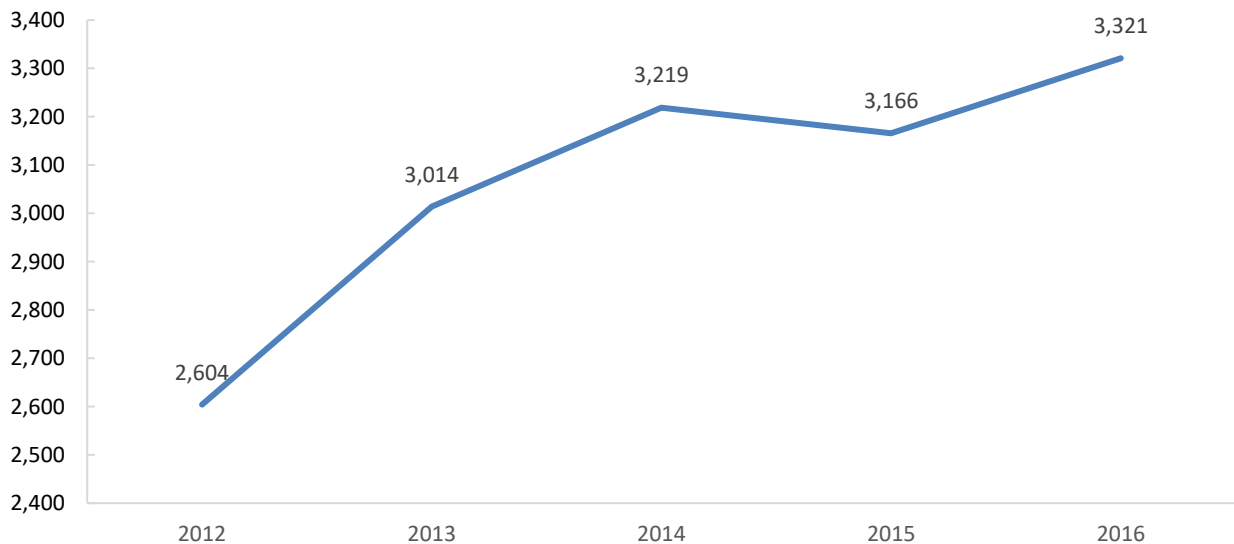
Table: Safety Assessment Results in Primary Caregiver CPS Initial Assessments

Timeframe	Safe	Unsafe	Not Documented
Calendar Year 2016	87%	11%	2.1%
January 1, 2017 – September 30, 2017	85.7%	12.2%	2.2%

If the conditions in the home pose immediate danger to a child and in-home services are insufficient to assure the safety of the child, the child may be removed from the family home and placed temporarily in out-of-home care. An out-of-home care placement may be with an unlicensed non-relative, a relative(s), a foster parent(s), a group home or shelter care, or a residential child-caring facility.

In CY 2016, 3,321 unique children were placed in out-of-home care during the first 60 days after the screened-in CPS report. This 60-day timeframe is considered because caseworkers are held to the standard of completing the CPS Initial Assessment within this timeframe. The figure below shows the last five years of child removals to out-of-home care that resulted from CPS investigations.

Figure: Unique Child Removals to Out-of-Home Care within 60 Days of the CPS Report: 2012-2016

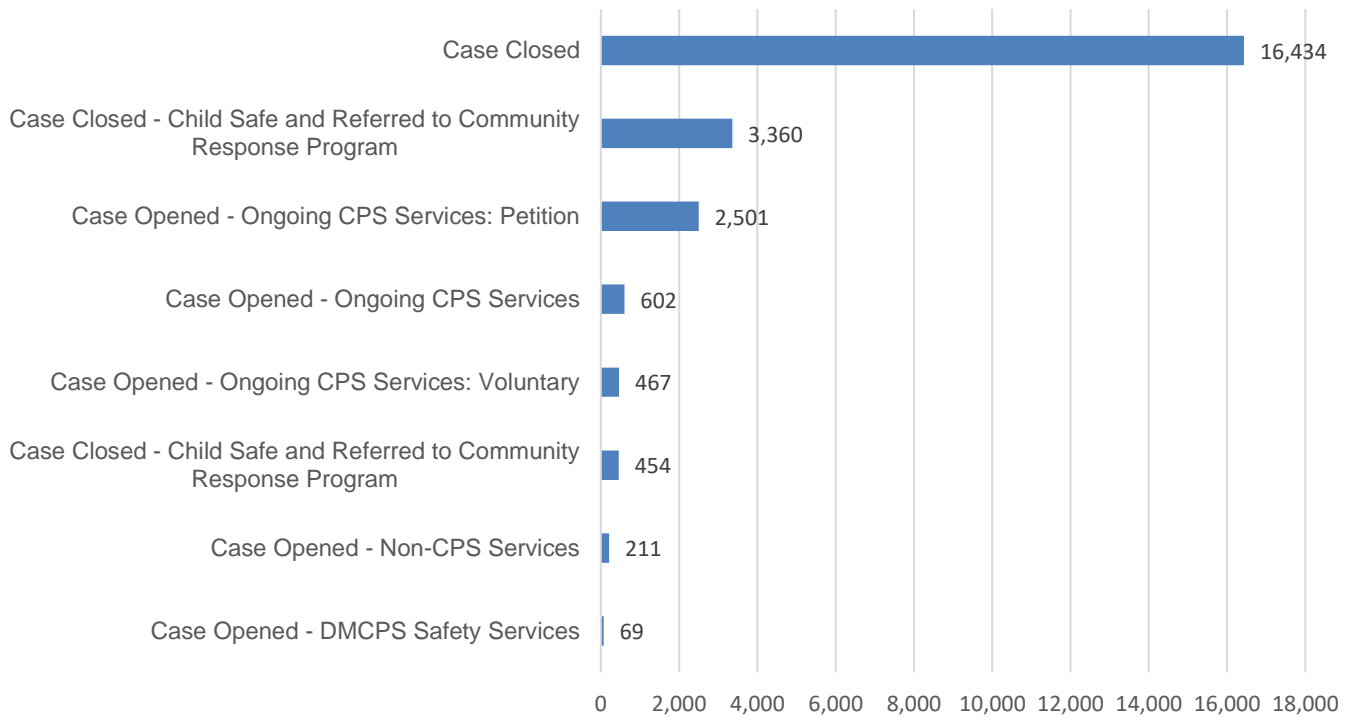


Initial Assessment Dispositions

The Initial Assessment disposition is the action the CPS agency took upon completion of the CPS Initial Assessment. The figure below shows the count of Initial Assessment dispositions in the 24,098 primary-caregiver CPS Initial Assessments in CY 2016. Following are the categories:

- In some cases the case is closed and it is determined that no further CPS intervention is needed (Case Closed).
- Other cases are closed and the family is referred to appropriate community resources (Case Closed – Child Safe and Referred to Community Services).
- If the case is opened and the family is provided services through the CPS agency as seen in those labeled as ‘Case Opened – Ongoing CPS Services: ‘Petition’ or ‘Voluntary’.
- In some cases the family already had a CPS case open and services will continue for this family after this CPS Initial Assessment as seen in those labeled, ‘Case Already Open – Ongoing Services’.
- There is also a category of cases closed, a child is safe and referred to Wisconsin’s Community Response Program.
- Cases that are opened may be referred to services that are not under the purview of the CPS agency, as seen in those labeled, ‘Case Opened – Non-CPS Services’.
- The final category are cases opened and referred to DMCPs Safety Services.

Figure: Initial Assessment Dispositions in Primary Caregiver CPS Initial Assessments: Calendar Year 2016



The tables below show the frequency and percentage of Initial Assessment dispositions according to the safety decision for primary caregiver CPS Initial Assessments. Data is presented for CY 2016 and for the first three quarters of 2017. In the majority of cases where the safety decision is safe, the case was closed. Conversely, in the majority of cases where the safety decision was unsafe, the case was either opened for some type of services or was already opened for ongoing CPS services. A safety assessment and analysis is not required in secondary CPS Initial Assessments and non-caregiver investigations because the child's safety within the family is not the focus of the case.

**Table: Safety Decision by Initial Assessment Disposition for Primary Caregiver
CPS Initial Assessments: Calendar Year 2016**

Initial Assessment Disposition	Safe		Unsafe		No Safety Decision		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Case Closed	16,070	66.7%	105	0.4%	260	0.5%	16,435	68.2%
Case Closed – Child Safe and Referred to Community Services	3,182	13.2%	57	0.2%	122	0.2%	3,361	13.9%
Case Opened – Ongoing CPS Services: Petition	457	1.9%	1,983	8.2%	61	0.1%	2,501	10.4%
Case Closed – Child Safe and Referred to Community Response Program	425	1.8%	2	0.0%	27	0.1%	454	1.9%
Case Already Opened – Ongoing CPS Services	330	1.4%	258	1.1%	14	0.0%	602	2.5%
Case Opened – Ongoing CPS Services: Voluntary	289	1.2%	168	0.7%	10	0.0%	467	1.9%
Case Opened – Non-CPS Services	195	0.8%	8	0.0%	8	0.0%	211	0.9%
Case Opened – DMCPs Safety Services	9	0.0%	60	0.2%	0	0.0%	69	0.3%
Total	20,957	87.0%	2,641	11.0%	502	2.1%	24,100	100.0%

**Table: Safety Decision by Initial Assessment Disposition for Primary Caregiver
CPS Initial Assessments: January 1, 2017 – September 30, 2017**

Initial Assessment Disposition	Safe		Unsafe		No Safety Decision		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Case Closed	11,956	67.5%	94	0.5%	165	0.4%	12,215	69.0%
Case Closed – Child Safe and Referred to Community Services	2,140	12.1%	33	0.2%	123	0.3%	2,296	13.0%
Case Opened – Ongoing CPS Services: Petition	318	1.8%	1,599	9.0%	39	0.1%	1,956	11.0%
Case Closed – Child Safe and Referred to Community Response Program	227	1.3%	0	0.0%	15	0.0%	242	1.4%
Case Already Opened – Ongoing CPS Services	221	1.2%	176	1.0%	20	0.1%	417	2.4%
Case Opened – Ongoing CPS Services: Voluntary	216	1.2%	143	0.8%	5	0.0%	364	2.1%
Case Opened – Non-CPS Services	133	0.8%	9	0.1%	5	0.0%	147	0.8%
Case Opened – DMCPs Safety Services	5	0.0%	61	0.3%	0	0.0%	66	0.4%
Total	15,216	86.0%	2,115	11.9%	372	2.1%	17,703	100.0%

Confirming Safe Environment

Prior to placing a child in out-of-home care, a worker is required by policy to assess and confirm the placement is safe for the child. This obligation exists for all placement settings whether the care is provided by family members, friends, neighbors, or licensed providers such as foster families. Assessing and confirming a safe environment in placement settings occurs every time a new placement is considered.

Between July 1, 2017 and September 30, 2017, a total of 7,982 children were in out-of-home care, of which there were 8,113 placements. The Confirming Safe Environment process was completed timely in 24.5 percent of cases, completed untimely in 49.1 percent, and pending and overdue in 8.8 percent of cases. The Reconfirming Safe Environment process was timely in 62.1 percent of cases.

IV. Relevant Programs, Tools, and Initiatives:

Wisconsin manages, monitors and supports risk and safety assessment and management using the following tools or approaches:

- Protective Plans
 - The Protective Plan document was updated in 2016 to reflect more family-friendly language and to highlight the voluntary nature of the plan. Additionally, documentation requirements were added into eWiSACWIS to allow the state to further gather and analyze the use of these plans, such as duration, services, and frequency of protective planning. This will also allow the state to explore the effects of using Protective Plans on safety outcomes or future removals.
- eWiSACWIS Reports
 - The PDAPP Report in eWiSACWIS provides information on Present Danger Assessments and Protective Plans to allow counties and the state to better understand the frequency, use, and sufficiency of Protective Plans.
 - IHSS Pre-Enrollment report in eWiSACWIS shows cases in the initial 60 days that have a documented protective or safety plan. This allows counties to track their protective planning and safety planning documentation.
- P.S. Program and IHSS Programs
 - The P.S. Program and IHSS Program both require cost reporting that allows DCF to understand what services counties and tribes provide to families in support of safety in the home. Through evaluation of these services and associated outcomes the Department will learn what services are tied to positive safety outcomes. The P.S. Program also uses the Monthly Family Service Report which provides detailed information on service availability and use by families.

- Confirming Safe Environments

- The Adoption and Safe Families Act (ASFA) identifies requirements intended to assist States in efforts to protect and care for children who come into contact with the public child welfare system. Critical factors outlined in ASFA include consideration of a child's health and safety when placing the child in out-of-home care placement.

The child welfare agency is responsible for determining safety prior to placement, in the placement setting, and at regularly established intervals. At a minimum, safety in the placement environment must be evaluated and confirmed every six months. Safety determinations are required for all children placed in an unlicensed home, foster care home, group home, or residential care center regardless of the type of court order (Child in Need of Protection or Services, Juvenile in Need of Protection or Services, or Delinquency).

To meet ASFA requirements and to assess for safety of the placement, Wisconsin requires agencies with "placement and care responsibility" to confirm a safe environment (CSE) when children are placed in out-of-home care. CSE applies to all children and youth in Out of Home placement. It includes all children for which the agency maintains placement, court ordered care, and responsibility.

DCF released a memo on March 14, 2013 detailing the requirements to complete a Confirming a Safe Environment when children are placed in out of home care for reference. Following is a link to the memo -

<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2013-03.pdf>

- Family Interaction Plan (FIP)

- Family interaction is an opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting. Areas the agency assesses during family interaction may include, but are not limited to: the child's health, safety, developmental, emotional, and attachment needs, as well as the presence of domestic violence.

Whenever possible, face-to-face family interaction is the desirable professional practice. Before face-to-face family interaction is implemented, the agency worker must assess if there are present or impending danger threats to child safety. The agency worker must also assess for current or prior domestic violence in the relationships of the adults involved in the case.

To ensure safety during family interaction the family interaction plan shall take into account the safety of all family members. When necessary, the agency shall implement safety measures during family interaction, which can include, but are not limited to: supervised family interaction, arranging different schedules in domestic violence cases, using a safe drop off/pick up location, etc. Data shows that 89% of cases have a documented Family Interaction Plan.

B. Permanency

		Percent Strength WI	Average National Percent Strength*	Federal Standard	Initiatives to Address
Permanency Outcome 1					
Item 4:	Stability of Foster Care Placement	82%	74%	90%	<ul style="list-style-type: none"> • Worker performance dashboard • Placement activity report • Placement stability report • Permanency planning • Permanency Roundtables (PRT) • Child and Adolescent Needs and Strengths (CANS) tool
Item 5:	Permanency Goal for Child	54%	58%	90%	<ul style="list-style-type: none"> • Permanency Plan • Concurrent Planning • PRT
Item 6:	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	66%	45%	90%	<ul style="list-style-type: none"> • Concurrent Planning • Family Finding and Engagement (FFE) • PRT • Subsidized Guardianship • AGES and Post –Reunification Support Program (PS)
Permanency Outcome 2					
Item 7:	Placement With Siblings	86%	79%	90%	<ul style="list-style-type: none"> • Placement Activity Report • Permanency planning • Uniform rate setting • Family Interaction Plan
Item 8:	Visiting With Parents and Siblings in Foster Care	57%	62%	90%	
Item 9:	Preserving Connections	75%	66%	90%	<ul style="list-style-type: none"> • Family Interaction Plan • FFE • Reasonable and Prudent Parenting training and support • Statewide Permanency Consultant support and consultation
Item 10:	Relative Placement	62%	70%	90%	<ul style="list-style-type: none"> • FFE • State Permanency Consultant Support • Levels of Care • Geographic Placement Resource Services (GPRS) • Caseworker dashboard
Item 11:	Relationship of Child in Care With Parents	67%	58%	90%	<ul style="list-style-type: none"> • Family Interaction plan • Case planning

*The average national percent strength is from the August, 2017 presentation by the Children’s Bureau and is the average CFSR results from the first 24 states that completed CFSR Round 3.

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency Outcome 1 is based on the ratings for Items 4, 5, and 6. The purpose of assessment is to determine whether (1) the child in out-of-home care is in a stable placement (and that any placement changes were in his or her best interests); (2) appropriate permanency goals were established in a timely manner; and (3) concerted efforts were made, or are being made, to achieve those goals.

Item 4: Stability of Foster Care Placement

Item 4 rates the stability of out-of-home care placements through review of placement setting changes that occurred during the period under review. All OHC cases are assessed for this item. Cases were rated as a Strength if the current or most recent placement was found to be stable and any placement setting changes that occurred were planned by the agency in order to meet the child's needs and case goals.

State Policies for Items 4- 6

Permanency Planning requirements continue until permanence is achieved for a child or the child reaches the age of majority and ages out of care. Permanence should bring physical, legal, and emotional safety and security within the context of a family relationship and allow lifelong relationships with a variety of caring adults. Permanence can be achieved in a variety of ways. The Adoption and Safe Families Act (ASFA) and Wisconsin recognize the following permanence goals:

- Reunification
- Adoption
- Transfer of Guardianship
- Placement with a Fit and Willing Relative
- Other Permanent Living Arrangements (OPPLA) (i.e., sustaining care or long-term foster care)

In all cases, choosing the most appropriate goal(s) for a child involves considerations of the child, the family, the tribe, and the relationships of the child with others and the progress of the Permanency Plan.

Additional information on state policies is articulated in the case review systemic factor.

I. Case Record Review Data

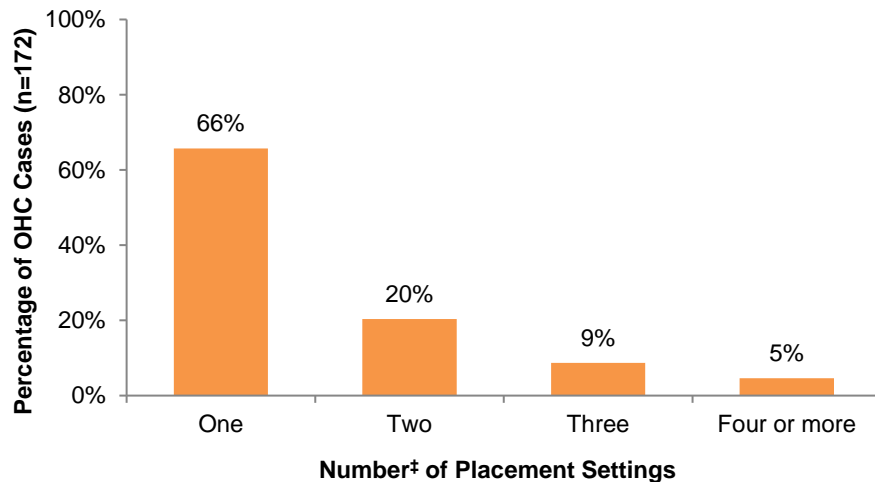
Ongoing Services Case Record Review Permanency Outcome 1, Item 4

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 4.

Item 4:	Stability of Foster Care Placement	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	82%	18%	172	90%
	2016	71%	29%	164	90%

The figure below from the Ongoing Services Case Record Review shows the number of placement settings in cases reviewed. In most cases (113 of 172, or approximately 66%) children were in one setting for the entire PUR, meaning they experienced no placement changes.

Figure: Placement Settings During the Period Under Review, 2015

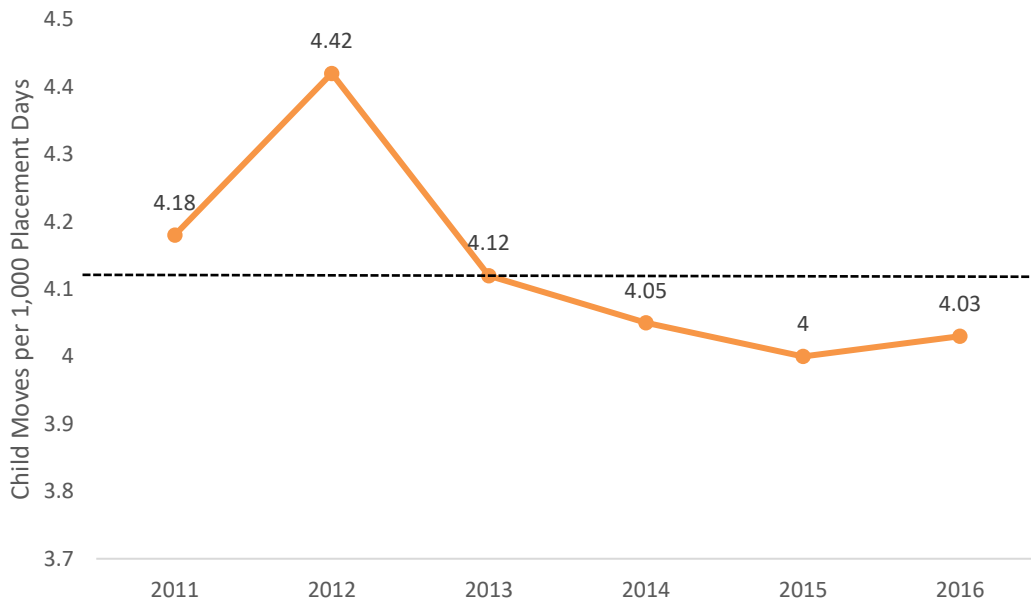


‡ Note: one case had 0 placement settings because of missing status at time of review. The maximum number of placement settings during the PUR was 5 (i.e., 4 placement changes).

II. National Performance Standards Data

The CFSR3 Placement Stability Measure shows the rate of child moves in Wisconsin's Out-of-Home Care (OHC) system. The measure reports the *total rate* of all moves statewide over the total number of child placement days statewide, showing the average rate of child moves across all placements. This measure excludes children in OHC for one week or less and children in voluntary kinship placements. Each year's measure only includes children who entered OHC during the year in question. The federal government has a performance expectation of 4.12 moves per 1,000 child placement days.

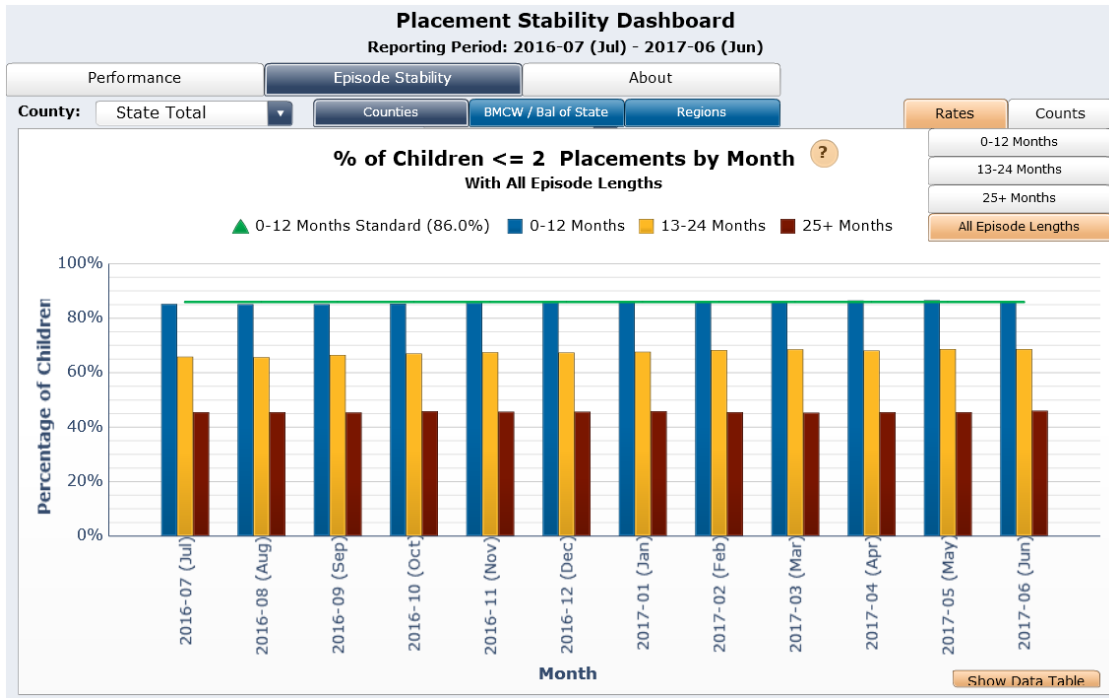
Figure: CFSR3 Measure, Placement Stability, Calendar Years 2011-2016



The figure shows that since 2013, Wisconsin has met or exceeded this performance measure

III. Administrative Data

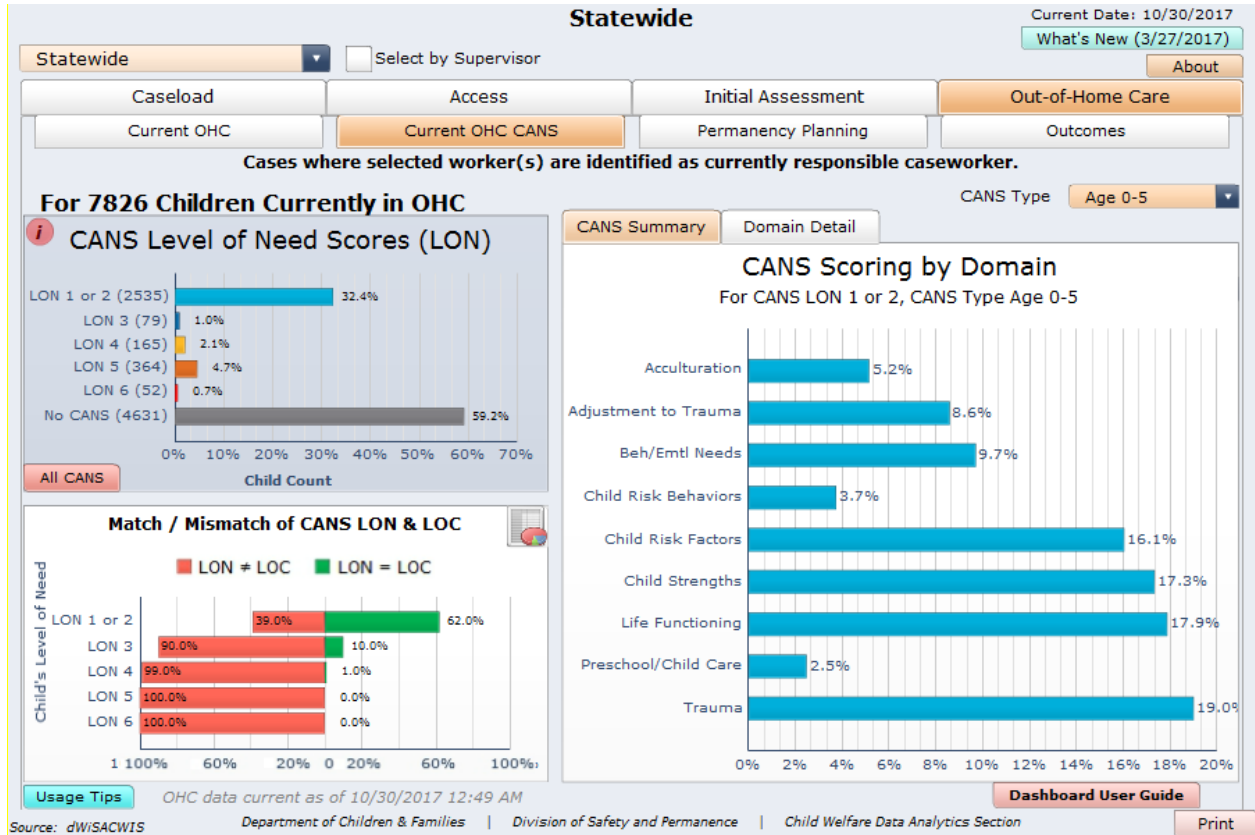
The following DCF dashboard displays county and state placement stability rates, within out-of-home care (OHC) placement episodes, by ranges of months: 12 months, 13-24 months, and 25+ months. It presents the rates for each month of the rolling 12 month timeframe for children who had less than or equal to two placements per month.



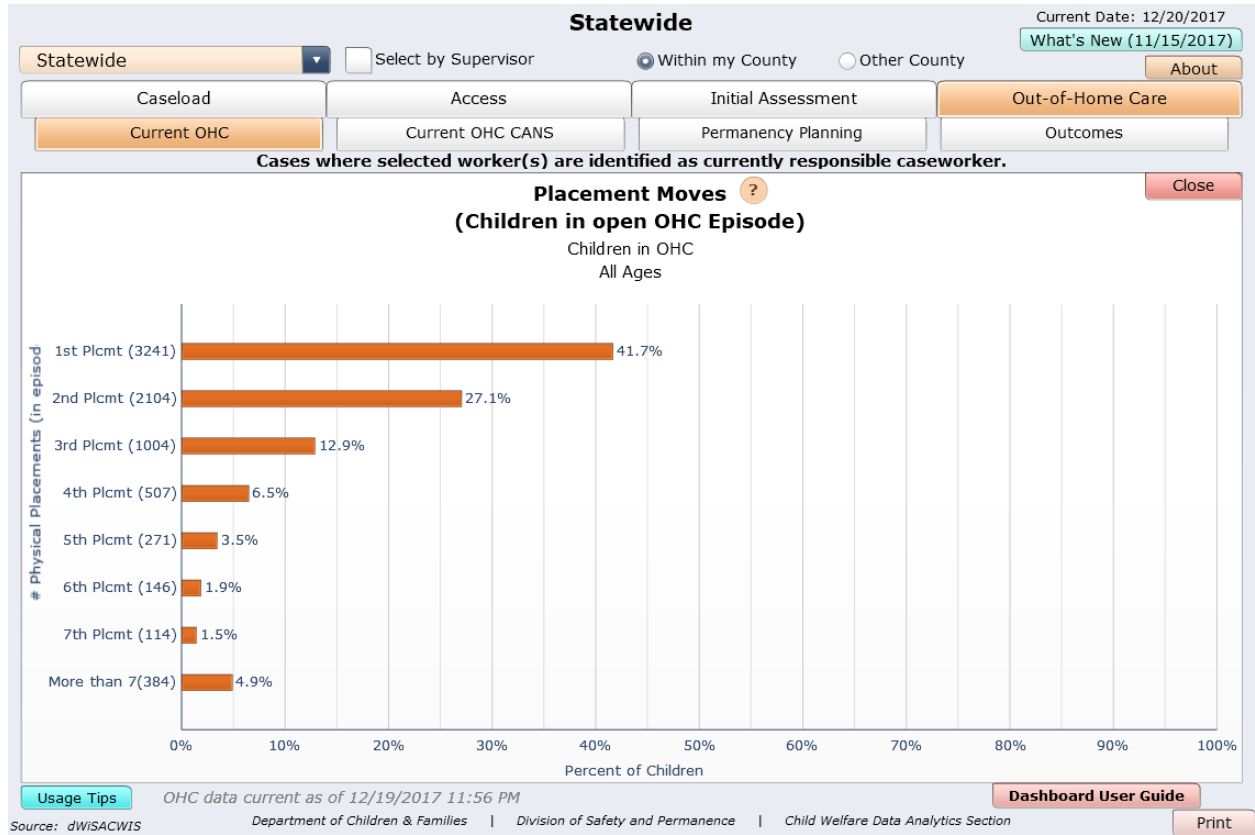
IV. Relevant Programs, Tools, and Initiatives

- Worker Performance Out-of-Home Care Dashboard
 - The following figure from the Worker Performance OHC Dashboard displays the Level of Care and Level of Need match and mismatch for children placed in OHC. The Level of Care and Level of Need mismatch is determined by use of the Placement Complexity Chart, which describes the placement settings by Level of Care that are most appropriate for a child based on that child’s Level of Need. It is important to note that a child in out-of-home care can be served by an OHC provider with a certification lower than the child’s Level of Need, if an exception has been granted and documented in the child’s electronic case record by the placing agency and the agency shows what services and supports will be provided to meet the child’s needs. For example, a child may be placed in a foster home with a certification lower than the child’s Level of Need to maintain sibling connections for placement continuity.
 - This Dashboard can also be used as a supervisory tool for monitoring the Level of Need and Level of Care mismatch (or match) of the cases assigned to a specific worker, all of the cases under the placement and care of a particular agency, or all of the cases statewide. Used in a supervisory role, an agency supervisor can

address any mismatches and ensure there are sufficient services in place to support a placement and maintain placement stability.



The following figure from the Worker Performance OHC Dashboard displays the placement moves for children placed in OHC. This dashboard displays the placement moves for 1 through 7 moves and more than seven moves.



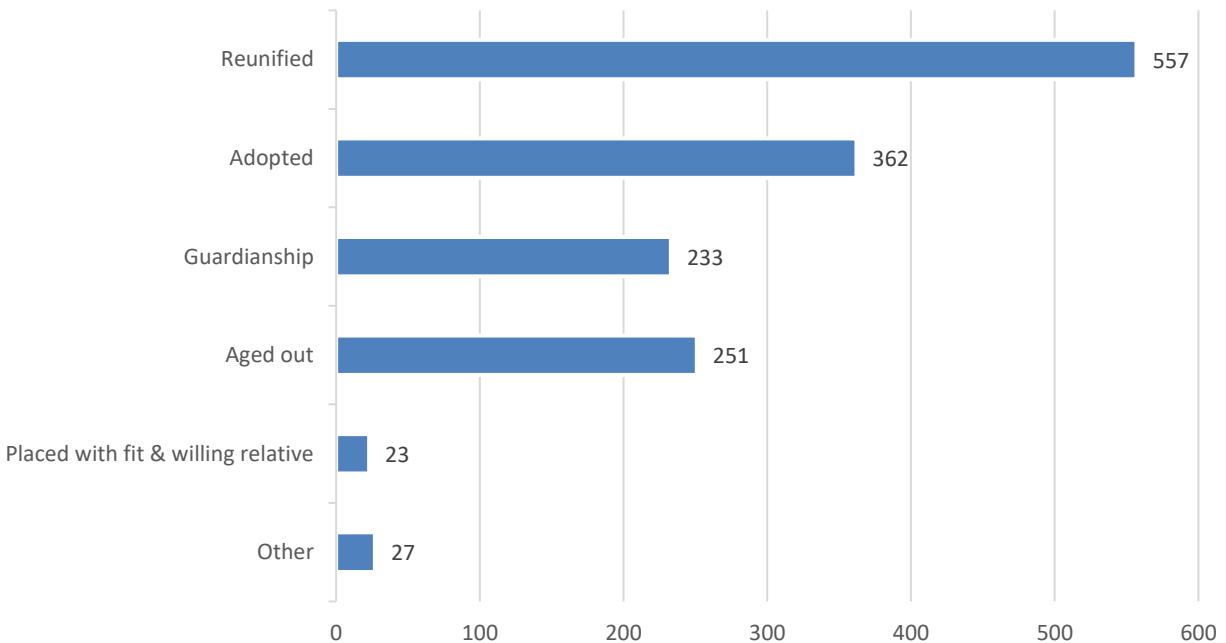
In addition to these two data sets, the Worker Performance Out-of-Home Care Dashboard can be used for monitoring the following areas related to placement stability: Placement Type; Length of Stay; Permanency Planning; and Discharges from Out-of-Home Care.

- eWISACWIS Reports
 - The Placement Activity and Detail report (SM10A112) can be used to monitor placement activity of all out-of-home care placements under the placement and care responsibility of a specific agency, the Division of Milwaukee Child Protective Services, or OHC placements statewide.
 - The Placement Stability report (SM10A116) can be used to monitor the number of placements, length of stay, and the detail of all OHC placements under the placement and care responsibility of a specific agency, the Division of Milwaukee Child Protective Services, or OHC placements statewide.
- Permanency Round Tables (PRT):
 - Permanency Round Tables (PRT): The PRT process is a professional consultation designed to expedite permanency for children and youth in OHC through innovative thinking, application of best practice, and solving of systemic barriers. The process also includes required follow-up to ensure steps are being taken to expedite the action plan. The outcomes being measured are: the child's progress toward legal permanency (reunification, transfer of guardianship, adoption),

changes in the level of placement restrictiveness, the rate of re-entry into OHC, and the rate of discharge to legal permanency. Additional detailed information regarding Permanency Roundtables can be found on the DCF Website: <https://dcf.wisconsin.gov/cwportal/permanency/prt>

Permanency Round Tables can also be used to determine if a child is in an appropriate placement setting and to ensure there are sufficient services in place to support that placement to prevent and minimize the number of placements for a particular case.

Figure: Permanency Round Table Cases, January 2011 - June 2016



- Permanency Planning
 - Permanency planning includes planning for the most appropriate placement in a case. There are many considerations that a caseworker must take into account when determining an appropriate placement for a child. At a minimum, the agency must consider placements that are in the child's best interests and document in the case record that a placement is either unavailable or inappropriate if the following are not met with the child's placement. These considerations must be made at initial placement and any time there is a change of placement for the child:
 - Placement proximity to the child's parents within 60 miles.
 - Placement with siblings.
 - Placement with a fit and willing relative.
 - Placement that allows the child to remain in the school the child currently attends.

- Placement with a provider that meets or exceeds the child's assessed Level of Need, unless the agency documents an exception that includes supports and services to the OHC provider to meet the child's identified needs and to promote the stability of the child's placement.
- Placement with a provider that follows the Reasonable and Prudent Parent Standard as it applies to the child to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.

Of the above-mentioned considerations there is no one consideration that is more important than another when determining the most appropriate placement. All placements shall be made on a case-by-case basis in the child's best interests. In order to ensure a placement is in the child's best interests, the out-of-home caregiver must be able to meet the specific needs identified for the child. The placement considerations are to be documented in the child's permanency plan.

- Child and Adolescent Needs and Strengths (CANS) tool
 - The Child and Adolescent Needs and Strengths (CANS) tool assesses a specific child's needs and strengths, as well as the needs and strengths of the current OHC provider and the identified permanent resource for the child.

The child welfare agency is responsible for completing the CANS at regularly established intervals. The child welfare agency must complete the CANS within 30 days of placing a child in OHC or prior to a placement in a group home or residential care center and at least every six months thereafter that the child is in OHC. The CANS is required for all children placed in an unlicensed home, foster home, group home, or residential care center regardless of the type of court order (Child in Need of Protection or Services, Juvenile in Need of Protection or Services, or Delinquency).

At the conclusion of the CANS, the caseworker must include information on how the child's needs will be addressed and the OHC provider supported in order to ensure placement stability for that child.

Item 5: Permanency Goal for Child

Item 5 rates the timeliness and appropriateness of permanency goals. All permanency plans created during the period under review are considered, as well as any plan created before the PUR began if it was still active at the time of the review. All OHC cases where the target child has been in care for more than 60 days are assessed.

State Policies

See Item 4 for state policies for this item.

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 5.

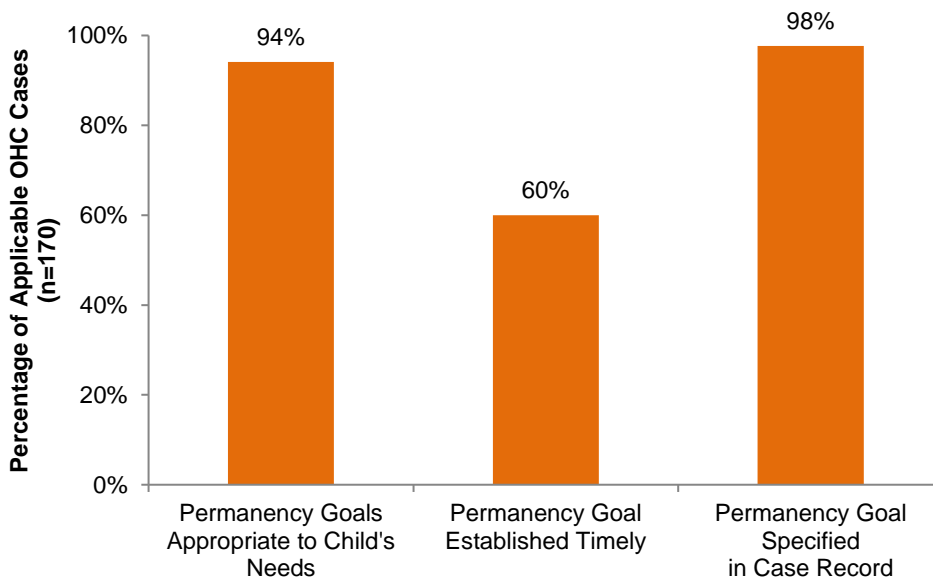
Ongoing Services Case Record Review: Permanency Outcome 1, Item 5

Item 5:	Permanency Goal for Child	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	54%	46%	170	90%
	2016	67%	33%	157	90%

For Item 5, 54% of cases in 2015 and 67% of cases in 2016 were rated as a *Strength*. In order to receive a *Strength* rating, all permanency goals must have been documented in the case file, established timely, and deemed appropriate to meet the child’s needs. If ASFA applied, Termination of Parental Rights (TPR) had to be filed in a timely manner. If there were exceptions to the ASFA rules, they needed to be documented.

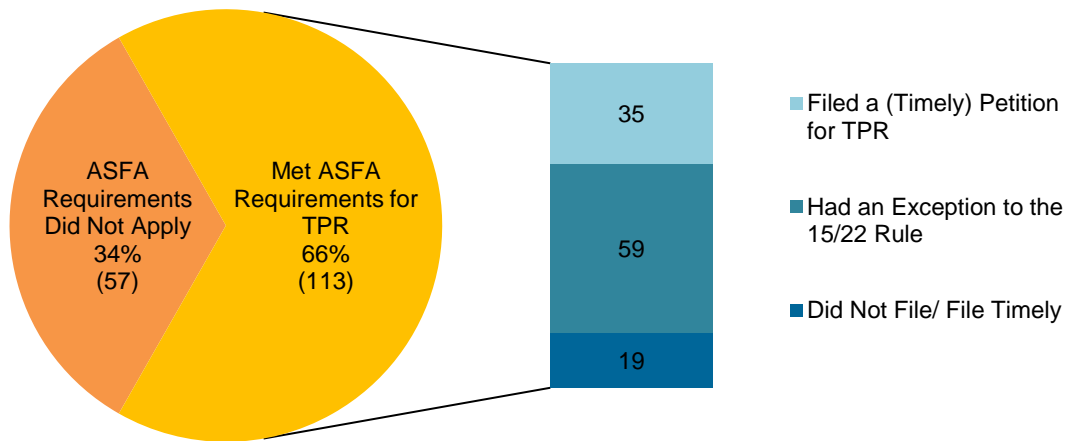
As shown in the following figure, 94% of cases reviewed (160 of 170) had permanency plans in effect during the period under review that were appropriate to meet the child’s needs. The permanency goal was specified in the case file in 98% (166) of cases; 60% of cases had a permanency goal established in a timely manner.

Figure: Setting Permanency Goals, 2015



Of the 170 applicable children in OHC, 66% (113) met Adoption and Safe Families Act (ASFA) criteria for termination of parental rights (TPR), either because they had been in care for 15 of the most recent 22 months (110 cases) or they met other criteria (3 cases). In 31% (35) of the cases meeting ASFA criteria for TPR, the agency filed or joined a TPR petition in a timely manner. In 52% (59) of those cases, exceptions to ASFA applied, as shown in the following figure and table.

Figure: Adoption and Safe Families Act Requirements, 2015



The following table shows the specific ASFA exceptions to the 15/22 rule for cases reviewed.

Table: Exceptions to Requirements of the Adoption and Safe Families Act, 2015

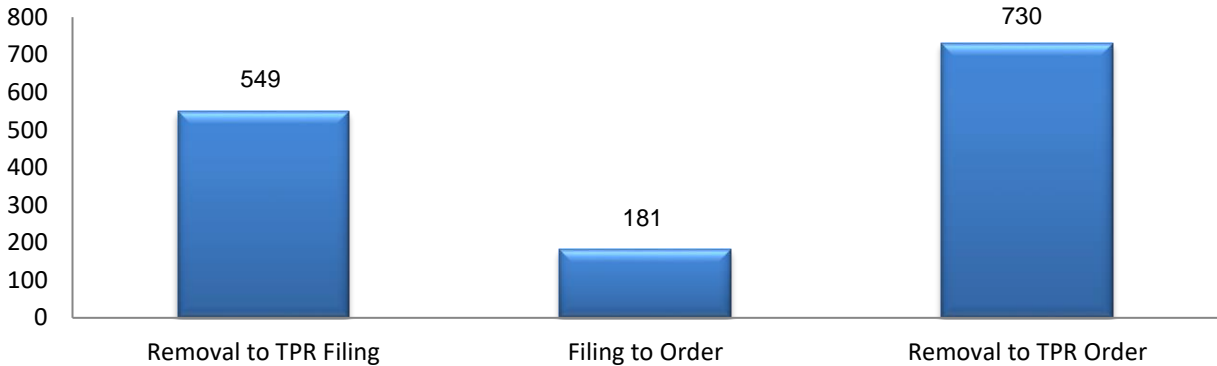
Exceptions	Applicable OHC Cases (n=59)
At the option of the state, the child is being cared for by a relative at the 15/22-month time frame.	58% (34)
The agency documented in the case plan a compelling reason for determining that termination of parental rights would not be in the best interests of the child.	39% (23)
The state has not provided to the family the services that the state deemed necessary for the safe return of the child to the child's home.	3% (2)

II. National Performance Standard Data: N/A

III. Administrative Data

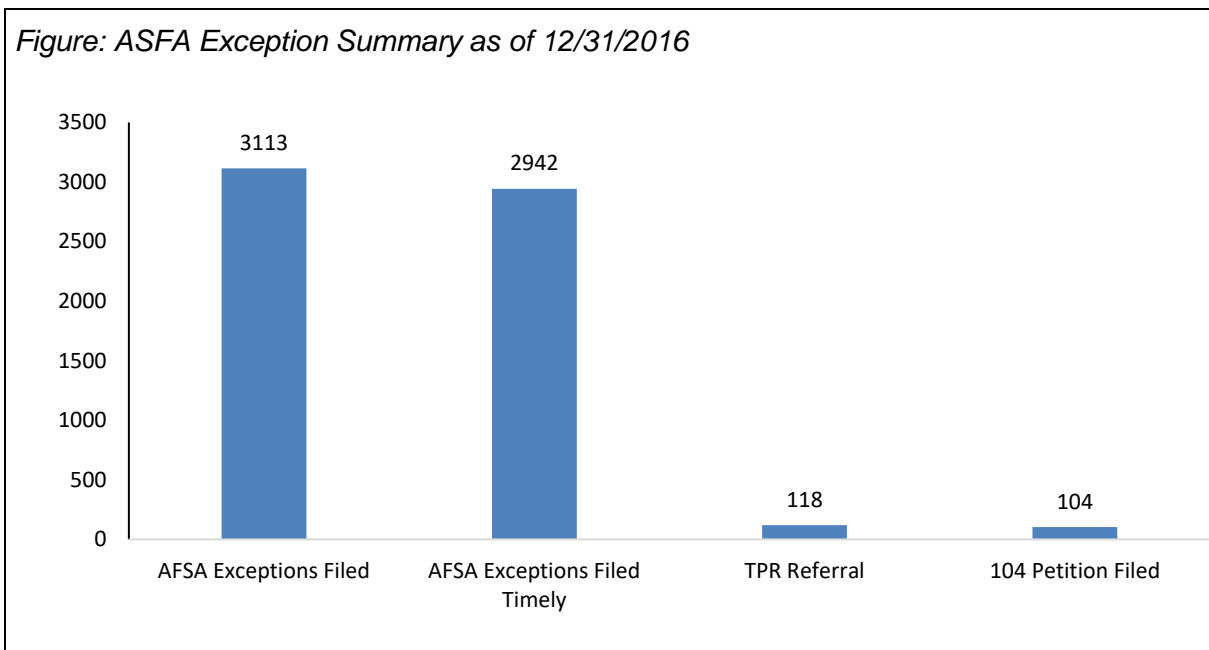
The following tables provide results related to TPR timeliness and ASFA compliance based on analysis completed by the University of Wisconsin-Madison Institute for Research on Poverty (IRP) in collaboration with the Children’s Court Improvement Program (CCIP). The IRP analysis matched juvenile court records from the Consolidated Court Automation Programs (CCAP), the judicial branch’s automated system, and child welfare data from eWiSACWIS.

Figure: TPR Timeliness using Median Number of Days (Data from Institute for Research on Poverty)*



*The data sample includes children achieving permanency in 2015 who had a TPR petition. Note: The federal standard of 15 months for TPR filing is equivalent to 450 days.

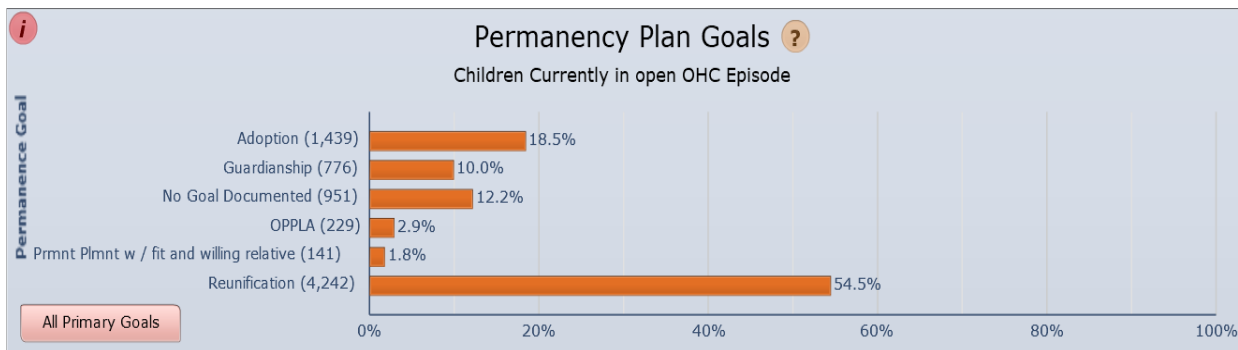
Figure: Adoption and Safe Families Act Wisconsin Data



The data in the figure above show that ASFA exceptions were filed appropriately 95% of the time (2942 of 3113 cases) and TPR referrals were filed 88% of the time (104 of 118 cases).

IV. Relevant Programs, Tools, and Initiatives:

- Permanency Plan
 - Permanency planning occurs simultaneously with the family's involvement with the child welfare agency. The Permanency Plan serves as a tool for communicating with parents/caregivers to facilitate change. Managing the Permanency Plan and change strategies involves ensuring the plan targets goals associated with enhancing diminished caregiver protective capacities and achieving permanence. The Permanency Plan identifies steps toward establishing a safe and permanent home. Planning for permanence includes establishing lifelong connections for the child by fostering relationships with extended family and caregivers. All case assessment and plan requirements must be documented in the Permanency Plan no later than 60 days from the date of removal. The Permanency Plan is reviewed every 6 months to determine the appropriateness of the documented permanency goals.
- Concurrent Planning
 - Concurrent planning is a process of working on one permanence goal while at the same time establishing and implementing an alternative permanence goal. It involves simultaneous activities along both permanency plans for the purpose of moving a child more quickly to permanence. Concurrent planning involves a mix of meaningful family engagement, targeted case practice, and legal strategies. Assessing the need for concurrent planning involves an early assessment of the conditions that led to placement that is culturally respectful and based on the family's history and functioning. The assessment takes into consideration the strengths of the family and the likelihood of reunification within 12 to 15 months.
- Permanency Plan Detail Report
 - The Permanency Plan Detail report provides information regarding permanency reviews and hearings and their timeliness, concurrent planning items, ASFA information, wellbeing information, and services currently provided to the child.
- Workload Management Dashboard
 - The establishment of permanency goals, both primary and concurrent, can be tracked by individual workers using the Workload Management Dashboard. All counties have access to this dynamic dashboard, where information is presented by caseworker, supervisor team, or county. These dashboards can provide real-time information in regards to permanency planning. The below figure displays the case information that can be obtained through the Workload Management Dashboard.



- Statewide Permanency Consultation
 - Statewide permanency consultation occurs with the State Permanency Consultant staff assigned to each county. Permanency consultation can be used to offer feedback on a specific case related to permanency and placement of the child(ren) under that case. Permanency consultation can be used to determine if a child has an appropriate permanency goal and, if there is no concurrent goal, if one should be pursued

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Item 6 looks at the efforts made during the period under review to achieve permanency goals set for the target child. All OHC cases are assessed for this item.

In order to receive a *Strength* rating, the permanency goal has to be achieved within the time frames suggested by the federal government—12 months for reunification, 18 months for guardianship, and 24 months for adoption—unless there are particular circumstances justifying a delay (such as disruption in a pre-adoptive placement “despite concerted efforts on the part of the agency to support it”⁶). For cases where OPPLA is the only goal, the local agency must “make concerted efforts to place the child in a living arrangement that can be considered permanent until discharge from foster care”⁷ and complete formal steps to make the arrangement permanent, such as an Independent Living case plan.

State Policies

See Item 4 for state policies for this item.

The DCF Ongoing Services Standards provide that an Other Planned Permanent Living Arrangement (OPPLA) is the least preferred option for a child. OPPLA, which includes long-term foster care, is an arrangement that is planned and intended to establish permanency for a child through a supportive relationship with a significant adult(s) that will endure over time, minimally until the child reaches the

⁶ Child and Family Services Reviews Onsite Review Instrument, *January 2016*, p.34.

⁷ Child and Family Services Reviews Onsite Review Instrument, *January 2016*, p.35.

age of 18 years old. An OPPLA may only be a permanency goal for children age 16 and over. Caution should be used when choosing OPPLA for any child. OPPLA is not intended for a temporary placement plan and should not be confused with Independent Living services.

Wisconsin DCF has implemented a concurrent planning process in which the case worker, in conjunction with the court, identifies two permanence goals and actively works on achieving both goals at the same time (Wisconsin statutes s. 48.355(2b)). Concurrent goals are reviewed as a part of the permanency planning process every six months and updated as necessary in the case record.

For more information, see *Ongoing Services Standards, pp. 66-70; 76-99; 110-113;137-157 and Apps. VI, VII, and VIII pp. 287-303.*

I. Case Record Review Data

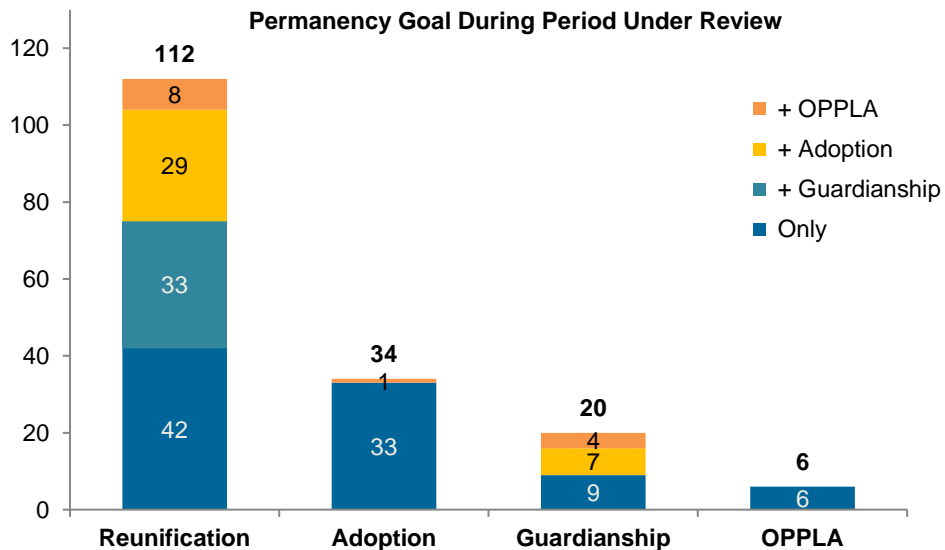
The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 6.

Ongoing Services Case Record Review, Permanency Outcome 1, Item 6

Item 6:	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (OPPLA)	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	66%	34%	172	90%
	2016	59%	41%	164	90%

The figure below shows the permanency goals for the target children in the OHC cases reviewed. The most common permanency goal was a single goal of Reunification (42 cases or 24%), followed by a single goal of Adoption and the concurrent goals of Reunification and Guardianship (33 cases or 19%).

Figure: Permanency Goals, 2015



II. National Performance Standards Data

Number of children achieving permanency

The CFSR3 Permanency-In-OHC Report provides data on the number of children achieving permanency. The report contains information related to the three CFSR round 3 permanency data indicators: (1) permanency in 12 months for children entering OHC (Permanency <12 months); (2) permanency in 12 months for children in care 12-23 months (Permanency 12-23 months); and (3) permanency in 12 months for children in care 24+ months (Permanency 24+ months). The report implements the same exclusion rules as calculated by the Children’s Bureau: (1) children entering OHC at or older than 18 years old are excluded, and (2) OHC episodes that lasted fewer than 8 days are excluded. The table below shows Wisconsin’s performance on these measures.

CFSR Round Three Permanency Standards

	12 months	12-23 months	24+ months
Statewide	41.12% (n = 1812)	43.07% (n = 811)	35.81% (n = 637)
CFSR Round 3 Benchmarks	40.5%	43.6%	30.3%

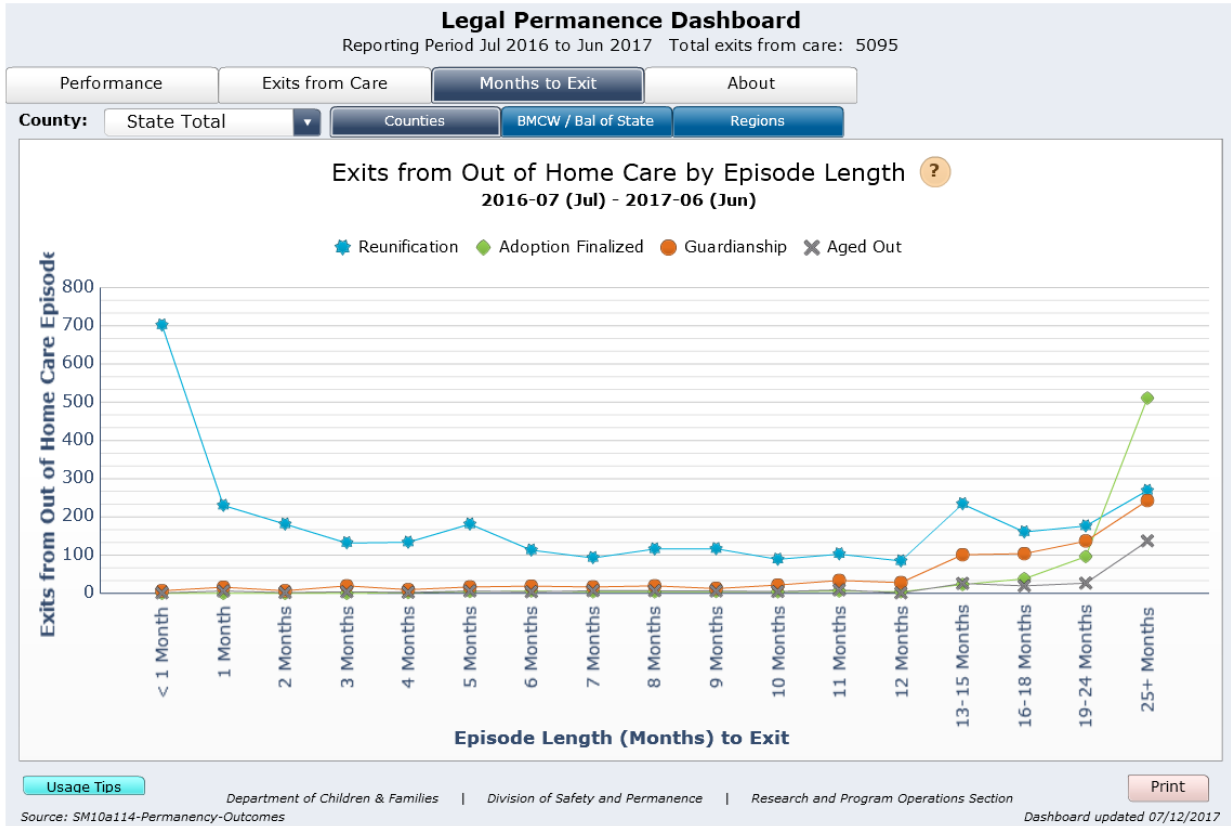
Wisconsin exceeds the federal benchmark for the 12 months and 24+ month cohorts and is close to meeting the federal benchmark for the 12-23 month cohort.

III. Administrative Data

Dashboard on Permanency Outcomes

In accordance with multiple measures determined by the federal Children’s Bureau and periodic Child and Family Services Reviews (CFSR), Wisconsin sets certain performance expectations for a variety of services in the child welfare system. DCF has created a Legal Performance Dashboard. Legal Permanence is comprised of Reunification, Adoption, and Guardianship.

The figure below is a screenshot of “The Months to Exit” tab for the period 07/2016 to 06/2017. This tab provides county or regional information on how many children exited to a form of Legal Permanence or Aged Out during the dashboard time frame, and the elapsed length of their episode at the time they discharged from out of home care. This graph is helpful for individual counties to examine their own practice within the welfare system.



Placement Activity and Detail Report

The Placement Activity and Detail Report details information related to children in OHC. The report contains information about the flow of entries into and exits out of OHC, including the count of children in care at the end of the reporting period and a count of total children served during the reporting period. The report also contains summary and detail information related to each child in OHC including placement settings, relative placements, and demographics.

The following measures (Figure 6.2, 6.3) combine permanency plans and concurrent goals that precede the reporting period end date. They show the total number of goals for plans with a primary or concurrent goal of Adoption, Reunification, or Permanent Placement with a fit relative for 2016. The below chart shows the data in the Placement Activity and Detail Report covering the time frame of 1/1/2016 to 12/31/2016.

Goal Type	Count
Adoption	5,630
Reunification	10,856
Permanent Placement with a Fit and Willing Relative	1,701
Total	18,187

Looking at the measures by goal type (Figure 6.4), we see that reunification is the most common goal in permanency plans, while adoption is the most common concurrent goal.

Figure: Permanency Plan Goals by type, Calendar Year 2016

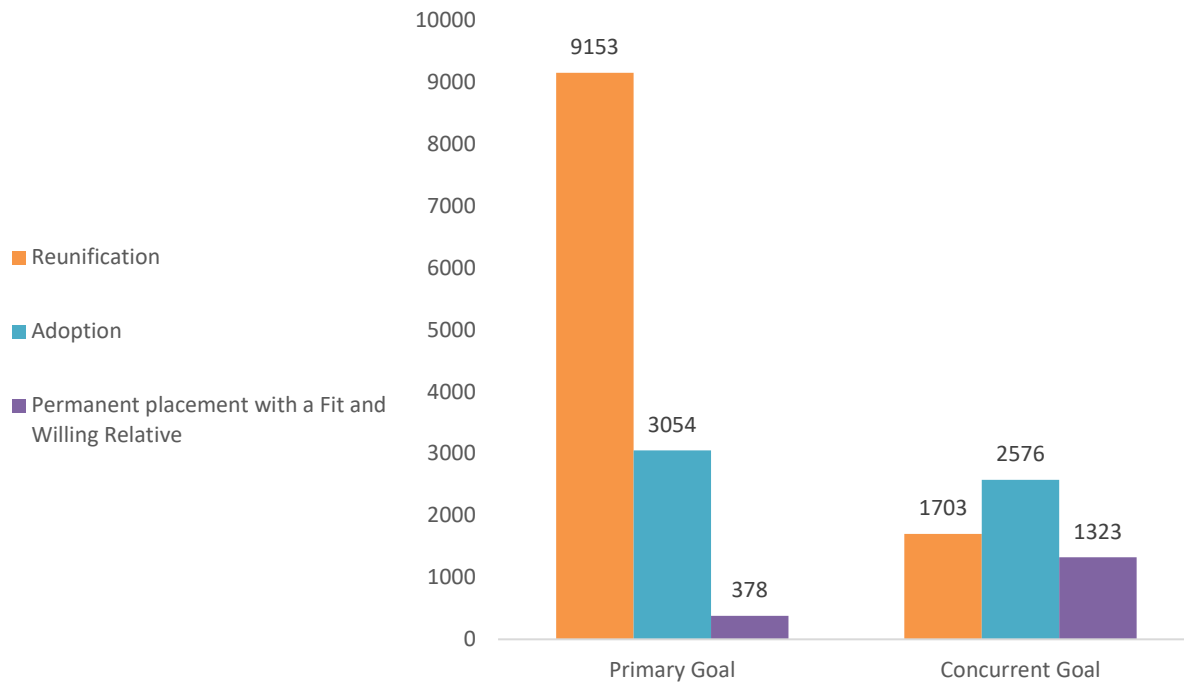
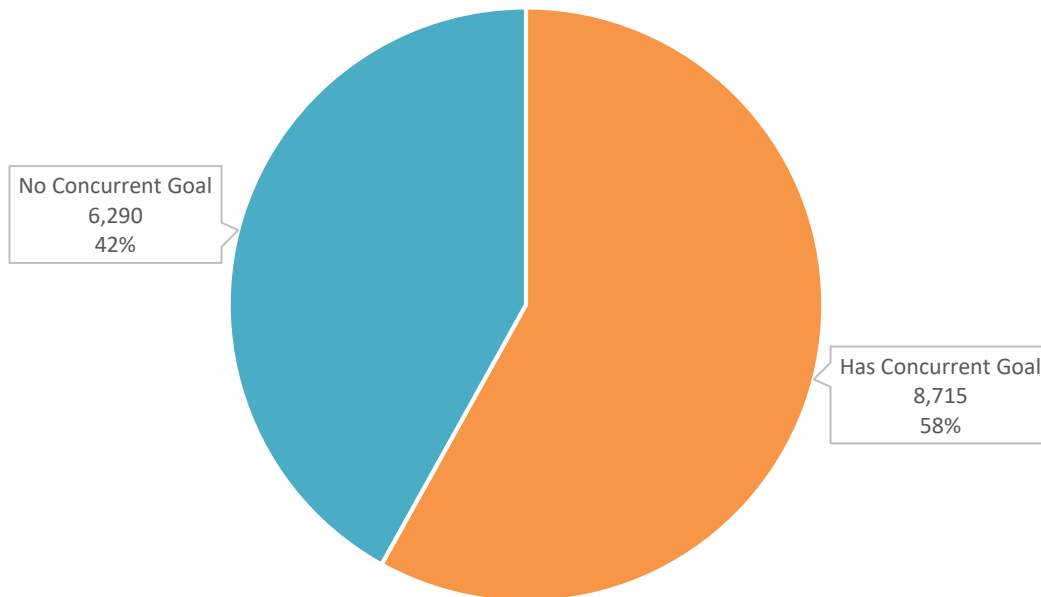


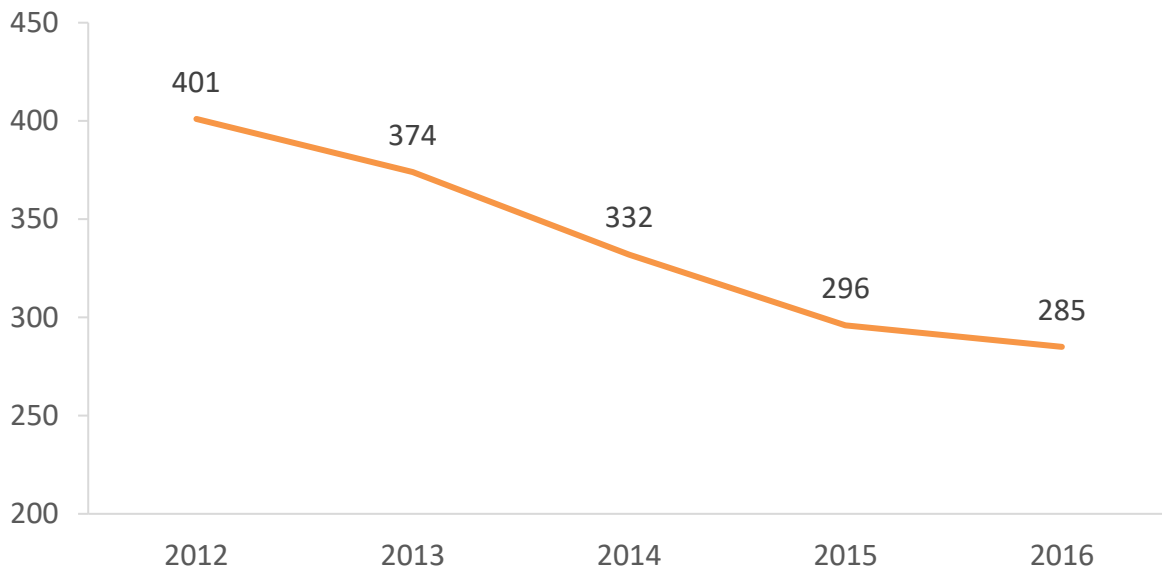
Figure: Permanency Plans with and without a Concurrent Permanency Goal, Calendar year 2016



The Number of youth aging-out statewide 2012 to 2016

The figure below shows the number of youth aging out of OHC (OHC) for the years 2012-2016. There is a decrease in the number of children aging out since 2012 with the lowest number of youth aging out in 2016.

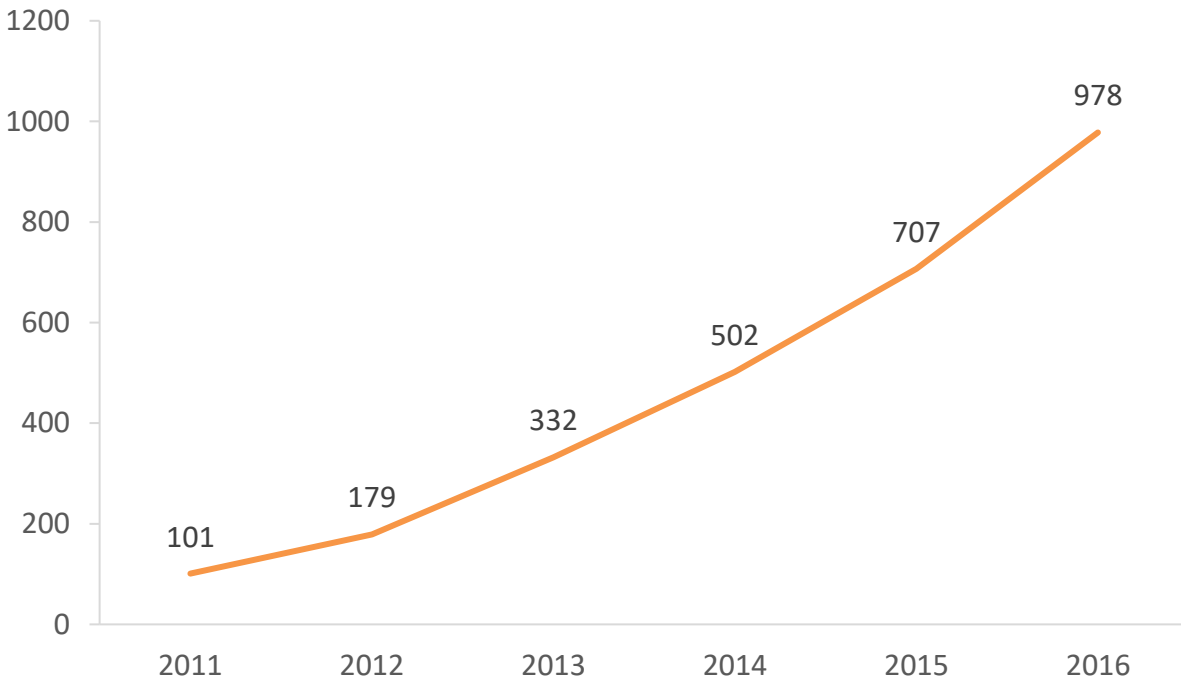
Figure: Number of Youth Aging Out Statewide, Calendar years 2012-2016



Number of fully-approved Subsidized Guardianship Agreements (SGA) Statewide 2011-2016

The number of children with subsidized guardianship agreements, which is a form of permanency, has increased steadily in Wisconsin since 2011. The figure below displays the increase in the cumulative total number of fully-approved subsidized guardianship agreements in the State of Wisconsin in the years 2011 to 2016.

Figure: Cumulative Total Approved Subsidized Guardianship Agreements, Calendar years 2011-2016



IV. Relevant Programs, Tools, and Initiatives

The DCF has a number of programs and tools to support reunification, guardianship, adoption, or other planned permanent living arrangement. These include:

- **Concurrent Planning**
 - Concurrent planning is a process of working on one permanence goal while at the same time establishing and implementing an alternative permanence goal. It involves simultaneous activities along both permanency plans for the purpose of moving a child more quickly to permanence. Concurrent planning involves a mix of meaningful family engagement, targeted case practice, and legal strategies. Assessing the need for concurrent planning involves an early assessment of the conditions that led to placement that is culturally respectful and based on the family's history and functioning. The assessment takes into consideration the strengths of the family and the likelihood of reunification within 12 to 15 months. Family Find and Engagement

- Family Find and Engagement (FFE)
 - FFE is a process aimed at reestablishing family connections between children in OHC and their relatives. This helps a child develop a sense of belonging. The most important factor contributing to positive outcomes for children in OHC is meaningful connections and lifelong relationships with family. The Family Find and Engagement process follows a model requiring workers to make every effort to locate at least 40 relatives per child. Once family members are found, State Permanency Consultants (SPCs) and caseworkers work to reestablish relationships, when appropriate, and explore ways to build lifelong connections with family and/or find a permanent home with family.

- Subsidized Guardianship
 - Subsidized Guardianship (SG) is a way for children in foster care to reach permanence. When adoption and reunification with the child's parents are not the best options, it may be possible for a relative, a person who is like-kin, or a foster parent (in certain circumstances) to become the legal guardian and receive a subsidy. Guardians are legally able to consent to the child's school activities, health care, and everyday events, while the family dynamics and relationships remain.

- QIC- AG (AGES program)
 - The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a five-year project working with eight sites that will implement evidence-based interventions or develop and test promising practices which if proven effective can be replicated or adapted in other child welfare jurisdictions. Under the QIC-AG project, Wisconsin has developed and implemented the Adoption and Guardianship Enhanced Support (AGES) Program, which provides post-permanency supports to adoptive parents and guardians. The overall goal of the program, which is still in a testing phase, is to help families better manage family stress, develop an increased capacity for post-permanence stability, and to achieve improved well-being.

- Post—Reunification Support (P.S.) Program
 - The P.S. Program was developed, under the Title IV-E Waiver Demonstration Project, to reduce re-entry into OHC. The P.S. Program seeks to promote family stability and adjustment following a child's reunification to the family home; empower parents to strengthen caregiving, problem-solving, and coping skills; reduce the likelihood of child maltreatment recurrence and re-entry of a child to OHC after being reunified with his or her parents; and improve the short and longer term well-being of the child and his or her family members. Post permanency services in Milwaukee provide support to families that have achieved permanency.

- Permanency Round Tables (PRT)
 - The PRT process is a professional consultation designed to expedite permanency for children and youth in OHC through innovative thinking, the application of best practice, and the “busting” of systemic barriers. The process also includes required follow-up to ensure steps are being taken to expedite the action plan. The outcomes being measured are: the child’s progress toward legal permanency (reunification, transfer of guardianship, adoption), changes in the level of placement restrictiveness, the rate of re-entry into OHC, and the rate of discharge to legal permanency. Additional detailed information regarding Permanency Roundtables can be found on the DCF Website:
<https://dcf.wisconsin.gov/cwportal/permanency/prt>

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Permanency Outcome 2 is composed of five items. The purpose of assessment is to determine whether concerted efforts were made to ensure that siblings in OHC are placed together and children are placed with relatives whenever possible. It is also to determine whether concerted efforts were made to ensure: (1) sufficient visitation between the child in care and mother, father, and siblings; (2) the child’s connections to extended family and community are maintained; and (3) positive relationships between the child in care and mother and father is promoted/supported.

Item 7: Placement with Siblings

Item 7 measures efforts to keep siblings together in OHC placement. Cases where the target child has one or more siblings in OHC during the period under review are assessed for this item.

In order to receive a strength rating, children must be placed with sibling(s) during the entire period under review, unless there is a valid reason for their separation.

State Policies for Items 7-11

State statute allows foster homes to accept up to six children if that will allow a sibling group to remain together. When siblings are not already seeing each other as a part of the family interaction plan, sibling face-to-face interaction must occur, at a minimum, once per month. Additional family interaction between siblings, such as contact by phone, email, or letter, must be encouraged by the agency. Documentation of sibling visitation may be contained in the Family Interaction Plan and visits are documented as case notes. The *Family Interaction Policy* states that every effort must be made to place siblings in out-of-home placement together.

The *Family Interaction Policy* outlines requirements and expectations concerning frequency of visits between parents and their children who are in out-of-home care. Family interaction includes face-to-face contact, phone calls, email, letters, and attendance at routine activities. Whenever possible, face-to-face contact is the desired professional practice. Face-to-face family interaction is required within five working days of the child’s placement in out-of-home care. A family interaction plan should be established in consultation with the family, children, providers, and the agency which outlines the anticipated frequency of contact with the child and responsibilities of

parties involved no later than 60 days after the child's out of home placement. The agency must make reasonable/active efforts to facilitate face-to-face family interaction on a no less than weekly basis for all cases unless prohibited by a court order. Additionally, children shall have other family interaction (e.g., telephone calls, letters, etc.) with their parents at least weekly. Siblings in-out-of-home care must have family interaction occur at least monthly. Family interaction can be decreased or suspended if there is evidence that contact is contrary to the safety of the children (which must be documented in case record).

Reference: *Ongoing Services Standards pp. 106, 172-179; Additional Out-of-Home Care Policies: Family Interaction for CPS Cases When a Child is in Out-of-Home Care.*

State statutes requires that relatives be considered whenever legal custody of a child is to be transferred, when a child is placed in out-of-home care, and when a child is placed for adoption. Wisconsin has also instituted the Kinship Care Program, which provides financial assistance for relatives to care for children, either on a voluntary basis or via court order. Within 30 days after a child's removal from the custody of the parent, the county agencies are required to exercise due diligence to identify and provide notice to all adult relatives of that removal and provide information regarding options for becoming a placement option or otherwise participating in the child's life. A notice must also be sent to any other adult (even non-relative) whom the parent of the child suggests. An eWiSACWIS template is available to assist caseworkers in providing notice and to generate documentation that the notice was sent. Use of this format assures that all required information is in the notice. The permanency plan and the permanency plan review report must include information regarding what relatives were identified and why a child was not placed with a relative.

A diligent search for relatives includes the identification, consideration, and determination of non-custodial parents, alleged fathers, and relatives either as resources or placement options for children and families. The identification of relatives should begin at access and continue through initial assessment and ongoing case management. Identifying and locating relatives should begin when a caseworker is considering or recommending OHC for the child, to allow for better planning of the child's transition.

For more information see: *Ongoing Services Standards pp. 127, and 180-189; Additional Out-of-Home Care Policies: Locating and Involving Non-Custodial Parents and Other Relatives.*

I. Case Record Review Data:

The following table shows data from Wisconsin's 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 7.

Ongoing Services Case Record Review Permanency Outcome 2, Item 7

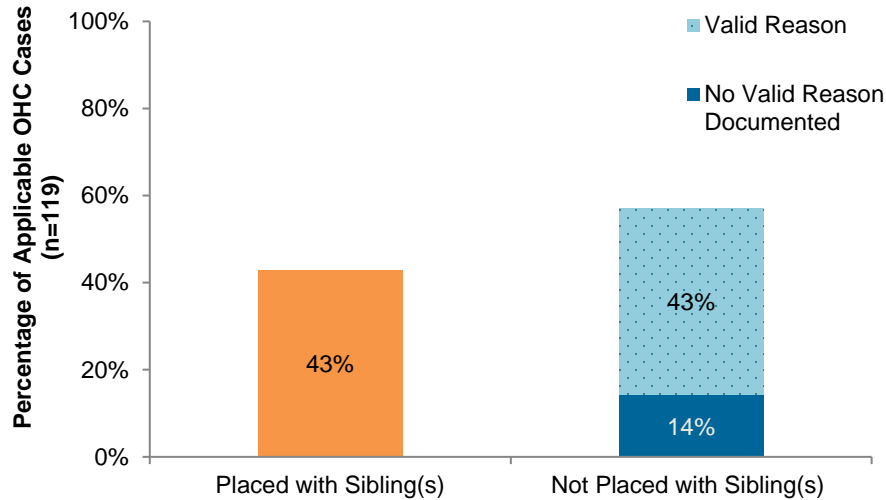
Item 7: Placement With Siblings	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	86%	14%	119	90%
2016	84%	16%	92	90%

Item 7 measures efforts to keep siblings together in OHC placement. Cases where the target child has one or more siblings in OHC during the period under review are assessed for this item. Out of 172 total OHC cases, 119 cases were assessed during the Ongoing Services Case Record Review.

In order to receive a strength rating, children must be placed with sibling(s) during the entire period under review, unless there is a valid reason for their separation. As shown above, 86% of cases in 2015 and 84% of cases in 2016 were rated as a *Strength*.

The figure below shows that 43% (51) of the 119 applicable children were placed with their sibling(s) during the entire period under review, meaning that 57% (68) were not. However, in the majority of cases where the child was not placed with siblings (51 out of 68 cases, or 75%), there was a valid reason, such as it was not in their best interest or the child's level of need exceeded the level of care.

Figure: Placement with Siblings in Out-of-Home Care, 2015



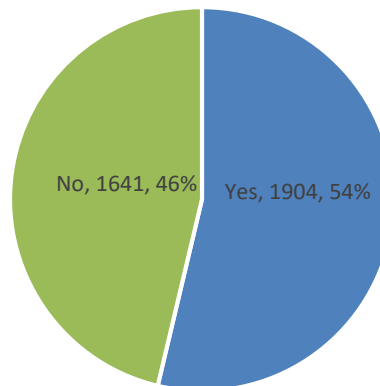
II. National Performance Standards Data: N/A

III. Administrative Data

Number and percent of youth placed with their sibling

The figure below shows the number of children in OHC in CY 2016 that were placed with a sibling. Children without a sibling in OHC are not included in the figure.

Figure: Number of Permanency Plans indicating Child Placed with Sibling, Calendar year 2016



IV. Relevant Programs, Tools, and Initiatives:

- eWiSACWIS Reports
 - The Placement Activity and Detail report (SM10A112) can be used to monitor placement activity of all OHC placements under the placement and care responsibility of a specific agency, the Division of Milwaukee Child Protective Services, or OHC placements statewide. Agencies may use this report to determine if children placed in OHC are placed with one or more of their siblings.
- Permanency Planning
 - Permanency planning includes planning for the most appropriate placement in a case. There are many considerations that a caseworker must take into account when determining an appropriate placement for a child, including placement with siblings. At a minimum, the agency must consider placements that are in the child's best interests and document in the case record that a placement is either unavailable or inappropriate if the following are not met with the child's placement. These considerations must be made at initial placement and any time there is a change of placement for the child. The placement considerations shall be documented in the child's permanency plan.
- Uniform Foster Care Rate Setting
 - All licensed foster parents receive a foster care payment to reimburse for the care of a foster child, called the Uniform Foster Care Rate.

There are four parts of the Uniform Foster Care Rate: the Basic maintenance rate, the Supplemental Rate, the Exceptional Rate, and the Initial Clothing Allowance. All of the components of the Uniform Foster Care Rate are designed to maintain the child in the foster home.

When a foster home takes placement of siblings, an additional monthly payment to enable the placement of the siblings may be added to Exceptional Rate. The Department recommends a payment of \$100 per sibling placed together, but the agency may determine this amount.

Item 8: Visiting With Parents and Siblings in Foster Care

Item 8 rates the agency’s efforts to ensure visits (or other forms of communication) between the child in care and his or her mother and father, as well as other siblings placed in OHC. Specifically, the item measures whether the frequency and quality of visits were sufficient to “promote continuity in the child’s relationship with these close family members.”⁸ Cases are excluded if parental rights were terminated during the entire period under review, the whereabouts of the mother or father were unknown, and/or it was documented that it was not in the child’s best interest to have visits.

State Policies

See Item 7

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 8.

Ongoing Services Case Record Review Permanency Outcome 2, Item 8

Item 8:	Visiting with Parents and Siblings in Foster Care	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	57%	43%	157	90%
	2016	68%	32%	139	90%

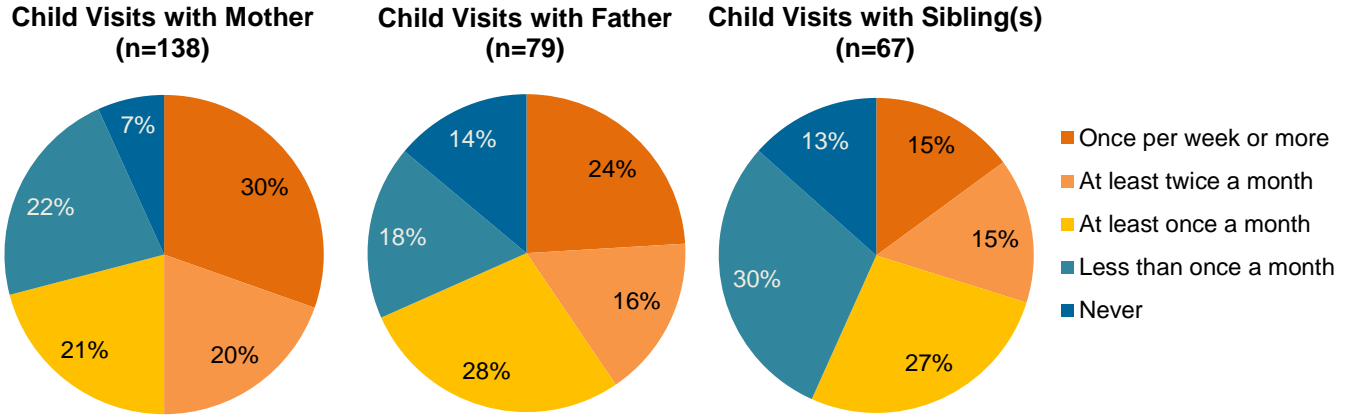
In order to receive a *Strength* rating for Item 8, the target child in OHC must have quality visits with his or her mother and/or father as well as other siblings in foster care (where applicable⁹) with a frequency sufficient to maintain or promote the relationship. In total, 57% of cases in 2015 and 68% of cases in 2016 received a *Strength*.

⁸ Child and Family Services Reviews Onsite Review Instrument, *January 2016* (p.40)

⁹ Note that the CFSR OSRI generally defines “Mother” and “Father” as the parents/caregivers from whom the child was removed and with whom the agency is working toward reunification (which may include individuals who do not meet the legal definition of a mother and father).

The figure below shows the frequency with which children in OHC met with their caregivers and siblings. For example, in 30% of applicable cases, the child saw the maternal caregiver with whom he or she was to be reunified once per week or more during the period under review.

Figure: Child Visits with Parents and Siblings in Out-of-Home Care, 2015



Apart from the actual frequency with which visits occur, Item 8 measures efforts to ensure that the frequency is sufficient to maintain relationships given the circumstances of the child and family. For example, the table bellows shows that the local agency documented efforts to ensure frequent visits (regardless of the actual frequency with which they occurred) in 73% of applicable cases.

Table: Frequency of Child’s Visits with Family Members, 2015

	Mother (n=138)	Father (n=79)	Sibling(s) (n=67)
The agency made concerted efforts to ensure that visitation was of sufficient frequency to maintain the relationship	73% (101)	70% (55)	55% (37)

This item rating also encompasses the quality of visits (e.g., if they occurred in a comfortable atmosphere, were of an appropriate duration, etc.). If there were no visits during the period under review (i.e., “Never” in “Child Visits With Parents and Siblings” figures above), this question is not applicable.

Table: Quality of Child’s Visits with Family Members

	Mother (n=137)	Father (n=68)	Sibling(s) (n=66)
The agency made concerted efforts to ensure that the quality of visitation was sufficient to maintain the relationship	82% (105)	74% (50)	65% (43)

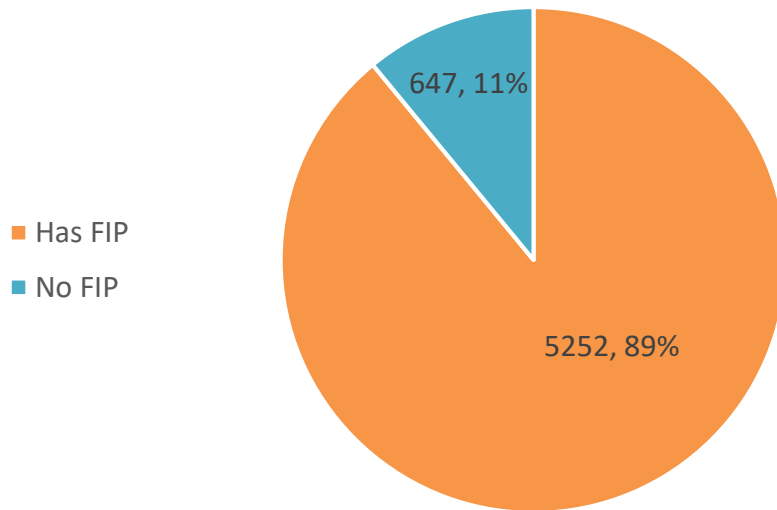
II. National Performance Standards Data: N/A

III. Administrative Data

Documented Family Interaction Plan (FIP) for Youth in Out-of-home Care (OHC)

The figure below shows the number of children in OHC with a documented FIP. Looking at the measures we see that a majority of children in OHC have a documented FIP.

Figure: Percent of Permanency Plans with Family Interaction Plan, Calendar year 2016



IV. Relevant Programs, Tools, and Initiatives:

- Family Interaction Plan
 - Family interaction is an opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting. Areas the agency assesses during family interaction may include, but are not limited to: the child's health, safety, developmental, emotional, and attachment needs, as well as the presence of domestic violence.

Agencies are required to establish and document a family interaction plan when a child is in OHC no later than 60 days after placement. The family interaction plan shall outline the anticipated interaction for the child with their parents, siblings, and other identified participants. The interaction plan shall be developed by agency staff with the involvement of family members, including children who are able to contribute to the process, as well as the OHC provider and other participants identified by the family and/or agency. Face-to-face family interaction must occur within five working days of the child(ren)'s placement in OHC. The agency is responsible for assuring that family interaction occurs.

The family interaction plan must include the immediate family which includes, but is not limited to: both parents, legal guardians, Indian custodian, or others in a parenting role, and siblings. Family interaction includes: face-to-face contact; telephone calls; letters; email; and attendance at routine activities, such as counseling sessions, medical appointments, school events and faith-related activities. Whenever possible, face-to-face family interaction is the desirable professional practice.

- Sibling Interaction Plan
 - Every effort must be made to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity for siblings to build or maintain family relationships. Sibling interaction shall be included in the family interaction plan whenever possible. When siblings are not seeing each other as a part of the family interaction plan, the following apply:
 - Sibling face-to-face interaction must occur, at a minimum, once per month.
 - Facilitation of sibling face-to-face interaction is the responsibility of the agency caseworker.
 - Additional family interactions between siblings must be encouraged, such as contact by telephone, letters, and email.

Item 9: Preserving Connections

Item 9 rates the agency’s efforts to “maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.”¹⁰ In cases where the target child is eligible for protections under the Wisconsin Indian Child Welfare Act (WICWA), the item also measures the local agency’s attempts to notify the tribe and follow ICWA placement preferences.

All OHC cases are assessed for this item, except where there are rare circumstances “such as an abandoned infant where the agency has no information about the child’s extended family or connections.”¹¹

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 9.

Ongoing Services Case Record Review, Permanency Outcome 2, Item 9

Item 9: Preserving Connections	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	75%	25%	167	90%
2016	81%	19%	161	90%

¹⁰ Child and Family Services Reviews Onsite Review Instrument, January 2016, p.45.

¹¹ Child and Family Services Reviews Onsite Review Instrument, January 2016, p.45.

In order to receive a *Strength* rating in Item 9 the local agency must demonstrate efforts to maintain the child’s important connections. (The agency must also notify the Tribe in a timely manner and follow placement preferences in cases subject to WICWA.) As shown above, 75% of cases were rated as a *Strength in 2015*, and 81% were rated as a strength in 2016.

The table below shows agency efforts to maintain important connections for the child in OHC. Such connections can include siblings who are not in OHC, extended family members (e.g., grandparents, aunts, uncles, cousins), connections to the school where he or she was enrolled (i.e., remaining in the same school if it is in his or her best interest), or any other important connection the child had prior to placement in OHC.

Table: Maintaining Connections for Children in Out-of-Home Care, 2015

	Applicable OHC Cases (n=167)
The agency made concerted efforts to maintain the child’s important connections	78% (130)

The table below shows the results for sufficient inquiry, timely notification, and concerted efforts to place the child in accordance with ICWA placement preferences in the cases of children subject to WICWA. It is worth noting, however, that there were very few ICWA-eligible children in the sample (n=10).

Table: Indian Child Welfare Act, 2015

	Yes		No	
	%	N	%	N
Sufficient inquiry to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe	72%	(120)	28%	(47)
Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights	50%	(5)	50%	(5)
Concerted efforts made to place child in accordance with Indian Child Welfare Act placement preferences	67%	(6)	33%	(3)

II. National Performance Standards Data: N/A

III. Administrative Data

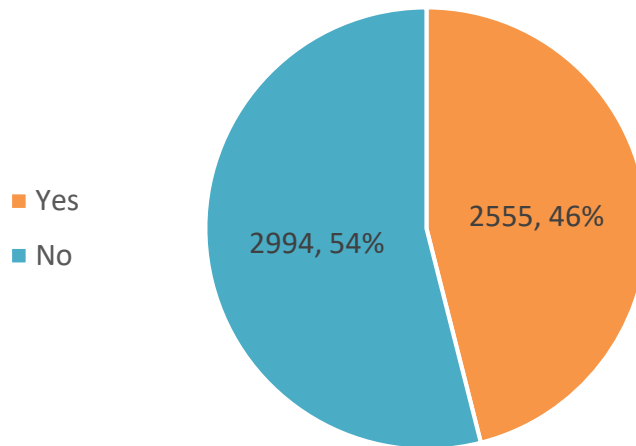
Number of children listed with Native Heritage Statewide 2016

In 2016, the total number of children in OHC listed as having Native heritage was 659. This count includes youth that have tribal membership, are eligible for tribal membership, those that are pending tribal membership.

Number of youth with Permanency Plan to remain in school of origin

In 2016, 2,555 children were reported as remaining in their original school when placed in OHC.

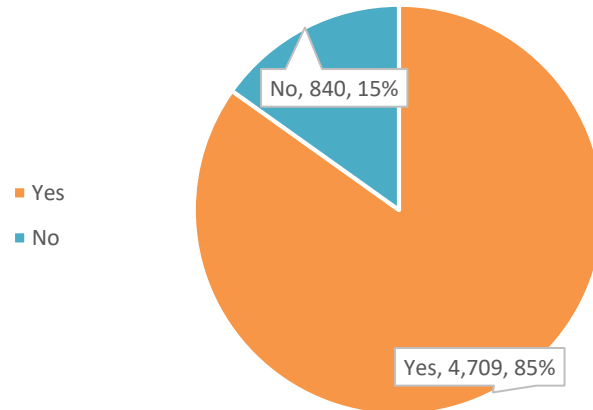
Figure: Children Remaining in School of Origin, Calendar year 2016



Number of children remaining within 60 miles of removal address

In 2016, 4,709 children were reported as remaining within 60 miles of the removal address when placed in out of home care.

Figure: Children placed within 60 miles of removal address, calendar year 2016



IV. Relevant Programs, Tools, and Initiatives:

- Family Interaction Plan
 - Family interaction is opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting. Areas the agency assesses during family interaction may include, but are not limited to: the child's health, safety, developmental, emotional, and attachment needs, as well as the presence of domestic violence.

Agencies are required to establish and document a family interaction plan when a child is in OHC no later than 60 days after placement. The family interaction plan shall outline the anticipated interaction for the child with his/her parents, siblings, and other identified participants. The interaction plan shall be developed by agency staff with the involvement of family members, including children who are able to contribute to the process, as well as the OHC provider and other participants identified by the family and/or agency. Face-to-face family interaction must occur within five working days of the child(ren)'s placement in OHC. The agency is responsible for assuring that family interaction occurs.

The family interaction plan must include the immediate family which includes, but is not limited to: both parents, legal guardians, Indian custodian, or others in a parenting role, and siblings. Family interaction includes: face-to-face contact; telephone calls; letters; email; and attendance at routine activities, such as counseling sessions, medical appointments, school events and faith-related activities. Whenever possible, face-to-face family interaction is the desirable professional practice.

- Sibling Interaction Plan
 - The sibling interaction plan is part of the Family Interaction Plan. Every effort must be made to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity for siblings to build or maintain family relationships. Sibling interaction shall be included in the family interaction plan whenever possible. When siblings are not seeing each other as a part of the family interaction plan, the following apply:
 - Sibling face-to-face interaction must occur, at a minimum, once per month.
 - Facilitation of sibling face-to-face interaction is the responsibility of the agency caseworker.
 - Additional family interactions between siblings must be encouraged, such as contact by telephone, letters, and email.

- Family Find and Engagement
 - The Department began implementing Family Find and Engagement in 2014. The Family Find and Engagement process is aimed at re-establishing family connections between children in OHC and their relatives. The process requires Child Welfare caseworkers to make every effort to identify and locate at least 40 relatives per child, utilizing an array of identification tools. Once family members are identified, State Permanency Consultants (SPC) and caseworkers engage relatives and other adults to re-establish relationships and explore ways to build lifelong connections with family and/or find a permanent home with family members. The focus is not a discovery of placements, but rather building connections to meet the child's greatest unmet needs in a variety of ways.

- Locating and Engaging Non-Custodial Parents and Relatives
 - For all cases, there are specific times when a caseworker is required to make diligent efforts in locating and engaging non-custodial parents and relatives. This is not limited to placement considerations, but rather all relative connections. Documentation of these efforts is required in the eWiSACWIS Relative Search Page.

- Permanency Consultation
 - The DCF State Permanency Consultants (SPCs) are assigned to all counties; SPCs provide additional assistance and consultation on maintaining family connections. SPC's can provide assistance and use of tools to ensure that family and relative preservation and connections occur, including the Connectedness Map, Mobility Map, Three Houses, Genogram, Ecomap, Tree of Life, Permanency Pact, Data Mining, and Seneca Searches. If barriers in identifying relatives and connections are present, the SPC and caseworker will collaborate to determine how to proceed to ensure the discovery process continues.

- Permanency Consultation Guide
 - The DCF issued a Permanency Consultation Guide for all counties and tribes in 2017. This Permanency Consultation Guide highlight the role of the SPCs and the methods, tools, and processes that can be utilized to identify and preserve family connections for children placed in OHC. A section of this guide is focused on Relative Search and Engagement. More information about this guide can be found here: <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2017-22i.pdf>

- Relative and Non-Custodial Caregiver Engagement Desk Guide
 - This desk guide offers guidance for caseworkers to engage relatives throughout the life of a case and identify relatives as placement options.

- Reasonable and Prudent Parenting
 - The Department implemented Reasonable and Prudent Parenting through training and updated policy to ensure that caseworkers and OHC providers are aware of the requirements, strategies and resources required as part of the Reasonable and Prudent Parent Standard in order to preserve connections and provide access to routine social activities, allow children in OHC to pursue their interests, maintain connections and allow children in OHC to build skills for their future.

Item 10: Relative Placement

Item 10 examines agency efforts to place children with relatives when possible and appropriate. All OHC cases are assessed for this item, except those in which the child has specialized placement needs or “situations such as abandonment in which the identity of both parents and all relatives remains unknown despite documented concerted efforts to identify them.”

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 10.

Ongoing Services Case Record Review, Permanency Outcome 2, Item 10

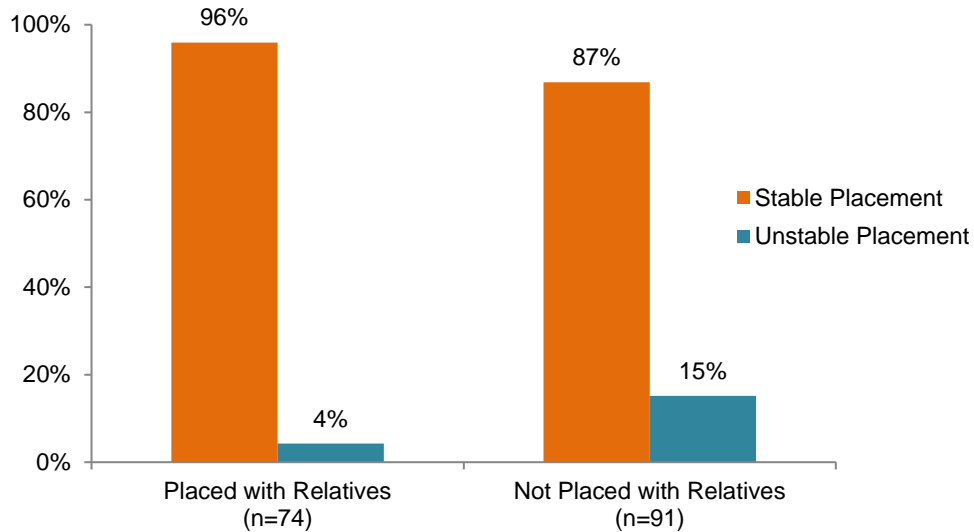
Item 10: Relative Placement	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	62%	38%	165	90%
2016	70%	30%	159	90%

If the child was placed with a relative during the entire period under review then the case is rated as a *Strength*. Cases also receive a *Strength* rating if the child was not placed with a relative but

the agency demonstrated concerted efforts to find relatives (with the result that they were ruled out as potential placement resources). As shown above, 62% of cases in 2015 and 70% of cases in 2016 received a *Strength* rating for Item 10.

During the period under review, the current or most recent placement was with a relative for 45% (74) of the target children in the 165 cases assessed; 55% (91) were not placed with a relative. As shown in the figure below, reviewers indicated that 96% of relative placements (71 out of the 74) were “stable and appropriate to the child’s needs.”¹²

Figure. Relative Placement and Placement Stability, 2015[‡]



[‡]Note: A cross tabulation of Item 4 data and Item 10 data was used to derive the number of “unstable” placements for those cases where the child was not placed with a relative.

As noted above, this item also takes into account efforts made by the local agency to find relative placements in cases where the child was not placed with a relative. The table below shows those results. For the reasons stated previously, some cases were not applicable for the mother and/or the father.

Table: Documented Efforts at Finding Relatives for Potential Placement, 2015

	Maternal Relatives (n=84)	Paternal Relatives (n=79)
The agency made concerted efforts to identify, locate, inform, and evaluate relatives as potential placement resources	50% (42)	32% (25)

¹² Ibid.

II. National Performance Standards Data: N/A

III. Administrative Data

At the end of CY 2016 there was a total of 7,471 open OHC provider placements. Of these placements, 2,794 (37.4%) children were placed with a relative. 955 (34.2%) of these placements were in foster homes with a licensed relative, and 661 (23.7%) were placements with an unlicensed relative. Of the total number of children in OHC in 2016, 16% were discharged to permanency with a relative through permanent placement, guardianship, or adoption.

Subsidized Guardianship

Subsidized Guardianship is an additional way for children in foster care to achieve permanence. When adoption and reunification are not in the child's best interests, it may be possible for a relative or a person who is "like-kin" to become the legal guardian and receive a subsidy. Guardians are legally able to consent to the child's school activities, health care, and everyday events, while the child is able to maintain family relationships.

There are currently 1135 Subsidized Guardianships in Wisconsin, of which 259 children achieved permanence through Subsidized Guardianship in 2017.

IV. Relevant Programs, Tools, and Initiatives:

- Family Find and Engagement
 - The DCF began implementing Family Find and Engagement in 2014. The Family Find and Engagement (FFE) process is aimed at re-establishing family connections between children in OHC and their relatives. The process requires Child Welfare caseworkers in collaboration with SPCs make every effort to identify and locate at least 40 relatives per child, utilizing an array of identification tools. Once family members are identified, SPCs and caseworkers engage relatives and other adults to re-establish relationships and explore ways to build lifelong connections with family and/or find a permanent home with family members. The focus is not a discovery of placements, but rather building connections to meet the youth's greatest unmet needs in a variety of ways. 25 counties have been trained in this approach.
- Locating and Engaging Non-Custodial Parents and Relatives
 - For all cases, there are specific times when a caseworker is required to make diligent efforts in locating and engaging non-custodial parents and relatives. This is not limited to placement considerations, but rather all relative connections. Documentation of these efforts is required in the eWiSACWIS Relative Search Page on the following points in a case:
 - Initial Placement
 - Change of Placement
 - If Paternity is established
 - Prior to permanency plan hearings
 - Determining content in evaluating the Permanency Plan

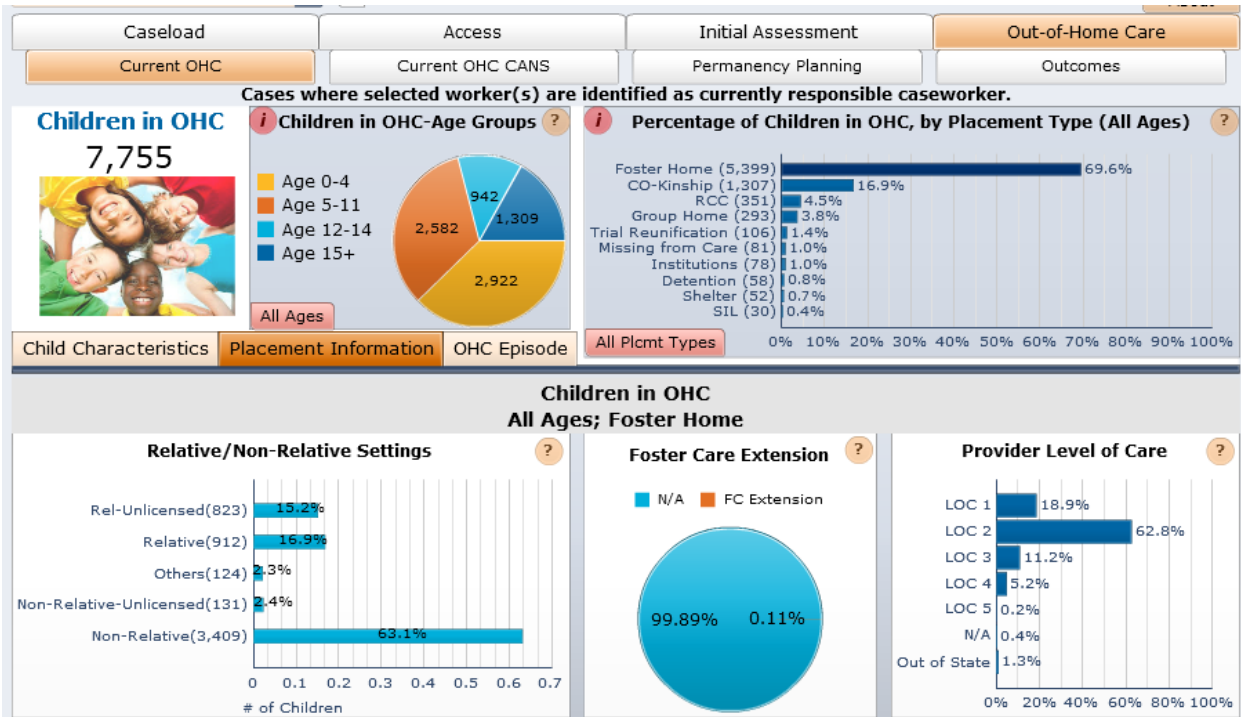
- Levels of Care
 - The purpose of the Levels of Care (LOC) is to improve stability, safety, matching, and permanence of children by matching their assessed needs with the skills, abilities, and capacities of caregivers and to increase placement and involvement of relative caregivers when a child is placed in OHC. This initiative was launched in response to findings from Wisconsin's Round 2 CFSR. LOC allows for increased placement and involvement of relatives, while ensuring the safety of placement with relative caregivers in addition to improving services and supports provided to relative caregivers.

When a child is placed via a county circuit court order in which the county or DCF has "placement and care responsibilities" and the relative caregiver is receiving or approved for a Kinship Care payment from the county or tribe the relative caregiver is required to go through the foster care licensing process. By going through the foster care licensing process, safety can be ensured while also allowing relatives to receive increased services and supports including the Uniform Foster Care Rate.

- Statewide Permanency Consultation
 - DCF SPCs are assigned to all counties to provide additional assistance and consultation on maintaining family connections. SPCs provide additional assistance and consultation on maintaining family connections. State Permanency Consultants can provide assistance and use of tools to ensure that family and relative preservation and connections occur. Tools may include the Connectedness Map, Mobility Map, Three Houses, Genogram, Ecomap, Tree of Life, Permanency Pact, Data Mining, and Seneca Searches. If barriers in identifying relatives and connections are present, the SPC and caseworker will collaborate to determine how to proceed to ensure the discovery process continues.
- Geographic Placement Resources System (GPRS) Search
 - GPRS is an online resource, available to all counties and tribes that can assist caseworkers to search for placement options for a child that will preserve and maintain family and peer connections. Searches can be filtered to identify available placement options that maintain the child's school district and radius to biological parents, both of which preserve the network of connections a child or youth may have.
- Permanency Consultation Guide
 - The DCF issued a Permanency Consultation Guide for all counties and tribes in 2017. This Permanency Consultation Guide highlights to role of the SPCs and the methods, tools, and processes that can be utilized to identify and preserve family connections for children placed in OHC. A section of this guide is focused on Relative Search and Engagement. More information about this guide can be

found here: <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2017-22i.pdf>

- Relative and Non-Custodial Caregiver Engagement Desk Guide
 - This desk guide offers guidance for caseworkers to engage relatives throughout the life of a case and identify relatives as placement options.
- Caseworker Data and Dashboard – Relative Placements
 - Caseworkers can view their caseload, county, and statewide data relating to relative placements in the OHC Dashboard.



Caseworkers can select the children on their caseload, county, or in the state and see the level of need of each child, person type, demographic details, ICWA and tribal status, and other details to better understand the children placed in certain settings such as with a relative, foster home, RCC or group home. This case specific data overview assists workers in supporting relatives with placement by providing child level of need details, the length of stay, and information on the placement moves for the child.

- eWiSACWIS Reports
 - The eWiSACWIS Levels of Care Monitoring Report (PM04103): This report allows agencies to monitor OHC providers currently being assessed for Levels of Care.

Item 11: Relationship of Child in Care with Parents

Item 11 measures agency efforts to support positive relationships between the child in foster care and his or her primary caregivers (through activities other than arranging for visitation). All OHC cases are assessed for this item, except in circumstances where it would not be possible or appropriate for the child in care to develop/maintain a relationship with his or her parents.

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 11.

Ongoing Services Case Record Review, Permanency Outcome 2, Item 11

Item 11:	Relationship of Child in Care with Parents	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	67%	33%	147	90%
	2016	67%	33%	133	90%

Cases receive a *Strength* rating if it was documented how concerted efforts were made to support the child’s relationship with his or her mother and/or father (where applicable). For Item 11, 67% of cases in 2015 and 2016 were rated as a *Strength*.

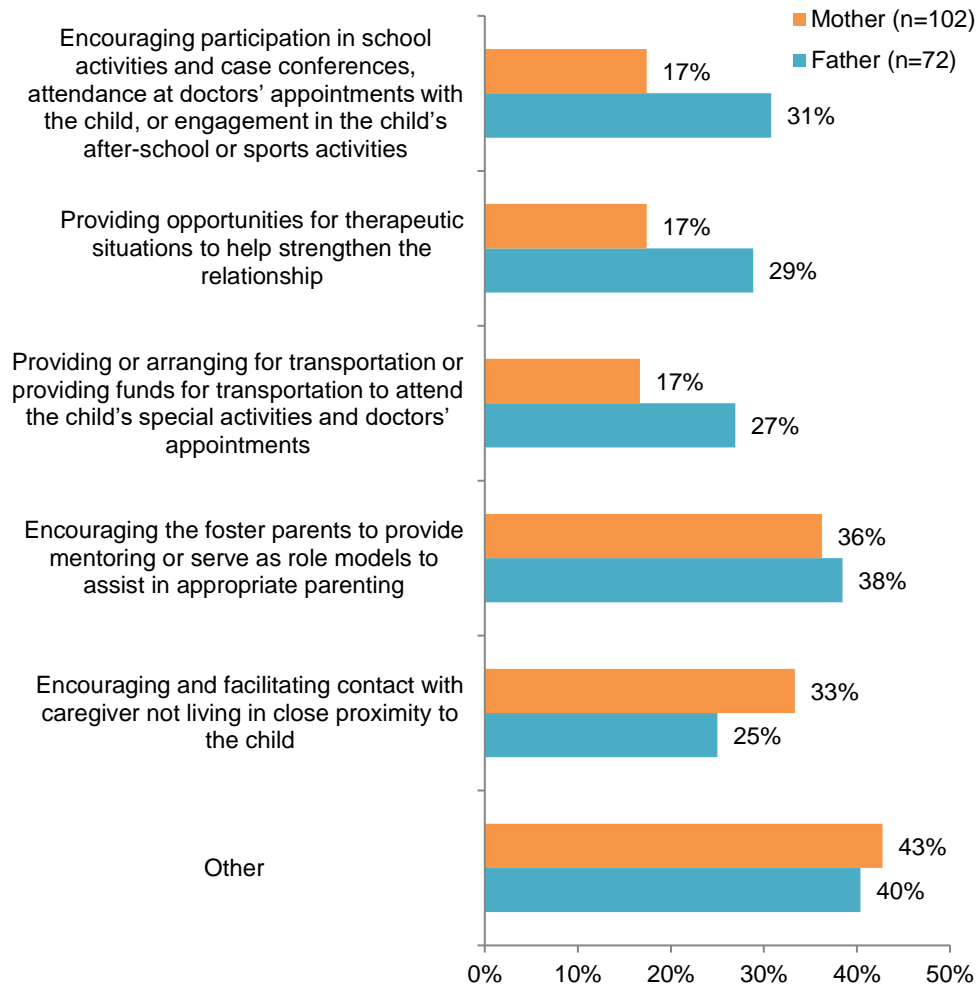
Some cases were not applicable for assessment of this item for the mother and/or the father. As shown below, of 138 applicable cases, local agencies had documented evidence of concerted efforts to support a relationship with the child’s mother 74% of the time (102 cases). Out of 76 applicable cases, local agencies demonstrated concerted efforts for fathers 68% of the time (52 cases).

Table: Documented Efforts to Support the Parent-Child Relationship, 2015

	Mother (n=138)	Father (n=76)
The agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship	74% (102)	68% (52)

The figure below shows the many ways in which local agencies made efforts to promote parental relationships for the children in care. For example, of the cases where efforts were documented, in 17% the mother was encouraged to participate in the child’s school activities or doctor’s appointments. (Note that aggregate percentages exceed 100% because agencies often engaged in more than one effort at a time.)

Figure: Efforts to Support Parent-Child Relationship, 2015



II. National Performance Standards Data: N/A

III. Administrative Data:

As noted in Item 8, 89% of children in OHC with permanency plans have a documented Family Interaction Plan.

IV. Relevant Programs, Tools, and Initiatives:

- Family Interaction Plan
 - Family interaction is an opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting. Areas the agency assesses during family interaction may include, but are not limited to: the child's health, safety, developmental, emotional, and attachment needs, as well as the presence of domestic violence.

Agencies are required to establish and document a family interaction plan when a child is in OHC no later than 60 days after placement. The family interaction plan shall outline the anticipated interaction for the child with their parents, siblings, and other identified participants. The interaction plan shall be developed by agency staff with the involvement of family members, including children who are able to contribute to the process, as well as the OHC provider and other participants identified by the family and/or agency. Face-to-face family interaction must occur within five working days of the child(ren)'s placement in OHC. The agency is responsible for assuring that family interaction occurs.

The family interaction plan must include the immediate family which includes, but is not limited to: both parents, legal guardians, Indian custodian, and others in a parenting role, and siblings. Family interaction includes:

- Face-to-face contact
- Telephone calls
- Letters
- Email
- Attendance at routine activities, such as counseling sessions, medical appointments, school events and faith-related activities. Whenever possible, face-to-face family interaction is the desirable professional practice.

- Case Planning
 - The child's case plan shall include information on services offered to the child and the parent to support positive relationships between the child in care and their parent(s). These services may include, but are not limited to, involvement in: medical appointments; therapy; school activities, such as special education meetings, parent-teacher conferences, and extra-curricular activities; and activities outside of school, such as girl scouts or boy scouts, sports, clubs, etc.

C. Well-Being

		Percent Strength WI	Average National Percent Strength*	Federal Standard	Initiatives to Address
Well-Being Outcome 1					
Item12:	Needs and Services of Child, Parents, and Foster Parents	52%	42%	90%	<ul style="list-style-type: none"> • Child and Adolescent Needs and Strengths (CANS) tool • Post Reunification Support Program (PS) • Protective Capacity Plan • Permanency Plan
Item13:	Child and Family Involvement in Case Planning	67%	52%	90%	<ul style="list-style-type: none"> • Caseworker contacts • Permanency plan • Protective plan • PS
Item14:	Caseworker Visits With Child	69%	68%	90%	<ul style="list-style-type: none"> • Caseworker contacts • Contact Dashboard Tool • PS • Non-Custodial Parent Desk Guide
Item15:	Caseworker Visits With Parents	48%	43%	90%	<ul style="list-style-type: none"> • Caseworker contacts • Contact Dashboard Tool • PS • Non-Custodial Parent Desk Guide
Well-Being Outcome 2					
Item16:	Educational Needs of the Child	88%	82%	95%	<ul style="list-style-type: none"> • Educational Portal • Education Passport • Department of Public Instruction (DPI) collaboration
Well-Being Outcome 3					
Item17:	Physical Health of the Child	61%	72%	90%	<ul style="list-style-type: none"> • CANS • Permanency Plan • Care4Kids • Birth to 3 • Child Advocacy Centers (CAC)
Item18:	Mental/Behavioral Health of the Child	77%	62%	90%	<ul style="list-style-type: none"> • CANS • Permanency Plan • Care4Kids • Birth to 3 • CAC • Children’s Behavioral Health Collaborative • Psychiatric care hotline • Psychotropic medication management

*The average national percent strength is from the August, 2017 presentation by the Children’s Bureau and is the average CFSR results from the first 24 states that completed CFSR Round 3.

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

State Policies for Items 12-15

- Item 12: Needs and services of child, parent, and foster parents.
- Item 13: Child and family involvement in case planning.
- Item 14: Caseworker visits with child.
- Item 15: Caseworker visits with parents.

This assessment and planning process adheres to the requirements set forth in the Federal Adoption Safe Families Act (ASFA) for addressing threats to child safety, permanence, and well-being in plans. The process supports an integrated child protective services system by building on information gathered during the initial assessment. The assessment and plan is an intervention service completed in partnership with a child and the family to empower parents or caregivers in protecting and caring for their children in the future without agency involvement. The plan may identify several types of goals including enhancing parent or caregiver protective capacities, improving child educational, physical, or behavioral health needs, and achieving permanence. More importantly, plans include long-term planning for the family and providers. Throughout ongoing CPS Services, the caseworker attempts to engage the family in a change process that ultimately leads to safe case closure. This means families have the opportunity to reflect on their experience with the agency and ask questions as well as understand what to expect next in the process.

The four distinct components of the assessment and planning process include:

- Preparing for Assessment
- Introducing the Change Process
- Determining What Must Change
- Developing the Permanency Plan

Reference: *Ongoing Services Standards pp. 11-18 and 37-48*

Reference: *Ongoing Services Standards: Assessing Needs and Strengths of Children Placed in Out-of-Home Care through Child and Adolescent Needs and Strengths tool pages 168-169*

Caseworkers are required to have face-to-face contact with children in ongoing services (in-home and out-of-home) within seven working days of the initiation of ongoing services unless a safety plan requires more immediate contact. The agency must assure that children (in-home and out-of-home) have monthly face-to-face contact with a caseworker unless the safety plan requires more frequent contact. Adm. Code, Ch. DCF 38 "Treatment Foster Care for Children" establishes the requirement of personal contact between the worker and child no less frequently than every other week for children in treatment foster care. Caseworkers may include the ongoing services worker or other professional staff person, tribal caseworker, facility or treatment foster care caseworker, out-of-state caseworker, collaborative caseworker, or contracted staff. For children in out-of-home placements, the majority of contacts must occur in the child's placement.

Caseworker contacts are documented as case notes. Frequency of contact may also be discussed in the court order, case plan, or permanency plan. As noted above, policy allows contacts to be made by caseworkers or other professional staff other than the ongoing services worker. In cases where someone other than the ongoing services worker is providing face-to-face contact, policy requires that individual must have information from the safety plan, family assessment, and case plan and must have a thorough understanding of their role with the family. The individual must provide monthly communication to the ongoing services worker regarding child safety, and progress on the case plan. The agency must be notified immediately in situations where threats to child safety have been identified. If the child resides in a placement more than 60 miles from their residence, face-to-face contact with the ongoing services worker can be quarterly if the placement facility or another agency or contract worker (e.g., licensing worker, residential staff, treatment foster care worker, etc.) is maintaining at least monthly face-to-face contact with the child.

Reference: *Ongoing Services Standards pp. 21-22; 61-64; 104-105; 124-127; and 199-203*

Item 12: Needs and Services of Child, Parents, and Foster Parents

Item 12 is divided into three sub-items which examine how agencies assess needs and provide or procure services to meet identified needs for children, parents, and foster or pre-adoptive parents (where applicable). Specifically, the item measures in all three areas whether the agency conducted a formal or informal assessment that accurately assessed needs and whether or not appropriate services were provided to meet those needs. (Note that health and educational needs for children are assessed separately in Items 16 through 18.)

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 12.

Ongoing Services Case Record Review, Well-Being Outcome 1, Item 12

		Strength (2015/2016)	Area Needing Improvement (2015/2016)	No. Cases Assessed (2015/2016)	Federal Benchmark
Item 12:	Needs and Services of Child, Parents, and Foster Parents	52%/60%	48%/40%	271/266	90%
Sub-Item 12A:	Needs Assessment and Services to Children	80%/88%	20%/12%	271/266	90%
Sub-Item 12B:	Needs Assessment and Services to Parents	59%/62%	42%/38%	253/240	90%
Sub-Item 12C:	Needs Assessment and Services to Foster Parents	85%/94%	15%/6%	162/155	90%

In order to receive a *Strength* for Item 12, each of the applicable sub-items must be rated as a *Strength*, meaning that the agency accurately assessed the individuals’ needs and provided appropriate services to meet any identified needs. As shown above, 52% of cases in 2015 and 60% of cases in 2016 were rated as a *Strength* for this item.

Figures below show the results of the sub-items related to children and their parents by case type. For example, in 83% of cases, a comprehensive assessment was conducted that accurately gauged the child’s needs; and appropriate services were provided in 79% of all applicable¹³ cases to meet the specific needs identified for the child.

Figure: Comprehensive Needs Assessments Conducted for Children and Parents, 2015

¹³ If an assessment was conducted and the result was that no service needs were identified (other than those related to education, physical health, and mental/behavioral health, which pertain to Items 16 through 18), then the question regarding provision of services is not applicable.

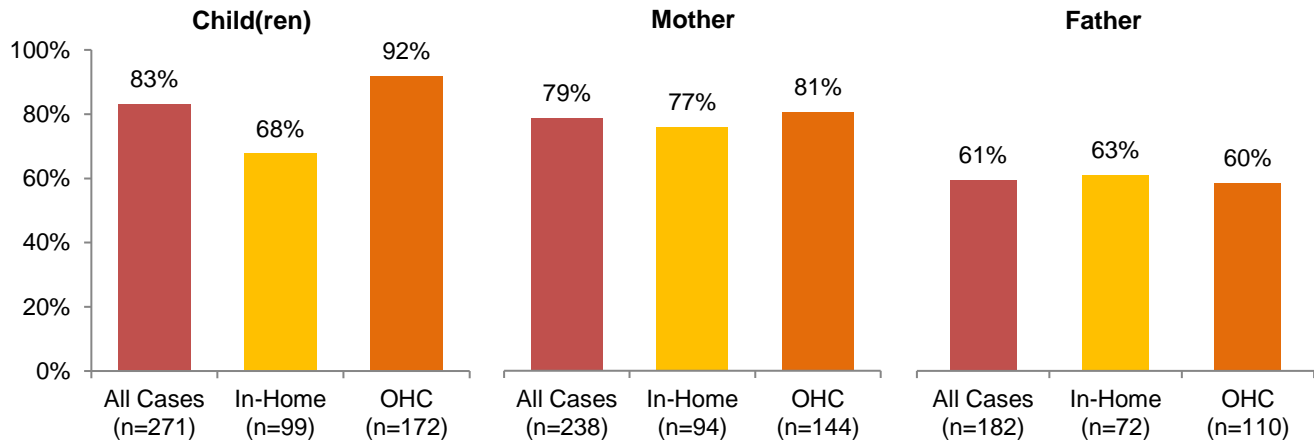
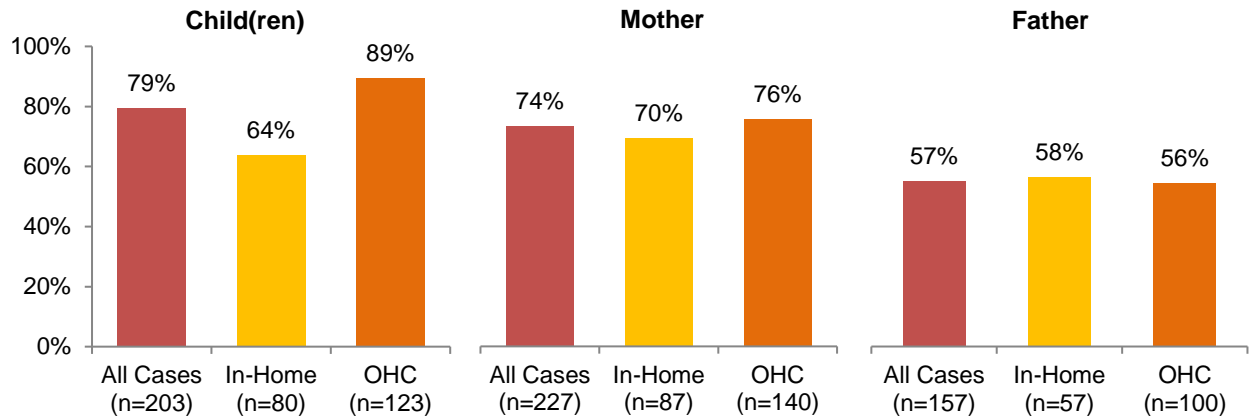
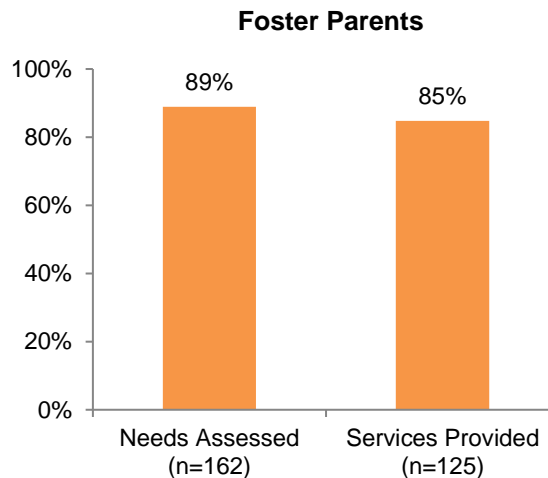


Figure: Services Provided to Meet Child and Parent Needs, 2015



The figure below shows the results of Sub-Item 12C pertaining to foster parents. In 89% (144) of applicable OHC cases, the agency conducted a comprehensive needs assessment for the foster parents, and in 85% (206) they received services arranged for or provided by the agency to meet identified needs.

Figure: Needs Assessments and Services Provided to Foster Parents, 2015



II. National Performance Standards Data: N/A

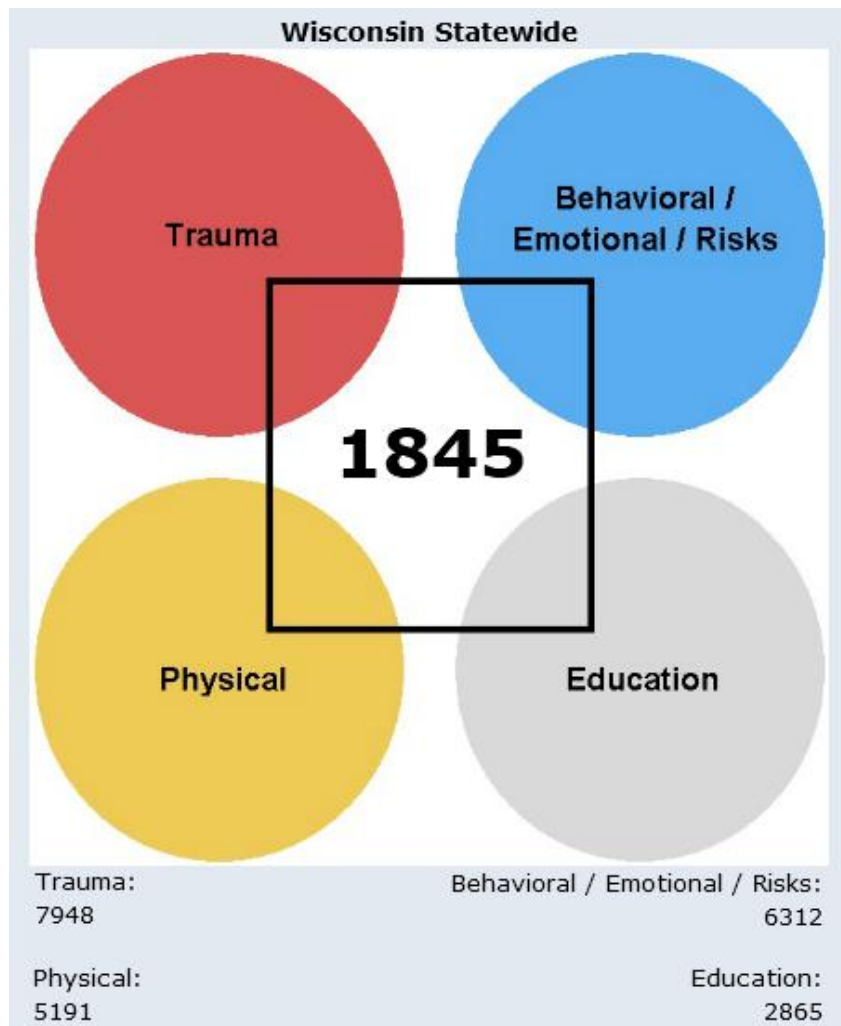
III. Administrative Data

CANS Evaluation

The Child and Adolescent Needs and Strength (CANS) evaluation provide a comprehensive assessment of the needs of each child placed in OHC, identifying four well-being indicators: trauma, behavioral/emotional/risks, physical health, and education. From January 1, 2016 to December 31, 2016, 9,249 CANS evaluations were completed for 11,979 children in OHC.

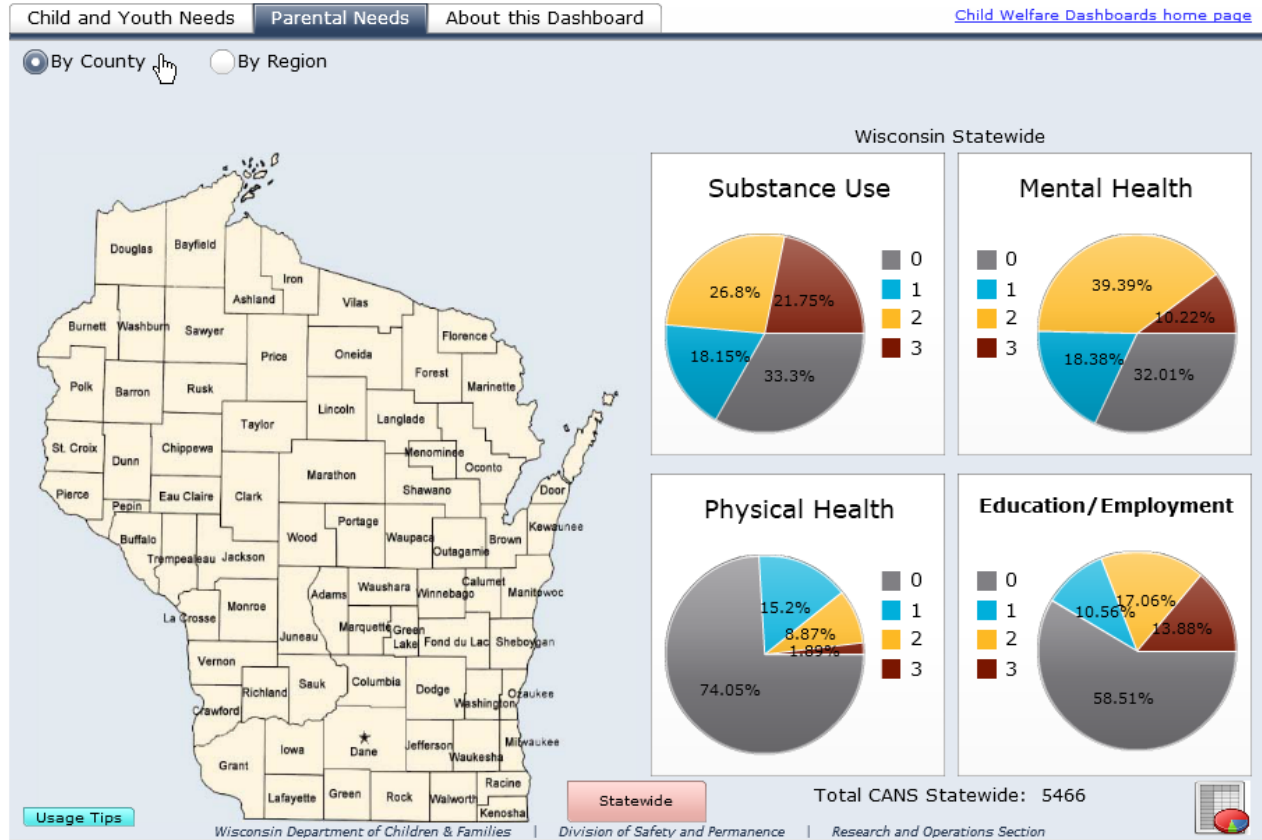
The figure on the following page contains a screenshot of the Child and Youth Co-Occurrence of Needs Indicators Dashboard presenting the current and in-effect evaluations for children in OHC as of November 28, 2017. A total of 1,845 children had CANS scores above an actionable level for all four domains. The bottom section presents the total number of children with CANS scores above an actionable level for each individual well-being domain.

Figure: Child and Youth Co-Occurrence of Needs Indicators Dashboard



The CANS tool is also used to assess the needs of the child’s parents. The following dashboard is used by counties and DCF to assess parental needs using the CANS statewide tool. The following chart provides a January 24, 2018 point in time analysis of 5,466 of their parents who were assessed using the CANS.

Out-of-Home Placement (OHP) Child and Parental Needs Dashboard



The CANS tool also aids in identifying services needed by foster parents to care for the child.

From January 1, 2016 to December 31, 2016, 5,481 Child and Adolescent Needs and Strength (CANS) evaluations were completed for children placed in a family foster home.

Confirming a Safe Environment

A Confirming Safe Environment (CSE) is an assessment used to confirm a safe environment prior to placing a child in OHC. If there is a pre-existing approved CSE, a Reconfirming Safe Environment (RCSE) is completed. CSE’s are due 10 calendar days past the placement begin date, and RCSE’s are due 180 calendar days after the previous RCSE or CSE approval date.

Of 3,728 CSE’s due from January 1, 2016 to December 31, 2016, 2,754 (73.9 percent) were completed with 974 (26.1 percent) incomplete or overdue. All 2260 (100 percent) of RCSE’s due during that same period were completed.

Risk Management Services by Child/Provider Match Category

When a risk is identified during a CSE/RCSE, a risk management plan must be created to mitigate the risk and ensure the environment is safe for the child. Considerations for a risk management plan include, but are not limited to, the following:

- Additional or special training for placement providers
- Additional contact by agency or other providers
- Re-arranging the living environment

The table below shows the number of risk management services provided to each child/provider match category determined by a child’s approved CSE/RCSE. The table also shows what percentage of the service was received by each match category.

The definition of Child/Provider match category is whether the child’s level of need (LON) matches the provider’s level of care (LOC). This data includes the most recent completed CSE/RCSE for each child’s placement with identified risk assessment and management from January 1, 2016 to December 31, 2016.

Table: Risk Management Services Provided

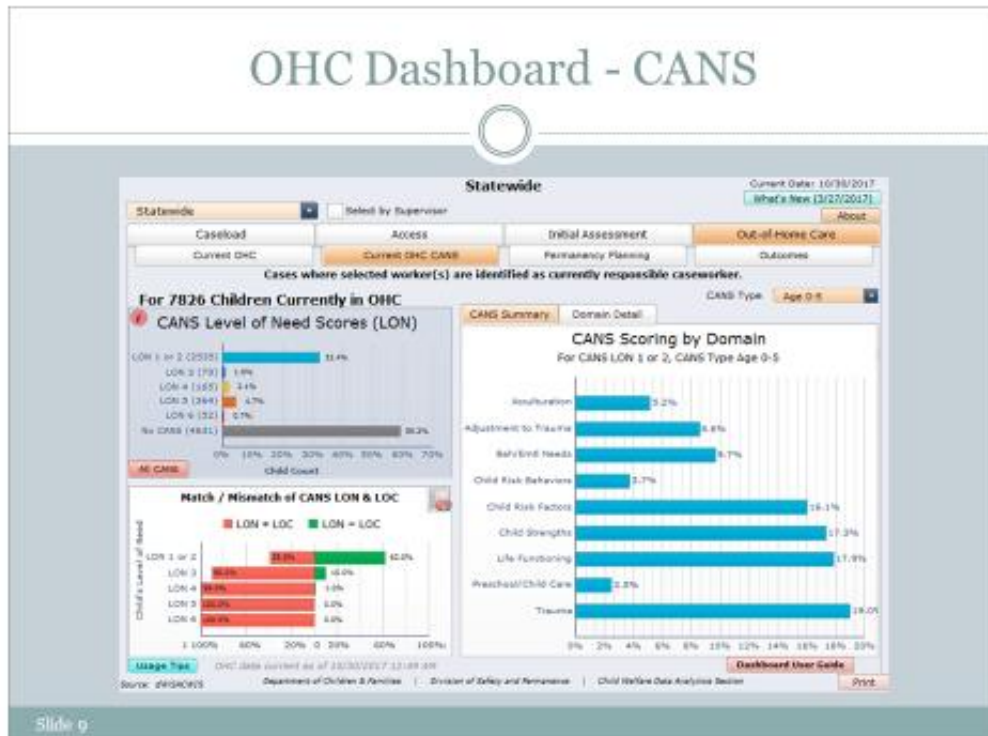
Risk Management Services	Child/Provider Match Category							
	LOC Exceeds LON (n=536)		LOC matches LON (n=825)		LON exceeds LOC (n=769)		N/A (n=1054)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Special Training	183	34.14	232	28.12	149	19.37	231	21.91
Additional Contact	107	19.96	192	23.27	268	34.85	251	23.81
Rearrange Living	85	15.85	113	13.69	98	12.74	116	11
Closer Supervision	328	61.19	501	60.72	518	67.36	545	51.7
Additional Contact	62	11.56	103	12.48	83	10.79	88	8.34
Special Equipment	60	11.19	95	11.51	94	12.22	77	7.3

IV. Relevant Programs, Tools, and Initiatives:

The DCF has a number of ways in which it supports and measures a caregiver’s capacity to provide for their children’s needs.

- Worker Performance Out-of-Home Care Dashboard
 - The following figure from the Worker Performance OHC Dashboard displays CANS information for children placed in OHC. The CANS dashboard displays both domain and item level information and Level of Need information for all cases assigned to a specific worker, all cases under the placement and care responsibility of a particular agency, or all cases statewide.

As part of the CANS assessment, the caseworker must include information on how the child’s needs will be addressed and the OHC provider supported in order to ensure the child’s and family’s identified needs are being met. This Dashboard can be used as a supervisory tool for monitoring the CANS information of the cases assigned to a specific worker, all of the cases under the placement and care of a particular agency, or all of the cases statewide. Used in a supervisory role, an agency supervisor can monitor the scoring of CANS items to determine if a particular caseworker is under-scoring or over-scoring CANS items. Agency supervisors may also use this dashboard to determine if a caseworker has a large number of cases where there is a higher level of need (LON) indicating cases that may require additional case management.



- Child and Youth Co-Occurrence of Needs Indicators Dashboard
 - This dashboard displays the CANS data when there is a co-occurrence of needs between the trauma, physical, education, and behavioral and emotional needs and risk behaviors items. The data in this dashboard can be viewed statewide, by county, or by region. This dashboard can be used as a supervisory tool to view the complexity of a child's case. For children in OHC, the well-being indicators include:
 - Trauma
 - Behavior/Emotional Risks
 - Physical health
 - Education

- Child and Youth Needs – Parental Needs Dashboard
 - This dashboard displays information for the parent(s) identified as a permanency resource for a child placed in OHC. The well-being indicators for the parent(s) includes:
 - Substance Use
 - Mental Health
 - Physical Health
 - Education/Employment

- Meeting Needs of the Child and Family through Case Planning
 - Permanency planning includes the CANS assessment and case planning goals for how to meet the identified needs of the child and family. When determining the goals for the child and family, the caseworker must review the actionable items on the child's CANS and identify how those items can be addressed through the permanency plan. An actionable item is any item rated as a 2 or 3. Each actionable item must be addressed through a goal. One goal may address more than one actionable item. In 2014, the Department developed a training, the CANS Case Planning training, to provide training and technical assistance to caseworkers specific to writing case planning goals that incorporate the CANS actionable items.

- Protective Capacity
 - Wisconsin assesses caregiver needs through diminished or enhanced protective capacity (for more information see ongoing standards - <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf>.) The assessment of impending danger threats and related protective capacity drives case planning, services, and goals. This process is well-defined and documented in eWiSACWIS for OHC cases, as part of the permanency planning process. Additionally, there is no statewide tool that guides assessment of caregiver needs/protective capacity. Additional training and supports around caregiver protective capacity could be further explored by Wisconsin to increase performance on this item.

- Post-Reunification Support (P.S.) Program Scorecard
 - The P.S. Program uses a monthly scorecard to track a county's documentation of program requirements tied to assessing needs and services of children and parents. Monthly Scorecards were created to focus on the program practice requirements and performance management aspects of the P.S. Program. The Scorecard is a useful tool to enhance county focus on timelines and prioritization of practice requirements. Scorecards are shared with all counties and completion rates are visible to all participating counties, by utilizing a 'traffic light' paradigm.
 - Green = 80-100% compliant
 - Yellow = 60-79% compliant
 - Red = 0-59% compliant

The categories of practice in the performance management scorecard include:

- Baseline CANS Completion
- Middle CANS Completion
- End CANS Completion
- Initial Case Plan Completion
- Middle Case Plan Completion
- Case Contact Completion (by month)
- Monthly MFSR Completion (by month)
- Cost Reporting (by quarter)

The scorecards also include other county-specific program participation updates based on the month for which the scorecard was completed, including:

- Children Currently Enrolled
- Number Of Children Successfully Competed
- Re-entries into OHC To Date
- CY Contracted Slot Allotments
- YTD Slots used

- Child and Adolescent Needs and Strengths (CANS) tool
 - The Child and Adolescent Needs and Strengths (CANS) tool assesses a specific child's needs and strengths, as well as the needs and strengths of the current OHC provider and the identified permanent resource, if applicable, for the child. The child welfare agency is responsible for completing the CANS at regularly established intervals. At a minimum, the CANS must be completed every six months. The CANS is required for all children placed in an unlicensed home, foster home, group home, or residential care center regardless of the type of court order (Child in Need of Protection or Services, Juvenile in Need of Protection or Services, or Delinquency).

Item 13: Child and Family Involvement in Case Planning

Item 13 measures concerted efforts to actively involve the child¹⁴ and family¹⁵ in case planning. All cases are assessed for Item 13, except for those involving children for whom participation in case planning is not developmentally appropriate, as well as other cases with certain circumstances pertaining to the mother and/or father.¹⁶

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 13.

Ongoing Services Case Record Review, Well-Being Outcome 1, Item 13

Item 13:	Child and Family Involvement in Case Planning	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	67%	33%	264	90%
	2016	61%	39%	249	90%

If the agency documented concerted efforts to engage the mother and/or father in case planning (where applicable), as well as the child (where developmentally appropriate), the case is rated as a *Strength*. Of cases reviewed, 67% in 2015 and 61% in 2016 were rated as a *Strength*.

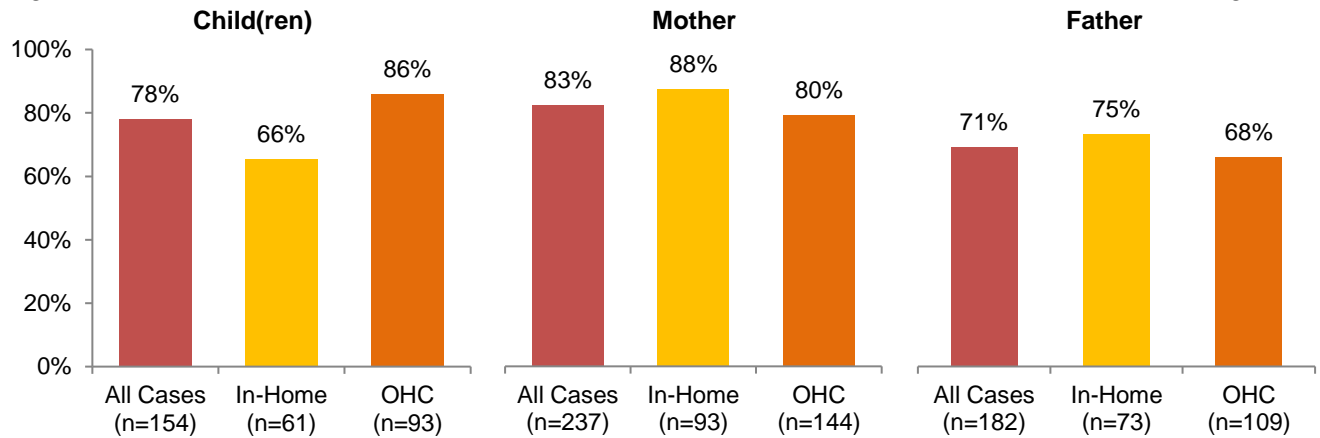
¹⁴ “‘Actively involved’ means that the agency consulted with the child (as developmentally appropriate) regarding the child’s goals and services, explained the plan and terms used in the plan in language that the child can understand, and included the child in periodic case planning meetings, particularly if any changes are being considered in the plan” (Child and Family Services Reviews Onsite Review Instrument, January 2016, p.66).

¹⁵ “‘Actively involved’ means that the agency involved the mother or father in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan” (Child and Family Services Reviews Onsite Review Instrument, January 2016, p.67).

¹⁶ Similar to Item 12, if any of the following apply (during the entire PUR), the case is not assessed for this item: parental rights remained terminated; parent’s whereabouts were not known; parents were deceased; it was documented in the case file that it was not in the child’s best interest to involve the parent in case planning.

The figure below shows the results for this item by case type.

Figure. Documented Efforts Were Made to Involve Children and Their Parents in Case Planning



II. National Performance Standards Data: N/A

III. Administrative Data

Permanency Plan Services

When a case is opened for ongoing services, case goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the family can adequately manage child protection without intervention. The Permanency Plan serves as a tool for communicating with parents/caregivers, children, their family members, court parties, and other individuals involved in providing supports and services to the family.

From January 1, 2016 to December 31, 2016, 10,662 services were provided for 5,550 total Child Permanency Plans. The table below shows a comprehensive list of all services offered.

Table: Services Provided to Child Welfare Families

Service Category	Count
Case Management Services	3969
Individual Therapy	2379
Medical/Dental Services	1010
Educational Assessment/Services	794
Developmental Assessment/Services	701
Psychiatric Assessment/Services	265
Family Therapy	223
Juvenile Justice Services/Activities	192
Basic Home Management	167
Independent Living	136
Parenting Services	126
Social Supports	117
Psychological Assessment	110
AODA Assessment/Services	96
Group Therapy	76
Mentoring	76
Recreational Activities	49
Occupational/Physical Therapy (OT/PT)	46
Daycare	43
Crisis Services	31
Legal Services	13
Spiritual/Cultural Supports	12
Work Related Services	7
Respite	6
Transportation	5
Economic Support	3
Housing Assistance	3
AODA Treatment	2
Domestic Violence Services	2
Psychiatric Services	2
Psychological	1

Face-to-Face Contacts with Children

Caseworker face-to-face contacts focus on the assessment of safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of the safety plan and goals of the Permanency Plan. The agency is responsible for children receiving a monthly face-to-face contact with an individual (caseworker, contract agency, or tribal social worker) unless the safety plan or licensing requirements require more frequent contact.

The table below shows the number of required and successful face-to-face contacts with children in OHC in each month in calendar year 2016. The percent contacted is a calculation of the number of children contacted in the month divided by the total number of children who should have been contacted. Wisconsin's performance exceeded the federal benchmark of 95% in every month.

Federal Caseworker Contact Standard

Table: Percent of required and successful face-to-face contacts

Month/Year	# Required Contacts	# Successful Contacts	% Contacted
Jan-16	6795	6688	98.43%
Feb-16	6844	6676	97.55%
Mar-16	6877	6731	97.88%
Apr-16	6951	6774	97.45%
May-16	7023	6834	97.31%
Jun-16	6932	6754	97.43%
Jul-16	6965	6756	97%
Aug-16	6877	6675	97.06%
Sep-16	6937	6705	96.66%
Oct-16	6972	6838	98.08%
Nov-16	7077	6936	98.01%
Dec-16	7123	6947	97.53%

In FFY 2017, 97.4% of children in OHC had a monthly contact, exceeding the federal requirement of 95%.

Protective Plans

The Present Danger Assessment (PDA) is an assessment completed at initial contact with families to determine if there are Present Danger Threats (PDTs) active in the home that cause the child to be unsafe. Present Danger Assessments are done regardless of whether PDT(s) are found. The Present Danger Assessment and Protective Plan (PDAPP) is completed when PDT(s) are found and a plan needs to be put into place to address the active threats. Of the 10,611 total approved Present Danger Assessments from July 1, 2016 to June 20, 2017, 2,496 (23.5 percent) had Protective Plans were implemented.

IV. Relevant Programs, Tools, and Initiatives

The Department of Children and Families has a number of ways to measure and support child and family involvement in case planning.

- Caseworker Contacts
 - Caseworker face-to-face contacts focus on the assessment of safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of safety plan and goals of the Permanency Plan. The agency ensures that children have monthly face-to-face contact with an individual (caseworker, contract agency, or tribal social worker) unless the safety plan or licensing requirements require more frequent contact. Each child in an out-of-home placement must have at least one face-to-face contact with his or her caseworker in each and every full calendar month the child or juvenile is in OHC. The majority (greater than 50%) of the face-to-face contacts must be in the child or juvenile's out-of-home placement. Caseworker contacts must be well-planned and focused on issues pertinent to case planning and service delivery to ensure safety, permanence, and well-being of children. Face-to-face contacts shall be purposeful and meaningful in order to promote positive outcomes for children. The ultimate intent of face-to-face contacts is to monitor safety and to provide services to promote permanency and the well-being of the child, the child's family, and the child's caregivers. In FFY 2017, in Wisconsin, 97.4% of children in OHC had a monthly caseworker face-to-face contact, exceeding the federal benchmark of 95%.
- Permanency Planning
 - When a case is opened for ongoing services, case goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the family can adequately manage child protection without intervention. The Permanency Plan serves as a tool for communicating with parents/caregivers, children, their family members, court parties, and other individuals involved in providing supports and services to the family. The caseworker is responsible for overseeing the implementation of the Permanency Plan and working with parents/caregivers to facilitate change. Caseworkers shall develop the Permanency Plan with involvement with the child and the child's parents by developing a partnership with the family in understanding the specific conditions required before child permanence can be achieved.

In addition, the Permanency Plan shall include case plan goals that are developed with participation from the child and family to promote change and reach permanency. The case plan will include services that the child and/or parent shall participate in to reach the case plan goals. These services are determined through engagement and involvement with the family.

- Protective Planning
 - In 2016, the state updated the Protective Plan form to include family-friendly language regarding safety planning, highlight the voluntary nature of the plan, and enhance family engagement in the safety planning process.
- Post-Reunification Support (PS) Program
 - The P.S. Program elevates child and family involvement in case planning. Details of the P.S. Program's case planning requirements are provided in previous sections. Child welfare professionals have requested tools to assist them in facilitating family and child involvement in the case planning process. As part of the P.S. Program, additional training and technical assistance have been provided to child welfare professionals on how to incorporate the CANS assessment into case planning. The P.S. Program also stresses the importance of child welfare professionals partnering with families to develop effective case plans. This will continue to be an area the P.S. Program targets in webinars and training with child welfare professionals.
- Tools to Support Child Welfare Professionals
 - The State of Wisconsin has identified a need to support child welfare professionals with tools that can be used collaboratively with families while in the field. Wisconsin has a robust structure of policies and assessment tools. However, professionals have identified a desire for tools that can be used with families to collaborate in the decision-making and planning process throughout the life of a case. This will be an important area for Wisconsin to explore in the upcoming review process.
- Face-to-Face Contacts
 - Wisconsin is considering adding additional training, standards, and tools to document quality of face-to-face contacts. The quality of a face-to-face contact is relevant to child and family involvement in case planning.

Item 14 and Item 15: Caseworker Visits With Child and Parents

Items 14 and 15 determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case, as well as the mothers and fathers of the children, are sufficient to ensure child safety, permanency, and well-being, as well as to promote achievement of case goals. All cases are assessed for Item 14, whereas Item 15 excludes cases if certain circumstances apply to the parents.

Item 14: Case Worker Visits with Children

Face-to-Face Contacts with Children

I. Case Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 14.

Ongoing Services Case Record Review, Well-Being Outcome 1, Item 14

Item 14: Caseworker Visits With Child	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	69%	31%	271	90%
2016	69%	31%	266	90%

II. National Performance Standards Data

In FFY 2017, 97.4% of children in OHC had a monthly contact, which exceeds the federal requirement of 95%.

III. Administrative Data

Post-Reunification Support (PS) Program

During the 12 month post-reunification period, children and families who are enrolled into the PS Program will continue their engagement with their ongoing services caseworker to ensure the following objectives are met:

- Families, whether served voluntarily or under court order during the 12 month post-reunification period, are creatively and meaningfully engaged in and fully understand the respective roles and responsibilities of the child welfare caseworker, service providers (formal and informal), and themselves.
- Using a family teaming and solution-focused approach, families are empowered through the helping process to be leaders in carrying out responsibilities associated with identifying needs and concerns and contributing to the development, implementation, and modification of strategies to address those needs and concerns.

Assessments and modifications to related planning documents based on these assessments are individualized for each family and documented in the following areas:

- I. Child safety assessment and planning
- II. Child and Adolescent Needs and Strengths (CANS) child and caregiver assessment components at program entry, six months following the program entry and within the month prior to case closure
- III. Case planning and family development planning

A monthly scorecard measures these documentation requirements in each participating county. A table on the following page shows the statewide completion totals collected from the monthly scorecards from October 2016 to September 2017. Graph 2 shows the completion percentage trends for each documentation category over this same period.

Completion measurements are defined as follows:

- Composite CANS completion: Total Baseline (30 days before to 10 days after PS Program start date), Middle (5-7 months after PS start date), and End (11th month to PS end date plus 10 days) CANS completed over the total number of required CANS for a given month.
- Composite Case Plan completion: Total Initial (0-45 days after PS start date) and Middle (1.5 – 7 months after PS start date) case plans completed over the total number of required case plans for a given month.
- Case Contact Completion: minimum PS contact requirements completed in a given month.

Table: P.S. Scorecards (October 2016 – September 2017)

Month/Year	Children Currently Enrolled	Composite CANS Completion	Composite Case Plan Completion	Case Contact Completion
Oct-16	241	N/A	N/A	64%
Nov-16	229	80%	68%	N/A
Dec-16	233	65%	69%	N/A
Jan-17	231	63%	58%	N/A
Feb-17	232	89%	61%	71%
Mar-17	226	85%	76%	72%
Apr-17	228	72%	88%	62%
May-17	232	71%	93%	67%
Jun-17	225	87%	85%	63%
Jul-17	229	92%	79%	65%
Aug-17	218	76%	74%	67%
Sep-17	224	73%	90%	57%

Green = 80-100%
Yellow = 60-79%
Red = 0-59%

IV. Relevant Programs, Tools, and Initiatives:

These are described in Item 15 below.

Ongoing Services Case Record Review, Well-Being Outcome 1, Item 15

Item 15: Case Worker Visits with Parents

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 15.

Ongoing Services Case Record Review, Well-Being Outcome 1, Item 15

Item 15: Caseworker Visits With Parents	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	48%	52%	271	90%
2016	49%	51%	266	90%

In order to receive a *Strength* rating, caseworkers must have quality visits with the child(ren) and their mother and/or father (where applicable) with sufficient frequency to promote achievement of case goals and to ensure safety, permanency, and well-being for the child(ren). As shown above, 69% of cases received a *Strength* for Item 14, and 48% received a *Strength* for Item 15.

Figures below show the frequency with which caseworkers met with the children and their mothers and fathers, where applicable. For example, in 64% of OHC cases, the worker saw the child at least once per month, in 19% of cases at least twice per month, and in 6% of cases once per week or more.

Figure: Caseworker Visits with Child and Parents: OHC Cases, 2015

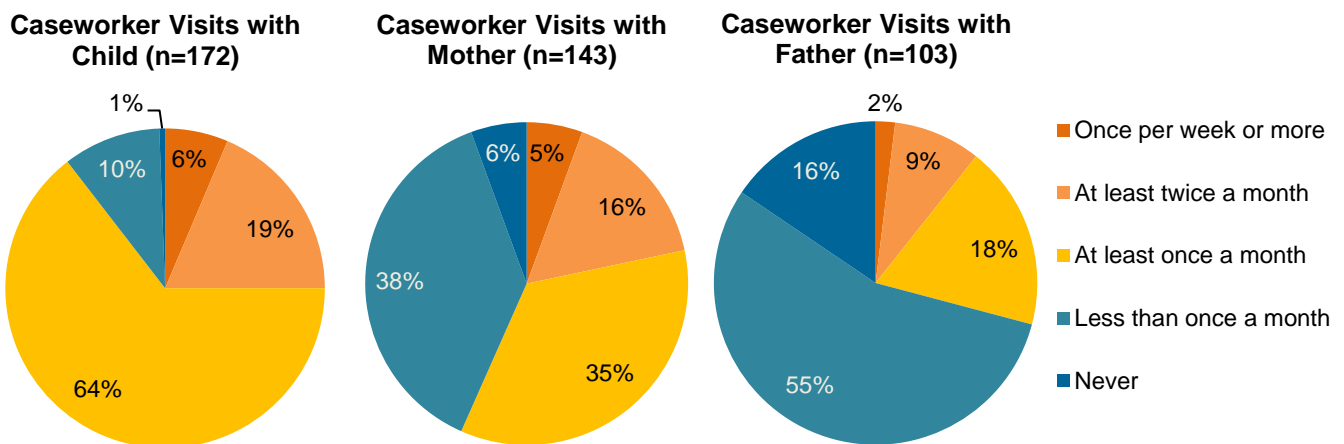
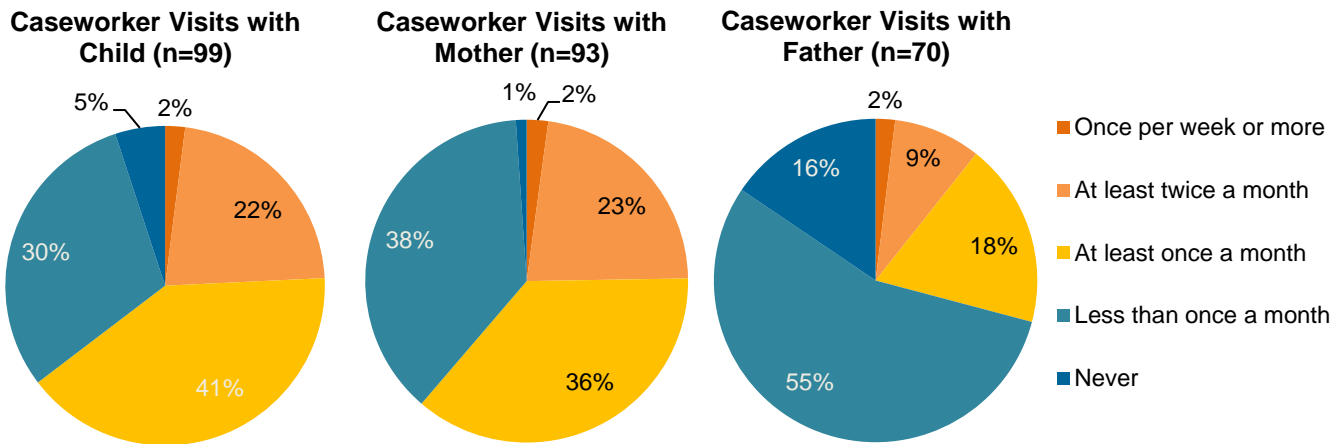
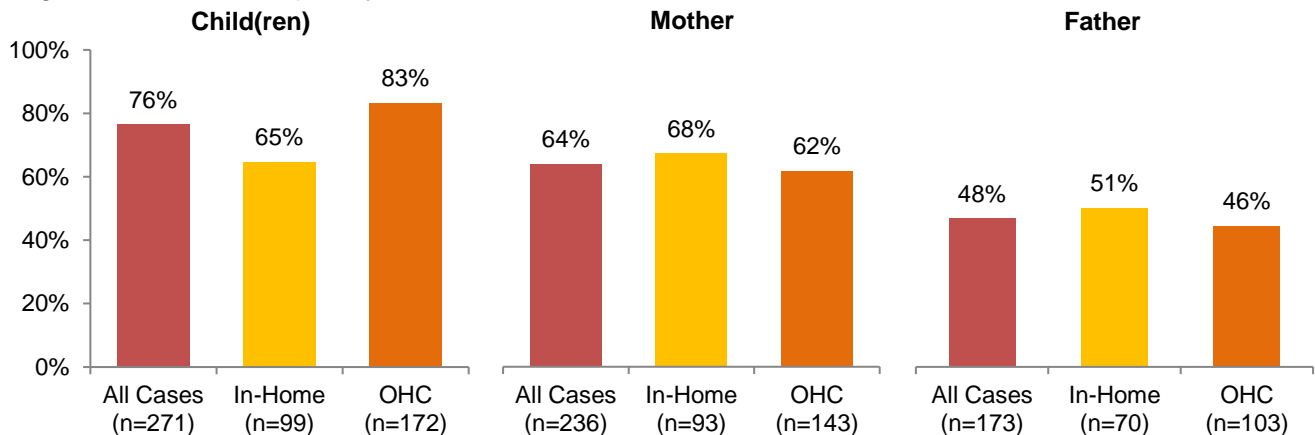


Figure: Caseworker Visits with Child and Parents: In-Home Cases, 2015



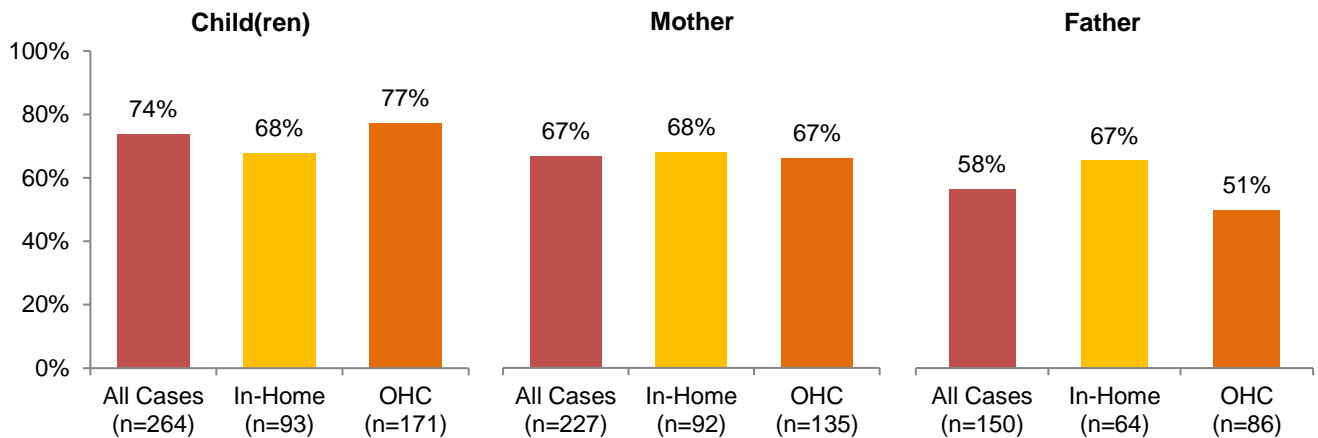
Apart from the actual frequency with which visits occur, Item 14 and Item 15 measure efforts to ensure that the frequency is sufficient to promote achievement of case goals and ensure child safety, permanency, and well-being. For example, figures below shows that, the caseworker visited the child(ren) with enough frequency to ensure their safety and well-being in 76% of cases reviewed.

Figure. Sufficient Frequency of Caseworker Visits with Children and Parents



This item rating also encompasses the quality of visits (e.g., if they were of sufficient length to address key issues, the appropriateness of the location, etc.). If there were no visits during the period under review, this question is not applicable. In 74% (195) of all cases, caseworker visits with the child(ren) were rated as quality per the OSRI criteria, as shown in the figure on the following page.

Figure. Sufficient Quality of Caseworker Visits with Children and Parents



II. National Performance Standards Data: N/A

III. Administrative Data: N/A

IV. Relevant Programs, Tools, and Initiatives:

The DCF measures and supports caseworker visits with children and parents in number of ways:

- Case Worker Contacts
 - Caseworker face-to-face contacts focus on the assessment of safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of safety plan and goals of the Permanency Plan. The agency ensures that children have monthly face-to-face contact with an individual (caseworker, contract agency, or tribal social worker) unless the safety plan or licensing requirements require more frequent contact.

Each child in an out-of-home placement must have at least one face-to-face contact with his or her caseworker in each and every full calendar month the child or juvenile is in OHC. The majority (greater than 50%) of the face-to-face contacts must be in the child or juvenile’s out-of-home placement. Caseworker contacts must be well-planned and focused on issues pertinent to case planning and service delivery to ensure safety, permanence, and well-being of children. Face-to-face contacts shall be purposeful and meaningful in order to promote positive outcomes for children. The ultimate intent of face-to-face contacts is to monitor safety and to provide services to promote permanency and the well-being of the child, the child’s family, and the child’s caregivers.

- Case Worker Contact Dashboard
 - This is an interactive dashboard that provides a running total of completed contacts. The Case Worker Contact Dashboard supplies county specific data by month and year of the following information: total number of children in OHC, number of children contacted within the month and the percentage of the total, the number of children who were contacted in their out-of-home setting and the percentage of the total number of contacted children.
- Case Worker Contacts Report
 - This report is used as a tool for monitoring the documentation of case worker contacts. The report provides users with a listing of successful face-to-face contacts and a listing of children who were in OHC for a given month, for whom a documented face-to-face contact was required but is missing.
- Structured Case Notes
 - Structured Case Notes are an organized structured noting process that allows notes to be associated with Safety, Case/Permanency Planning, and Well-being, as well as subject persons from the case. Structured Case Notes provides the opportunity for workers to organize information in their case notes in a way that makes searching/analyzing specific types of information easier. Further, the Structured Case Note allows workers to easily access other parts of the system to allow one step recording of information.
- Post—Reunification Support (P.S.) Program
 - The P.S. Program was developed, under the Title IV-E Waiver Demonstration Project, to reduce re-entry into OHC. The P.S. Program seeks to promote family stability and adjustment following a child’s reunification to the family home; empower parents to strengthen caregiving, problem-solving, and coping skills; reduce the likelihood of child maltreatment recurrence and re-entry of a child to OHC after being reunified with his or her parents; and improve the short and longer term well-being of the child and his or her family members.
- Engaging Non-Custodial Parents Desk Guide:
 - Ongoing Services Standards requires caseworkers to document all continued efforts to locate and engage non-custodial parents in eWiSACWIS case records. The Engaging Non-Custodial Parents desk guide was created by DCF to provide child welfare professionals with Wisconsin statutory requirements, Department of Children and Families Ongoing Standards and best practice strategies for identifying, locating, engaging and involving non-custodial parents in case practice and visitation.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

The purpose of Well-Being Outcome 2 is to “assess whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.”¹⁷ This outcome was *Substantially Achieved* in 87% of cases.

Item 16: Educational Needs of the Child

Item 16 measures concerted efforts by the agency to assess the children’s educational needs and whether appropriate services were provided to meet any needs identified. Examples of such services include helping the child to be assessed for and obtain an Individualized Education Plan (IEP), a Behavioral Intervention Plan (BIP), tutoring, restrictive classroom, additional time for taking tests, etc. It is worth noting that in-home cases are only assessed for this item if education was the reason for the local agency’s involvement (e.g., truancy).

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 16.

Ongoing Services Case Record Review, Well-Being Outcome 2, Item 16

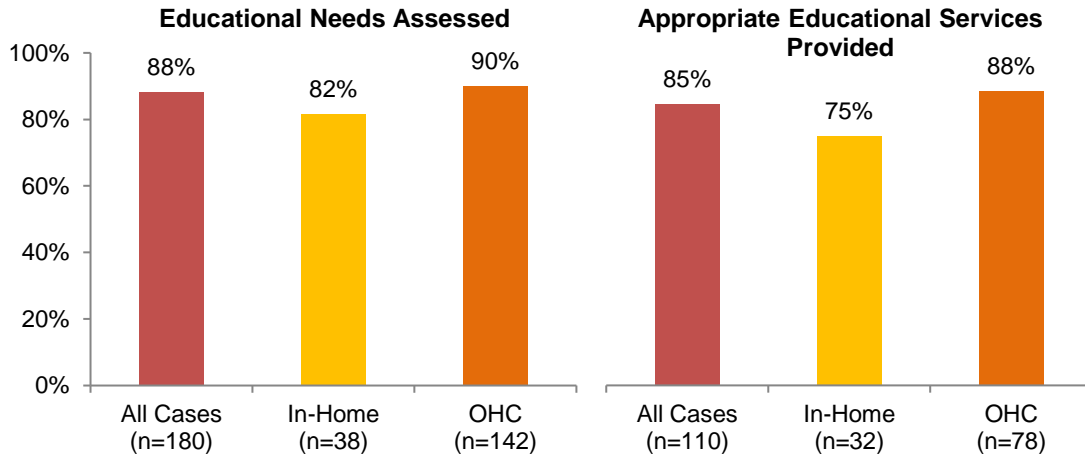
Item 16: Educational Needs of the Child	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	88%	12%	180	95%
2016	90%	10%	167	95%

In order to receive a *Strength* rating, there must be documented evidence of the agency’s efforts to accurately assess the child’s educational needs as well as concerted efforts to address any identified needs through appropriate services (where applicable). For Item 16, 88% of cases were rated as a *Strength* in 2015 and 90% in 2016.

¹⁷ Child and Family Services Reviews Onsite Review Instrument, January 2016 (p.76)

The figure below shows the results of this item by case type. In 88% of reviewed cases, educational needs were accurately assessed. In 85% of applicable cases, appropriate services were provided.

Figure: Assessment of Children’s Educational Needs and Services Provided

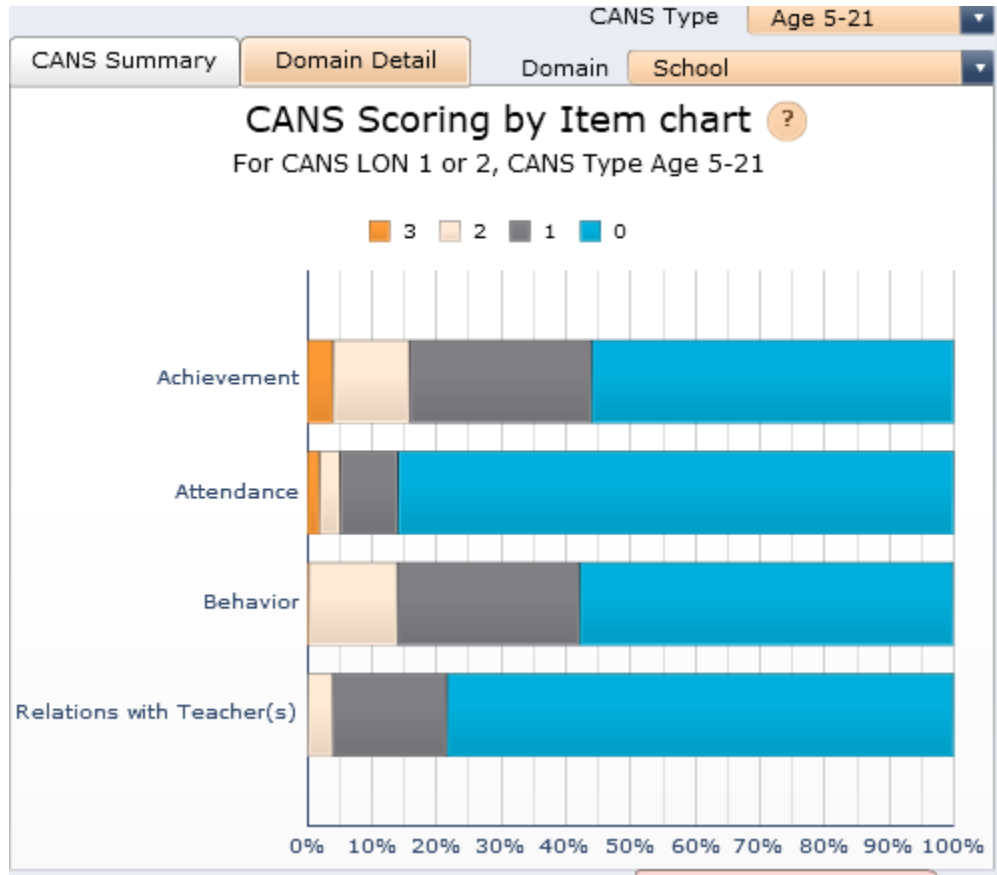


II. National Performance Standards Data: N/A

III. Administrative Data

Assessing for Educational Needs and Services

Educational needs and services are assessed in the case planning process and efforts are made to maintain school stability when placed in OHC. When additional educational services are appropriate, it is included as part of the case plan. 794 (14.3%) of Permanency Plans included Educational Assessment/Services out of a total of 5550 Permanency Plans in CY2016. Educational Assessment and Services, for case planning purposes, is the diagnosis, treatment, and other supportive services for children’s and adolescent’s emotional, behavioral, and learning needs and/or problems that relate to the educational environment. This includes special education, services related to educational attainment, and planning for any needs related to educational performance and functioning. The figure on the following page displays information related to educational needs with a screenshot of the CANS dashboard.



Children Remaining in School of Origin

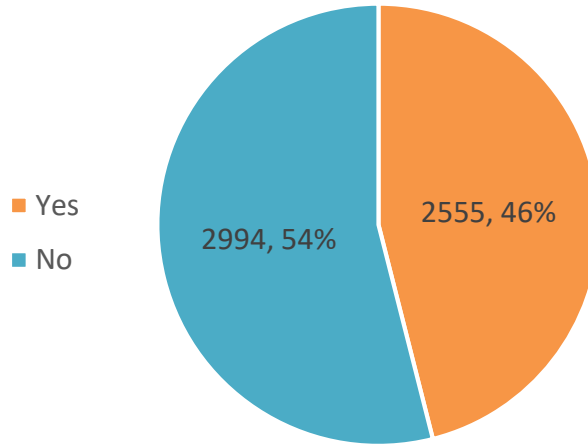
Under the Every Student Succeeds Act (ESSA), the presumption is that a student will remain in the school of origin. Wisconsin's Ongoing Services Standards requires workers to consider educational factors when determining placement for a child. The educational considerations are: placement that does not require the child's school to change, if it is safe and appropriate to do so; if the new placement of the child would require the child to attend a different school, efforts should be made, when reasonable and appropriate, for the child to attend the school of origin or to promptly enroll in the new school district; and, agencies should also consider early educational settings and preschools when trying to create educational stability. The figure on the following page shows data about Wisconsin children related to school of origin.

The figures below shows the number and percentage of children (46%) that were reported to have remained in their school of origin when placed in OHC.

Number of youth with Permanency Plan to remain in school of origin

In 2016, 2,555 children were reported as remaining in their original school when placed for out of home care.

Figure: Children Remaining in School of Origin, Calendar year 2016



IV. Relevant Programs, Tools, and Initiatives

- Education Portal
 - Wisconsin implemented an education portal that provides child welfare case workers with up-to-date child-level education information through a web portal. Currently, the Education Portal is being used in Dane and Milwaukee Counties for schools that operate under a data system that is compatible to the SACWIS system.
- Education Passport
 - Wisconsin has developed a tool called the Education Passport designed to share pertinent student-level information for children in OHC on a timely basis with teachers and other education stakeholders. The Passport is primarily used in Milwaukee County, but is available statewide. The passport is available at the following link - <https://dcf.wisconsin.gov/files/mcps/policy-resources/2015-passport-form-example.pdf>.
- ESSA Best Interest Determination & Transportation Guidance
 - In an effort to aid school districts and child welfare agencies in determining the best interest for school enrollment and implementing a transportation plan that is in compliance with ESSA, DCF and Department of Public Instruction (the state education agency), released joint guidance -

https://dpi.wi.gov/sites/default/files/imce/administrators/e-mail/Thompson_Bove_memo_ESSA%20Out_of_Home_Care.pdf for determining the best interest for school stability, child welfare agencies and school districts were provided considerations and factors that should be taken into account when a child enters OHC.

- DCF and Department of Public Instruction (DPI) Strategic Planning
 - DCF and DPI have developed a strategic plan to increase stability and improve educational outcomes for children in OHC. The strategic planning work group has developed the following goals:
 - Improve defined educational outcomes for children/youth in OHC: increase graduation from high school; reduce the number and frequency of suspensions and expulsions; increase educational stability (reduce the number of school moves for children in care); increase enrollment into post-secondary education.
 - Formalize effective collaborative processes between schools and child welfare agencies, the DPI and DCF at the local level and between DPI and DCF at the state level.
 - Increase data-sharing and utilize both quantitative and qualitative data to inform systems improvement.
 - Facilitate data sharing at the local level to improve the educational experience and outcomes of children/youth in OHC.
- University of Wisconsin-Madison, Institute for Research on Poverty (IRP) Educational Outcomes Research
 - As part of the “Wisconsin Educational Collaboration for Youth in Foster Care,” DCF, DPI & IRP partnered to analyze and improve educational stability and permanency outcomes for middle and high school aged youth in the child welfare system. Short term goals of the initiative include building infrastructure to track trends in child, school, district, and state-level outcomes and support causal inference research. Long term goals include systemizing access to, and improve the quality of, data about children in OHC in order to better understand and target educational needs, leading to improved educational outcomes for youth.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

The final well-being outcome determines whether the agency addressed the physical and mental health needs of the children. Based on the ratings for Item 17 and 18, Well-Being Outcome 3 was *Substantially Achieved* in 59% of cases.

Item 17: Physical Health of the Child

Item 17 examines whether or not the agency addressed the physical health needs (including dental needs) of the children. Similar to Item 16, in-home cases are only applicable if physical health needs of the child(ren) were the reason for agency involvement.

I. Case Record Review Data

The following table shows data from Wisconsin's 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 17.

Well-Being Outcome 3, Item 17

Item 17: Physical Health of the Child	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
2015	61%	39%	205	90%
2016	60%	40%	194	90%

Item 17 is rated as a *Strength* if there is documented evidence that accurate needs assessments were conducted and the agency made efforts to provide needed services (where applicable), as well as appropriate oversight of prescription drug use for children in OHC (where applicable). As shown above, 61% of cases in 2015 and 60% of cases in 2016 received a *Strength* rating for Item 17.

Figures below show the results for this item, describing assessments and services for physical health and dental needs, respectfully.

Figure. Assessment of Children's Health Needs and Services Provided

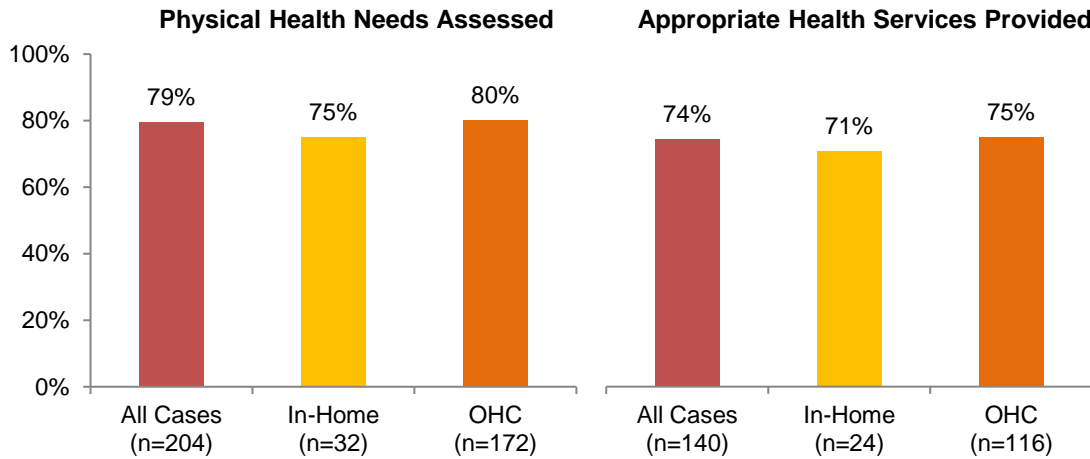
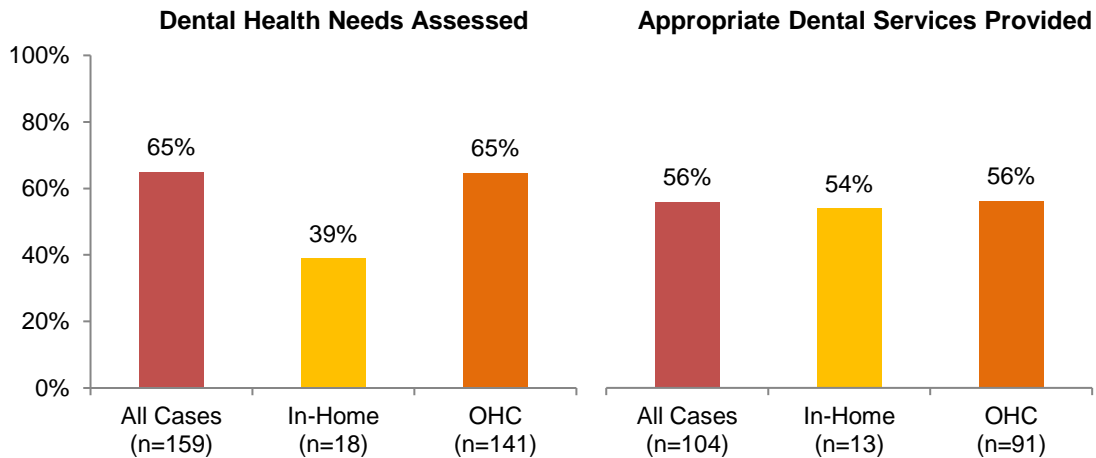


Figure: Assessment of Children’s Dental Needs and Services Provided



For OHC cases only, Item 17 also covers agency monitoring of the use of prescription medications, and whether appropriate oversight was provided (such as ensuring that the child is regularly seen by a physician, following up with caregivers about administering medication, etc.). In 82% of applicable cases (40 out of 49), the local agency had documented evidence to support appropriate oversight of prescription medication use for physical health issues.

Additionally, Item 17 seeks information to show that local agencies are meeting case management criteria required by federal statute, specifically involving children’s health records and case planning. The table below shows those results for the 172 OHC cases reviewed.

Table: Federally Mandated Criteria for Out-of-Home Care Cases

	Total OHC Cases (n=172)
The child's health records are up to date and included in the case file	69% (119)
The case plan addresses the issue of health and dental care needs [‡]	51% (88)
Foster parents/care providers are provided with the child's health records	44% (75)
No evidence found	20% (34)

[‡]Note: this question encompasses any information pertaining to medical/dental needs in all permanency plans and case plans during the period under review.

II. National Performance Standards Data: N/A

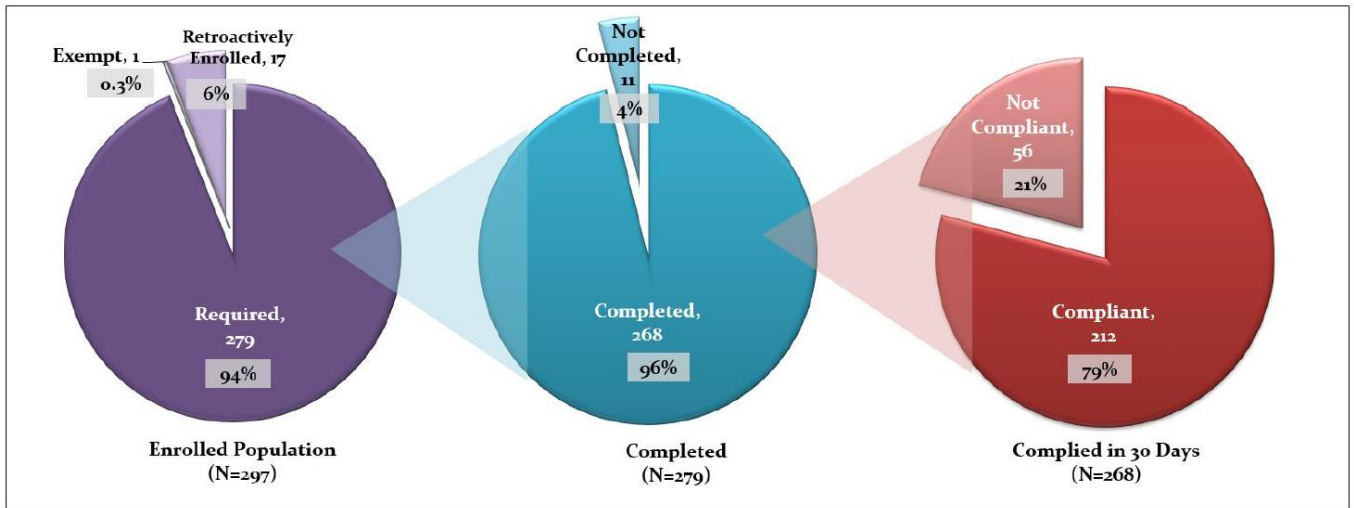
III. Administrative Data

The DCF and the Wisconsin Department of Health Services (DHS) partnered to implement Care4Kids, an innovative Medicaid program designed to offer comprehensive and coordinated health services for children and youth in foster care. The Care4Kids program creates a “medical home” team for children in foster care, assuring that children receive individualized treatment plans in order to address their specific health care needs, including trauma related care. The Care4Kids program is available in six southeastern counties in Wisconsin. Approximately 3000 children are enrolled in Care4Kids. The information below details outcomes specific to the Care4Kids Initial Comprehensive Health Exam. This exam serves as the first HealthCheck exam for the child within the expected periodicity. The exam consists of the following:

- Age appropriate immunizations
- Physical exam
- Developmental and/or mental health screening
- Hearing screening
- Dental screening and referral to a dentist (beginning at 1 year old)
- Blood and urine lab tests
- Vision Screening

The Initial Comprehensive Health Exam must occur for all children enrolled in the Care4Kids program within 30 days of placement into OHC. Compliance with this measure is reported to DCF and DHS on a quarterly basis. During Quarter 3, CY 2017, 279 children required an Initial Comprehensive Health Exam. Of those children, 96%, or 268 children, received the exam; and of those children who received the exam, 79% received it within the 30 day timeframe.

Figures: Developmental/Mental Health Screens, Care4Kids, Quarter 3, 2017



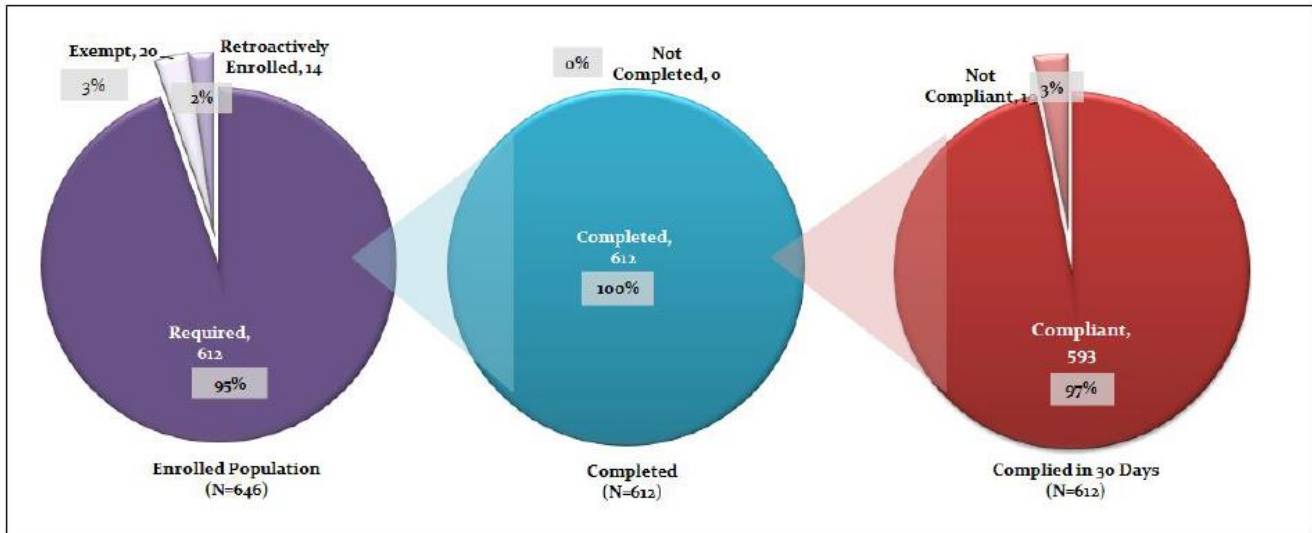
Care4Kids provides an enhanced periodicity schedule for HealthChecks for children in OHC as recommended by the American Academy of Pediatrics. After the Initial Comprehensive Health Exam, children are required to see their primary care physician for another check-up within the following timeframes:

- Ages 0-6 months – Monthly check-ups
- Ages 6-24 months – Quarterly check-ups
- Ages 2+ years – Semi-annual check-ups

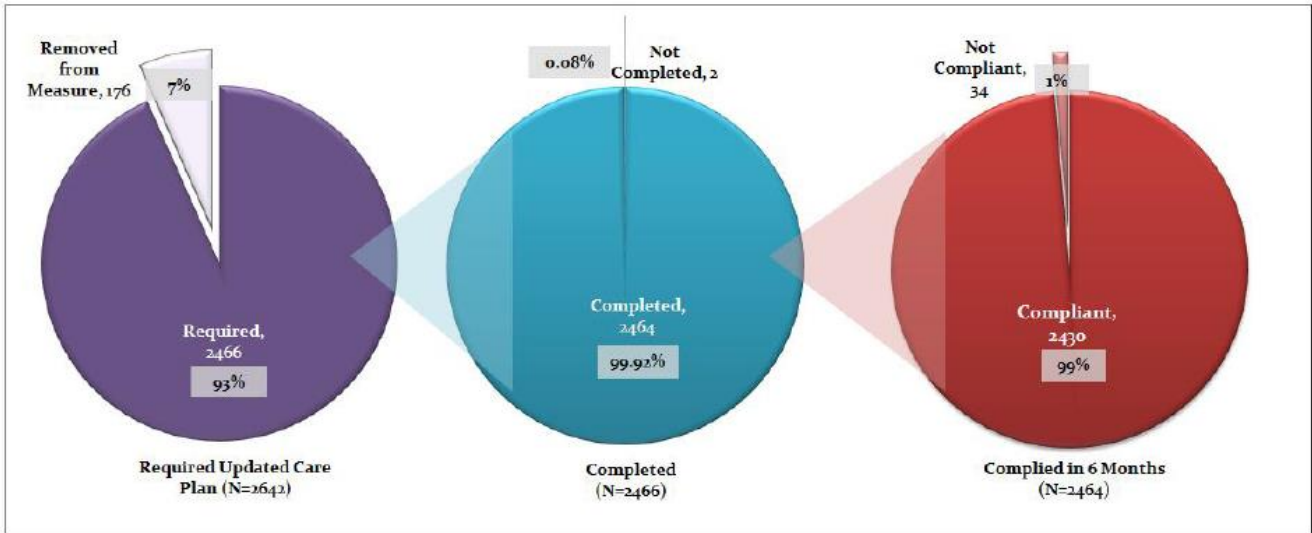
This enhanced periodicity allows children to see their primary care physician on a regular basis to ensure all medical, dental, and behavioral health needs are being addressed.

In addition, Care4Kids matches each enrolled child with a Health Care Coordinator and Outreach Coordinator to help the family access all medical and social service needs. The Health Care Coordinator is responsible for developing a Comprehensive Health Care Plan to be shared with the foster parent, the biological parents/legal guardians, the child welfare team, the primary care physician, and all other health care specialists included in the child's care. This plan synthesizes a child's current health information as it relates to completed and upcoming medical and dental exams, mental health appointments, diagnoses, and other valuable information. Health Care Coordinators must complete the initial plan within 60 days of the child's enrollment and update every 6 months thereafter. Compliance with this measure is reported to DCF and DHS on a semi-annual basis. The following graph outlines Care4Kids timeliness for development of the initial Comprehensive Health Care Plan within 60 days of initial enrollment. During the reporting period from July 2016-December 2016, 612 new children were enrolled in Care4Kids. The Initial Comprehensive Health Care Plans were completed for all 612 children, with 97% of the health care plans completed in a timely manner.

Figures: Mental Health Assessments, Care4Kids, Quarter 3, 2017



Additionally, 2466 health care plans required updates during the reporting period between July 2016 and December 2016. 2464 health care plans, or 99.92% of health care plans, were updated and 2430 health care plans, or 99% of those completed, were completed within the 6 month timeframe. The following graphs depicts these measures.



Care4Kids is also required to provide children with a Comprehensive Initial Dental Screen within 3 months of initial enrollment and every 6 months thereafter. These measures are reported to DCF and DHS on a semi-annual basis. Between July-December 2016, 78.3% of all new enrollees received the initial comprehensive dental exam, 58.2% of new enrollees received their exam within the compliant 3 month timeframe. Additionally, 49.7% of all enrolled children received a comprehensive dental exam following their initial exam, and 26.3% of all enrolled children received that following exam within the expected 6 month timeframe.

Health Information in Permanency Plans

When a case is opened for ongoing services, case goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the family can adequately manage child protection without intervention. The Permanency Plan serves as a tool for communicating with parents/caregivers, children, their family members, court parties, and other individuals involved in providing supports and services to the family. Of the 5,550 permanency plans active from January 1, 2016 to December 31, 2016, 1010 (18.2 percent) included medical/dental services and 46 (0.8 percent) included occupational/physical therapy.

Birth-to-3 Referrals

Birth to 3 is Wisconsin's Federal Early Intervention Program under Part C of the Individuals with Disabilities Education Act (IDEA), which provides services to children with developmental disabilities from birth to age 3 years. During this same period, out of 1,358 children in OHC under the age of 3, 1056 (78.3%) had completed birth-to-3 referrals.

CANS Evaluation – Physical Health Domain

Child and Adolescent Needs and Strength (CANS) evaluations provide a comprehensive assessment of the needs of each child placed in OHC, identifying four well-being domains: trauma, behavioral/emotional/risks, physical health, and education.

IV. Relevant Programs, Tools, and Initiatives:

DCF has a number of tools and initiatives focused on meeting the needs related to this performance item.

- Permanency Plan Documentation
 - The Permanency Plan is a required case plan for all children in OHC. Along with other goals related to general case practice, the Permanency Plan outlines health related services received by the child, including their most recent well-child check, and a list of immunizations. Caseworkers are required to document compliance with immunization periodicity, and outline a plan to come into compliance for children who are not up to date on their immunization schedule. It also allows caseworkers to develop case goals specific to health related concerns, and requires goals specific to health outcomes when those needs are identified in the Child and Adolescent Needs and Strengths (CANS) tool.
- Child and Adolescent Needs and Strengths Tool
 - The Child and Adolescent Needs and Strengths (CANS) Tool is required to be completed by caseworkers within 30 days of placement, with updates every 6 months thereafter and whenever there is an additional placement change. The child's caseworker completes the CANS with a team of people working with the child, including the foster parent, medical providers, and other individuals with important information to be included in the assessment. Although the CANS rates many items, medical needs and services are rated in the Life Functioning indicators. Caseworkers score a child's medical needs, the threat, complexity, and chronicity of those needs, the intensity and involvement of the treatment provided, as well as the child's emotional response to their medical status. Through scoring these indicators, caseworkers are able to identify the immediacy and intensity of the need, and determine if additional actions should be taken to support the child. If actionable items are identified in health related areas, caseworkers are required to develop case goals in the permanency plan to help meet the child's needs in that area.
- Care4Kids Program
 - The DCF and DHS have partnered to implement Care4Kids, an innovative Medicaid program designed to offer comprehensive and coordinated health services for children and youth in foster care. The Care4Kids program creates a "medical home" team for children in foster care, assuring that children receive individualized treatment plans in order to address their specific health care needs, including trauma related care. These individualized treatment plans, called "Comprehensive Health Care Plans," are shared with all stakeholders involved in the child's care. This includes OHC providers, biological parents and legal

guardians, primary care physicians, other healthcare specialists, and the child welfare team. Children's Hospital & Health System, Inc. (CHHS) of Milwaukee, Wisconsin is the certified health system provider for Care4Kids. CHHS provides DCF and DHS with regular reports of measures related to child access to health services. These reports outline 18 measures which related to performance items 17 and 18, including:

- Timely Out-of-Home Care Health Screen
- Timely Comprehensive Initial Health Screen
- Timely Developmental/Mental Health Screen
- Timely Developmental Assessment
- Timely Mental Health Assessment
- Timely Comprehensive Health Care Plan
- Timely Review and Update of Comprehensive Health Care Plan
- Health Check Increased Periodicity
- Timely Comprehensive Initial Dental Exam
- Timely Comprehensive Continued Dental Exam Periodicity
- Blood Lead Testing
- Immunization Status
- Outpatient Mental Health Follow-Up
- Emergency Department Utilization
- Inpatient Hospital Utilization
- Anti-Psychotic Medication Measures
- Metabolic Monitoring Measures
- Psychotropic Medication Measures

The DCF and DHS reviews these reports on a regular basis, and amends the contract with CHHS as needed to ensure each child in the program receive the services necessary to meet their healthcare needs.

- Birth-to-Three Program
 - As required by federal CAPTA provisions, caseworkers are required to refer all children under the age of three for assessment by their local Birth-to-Three Program if that child was subject to a substantiated assessment of child abuse or neglect. The DCF also participates in the Birth-to-Three Council with the DHS to ensure all of the needs of children both in the Birth-to-Three program and the child welfare system are being met.
- Child Advocacy Centers
 - Child advocacy centers (CACs) offer a child-friendly environment where child victims can feel safe talking about their victimization, in the event something has happened to them. Additionally, CACs ensure that the information and therapeutic services necessary to the healing process are readily accessible for these children and their protective family members. There are 15 CACs throughout the state of Wisconsin, most of which also include full-time healthcare staff to assess physical needs and connect families with providers to meet the child's identified physical needs.

- Automated Medicaid Certification for Children in Out-of-Home Care
 - The Department of Children and Families (DCF) and the Department of Health Services (DHS) began coordinating in early 2016 to automate the Medicaid certification process for children in OHC. In June 2016, eWiSACWIS and Forward Health (Wisconsin’s Medicaid system) began sharing information to automatically certify medical assistance for each child when an eligible placement setting is entered into eWiSACWIS. This automation ensures that each child placed outside of the parental home has health coverage that is appropriate to meet their physical and dental health needs immediately upon entry into OHC.
- Data Sharing Agreement with the Department of Health Services
 - The DCF is in the process of developing a data sharing agreement with the DHS. This agreement will allow DCF to view and use data related to Medicaid utilization to better understand the services provided to children in the child welfare system and assess where service enhancement is needed statewide.

Item 18: Mental/Behavioral Health of the Child

Item 18 looks at addressing mental/behavioral health needs. As with Items 16 and 17, in-home cases are only applicable if these needs were the reason for agency involvement.

I. Case Record Review Data

The following table shows data from Wisconsin’s 2015 and 2016 statewide representative sample of case record reviews using the OSRI related to Item 18.

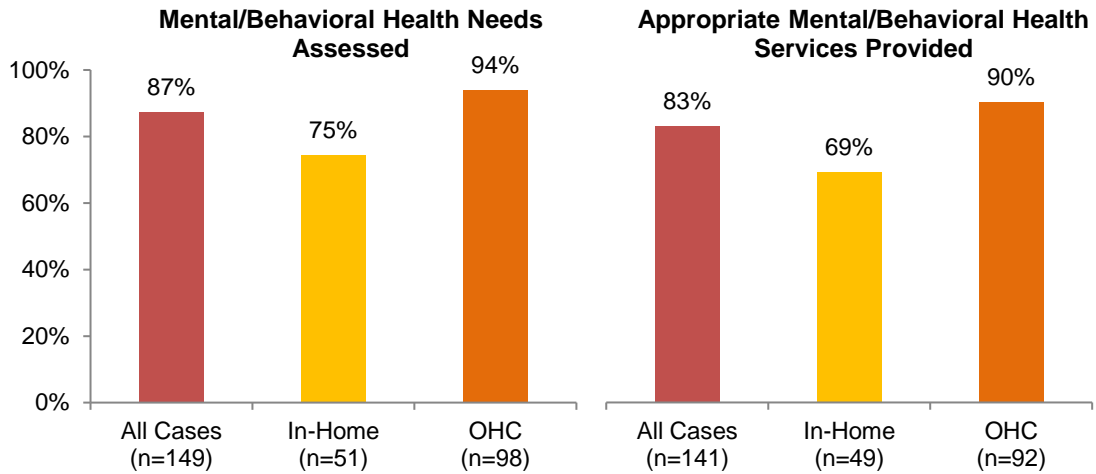
Ongoing Services Case Record Review, Well-Being Outcome 3, Item 18

Item 18:	Mental / Behavioral Health of the Child	Strength	Area Needing Improvement	No. Cases Assessed	Federal Benchmark
	2015	77%	24%	149	90%
	2016	72%	28%	152	90%

Item 18 is rated as a *Strength* if there is documented evidence that accurate needs assessments were conducted and the agency made efforts to provide needed services (where applicable), as well as appropriate oversight of prescription drug use for children in out-of-home care (where applicable). As shown above, 77% of cases in 2015 and 72% of cases in 2016 received a *Strength* for Item 18.

The figure on the following page shows the results for this item. In 87% of applicable cases, an assessment of mental/behavioral health needs was documented. In 83% of cases, it was documented that appropriate services were provided to meet the needs identified.

Figure. Assessment of Children’s Mental/Behavioral Health Needs and Services Provided

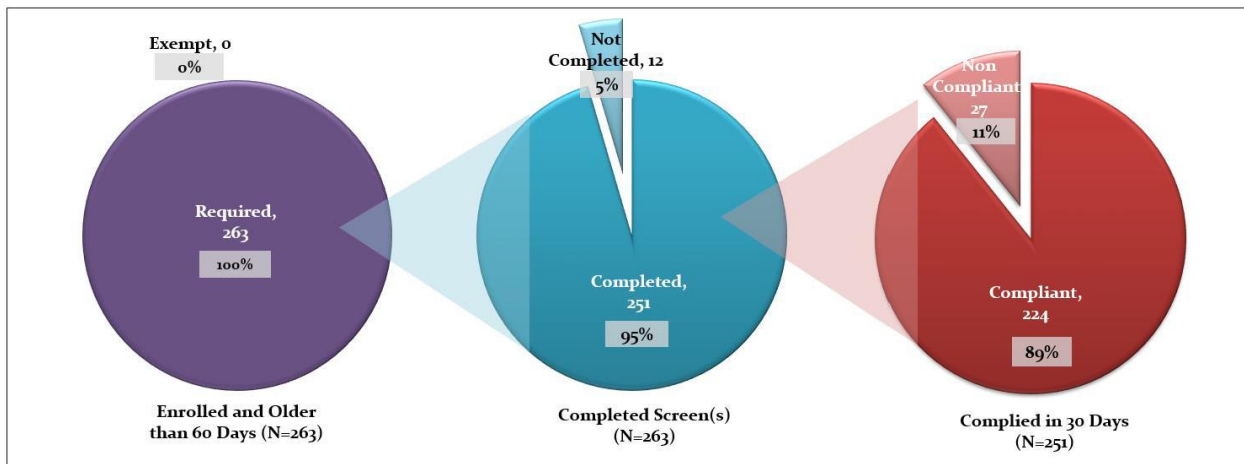


Item 18 also covers agency monitoring of the use of prescription medications for mental and/or behavioral health issues in OHC cases. In 85% of applicable cases (34 out of 40), there was documented evidence that the local agency provided appropriate oversight of prescription medication use for mental and/or behavioral health issues.

II. National Performance Standards Data: N/A

III. Administrative Data:

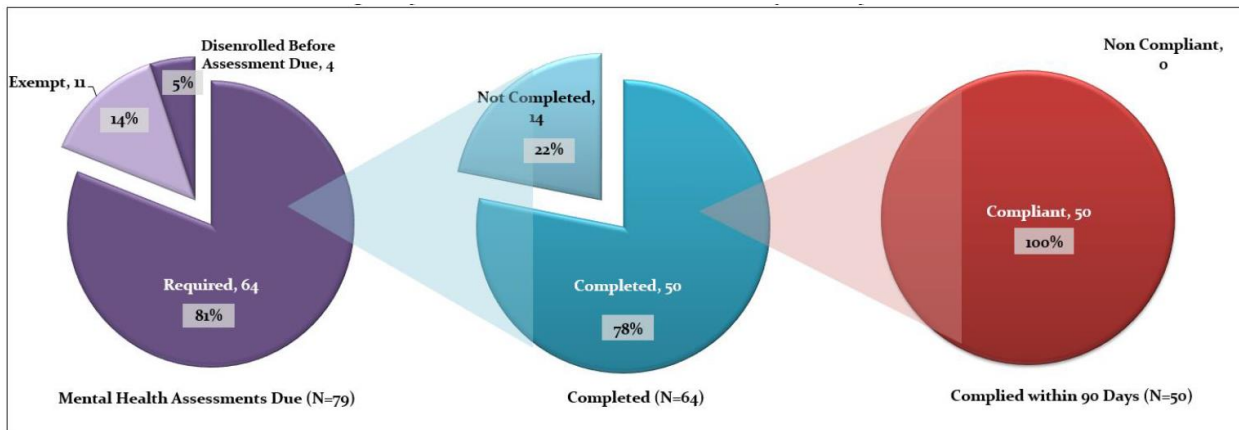
Under the Care4Kids program, discussed in detail above, all children enrolled in the program must receive a Developmental and Mental Health Screen within 30 days of placement into OHC. Children under the age of four must be screened for Developmental needs, and children older than four must be screened for Mental Health needs. Compliance with this measure is reported to DCF and DHS on a quarterly basis. During Quarter 3 of CY 2017, 263 children required a Developmental/Mental Health Screen. Of those children, 95%, or 251 children, received the appropriate screen; and of those children who received the appropriate screen, 89% received it within the 30 day timeframe.



Care4Kids is contractually required to use a validated screening tool while conducting these Developmental or Mental Health Screens. The tools that are used are:

Tool	Age	Comments
ASQ:3	0-5 Years (2-66 Months)	Can also use ASQ:SE2 if specific behavioral/mental health concerns
ASQ:SE 2	4-6 years (45 -72 Months)	Can also use ASQ:3 if specific developmental concerns
PSC	6 and older (Completed by Caregiver)	Can also have youth complete Y-PSC if 11 years and older
Y-PSC	11 years and older	Can also have caregiver complete PSC

Following the screen, children are identified as needing additional services or not needing additional services. For children who screen positive for needing additional services, a Mental Health Assessment must be completed within 90 days from placement into OHC. The following graph outlines Care4Kids' compliance with the Mental Health Assessment requirement. In Quarter 3 of CY 2017, 64 children were identified as needing mental health assessment. Of those 64 children, 78%, or 50 children, received an assessment. All 50 of the completed assessment were within the required 90 day timeframe.



IV. Relevant Programs, Tools, and Initiatives:

The DCF has a number of ways in which it supports and measures children's mental/behavioral health needs and services provided.

- Permanency Plan Documentation of Mental/Behavioral Health Issues and Psychiatric Medications
 - The Permanency Plan is a required case plan for all children in OHC. Along with other goals related to general case practice, the Permanency Plan outlines mental/behavioral health related services received by the child, including their most recent psychiatric visit and a list of medications, with special notation of all psychotropic medications prescribed. Caseworkers are required to document

monitoring of medications and ensure children are using medications as prescribed. It also allows caseworkers to develop case goals specific to mental/behavioral health related concerns, and requires goals specific to mental/behavioral health outcomes when those needs are identified in the Child and Adolescent Needs and Strengths (CANS) tool.

- Child and Adolescent Needs and Strengths Tool
 - The Child and Adolescent Needs and Strengths (CANS) Tool is required to be completed by caseworkers within 30 days of placement, with updates every 6 months thereafter and whenever there is an additional placement change. The child's caseworker completes the CANS with a team of people working with the child, including the foster parent, therapists, psychiatrists, and other individuals with important information to be included in the assessment. Mental/behavioral health needs and services are rated in the Child Behavioral/Emotional Needs and Child Risk Behaviors sections of the CANS. Caseworkers score a child's mental health diagnoses, their behavior as it relates to like-aged peers, and level of risk behaviors such as suicide risk, running behaviors and sexual aggression. Through scoring these indicators, caseworkers are able to identify the immediacy and intensity of the need, and determine if additional actions should be taken to support the child. If actionable items are identified in mental/behavioral health related areas, caseworkers are required to develop case goals in the permanency plan to help meet the child's needs in that area.
- Care4Kids Program
 - The DCF and the DHS have partnered to implement Care4Kids, an innovative program designed to offer comprehensive and coordinated health services for children and youth in foster care. The Care4Kids program creates a "medical home" team for children in foster care, assuring that children receive individualized treatment plans in order to address their specific health care needs, including trauma related care. These individualized treatment plans, called "Comprehensive Health Care Plans," are shared with all stakeholders involved in the child's care. This includes OHC providers, biological parents and legal guardians, primary care physicians, other healthcare specialists, and the child welfare team. Children's Hospital & Health System, Inc. (CHHS) of Milwaukee, Wisconsin is the certified health system provider for Care4Kids. CHHS provides DCF and DHS with regular reports of measures related to child access to health services. These reports outline 18 measures that cover physical, dental, mental, and behavioral health and relate to Items 17 and 18, including:
 - Timely Out-of-Home Care Health Screen
 - Timely Comprehensive Initial Health Screen
 - Timely Developmental/Mental Health Screen
 - Timely Developmental Assessment
 - Timely Mental Health Assessment
 - Timely Comprehensive Health Care Plan

- Timely Review and Update of Comprehensive Health Care Plan
- Health Check Increased Periodicity
- Timely Comprehensive Initial Dental Exam
- Timely Comprehensive Continued Dental Exam Periodicity
- Blood Lead Testing
- Immunization Status
- Outpatient Mental Health Follow-Up
- Emergency Department Utilization
- Inpatient Hospital Utilization
- Anti-Psychotic Medication Measures
- Metabolic Monitoring Measures
- Psychotropic Medication Measures

DCF and DHS reviews these reports on a regular basis, and amends the contract with CHHS as needed to ensure each child in the program receive the services necessary to meet their healthcare needs.

In order to meet the complex health needs of the OHC population, Care4Kids developed an Assessment Team, made up of a Physical Therapist, Occupational Therapist, Speech-Language Pathologist, and Mental Health Therapist. This team allows Care4Kids to more quickly identify any outstanding needs and connect the identified children with ongoing provider. Since the development of the Assessment Team, Care4Kids' compliance with required Developmental and Mental Health Assessments has gone up, helping to ensure services are in place to meet the complex needs of their members.

- Birth-to-Three Program
 - Caseworkers are required to refer all children under the age of three for assessment by their local Birth-to-Three Program if that child was subject to a substantiated assessment of child abuse or neglect. The DCF also participates in the Birth-to-Three Council with the DHS to ensure all of the needs of children both in the Birth-to-Three program and the child welfare system are being met.
- Children's Behavioral Health Collaborative
 - The DCF and the DHS meet on a quarterly basis to discuss the Behavioral Health needs of children in the Wisconsin Medicaid population to better understand services provided and develop best practice guidelines for working with this population. The collaborative regularly looks at data related to trends of psychotropic use, medication management, and mental health diagnoses. This group has developed best practice guidelines that have been incorporated into the contractual requirements for the Care4Kids Program to ensure that children in the Medical Home program receive the services necessary to meet their needs.

- Child Psychiatry Call-in Phone Line
 - Due to the shortage of child psychiatrists, a phone line was developed for health providers, such as primary physicians, to use to have questions answered by child psychiatrists regarding prescriptions and other best practices. This line is available to ensure that pediatricians and other health professionals working with children have easy access to specialized information regarding best practices for children on a regular basis.
- Psychotropic Medication Management
 - As part of the Children's Behavioral Health Collaborative, best practices were developed for psychotropic medication management and metabolic monitoring for the Medicaid population. The DCF and the DHS monitor prescribing trends for psychotropic medications for the general Medicaid population and the foster care population. Additionally, caseworkers are required to document psychotropic prescriptions in the child's case file and monitor use of those medications.
- Review of Children Prescribed Stimulants
 - The Children's Behavioral Health Collaborative also reviewed the prescribing practices around stimulant medications. The collaborative identified prescribers that may have been over-prescribing stimulant medications, and worked with those prescribers to improve their practices related to prescription of stimulants. Due to this review, the number of children prescribed stimulant medication has decreased.
- Automated Medicaid Certification for Children in Out-of-Home Care
 - The DCF and the Department of Health Services (DHS) began coordinating in early 2016 to automate the Medicaid certification process for children in OHC. In June 2016, eWiSACWIS and Forward Health (Wisconsin's Medicaid system) began sharing information to automatically certify medical assistance for each child when an eligible placement setting is entered into eWiSACWIS. This automation ensures that each child placed outside of their parental home has health coverage that is appropriate to meet their mental/behavioral health needs immediately upon entry into OHC.
- Data Sharing Agreement with the Department of Health Services
 - The DCF is in the process of developing a data sharing agreement with the DHS. This agreement will allow DCF to view and use data related to Medicaid utilization to better understand the services provided to children in the child welfare system and assess where service enhancement is needed statewide.

- Parental Consent for Medications
 - In Wisconsin, parents must consent to all medications that are prescribed to their children, including parents with children in OHC. This ensures that parents are aware of the treatment practices for their children and that they are an integral part in the health planning process for their child. This also means that foster parents cannot consent to health decisions for the child, and those consultations must occur with the parents or legal guardians of the child.

- Services for Children with Disabilities:
 - The Children with Disabilities in the Child Welfare System Task Force developed, as required by 2015 Wisconsin Act 365, a plan for identifying and addressing areas in which there are needs for improvement in the practices used to investigate reports of suspected or threatened abuse or neglect of a child with a disability. After meeting monthly for six months, the task force developed recommendations to more effectively and consistently respond to, engage, and serve children with disabilities and their families in Wisconsin's child welfare system. DCF is working on those recommendations which include data sharing to better identify children disabilities and developing training to effectively address challenges.

- Children's Long-Term Support (CLTS) Waiver Program
 - The Children's Long-Term Support (CLTS) Waiver Program is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community. Funding can be used to support a range of different services based on an assessment of the needs of the children and their family. Children in the child welfare system, both in-home and out-of-home, may be eligible and can receive CLTS Waiver Program support to assist in meeting their physical and emotional needs. Assistance from the CLTS Waiver Program allows children to remain in lesser-restrictive settings and supports the needs of children and families post-permanence.

- Comprehensive Community Services (CCS) Program
 - The CCS is a program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals. The goal of this community-based approach is to promote better overall health and life satisfaction for the individual, and is available in 64 counties and 3 tribes throughout the State of Wisconsin. Individuals in the child welfare system are often supported by the CCS Program. CCS supports are utilized to ensure the stability of parents who need access to services for a mental illness, substance use disorder or another dual diagnosis, or for children in-home or out-of-home who

need services. The CCS Program provides support to children and families to allow them to remain in lesser restrictive settings, reach permanence more rapidly, and maintain stability at home and in the community.

- Wisconsin Office of Children’s Mental Health
 - The Wisconsin Office of Children’s Mental Health was created in the 2013-2015 biennial budget to support Wisconsin’s children in achieving their optimal social and emotional well-being. The mission of this agency is to innovate, integrate, and improve Wisconsin’s child and family service system to help children, youth and families thrive. The DCF utilizes the expertise from the Office of Children’s Mental Health through the Children’s Behavioral Health Collaborative, Trauma-Informed Care initiatives, and other stakeholder groups to assist in the development of new policies and programs and ensure the effectiveness of those already in place.
- Crisis Stabilization Services
 - The DCF worked with the Division of Care and Treatment Services at the DHS to support needs related to mental health crises. In 2017, DCF and DHS issued a joint memo providing guidance to agencies regarding the use of OHC providers for emergency mental health crisis stabilization services for children. Additionally, DCF and DHS continue to coordinate to develop supports and services specific to the emergency mental health needs of children throughout the state.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cbhttp://www.acf.hhs.gov/programs/cb/resource/cfsr-procedures-manual>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

State Policies

- An access report must be entered in eWiSACWIS within three business days unless the child resides in another county.
- An access report received for a child and family residing in another county when present danger threat(s) have been identified must be entered in eWiSACWIS the same day.
- An access report received for a child and family residing in another county must be entered by the next business day
- All requirements related to a Primary Assessment, Secondary Assessment or Non-caregiver Investigations must be approved by the supervisor or designee and documented in the family case records within 60 days of receipt of the Access report.
- The Protective Plan must be scanned in eWiSACWIS within two business days of implementation.
- Information related to the requirements of safety management must be documented at least monthly in the family case record in eWiSACWIS via a case note and if impending danger emerge, in a Safety Plan and Analysis.
- The case plan must have supervisory approval and documented in the family case record within 60 days from the initiation of Ongoing Services. (according to Safety Intervention Standards)
- The case worker must complete and document the case plan no later than 60 days from the case transition staffing when there is an In-Home Safety Plan (Ongoing Services Standards)
- The case worker must formally evaluate and document the case plan no later than six months from the case transition staffing when there is an in-home safety plan and subsequent evaluations of the case plan must be completed within six months of the last formal review.
- The child's permanency plan must have supervisory approval and documented in the family case records within 60 days of the child's initial out-of-home placement.

- As part of evaluating the Permanency Plan, the caseworker must formally evaluate and document the Permanency Plan no later than six months from the day of removal when the child is placed in OHC.
- Subsequent reviews of the Permanency Plan must be completed within six months of the last formal review. The results of the Permanency Hearing or review shall be documented in the eWiSACWIS Permanency Review Page.
- 90 days prior to the youth turning 18, the 90 Day Independent Living Transition to Discharge Plan must be finalized with the youth and entered in eWiSACWIS.
- The caseworker must complete the activities of the Independent Living Transition to Discharge Plan and document in eWiSACWIS within 90 days of graduation or the youth's 21st birthday, whichever occurs first.
- The decision to terminate the Voluntary Transition to Independent Living Agreement shall be documented in eWiSACWIS on a form created by the Department (DCF-F-5033). As required in the Ongoing Standards, all OHC placements or discharges from OHC must be documented in eWiSACWIS within 5 days.
- Caseworker must document both completed and attempted monthly face-to-face contacts with parents, caregivers and children in eWiSACWIS as a case note.
- Face-to-Face contact with children in OHC must be entered in eWiSACWIS within 20 working days after the face-to-face contact with the child. Some agencies have policy that requires entry in fewer days.
- Agencies must document all continued efforts to locate and engage non-custodial or absent parents and relatives in eWiSACWIS case records.
- The agency shall, no later than 60 calendar days after placement, establish and document a family interaction plan in eWiSACWIS Family Interaction section.
- Confirming Safe Environments: Information regarding a safe environment must be documented in the family's eWiSACWIS case record and approved by the supervisor or designee fourteen calendar days from the date the placement was made by the supervisor and case worker.
- Document the child's current out-of-home placements in eWiSACWIS within five days of out-of-home placement.
- Document the child's current photograph in eWiSACWIS within 30 days of out-of-home placement.
- The placement into the trial reunification and the conclusion shall be documented in eWiSACWIS within five days of the order by the court initiating or terminating the trial reunification.
- Within 24 hours, the agency must document the child's or juvenile's missing episode in the child's or juvenile's Placement Status in eWiSACWIS once the child or juvenile has been determined missing. Documenting the child missing placement will send this

information directly to National Center for Missing and Exploited Children through the portal when the missing placement is documented in eWiSACWIS.

- When a child is no longer missing: Within 5 business days, the agency must document the primary factors that contributed to the child's or juvenile's missing episode in eWiSACWIS. Documentation of this information will be prompted in eWiSACWIS in the Assessment when a Child or Juvenile is No Longer Missing group box once the child or juvenile's placement status is updated to reflect the child or juvenile is no longer missing.
- The Supervised Independent Living Rate Setting must be documented in the youth's eWiSACWIS record within 30 days of the youth's placement.
- The Supervised Independent Living Placement must be documented in eWiSACWIS within 5 days.
- Case closure information must be documented in the family case record in eWiSACWIS within 30 days from the date case closure decision was made by the case worker and supervisor.

State Practices

The Wisconsin SACWIS system, known as eWiSACWIS, provides child welfare case management functionality for statewide OHC and adoption services. All 72 Wisconsin counties, selected state agencies, and other external partners use the application statewide. The system supports programs promoting conditions that keep children safe, strengthen families, and provide a permanent and nurturing family home for children.

Wisconsin's eWiSACWIS is a web-based system that is available to users 24 hours per day, 7 days a week. There are approximately 4,200 users of the system. The system is accessible remotely. The application is used to support the full range of the State's child welfare program, including child protective services, ongoing case management, foster care, independent living, and adoption, and readily identifies the status, demographic characteristics, location and goals for the placement of every child in placement, including current and historical data related to child placement in foster care. The eWiSACWIS system is the source of information for federal reporting, as well as for state child welfare data reporting purposes and it supports state and local financial processes.

Users of the eWiSACWIS system must undergo security clearance that includes a signed confidentiality agreement. Once it is established that their specific child welfare functions require access, local county child welfare staff are eligible to access and enter data into the system. There are 11 federally recognized Tribes in Wisconsin. All Tribes have the option of using the system but not all of them are currently using the system. In most cases, Tribes have read-only access and are able to enter case notes. If a tribal child is under a county court order, the county is providing services and entering all eWiSACWIS information.

In the case of private child-placing agencies that issue foster care licenses, a state-approved contractor enters information into the system. Information is related to the licensing process and can include background checks, home studies or other important information.

All users of eWiSACWIS are required to follow Wisconsin CPS practice standards for timeliness and casework process requirements noted above. The system has built-in reminders and other edit/check functionality based on the creation of certain required documents that remind workers and supervisors of work that needs to be documented and approved. An example of a timeliness reminder is the six month reminder for periodic reviews. DCF has developed several such reminders and tools to improve child welfare system functioning.

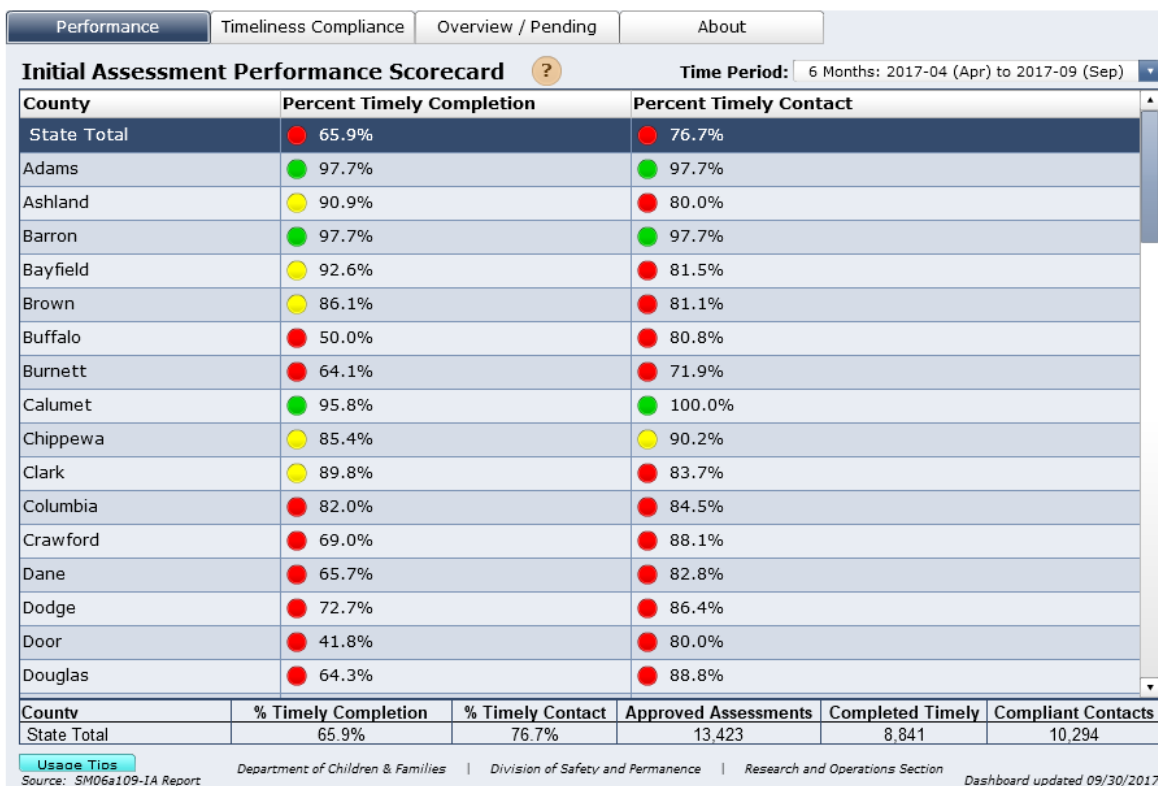
The eWiSACWIS application includes a reporting platform called eWReports, in which development staff create a wide variety of reports regarding child welfare activity. An issue tracker function allows for local users to continually identify issues requiring attention that are then addressed by the design or report development teams. Over 200 corporate level reports support the monitoring of state and local program, fiscal, and management activities. These reports include summary and detailed information related to critical child welfare service activity and practice requirements, such as CPS referrals CPS initial assessment decisions, and OHC placement, including client characteristics and location of services/placement, etc. Other reports in development track certain child well-being data, such as medical and dental information, education data, and mental health screenings. Additional reports are used to support local and state level fiscal management and payment activities and to manage provider-related responsibilities such as licensing and foster home rate setting. The DCF reports home page can be found at the following link - <https://dcf.wisconsin.gov/knowledgeweb/reports>. A link to all available reports follows: <https://dcf.wisconsin.gov/files/cwportal/ewisacwis/allreports.pdf>

Over the past several years, the DCF established and continues to enhance a child welfare data warehouse, referred to as dWiSACWIS, which includes data related to CPS Access and Initial Assessment casework, caseload demographic and case history information, OHC placements, pre-finalized adoptions, OHC providers, Child and Family Services Review (CFSR) Round 3 outcome measures, child and adolescent needs and strengths (CANS) information, and title IV-E eligibility and claiming data and reports. Technical enhancements to the data warehouse have included the automation of data repository naming conventions, development of an audit tracking report to support statewide implementation, and evaluation of data management and design documentation tools. The data warehouse also includes a report design platform, which has allowed the DCF to enhance its reporting capabilities. The data warehouse reports include embedded charts and figures, and also allow the DCF to run some reports for specific geographic regions on demand.

The DCF continues to expand the data available within dWiSACWIS from both eWiSACWIS and from other administrative data and information gathering systems, such as child educational and medical information from other state agencies, and from the Child Welfare CQI case record reviews. To further supplement and advance use of the above technical and reporting

functionality, the DCF has implemented interactive dashboards which are available to the public via the DCF website. These same dashboards are available to eWiSACWIS users with additional data to promote the use of the dashboards at the local child welfare agency levels to further analyze, monitor, and support data-driven decision-making. A link to all dashboards is available at <https://dcf.wisconsin.gov/reports?accactive=1> and a screen shot of the Initial Assessment dashboard is provided below as an example.

Child Protective Services (CPS) Initial Assessment (IA) Reports Dashboard



This dashboard captures the percent timely completion of initial assessments and percent timely contact at the county level for use in determining performance and areas to improve.

System Information

Currently, eWiSACWIS is a functional, web-based application consisting of an online component, batch processing, and reporting capabilities. It uses Java as the online component programming language and JSPs/HTML/JavaScript for online presentation made up of approximately 400 pages and 400 MSWord document templates. There are roughly 60 COBOL programs comprising the batch/off-hours processing. It uses an Oracle database server, with approximately 920 database tables, 840 database triggers, and 70 database views. Roughly 175 predefined and on-demand reports are produced using COBOL or Crystal Reports. The statewide standard for web applications and application authentication is iChain/LDAP technology.

Current Development Cycle – Process

Our current development cycle, using a waterfall model, consists of three releases each year, occurring in February, June, and October. The development cycle is a collaborative process involving technical staff and child welfare leadership and program staff to ensure that all upgrades to the system are effectively and efficiently supporting policy and practice needs.

Systemic Factor Data

The data pull below reflects DCF’s ability to readily identify the status, demographic characteristics, location, and goals for the placement of a child who is (or within the immediately preceding 12 months has been) in foster care.

Data is valid as of December 27, 2017, and shows the information regarding each child's most recent placement, where applicable.

The following tables show that Wisconsin's eWiSACWIS database is able to identify the status, demographics, locations, and goals for the placement of all children in OHC. FFY 2017 data is accurate as of December 27, 2017, and December 27, 2017 data is accurate as of January 3, 2018.

Table: All Child Out-of-Home Care Placements, by County, FFY 2017 and End-of-Year 2017.

All Child OHC placements by County				
County	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
Adams	57	0.22	16	0.21
Ashland	92	0.36	40	0.52
Barron	324	1.28	102	1.32
Bayfield	106	0.42	32	0.41
Brown	939	3.70	282	3.65
Buffalo	59	0.23	17	0.22
Burnett	140	0.55	49	0.63
Calumet	48	0.19	12	0.16
Chippewa	300	1.18	112	1.45
Clark	49	0.19	21	0.27
Columbia	112	0.44	32	0.41
Crawford	28	0.11	8	0.10
Dane	1,392	5.48	311	4.02
Dodge	226	0.89	62	0.80
Door	60	0.24	23	0.30
Douglas	253	1.00	96	1.24
Dunn	174	0.69	55	0.71
Eau Claire	481	1.90	184	2.38
Florence	10	0.04	4	0.05
Fond Du Lac	565	2.23	241	3.12

Section IV: Assessment of Systemic Factors

All Child OHC placements by County				
County	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
Forest	55	0.22	22	0.28
Grant	46	0.18	10	0.13
Green	55	0.22	22	0.28
Green Lake	56	0.22	13	0.17
Iowa	27	0.11	4	0.05
Iron	46	0.18	21	0.27
Jackson	150	0.59	41	0.53
Jefferson	258	1.02	76	0.98
Juneau	125	0.49	45	0.58
Kenosha	935	3.68	318	4.12
Kewaunee	58	0.23	18	0.23
La Crosse	536	2.11	159	2.06
Lafayette	35	0.14	10	0.13
Langlade	211	0.83	63	0.82
Lincoln	97	0.38	29	0.38
Manitowoc	279	1.10	78	1.01
Marathon	720	2.84	229	2.96
Marinette	171	0.67	56	0.72
Marquette	26	0.10	9	0.12
Menominee	67	0.26	34	0.44
Milwaukee	7,679	30.25	2,173	28.12
Monroe	290	1.14	76	0.98
Oconto	218	0.86	58	0.75
Oneida	138	0.54	39	0.50
Outagamie	402	1.58	176	2.28
Ozaukee	182	0.72	42	0.54
Pepin	9	0.04	3	0.04
Pierce	67	0.26	31	0.40
Polk	186	0.73	73	0.94
Portage	269	1.06	98	1.27
Price	81	0.32	28	0.36
Racine	972	3.83	348	4.50
Richland	108	0.43	26	0.34
Rock	753	2.97	245	3.17
Rusk	29	0.11	12	0.16
Saint Croix	168	0.66	68	0.88
Sauk	137	0.54	35	0.45
Sawyer	67	0.26	24	0.31
Shawano	115	0.45	31	0.40
Sheboygan	471	1.86	194	2.51
State Adoptions	1,237	4.87	246	3.18
Taylor	92	0.36	27	0.35
Trempealeau	89	0.35	34	0.44

All Child OHC placements by County				
County	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
Vernon	54	0.21	18	0.23
Vilas	150	0.59	57	0.74
Walworth	283	1.11	82	1.06
Washburn	69	0.27	13	0.17
Washington	301	1.19	105	1.36
Waukesha	446	1.76	160	2.07
Waupaca	84	0.33	32	0.41
Waushara	54	0.21	8	0.10
Winnebago	528	2.08	115	1.49
Wood	286	1.13	94	1.22
Total	25,382	100	7,727	100
Note: For FFY 2017, figures include all placements.				

Table: Out-of-Home Care Placements by Type, FFY 2017 and End-of-Year 2017.

Child OHC placements by Setting				
Placement Setting	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
Adult Corrections	44	0.17	8	0.10
Detention	1,021	4.02	53	0.69
Foster Home - non-relative	6,386	25.16	2,576	33.34
Foster Home - relative	1,866	7.35	874	11.31
Group Home	1,306	5.15	291	3.77
Hospital	458	1.80	16	0.21
Juvenile Correctional Facility	144	0.57	57	0.74
Kinship Care - Court-Ordered	3,325	13.10	1,329	17.20
Missing From Out-of-Home Care	936	3.69	76	0.98
Non-Relative-Unlicensed	740	2.92	130	1.68
Pre-Adoptive Home	906	3.57	87	1.13
Receiving Home	26	0.10	1	0.01
Reception Center - Detention	23	0.09	4	0.05
Reception Center - Shelter	186	0.73	7	0.09
Relative - Unlicensed	3,175	12.51	809	10.47
Residential Care Center	1,026	4.04	350	4.53
Shelter	955	3.76	40	0.52
Supervised Independent Living	97	0.38	34	0.44
Treatment Foster Home - non-relative	1,917	7.55	843	10.91
Treatment Foster Home - relative	57	0.22	22	0.28
Trial Reunification	788	3.10	120	1.55
Total	25,382	100	7,727	100

Note: For FFY 2017, figures include all placements.

Table: Child Permanency Goals, FFY 2017 and End-of-Year 2017.

Child Permanency Goals				
Goal	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
Adoption	1,705	13.17	1,078	13.95
Guardianship	1,044	8.07	543	7.03
None Specified	2,350	18.16	948	12.27
OPPLA (Other Permanent Living Arrangement)	385	2.97	179	2.32
OPPLA - Long-Term Foster Care	2	0.02	1	0.01
OPPLA - Sustaining Care	11	0.08	2	0.03
Permanent Placement with a Fit and Willing Relative	174	1.34	96	1.24
Reunification	7,273	56.19	4,880	63.16
Total	12,944	100	7,727	100

Note: Goals reflect children's most recent FFY2017 placement, if applicable.

Note: Goals above represent children's primary permanency goal, or if they have none, their proposed permanency goal. Of the 12,944 children served in OHC in Wisconsin in FFY2017, 2,350 children in OHC had no permanency goal or proposed goal on file for their most recent placement. Of these 2,350 children, 1,656 had been in OHC for 60 days or fewer. Of the 7,727 children in OHC as of December 27, 2017, 948 children had no permanency goal or proposed goal on file. Of these 948 children, 553 had been in OHC for 60 days or fewer.

Table: Children in Out-of-Home Care by Age, FFY 2017 and End-of-Year 2017.

Child Age				
Age (Years)	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
0	616	4.76	488	6.32
1	940	7.26	670	8.67
2	1,041	8.04	678	8.77
3	941	7.27	587	7.60
4	826	6.38	487	6.30
5	736	5.69	468	6.06
6	615	4.75	367	4.75
7	614	4.74	378	4.89
8	614	4.74	347	4.49
9	605	4.67	354	4.58
10	527	4.07	333	4.31
11	525	4.06	322	4.17
12	465	3.59	299	3.87
13	520	4.02	310	4.01
14	537	4.15	333	4.31
15	709	5.48	377	4.88
16	816	6.30	441	5.71
17	719	5.55	369	4.78
18	456	3.52	99	1.28
19	104	0.80	11	0.14
20	15	0.12	9	0.12
21	3	0.02	0	.
Total	12,944	100	7,727	100

Note: Child age is as of most recent placement for FFY 2017, if applicable.

Table: Children in Out-of-Home Care by Gender, FFY 2017 and End-of-Year 2017.

Child Gender				
Gender	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
Female	6,102	47.14	3,698	47.86
Male	6,842	52.86	4,029	52.14
Total	12,944	100	7,727	100

Note: Children are counted once in the FFY 2017 measure.

Table: Children in Out-of-Home Care by Race, FFY 2017 and End-of-Year 2017.

Child Race				
Race	FFY 2017		As of December 27, 2017	
	Number	Percent of Total	Number	Percent of Total
American Indian/Alaskan Native	921	7.12	587	7.60
Asian	159	1.23	87	1.13
Black/African American	4,312	33.31	2,613	33.82
Missing	25	0.19	23	0.30
Native Hawaiian/Other Pacific Islander	20	0.15	16	0.21
Unable to Determine	224	1.73	128	1.66
White	7,283	56.27	4,273	55.30
Total	12,944	100	7,727	100
Note: Children are counted once in the FFY 2017 measure.				

DCF has a history of AFCARS data reports that are compliant with federal standards. The following excerpt from a 2016 review by the federal ACF of Wisconsin's eWiSACWIS system shows a strong foundation for current practice.

The team met with staff from six counties via conference call and conducted in-person interviews with staff from two counties.

Observations

During our review, we made the following observations:

- In general, eWiSACWIS is well integrated into the state's child welfare practice model. Staff reported daily use of eWiSACWIS and the system's reports to manage child welfare related tasks. In particular, we confirmed the consistent exchange of financial data in the eight counties reviewed—all counties automatically uploaded eWiSACWIS financial data to the county financial systems, which returned check numbers and issuance dates.
- eWiSACWIS supports the counties' preference for multiple reviews of financial data prior to issuing payments. eWiSACWIS generates three consecutive batch runs the last three business days of each month as well as a preliminary and final check runs on the first two business days of the following month.
- County staff use a variety of manual processes to validate financial data, invoices and preliminary check registers before payments are generated. Financial staff report discovered errors to the responsible staff for correction. Staff use the three batch runs and preliminary

Stakeholder Engagement

In addition to the internal collaborative design process described above, the DCF is committed to broader collaboration with counties, Tribes and other external stakeholders to ensure that the DCF information system is effectively supporting child welfare practice and policy implementation.

The eWiSACWIS Superuser groups are comprised of county-level staff that are charged with serving as the experts in the eWiSACWIS system locally to support local data entry and use of data for decision making. The Superuser groups meet on a regional basis. Regional information sharing serves as a way of addressing emerging challenges and assuring that all training and technology needs are being met. In addition, the State eWiSACWIS team plans an annual conference to provide detailed information and support about new upgrades to the system.

The DCF Bureau of Regional Operations provides a regional forum where child welfare policies and supports are discussed at least quarterly with child welfare directors. This also provides a venue and opportunity to discuss eWiSACWIS capacity and emerging training or other needs.

Other statewide Stakeholder Groups that DCF engages in discussions about the eWiSACWIS system are Children, Youth, and Families Policy Advisory Committee of the Wisconsin Counties Human Services Association, the Inter-Tribal Child Welfare Directors group and the CQI Advisory Committee. Discussions are focused on ensuring that appropriate supports and training are being provided and that system needs are being met.

In addition, DCF works to engage stakeholders at a variety of levels and routinely solicits input on how well the Management Information System works. Over the last two years, DCF staff

have met with a wide range of cross-system stakeholders to ask about strengths and challenges of the system. Feedback was generally positive about the current system.

In the last year, a very detailed stakeholder feedback process was launched as part of Wisconsin's effort to determine how to respond to the Comprehensive child Welfare Information System (CCWIS) rule issued by the Children's Bureau.

Specifically, interviews were conducted with more than 200 system users, grouped by section function, in an open conversation format. The project discussions focused on four main questions. Participants included DCF central and regional staff and county staff. While potential improvements were identified, users noted a relatively high level of satisfaction with the current system, with suggestions for how to improve functionality in the future, such as modular opportunities, building a youth justice system to support programming, and other recommendations.

Strengths and Challenges Identified by DCF Stakeholders and Partners

In addition to feedback about CCWIS, DCF conducted stakeholder sessions over the last two years specific to the CFSR. Following were some of the identified strengths and challenges identified in this process.

Strengths:

- Workload management is very helpful- alerts for work needing to get done, there are more than 200 tools and ticklers that help child welfare staff manage workload and services.
- System provides easily accessible data to inform services and planning purposes.
- Reports are available that assist with case management.
- State provides timely and effective assistance when issues arise with the management information system.
- The state has developed several user-friendly dashboards that help with workload management and reminders.

Challenges:

- While strides have been made, the DCF will need to continue to improve data quality.
- The outcomes/results are useful, need to better understand what is driving the results, e.g., if a county is not performing well would be helpful to understand more about why the county is not performing well.

Item Summary

The DCF has a well-functioning data support system that is available 24 hours a day and can readily identify critical characteristics of the OHC population. The DCF has invested significantly in workload management tools and supports that help improve local child welfare service delivery. DCF collaborates with its partners to ensure that critical information is included in eWiSACWIS in a timely manner. The DCF supports counties through regular convening of users and ongoing support to ensure that Management Information System (MIS) is supporting local child welfare county operations. An extensive stakeholder outreach process has been launched that concludes the current eWiSACWIS system provides a strong foundation on which to build to strengthen the management information system further.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

State Policies

Wisconsin's Ongoing Services Standards articulate the purpose of case planning is to articulate a strengths-based, trauma-informed, child/family driven individualized plan for children and families for both in-home cases and OHC (OHC) cases that must include information on:

- Strengths and needs of the family;
- Strategies, supports, and actions to address identified needs in order to achieve case closure; and
- Roles of the agency, family, and providers.

Information from parents and caregivers must be tracked to demonstrate:

- The family's progress toward achieving change and permanence;
- The effectiveness of service delivery related to achieving goals; and
- The sufficiency of the safety plan and whether a less intrusive CPS intervention can be implemented.

Wisconsin has a robust and comprehensive process in place for developing a case plan for families in the child welfare system receiving services in their home or in OHC. The case plan is called a permanency plan in Wisconsin. Specific details of this process can be found in Wisconsin's ongoing standards: <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf>

CPS intervention standards are also used to assess safety and in-home case planning - <https://dcf.wisconsin.gov/cwportal/policy>

Detailed guidance has been developed for assuring that written case plans for tribal children meet Wisconsin Indian Child Welfare Act (WICWA) guidelines through the WICWA Desk Aid- <https://dcf.wisconsin.gov/files/publications/pdf/2536.pdf>

The Foster Parent Handbook provides critical information on how foster parents are engaged in developing the case plan: <https://dcf.wisconsin.gov/fostercare/handbook> .

Developing the Case Plan for In-Home Services

When a case is opened for Ongoing Services in the family's home, goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the parents/caregivers can adequately manage child protection without intervention. The case plan organizes case activity and is a tool for communicating with parents/caregivers, children, family members, court parties, and other individuals involved in providing supports and services to the family.

The caseworker is responsible for overseeing the implementation of the plan and engaging with parents/caregivers to facilitate change. Managing the plan and change strategies involves ensuring the plan targets goals associated with enhancing diminished caregiver protective capacities and achieving stability. The purpose of the plan is to identify steps toward establishing a safe environment for the child.

The priority in the planning process is to determine the order in which diminished parent/caregiver protective capacities are addressed in the plan. This process with the family includes:

- Identifying household behaviors that need to change and the behaviors that need to be demonstrated and sustained.
- Developing behaviorally stated, measurable goals related to enhancing parents/caregivers protective capacity that are phrased in the family's own terminology.
- Confirming any specific needs and strengths for children and parents or caregivers and how those needs will be addressed.
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure.
- Identifying services and activities that are acceptable, accessible, and appropriately matched with what must change.
- Ensuring goals establish a sufficient behavioral benchmark for evaluating change.
- Planning to identify, locate, and involve non-custodial or absent parents and relatives as resources for children. (For additional information, refer to "Locating Non-Custodial Parent / Relatives," page 180 of the ongoing standards.)
- When the child is an Indian child, making active efforts to prevent the breakup of the Indian family through the use of remedial services and rehabilitation programs as provided in WICWA.

Introducing the Change Process:

Throughout Ongoing CPS services, the caseworker must engage the family in a change process, which ultimately results in safe case closure. Families should be actively involved in case planning and implementation. Caseworkers must fully disclose the family's rights and responsibilities in case planning, implementation, and evaluation.

Timeframe for Initial Contacts:

The caseworker must have face-to-face contact within seven business days of the case transition staffing with the parents or caregivers and children unless the in-home safety plan dictates more immediate contact with the family. Within this timeframe the caseworker must communicate with in-home safety plan participants and providers to:

- Provide the caseworker's name and contact information.
- Elicit understanding regarding the reason for the safety plan.
- Clarify each individual's role in the safety plan with respect to ensuring child safety.
- Confirm continued commitment and ability to remain actively involved in meeting the expectations of the safety plan.

The initial contact with the family is to introduce the caseworker and explain both the changing role of the agency and the assessment and planning process. Whenever possible, the first face-to-face contact with the family should occur in the family's home and include the entire household. In families where domestic violence has been identified or is suspected, the agency should assess whether scheduling family meetings will jeopardize the safety of a family member or any other participant, including agency staff.

During the initial contacts, the caseworker must engage the family and child, in a culturally sensitive and developmentally appropriate manner, around key decisions involving safety, stability, and well-being for the child. Engagement includes providing the child and family the opportunity to actively participate, and influence the change process. Caseworkers must discuss the following:

- The differences between the Initial Assessment and Ongoing Services processes including the roles and responsibilities of the Ongoing Services caseworker.
- The reason for agency involvement.
- The assessed level of intervention required to maintain child safety and the possible outcomes should the parents or caregivers not cooperate with the safety plan.
- The Ongoing Services process and collaboration needed from parents or caregivers.
- The status of the court process, as applicable.
- The purpose for involvement of non-custodial parents, relatives, and informal supports as potential resources for the child and family. For additional information, refer to Chapter VII in the Child Welfare Ongoing Services Standards manual; the "Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives" policy.
- The child's possible membership or eligibility in a tribe.

Child and Family Team Meetings

Child and family team meetings engage families in case planning in comprehensive and meaningful ways to assure youth and family voice in this process. Child and family team meetings use a strengths and needs based, solution focused approach that incorporates the values and principles of family centeredness, respectful interaction, cultural responsiveness, and partnership.

The size, composition, function, and goals of the family team must be driven by the underlying needs and safety concerns of the family. The team must be identified by the family and consist of extended family members, the caseworker, informal/formal supports and service providers.

Determining What Must Change

An essential safety intervention responsibility at this stage is to evaluate caregiver protective capacity since impending danger is controlled by the safety plan. Information from the initial assessment provides the foundation for determining caregiver protective capacities. Throughout the assessment process, the caseworker clarifies and gathers additional information, and collaborates with parents, relatives, and informal and formal supports to gain consensus regarding the changes necessary to achieve a safe, stable, and permanent home, thereby allowing for safe case closure.

Caseworkers follow the requirements specified in WICA which are summarized in the DCF Wisconsin Indian Child Welfare Act Desk Aid -

<https://dcf.wisconsin.gov/files/publications/pdf/2536.pdf> -located in Appendix I, page 272.

Case Assessment and Plan Documentation

The caseworker must complete and document the case plan no later than 60 days from the case transition staffing when there is an In-home safety plan. All case assessment and plan requirements must be documented in the family case record in the eWiSACWIS case plan (DCF-F-CFS2132-E). The case plan must include:

- General person management and case maintenance information to ensure the case record is up-to-date (family demographics, agency, and legal).
- Child functioning, adult functioning, parent functioning and parenting practices, and family functioning information.
- Criteria based goals (focused on diminished caregiver protective capacities that are behaviorally stated, understandable to the family, specific and measurable).
- Services for the child and family. Safety assessments, plans, and conclusions.

Case Closure

Case closure for in-home child welfare cases is appropriate when child welfare services are no longer needed, the family declines further intervention, or the family is not engaged in services, provided there is no court order.

Documentation of Face-to-Face Contacts

The caseworker or designee must document both completed and attempted face-to-face contacts with parents/caregivers and children in eWiSACWIS as a case note. The case note must include, at a minimum, the following information describing the face-to-face contact:

- The date, time, and duration of the visit.
- The participants involved.
- The location of the visit.
- The type of contact.
- The purpose and summary of the results of the contact including:
 - A review and evaluation of the child's safety to ensure conditions have not changed in the household that would make the child unsafe.
 - Progress in the case plan (i.e., are parents engaged and involved in the process).
 - Understanding of the case plan (do parents understand what is expected of them in terms of meeting the case plan and what their responsibility is in relation to following through with their part of the case plan).

Overall Documentation in Case Plan

Requirements of the In-Home Child Welfare case must be documented in the Case Plan (DCF-F-2828 E) in the family eWiSACWIS case record and approved by a supervisor or her/his designee.

Permanency Planning for Children in Out-of-Home Care (OHC)

The permanency planning process for children in OHC has similar components to the in-home case planning in terms of introducing the change process and the timeframe for initial contacts. For children in OHC case planning focuses on a permanency plan to assure efforts are focused on an appropriate permanency goal for the child. In addition, cases for children in OHC must use a Child and Adolescent Needs and Strengths assessment to determine service needs and goals for the child and family to facilitate reunification.

To ensure that safety is controlled for through an out-of-home placement, a thorough understanding of child safety decisions and actions is essential for caseworkers. Safety assessment, analysis, planning, and the management of child safety occurs in every aspect of CPS involvement with a family.

Ongoing Services has the following fundamental intervention responsibilities:

- Evaluating the existing safety plan developed during initial assessment/investigation.
- Managing child safety through continuous assessment, oversight, and adjustment of safety plans that ensure child safety and are the least intrusive to the family.
- Engaging families in the permanency planning process that identifies underlying needs which directs services to address threats to child safety.
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving timely permanence.

Timeframe for Initial Contacts

The caseworker must have face-to-face contact within seven business days of the case transition staffing with the parents/caregivers and children unless a safety plan dictates more immediate contact. Within this timeframe the caseworker must communicate with safety plan participants and providers to:

- Provide the caseworker's name and contact information.
- Elicit understanding regarding the reason for the safety plan.
- Clarify each individual's role in the safety plan with respect to ensuring child safety.
- Confirm the initial family interaction plan is working.
- Confirm continued commitment and ability to remain actively involved in meeting the expectations of the safety plan.

The initial contact with the family is to introduce the caseworker, explain both the changing role of the agency and the assessment and planning process. Whenever possible, the first face-to-face contact with the family should occur in the family's home and include the entire household. In families where domestic violence has been identified or is suspected, the agency should assess whether scheduling family meetings will jeopardize the safety of a family member or any other participant including agency staff.

Requirements for the Family Interaction Plan

The agency is responsible for ensuring initial face-to-face family interaction occurs within five working days of the child(ren)'s placement in OHC.

The agency shall, no later than 60 calendar days after placement, establish and document a family interaction plan that outlines the anticipated interaction for the child with parents, siblings, and other identified participants.

Frequency

- Facilitating face-to-face family interaction is the responsibility of the agency and must occur weekly, at a minimum.
- When siblings are not placed together, sibling face-to-face interaction must occur monthly, at a minimum. Additionally, children shall have other family interaction (e.g., telephone calls, letters, etc.) with their parents weekly.

Additional Requirements

- Family interaction can only be prohibited by the agency if a court finds continued contact is not in child's best interests.
- Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child(ren) and this information is documented in the case record.
- Family interaction cannot be used as a punishment, reward, or threat for a child.
- The agency cannot restrict or suspend family interaction as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case or Permanency Plan.
- The OHC provider cannot prohibit family interaction.

Documentation

The family interaction plan and content must be documented in the eWiSACWIS Family Interaction section. For additional information, refer to page 172 of the DCF Ongoing Standards - <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf> - the "Family Interaction for Child Protective Services Cases When a Child is in OHC."

The Assessment Process

Based on information discovered throughout the assessment process, the caseworker and parents or caregivers continue with discussions about a change strategy to result in a safe household.

This process includes:

- Gathering and assessing information in the following areas:
 - Whether a child has Indian heritage in accordance with the WICWA and if steps have been taken to notify and involve the tribe.

- Child functioning and well-being, including school/child care setting: learning and development, medical/dental/mental health needs, physical/emotional/behavioral functioning, familial relationships, social skills, impact of trauma on the child, risk behavior, strengths, considerations for prudent parenting decisions, and the effects of the culture of the child and family on service provision.
 - Adult functioning (physical/emotional/behavioral functioning, etc.).
 - Parenting practices (discipline/approach to parenting/expectations, etc.).
 - Family functioning (current service provision, individuals the child and family identifies as supports and resources, social activities).
- Sharing information with children and families to:
 - Identify family strengths, supports, and existing parent/caregiver protective capacities that contribute to child protection.
 - Understand what parents/caregivers identify as strengths about themselves as individuals and in their caregiving role.
 - Examine the relationship between diminished parent/caregiver protective capacities and impending danger.
 - Determine the family's perception and level of agreement with the caseworker regarding diminished protective capacities and impending danger.
 - Assess if parents/caregivers are ready, willing, and able to consider necessary change related to diminished protective capacities.
 - Identify the needs and strengths of children and parents/caregivers and identify ways in which parents/caregivers can be involved in meeting the needs of their children or how the needs will otherwise be met.
 - Determine whether any professional evaluations (i.e. mental health; medical; educational) are needed for the child or parents/caregivers to inform case plan services.
 - Determine with the family the most logical place to begin focusing on change, setting goals and identifying potential service options.
 - Confirm impending danger is controlled and managed with a sufficient, feasible, and sustainable safety plan.
 - Ensure the child has opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
 - If applicable, determine with the family the need for any remedial services and rehabilitation programs required under s. 48.028(4) (d)2, Stats. in an effort to prevent the breakup of the Indian family.

- Gathering and assessing information about the functioning of the Out-of-Home Caregiver in relation to the specific child placed in their care through the CANS tool under the “Current Caregiver” in the following areas:
 - Supervision,
 - Problem solving
 - Involvement with the child’s care
 - Parenting knowledge
 - Empathy with the child
 - Organization
 - Social resources
 - Physical health, mental health, substance use, or other possible disability
 - Family stress
 - Cultural congruence
- Use information from the CANS tool about the child, the child’s family, and the child’s OHC provider to:
 - Evaluate the match between the knowledge, skills, and abilities of a foster parent or OHC provider and the needs and strengths of the child.
 - Assist in the development of services and supports needed for a specific child and the OHC provider to promote the stability of the placement.
- Independent Living (IL) Plans and Independent Living to Discharge (ILTD) planning.

Developing the Permanency Plan

When a case is opened for ongoing services, case goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the family can adequately manage child protection without intervention. The Permanency Plan serves as a tool for communicating with parents/caregivers, children, their family members, court parties, and other individuals involved in providing supports and services to the family.

The caseworker is responsible for overseeing the implementation of the Permanency Plan and working with parents/caregivers to facilitate change. Managing the Permanency Plan and change strategies involves ensuring the plan targets goals associated with enhancing diminished caregiver protective capacities and achieving permanence. The Permanency Plan identifies steps toward establishing a safe and permanent home.

Planning and Developing Goals with the Child and Family

The team must determine the order in which diminished parent/caregiver protective capacities are addressed in the plan. If the child is 14 years of age or over and has been in OHC for six months, the Permanency Plan must be developed in consultation with the youth and two other individuals selected by the youth who are not the youth’s caseworker or foster parent. The

agency may reject a person selected by the youth if the agency has good cause to believe that the person would not act in the best interests of the youth. This process with the family includes:

- Identifying behaviors needing change and the behaviors to be demonstrated and sustained to achieve safety without agency involvement.
- Developing behaviorally stated, measurable goals related to enhancing parents/caregivers protective capacity that are phrased in the family's own terminology.
- Confirming specific needs and strengths for children and parents or caregivers and how those needs will be addressed.
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure.
- Ensuring the child has opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Identifying services and activities that are acceptable, accessible, and appropriately matched with what must change.
- Ensuring goals establish a sufficient behavioral benchmark for evaluating change including determining permanence goals, need for concurrent goals, and establishing a plan to achieve permanence for the child.
- Caseworkers with the assistance of permanency consultants must rate the legal permanency status within 60 days if: a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship. See below for excerpt or see Appendix IV, page 287 for Legal Permanency Status indicators:
<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf>.

Current Child Legal Permanency Status <i>Rate the child's current permanency status as described below based on existing evidence:</i>		
Child has legal permanency (reunification with safe case closure expected, adoption or legal guardianship).	Permanency achieved	<input type="checkbox"/>
Child is in a family setting that the child, the caregivers and the casework team believe is lifelong, and the caregivers and child are committed to formalizing the relationship through adoption or transfer of guardianship; - OR - Child is in stable living situation with own parents (not a trial reunification) and identified safety threats have been eliminated.	Very good permanency status	<input type="checkbox"/>
Child is in a family setting that the child, caregivers and case workers believe is lifelong; a plan is in place to maintain safety and stability; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/ issues, if any, are near resolution. - OR - Child is in stable living situation with own parents (not a trial reunification) and identified safety threats are being controlled through an in-home safety plan.	Good permanency status	<input type="checkbox"/>
Child is in a family setting that the child, caregivers and case workers believe could endure lifelong; a plan is in place to ensure safety and stability is achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are being addressed; - OR - Child is in temporary placement but transition is planned and child is ready to move to identified safe, appropriate, caregivers who are willing to provide legal permanency; a child and family plan for safety and permanency is being implemented; and the child, if old enough, and caregiver(s) are committed to the plan.	Fair permanency status	<input type="checkbox"/>
Child is in a family setting that the child, caregivers and casework team feel could endure lifelong; they are developing a plan to achieve safety and stability, and it is uncertain if the relationship will be formalized legally; - OR - Child is in a temporary placement, and likelihood of reunification or a legally permanent home is uncertain; adoption/guardianship issues are being assessed; and concurrent Permanency Plan(s), if any, are uncertain or problematic.	Uncertain permanency status	<input type="checkbox"/>
Child is living in a home that is not likely to endure or is moving from home-to-home due to safety and stability problems, failure to resolve adoption/guardianship issues, or because the home is unacceptable to the child; - OR - Child remains in temporary home without a realistic or achievable legal permanency goal; and concurrent Permanency Plan(s), if any, have stalled or failed.	Poor permanency status	<input type="checkbox"/>

- Caseworkers must also identify, locate, and involve absent parents and relatives as resources for permanency options for children. For additional information, refer to Ongoing Standards: <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf> “Locating Non-Custodial Parent / Relatives” on page 180.
- Caseworkers must also use, if applicable, planning to ensure continued Active Efforts as defined in WICWA for eligible Indian children. See also WICWA desk guide - <https://dcf.wisconsin.gov/files/publications/pdf/2536.pdf>

As with families receiving services in their home, families with children in OHC are supported by individual and family team meetings. Additionally caseworkers work with families to identify sibling and parent visits, caseworker contacts, access to recreational and other support needs as needed to achieve permanency goals.

Requirements for evaluating the permanency plan are specified in Wisconsin’s ongoing standards.

Data on Wisconsin’s Performance

Data on Wisconsin’s case review section can be found in Section III. Based on this data, key strengths and challenges in Wisconsin’s case review process are:

- Goals were appropriate to the child 94% of the time.
- Permanency goals were specified in the case record 98% of the time.
- However, permanency goals were established in a timely manner only 60% of the time.

- Wisconsin is engaging mothers most effectively in the case planning process: 83% of the time in all cases, 88% of the time in in-home cases, and 80% of the time in OHC cases.
- Children are engaged in the planning process 73% of the time for all cases: 86% of the time for OHC cases and 66% for in-home cases.
- Fathers are engaged at an overall rate of 71%, with the rate for in-home cases being higher at 75% and lower for OHC cases at 68%.

Strengths and Challenges Identified by DCF Stakeholders and Partners

As part of DCF's stakeholder outreach sessions, the following strengths and challenges were identified.

Strengths:

- Improved training of judges in trauma-informed care and motivational interviewing and other topics is helping them to better engage youth and families in the case plan.
- The ticklers in eWiSACWIS are helpful for reminders about planning

Challenges:

- Increased complexity in the children and families served by the system.
- Case plan timelines not always aligning with family's complex needs such as treatment for drugs and alcohol dependency.

Item Summary

Wisconsin has a robust and detailed approach to developing case plans in accordance with federal policy. State standards place an emphasis on engaging and sustaining youth/family voice in the case plan. Data shows that Wisconsin has strong performance in the area of permanency goals being appropriate to a child's need and the goal being documented in the case plan. Wisconsin has established specific guidance for tribal children and a detailed approach to engaging the family in the case plan. Case review data shows that Wisconsin is performing better at engaging the child and mother in the case planning process than in engaging fathers.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

State Policies/Laws

§48.38(5) (a), Wis. Stats. requires that a child who is placed out of the home shall have their permanency plan reviewed no later than six months after the date of removal and every 6 months after that until the child is returned home.

§48.38(5) (ag) and (am), Wis. Stats. provide the court with the option of appointing an administrative panel or an independent panel for the 6-month reviews.

§48.38(5) (c), Wis. Stats. requires that specific findings be made as a result of the panel.

§48.38(5) (f), Wis. Stats. requires the agency to provide a copy of the findings to the court within 30 days of the panel.

§§48.355, 48.357 and 48.357, Wis. Stats. require that the court review and make findings with respect to the appropriateness of the plan at different stages of the proceedings.

§§48.06 and 48.067, Wis. Stats. require that workers meet minimum training standards if they provide services to the court under the Children's Code.

DCF Administrative Rule (AR) Chapter 43 requires extensive training for caseworkers and their supervisors on the legal requirements of cases involving OHC, including the provisions for permanency panels.

DCF AR Chapter 82, Appendix A requires training for juvenile court intake workers on the permanency reviews statutes, specifically §48.38 Wis. Stats.

§48.235, Wis. Stats. permits the Guardian ad Litem to participate in permanency planning and permanency reviews.

§48.236, Wis. Stats. allows a court-appointed special advocate to participate in permanency hearings.

State Practices

DCF has certain reminder functions within the eWiSACWIS system to help ensure that the required periodic reviews are completed timely. Workers can enter ticklers into the system and set up reminders of upcoming due dates for permanency reviews. The information system can

show workers tasks as lists or in calendar view. The system also color codes information by type of task, as well as reflecting whether or not the task was completed on time. Supervisors have an option to view their caseworkers' workloads as a tool for ensuring compliance.

The DCF provides workers with the DCF Ongoing Services Standards, which provide extensive information regarding how an agency can conform to this requirement. Specifically, the Standards require caseworkers to participate in training on the permanency statutes under Section 48.38, Wis. Stats.

In Wisconsin, several jurisdictions use an administrative panel for the six-month review. Although several jurisdictions have the court commissioner or a judge conduct the six-month review, the approach to periodic reviews is not distinguished as a periodic (six-month) review or an annual permanency hearing. If it is conducted by a judicial officer on the record, the court record event is a Permanency Hearing regardless of the time interval.

The federally-funded Children's Court Improvement Program (CCIP) and the DCF have worked together to develop and promote the awareness of the following resources and policies to ensure that all case review standards are met.

- A circuit court form, Notice of Permanency Hearing (JD-1700) has been created to provide this requisite notice and advisement: www.wicourts.gov/formdisplay/JD-1700.pdf?formNumber=JD-1700&formType=Form&formatId=2&language=en.
- The DCF has a guide and form available for the child's physical custodian to provide written comments at Permanency Reviews, Permanency Hearings, and other court hearings: <http://dcf.wisconsin.gov/files/forms/doc/2474.docx>.
- The CCIP E-Learning Project, a web-based, self-directed training program that addresses Wisconsin statutes, case law, and best practices was released in early FFY 2014. The CCIP E-Learning Project is intended to be a tool that judges, court commissioners, attorneys, caseworkers/social workers, and other individuals can access at any time to obtain information on conducting key court hearings in child welfare cases, including statutory requirements, applicable case law, and recommended best practices. The overall goal of the project is to improve the quality of hearings in CHIPS, termination of parental rights, and adoption proceedings.
- CCIP has developed and trained juvenile clerks on new court record event codes in CCAP to better monitor the timeliness of the 6-month permanency reviews that are conducted by administrative panels in some counties. Juvenile clerks are now supposed to enter a court record event in the child's case via CCAP indicating each time a 6-month administrative panel review occurs.
www.wiccaptraining.com/Content/permanency_latest/player.html.

- The DCF worked collaboratively with CCIP to codify and implement the provisions of the federal Preventing Sex Trafficking and Strengthening Families Act related to permanency planning/hearings. CCIP commented on proposed legislative language, modified applicable circuit court forms, updated the Permanency Hearing learning activity for CCIP E-Learning Project, and educated judicial officers regarding the new requirements.

Another mechanism to support best practice is the Juvenile Clerks Workgroup managed by CCIP, which is made up of experienced juvenile clerks throughout the state, CCIP staff, a CCAP representative, and an Office of Court Operations representative. The workgroup creates and modifies the Juvenile Model Recordkeeping Procedures, CCAP codes, and circuit court forms as a result of statutory changes, issues brought to CCIP's attention, and requests received from various stakeholders. The Juvenile Clerks Workgroup provides advice on ways to improve the thoroughness of the court's findings at hearings and on written orders, accuracy of data entry in CCAP, and notice to all parties.

Systemic Factor Data

In federal fiscal year 2017 (1 October 2016 - 30 September 2017), there were 6,335 permanency plan reviews or hearings documented as having occurred in eWiSACWIS. Data shows that 68.49% of these occurred within 180 days of the child's removal or previous review. The median time elapsed between child removal or the previous review was 175 days, while the average was 190.59 days. However, when excluding hearings whose elapsed time was above the 99th percentile (64 hearings), the average number of days between reviews was 180.60 days, and the median remains the same.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Stakeholders have identified the following strengths and challenges with respect to this item:

Strengths

- Judicial training is making the hearings more effective and comprehensive.
- Children are participating more in the court processes.
- Administrative panels provide a less adversarial process.
- Juvenile clerks have a good process in place for getting out notices to families.

Challenges

- Variation in judges through rotations and the need to keep judges familiar with current and changing child welfare practice.
- It will be important to continue strengthening the support available to caregivers in court.
- Wisconsin continues to work on better tracking of administrative reviews.

Item Summary

The DCF and the CCIP have a strong collaborative relationship that has resulted in the development of tools for caseworkers and the court to support timely periodic reviews so that reviews for each child occur no less frequently than once every six months. This includes a robust e-learning system as well as regular convening of key court officials through the Juvenile Clerks Workgroup which support Wisconsin in meeting this performance measure. Data demonstrates that Wisconsin is meeting this benchmark.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

State Policies/Laws

§48.315(2m) (b), Wis. Stats. indicates that delays cannot cause a permanency hearing to be held more than 12-months from the date of removal or the last permanency hearing.

§48.38(5), Wis. Stats. requires that a court hearing be held every 12 months from the date of removal as long as the child is placed out of home.

§48.43(5), Wis. Stats. requires the court to review a child's permanency plan every 12 months, even after a termination of parental rights order has been entered.

State Practices

In addition to the practices mentioned in Item #21, the DCF Ongoing Services Standards provide detailed information as to how an agency should conform to the requirement for a 12-month court review. As part of evaluating the Permanency Plan, the caseworker must formally evaluate and document the Permanency Plan:

- No later than six months from the day of removal when the child is placed in OHC and Subsequent reviews of the Permanency Plan must be completed within six months of the last permanency review or hearing. Requirements must be documented on the Permanency Plan in the family eWiSACWIS case record and approved by a supervisor or her/his designee

As part of its CFSR Round 2 PIP, DCF made changes to the Ongoing Services Standards related to case planning. The DCF memo informing agencies of the changes can be found at this link.

<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2013-02.pdf>

In addition, DCF and/or CCIP have taken the following actions to promote practice with respect to permanency hearings:

- The Title IV-E Continuous Quality Improvement (CQI) Project was implemented to take a proactive and targeted approach to judicial Title IV-E requirements and to improve adherence to those requirements. CCIP and DCF staff provide technical assistance to counties demonstrating implementation issues. In addition, the project aims to increase the collaboration and cooperation among the circuit courts, DCF, county child welfare agencies, and other stakeholders.
- In FY 2017, the DCF and CCIP collaborated on the following Title IV-E issues: drafting language for new post-TPR circuit court forms, defining terms related to the child's removal, and addressing concerns related to calculating the timeframe for conducting permanency reviews and hearings.
- The CCIP manages the Juvenile Clerks Workgroup described in Item 21. Through this collaboration, the implementation of this standard is met through the Juvenile Clerks Workgroup's provision of technical support and advice on ways to improve the thoroughness of the court's findings at hearings and on written orders, accuracy of data entry in CCAP, and notice to all parties.
- Wisconsin was selected as one of eight states to participate in the Judicial Engagement Initiative through Casey Family Programs. The purpose of the initiative is to engage judicial systems to support children remaining safely in their homes, timely exits to permanency, full consideration of well-being, and compliance with the Indian Child Welfare Act (ICWA). Casey Family Programs, with assistance from CCIP, is providing court-focused resources that support best practice implementation with the ultimate goal of safe reduction of the number of children in OHC.

The initiative is currently being piloted in three counties: Dane, Monroe, and Kenosha. Meetings were held in the pilot sites to establish concrete ways that each county can safely reduce the number of children in OHC and improve permanency outcomes through the following actions:

- Identifying areas of strength and barriers in achieving these outcomes.
 - Examining applicable child welfare data for the county (compared to the state and comparable counties).
 - Developing solutions, goals, and action plans.
 - Establishing a multidisciplinary committee to implement the established action plans.
 - Evaluating the data as it relates to the implementation efforts (including eWiSACWIS, court observation, agency and court file review, CCAP, and IRP data).
- A number of implementation meetings and training events were held in the three pilot counties in FY 2017. CCIP continues to work closely with Casey Family Programs to implement and monitor the Judicial Engagement Initiative. The CCIP Director collaborated with Casey Family Programs and CIP Directors from other Judicial Engagement states to create a Judicial Engagement Toolkit that can be used as a framework for expanding the project to other jurisdictions within a state, as well as other states.

- Subsequently, the Wisconsin Judicial Committee on Child Welfare (WJCCW) – a collaborative oversight body of the CCIP that includes judicial officials, state and local child welfare officials, Casey Family Programs, and CCIP— established a plan for rolling out the Judicial Engagement Initiative, including site selection criteria, uniformity of approach, role of mentor judges, team member composition, site preparation steps, and assistance required from CCIP. A total of 3-6 additional counties will begin implementing the Judicial Engagement Initiative in FY 2018, with preliminary meetings occurring later in FY 2017.

Systemic Factor Data

As mentioned in the previous section, CCIP has worked to obtain data related to the timeliness of Permanency Reviews and Hearings in Wisconsin. Practice varies around the state as to whether the court or an administrative panel conduct the 6-month permanency review, while the court always hears the 12-month review. It is important to note that when the court reviews the permanency plan, the court record event reflects that a Permanency Hearing occurred without distinguishing whether it was a 6-month review or a 12-month hearing.

In FFYs 2012-2016, CCIP contracted with the University of Wisconsin Institute for Research on Poverty (IRP) to assist with third-party matching of juvenile court records from the Consolidated Court Automation Programs (CCAP), the judicial branch's automated system, and data from eWiSACWIS to enable CCIP to report on five timeliness measures required under the federal Court Improvement Program grant, including the time to the first permanency hearing and the time to subsequent permanency hearings. IRP achieved a 93%-94% match rate between the cases in CCAP and eWiSACWIS.

Most recently, IRP generated reports on the five timeliness measures for children who achieved a permanent placement (i.e., reunification, adoption, or guardianship) in calendar year 2015. The table below illustrates that a Permanency Hearing occurred no later than 12 months from the date of the child's removal and within 12 months from the date of the previous Permanency Hearing in the vast majority of cases (94% and 98.2% respectively).

CCIP Performance Measures by Thresholds for Cohort Children

	N in care at threshold mark	N experiencing outcome	Percent Experiencing Outcome
1, Time to first permanency hearing			
<i>Children having first permanency hearing within 12 months of removal</i>	1,728	1,624	94%
<i>Children having second permanency hearing within 12 months of previous permanency hearing</i>	1,361	1,336	98.2%

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths

- Wisconsin is meeting the one year permanency standard at a high rate.
- Judges and child welfare officials report that materials developed and training offered have been helpful.
- Close collaboration with the court has been an important means of sharing information to continually improve the court process so it works effectively for all families.

Challenges

- Case plan timelines do not always align with the amount of time some families require for treatment of drug addiction or mental health issues.

Item Summary

Strengths related to this systemic factor include developing a proactive and targeted approach to implementing Judicial Title IV-E requirements in court cases through CCIP and DCF technical assistance and strengthening coordination and collaboration with circuit courts, DCF, county child welfare agencies, and others. Efforts include collaboration to better define terms and create forms to improve the TPR process, the Juvenile Clerks Workgroup, the Judicial Engagement Initiative through Casey Family Programs and a variety of cross-sector collaborative trainings.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

State Policies/Laws

§48.355(2d) (b) 1. to 5., Wis. Stats. provide the circumstances under which no reasonable efforts are necessary in accordance with the exceptions to reasonable efforts under federal law. Under the Wisconsin statutes, those include:

1. If the parent has subjected the child to aggravated circumstances, as evidenced by a final judgment of conviction.
2. That the parent has committed, has aided or abetted the commission of, or has solicited, conspired, or attempted to commit, one of a statutory list of crimes in this state, or a similar crime in another state as evidenced by a final judgment of conviction, and that the victim of that violation is a child of the parent.
3. That the parent has committed a violation of a statutory lists of crimes, or a violation of the law of any other state or federal law, as evidenced by a final judgment of conviction, and that the violation resulted in great bodily harm, as defined in s. [939.22 \(14\)](#), or in substantial bodily harm, as defined in s. [939.22 \(38\)](#), to the child or another child of the parent.
4. That the parent has committed the crime of human trafficking, or a violation of a similar law of any other state or federal law as evidenced by a final judgment of conviction, and that the victim of that violation is a child of the parent.
5. That the parental rights of the parent to another child have been involuntarily terminated, as evidenced by a final order of a court of competent jurisdiction terminating those parental rights.
6. That the parent has been found under s. 48.13 (2m) to have relinquished custody of the child under s. 48.195 (1) when the child was 72 hours old or younger, as evidenced by a final order of a court of competent jurisdiction making that finding.

§48.21, Wis. Stats. requires the judge or circuit court commissioner to hold a permanency hearing in no more than 30 days if there is a finding that any of the circumstances specified in s. 48.355 (2d) (b) 1. to 5. applies with respect to a parent.

§ 48.417(1), Wis. Stats. states a TPR petition must be filed if one of the following circumstances exists:

(a) That the child has been placed out of home under a court order for 15 out of the most recent 22 months,

(b) That the child was found to have been abandoned when under the age of one, or (c)

The parent has committed a serious felony against the child or the child's parent.

These provisions are similar to the circumstances under federal law that allow the filing of a TPR petition without a reasonable efforts finding.

Many provisions of the DCF Ongoing Services Standards incorporate both federal law and best practice to ensure that requirements are met. For example, the Ongoing Services Standards refer to the timeliness requirements of federal law, providing that “[t]he federal Adoption and Safe Families Act (ASFA) [42 USC 675 (5) (E) and 45 CFR 1356.21(i)] specifies that a TPR petition must be filed for a child who has been in OHC for 15 of the last 22 months. The timeframes do not consider whether an adoptive resource has been located for the child or not.”

The DCF standards also includes several provisions for consultation with a permanency consultant to determine the legal status of the case. These consultations support that cases to be addressed in a timely manner. <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf>

When an agency does not file a TPR petition within the ASFA timelines, one or more compelling reasons must be documented as an exception. For additional information, refer to the following link to the DCF memo: DCF Memo Series 2007-18, *ASFA Exception to Filing a TPR Petition*, <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2007-18.pdf>

State Practices

Tools that have been developed to assist states conform to federal guidelines for this area include the following items.

- Form JD-1791 - <https://www.wicourts.gov/formdisplay/JD-1791.pdf?formNumber=JD-1791&formType=Form&formatId=2&language=en> provides information on meeting the timelines required for a TPR process. The CCIP E-Learning Project has developed training and support for meeting this requirement including a specific activity focusing on Termination of Parental Rights cases: <http://wicciptraining.com/Modules/All>
- The Judicial Engagement Initiative through Casey Family Programs more fully described in Item 22 is offering training and reviewing data from the three pilot counties that will assist the DCF and CCIP in more effectively working with judicial partners to improve TPR timeliness and supports.

Caseworker training is provided to all workers pursuant to state law, licensure requirements, and the administrative code. The DCF, through the Wisconsin Professional Development System, has many trainings available in person and online. The following link provides access to the court training available: <https://wcpds.wisc.edu/court.htm>

In April 2017, the CCIP and the DCF began a joint project on TPR Timeliness. Practices related to TPR proceedings and their impact on achieving timely permanency were identified as a concern through multiple sources, including: findings from the prior Child and Family Services Reviews, timeliness measure reports generated by CCIP through the University of Wisconsin-Madison, Institute for Research on Poverty (IRP), complaints received by DCF and CCIP from stakeholders, and reports produced by the DCF using the Statewide Automated Child Welfare Information System (eWiSACWIS) data.

Based on a specialized case review and data exploration, the CCIP and the DCF will work together to develop and provide best practice protocols, tools, training, and peer support so that attorneys, caseworkers and judicial officers improve their knowledge and skills and improve practice and oversight and assure that concurrent planning is meaningful, effective, and actively engaged in earlier so that permanency can be achieved more quickly if reunification is not in the child's best interests.

The CCIP and the DCF are still in the early stages of development, but have taken a number of steps to implement the project since its commencement in April 2017, which include:

- a. Created a list of possible data elements to collect through Wisconsin's court and child welfare statewide automated case management systems (i.e., CCAP and eWiSACWIS) and/or a specialized case review.
- b. Gathered information regarding related projects and research in other states.
- c. Introduced the project to and requested input from several multidisciplinary committees, including the Wisconsin Commission on Children, Families and the Courts, the Wisconsin Judicial Committee on Child Welfare, and the Child Welfare CQI Advisory Committee.
- d. Met with the IRP (the organization that generated reports on the five timeliness measures required under the previous CIP program instruction) to discuss entering into a contract to assist in the data matching and analysis required to develop a theory of change.

In an effort to develop a theory of change, as well as identify strategies that are evidence-based and not based solely on anecdotal information, we will conduct a specialized case file review (examining counties/cases with both short and long TPR timeliness outcomes) and data exploration using the statewide child welfare and the court automated case management systems. The results will be used to identify factors that correlate with timeliness of TPR and subsequent adoption. A number of possible data collection elements have been identified and being considered by CCIP and DCF.

In addition, we will examine the timeliness of additional decision points in the cases to determine whether there are specific areas that need to be targeted.

The CCIP entered into a contract to assist with the data exploration and analysis described above. The CCIP and the DCF will form a specialized team in conjunction with the Child Welfare CQI Advisory Committee that will assist in identifying the sites for the specialized case review, finalizing the data collection elements and tools, developing solutions, and monitoring the progress of the project (including the implementation and assessment stages).

Systemic Factor Data

The following data is from the CCIP Assessment for FY 2017, and provides evidence of the performance on standards related to timeliness for TPR matters in Wisconsin. Data in the charts below are for children achieving permanency in calendar year, 2015.

Table: Children Court Performance Measures by Court Case Type
(mean number of days)

	<i>Time to TPR Petition Filing</i>	<i>Time to TPR Order</i>
Child Welfare	626	816
Juvenile Justice	-	-
Both	1,223	-
Other	621	801

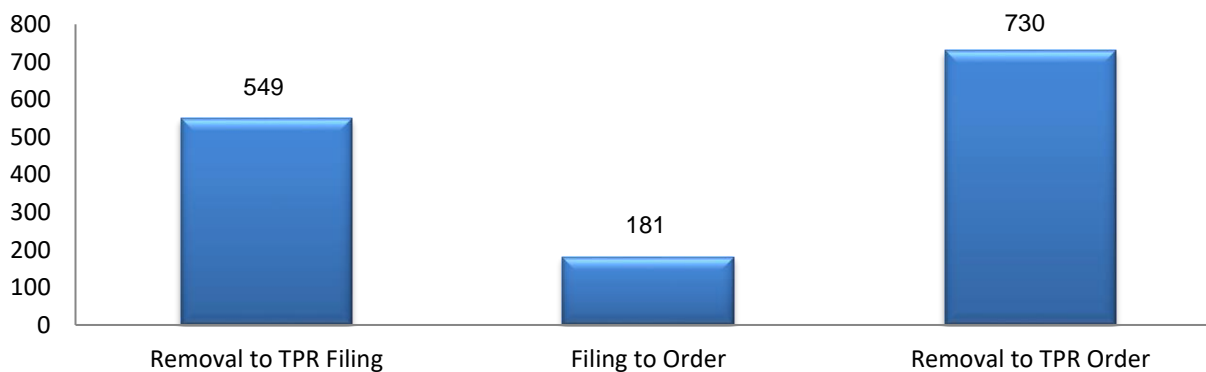
Table: Children Court Performance Measures by Permanency Type
(mean number of days)

	<i>Time to TPR Petition Filing</i>	<i>Time to TPR Order</i>
Reunification	815	1,286
Guardianship	670	-
Adoption	620	819

Table: Children Court Performance Measures by Thresholds

	<i>All Children</i> ¹⁸	<i>Child Welfare Only</i>
1. Time to TPR petition		
Children with TPR petition filed within 15 months of removal	32.8%	33.9%
Children with TPR petition filed within 24 months of removal	57.3%	58.2%
2. Time to TPR order		
Children with TPR order within 15 months of removal	10.7%	11.5%
Children with TPR order within 24 months of removal	30.1%	30.9%

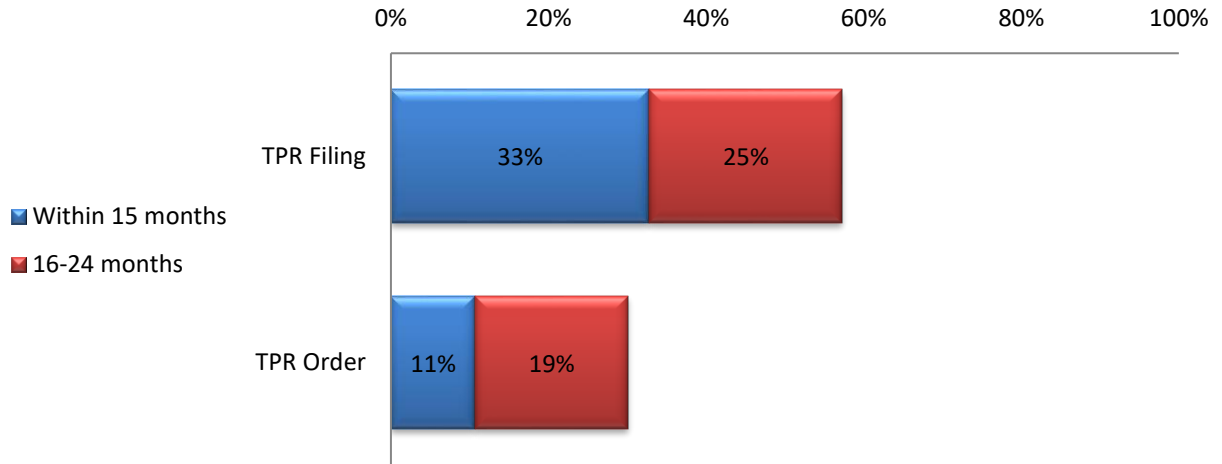
Figure: TPR Timeliness using Median Number of Days (Data from Institute for Research on Poverty)*



*The data sample includes children achieving permanency in 2015 who had a TPR petition.
 Note: The federal standard of 15 months for TPR filing is equivalent to 450 days.

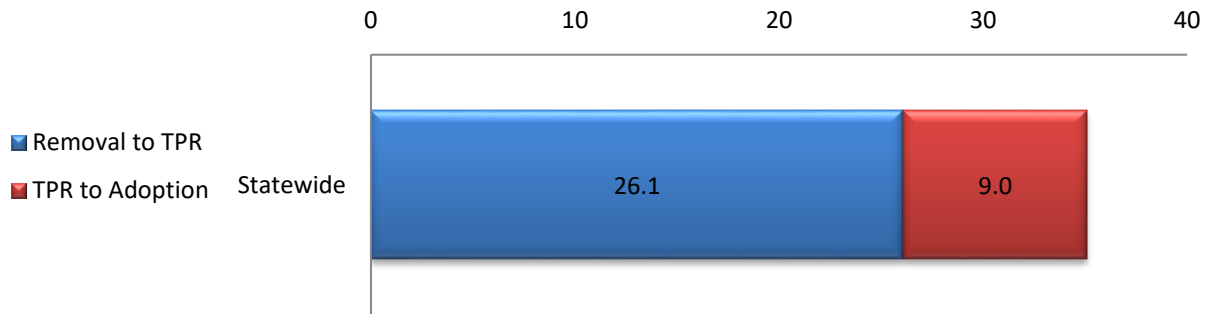
¹⁸ Includes Juvenile Justice, Child welfare, and dual status children.

Figure: Time from Removal to TPR Benchmarks
(Data from Institute for Research on Poverty*)



*The data sample includes children achieving permanency in 2015 who had a TPR petition and order.

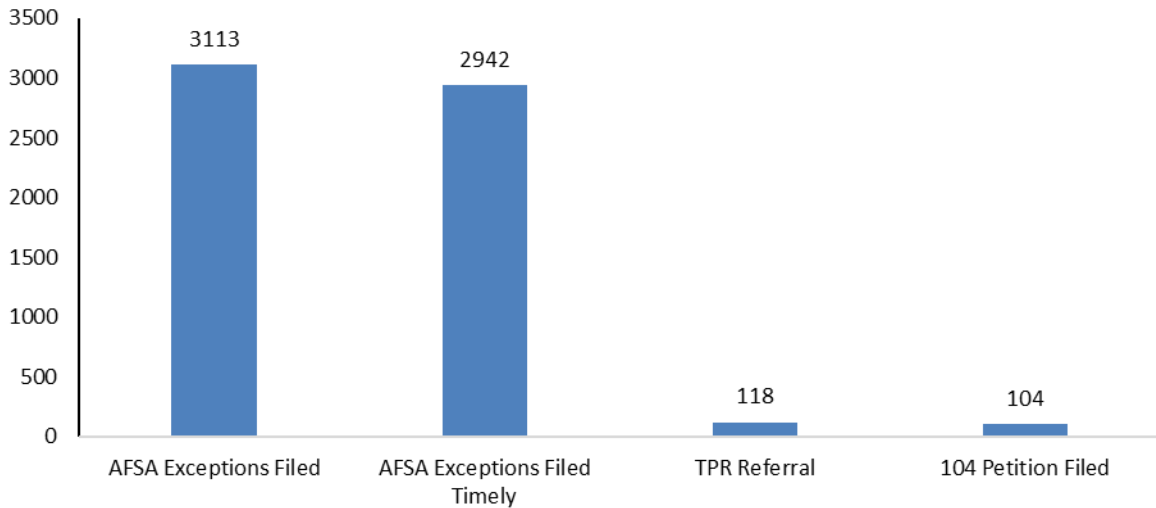
Figure: Average Months from Removal to Adoption Statewide
(DCF Dashboard: 5/1/16-4/30/17)



Adoption and Safe Families Act Wisconsin Data

These data below shows that ASFA exceptions were filed appropriately 95% of the time (2942 of 3113 cases) and TPR referrals were filed 88% of the time (104 of 118 cases).

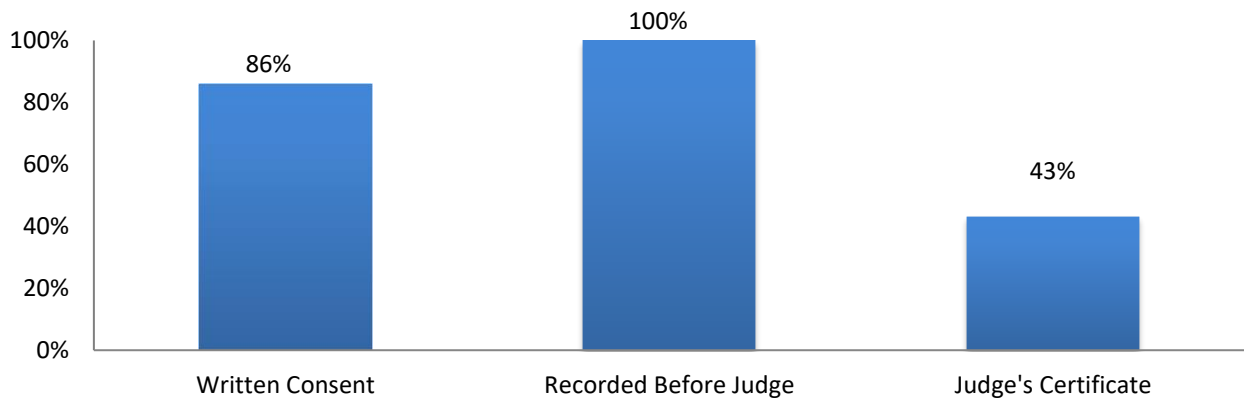
Figure: ASFA Exception Summary as of 12/31/2016



Wisconsin Indian Child Welfare Act (WICWA) Data

An additional source of data is the Wisconsin Indian Child Welfare Act (WICWA) Continuous Quality Improvement Project through CCIP. The WICWA Continuous Quality Improvement project, measures compliance with key WICWA requirements in both voluntary and involuntary TPR cases in an effort to prevent unnecessary permanency and case delays, motions to invalidate the proceeding, and appeals. The following data was collected during the WICWA CQI reviews conducted by CCIP in CYs 2015-2016:

Figure: Voluntary Consent in TPR Cases (7 consents)



Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- Improving foster parent understanding of WICWA requirements that must be considered and followed when they want to become foster parents.
- Permanency Roundtables (PRTs) have been an effective tool to help children find legal permanence.
- Judicial training and tools have been developed to support meeting the TPR guidelines in an effective manner.

Challenges:

- Some counties report insufficient legal resources to support timely TPR filing.
- Some counties report turnover in child welfare agency staff and legal staff handling cases that is leading to delays.
- May want to consider more options for filing exceptions to the TPR process.

Item Summary

The CCIP is closely coordinating with the DCF on improving the timeliness of the TPR process. In the last year, a project has been launched to study in depth the timeliness of TPRs and provide recommendations to improve practice. DCF and CCIP have the benefit of research and support from the UW-Madison IRP to undertake data-driven analysis to improve TPR timeliness and promote more meaningful concurrent planning. Data and feedback from stakeholders indicate that Wisconsin is not currently fully meeting the timeliness standards.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

State Policies/Laws

§48.028(4) (a), Wis. Stats. provides certain provisions for notice in WICWA matters.

§48.27, Wis. Stats. requires notice of hearing and a copy of the petition alleging protection or services to be provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care, and allows that person(s) to request a rehearing if they are not provided notice and the petition in time.

§48.273(1), Wis. Stats. provides the procedures for service of notice to parties including foster parents, pre-adoptive parents, and relative caregivers of children in foster care.

§48.217(1) (b) 1.a., Wis. Stats. requires notice of a change in placement be provided to the child's physical custodian, which may include foster parents, pre-adoptive parents, and relative caregivers of children in foster care notice of a proposed change in placement.

§48.27(3) (a) 1m, Wis. Stats. gives foster parents, pre-adoptive parents, and relative caregivers of children in foster care, or other physical custodian the right to be heard at hearings by permitting them to submit a written or oral statement during the hearing or to submit a written statement prior to the hearing.

§§48.217 and 48.357, Wis. Stats. requires a written notice of a proposed change in placement to be provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care and an opportunity to request a hearing if they object to the proposed change. This section also requires that they receive notice of a hearing if an objection to the change in placement, whether or not the change is an emergency. Both statutes provide the foster parents, pre-adoptive parents, and relative caregivers of children in foster care with the opportunity to provide a written or oral statement at the hearing if the request would remove the child from the foster home.

§48.357(2r), Wis. Stats., states that foster parents, pre-adoptive parents, and relative caregivers of children in foster care can make a written or oral statement during the hearing, or to submit a written statement prior to the hearing. The foster parents, pre-adoptive parents, and

relative caregivers of children in foster care may provide information relating to the child and the requested change in placement.

§§48.363, 48.365, and 48.38, Wis. Stats. all require that notice be provided to the foster parents, pre-adoptive parents, and relative caregivers of children in foster care regarding hearings.

§48.38(4m) (b), Wis. Stats. provides notice and informs the foster parents, pre-adoptive parents, and relative caregivers of children in foster care of their right to be heard at the permanency hearing.

§48.38(4m) (d), Wis. Stats. gives a foster parents, pre-adoptive parents, and relative caregivers of children in foster care the opportunity to submit a written or oral statement.

§48.358, Wis. Stats. requires notice to be sent to the foster parents, pre-adoptive parents, and relative caregivers of children in foster care if there is a hearing on a possible trial reunifications, a revocation, extension or removal from the foster home.

§48.358(5), Wis. Stats. allows the foster parents, pre-adoptive parents, and relative caregivers of children in foster care to submit an oral or written statement if the proposed request would remove the child from their home if they fit the provisions of §48.62(2) Wis. Stats.

§48.42, Wis. Stats. requires that foster parents, pre-adoptive parents, and relative caregivers of children in foster care receive notice of the first hearing, and that they be provided the opportunity to provide a written or oral statement.

§48.427(1), Wis. Stats. allows foster parents, pre-adoptive parents, and relative caregivers of children in foster care to provide an oral or written statement at a dispositional hearing, or submit a written statement prior to the hearing on information relative to the disposition.

The DCF Ongoing Services Standards inform child welfare agencies of the provisions for providing permanency plans to participants. The standards require that the permanency plans must be reviewed, updated, and provided to all parties in the case 10 days prior to the next permanency review or hearing. In addition, any subsequent Permanency Plan must include information about the child and parents/caregivers progress from the previous six months and goals for the next six months. The standards further state that the worker must formally evaluate and document the Permanency Plan no later than 6 months from removal, and complete each subsequent review within 6 months of the prior review. The plan must be entered into the eWiSACWIS database, and approved by the supervisor.

State Practices

Model recordkeeping procedures for juvenile court clerks provide instructions about how to give foster parents, pre-adoptive parents, and relative caregivers of children in foster care notice of hearings. For the circuit court form, *Notice of Hearing (JD-1724)* the procedures state the following: “If the child is placed with a relative or guardian, or in a foster home, notice of

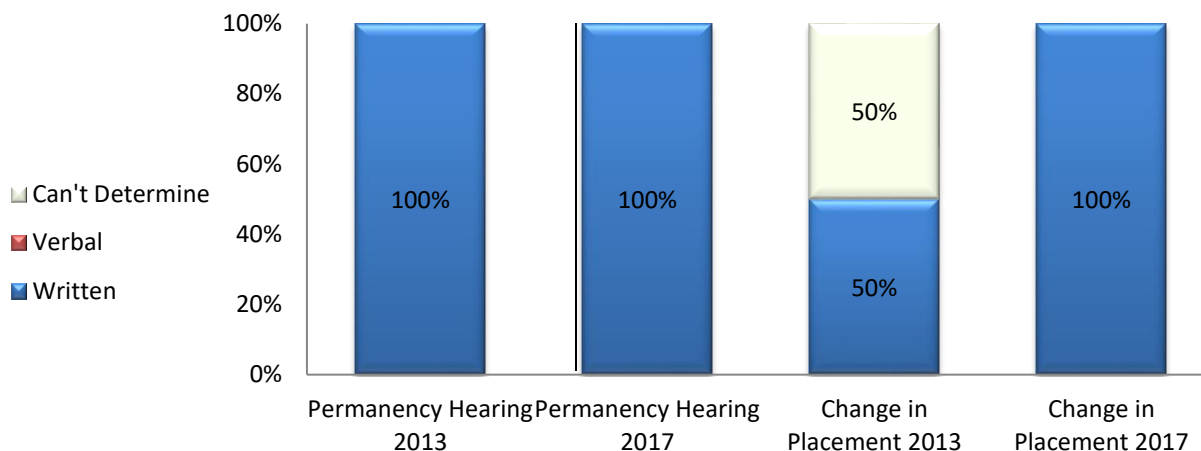
hearings needs to be provided to them. Include any relative caregiver, guardian or foster parent on all notices.”

- A circuit court form, Notice of Permanency Hearing (JD-1700) has been created to provide this requisite notice and advisement: www.wicourts.gov/formdisplay/JD-1700.pdf?formNumber=JD-1700&formType=Form&formatId=2&language=en.
- Another circuit court form (JD-1724) Notice of Hearing, is used for several other types of hearings under sections 48.21, 48.27, 48.273 and others. All circuit court forms have a summary with instructions to guide users, including this form, which includes a provision for notice to foster parents, pre-adoptive parents, and relative caregivers of children in foster care. Please view this link to all of the circuit court forms. [https://www.wicourts.gov/forms1/circuit/ccform.jsp?FormName=&FormNumber=&beg_date=&end_date=&StatuteCite=&Category=22&SubCat=Juvenile%20\(Chapter%2048\)](https://www.wicourts.gov/forms1/circuit/ccform.jsp?FormName=&FormNumber=&beg_date=&end_date=&StatuteCite=&Category=22&SubCat=Juvenile%20(Chapter%2048))
- As mentioned in Item 21, the DCF has developed a form for caregiver input that also supports this purpose.
- As described more fully in the Training section, the Wisconsin Child Welfare Professional Development System (PDS) provides a number of online training modules foster parents, pre-adoptive parents, and relative caregivers of children in foster care as described in <https://wcpds.wisc.edu/foster-care.htm>. These trainings educate foster parents, pre-adoptive parents, and relative caregivers of children in foster care on the court process, trauma, working with biological parents and other topics. A specific training related to children’s court and permanency planning is also available through the PDS foster parent training delivered by University of Wisconsin - Milwaukee at <http://uwm.edu/mcwp/foundation-courses/>. These trainings help foster parents, pre-adoptive parents, and relative caregivers of children in foster care to understand their statutory right to notice and the opportunity to be heard at various proceedings.
- DCF and CCIP developed a video that was designed to increase understanding of the process and more meaningful engagement of youth in the court process.

Systemic Factor Data

Notice of hearings to caregivers is documented for individual cases in the Circuit Court Access Program (CCAP) but is not available in the aggregate. Based on file reviews conducted as part of the WICWA CQI project through court file reviews, data is available on notice to tribal parents and Tribes. Notice of subsequent hearings in a case must be provided to the parents and tribe in writing through mail, personal delivery, or fax. As illustrated below providing notice of hearing in writing is an area that continues to be a strength for permanency hearings and an area where improvements to practice have been made for change in placement hearings.

Notice of Post-Disposition Hearings for WICWA



Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- The video developed by CCIP and the DCF has helped the courts understand the youth role in court process.
- Efforts to train foster parents about their role are helping families become more proactively and effectively engaged.
- PRT's are helping identifying resources to support permanency.

Challenges:

- The nature of the court process is adversarial and can be intimidating for family members.
- Consistency of judges, as a result of turnover or workload issues, hearing cases for families can prove challenging.
- Overall complexity of child and family needs are increasing, especially related to drug abuse and mental health issues and finding appropriate resources to meet identified needs.

Item Summary

As required by state statute, Wisconsin provides information to foster parents, pre-adoptive foster parent and relative caregivers of children that they have a right to be heard in any review or hearing with respect to the child. Foster parent training and the CCIP E-Learning Project educates foster parents and relative caregivers of their rights.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

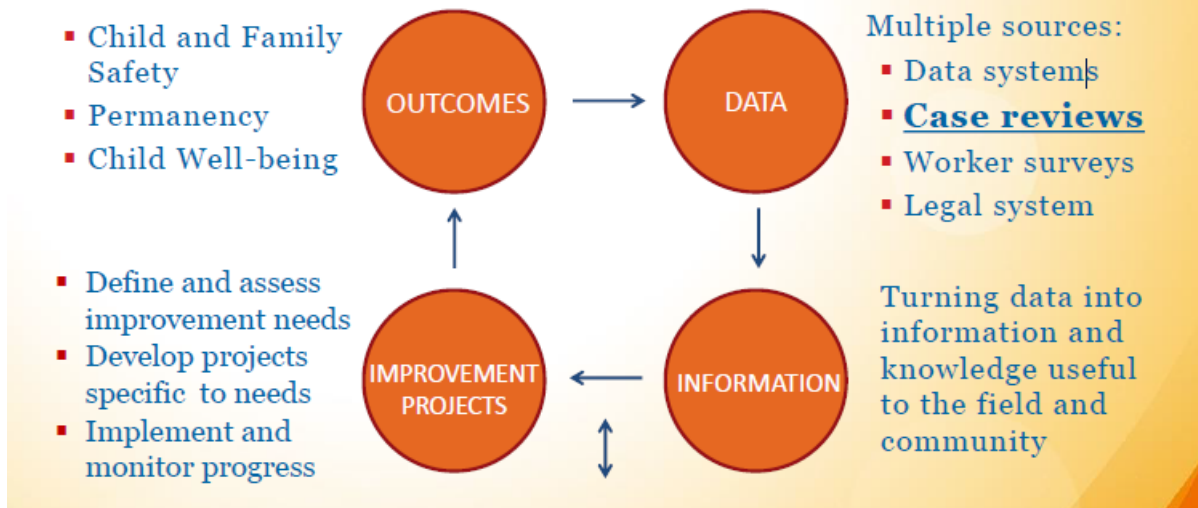
State Practices

In response to the federal Child and Family Services Review Round 1 in August 2003, DCF has invested in the continuing strengthening of its Child Welfare Continuous Quality Improvement (CQI) system. Wisconsin's CQI system addresses the areas outlined in the Children's Bureau memo ACYF-CB-IM-12-07.

In 2014, Wisconsin began a significant revision to its Child Welfare CQI system. DCF, in partnership with local child welfare agencies, the courts, and other partners has established the following mission for the state's child welfare CQI program:

Wisconsin is committed to a Continuous Quality Improvement (CQI) system that supports the assessment and improvement of child welfare practice, processes, and outcomes at the state and local level. Wisconsin Department of Children and Families fulfills this mission by providing resources, tools, and processes to build and sustain CQI at the state and local level.

Wisconsin Child Welfare CQI: Moving Toward A Learning System



The focus of the new CQI system is to create a deeper understanding of all child welfare practice areas. The CQI process begins with many sources of data such as [KidStat](#) measures, [performance dashboards](#), a new approach to critical incidents of child abuse and/or neglect called Systems Change, [workforce surveys](#), technical assistance from our Child Welfare Coordinators in the Bureau of Regional Operations, and data from [case record reviews](#). All of these sources of data are analyzed to create information and knowledge used to make improvements to Wisconsin's child welfare system (see image above). To communicate about our updated CQI System to our stakeholders, the DCF created a short video (see screenshot below) which can be accessed here: [Learn more about Wisconsin's Child Welfare CQI](#). This video is available to the public and to child welfare staff.



Wisconsin’s Child Welfare CQI System is governed by six key principles:

1. The DCF paradigm shift from quality assurance to quality improvement: CQI is focused on process, practice, and outcome improvement through collaboration. The Child Welfare CQI process will help the state, tribes, and local agencies fully engage in collaborative improvement efforts with a variety of key stakeholders and partners.
2. The Child Welfare CQI system is more than a case record review process; multiple sources of data, information, and knowledge are aligned and analyzed collectively. These include case record reviews, other specialized case reviews, KidStat performance data, and eWiSACWIS dashboards.
3. Data from a variety of sources is transformed into information and knowledge and is used to make informed decisions about improving policy and practice. This system relies on facilitated sharing with tribes and local child welfare agencies and ongoing analysis to improve outcomes, practice, and process at the local and state level.
4. Collaborative identification and implementation of improvement projects, grounded in meaningful collection and analysis of information. These projects will pilot smart innovations to our child welfare practice and policies.
5. Child Welfare CQI tools and processes are available for local use (“inside out” application). The DCF will support counties to build and sustain internal local CQI capacity. The DCF will actively support and invest in county action planning and organizational improvement efforts.
6. Child Welfare CQI system relies on a strong partnership and joint commitment between the state and local child welfare agencies, tribes, courts, and other key stakeholders. Together we will effect positive change in outcomes for families through the continual evaluation and improvement of child welfare process and practice.

Case Record Reviews:

The DCF has developed new child welfare CQI case record review instruments and processes for each stage of interaction with Wisconsin’s Child Protective Services system: Access, Initial Assessment, and Ongoing Services. The revised CQI case record review process provides a robust understanding of the CPS aspect of child welfare practice in the state by examining a representative sample of cases. There are 72 counties in Wisconsin. As reflected in the tables below, in the most recent published case record review reports, 50 counties were reviewed in Access, 55 counties in Initial Assessment, and 69 counties were reviewed in Ongoing Services.

Counties with a Case Reviewed in the 2015 Access Case Record Review				
County	No. CPS Reports		County	No. CPS Reports
Adams	1		Marquette	1
Bayfield	1		Menominee	2
Brown	12		Milwaukee	57
Burnett	3		Monroe	3
Chippewa	7		Oconto	1
Clark	2		Oneida	1
Columbia	6		Outagamie	9
Dane	27		Pierce	2
Dodge	2		Polk	3
Door	1		Portage	4
Douglas	3		Racine	14
Dunn	1		Richland	1
Eau Claire	7		Rock	10
Fond Du Lac	3		Rusk	1
Grant	3		Saint Croix	3
Green	1		Sauk	1
Green Lake	4		Shawano	4
Jackson	4		Sheboygan	3
Kenosha	7		Trempealeau	2
La Crosse	8		Vernon	1
Lafayette	2		Walworth	4
Langlade	3		Waukesha	4
Manitowoc	1		Waushara	1
Marathon	2		Winnebago	16
Marinette	4		Wood	8
			TOTAL	271

Table: Counties with a Case Reviewed in 2015 Initial Assessment Case Record Review			
County		No. IAs Reviewed	
Adams	3	Monroe	5
Barron	2	Oconto	2
Brown	17	Oneida	2
Buffalo	1	Outagamie	6
Burnett	3	Ozaukee	3
Chippewa	1	Pierce	1
Clark	2	Polk	3
Columbia	5	Portage	3
Dane	16	Price	1
Dodge	1	Racine	8
Door	1	Richland	1
Douglas	2	Rock	18
Eau Claire	3	Sauk	1
Fond Du Lac	5	Sawyer	4
Grant	2	Sheboygan	2
Green	2	St. Croix	2
Green Lake	1	Trempealeau	2
Iowa	1	Vernon	3
Jackson	1	Vilas	1
Jefferson	1	Walworth	3
Juneau	2	Washburn	1
Kenosha	7	Washington	4
La Crosse	1	Waukesha	5
Lincoln	2	Waupaca	4
Manitowoc	3	Waushara	3
Marathon	5	Winnebago	10
Marquette	1	Wood	7
Milwaukee	75		
TOTAL			271

Table: Counties with a Case Reviewed in the 2015-2016 Ongoing Case Record Review			
County		No. of Cases Reviewed	
Adams	3	Marathon	8
Ashland	4	Marinette	2
Barron	5	Marquette	3
Bayfield	3	Milwaukee	154
Brown	20	Monroe	3
Buffalo	2	Oconto	2
Burnett	4	Oneida	4
Calumet	1	Outagamie	13
Chippewa	9	Ozaukee	8
Clark	2	Pierce	1
Columbia	4	Polk	3
Crawford	1	Portage	7
Dane	18	Price	3
Dodge	6	Racine	14
Door	1	Richland	2
Douglas	4	Rock	12
Dunn	3	Saint Croix	2
Eau Claire	19	Sauk	4
Florence	1	Shawano	3
Fond du Lac	12	Sheboygan	9
Forest	1	St. Croix	2
Grant	8	Taylor	1
Green	2	Trempealeau	2
Green Lake	5	Vernon	5
Iowa	3	Vilas	1
Jefferson	2	Walworth	9
Juneau	2	Washburn	3
Kenosha	15	Washington	6
La Crosse	17	Waukesha	11
Langlade	4	Waupaca	3
Lincoln	1	Waushara	2
Manitowoc	11	Winnebago	15
		Wood	6
		TOTAL	516

As part of the new child welfare CQI system, case record reviews play a different role from the old system. The results are considered one of many data sources, rather than a conclusion or judgement upon which to act. Initial reports related to the results of Wisconsin's case record reviews can be viewed at the following DCF website: <https://dcf.wisconsin.gov/cqireports>.

The CQI Case Record Review tools are based on Wisconsin's Child Welfare [Access and Initial Assessment Standards](#), [Ongoing Standards](#), and [Safety Intervention Standards](#) which specify the requirements necessary to perform Child Protective Services in the state of Wisconsin. The CQI Case Record Review tools can be found in the appendix D of each respective report (linked above).

To maintain fidelity and reliability of case record reviews; DCF has implemented a stringent Quality Management plan that includes strict reviewer prerequisites, training, double-blind and secondary reviews, and regular reviewer check-in meetings. The Quality Management plans can be found in the appendices of each respective report.

In particular, the CQI [2015 Initial Assessment Case Record Review Report Executive Summary](#) as well as the [2015 Access Case Record Review Report Executive Summary](#) provides a helpful overview of two of the CQI reports and can be found below.

2015 Access Case Record Review Report 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 alleged reports of 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.

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.

Key Findings and Recommendations

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

Safety assessments were consistent with Access and Initial Assessment Standards 85% of the time. 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. *Recommendation: Continue to develop and support enhanced safety training for supervisors and workers.*

The consistency of screening decisions with Access and Initial Assessment Standards varied by allegation type. Sexual abuse allegations were screened consistently 100% of the time, neglect cases 90% of the time and physical abuse cases 85% of the time. *No related recommendations.*

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

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

The more information adequately documented, the higher the likelihood of producing screening decisions and safety assessments that were consistent with Access and Initial Assessment Standards. 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. *Recommendation: Provide guidance around documenting key required information and consider relevant updates to eWiSACWIS.*

Adequacy of information gathering varied by allegation type. Child injury/condition was more likely to be adequately documented for physical abuse allegations (71%) compared to neglect (48%). *No related recommendations.*

The following procedural lessons were learned from the 2015 Access Review:

Improvements to the Access review instrument were identified. The review process identified the need to add questions and refine skip logic. *Recommendation: Refine the review instrument to capture additional information or documentation that may have an effect on decision-making.*

More time was needed to train new reviewers. 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. *Recommendation: Formalize the case reviewer certification process before the next Access review in 2016.*

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.

CQI Initial Assessment Case Record Review Executive Summary:

In 2015, the Wisconsin Department of Children and Families (DCF) reviewed a representative sample of 271 Initial Assessments (IAs) conducted throughout the state to determine the overall quality of IA practice statewide. Initial Assessment is a central function of child protective services in which child welfare agencies conduct a comprehensive evaluation of the child and family in response to a screened-in report of alleged maltreatment. Information related to individual and family conditions, functioning, and dynamics is gathered and analyzed, and the Initial Assessment concludes with a maltreatment determination about the allegations of abuse and/or neglect and determines whether the family is in need of ongoing services to keep the child safe.

The 2015 Initial Assessment case record review focused on three main goals and a fourth long-term goal:

Goal 1: Establish a statewide baseline for CPS Initial Assessment practice as measured by adherence to Access and Initial Assessment Standards and Safety Intervention Standards.

Goal 2: Identify practice areas needing improvement that warrant further analysis and may be candidates for improvement projects.

Goal 3: Test the new case record review process.

Goal 4 (long-term): Use the review findings to identify practices that result in positive outcomes for children and families and update Standards where necessary.

Key Findings

Interview Contacts

When all victims were met face-to-face within the response time assigned at Access, all three IA conclusions (safety determination, maltreatment determination, and case disposition) were more likely to be consistent with Standards. Timely face-to-face contact with *all* alleged victims occurred in 66% of the IAs reviewed and with at least *some* of the alleged victims in an additional 12% of cases; in 22% of cases reviewed *none* of the alleged victims were met within the assigned timeframe. When all face-to-face contacts were made timely, the safety determination was consistent with Standards 83% of the time compared to 65% when contact was not made timely.

Making contact with all collaterals necessary for understanding safety in the specific case under review also significantly increased the likelihood of having a safety determination consistent with Standards. In the majority of Initial Assessments (72%) reviewed, all necessary collateral contacts were made; 28% of IAs were missing at least one necessary collateral contact. A contact was considered necessary when he or she was likely to have had information that would have been critical in understanding safety in the specific case under review. When all necessary collateral contacts were made, the safety determination was consistent with Standards 90% of the time compared to 43% of the time when the IA was missing one or more necessary collateral contacts.

Adherence to interview protocols related to the Wisconsin Indian Child Welfare Act varied. Screening for American Indian heritage for each child in the household was documented in two-thirds of the cases reviewed. On the other hand, of the 21 cases where American Indian heritage was referenced, only 3 (14%) included documentation that consultation with the tribal agency occurred.

Information Gathering

The average Initial Assessment (IA) comprehensively documented 34% of the applicable information items measured in the review instrument. The review instrument was designed using a broad, all-inclusive approach to measure items of information outlined in Standards and appendices that define the required areas of assessment. In total, 49 information items related to Primary IA were generated (though not all 49 items were applicable in all cases). While the average IA reviewed had approximately one-third of applicable items comprehensively documented, the range was between 0% and 93%. No IA reviewed had all applicable information items comprehensively documented, which is likely a reflection of the methods used to create this section of the review instrument. This approach was a necessary starting point for measuring a baseline of information gathering. However, DCF is reflecting on ways to adjust the review instrument to better gauge documentation of specific items, as well as to assess the totality of information gathering and the analytic process used to assess the information gathered to make safety and substantiation decisions.

When more than half of the information items were comprehensively documented during the IA, the resulting safety determination and case disposition were consistent with Standards 98% of the time. When examining aggregate levels of information gathering, the more information items that were comprehensively documented, the more likely it was that the IA had conclusions consistent with Standards. However, it is still relatively unknown how specific, individual items of information (such as domestic violence, or discipline methods) relate to decisions that are consistent with Standards.

The frequency with which specific information items were comprehensively documented varied greatly, between 6% and 74% of IAs reviewed. The information items most frequently documented pertained to the areas of Maltreatment and Surrounding Circumstances. The items least frequently documented were in the areas of Parenting Practices, Family Functioning, and Discipline, which relate directly to parental protective capacities.

Initial Assessments that were approved timely were more likely to have more information comprehensively documented. IAs that were completed within 60 days had 36% of the applicable information items comprehensively documented, on average, compared to 30% for those that took longer than 60 days to complete. Additionally, there was more information comprehensively documented when children were identified as unsafe and when allegations were substantiated. The level of documentation also varied depending on the type of maltreatment allegation.

Present and Impending Danger

When there was sufficient documentation, assessments of present and impending danger were generally consistent with Standards. The majority of IAs reviewed identified or ruled out present and/or impending danger in a manner consistent with Standards. Less than 10% of IAs reviewed were inconsistent with Standards when assessing for present and/or impending danger.

There were several cases, however, that lacked sufficient documentation needed for reviewers to determine if the assessment of present and/or impending danger was or was not consistent with Standards. At least 10% of IAs were missing key information necessary to determine if the identification (or lack thereof) of Present Danger Threats was consistent with Standards. For the assessment of impending danger the proportion was even higher—nearly 23% of all IAs reviewed were missing key information. In the majority of these cases, the local child welfare agency had not identified any Impending Danger Threats.

Protective Plans and Safety Plans

The overall quality and adequacy of protective and safety planning is relatively unknown. Part of the review focused on evaluating protective plans and safety plans, but few were captured in the random sample. Forty-five IAs contained a safety plan, only 9 of which were in-home. Fifty-five IAs had a protective plan or action documented in eWiSACWIS, 15 of which were Protective Plan documents scanned into the electronic case record.

Needed protective plans are not well documented in eWiSACWIS. There were 55 IAs that had a documented protective plan/action; 15 of these used a Protective Plan document. However, an additional 7 IAs referenced a Protective Plan document (or needed one based on local agency identification of Present Danger Threats) but did not have one documented in eWiSACWIS. This amounts to roughly one-third of needed Protective Plan documents missing from the electronic case record. It is worth noting that at the time of the review Standards did not explicitly require Protective Plan documents to be scanned into eWiSACWIS, though it is best practice.

Decision-Making

When there was sufficient information documented to assess decision-making, the Initial Assessments reviewed frequently (between 77% and 80%) included decisions that were consistent with Standards. Maltreatment determinations were found to be consistent with Standards in 80% of cases reviewed. Safety determinations were found to be consistent with Standards 77% of the time. IA case disposition was found to be consistent with Standards 80% of the time. There were very few cases (between 2% and 3%) where decisions made were inconsistent with Standards (e.g., a case was closed at the conclusion of the IA when it should have been opened for Ongoing Services). **However, there was a notable proportion of cases (between 16% and 21%) that lacked the supporting documentation necessary to determine the accuracy of IA conclusions.** The lack of supporting documentation could relate to the fact the Initial Assessment template is set up in a way to encourage the collection of

information related to specific areas of assessment with no explicit way to document the analysis of the information in reaching these conclusions. It is also possible that it is easier for reviewers to confirm a finding of unsafe and/or substantiated, and in the majority of cases, children are found to be safe and maltreatment allegations are unsubstantiated. While these are possible explanations for this finding, it also indicates that the system as a whole may be missing opportunities to engage with families. A screened-in report of alleged maltreatment gives child welfare agencies an authorized opportunity to interview a family. If key information is not gathered and documented during the Initial Assessment, then the chance to interact with that family is lost until a community member makes another referral to CPS. If sufficient information is gathered and analyzed to arrive at the right conclusions, however, it may help in ensuring positive outcomes for children and their families.

Procedural Lessons Learned

In addition to the case record review results, there were several important findings related to the review process itself, which was also being tested as part of the first IA review under the new CQI system.

Some results may be biased due to the design of the review instrument or procedures followed to review cases. For example, though reviewers were randomly assigned Initial Assessments to review, if a decision was found to be inconsistent with Standards, the case was sent to a secondary review panel for confirmation, which may have artificially inflated results. With respect to information gathering, results may be biased to a lower percentage because the review only gave credit for comprehensive documentation if the information item was in the corresponding section of the IA template. The review instrument itself may also have biased information gathering results to a lower percentage, as it was designed to measure documentation of specific information items outlined in Standards and appendices using a broad, all-inclusive approach. This approach was a starting point, but led to the realization that it requires a great deal from workers and expectations are often unclear. Therefore, the methods used to design this section of the review instrument may have unintentionally produced lower results, which are not necessarily a reflection of what is happening at the local level.

Enhancements to the Initial Assessment review instrument were identified. The review process identified questions that were not considered when the review instrument was being developed and tested. Updating the instrument will provide additional opportunities for analysis and a deeper understanding of case practice. Additionally, reviewers completed the review instrument on paper; converting the review instrument into an electronic database system will cut down on additional time needed for quality management activities in future reviews.

More time was needed to train new reviewers. The time invested supporting new reviewers was greater than their case review output, as the IA reviews were not their primary job responsibility, and there was a tight timeframe in which reviews were conducted. In the future, new reviewers will be offered more time to complete prerequisite training with additional coaching opportunities.

Recommendations

The baseline findings related to IA case practice brought forth the following recommendations:

Gather data from Initial Assessment workers and conduct additional analyses related to information gathering and interview contacts. More information is needed to better understand the variation in information documented. IA workers and supervisors could provide valuable insight into why certain items of information are documented more frequently than others, as well as the role of specific information items in decision-making. IA workers could also provide insight into Standards, practice, and workload when it comes to meeting timeline requirements for contact with alleged victims and contacting necessary collaterals.

Conduct an additional or separate review of protective plans and safety plans. A specialized review could be used to better assess the quality and adequacy of protective and safety planning across the state. Because there is a variety of protective plans and safety plans that can be used throughout the IA process, and each plan has different requirements and protocols, a different approach is needed to extrapolate trends related to this area of IA case practice.

Collect information to better understand how the analytic process of assessing for present and impending danger is happening in practice. Wisconsin's safety model encourages the use of a rigorous analytic process in assessing for threats to child safety. More information is needed to understand how workers are utilizing and documenting this process. Focus groups and interviews with workers and supervisors, as well as improvements to the IA review instrument, could help provide insight into how workers are analyzing information gathered to arrive at child safety decisions. Depending on the information gleaned, enhanced safety-related training to support improvements in the assessment and decision-making analytic process could be provided to workers and supervisors.

Further examine the relationship between information gathering and positive outcomes for children and families. The ultimate goal of the CQI case record reviews is to use the results to identify areas of practice that are correlated with beneficial outcomes. Additional studies could examine the relationship between thorough information gathering and documentation and the long-term outcomes of child safety, permanency, and well-being.

Next Steps

This report provides case record review results about adherence to Standards in CPS case practice and decision-making during Initial Assessment. Moving forward, the CQI case record review results can be used in combination with other information sources to identify challenging areas of practice and inform improvement projects. Further case record reviews and analyses, as well as 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.

A Summary for the 2016 Ongoing Services Case Review Findings can be found in the table below.

Performance Item or Outcome		Outcome Ratings			Item Ratings	
		Substantially Achieved	Partially Achieved	Not Achieved	Strength	Area Needing Improvement
Safety Outcome 1	Children Are, First and Foremost, Protected From Abuse and Neglect.	76% n=66	--	24% n=21		
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment				76% n=66	24% n=21
Safety Outcome 2	Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate.	71% n=189	14% n=37	15% n=40		
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care				86% n=92	14% n=15
Item 3	Risk and Safety Assessment and Management				72% n=192	28% n=74
Permanency Outcome 1	Children Have Permanency and Stability in Their Living Situations.	24% n=40	69% n=113	7% n=11		
Item 4	Stability of Foster Care Placement				71% n=116	29% n=48
Item 5	Permanency Goal for Child				48% n=76	52% n=81
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement				59% n=96	41% n=68
Permanency Outcome 2	The Continuity of Family Relationships and Connections Is Preserved for Children.	66% n=109	29% n=47	5% n=8		
Item 7	Placement with Siblings				84% n=77	16% n=15

Summary for the 2016 Ongoing Services Case Review Findings Continued

Performance Item or Outcome		Outcome Ratings			Item Ratings	
		Substantially Achieved	Partially Achieved	Not Achieved	Strength	Area Needing Improvement
Item 8	Visiting with Parents and Siblings in Foster Care				68% n=94	32% n=45
Item 9	Preserving Connections				81% n=130	19% n=31
Item 10	Relative Placement				70% n=111	30% n=48
Item 11	Relationship of Child in Care with Parents				67% n=89	33% n=44
Well-Being Outcome 1	Families Have Enhanced Capacity to Provide for Their Children's Needs.	50% n=134	34% n=91	15% n=41		
Item 12	Needs and Services of Child, Parents, and Foster Parents				60% n=160	40% n=106
Sub-Item 12A	Needs Assessment and Services to Children				88% n=235	12% n=31
Sub-Item 12B	Needs Assessment and Services to Parents				62% n=148	38% n=92
Sub-Item 12C	Needs Assessment and Services to Foster Parents				94% n=146	6% n=9
Item 13	Child and Family Involvement in Case Planning				61% n=152	39% n=97
Item 14	Caseworker Visits with Child				69% n=183	31% n=83

Summary for the 2016 Ongoing Services Case Review Findings Continued

Performance Item or Outcome		Outcome Rating			Item Rating	
		Substantially Achieved	Partially Achieved	Not Achieved	Strength	Area Needing Improvement
Item 15	Caseworker Visits with Parents				49% n=115	51% n=122
Well-Being Outcome 2	Children Receive Appropriate Services to Meet their Educational Needs.	90% n=151	5% n=9	4% n=7		
Item 16	Educational Needs of the Child				90% n=151	10% n=16
Well-Being Outcome 3	Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.	55% n=128	21% n=49	23% n=54		
Item 17	Physical Health of the Child				60% n=117	40% n=77
Item 18	Mental/Behavioral Health of the Child				72% n=109	28% n=43

Wisconsin’s Child Welfare Continuous Quality Improvement System Advisory Group

The Child Welfare CQI System is supported by an advisory group made up of stakeholders from the state, counties, courts, tribes, our professional development system (training), and our regional office team. This group meets quarterly to make decisions about Improvement Projects and get updates on ongoing CQI work in our child welfare system.

Wisconsin’s Child Welfare Continuous Quality Improvement System Advisory Group Mission Statement:

Wisconsin’s Child Welfare Continuous Quality Improvement (CQI) Advisory Group will explore qualitative and quantitative data related to statewide system changes. In this exploration the committee seeks to improve on existing child welfare practices, strengthen child welfare programs, and further support the child welfare workforce.

Purpose of the CQI Advisory Group:

The purpose of the CQI Advisory Group is to identify and advance improvement projects grounded in qualitative and quantitative data related to system change. Improvement projects will align with the Child Welfare Model for Practice.

Membership and Attendance of the CQI Advisory Group:

- Members serve a 2 year term length with staggered rotation of end dates. This will require that some current members serve a longer term initially in order to stagger end dates. Members can self-nominate to stay for multiple terms.
- Term lengths for 1/3 of the current group will end in December 2018. Another third will end in December 2019. The final third will end in December 2020.
- Members will attend in person if possible. Video conferencing will be offered at all meetings for those unable to attend in person. Meeting locations rotate around the state.
- The Advisory Group will maintain a diverse membership, including stakeholders from public and private entities including tribes, county representatives from across the state, and child welfare workers, supervisors, managers, and directors.

In addition to the CQI system for assuring quality in the child welfare system, DCF has several additional tools in place to measure, assure, and identify ways to improve the child welfare system.

KidStat:

KidStat is DCF's Performance Management Program and another piece of information that informs Wisconsin's Child Welfare CQI system. When KidStat was first introduced in 2009, each Division identified areas to measure which capture DCF's commitments to the population it serves. KidStat measures the impact DCF is having on the critical issues facing Wisconsin's children and families. It tracks results for the programs DCF administers and identifies specific areas and opportunities for improvement. DSP's KidStat metrics align with both Wisconsin's Child Welfare Practice Model—the purpose of which is “to keep children safe and to support families to provide, safe, permanent and nurturing homes for their children”, and the three pillars of child welfare: Safety, Permanence, and Wellbeing. Go [here](#) to view previous KidStat Reports.

KidStat data is presented on a quarterly basis and the table below shows who is involved:

PARTICIPANTS:

- KidStat Leadership Team:** Secretary, Deputy Secretary, Assistant Deputy Secretary, Chief Legal Counsel, Division of Management Services: Division Administrator and Bureau Directors of Budget, Finance, Human Resources, Information Technology, and Performance Management
- Division Staff:** Division Administrator (DA), Bureau Directors, Section Chiefs, and other applicable Division staff
- KidStat Staff:** Bureau Director of Performance Measurement, Research Section Chief, and KidStat Analysts

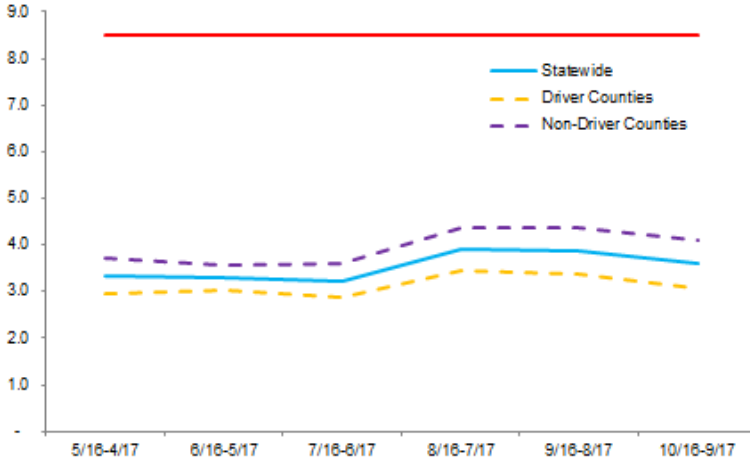
Below you can see a screenshot of the opening slide for a KidStat Presentation and several other example slides.



**Maltreatment in Out-of-Home Care: CFSR 3
Any Substantiation for a Child in OHC**
Prevention of maltreatment while in Out-of-Home Care.

Target Direction: 

	10/2016-9/2017
Benchmark	8.5
Statewide	3.6
Brown	2.1
Dane	0.9
Kenosha	1.9
Milwaukee	3.2
Outagamie	2.0
Racine	7.1
Rock	1.1
Winnebago	6.4



Rate of Victimization per 100,000 days for children in OHC for the 12 month period ending in 10/16-9/17. The federal standard is less than 8.5 victimizations per 100,000 days.

Statewide, Wisconsin achieved this benchmark for the time period 10/2016 - 9/2017:
 $3.6 < 8.5$

Updated: 10.18.2017

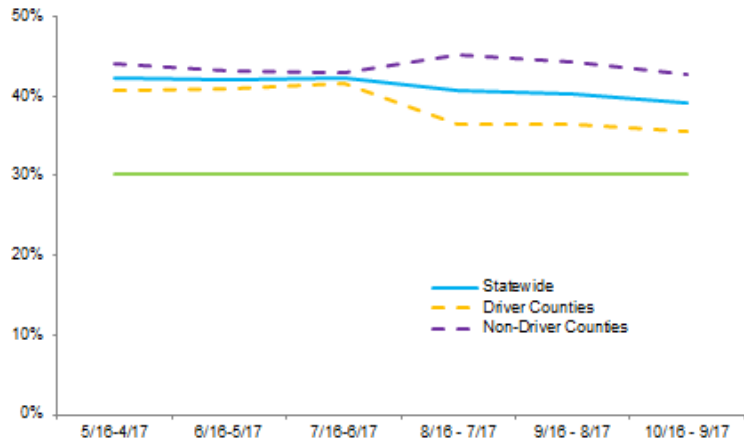
Division of Safety and Permanence

3

**Legal Permanence for Children in OHC >24 months:
CFSR 3**

Target Direction: 

	10/2016-9/2017
Benchmark	30.3%
Statewide	39.1%
Brown	32.1%
Dane	30.0%
Kenosha	7.7%
Milwaukee	39.9%
Outagamie	21.7%
Racine	10.8%
Rock	26.9%
Winnebago	45.5%



Legal Permanence for children in OHC greater than 24 months who discharge to Reunification, Guardianship, or Adoption for the rolling 12 month periods ending in 10/16-9/17. The federal standard is 30.3%.

Statewide, Wisconsin achieved this benchmark for the time period 10/2016 – 9/2017:
39.1% > 30.3%.

Updated: 10.18.2017

Division of Safety and Permanence

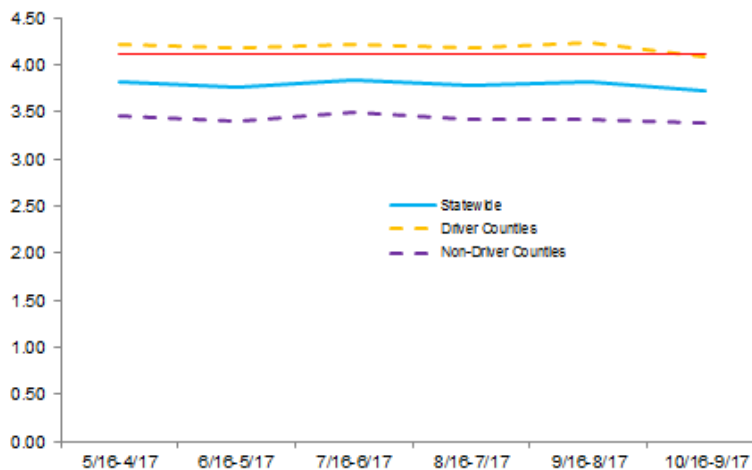
15

Placement Stability: CFSR 3

Target Direction: 

Ensure stability for children by minimizing the number of placements while in OHC.

	10/2016-9/2017
Benchmark	4.12
Statewide	3.73
Brown	4.09
Dane	5.86
Kenosha	5.40
Milwaukee	3.58
Outagamie	3.88
Racine	3.76
Rock	4.63
Winnebago	3.45



Placement Stability during the rolling 12 month periods ending in 10/16-9/17. The federal standard is 4.12.

Statewide, Wisconsin achieved this benchmark for the time period 10/16 – 9/17:
3.73 moves < 4.12 moves

Updated: 10.19.2017

Division of Safety and Permanence

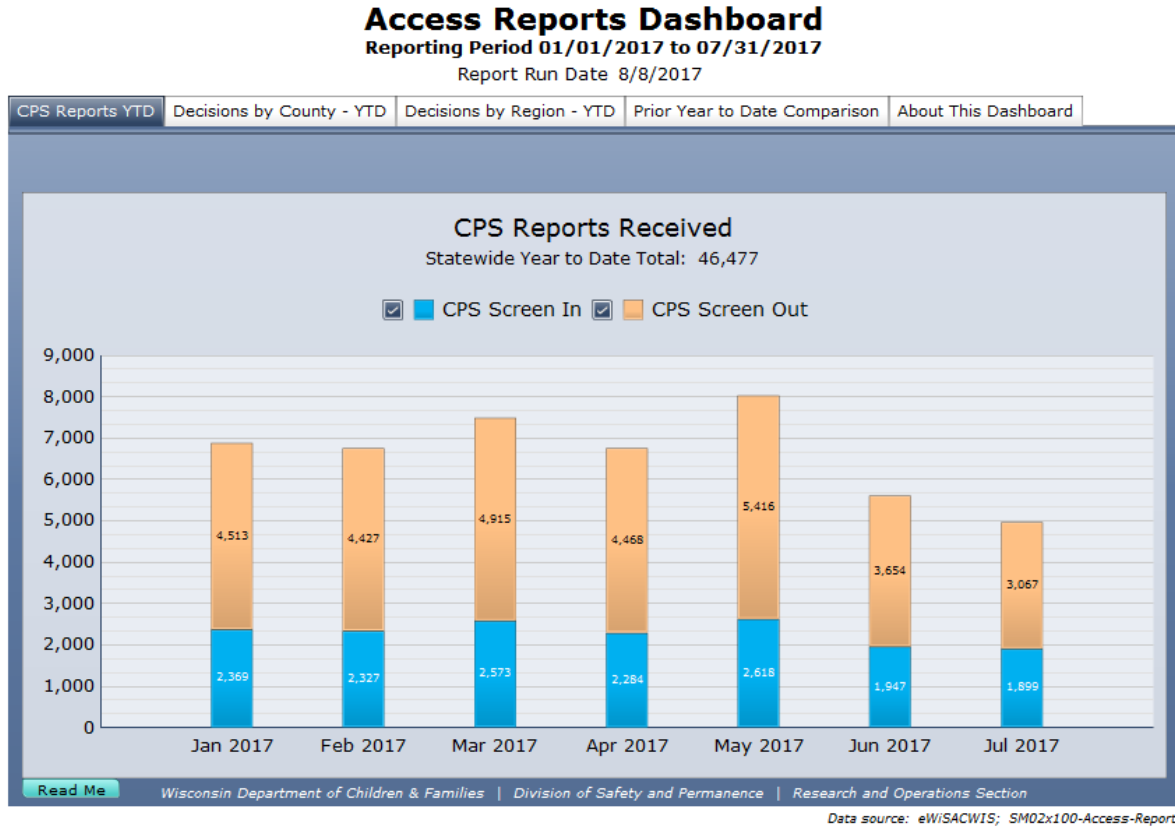
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KidStat is posted online for public access twice per year.

Performance Dashboards:

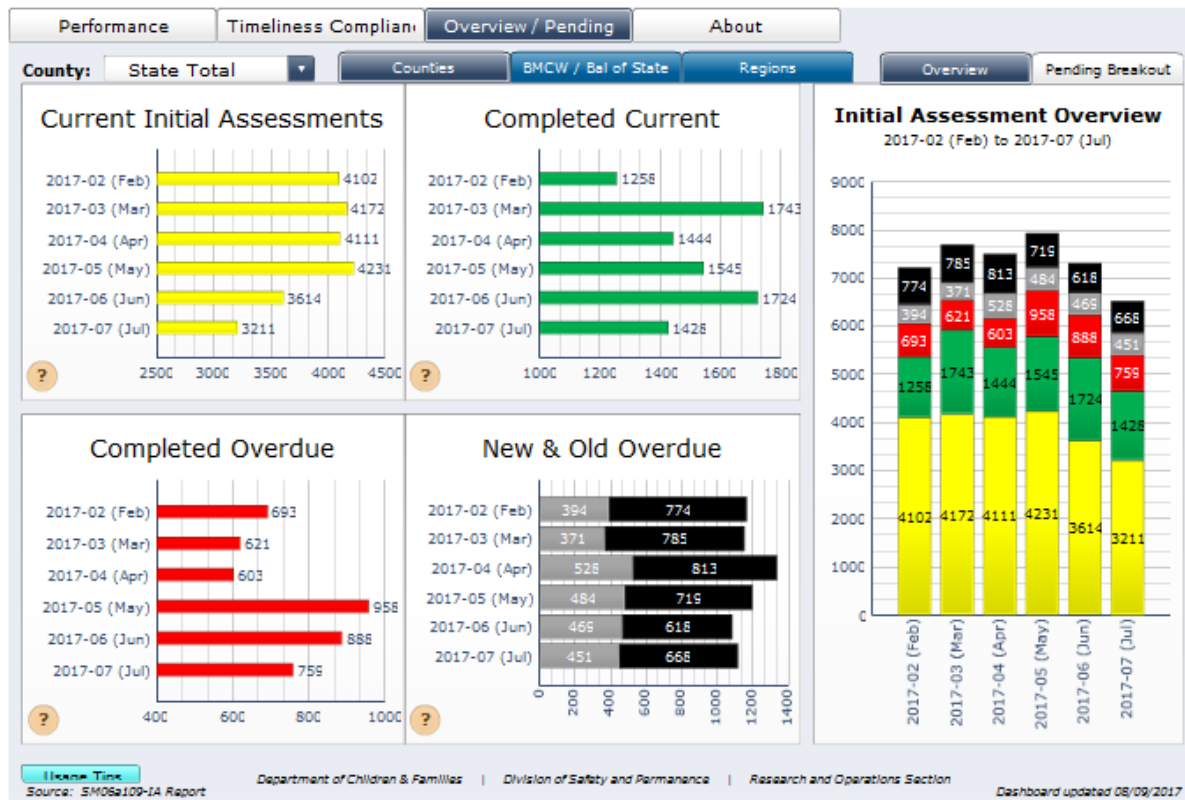
Our Child Welfare Dashboards are another component of our child welfare CQI system. They are visual reports showing statewide and local agency child welfare performance summary data. These dashboards cover child protective services, child out-of-home placement, discharges from placements and child well-being. Included with each dashboard is supporting data documentation in pdf format. These dashboards are updated monthly. Two examples of dashboards are shown below. For links to all of the dashboards please visit:

<https://dcf.wisconsin.gov/reports?accactive=1>.



The Access Dashboard presents cumulative year to date data related to access report screenings in Wisconsin.

Child Protective Services (CPS) Initial Assessment (IA) Reports Dashboard



A description of each of the tabs for the Initial Assessment Timeliness Dashboard is below:

Performance Timeliness Compliance Overview / Pending **About**

In accordance with WI Statutes (§48.981(3)(c)) counties are required to initiate their investigations of child maltreatment in a timely manner and complete them within 60 days from the receipt of a screened-in child protective services report. The Initial Assessment dashboard provides statewide and county-specific information on the timeliness of initial face to face contact and the timeliness of initial assessment completion. This dashboard depicts statewide, county, and regional information regarding compliance with these two measures. It also provides information regarding the overall volume of completed and pending initial assessments.

The **Timeliness Compliance** tab provides performance measure information related to the compliance or non-compliance of initial assessments approved by the supervisor during the dashboard time frame. The final approval date determines the month in which a given initial assessment is counted. For the purpose of measuring compliance, each initial assessment is categorized as either Timely or Not Timely for both timely completion of an initial assessment and for timely face to face contact.

- **Month by Month:** This bar graph shows the volume of initial assessments approved in each of the previous six months. The total number of initial assessments are depicted in gray, each timely initial assessment is depicted in yellow, and each timely initial face to face contact is depicted in blue.
- Below the Month by Month graph, the red, yellow or green ovals with the percentages in the center show the county or region performance relative to the State standard.

Initial Assessment Completion Timeliness	Red: < 85%	Yellow: 85% - 94%	Green: ≥ 95%
Initial Face to Face Contact Timeliness	Red: < 90%	Yellow: 90% - 94%	Green: ≥ 95%

- **Six Month Total Tab:** When selected, the monthly breakout data is aggregated into a single timeframe and displayed on simplified summary charts.

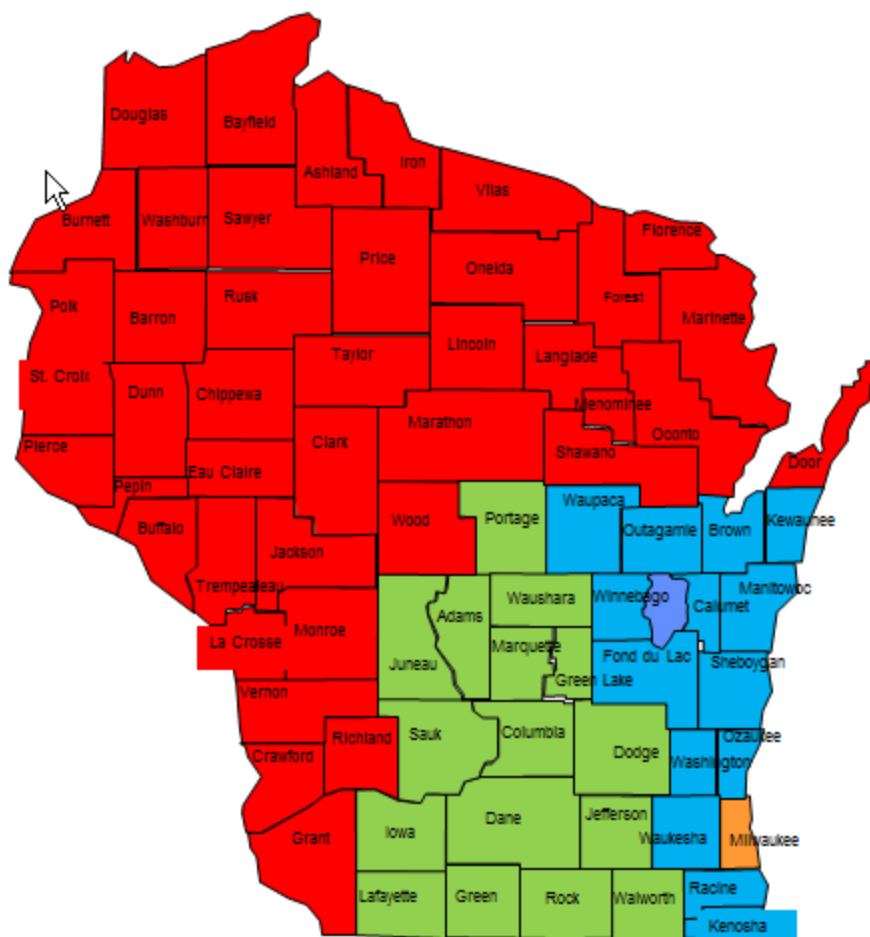
The **Overview/Pending** tab depicts the volume of cases completed during the time period as well as the volume still pending at the end of the time period. On the Overview tab:

- Yellow indicates cases that are less than 60 days old and are still not approved. These cases are on track for timely approval.
- Green indicates cases that have been approved in 60 days or less and are compliant.
- Red indicates cases that were approved in over 60 days so the initial assessments are completed, but not compliant.
- Light grey indicates cases that are still open between 61 and 90 days and are on track for being completed, but late.

Systems Change:

An additional component of our CQI system is the Systems Change Review, which is applied to a subset of cases referred to the DCF by the local child welfare agency under [Act 78](#). The criteria includes the following: 1.) the local child welfare agency learns of a serious incident due to suspected maltreatment as defined in 48.981 (7) (cr): child death, serious injury, egregious incident and the agency submits a Serious Incident Notification to DCF, Division of Safety and Permanence (DSP), AND 2.) the family that is subject of the Serious Incident Notification has a previous CPS history that is relevant based on the extent and recency of that history. Eligible cases involve a recent incident resulting in a death or near death with prior agency contact that is recent and/or extensive. The review includes collaboration between the local child welfare agency, tribes, community stakeholders, the DCF, and other relevant parties. The collaboration is structured and facilitated by the DCF and includes a structured analysis of the system. Participants leave with a better understanding of how the various levels of our system influence key observations in the reviewed case. Further, the particular findings of each case will be situated in a broader context of all cases reviewed and subsequent recommendations will be made based on patterns and trends instead of one unique case.

Regional Breakdown of Counties for Public Notification
Numbers Based on 2013 and 2014 Incidents



Blue Region = 47 Incidents
Green Region = 47 Incidents
Milwaukee = 45 Incidents
Red Region = 46 Incidents

An annual summary will be posted on the DCF website that will include an overview of the systemic issues identified through the Systems Change Review process. Recommended statewide actions will be identified by the CQI Advisory committee that reviews the findings. Additionally, the narrative that explores systemic influences on that case, created by the WI Reviewer, will be shared with the local agency.

Surveys:

Surveys are an additional key piece of our CQI system and occur in two ways. First, the Division of Safety and Permanence partners with the University of Wisconsin-Madison Survey Center (UWSC) to conduct a series of brief surveys of the child welfare workforce. Second, DSP also partners with UW-Milwaukee who is evaluating the Alternative Response Program and the University of Illinois who is evaluating and the Post Reunification Support Program. Both evaluations include surveys.

The Child Welfare and Youth Justice [Continuous Quality Improvement \(CQI\) Workforce Surveys](#) cover a wide range of topics pertaining to the case workers and supervisors in Wisconsin. The surveys will be a key source of data and information for our child welfare Continuous Quality Improvement (CQI) program.

Responses from each survey are submitted to a centralized database managed by University of Wisconsin-Madison Survey Center (UWSC), where they are combined with the answers from all respondents. All answers are confidential—none of the survey responses are linked to identifying information.

These "Flash" surveys are intended to be very brief. They are designed to gauge:

- Workforce knowledge of a particular issue or topic
- Professional needs and challenges
- Strengths and gaps in practice and policy areas

The purpose of these "FLASH" surveys is to identify

- Strengths and challenges faced by the child welfare/youth justice workforce in Wisconsin
- Ensure this information is representative of the workforce as a whole

The input and feedback provided through these surveys has been instrumental in helping us:

- Identify and refine priorities
- Influence policy development and implementation efforts
- Provide input into developing other initiatives to improve the child welfare system.

Flash Survey 1: CPS Worker and Supervisor Training Topics: This survey analyzed the workforce's training needs. Full results of the survey can be found [here](#).

PRACTICE CHALLENGES

Table 2A depicts the breakdown in training topic preference related to practice challenges first by supervisors vs. frontline staff (to the left of the vertical line, and then by job sector (county, private agency, or state). Regardless of the worker job function or job sector, mental illness/mental health issues and substance abuse issues were consistently ranked far above other topics. Supervisors and frontline staff also agreed on the need for training related to cognitive impairments and learning disabilities, and parenting strengths and challenges. Supervisors ranked domestic violence in the top 5, whereas frontline staff ranked sexual abuse in the top 5. In terms of job sector, there was less consistency in training topic preferences. County staff ranked neglect, cognitive impairments and learning disabilities, and parenting strengths and challenges in the top 5, whereas private agencies and state workers ranked sexual abuse, domestic violence, and human and sex trafficking of youth in the top 5.

Question (#)	Percent (Rank)				
	Supervisors	Frontline	County HS	Private	State CW
Mental illness/mental health issues (4)	70.95% (1)	81.72% (1)	82.28% (1)	81.19% (1)	77.14% (1)
Substance abuse (5)	63.69% (2)	68.82% (2)	70.12% (2)	63.37% (2)	64.29% (2)
Sexual abuse (6)	25.70% (9)	39.19% (5)	38.59% (6)	43.56% (5)	38.57% (5)
Neglect (7)	30.73% (6)	36.92% (7)	39.49% (5)	26.73% (9)	27.14% (9)
Cognitive impairments and learning disabilities (8)	41.90% (4)	39.90% (4)	39.79% (4)	42.57% (6)	37.14% (6)
Emotional abuse (9)	26.26% (8)	31.78% (8)	32.88% (8)	24.75% (10)	31.43% (7)
Domestic violence (10)	37.43% (5)	38.11% (6)	33.03% (7)	58.42% (3)	57.14% (4)
Poverty stressors (11)	23.46% (10)	31.06% (10)	31.23% (9)	32.67% (8)	27.14% (9)
Parenting strengths and challenges (13)	46.93% (3)	46.83% (3)	49.55% (3)	40.59% (7)	30.00% (8)
Human and sex trafficking of youth (14)	28.49% (7)	31.18% (9)	25.68% (10)	48.51% (4)	58.57% (3)
N	179	837	807	124	85

Flash Survey #2: CPS Worker Intent to Leave

In June 2016, DCF administered a flash survey to the state’s child welfare workforce to explore the issue of worker turnover. The survey was administered electronically by the University of Wisconsin Survey Center (UWSC), and sent to all workers (excluding supervisors) who have child welfare cases in eWiSACWIS. This survey was a point-in-time snapshot of workers’ views on their intent to leave (ITL) their jobs. Questions to gauge ITL included whether workers had considered looking for another job in the past six months, whether they had searched for a job in that time frame, and if so, whether they had sent out any résumés to potential employers. These job search behaviors capture different degrees of ITL. In addition, the survey included a series of questions about a number of factors known to be associated with worker turnover in child welfare systems. They can be categorized in the following manner:

- Burnout: The degree to which workers feel emotionally drained by the nature of their work.
- Career commitment: Whether workers intend for child welfare to be their long-term profession.
- Supervisor and coworker support: The extent to which workers feel that their team members are resources and sources of support in managing their workload.

- Organizational inclusion: The extent to which workers feel they are treated as professionals within their agencies.
- Stressors: A series of common child welfare worker stressors (adapted from the Kansas Workforce Initiative¹).
- Demographics: Worker age, gender, job tenure, parent status, marital status, education level, and social work training.

For most question items, workers were asked to respond to a five-point scale, ranging from “strongly disagree” to “strongly agree,” with “neither agree nor disagree” as the midpoint. For the Stressors scale, workers responded to a four point scale, from “never” to “almost always.” Demographic questions were “yes/no” or categorical in nature.

An example of results from the survey is shown below, full survey results can be found [here](#).

Table 4: ITL, job search type, and job leaving behaviors by agency attributes							
Demographic	Considered Leaving Job	Searching: only to leave CW	Searching: Either job type	Searching: other CW job	Sent at least one résumé	Sent > 2 résumés	N
Agency Type							
County HS	57.35%	17.35%	35.00%	5.00%	20.94%	5.01%	340
Private	59.76%	18.29%	37.80%	3.66%	32.93%	12.20%	82
State	69.05%	9.52%	52.38%	7.14%	29.27%	14.63%	42
County Population Size							
Small	59.52%	11.90%	35.71%	11.90%	19.05%	4.76%	42
Medium	58.00%	16.00%	38.00%	4.00%	21.00%	5.00%	100
Large	55.56%	24.44%	25.56%	5.56%	18.89%	2.22%	90
Extra Large	57.94%	14.02%	40.19%	3.74%	23.58%	7.55%	107
Milwaukee	73.12%	19.35%	48.39%	5.38%	35.87%	13.04%	93
Region of State²							
Northern	61.76%	14.71%	35.29%	11.76%	23.53%	2.94%	34
Northeast	52.63%	12.28%	35.09%	5.26%	18.58%	6.19%	114
Southern	60.00%	10.91%	43.64%	5.45%	29.09%	12.73%	55
Southeast	60.71%	25.00%	33.93%	1.79%	23.21%	0.00%	56
Western	58.75%	23.75%	30.00%	5.00%	16.25%	2.50%	80
Milwaukee	73.12%	19.35%	48.39%	5.38%	35.87%	13.04%	93
Primary Job Role							
Access	48.28%	24.14%	22.41%	1.72%	20.69%	3.45%	58
IA	72.92%	18.75%	50.00%	4.17%	28.13%	9.38%	96
Ongoing	57.53%	14.73%	36.64%	6.16%	23.45%	7.59%	292
Other	38.89%	16.67%	22.22%	0.00%	16.67%	0.00%	18
Total reduced sample							
	58.84%	16.81%	53.88%	4.96%	23.81%	7.14%	464
Red italics indicate statistically significant differences, p<.05							

² The percentages presented for the sections related to county population size and region of the state omit 65 workers whose counties of CPS practice were unknown.

³ Respondents were asked what percentage of their time was spent in CPS roles: Access, initial assessment, and ongoing. Workers who reported more than one role were categorized according to the area where they spent the most time.

Flash Survey 3: Children with Disabilities in Child Protective Services in Wisconsin

This third “Flash Survey” is on how Child Protective Services (CPS) currently responds to working with children with disabilities and how we can help strengthen this response. Wisconsin Statute Chapter 106 defines “disability” as a physical or mental impairment that substantially limits one or more major life activities, a record of having such an impairment or being regarded as having such an impairment. This includes but is not limited to cognitive disabilities, hearing impairments, speech or language impairments, visual impairment, emotional behavioral disabilities, orthopedic impairments, autism, traumatic brain injuries, other health impairments and learning disabilities.

Below is an example of the results found in the survey specific to the workforce’s comfort level identifying different types of disabilities. For full survey results go [here](#).

Table 1. Introductory Questions, Full Sample (N=677)

	Comfortable ID Developmental Disabilities	Comfortable ID Physical Disabilities	Comfortable ID Mental Illness	Comfortable ID sensory impairments	Comfortable assessing safety of children with Developmental Disabilities	Comfortable assessing safety of Children with Physical Disabilities	Comfortable assessing safety of Children with Mental Illness	Comfortable assessing safety of Children with sensory impairments
Not at all comfortable	2.7	1.5	2.7	4.1	2.8	2.7	2.8	3.2
A little comfortable	11.5	8.3	11.7	16.8	8.0	8.1	8.7	12.0
Somewhat comfortable	38.4	30.9	35.7	41.2	34.1	32.3	34.4	36.0
Very comfortable	36.9	45.6	38.6	29.4	43.1	44.5	42.1	38.7
Extremely comfortable	10.5	13.7	11.4	8.4	12.0	12.4	12.0	10.0
Observations	677	677	677	677	677	677	677	677
	Agree: You know resources available to children w/ disabilities in community		Know how to communicate / access resources to communicate w/ children : Non-verbal?		Know how to communicate/access resources to communicate w/ children: deaf?		Know how to communicate/access resources to communicate w/ children: other challenges	
Strongly Disagree	4.3		12.4		17		9.6	
Somewhat Disagree	15.4		35.0		35.6		32.5	
Somewhat Agree	64.4		45.0		38.3		51.4	
Strongly Agree	16.0		7.6		9.2		6.5	
Observations	677		675		677		677	
	Mean		(SD)		Median	min	max	count
In the past month, what % of your cases involved child who may have a disability?	47		(30)		50	0	100	597
Observations	597							

Surveys Related to Program Evaluation:

Wisconsin has a number of program evaluations being completed by external evaluators. They include an evaluation of the Alternative Response Program by University of Wisconsin-Milwaukee and an evaluation of the Post Reunification Support Program by the University of Illinois Child and Family Research Center.

Wisconsin Alternative Response Evaluation: Summary of Major Data Collection Activities

The Wisconsin Alternative Response (AR) evaluation includes a web-based survey of Access, Initial Assessment, and Ongoing staff and supervisors in all counties in Wisconsin (n = 1,035, Summer 2017); (3) a web-based survey of community service partners in AR counties (n=162, Summer 2017); (4) hardcopy/telephone survey of families exiting initial assessment (Fall 2017-Spring 2018, target sample= 1,400). The staff and community partner surveys asked participants about perceptions of AR and CPS systems in general as well as community services. The staff survey contained additional items about job satisfaction, burnout, and workplace environment as well as demographic items related to educational and professional experience. The family survey is administered to the alleged maltreater in traditional response cases and to the reference person in AR cases. The survey will be administered in 20 AR counties and up to 7 non-AR counties. It asks participants a range of questions about their CPS experience, service uptake, health, mental health, and history of child and adult adversity.

Post Reunification Support Program (P.S. Program) Evaluation:

The parent survey is designed to gather information about several aspects of family functioning during the time period immediately prior to reunification and again approximately 12 months after reunification. The survey contains measures of: parent stress, family resources, social support, and family functioning. It also contains measures of satisfaction with services and the parent-caseworker relationship. In P.S. Program counties, surveys are distributed to all reunified families enrolled in the P.S. Program (treatment group) and in non-participating counties, surveys are distributed to all reunifying families (comparison group).

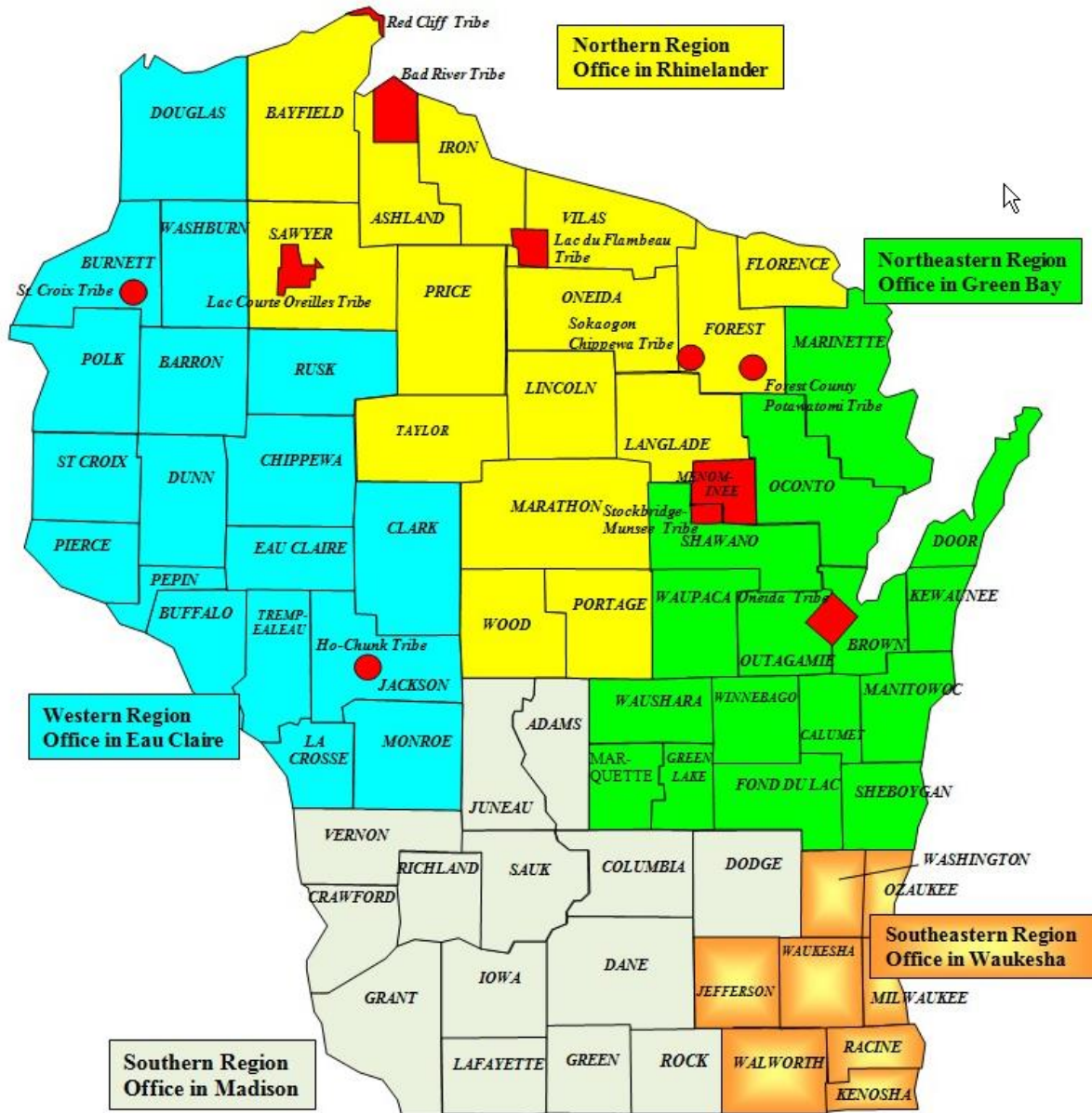
The “Baseline Survey” is distributed to parents by caseworkers at or around the last family team meeting prior to reunification, which typically occurs within the month prior to reunification. The complete survey packet contains a recruitment letter describing the study, an informed consent form, the survey, an instructional checklist, and a postage-paid return envelope. Both English and Spanish versions of the survey are available. Parents can complete the survey in several ways:

- The paper version of the survey can be completed and mailed to the external evaluator using the return envelope provided.
- Parents can use an online version of the survey which was created using Qualtrics.
- Parents may call a toll-free number for the external evaluator and have someone read the survey questions and answers to them.

Technical Assistance from Bureau of Regional Operations Staff:

Part of the CQI system also includes the Bureau of Regional Operations (BRO), which works with local agencies administering DCF programs (child welfare, child care, child support, and W-2 financial assistance). The local agencies include county human services departments, child support agencies, contractors for Wisconsin’s TANF work program, tribes and other service providers. BRO oversees the contracts with local agencies, conducts program monitoring, and provides technical assistance to local agencies in their delivery of DCF program services. BRO is responsible for ensuring compliance with program requirements and responding to complaints by customers about the services they receive from local agencies.

BRO has teams of staff based in five regional offices – Madison, Waukesha, Green Bay, Rhinelander, and Eau Claire. Each BRO team consists of an Area Administrator Supervisor, Regional Coordinators for the different program areas, and a Quality Assurance Specialist. See below for a map of the regions:



Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- Counties felt engaged and involved in developing the new system with Access and Initial Assessment (IA).
- Counties have experienced more positive results because of the new collaborative safety model. Prior critical incident process was full of anxiety, this is no longer the case.
- The new process looks at whole state better than just county-based.
- There is good communication from DCF to county about quality assurance processes and requirements.

Challenges:

- DCF will consider if it is possible to better track family outcomes to determine if they are better off than when they started in the system.
- The current system doesn't share specific feedback about counties that might be informative for other counties.
- Concern that QA doesn't capture caseload size of counties and impact on work. DCF should consider if a large or small caseload size influences practice.

Item Summary

Wisconsin's CQI System has evolved over the past few years into a robust system that provides data and feedback in accessible and measurable ways. Our system has two years of experience with case record reviews which provides our state with a baseline on which to measure future improvement. Additionally, we have established a CQI Advisory Committee that is made up of stakeholders who provide us with feedback and insight to assure that our CQI process is collaborative and meaningful. Finally, we have established a Program Improvement Plan Advisory Group that will consider the baseline data and information we have gathered to date as we begin to build a PIP approach for our state.

Through this evolution of our CQI System we have put our resources towards the establishment of training and processes to gather our baseline data and create oversight groups for the System. We will continue to gather more data with our CQI system. We are proactively working with our stakeholders to identify improvement projects within our child welfare system that are both the highest priority to our stakeholders and target areas of highest need in our system.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- Staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- How well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

State Policies

Wisconsin DCF Administrative Rule, Ch. 43 – Training for Child Protective Services Caseworkers and Supervisors http://docs.legis.wisconsin.gov/code/admin_code/dcf/021_099/43 – defines the pre-service, foundation and ongoing training requirements for all new or re-assigned child protective services employees. All new caseworkers and supervisors hired after 2/1/2008 with the primary job functions of access, investigation/initial assessment, and ongoing child protective services are required to complete pre-service, foundation, and special skills and topics/ongoing training.

Training System Overview

DCF has a robust child welfare training system that provides high quality, uniform training statewide. DCF contracts with the Wisconsin Child Welfare Professional Development System (WCWPDS), which is housed in the University of Wisconsin-Madison School of Social Work, to provide job-specific professional development opportunities for over 4130 state, county, tribal, and private agency child welfare workers and over 7314 foster parents throughout the state of Wisconsin. The contract is primarily funded by the Wisconsin Department of Children and Families (DCF), with some funding provided by county child and tribal welfare agencies. WCWPDS subcontracts with the University of Wisconsin-Milwaukee to develop, deliver, and support all required foundational and special topics training for child welfare workers and supervisors in Milwaukee, and for foster parents statewide. The WCWPDS delivers training in locations throughout the state to ensure training is accessible to workers and foster parents.

The WCWPDS provides a continuum of services intended to facilitate and sustain positive change and support improved outcomes within Wisconsin's child welfare system. Those services include: education, training, transfer of learning, technical assistance, coaching, project management, organizational effectiveness and development, research and evaluation, and research to practice.

Operational Initiatives

DCF contracts with the Wisconsin Child Welfare Professional Development System to assure that the state is responsive and provides access to training needs throughout the state.

Recent enhancements to the training system include:

- Dedicated staff to leadership and supervisor training
- Dedicated staff to new worker outreach (<http://wcpds.wisc.edu/newworkerorientation.htm>)
 - improved identification of and contact with new workers to support training, training requirements, and training expectations
 - more effective collaboration between workers and supervisors surrounding professional development planning
- Dedicated full-time staff to foundation training
 - Full integration of trainers in review and development of curriculum
 - Improved professional development of trainers
 - Improved consistency of training
- Improved statewide calendaring
- Development of more flexible learning alternatives
- Enhanced coordination of OE activities with CQI processes

The training partnership reached the following number of trainees in SFY17:

- Total training sessions in SFY2017: 975
- Total trainees in SFY2017: 18,144

The University of Wisconsin-Madison Survey Center (UWSC) was hired by the Division of Safety and Permanence within DCF to conduct a series of brief surveys of the child welfare workforce. The purpose of these Flash Surveys is to identify strengths and challenges faced by the child welfare workforce in Wisconsin. Input from these surveys has helped DCF and counties partner in their efforts to continually improve upon policy, process, and practice standards, as well as training and technical assistance. The initial Flash Survey was focused on training needs:

- <https://dcf.wisconsin.gov/files/cqi-cfsr/pdf/surveys/cpstraining-rpt.pdf>

Systemic Factor Data

This report uses data from the training system's Learning Management System, PDS Online, with crossover data collected through the State of Wisconsin's eWISACWIS database. PDS Online is based in Cornerstone's proprietary Learning Management System, which tracks

certifications and compliance for state of Wisconsin child welfare workers. The report includes data collected from July 1, 2016 to June 30, 2017 (SFY2017).

FY2017 by the numbers

➤ 18,144	Total trainees
➤ 975	Total professional development opportunities provided
➤ 502	Case-worker professional-development opportunities provided
➤ 9,197	Case-worker trainees
➤ 473	Foster-parent professional-development opportunities provided
➤ 8,947	Foster-parent trainees

Initial Training State Practices

Pre-Service Training

Administrative rules require new child protective services caseworkers and supervisors to complete the caseworker pre-service training as part of their initial development. The web-based pre-service training offered by the Wisconsin Child Welfare Professional Development System, combined with the agency-specific orientation plan that may include job shadowing, agency orientation and other related activities, introduces new caseworkers to the basic skills and knowledge they need in order to carry out their child protective services responsibilities. Because the pre-service training is web-based, all new caseworkers are able to begin the training immediately upon hire.

In order to assure that the modules are consistent with state policies, initiatives, and standards, the modules are reviewed and updated as new state policies, initiatives, and standards are released. Additionally, each module is reviewed on a three-year cycle to include updated research and best practice guidance.

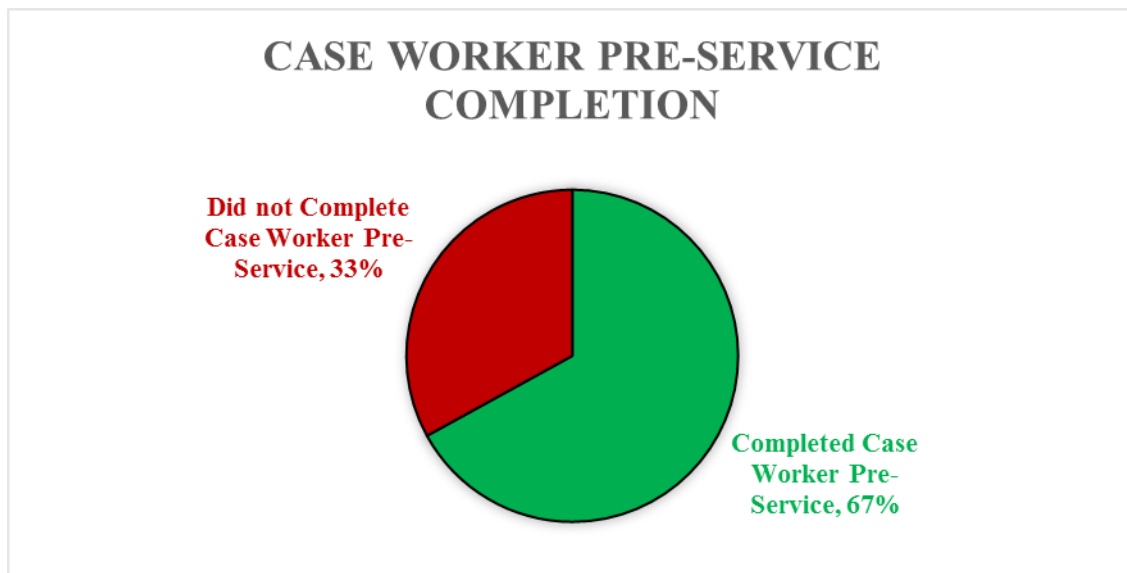
Prior to being assigned as a primary worker in the statewide automated child welfare system, eWiSACWIS, caseworkers must complete, or be exempted from, the pre-service training that consists of 10 modules:

- Introduction to Child Welfare
- Engaging Families
- Safety
- Development and Dynamics of Human Behavior
- Access
- Court Process
- Initial Assessment
- Ongoing Services
- Permanence
- Confirming Safe Environments

These modules can be viewed at: <https://wcwpds.wisc.edu/>

Pre-Service Compliance and Data

In order to support supervisors and agencies in onboarding their new access, initial assessment and ongoing child protective services staff to their training requirements, the Wisconsin Child Welfare Professional Development System reaches out to new caseworkers to share the Welcome Packet and Professional Development Plan and introduce the new caseworker to the Wisconsin Child Welfare Professional Development System. The Welcome Packet identifies the pre-service, foundation, and ongoing training requirements and provides information on training policies, procedures, registration, and the Learning Management System (PDS Online).



The data from this chart was taken from a PDS Online sample of 223 caseworkers who started employment between 7/1/16 and 6/30/17. Some of the workers who appear not to have completed the Pre-Service requirement may have, in fact, taken this outside of PDS Online.

Completion of the web-based pre-service training for all caseworkers with primary job functions of access, initial assessment and ongoing child protective services is not documented in PDS Online. There are a variety of reasons for the less than 100% compliance in completing pre-service training:

- Per the Training Rule, each county can determine pre-service training exemptions for their new staff
- If an exemption for pre-service training is granted, the county is required to maintain documentation for any exemptions and provide it to DCF, if requested; there is no mechanism to document this exemption within PDS Online
- Duplicate PDS Online accounts for individual caseworkers exist because new caseworkers create self-registration accounts in order to begin the pre-service training

upon hire, rather than wait for their eWiSACWIS driven PDS Online account to be created.

- Additionally, if eWiSACWIS accounts are not properly closed and re-opened by the county agency when caseworkers change county of employment, two eWiSACWIS driven accounts can exist for the same caseworker; caseworkers may have their training completion documented across two PDS Online accounts making it look like the training requirements are incomplete; these accounts can be merged if the caseworker informs the Wisconsin Child Welfare Professional Development System
- Some new caseworkers complete pre-service outside of PDS Online and do not document their completion of pre-service within their PDS Online transcript
- Each county agency is responsible for tracking training completion for their caseworkers

The Training Rule is written to require those with the primary (rather than any) job functions of access, investigation/initial assessment, and ongoing child protective services to complete pre-service training. Some workers have multiple child protective services responsibilities; others have both child protective services and other child welfare or human services related responsibilities (such as youth justice, children's long-term support, foster care, after hours). Caseworkers with primary foster care, after hours, youth justice, and children's long-term support responsibilities are not required to complete pre-service training based upon the requirements within the Training Rule, even if they have some access, investigation/initial assessment, and ongoing child protective services responsibilities.

Foundation Training

Administrative rules require new child protective services caseworkers who have access, investigation/initial assessment, and ongoing child protectives services responsibilities to complete, unless exempted with county approval, 15 days (90 hours) of caseworker foundation training within their initial two years of employment. Dependent upon job function, new caseworkers are required to complete from 9-11 days of training on topics related to engaging families, safety assessment, ICWA/WICWA, and placement. The additional 4-6 days of training are chosen from a menu of foundational training courses that are designed to meet job-specific competencies.

The Foundation training provides the bedrock of knowledge, awareness, skill development, and values for child welfare staff. The Foundation training is evidence informed and heavily focuses on skill development and application, with multiple opportunities for practice integrated into each skill-focused Foundation training session. Foundation training is provided in eight locations around the state throughout the year, with multiple offerings throughout the year in Milwaukee, making the training accessible to caseworkers in all counties across the state.

The required foundation courses include:

- Engaging to Build Trusting Relationships (2 days)
- Supporting Change Through Engagement (2 days)
- Case Practice with American Indian Tribes (2 days)
- Placement (2 days)
- Safety in Child Protective Services – Present Danger (1 day)
- Safety in Child Protective Services – Impending Danger (2 days) (not required for Access workers)

The menu option foundation courses include:

- Trauma Informed Practice (2 days)
- In the Best Interest of the Child: Making the Most of Family Interaction (2 days)
- Access (1 day)
- Initial Assessment (3 days)
- Ongoing Case Planning (2 days)

Data related to course descriptions and session totals was taken from PDS Online and the data in regards to the evaluation component was collected from evaluations by participants in the specific trainings.

The following chart summarizes the number of enrollees and average evaluation of each foundation course.

Foundation Training	Total Participants	Average Score 1 (low) 5 (high)
Engaging to Build Trusting Relationships	167	4.355
Supporting Change through Engagement	93	3.933
Case Practice with American Indian Tribes	246	4.419
Placement	143	4.484
Safety in Child Protective Services - Present Danger	193	4.582
Safety in Child Protective Services – Impending Danger	349	4.646
Trauma Informed Practice	67	4.747
Access	184	4.428
Initial Assessment	150	4.448
Ongoing Case Planning	176	4.443
In the Best Interest of the Child: Making the Most of Family Interaction*	N/A*	N/A*
Basic Intake Worker Training	232	4.604

* This training was not offered during the 7/1/16 - 6/30/17 period as it did not become a foundation course offering until July 1, 2017. No data is available.

Foundation Training Compliance and Data

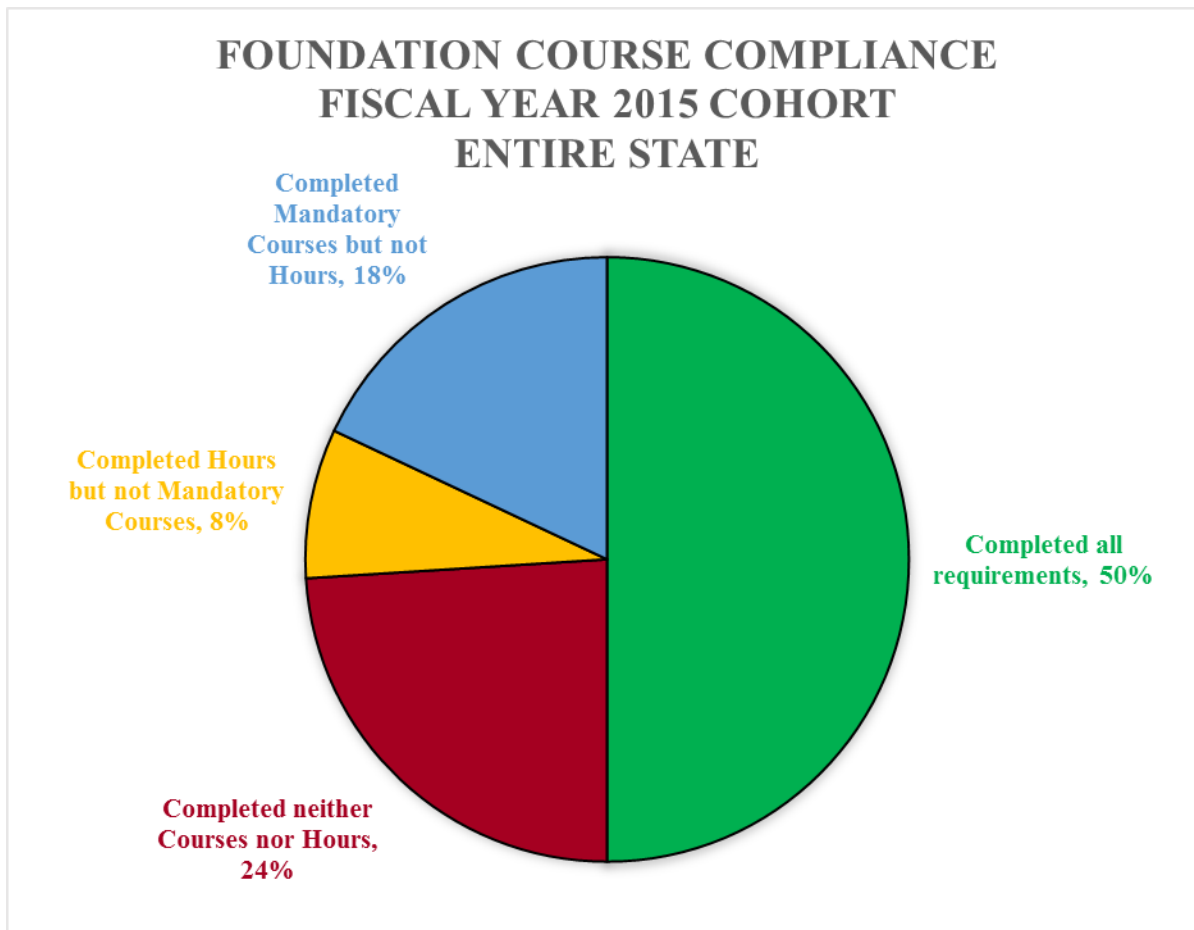
In order to assure that the courses are consistent with state policies, initiatives, and standards, the foundation courses are reviewed and updated as new state policies, initiatives, and standards are released. Additionally, each course is reviewed on a three-year cycle to include updated research and best practice guidance as well as enhanced skill application.

Completion of foundation training for all caseworkers with primary job functions of access, initial assessment and ongoing child protective services is not fully documented in PDS Online. The data that is currently available is displayed on the following page. There are a variety of reasons for the less than 100% compliance in completing foundation training:

- Per the Training Rule, each county can determine foundation training exemptions for their new staff.
- If an exemption for foundation training is granted, the county is required to maintain documentation for any exemptions and provide it to DCF, if requested; there is no mechanism to document this exemption within PDS Online.
- Duplicate PDS Online accounts for individual caseworkers do exist because new caseworkers create self-registration accounts in order to begin registering for training upon hire, rather than wait for their eWiSACWIS driven PDS Online account to be created.
- Additionally, if eWiSACWIS accounts are not properly closed and re-opened by the county agency when caseworkers change county of employment, two eWiSACWIS driven accounts can exist for the same caseworker; caseworkers may have their training completion documented across two PDS Online accounts making it look like the training requirements are incomplete; these accounts can be merged if the caseworker informs the Wisconsin Child Welfare Professional Development System.
- Each county agency is responsible for tracking training completion for their caseworkers.

The Training Rule is written to require those with the primary (rather than any) job functions of access, investigation/initial assessment, and ongoing child protective services to complete foundation training. Some workers have multiple child protective services responsibilities; others have both child protective services and other child welfare or human services related responsibilities (such as youth justice, children's long-term support, foster care, after hours). Caseworkers with primary foster care, after hours, youth justice, and children's long-term support responsibilities are not required to complete foundation training based upon the requirements within the Training Rule, even if they have some access, investigation/initial assessment, and ongoing child protective services responsibilities.

The following chart represents compliance with the foundation training requirements for the group of 115 child welfare workers that began employment between 7/1/2014 and 6/30/2015 and were employed for at least 2 years. The rationale for that timeframe is that they are the most recent cohort that would have had time to complete their 2 year initial training period prior to 6/30/2017.



In an effort to inspire greater compliance with the DCF 43 training rule the Wisconsin Child Welfare Professional Development System began, in January 2018, sending quarterly reports outlining worker compliance to each county human services supervisor in Wisconsin. These reports outline the compliance level for each direct report of that supervisor and what courses still need to be taken to put that worker in compliance with the requirement. It is anticipated that this will have a significant impact on compliance as we move forward.

Basic Intake Training

DCF and the WCWPDS have taken on a significantly larger role in the Youth Justice arena as a result of the transfer of the responsibility for oversight of the community-based Youth Justice system from the Department of Corrections (DOC) to the DCF in January 2016. Subsequently, Basic Intake Training has become the responsibility of the WCWPDS. The training system

works closely with DCF as well as the Wisconsin Juvenile Court Intake Association to continue the development and delivery of this professional development service.

Wisconsin Stat. §§ 48.06 <http://docs.legis.wisconsin.gov/statutes/statutes/48/II/06> and 938.06 <https://docs.legis.wisconsin.gov/statutes/statutes/938/II/06> require that any county staff that provide intake services under either of these chapters shall successfully complete 30 hours of training. This completion must be evidenced by achieving a score of 70% or higher on an exam taken at the end of the 30 hours. As intake services include the custody intake function typically performed by county on-call workers the majority of child welfare social workers in the state are required to complete this training.

At this time, the format for providing the required 30 hours of training is through a 12 hour online Basic Intake Worker Legal Affairs module and an 18 hour face-to-face training with an exam at the end. The exams are proctored by employees of the WCWPDS and the trainings are facilitated by ad hoc instructors from the legal field and the child welfare field. Successful completion of the requirements since the January 2016 transition has been tracked through the PDS online system and workers are provided a certificate indicating successful completion of the statutory requirements.

Current challenges include workers not prioritizing the online training and failing to spend the time necessary to learn what is required of them for the face-to-face training. Alternatively, some workers complete the training immediately upon registration, which may be months before the face-to-face starts. In addition, workers who attend this training come from a variety of job responsibilities including CPS, Youth Justice, Adult Services, Foster Care, Mental Health, etc. creating a significant difference in the existing knowledge of learners at the start of the training. Efforts are underway to revise the current curriculum to eliminate the online portion and include evidence-based practice areas that are necessary for workers performing intake functions. It is anticipated that these changes will be piloted in 2018 and will include transfer of learning opportunities for the differing trainees.

Between 7/01/2016 and 6/30/2017, 232 individuals completed the Basic Intake Worker Training.

Milwaukee Child Welfare Training Partnership Additional Initial Training Requirements

The Milwaukee child welfare system is different from the child welfare system of other counties in Wisconsin in several ways. First, Milwaukee is the largest county in the state by population as well as by active child welfare cases and case-carrying staff. Second, the Milwaukee system is a state-run, as opposed to county run, system. Finally, the state-run Milwaukee system operates as a private/public partnership. The DCF Division of Milwaukee Child Protective Services (DMCPS) performs the Access and Initial Assessment functions while ongoing services, foster family licensing and adoption work is contracted to two private agencies (Children's Hospital of Wisconsin Community Services and SaintA).

As a subcontractor to WCWPDS, the UW-Milwaukee Child Welfare Partnership (MCWP) is responsible for providing training and professional development to DMCPS and contract agency staff and supervisors in ways that both uphold statewide policy and requirements and respond to local needs and priorities.

MCWP provides three broad categories of services to DMCPS/contract agency staff: New Staff Training, Continuing Education, and Supervisory Training. Requirements in each area are established through two main mechanisms: (1) Compliance with training requirements established in Administrative Rule (DCF 43); and (2) Responsiveness to local needs and priorities as defined in regular, ongoing collaboration with agency and DCF leadership (executive, managerial and supervisory). Following are descriptions of the structure of each category of service.

New Staff Training. New staff training for case-carrying DMCPS and contract agency staff has been delivered in an academy-style model since 2010. The model has been revised over the years in response to needs and experience but retains its essential goal: preparing new staff to demonstrate basic proficiency in providing for child safety in accordance with the Wisconsin Safety and Ongoing Services Standards. The academy process integrates formal training, structured field application, performance feedback and performance assessment, mixing MCWP-facilitated courses and processes as well as field application work led by agency-based training supervisors.

New staff complete the following **required** Foundation courses as part of their initial training:

- Safety in CPS (Present Danger and Impending Danger)
- Engaging to Build Trusting Relationships
- Supporting Change through Engagement
- Access (Access and Initial Assessment staff only)
- Initial Assessment (Access and Initial Assessment staff only)

Courses unique to Milwaukee but completed as part of initial training include:

- Information Collection
- Protective Capacity Family Assessment (PCFA)
- Professionalism in Child Welfare
- Introduction to Culturally Competent Practice
- Fundamentals of Family-Centered Case Management

New staff complete the following required or elective Foundation courses immediately following the initial academy training (within the two years after hire):

- Placement
- Trauma Informed Practice
- Ongoing Case Planning
- Team Based Practice
- Case Practice with American Indian Tribes
- In the Best Interest of the Child: Making the Most of Family Interaction

Additional foundation class offerings are currently provided by the Milwaukee Child Welfare Training Partnership, including Professionalism, Team Based Practice, Making the Most of Family Interaction, Fundamentals of Family Centered Case Management, Information Collection and Safety Intervention, Introduction to Culturally Competent Practice and Protective Capacity Family Assessment. Some of these course descriptions can be found at:

<http://uwm.edu/mcwp/continuing-education-courses-for-case-management-staff/>

The following chart shows the number of enrollees and average evaluations.

Milwaukee Child Welfare Training Partnership Additional Initial Training Requirements	Total Participants	Average Score 1 (low) 5 (high)
Professionalism in Child Welfare	141	4.822
Team Based Practice	79	4.687
Information Collection and Safety Intervention	130	4.752
Introduction to Culturally Competent Practice in Child Welfare	124	4.848
Protective Capacity Family Assessment (PCFA): Part I Introduction, Part II Writing Objectives, Goals and Conditions Workshop	179	4.601
Protective Capacity Family Assessment (PCFA): Part II Introduction, Part II Writing Objectives, Goals and Conditions Workshop	65	4.684
Fundamentals of Family Centered Case Management	125	4.809

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- The current training structure is set well in pre-service.
- The statewide system is centralized and works effectively.
- The use of regular surveys and feedback helps to inform practice and training improvements.
- Coaching and mentoring that exist are helpful, though more of this would be beneficial.
- The system is responsive to new topics.
- There are comprehensive on-line and in-person training options.
- Findings from worker survey show high levels of worker satisfaction with training.

Challenges:

- Sometimes the demand for training outweighs the supply.
- Finding the appropriate balance between caseworker workload versus training needs and time to complete training.
- Training can take time away from direct service work. This is particularly true for smaller counties with fewer staff.

Item Summary

Evaluation data and the results of ongoing collaboration with agency leadership indicate that Foundation training courses are assessed positively by staff and seen as applicable to new staff positions and roles.

Based on the compliance data presented here, assuring that new staff complete the required number of Foundation training and Continuing Education hours may be a focus area for improvement.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- That staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- How well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

State Policies

Administrative rule DCF 43 is aligned with the state's social worker licensing rules and requires all child protective services caseworkers and supervisors to complete 30 hours of in-service (special skills and topics/ongoing) training related to their professional responsibilities during each two-year state licensing period. The in-service (ongoing) training requirements found in the administrative rule (DCF 43) are effective in the next two-year licensing period following the caseworker or supervisor's completion of initial (pre-service and foundation) training.

State Practices

Special Skills and Topics training builds upon the knowledge, awareness, skill development and values from Foundation training by providing in-depth knowledge, awareness, values and skill development training around a specific child welfare topic. Based upon feedback provided from course evaluations, the responses from the Training Needs Flash Survey administered throughout the state, DCF defined priorities, and feedback provided at regional supervisor meetings, a robust menu of special skills and topics trainings are offered across the state to caseworkers. Trainers with specific expertise in the specialized topic areas are hired to facilitate many of the ongoing training courses.

In addition to the ongoing training opportunities provided for access, initial assessment, and ongoing child protectives services staff, courses specifically designed for foster care coordinators are offered regularly. These include DCF 56 Training: New Licensors (DCF 56 outlines the licensing requirements for foster homes), SAFE Structured Analysis Family Evaluation Training, and Foster Parent Foundation Training of Content.

The state licensing rules require licensed social workers to complete four hours of Ethics and Boundaries training during each two-year licensing period. Based upon county identified priority, the Wisconsin Child Welfare Professional Development System develops and delivers a new Ethics and Boundaries training topic to caseworkers and supervisors every two years. Over 60 sessions of Ethics and Boundaries training are provided around the state to caseworkers and supervisors each licensing period. The training during this current social worker licensing period (March 1, 2017-February 28, 2019) is entitled “Ethics and Boundaries 2017-19: An Ethical Challenge - Bullying in the Workplace.”

In order to meet the in-time learning needs of caseworkers and decrease the amount of time outside of the office, the following web-based learning courses have been developed: Understanding Child Sex Trafficking in Wisconsin, Transition to Adulthood, Safety Overview for Non-CPS Staff, Confirming Safe Environments, Alternative Response Orientation, and CANS Tool Training and Certification. New web-based courses are being developed each year. Caseworkers are able to complete these web-based courses within PDS Online so that the completion of the training is noted on their training transcripts.

The following link has descriptions of Web-Based Courses such as Alternative Response, Understanding Child Sex Trafficking, and other courses -

<https://wcpds.wisc.edu/web-based-courses/>

The following table represents the 10 most attended Special Skills and Topics trainings offered by the Wisconsin Child Welfare Professional Development System, the number of attendees and the average training satisfaction score.

Training Title	Number of Attendees	Average Score 1 (low) 5 (high)
Assessing Impending Danger	385	4.615
CANS Case Planning	40	4.662
DCF 56: New Licensors	116	4.71
Ethics and Boundaries	180	4.392
Family Find and Engagement	687	4.113
Perinatal Substance Abuse	110	4.404
Permanency Roundtable	103	4.656
Post Reunification Motivational Interviewing	614	4.602
SAFE Structural Analysis	382	4.514
The Neurobiology of Case Planning	85	4.744

In addition to the training provided by the Wisconsin Child Welfare Professional Development System, caseworkers and supervisors can attend training offered by other organizations in order to complete their ongoing training requirements. Caseworkers and supervisors are then required to enter these sessions into PDS Online as an external training so that their PDS Online transcript captures all their completed training hours. In-service/ongoing training hour requirements cannot be exempted by a county agency.

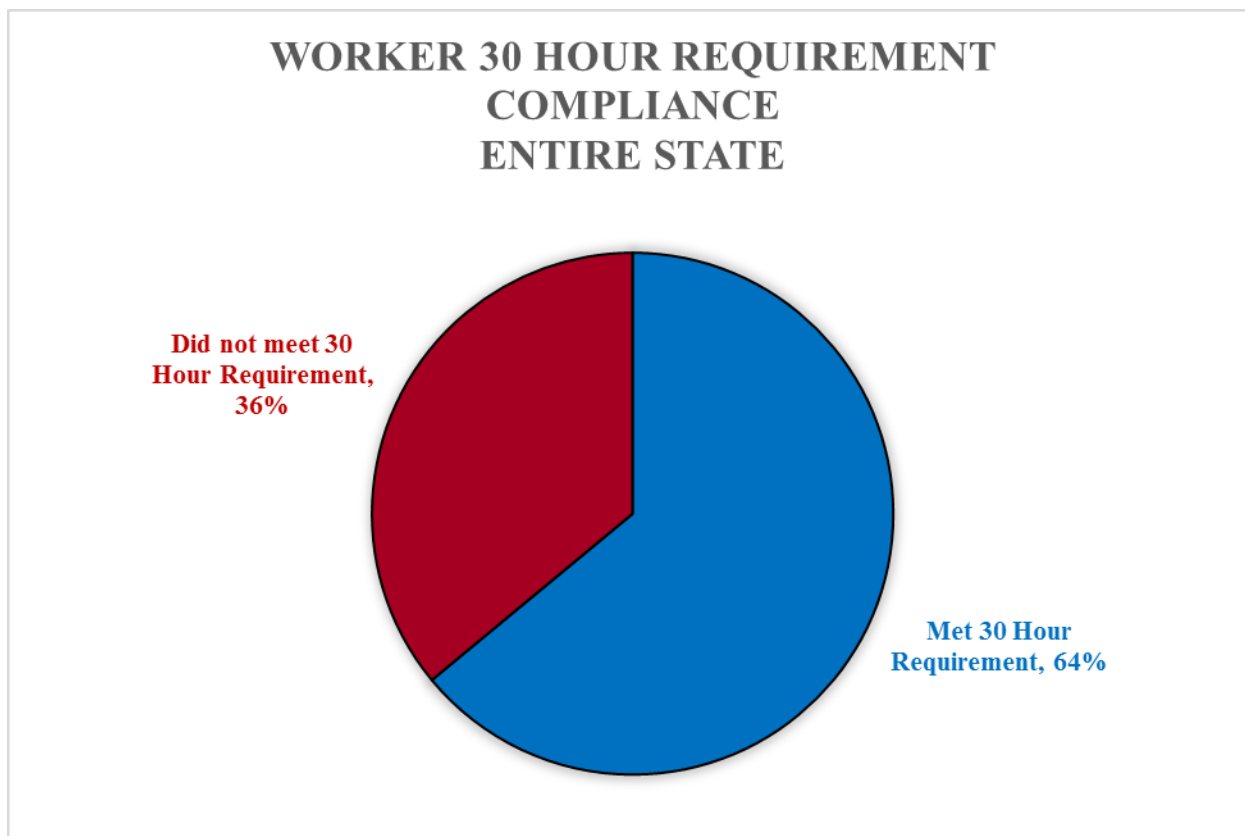
Special Skills and Topics/In-Service Training Compliance and Data

Based upon the completion reports from PDS Online, all caseworkers with the primary job functions of access, investigation/initial assessment, and ongoing child protective services are not completing their 30-hours of required in-service/ongoing training. There are a variety of reasons for the less than 100% compliance in completing in-service/ongoing training:

- Caseloads are high and workers are unable to take time away from the office to attend training.
- Duplicate PDS Online accounts for individual caseworkers exist; for example, if eWiSACWIS accounts are not properly closed and re-opened by the county agency when caseworkers change county of employment, two eWiSACWIS driven accounts can exist for the same caseworker; caseworkers may have their training completion documented across two PDS Online accounts making it look like the training requirements are incomplete; these accounts can be merged if the caseworker informs the Wisconsin Child Welfare Professional Development System
- The non-Wisconsin Child Welfare Professional Development System sponsored in-service/ongoing training that caseworkers complete must be documented as external training by an individual caseworker into their PDS Online transcript in order for training hours to be recorded; agencies are required to enter the training into PDS Online within 30 days of training completion but it is not consistently entered into PDS Online

In addition, caseworkers with other child welfare primary job functions, such as foster care and after-hours, are not required to complete ongoing training per the Training Rule (DCF 43) unless they are also licensed by the state as social workers, and not all counties require their child welfare staff to be licensed social workers.

The following chart represents compliance with the 30 hour training requirement outlined in DCF 43 for the group of child welfare workers that began employment before 7/1/2014.



In an effort to inspire greater compliance with the DCF 43 training rule the Wisconsin Child Welfare Professional Development System began, in January 2018, sending quarterly reports outlining worker compliance to each county human services supervisor in Wisconsin. These reports outline the compliance level for each direct report of that supervisor and what courses still need to be taken to put that worker in compliance with the requirement. It is anticipated that this will have a significant impact on compliance as we move forward.

Tribal Training

Wisconsin has made a strong commitment to ensure that the needs of Indian Child Welfare (ICW) caseworkers in the eleven tribes are met. There are currently no training requirements for ICW caseworkers unless the caseworker is a social worker certified by the state of Wisconsin. Each tribe is responsible for establishing training requirements for its staff. However, there are often shared needs that can be addressed through WCWPDS. Training needs for these caseworkers are identified by the Intertribal Child Welfare Steering Committee, which meets with a representative of WCWPDS every other month. This committee includes the ICW Directors of all eleven tribes. A list of training topics is developed and the tribes vote on which topics will be delivered each year. There are typically three trainings offered to tribal staff each year. The training topics that were identified and planned for the winter of 2017 through the spring of 2018 include:

Training Title	Date
Child Forensic Interviews: Best Practice Guidelines	12/11/2017 – 12/13/2017
Native Wellness in the Workplace	01/23/2018 – 01/24/2018
Drug Trends in Indian Country	Spring 2018

Supervisor Training

Administrative rule requires new child protective services supervisors to complete, unless exempted, the caseworker pre-service and foundation training as part of their initial development. Supervisors are required to complete the caseworker pre-service training before providing direct supervision to a child protective services caseworker and supervisors must complete 15 days of the caseworker foundation training within 12 months of hire. In addition, child protective services supervisors are required to complete 30-hours of in-service (special skills and topics/ongoing) training related to their professional responsibilities during each two-year state licensing period.

In addition to the caseworker pre-service, foundation and ongoing training (that was described in previous sections), supervisor foundation and supervisor specific ongoing training topics are offered annually by WCWPDS. The supervisor foundation training focuses on both child welfare specific supervision issues and basic elements of effective supervision. While new supervisors are required to complete the caseworker foundation training, they are not required to complete supervisor foundation training.

The supervisor foundation training is newly developed and is being offered statewide on a regular basis as of July 2017. The supervisor foundation training series includes:

- Stepping Up to Supervision: Supervisor Orientation (1 day) – pre-requisite to attend any of the foundation courses; offered monthly
- Supervisor Foundation - Administrative Supervision: Supervisor as Manager (2 days)
- Supervisor Foundation - Educational Supervision: Supervisor as Coach (2 days)
- Supervisor Foundation - Supportive Supervision: Supervisor as Team Leader (2 days)
- Supervisor Foundation - Clinical Supervision: Supervisor as Critical Thinker (2 days)

The following table displays the number of participants and the average evaluation score for training.

Supervisor Foundation	Total Participants	Average Score 1 (low) 5 (high)
Supervisor Foundation Training: Modules 1-4	82	4.28
Supervising Using the Five Dysfunctions of a Team	40	3.917
Supervisor Retention: Modules 1-6	121	4.346
Secondary Traumatic Stress: Building Resilience in Staff	21	4.699

Special Initiatives

Organizational Effectiveness

Description:

Organizational Effectiveness (OE) is a systemic and systematic approach to organizational improvement. This training was part of Wisconsin's response to the 2010 CFSR in 2011. The DCF in conjunction with WCWPDS adopted the American Public Human Services Association's DAPIM™ model for continuous improvement. It is not an initiative or a single event or program; it is a way to provide system support to county human/social service agencies interested in solving a concrete problem or implementing a change related to child welfare.

The seven day, team-based experience is facilitated by skilled and seasoned professionals from WCWPDS and spans four months. Organizational Effectiveness services are offered on a range of issues which are typically faced by organizations involved in public child welfare such as:

- Policy Alignment
- Performance Management
- Leadership Development
- Translating Mission, Vision, Values into Practice
- Employee Engagement
- Organizational Structure/Work Process/Job Design
- Strategic Planning
- Implementation Support
- Capacity Building
- Program Improvement

The OE process looks at areas needing to be improved and makes a conscious effort to stratify task work (structures, policies, procedures, processes and methods) with relational items (culture, values, trust, politics, communication, teamwork and collaboration). Through the development of a Desired Future State (DFS) a team defines what it wants the identified area to look and feel like when the OE process is completed. The model is then implemented by listing strengths and gaps, prioritizing gaps, defining root causes, and then developing workable remedies. Remedies are also stratified by quick-wins and mid and long term fixes (see DAPIM model).

Objectives:

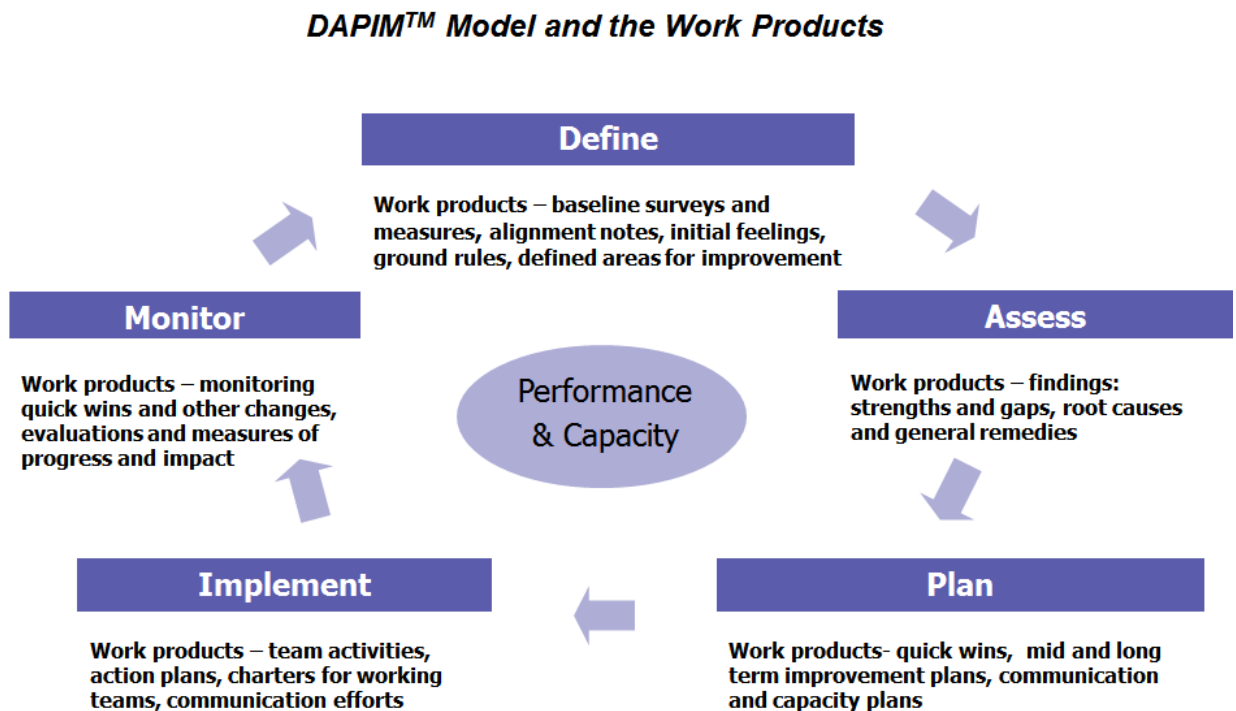
Organizational Effectiveness seeks to strengthen county organizations by improving performance, performance capacity and improving outcomes for the children, youth, and families that are served by the agency. It has the ability to build capacity by taking a systematic (step by step approach) with a goal of impacting the entire system systemically (staff, client, and community). This is accomplished through teams developing the ability to reflect, process and learn tools to put into application.

Data:

In 2011, OE was piloted in four counties (stratified by small, medium, and large size). Since that time, OE projects have been completed in 25 more counties. Some of the topics that have been chosen include: reduction in OHC costs, redesign of crisis on-call, employee retention and recruitment, integration of children's long term care waiver, redesign of child welfare service delivery system, implementing and integrating trauma informed care, integrating child welfare and behavioral health, developing more comprehensive youth services, integrating child welfare and juvenile justice services, building agency morale and developing trust-based relationships.

In 2016, storyboards were created for some counties that had completed OE and placed on the WCWPDS website. The purpose of this was to share the projects that counties have worked on including DFS, Priority Gaps, Root Causes, Remedies, and Recommendations made by the OE facilitation team. See link to OE Storyboards:

<https://wcpds.wisc.edu/organizational-effectiveness.htm>



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Alternative Response (AR) Training

Background:

Alternative Response (AR) began as a pilot initiative in Wisconsin in 2010. The pilot established a two-pathway response system for screened-in Child Protective Services cases. Historically, in all CPS cases, workers make a maltreatment determination (whether child abuse and/or neglect occurred) and a maltreater determination (abuse or by whom). This pathway is called a Traditional Response (TR). With AR, there is a second pathway involving CPS cases that are less severe in allegations and concerns and less likely to need collaboration with law enforcement or courts. This type of response allows the focus to be on the family and removes the substantiation focus (both maltreatment and maltreater).

In either pathway, child safety remains paramount and is assessed in order to make decisions of whether or not a child needs protection.

To support this new approach in CPS, WCWPDS initially contracted with trainers from North Carolina who had experience in providing training to support implementation of this program in that state. This training's focus was on principles of engagement and teaches skills to enhance workers' ability to work with families in a non-adversarial and collaborative way. In 2016, WCWPDS updated its Engagement Foundation training, which already provided much of the same information as the North Carolina training, bringing a strong focus on the content and materials from the North Carolina AR training curriculum. As the AR program continued to expand, the need for in-time availability of this information was evident. WCWPDS worked with the DCF and developed an online orientation to AR. This online training provides specifics and clarity regarding the policy and processes of the two-pathway approach. It supports county agency staff and their partners in understanding how AR fits into CPS practice in Wisconsin and more specifically, answers the questions of what AR is, what it is not and, with the implementation of this approach, what is the same about practice and what is different.

Additional efforts focus on learning and support with the provision of webinars and a yearly conference.

Description:

Online Training:

A 2-module online training provides CPS workers with a framework to understand where and how AR fits into practice and assists participants in considering how to incorporate an Alternative Response approach in their work with families. The focus is on the core concepts of program, pathway, and practice. While this orientation is intended to provide new information, it is only the beginning of a conversation as counties kick off implementing Alternative Response.

The main target audience for this training are Initial Assessment and Access workers who will be implementing Alternative Response in their county. The content is also applicable to other agency staff and community partners who work in collaboration in serving families who are on the AR pathway response.

For partners who collaborate with CPS, the training provides an overview of AR and helps support discussion about how practice and work may look when working with families on an Alternative Response pathway. In addition, counties with CPS Agencies implementing AR will host community meetings where partners come together to further look at how AR will impact their combined work. This training can help to prepare for those meetings.

Webinars

In the second half of 2016, we identified the need to develop and provide further learning opportunities to support agency level implementation. To address this need, supervisor webinars were offered every other month. These webinars provide technical assistance with the implementation of tools and engagement skills, as well as further exploration of topics and issues identified by counties in the AR program.

Annual Conference

Once a year, all counties who are currently part of the AR program, along with any new counties who will be onboarding with AR the following year, are invited to attend a one day conference.

Data:

Twenty-two counties are currently implementing AR. The DCF is in the process of conducting an evaluation of the program to make decisions about continued implementation and roll out. The evaluation will be completed by September 2018.

Because the online training is offered outside of the LMS system in order to make it readily accessible to Child Welfare (CW) community partners (schools, law enforcement, court staff, mental health providers, etc.), in addition to CW agency staff, the DCF is not able to identify how many people have completed the online training

Critical Incident Review

Beginning in 2016, DCF has contracted with Collaborative Safety, LLC to provide training and support in implementing a review protocol to evaluate and address systemic factors affecting child maltreatment fatalities and near fatalities based on a safety science approach. The “*Developing Champions for Change: A Scientific Approach to the Review of Critical Incidents*” Training Institute is a four-day training institute engineered to provide a formal skill set to professionals in the area of organizational safety and quality assurance in child welfare.

The *Developing Champions for Change Training Institute* is comprised of four courses:

Introduction to Human Factors and Systems Safety (Day 1)

This course provides a framework of system safety and is designed to engage participants with a comprehensive and holistic introduction to Human Factors and System Safety. Contrasting models and approaches are presented to give participants an increased command of relevant scientific literature.

Human Factors Debriefing (Day 2)

This course examines the child welfare system and those who interact within it. Participants leave with the ability to independently use Human Factors principles in their workplace. They will understand the human contribution to success and failure as well as how to build systems that promote safe decisions and actions of the people who work within them.

Accident Analysis (Day 3)

The course is designed to give participants the skillsets to independently analyze critical incidents common in the child welfare system. Participants leave with practical tools to use in their analysis, including skills specific to report writing. Participants will be able to take the results from the accident analysis and generate findings and conclusions that will strategically support systemic change.

Implementation and System Change (Day 4)

This course focuses on leveraging the skillsets provided in the first three courses for system change. Participants will learn to analyze findings for underlying systemic themes. The course then provides insight on how to develop effective recommendations and provide meaningful feedback to the organization regarding system improvements and valuable learning opportunities.

Conferences

DCF works collaboratively with the WCWPDS and the University of Wisconsin-Madison Division of Continuing Studies to plan, deliver, and support several conferences.

- Public Child Welfare Conference
- Statewide Conference on Child Welfare and the Courts
- Youth Services Conference
- Adoption Conference

Public Child Welfare Conference

The Public Child Welfare Conference targets agency directors, managers, and supervisors and is held every other year. Themes vary for each conference in support of statewide initiatives, county needs, and state and national trends. The conference historically reaches 300 state child-welfare leaders.

Statewide Conference on Child Welfare and the Courts

The Statewide Conference on Child Welfare and the Courts targets circuit court and tribal court judges, tribal chairpersons, circuit court commissioners that hear juvenile cases, district attorneys, corporate counsels, tribal attorneys, private bar attorneys that represent parents and youth, and guardians ad litem. Participant composition is designed to bring together county, state, and tribal leaders from multidisciplinary backgrounds to assist in creating a dialogue and pragmatic approaches to their work serving youth. Presentations and workshops are subsequently aimed at solutions-based approaches for serving youth in the child welfare and juvenile justice systems. The Summit provides substantive training in a multi-disciplinary setting on topics that impact child welfare, legal and judicial practice to improve safety, permanence, and well-being outcomes for Wisconsin's children and families. Conference capacity is generally 500 participants.

Youth Services Conference

The Youth Services Conference targets Independent Living Coordinators, social workers working with older youth and youth as they age out of care, Bureau of Youth Services grantees, Group Home providers, foster parents working with youth aged 12-21 and prospective foster parents. The conference addresses issues relevant to the wide range of youth served in OHC with topics focusing on supporting youth while they are in care, as well as in their transition to independence. Conference capacity has grown from 150 the first year to 300 participants. Applications for Continuing Education and Judicial Education credits are available. Continuing Education Hours are also counted for social workers. The UW-Madison Division of Continuing Studies is an approved continuing education provider through the Association of Social Work Boards.

Adoption Services Conference

Wisconsin's Adoption Conference targets social workers from public and private agencies, adoption workers, Special Needs Adoption Program workers, and private child placement agencies. The focus of this conference is to improve services and supports for Wisconsin adoption workers. Capacity for this event is generally 250 participants.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- Consistent training is available across the state.
- Findings from evaluations of training show high worker satisfaction.
- Training system is well-structured and provides high quality training and course instructors.
- Workers benefit from and appreciate the court's on-line training system.

Challenges:

- Child welfare is emphasis of training, it would be helpful to continue to explore additional topics related to mental health and substance abuse that impact families.
- Finding time to take additional courses beyond what is required can be challenging.
- Caseworkers may find it difficult to balance workload related to serving families and time required for training.

Item Summary

Wisconsin has a robust and comprehensive training system to ensure that workers are prepared and supported in an ongoing way to perform their roles effectively. A wide range of training is available to meet multi-faceted needs. The training curriculum is informed through flash surveys and more in-depth surveys of training needs. Workers are also supported through peer support mechanisms on a regular basis to provide opportunities for peer support, coaching and learning.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- That they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- How well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

State Policies

Administrative Rule (DCF 56) requires all licensed foster families to complete training commensurate with their Level of Care certification (LOC). Training is provided in three components:

- Pre-Placement: prior to the placement of a child into the home, except in the case of a child-specific license when the family has up to six months to complete the training.
- Initial Licensing: completed within the first licensing period. A licensing period can be up to two years.
- Ongoing: each 12 month period of licensure subsequent to the initial licensing period.

All foster and adoptive parent training must meet one of the following purposes:

1. Improve the quality of care provided to children who live in foster or adoptive homes.
2. Prepare foster and adoptive families to care for and provide stability for foster children in their homes.
3. Promote communication, respect, and understanding among all involved parties, with a focus on working for the best interests of the foster child.

4. Provide opportunities to foster parents to mutually explore their values, strengths, limitations, and needs as they relate to compatibility with foster and adoptive children.
5. Develop an understanding of the child welfare system and the importance of permanency for children.
6. Encourage foster and adoptive parent networking and the use of resources.

The required trainings by Level of Care certification and topics covered are listed in the table below.

		Level 1	Level 2	Level 3	Level 4
Pre-Placement Curriculum	Foster Care Overview	Pre-Placement: 6 hours	Pre-Placement: 6 hours	Pre-Placement: 36 hours	Pre-Placement: 36 hours
	Expectations of Foster Care				
	Caring for Children in Foster Care				
	Developing and Maintaining Family Connections				
	Foster Family Self-Care				
Foundation Curriculum	Permanency	Initial Licensing: Not Required	Initial Licensing: 30 hours (to be done in first licensing period)		
	Cultural Dynamics				
	Child Abuse and Neglect				
	Effects of Maltreatment on Development				
	Attachment				
	Separation and Placement				
	Importance of Family Connections				
	Guidance and Positive Discipline				
	Access to Resources				
Various curriculums	Crisis Management	Not Required	Topics Not Required	Initial Licensing: 24 hours	Initial Licensing: 24 hours
	Sexuality and Sexual Development				
	Sexual Abuse				
	Effects of Maltreatment and Trauma on Child Development				
	Building Life Skills				
	Building Birth Family Connections				
	Other Topics Required by Licensing Agency				
	Ongoing: Not Required	Ongoing: 10 hours each year of licensure beyond the initial licensing period	Ongoing: 18 hours each year of licensure beyond the initial licensing period	Ongoing: 24 hours each year of licensure beyond the initial licensing period	

The DCF contracts with WCWPDS for the curriculum development and maintenance for the Pre-Placement training and the Foundation curriculum and for the development of various ongoing trainings. Additionally, WCWPDS conducts Train the Trainer sessions of the Foundation curriculum for foster care coordinators from county and private Child Placing Agencies. Private Child Placing Agencies generally license foster homes with a Level of Care of 3 or 4 and conduct their own training of the foster homes they license with the required curriculum. Private Child Placing Agencies receive financial support to implement training as an included item in their administrative rates for foster care placements.

In addition to the trainings conducted through WCWPDS, the DCF has other resources supporting foster parent training. Per its contract with the DCF, the Foster Care and Adoption Resource Center is required to provide up to six webinar trainings a year for foster parents. These webinar trainings have an interactive capacity to give foster parents an opportunity to ask questions and provide input during the training. County agencies also provide foster parent training supported financially by Title IV-E pass through funding. 45 counties utilized pass-through funding in CY 2017 to support additional foster parent training. County agencies can access this funding for mileage reimbursement, child care, materials costs and other allowable costs related to the provision of foster parent training. This can be used for pre-placement, if provided face-to-face, and foundation training to support attendance at the training and ongoing trainings. The DCF also provides financial support to the Wisconsin Foster and Adoptive Parent Association for a spring and a fall conference for foster and adoptive parents.

The WCWPDS subcontracts with UW-Milwaukee Child Welfare Partnership (MCWP) to oversee and deliver training to county, tribal and DMCPD-licensed foster families licensed at Levels 1 and 2. Increasingly, private child placing agencies (CPAs) licensing families at Levels 3 and 4 have the option to send families to MCWP sponsored trainings as well.

Training compliance is reviewed by the foster care licensing agency during the licensing period and at renewal. If a foster parent is not in compliance with the licensing regulations he/she may request an exception. The DCF Exceptions Panel must approve any request for an exception or waiver to Pre-Placement or Initial Licensing training at all Levels of Care Certification. The licensing agency may grant an exception or a waiver for ongoing training at any level. The table below lists the exceptions that have been granted by the DCF Exceptions Panel and licensing agencies for foster parent training since the requirement began as a part of our previous Program Improvement Plan following the last CFSR. Exceptions are time limited and may include additional conditions.

WAIVER/EXCEPTION DESCRIPTION	2017	2016	2015	2014	2013	2012	2011
56.13(4)(a) 2. LEVEL 2 Initial Licensing	54	52	21	32	21	1	0
56.13(4)(a) 3. LEVEL 2 Ongoing	25	15	21	7	10	4	1
56.13(4)(b) LEVEL 2 Child-Specific Pre-Placement	2	3	0	0	0	0	0
56.13(5)(b) 1. LEVEL 3 Pre-Placement	0	1	1	0	6	0	0
56.13(5)(b) 2. LEVEL 3 Initial Licensing	0	0	2	0	0	0	0
56.13(5)(b) 3. LEVEL 3 Ongoing	3	6	17	8	7	0	6
56.13(6)(b) 3. LEVEL 4 Ongoing	1	1	1	1	5	0	0

Pre-Placement

The pre-placement requirement for Levels 1 and 2 and 6 hours of the pre-placement training requirement for Levels 3 and 4, can be satisfied by completing the on-line course at <https://wcpds.wisc.edu/Pre-Placement.htm>, through in-person sessions, or by a combination of on-line and in-person according to county preference. An in-person pre-placement series specifically adapted to relative caregivers is also offered in Milwaukee.

- In FY 2017 the total number of newly licensed active and inactive foster parents was 1034, of which 916 were newly licensed active foster parents.
- The total number of foster parents who completed the on-line Pre-Placement training in FY 2017 was 1160.

Data described in the charts below was taken from PDS Online. The chart below specifies the number of enrollees, the level foster home they represent and the percent completion of required foundation training modules.

	Did not complete any modules		Completed some modules		Completed all modules		Total
	Number	Percent	Number	Percent	Number	Percent	Number
Level 2	76	12%	140	23%	394	65%	610
Level 3	29	52%	15	26%	12	22%	56
Level 4	6	55%	0	0%	5	45%	11

MCWP, in close collaboration with DCF, also develops and delivers “Training of Content” (TOC) sessions to prepare trainers offering the Initial Licensing/Foundation modules through county, CPA’s, or tribes. TOC sessions are offered at least annually and more often after curriculum revisions.

Initial Licensing

Foster parents licensed at Level 2 and above must complete initial licensing training. Administrative Rule (DCF 56) specifies the topics that must be covered, all of which are covered by the “*Wisconsin Foundation Training for Foster Parents*” curriculum offered throughout the state by the UW-Milwaukee Child Welfare Partnership (MCWP). The Foundation curriculum has also been translated into Spanish and Spanish-speaking trainers provide the training when the need arises.

Foster Parent Training Requirements

Foster parents are required to complete ongoing training in each licensing period following the initial period. The training completed should be based on a plan created for each family that reflects its needs and the needs of children in its care. Ongoing training requirements vary by Level of Care certification and can be satisfied in a number of ways through the Wisconsin Child Welfare Professional Development System (WCWPDS and MCWP), community agencies, educational institutions, and web-based sources. Options for ongoing training include face-to-face consultation with professionals with expertise in specific identified areas, video, audio, and web-based presentations, support groups, adult education courses, books, periodicals, and web-based resources, television and radio presentations, mentor family consultations, and conferences, workshops, seminars, and webinars. Books, periodicals, web-based and broadcast materials can only be used for a maximum of 20% of the required hours.

Assessing Foster Parent Training Needs

A survey was developed in 2017 by the University of Wisconsin-Madison Survey Center with input from DCF and the training system for the purpose of identifying the training needs, strengths, and challenges faced by foster parents in Wisconsin. This information will be used for strategic planning. The survey was sent via email to 5031 licensed foster parents in Wisconsin on September 22, 2017. Responses were received from 1400 foster parents, which is a 28% response rate.

Descriptions of foster parent trainings can be found at the following link:

<http://uwm.edu/mcwp/programs/foster-and-adoptive-parents-training-program/>

Following are two charts with the name of the course, the number of enrollees and the average course rating.

Foster Parent Training	Total Participants	Average Score 1 (low) 5 (high)
Foster Parent Pre-Placement Modules 1-2	46	3.764
Foster Parent Preplacement Module 3: Caring for Children in Foster Care	46	3.858
Foster Parent Pre-Placement Module 4: Developing and Maintaining Family Connections	48	3.528
Foster Parent Foundation Module 1: Partners in Permanency	766	3.698
Foster Parent Foundation Module 2: Cultural Dynamics in Placement	767	3.53
Foster Parent Foundation Module 3: Maintaining Family Connectedness	887	3.684
Foster Parent Foundation Module 4a: Dynamics of Abuse and Neglect Part 1	876	3.776
Foster Parent Foundation Module 4b: Dynamics of Abuse and Neglect Part 2	867	3.712
Foster Parent Foundation Module 5: Impact of Maltreatment on Child Development	763	3.546
Foster Parent Foundation Module 6: Attachment	768	3.634
Foster Parent Foundation Module 7: Separation and Placement	721	3.75
Foster Parent Foundation Module 8: Guidance and Positive Discipline	787	3.714
Foster Parent Foundation Module 9: Effects of Fostering on the Family	829	3.696
Overview of the Children's Court System for Foster Parents	185	3.616

Trauma Informed Parenting (T.I.P)	Total Participants	Average Score 1 (low) 5 (high)
Trauma Informed Parenting Parts 1-4	86	3.616
Fostering Traumatized Kids	83	3.532

Compliance with Ongoing Training

The chart below summarizes the number of enrollees, the level foster home they represent and the percent completion of required ongoing training modules.

	No training documented		Completed some training hours		Completed all training hours		Total
	Number	Percent	Number	Percent	Number	Percent	Number
Level 2	77	29%	137	50%	56	21%	270
Level 3	8	37%	10	45%	4	18%	22
Level 4	3	18%	10	59%	4	23%	17

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- Foster parent training requirement has helped better prepare foster parents.
- Foster parent Pilot Trauma Informed Care Initiative is an excellent and helpful training.
- Standards for foster parents are helpful in guiding practice and providing support.
- Foster parent feedback on training has been positive.
- Foster adoption and resource centers are an effective and helpful resource.

Challenges

- Scheduling training for foster parents can prove challenging.
- Recruitment and retention of foster parents are significant challenges particularly in rural areas, however DCF is continuing to find innovative ways to recruit foster parents.
- More training should be available for relatives that care for children.

Item Summary

Evaluation data and the results of ongoing interaction with county leadership, foster care coordinators, and foster parents indicate that foundation training courses are seen as relevant and largely successful in meeting basic knowledge and skill needs. More importantly, perhaps, foster/adoptive parents consistently find the information presented helpful.

The foster/adoptive parent training program evidences several key strengths. First, it has been designed through a highly collaborative process that included foster parents, state, county, tribal, private agencies, and university-based partnership stakeholders. This collaboration has extended into all the key processes involved in maintaining and improving the program including curriculum revisions, upgrades, and delivery logistics. Second, and relatedly, program content and logistics have been subject to continuous improvement efforts based on evaluation data, state policy changes, research findings, and foster care licensing agency feedback. For example, the foundation modules have been updated to include more emphasis on trauma and the growing body of evidence regarding its manifestations and effects on children in care. The pre-placement course

has been revised to emphasize the statewide “Reasonable and Prudent Parent” standard, a best practice in providing a quality experience for children in care. County feedback regarding how often to hold training sessions and where they are most conveniently located for families is routinely sought and incorporated into planning, scheduling and innovation (e.g., using distance education technology to make training more accessible to far Northern and other rural areas in the state).

Finally, the program provides consistent training across counties, agencies and tribes by requiring common curricula and also assuring that trainers are prepared through a consistent process (TOCs). While the curriculum allows for examples and applications adapted to various contexts (e.g., rural versus urban versus tribal), a consistent treatment of policy and best practice standards is presented throughout.

Identifying and responding to foster/adoptive family needs is an ongoing challenge. Foster families’ needs vary on a number of dimensions (e.g., the children in their care, availability of resources in their communities, level of experience fostering or parenting at all, etc.) as do the needs and priorities of foster care licensing agencies. In addition to its commitment to a continuous improvement philosophy that allows for adaptation as needs are identified, several initiatives have begun that promise to continue our continuous quality improvement efforts for foster parent training:

- Ongoing strategic planning efforts led by DCF that coordinate improvement efforts
- Design and implementation of a statewide foster parent needs assessment survey (developed in conjunction with the Survey Research Center at UW-Madison)
- Design and implementation of a statewide Child Placing Agency foster parent training survey to understand the needs of the private foster care licensing agencies and how best to coordinate efforts and use resources.
- Design of a new Public Adoption curriculum that addresses changes in state statute and incorporates state-of-the-art information about the needs of adopted children and adopting families.
- Increased use of distance education technology to provide access to interactive training for families living in more remote areas of the state.
- Collaboration with research faculty at both UW-Madison and UW-Milwaukee aimed at identifying and disseminating evidence-based practices.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Service Array Overview

Wisconsin is a state supervised, county administered service delivery system, with the exception of Milwaukee County which is state-administered through the DCF Division of Milwaukee Child Protective Services. The state supervised, county administered structure of service delivery offers many benefits, including the ability for local jurisdictions to develop a service array that is tailored to meet the needs of children and families served including tailoring culturally specific services and supports for non-English speaking populations, tribal populations and different races and ethnicities represented in the state.

A key goal of the service array is to keep children and youth safely in their own home, family, tribe, and community whenever possible. Services and supports are designed to engage with children, youth, and families to expand healthy connections to supports in their community and tribes and bolster resiliency in families to help them thrive. Wisconsin strengthened and reissued the Child Welfare Model for Practice in 2016 in a collaborative partnership with Tribes, counties and other stakeholders as a framework for all services provided to child welfare families with the guiding principle that services be based on trust, engagement, accountability, trauma-informed, culturally responsive, workforce support and family-centered practices. The Wisconsin Child Welfare Model for Practice is the compass which guides the work and decision-making of the child welfare system and is described more fully in the agency responsiveness section of this document.

Wisconsin conforms with service array standards through required state policies and practices, DCF-delivered programs and supports, DCF collaborations to meet service array needs and referral to key statewide efforts sponsored by other statewide and local service providers.

Applicable Standards

The Ongoing Services Standards inform caseworkers, supervisors and contracted staff of requirements regarding assessment of need for services and when services should be implemented and guidance on when they may be implemented to address issues regarding a child's safety, permanence, and well-being.

Ongoing Services Standards- <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf>. Requirements that relate to service array include that the child welfare caseworker gather and document information pertaining to child and caregiver needs and strengths, to develop a case plan to identify goals and corresponding services needs to support safe case closure, and to routinely monitor goal achievement to ensure adequate service provision and desired change. This must be done within six months after development of the initial case plan and every six months thereafter.

The CPS Safety Intervention Standards - <https://dcf.wisconsin.gov/cwportal/policy> - detail policy and provide additional guidance to workers on how to assess the safety of children who are living in their familial homes or have been placed in OHC and how to provide services. They address situations where a child welfare caseworker must determine whether a child can safely remain in his or her familial home or must be removed from the home for safety reasons. They further provide guidance with respect to measures that may allow a child to remain in his or her familial home, such as developing a protective plan or in-home safety plan that identifies services that will control for or manage threats to safety. Additional guidance includes how services may be used to manage impending danger threats as part of an in-home or out-of-home safety plan.

The Foster Parent Handbook - <https://dcf.wisconsin.gov/fostercare/handbook> also provides critical information on training services and supports for foster parents and the children in care.

Wisconsin is home to eleven federally-recognized Tribes. Wisconsin passed the Wisconsin Indian Child Welfare Act Law (WICWA) and has developed specific guidance for how child welfare agencies must comply with WICWA as well as guidance around "active efforts" to identify tribal heritage. These documents are critical resources for counties and Tribes in assuring culturally competent service delivery to Wisconsin's tribal populations.

- WICWA Desk Aid - <https://dcf.wisconsin.gov/files/publications/pdf/2536.pdf>
- Active Effort guide - <https://dcf.wisconsin.gov/files/publications/pdf/464.pdf>

Fundamental Intervention Responsibilities of Ongoing Services

- Evaluating the existing safety plan developed during initial assessment/investigation.

- Ensuring child safety through continuous assessment, oversight, and adjustment of safety plans.
- Engaging families in the case planning process that identify underlying needs and directs services to address threats to child safety.
- Measuring progress related to establishing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving stability for all in-home child protective services cases.
- Promoting well-being of children in in-home and OHC cases.

Additional details on individualized planning can be found in Item 19, Written Case Plan and Item 30 – Individualizing Services.

Assessment of Service Needs

In Wisconsin, children in OHC must undergo an evaluation using the Child and Adolescent Needs and Strengths tool that requires developing goals for any need identified and follow up to verify that these needs have been met through the case planning and service process. It has been a valuable tool to customize services for all families in OHC.

A worker must complete the CANS within 30 days of an out-of-home placement and every six months thereafter that the child is in OHC or sooner if placement changes.

The Child and Adolescent Needs and Strengths (CANS) assessment process and tool is used to:

- Identify the needs and strengths of the child.
- Determine the ability of the provider to meet the child’s needs.
- Evaluate the stability of the placement.

Case review data shows that needs are assessed for children, birth parents, and foster parents in the majority of cases. As shown in the chart below, completion of the needs assessments are strongest for children and relatively weak for fathers.

Comprehensive Needs Assessments Completed, 2015 Case Review Data	
Children	83%
Birth Mother	79%
Birth Father	61%
Foster Parent	89%

From January 1 – December 31, 2016, 10,662 services were provided to child welfare families as a part of 5,550 permanency plans as shown in the chart below.

Table: Child Welfare Services Provided

Services Provided to Child Welfare Families	Count
Case Management Services	3969
Individual Therapy	2379
Medical/Dental Services	1010
Educational Assessment/Services	794
Developmental Assessment/Services	701
Psychiatric Assessment/Services	265
Family Therapy	223
Juvenile Justice Services/Activities	192
Basic Home Management	167
Independent Living	136
Parenting Services	126
Social Supports	117
Psychological Assessment	110
AODA Assessment/Services	96
Group Therapy	76
Mentoring	76
Recreational Activities	49
Occupational/Physical Therapy (OT/PT)	46
Daycare	43
Crisis Services	31
Legal Services	13
Spiritual/Cultural Supports	12
Work Related Services	7
Respite	6
Transportation	5
Economic Support	3
Housing Assistance	3
AODA Treatment	2
Domestic Violence Services	2
Psychiatric Services	2
Psychological	1

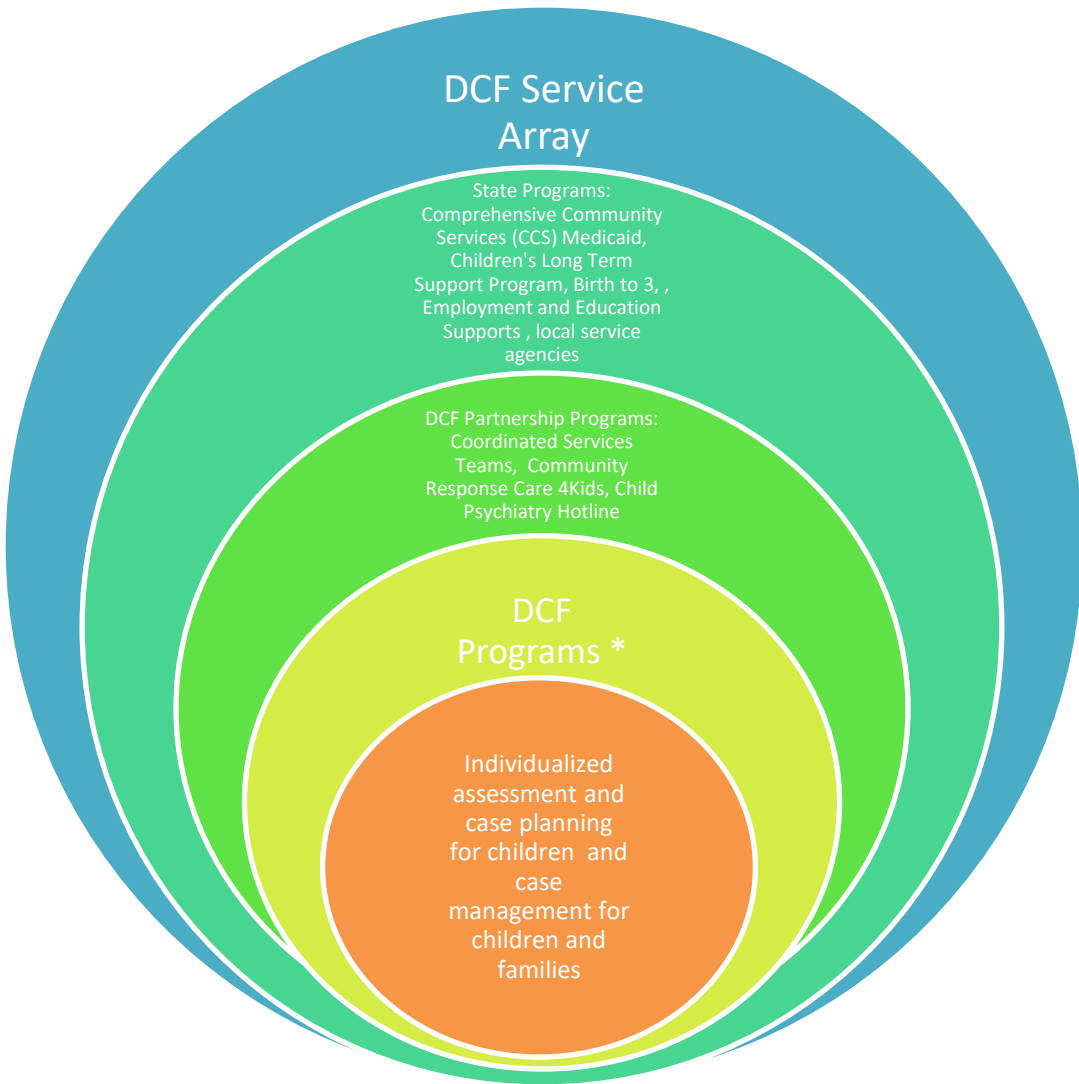
Well-being indicators from Wisconsin case record review data include the following related to educational, physical, and mental health needs of children being assessed and met.

	Assessed	Provided
Educational Needs	88%	85%
Physical Needs	79%	74%
Dental Needs	65%	56%
Mental Health Needs	87%	83%

Individualized planning and services are used to determine service needs and supports. DCF meets the service array needs of child welfare families through:

- Individualized case planning and case management and direct service provision through DCF administered programs. Please note that individualized case planning is addressed in systemic factor 30 in the following section – individualizing services;
- DCF collaborations with other state agencies to meet needs; and,
- Referral and follow up with other state agency and local programs that meet identified family needs.

The following diagram depicts the different DCF efforts, DCF partnership efforts and other agency services which make up Wisconsin’s Child Welfare Services Array.



**All Families*

In-Home Safety Services

Alternative Response

Wisconsin Trauma Project (WTP)

Domestic Violence Prevention Services

Anti-Human Trafficking Services

Foster and Adoptive Resource Center

Post Adoption Resource Centers

Permanency Roundtables

Post-Reunification Support (P.S. Program)

Foster parent training and support

Birth to Five Services

Connection to Quality Child Care

Home Visiting

Connections Count

FAST

Older Youth Services

Brighter Future

Independent Living

Youth Justice

Alternative Response and Traditional Response:

Alternative Response (AR) and Traditional Response (TR) are two pathways for determining safety and risk in CPS cases in Wisconsin. Both pathways focus on assessing and providing services for families and children. The AR pathway in particular focuses on supporting in-home placement and services due to the type of cases that are eligible. In 2010, the Wisconsin state legislature authorized a pilot of Alternative Response in response to county interest.

Pathway assignment is dependent on the circumstances of the CPS report. Assignment to TR is appropriate if the allegations are more severe in nature and require immediate response or an investigation to ensure safety. In these instances, the information in the CPS report suggests that the assessment will likely require collaboration with law enforcement and/or juvenile or criminal court action. Assignment to AR is typically appropriate when there are less severe case circumstances or allegations. These cases are less likely to warrant collaboration with law enforcement, or require court intervention.

At the end of the assessment period in both pathways, a conclusion of safe or unsafe is made (i.e., a “safety finding”), as well as a determination about recommended next steps. In an AR case, the determination is about the need for continued services (i.e., “services needed” or “services not needed”). This could result in on-going services through the local CPS agency. If these services include court involvement, it is assumed that this is done through voluntary agreements, reached due to parent engagement and partnership.

Both AR and TR use the same assessment tool; therefore, safety findings in both types of cases can yield a “safe” or “unsafe” finding. At the end of this assessment period the determinations differ based on AR and TR pathway assignment. In a TR case, a maltreatment and maltreater determinations are made (i.e., “substantiated” or “unsubstantiated”). In an AR case, a determination regarding the need for continued services is made (i.e., “services needed” or “services not needed”).

Beginning in July 2010, AR has had a gradual implementation. Currently 22 counties are operating an AR approach. Communication, training, and other core program components evolved over time to improve its effectiveness and efficiency.

The In-Home Safety Services Program (IHSS):

In-Home Safety Services (IHSS) for the balance of the state began as a competitive award process in 2011. The Division of Milwaukee Child Protective Services (DMCPS) has operated an in-home safety services program in non-Milwaukee counties since 1998 when the state began administration of the child welfare system. Since 2011 the IHSS program has undergone refinements as workers and the state continued to learn about safety and relevant evidence-based practices. The information below provides the program framework for Wisconsin’s balance of state IHSS Program in 2018.

Wisconsin's IHSS Program reduces trauma to children by keeping children safe with their families, providing support and resources to build on family strengths, and preventing future maltreatment.

The primary goal of the IHSS Program is to keep families intact by:

- Increasing parental protective capacities
- Decreasing out-of-home placements
- Helping families develop formal and informal supports
- Reducing maltreatment to children

The IHSS Program is appropriate when CPS determines that a child is unsafe but Danger Threats can be controlled for in the home with a Protective Plan or a Safety Plan. The IHSS Program funding is provided for up to four months with a possible one month extension.

The IHSS Program is guided and administered in accordance with:

- Wisconsin Children's Code (Chapter 48)
- Wisconsin's Child Protective Services Safety Intervention Standards
- Wisconsin's Child Protective Services Access and Initial Assessment Standards
- Ongoing Services Standards, Wisconsin Department of Children and Families

To qualify for the IHSS Program the following is required:

- The case is a Child Protective Services case.
- There is a Protective Plan or Safety Plan in place (Present or Impending Danger Threats are identified) and it is documented in eWiSACWIS.
- The case is within the first 60 days of the screened-in report resulting in the current Initial Assessment.
- The child is eight-years-old or younger OR the child has a documented disability.
- The child had no OHC episode or an OHC episode that lasted no more than 72 hours. The child may have had a prior OHC placement that lasted over 72 hours as long as it ended prior to the current screened-in report.
- If one child in the family qualifies based on the criteria above, siblings residing in the home can also enroll in the IHSS Program.

IHSS program follows all requirements in Wisconsin's Child Protective Service's Access and Initial Assessment Standards, Ongoing Service Standards, and Safety Intervention Standards as well as the following program requirements.

- Safety service providers or county staff must be available 24 hours per day, 7 days a week, to meet the critical needs of the family.
- Safety service providers or county staff must meet face-to-face with the family within 24 hours of program assignment.

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- Family Teaming is required at the start of the IHSS Program and is recommended during case planning and safety planning.
 - A Safety Management Meeting between the CPS caseworker, CPS supervisor, and any safety service providers is required at the start of IHSS and when any new staff begins working with the family.
 - A reassessment of safety and if needed a new Protective and Safety Plan must be completed immediately if there is a change in family or household condition.
 - Data and information must be entered timely into eWiSACWIS to support eligibility requirements, demonstrate fidelity to practice requirements, and support IHSS Program payment to the lead CPS agency.
 - Cost reporting must be submitted quarterly.

Services Provided

The following services can be funded by IHSS dollars when included on a Protective Plan or Safety Plan. Services can be provided by either formal or informal supports. Both formal and informal supports can be paid for using IHSS Program funding.

- **Food/Clothing Services:** Services to connect a family with food and/or clothing that are necessary to control for safety.
- **Housing Assistance:** Emergency assistance to help families access safe housing when it is necessary to control for safety. This includes providing rent or a stay in a hotel.
- **Transportation:** This may include bus passes, gas vouchers, taxis, professional drivers, and providing rides to family members to access services identified on a protective plan or safety plan.
- **Household Support:** Assistance from the agency in obtaining services or household items needed to maintain safety. This includes but is not limited to utility assistance and household items including car seats, safety gates, door alarms, and safety monitors, etc. as well as repairs to the home so that it is safe.
- **Social Supports:** Supportive resources by family, friends, neighbors, coworkers, or others used to control for safety threats. Social connection and emotional support is an appropriate safety response for a parent whose isolation and unmet emotional needs result in threats to child safety. This is only an appropriate safety response if the planned connection and support has an immediate impact on the parent's behavior toward the child.
- **Recreational Activities:** Any activities a child or parent participates in during times of separation to control for safety. This could include having a mentor take a child or parent out of the home for periods of time.
- **Daycare:** The paid care of a child by a person other than the child's legal guardians or custodians to create separation between the children and their caregivers and control for safety. This includes both payment to established centers and informal supports.

-
- **Respite:** Respite services include services such as temporary care for children to relieve a primary caregiver who may be experiencing severe distress or who may be in a state of crisis. This may be used in circumstances where the accumulation of caregiving responsibilities results in threats to safety.
 - **Supervision/Observation:** Supervision and observation may involve informal or formal providers whose primary focus is to oversee interactions between parents/caregivers and children and intervene if safety threats arise. Informal providers, such as friends, neighbors, or relatives, may be especially effective for providing supervision during critical times of day when safety threats may become active and result in harm to the child. For example, this could include observing/supervising a parent at bed time if this has been identified as a critical time for the family. Formal providers may include, but are not limited to: in-home safety teams, agency paraprofessionals, other contracted workers, and CPS workers. Payment for supervision and observation can be made to both formal and informal supports.
 - **Basic Home Management:** Controlling for safety by assisting with budgeting, household schedules, and daily tasks or any other activities needed to maintain a household.
 - **Unique Child Condition Service:** Services used to address safety issues specific to one child in the family that may be related to a special need or circumstance.
 - **Basic Parenting Assistance:** Basic parenting involves compensating for the parent's inability to perform basic parenting and other life skills that affect child safety. It could include functions such as like feeding, bathing, and supervision. The provider is responsible for seeing that these functions are performed.
 - **In-Home Health Care** covers the cost of Providers that assist the family in the health care of family members to control for safety issues. This includes both providing health care, modeling for the family how to provide care for the child, and provision of medical equipment and supplies. If services are eligible for Medicaid funding, Medicaid should be billed first.
 - **Crisis management:** stabilization or inpatient diversion services specifically focused on safety intervention. This could be related to AODA, emergency medical care, emergency mental health care, or other family stressors. If services are eligible for Medicaid funding, Medicaid should be billed first.

The following services can be funded by IHSS dollars when offered in relation to safety management or the provision of safety related services. The below categories will not be on a Protective or Safety Plan, but will be reflected in quarterly cost reporting.

- **Case management:** Working with families, youth, children, providers and others for provision of tasks and activities to support, develop, implement, monitor, and manage Protective and Safety Plans.
- **Change services:** Control is the primary function in all contacts with the family that are contained in the Protective or Safety Plan. Assuring child safety is always the priority for these services. Change services may be included only if they do not detract from this

primary goal. If it is determined that control and child safety can be fully maintained during a visit the following change services may also be provided. Change services are time limited and focused on transition to safety and independence or a case plan in Ongoing Services.

- **Parenting Education:** Parenting education is provided to teach parents appropriate parenting techniques and is used to enhance parental protective capacities. This service may only be provided if safety can be fully maintained and may never compromise child safety. If safety is a concern during parenting education the provider must be willing to provide the needed service to the child. For example, the provider must intervene and provide food to the child if the parent is unable or unwilling to do so.
- **Mental Health and AODA Services:** Counseling or other therapeutic services that focus on increasing protective parental capacities to eliminate the identified safety threats in the home. This service may only be provided if safety can be fully maintained and may never compromise child safety. IHSS should be used to fund these services if using IHSS funds would allow for the service to begin sooner or would not otherwise be funded through MA or insurance.

DCF has developed comprehensive IHSS program manuals both counties and Tribes use that can be found on the IHSS website - <https://dcf.wisconsin.gov/cwportal/safety/ihss>.

Numbers Served

DCF served 220 children with the non-Milwaukee program in 2016 with the previous IHSS Program model and 425 children in 2017. In 2017, 297 children were served in the Milwaukee Program. The state biennial budget for 17-19 increased funding for IHSS to expand the program to more counties and Tribes. Participation will increase the increase from 23 counties and Tribes in CY 2017 to 43 interested counties and Tribes in CY 2018.

The Post-Reunification Support (P.S.) Program

The P.S. program seeks to accomplish the following goals:

- I. Promote family stability and adjustment following a child's reunification to the family home;
- II. Empower parents to strengthen caregiving, problem-solving, and coping skills;
- III. Reduce the likelihood of child maltreatment recurrence and re-entry of a child to out of home care after being reunified with his or her parents; and,
- IV. Improve the short and longer term well-being of the child and his or her family members.

Under the auspices of the five year Title IV-E waiver demonstration project, the P.S. Program intends to accomplish these goals by supporting statewide roll-out of continued ongoing case management and provision of services and supports during a 12 month period following an enrolled child's reunification with his or her family. This intervention is similar in case practice and reimbursement to the post-permanency support services provided by the Division of Milwaukee Child Protective Services (DMCPS) to all children reunifying with their families since January 2012.

Children of all ages, who are being served due to child protective service or child welfare concerns, who are in placement voluntarily or under a Child in Need of Protection and Services (CHIPS) and are reunifying with their parent(s), are possible candidates for enrollment in the P.S. Program. These children are screened using the results of a formal predictive risk model, to enroll children who are projected to be at the greatest risk of re-entering OHC.

Siblings of a child enrolled in the P.S. Program, who also reunify with the parent(s) and who are being served due to child protective service or child welfare concerns or under a CHIPS order may also be enrolled in the P.S. Program.

The P.S. Program is implemented for all qualifying children and their families including Wisconsin Native American children served by the local child welfare agency, who meet the above criteria.

Under the program during the 12 month post-reunification period, children and their families who are enrolled into the P.S. Program continue their engagement with their ongoing services caseworker to ensure the following objectives are met:

- Families, whether served voluntarily or under court order during the 12 month post-reunification period, are creatively and meaningfully engaged in and fully understand the respective roles and responsibilities of the child welfare caseworker, service providers (formal and informal), and themselves. Caseworker contact requirements are delineated below and all attempts, both successful and unsuccessful, are documented in eWiSACWIS.
- Using a family teaming and solution-focused approach, families are empowered through the helping process to be leaders in carrying out responsibilities associated with identifying needs and concerns and contributing to the development, implementation, and modification of strategies to address those needs and concerns.
- Assessments and modifications to related planning documents based on these assessments are individualized for each family and documented in eWiSACWIS in the following areas:
 1. Child safety assessment and planning;
 2. Child and Adolescent Needs and Strengths (CANS) child and caregiver assessment components at program entry, six (6) months following program entry and within the month prior to case closure; and,
 3. Case Planning and family development planning.
- Families are encouraged over the course of the post-reunification period to re-ignite, nurture and secure access to community-based and natural supports that will contribute to and sustain child safety and child and family stability and well-being beyond the 12 month post-reunification period.

To achieve family goals and prevent re-entry, families have access to a wide range of services to meet each family's individual needs. The following tables show the frequency of particular services provided when it was needed through this program as an illustration of one mechanism Wisconsin has for understanding and providing for the needs of families in the child welfare system or at-risk of re-entering the child welfare system.

Table: Frequency of service receipt (N = 296 families)

	% with service received at least once	How often was the service received when it was needed?			
		Never	Less than half of the time	Half the time or more	Always
Basic Home Management	81.4%	0.8%	0.0%	3.3%	95.9%
Economic Support	80.1%	0.4%	0.0%	2.9%	96.6%
Individual Therapy	75.0%	4.8%	4.3%	18.3%	72.6%
Parenting	72.5%	4.5%	2.2%	8.9%	84.4%
Transportation	68.6%	0.5%	0.0%	1.0%	98.5%
Social Support	63.4%	0.0%	0.5%	4.8%	94.7%
Educational Assessment	54.7%	1.2%	0.0%	3.7%	95.1%
Recreational Activities	53.0%	3.1%	2.5%	9.3%	85.2%
Housing Assistance	52.0%	1.3%	0.6%	7.7%	90.4%
Family Therapy	50.0%	10.4%	6.1%	19.5%	64.0%
Medical/Dental Services	45.9%	3.5%	0.7%	6.4%	89.4%
Mentoring	43.9%	3.0%	3.0%	5.3%	88.7%
Respite	40.3%	6.3%	4.8%	10.3%	78.6%
AODA Services	38.0%	6.7%	6.7%	15.1%	71.4%
Psychiatric Assessment	36.6%	8.5%	1.7%	8.5%	81.4%
Work-Related Services	35.1%	1.9%	0.0%	4.8%	93.3%
Day Care	33.8%	6.5%	1.9%	7.5%	84.1%
Crisis Services	32.5%	4.0%	1.0%	4.0%	91.0%
Legal Services	28.4%	0.0%	0.0%	2.4%	97.6%
Developmental Assessment	25.3%	5.1%	1.3%	5.1%	88.6%
Spiritual & Cultural Activities	25.0%	0.0%	0.0%	1.4%	98.6%
Juvenile Justice Interventions	23.0%	0.0%	0.0%	0.0%	100.0%
Group Therapy	22.1%	11.0%	1.4%	8.2%	79.5%
Independent Living	16.9%	7.4%	0.0%	5.6%	87.0%
Psychological Assessment	15.9%	27.7%	3.1%	2.3%	56.9%
AODA Assessment	12.2%	28.0%	8.0%	10.0%	54.0%
OT/PT	9.8%	3.3%	0.0%	10.0%	86.7%
Domestic Violence Services	8.4%	13.8%	3.4%	3.4%	79.3%

PS Program Families Served

For the period of the five-year demonstration project, the DCF issues annual applications for counties to participate in the program. DCF continues to implement core components of the federally approved program and the evaluation plan. As of December, 2017, there were 253 children enrolled in the PS Program. Since the program began in 2014, there have been 1004 unique children enrolled.

Data collected from this project provide further insight into the needs of families in Wisconsin's child welfare system.

Trauma Informed Services: Fostering Futures

Wisconsin's focus on trauma begins at the highest levels of government with a long-standing collaboration led by Wisconsin's first lady, Tonette Walker, and high level state officials from multiple disciplines. Fostering Futures is creating a framework and support for creating a more trauma-informed and responsive child welfare system of care by introducing evidence-based trauma screening, intervention and treatment into the service array, training agency social workers and parents—birth, foster, adoptive, kinship—on child trauma and how to effectively respond to trauma in the home environment, and training and technical support to help county child welfare agencies and state agencies engage in organizational culture change to become trauma-informed agencies.

The Wisconsin Trauma Project (WTP)

Background

The WTP was launched in 2012 by DCF in response to increased awareness of the prevalence and consequences of trauma as well as the limited availability of effective treatments for trauma-exposed children and families. This collaboration between the state and a growing number of county child welfare agencies is designed to: (a) increase access to evidence-based trauma screening, assessment, and treatment in child welfare and related service systems; (b) train resource and biological caregivers on childhood trauma; (c) promote a sustainable trauma-informed child welfare system of care; and (d) collect and analyze data to track outcomes and inform decision-making. The project incorporates three components:

Program Approach

Component 1: *Learning Collaboratives in Evidence-based, Trauma-focused Treatment*. Validated screening, assessment and clinical treatment are the cornerstones of component one. Through participation in a 12-month Learning Collaborative clinicians learn and apply the components of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Component 2: *Caring for Children who have Experienced Trauma: A Workshop for Resource and Biological Parents*. This National Child Traumatic Stress Network (NCTSN) curriculum is being used and adapted to provide training for foster parents, kinship care providers and biological parents. Child welfare staff are also encouraged to attend components of the training and to participate in the two-day Child Welfare Trauma Training Toolkit. This ensures that staff and caregivers are using the same language, viewing child behaviors and problem solving through a trauma-informed lens, and that staff can support caregivers in using a trauma-informed parenting approach.

Component 3: *Trauma-informed Child Welfare System of Care*. The Child Welfare Organizational/Systems Change Training and Technical Support component is a collaboration with the state Fostering Futures Initiative that provides county and tribal child welfare agencies training and technical assistance implementing organizational culture change to become a trauma-informed organization through implementation of trauma-informed principles.

The Institute for Child and Family Well-being (ICFW)

The WTP has provided support for and connects to The Institute for Child and Family Well-being (ICFW). ICFW will be the regional hub of the proposed Trauma and Recovery Project, serving as a state Center of Excellence in trauma-focused treatment. This newly formed partnership between Children's Hospital and the University of Wisconsin – Milwaukee (UWM) is dedicated to improving the health and well-being of vulnerable children and families by developing, implementing, investigating, and disseminating effective practices and policies. The ICFW advances these goals by: (a) promoting systems change, (b) developing and translating empirically supported practices into real-world solutions, (c) conducting innovative, multi-disciplinary evaluation research, (d) collaborating with a network of consumers, organizations, and communities, and (e) providing training, consultation, and technical assistance to agencies that serve children and families.

Through a new federal SAMSHA grant, DCF is partnering with ICFW to reduce disparities in access, service use, and outcomes in a under-served populations, beginning by expanding the corps of well-trained treatment providers in southeast Wisconsin. Clinical training in TF-CBT, PCIT, and CPP, reinforced with system-wide professional training in trauma and mental health, will help to develop a skilled workforce that meets the sizeable mental health needs in Milwaukee and Racine Counties. In partnership with national trainers for each trauma-focused model, the DCF also will institute protocols to support trained clinicians in progressing toward model certification. In addition, the DCF will assist a select number of motivated clinicians in progressing from practitioner to trainer status, which will increase in-state PCIT and CPP training capacity.

The Trauma and Recovery Project will increase the availability and accessibility of TF-CBT, PCIT, and CPP. Each model is recognized as an empirically supported treatment by NCTSN and listed as an evidence-based intervention on SAMHSA's registry of evidence-based programs and practices. The models were also selected because they have been successfully adapted to address cultural and linguistic diversity. Moreover, the models were chosen to increase access for children of all ages to evidence-based, trauma-focused treatment.

The project will also promote service access by way of activities to increase public and professional awareness of the importance of trauma-informed care and the availability of trauma-focused services. The project also will improve the identification and treatment of child trauma, mental health, and behavioral health symptoms through the use of evidence-based screening and assessment tools. In addition, a plan to improve screening and referral practices in child welfare will be implemented through collaboration between the ICFW and Care4Kids, a Medical Home program operated by Children's Hospital of Wisconsin.

Numbers Served through WTP

In 2016:

- 225 clinicians from 30 counties and 2 tribes who treat children in the child welfare system participated in TF-CBT learning collaboratives organized by DCF.
- DCF-trained clinicians screened and assessed 243 children for trauma. Based on that assessment, 192 children started the TF-CBT model with a clinician.
- 93% of the children who completed TF-CBT experienced a decrease in trauma-related symptoms.
- 30 clinicians from past Learning Collaborative participated in a 1.5 day-long advanced training.
- 346 individuals participated in Trauma-Informed Parenting workshops. These participants represented biological parents, foster parents, social workers, kinship caregivers, community members, and adoptive parents.

2015 Conference on Child Welfare and the Courts: Moving Toward a Trauma-Informed Wisconsin

CCIP and DCF sponsored a 2015 conference on trauma-informed practices that included more than 500 child welfare and legal professionals focused on learning more about the lasting impact of trauma and to catalyze efforts to make all systems more trauma-informed, particularly legal and court processes. Representatives from Wisconsin's Supreme Court, the Clerk of Courts, circuit court judges, state legislators, tribal attorneys, and child welfare professionals from 58 of Wisconsin's 72 counties and 9 of Wisconsin's 11 Tribes participated in this training. The result over the last two years has been a strong response in courts across Wisconsin counties and Tribes working toward making Wisconsin's court system more trauma-informed and appropriately providing services and supports to families that become engaged in legal proceedings.

Wisconsin Anti-Human Trafficking Efforts and Service Provision

Background

Wisconsin is developing a comprehensive trauma-informed and culturally competent approach to preventing and serving the needs of youth involved in or at risk of human trafficking, partially in response to new recommendations and laws passed as part of the federal Strengthening Families and Preventing Sex Trafficking Act of 2014.

Key efforts include:

- Hiring an Anti-Human Trafficking Coordinator to oversee all DCF related anti-trafficking programming.
- Launching a cross-discipline Anti-Human Trafficking Task Force (Task Force), co-chaired by DCF Secretary Eloise Anderson & Attorney General (AG) Brad Schimel and composed of 37

members. Representatives were selected to reflect the different public and private entities that have been engaged in anti-human trafficking efforts. The Task Force met quarterly from December, 2015 - December, 2017.

- The group approved Guiding Principles to guide all Task Force work and recommendations and oversaw workgroups that developed tools and recommendations related to screening and identification, training, placement and services, prevention and public awareness, data, and implementation of these deliverables.
 - i. Training for child welfare and youth justice workers became available in WCWPDS in early-May; additional training opportunities for non-child welfare systems will be available early 2018.
 - ii. DCF released a statewide indicator response guide in mid-May - <https://dcf.wisconsin.gov/files/aht/pdf/indicatorguide.pdf> to assist child welfare programs and other community efforts if there is a concern that a child may have sexually assaulted or trafficked.
 - iii. Core and Advanced Core Competencies for working with this population were approved in March 2017; these will be implemented throughout the state in the coming months as they relate to training, licensing, and related grants.
 - iv. Coordinating the implementation of guidance for regional operations and community best practices to serve this population.

A Human Trafficking Awareness & Prevention Campaign

Through a contract with an external firm, DCF is developing a statewide marketing and messaging plan to raise awareness that sex trafficking of youth is an issue occurring in all areas of Wisconsin. The public awareness campaign will launch in June, 2018. DCF is also developing a prevention video featuring individuals affected by human trafficking in Wisconsin including survivors.

Over several years, DCF is implementing an Anti-Human Trafficking (AHT) Regional Hub system to help coordinate individual and community-based services for youth who are at risk of or have experienced sex trafficking. The first AHT Regional Hub was awarded to Outagamie County Department of Health and Human Services for the northeast region.

DCF partnered with DOJ and UW Division of Continuing Studies to develop a series of short webinars to train stakeholders in the hotel and lodging industry that may come into contact with individuals who are being trafficked. Additional webinars will be created for industries such as trucking and travel centers

These resources and supports have significantly enhanced Wisconsin's ability to provide services to this population.

Services to Victims and Those At-Risk of Domestic Abuse

Wisconsin provides over \$14 million in state and federal funds for domestic abuse services. Every county and tribe in Wisconsin receives funding to provide services to victims of domestic abuse.

Domestic Abuse Grant Programs

Following is a description of Wisconsin's domestic abuse grant programs.

- *Basic Services* – An array of core services in shelter and nonresidential programs, covering every county in the state. Shelter programs must provide seven mandated services per *Wis. stat. 49.165*: 24-hour crisis line; temporary housing and food; counseling and advocacy; information and referral; arrangements for the education of school age children; emergency transportation; and community education. Non-residential programs provide a 24-hour crisis line, counseling and advocacy, information and referral, and community education. Grants are distributed via a funding formula in which all programs receive a base amount and remaining funds are distributed according to population, square miles, and poverty rate in the service area.
- *Rural Outreach Services* – Nonresidential services in rural counties. Outreach offices provide the required four nonresidential services described above. Outreach offices are administratively tied to a nearby shelter program. Grants are distributed via a funding formula.
- *Refugee Family Strengthening Program (RFSP)* – Core services, including education, prevention, and intervention targeted to the Hmong and Russian-speaking populations. Grants also address the needs of the Khmer/Cambodian, Burmese, and Iraqi populations.
- *Children's Programming* – Services to children and youth who have been affected by domestic violence or teen dating violence. Programming includes individualized intake and assessment, support and skill-building groups, counseling and advocacy, and prevention education.
- *Support Services* – Services to help victims of domestic violence and their children achieve safety, empowerment, and self-sufficiency. Support services expand or enhance core services or may address unmet needs. Programming may include self-sufficiency services/economic advocacy, legal advocacy, expanded services to children, or services to underserved or marginalized populations.
- *Services to Under-represented Populations* – Domestic abuse services targeted to traditionally under-represented populations (due to race/ethnicity, language, age, disability, etc.)
- *Tribal Programming*: Funds are provided to the statewide Native American shelter in Lac du Flambeau that serves all eleven tribes and to the shelter on the Menominee Reservation.

Four tribes also receive grants to enhance their domestic abuse services and to provide holistic, culturally-focused healing and support services. In addition, funding for domestic abuse services is provided as part of the Family Services Program, under the DCF tribal contract.

All domestic abuse programs provide services based on the individual needs of the survivor. Survivor choice and empowerment are core value of WI domestic abuse programs.

In addition, Wisconsin supports culturally- and linguistically-specific programming as an integral part of its statewide response to domestic violence. Culturally-specific services supported through the DCF include funding of nine organizations state that focus on culturally specific domestic violence issues and services, such as tribal populations, refugee services, women-specific services, African American specific and others. End-Domestic Abuse Wisconsin provides a link to all DV programming statewide at the following link- <http://www.endabusewi.org/gethelp/>

Survivors receiving services in Wisconsin domestic abuse programs have the opportunity to provide confidential feedback on the services they received. All domestic abuse programs survey clients on two federally-required outcomes.

- As a result of receiving services, 75% or more of survivors know more ways to plan for their safety.
- As a result of receiving services, 75% or more of survivors know more about community resources.

Wisconsin domestic abuse programs consistently report “yes” responses in the range of 88- 93% to both outcome questions. Research has demonstrated that increasing survivors’ knowledge of safety planning and community resources leads to their increased safety and well-being over time.

Below is data on the use of domestic abuse services across the state.

	Shelter	Non-Residential Services	Hotline
Women	3,603	24,875	
Men	212	3,228	
Children	3,198	6,150	
Other	21	276	
Total	994	34, 529	142, 632

Services for Children with Disabilities

As directed by state legislation in April 2016, the Division established a Workgroup on Children with Disabilities served by the Child Welfare System to strengthen existing efforts focused on this population. This cross-sector Task Force identified risk factors of children with disabilities in the child welfare system, identified the scope and experience of children with disabilities in the child

welfare system, articulated the current strengths and challenges of children with disabilities, explored practices in other states and made recommendations to DCF about steps to address concerns identified. Key findings based on linking data from the education and health systems to the child welfare system included:

- DCF data alone reported 12% of children in the child welfare system have disabilities; Department of Public Instruction (DPI) and/or Department of Health Services (DHS) data reported an additional 25% of children in the child welfare system have disabilities;
- Based on this finding, it appears that a significant proportion, approximately slightly over one-third, of children in the Wisconsin child welfare system have some type of disability;
- Children with disabilities are over-represented in the child welfare system compared to their representation in the general population;
- Children with disabilities involved in the child welfare system are more likely than children without disabilities to be involved in the more intensive stages of the child welfare system, such as OHC placement; and
- Children with disabilities are more likely to have repeated contacts with the child welfare system than children without disabilities.

Recommendations included: increase evidence-informed education to parents and professionals who work with children with disabilities and their families about the heightened risk for maltreatment; strengthen the identification of disabilities through improved information gathering and assessment, strengthen training for child welfare workers on best practices, update child welfare standards to incorporate best practices, link data on children with disabilities from the educational system into the child welfare, eWiSACWIS system, and provide access for services for families who touch, but do not enter, the child welfare system. The workgroup met monthly from June through December, 2016. The workgroup report can be found at: <https://dcf.wisconsin.gov/files/cwportal/reports/pdf/act365.pdf>. DCF is moving forward on implementing all of the recommendations.

Foster and Adoptive Resource Centers

The Foster Care and Adoption Resource Centers (FCARC) produce a variety of recruitment resources for agencies to use at the local level. In addition, the Resource Centers have supported the recruitment and retention of foster and adoptive families through the annual foster care coordinators' conference. In 2016, the focus of the conference was Emotional Regulation for Secondary Trauma and targeted recruitment of foster homes. The DCF is committed to assisting local agencies with targeted and child-specific recruitment. Beginning in 2010 and continuing through the present, the FCARC created new resources for relative caregivers, especially those who become licensed foster families. FCARC created a resource guide to assist workers working with relative caregivers in 2013. In 2014, a training was conducted on the relative caregiver guide and in 2016 the guide was incorporated into the caseworker online placement training.

Staff at the Resource Center continues to operate a 1-800 toll-free recruitment line and have enhanced their web site to accept electronic inquiries regarding foster care and adoption. FCARC will continue to meet with local county and tribal agencies to gather information and ideas about how to expand services to meet the needs of local agencies throughout 2017 and beyond.

Post Adoption Resource Centers (PARCs)

These resource centers for adoptive families provide a range of services to meet family needs including:

- Education and support activities and services to adoptive families living in the identified service area;
- Improving community awareness of adoption; promoting a positive image of adoption; and an increased understanding of the unique issues facing adoptive families, especially among public and private human service providers, schools and medical care providers;
- Increasing the availability of services for adoptive families by providing referral services such as respite care, crisis intervention, day care, after-school care, legal help, family counseling, support groups related to adoption, Title XIX service providers and planning for the transition of an adopted child to adulthood; and
- Establishing collaborative efforts among public and private organizations and the general public to address the needs of adoptive families in the PARC area.

The names of all families who enter into an adoption assistance agreement are shared with the respective PARC, unless the family opts not to have their contact information shared.

Permanency Roundtables (PRT)

PRTs were implemented in specific counties in 2011 and expanded statewide as of 2013. Wisconsin's rate of permanency for children in OHC longer than 24 months has improved significantly since the PRTs have been implemented. Wisconsin's data shows that this permanency rate has steadily increased from 32% of cases in 2009 to 41.5% of cases in 2015. The approach includes training of county staff and a collaborative, youth and family driven effort to identify permanency resources. The PRT process provides a professional consultation designed to expedite permanency for children and youth in OHC, involves consultation and case planning through innovative thinking, the application of best practice, and the "busting" of systemic barriers. The process also includes required follow-up to ensure steps are being taken to expedite the action plan.

More details about PRTs, the PARCs and FCARCs are included in the Foster and Adoptive Parent Recruitment and Retention Systemic Factor.

DCF Opioid Efforts

In September 2016, Wisconsin Governor Walker issued Executive Order #214 creating a state-wide Governor's Task Force on Opioid Abuse, composed of a broad range of executive, legislative, and judicial branch leaders and external stakeholders. The Governor's Executive Order also directed a number of state agencies to develop a steering committee to address the opioid crisis in Wisconsin. DCF established a cross-system Steering Committee, charged with developing an understanding of and strategies to address opioid and other drug abuse issues in families that affect child safety. The DCF Opioid Steering Committee was led by DCF and included representatives from the state public health agency, the state mental health authority and single state agency on substance abuse, the court system, law enforcement, counties, Tribes, physicians, service providers, and hospital representatives. The DCF Opioid Steering Committee met monthly from January to December, 2017 and is producing a summary of its work in early 2018.

Services For Children Birth to Five

Collaboration with Early Care and Education to Improve Quality of Early Learning Experiences

The state is committed to identifying and strengthening partnerships between early childhood and child welfare. There is ample and growing evidence that quality early learning improves the social, emotional, physical, and academic outcomes of children. This is particularly true for those affected by trauma and poverty. DCF continues to make a concerted effort to connect children in OHC with quality early learning experiences.

Wisconsin's Child Care Quality Rating System, YoungStar, began in 2011 and has been successful in increasing the quality of early care and education opportunities for young children. YoungStar

uses a 5-star rating system. Wisconsin instituted a policy with child welfare agencies that children in OHC should only be placed in higher quality setting programs, i.e., those that are rated 3-5 stars.

As part of the cross-system efforts between child welfare and early childhood systems, the following activities were completed.

- In March 2016, capacity was upgraded in the Geographic Placement Resource System to include a mapping overlay with the YoungStar program to enable child welfare workers to identify quality early care and education providers and determine more precise ways of matching children with higher quality settings.
- In May 2016, the DCF hosted a training for foster parents and caseworkers, which will provide information on the YoungStar program, Wisconsin's child care subsidy program, Wisconsin Shares and their intersection with foster care. A portion of the training will review and demonstrate the overlay between GPRS and the YoungStar program.
- A survey in 2016 of foster parents who utilize child care or care for children was administered. These results helped inform the training that is now offered.
- Efforts have also focused on increasing participation of foster children in Head Start programs.

Notable trends include the following.

- Steady improvement in the number of children in OHC in higher rated child care over the last four years.
- The percentage of foster children enrolled in Head Start has increased.

DCF Child Welfare leadership is a member of the Governor's Early Childhood Advisory Council that brings together cross-sector leadership focused on building and support a comprehensive early childhood system responsive to needs of all young children.

Wisconsin Home Visiting Program

Background and Purpose

The State of Wisconsin allocates \$986,000 per year in General Purpose Revenue, \$4,712,000 in Temporary Assistance for Needy Families (TANF) and \$8,585,000 per year provided by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program for a total of \$14,283,000 per year supporting home visiting. This total includes an increase of \$3.9 million TANF annually in the 17-19 State Budget. This will help the program to expand to more Wisconsin communities and serve more families in future years.

Program Approach

DCF contracts with city and county health and human services departments, tribal organizations, and non-profit agencies to provide home visiting services, which is called Family Foundations Home Visiting (FFHV) in Wisconsin. These contracts specify the number of families to be served and other service-related requirements. DCF supports and monitors the contracted agencies to ensure high quality services are available for families. Contracted agencies are expected to reach at least 85% of their contract goal for families served point-in-time by the end of the first contract year, and they are expected to maintain at least 85% of their families served point-in-time goal thereafter.

Contracted agencies select evidence-based home visiting models that they feel best meet their communities' needs. Each model has guidelines that programs follow to ensure the programs implement the models with fidelity. Contracted agencies in the State's home visiting program currently use one or more of the following evidence-based home visiting models: Early Head Start (EHS), Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse-Family Partnership (NFP). The State provides funding to support contracted agency staff training and technical assistance for programs using these models. All models include some type of individualized goal plan that the home visitor and the client develop together to guide the work with the client.

Over the past years, the State has been developing in-state training and technical assistance resources for contracted agencies using the HFA and PAT models. These in-state resources (such as in-state trainers) help to reduce training costs and travel burden on the contracted agencies and allow for more timely trainings. The State has also continued to improve its training offerings to home visiting program supervisors and staff members.

Home visiting programs serve many of Wisconsin's most vulnerable families. Contracted agency managers and staff members report it can be hard to support and work with families facing multiple challenges such as housing instability, substance abuse, mental health issues, and domestic violence. The professional development system, Wisconsin Alliance for Infant Mental Health, external evaluators with University of Wisconsin-Milwaukee, and partners at the University of Madison-Wisconsin School of Psychiatry work with DCF on a number of initiatives to support contracted agencies' work with families. Contracted agencies regularly participate in quality improvement projects to improve their processes and outcomes with families.

Data on Home Visiting Programs

In 2016, the FFHV Program provided services to 1,565 families; and home visitors completed a total of 23,662 home visits with families. The FFHV Program strives to target home visiting services to families who will benefit most from support and resources. Guided by research that indicates starting services prenatally yields more positive outcomes for families, funded programs have a goal of enrolling at least 75% of women during pregnancy. In 2016, 70% of new enrollees statewide were pregnant women. In addition, the FFHV Program continues to serve many of Wisconsin's most vulnerable families, including those experiencing poverty, low education levels, substance

abuse, child maltreatment, and other risk factors. Two-thirds of families that enrolled in home visiting services in 2016 reported experiencing 3 or more of these risk factors at the time they entered services.

In 2016, 96% of children were screened for developmental delays by their home visitor before their first birthday, 92% of infants received all or most of their recommended well-child visits with a physician, 76% of families completed an assessment of parenting behaviors with their home visitor, and 72% of women were screened by their home visitor for risk of postpartum depression within 60 days of giving birth.

Connections Count

Background and Purpose

In January 2017, DCF launched a new statewide prevention-intervention initiative, Connections Count, which is an outgrowth of the state Fostering Futures trauma-informed initiative described earlier. The initiative targets vulnerable families with children ages birth to five years old who reside in high need communities or neighborhoods, in order to reach children at risk of child abuse or neglect. The purpose of Connections Count is to: (1) improve the connectedness of vulnerable families to ongoing formal and natural supports, including linking them to neighborhood leadership opportunities; and (2) assist these families in accessing benefits and services that could meet their needs. Community Connectors provide trauma-informed services that include outreach, intake, referrals, guidance, coaching, goal setting, economic support, follow up, and other assistance for families as needed. Connections Count was developed as part of the Fostering Futures initiative, a public-private collaboration created to promote trauma informed principles to improve health and socioeconomic outcomes for Wisconsin's children and families. Connections Count is funded with Federal Temporary Assistance for Needy Families (TANF) funds. An overall outcome of this effort is to demonstrate overall improved health, decreased levels of child abuse and neglect, increased access to services, sustainable community engagement, increased social capital, decreased isolation and toxic stress, and improved socioeconomic outcomes for families enrolled. The program is currently operating in two communities as pilot areas, including Lakeshore CAP and Manitowoc and Children's Hospital and Health Systems. To date, 76 families have been served through the Manitowoc County program and 81 families have been served in Milwaukee.

FAST® (Families and Schools Together)

FAST® is a 2-year prevention/early intervention program based on social ecological theory, family systems theory, social mobility theory, child development theory, and family stress theory. **FAST®** is designed to build relationships within and between families, schools, and communities (particularly in low-income areas) to improve childhood outcomes.

The goals of **FAST**[®] are:

- Strengthen families and enhance positive parent-child relationships
 - Strengthen the parent-child relationship
 - Strengthen positive relationships between parents, among family members, and within the family unit
 - Support increased parental effectiveness and self-esteem
- Support children's social emotional well-being and success at school
 - Support development of the FAST child's strengths and resiliency, leading to success at school
 - Support parents to be actively engaged in their child's education at home and at school
- Connect parents, the school, and community to support children and families
 - Connect parents to one another and to the school
 - Connect parents and families to community resources and services, as needed

The intervention consists of an active outreach phase to engage and recruit families; 8 weeks of multifamily group meetings, each about 2.5 hours long; and continued in 2 years of monthly, parent-led group meetings. The 8 weekly sessions follow a preset schedule and include activities such as family communication and bonding games, parent-directed family meals, parent social support groups, between-family bonding activities, one-on-one child-directed play therapy, and opening and closing routines modeling family rituals. Sessions are led by trained culturally representative teams that include at least one member of the school staff in addition to parents and professionals from local social service agencies. Evaluations of FAST have shown significant results in improving children's school outcomes, preventing child abuse and neglect, and increasing social support for families.

FASTWORKS meetings are multi-family group meetings facilitated by the FAST parent graduates themselves, with support from the team, held on a monthly basis after the completion of the 8-week cycle. While the meetings do not follow the same format as a typical evening in the FAST program, some of the core program components (parent-child one-to-one time and parent support group) are incorporated into the FASTWORKS monthly events.

FAST has been offered in a number of Wisconsin communities in previous years. The DCF is currently contracting with FAST, Inc. to work with Milwaukee Public School District to identify five schools based on a number of factors including: capacity, interest/buy-in, and need. Need is broadly defined by low-performing schools, schools failing to meet expectations (based on report cards), and/or the desire to engage marginalized families into the school community, among other factors. Families & Schools Together, Inc. will work from a place of best intentions, recognizing the

high need for FAST within the Milwaukee schools, while also working to identify and build a school environment that can foster a successful program.

V. Services for Older Youth and Independent Living

The DCF created the Bureau of Youth Services (BYS) to coordinate, enhance, and strengthen services for older youth in 2015. BYS is home to a range of services focused on prevention, intervention, Independent Living and Youth Justice services which are described below.

Brighter Futures Initiative (BFI)

BFI is a prevention program targeted to youth that promotes:

- Healthy families and youth
- School success for youth
- Youth safety in their families and communities
- Successful navigation from adolescence to adulthood

BFI supports evidence-based, positive youth development and prevention strategies focusing on the legislative outcomes set forth in Section 48.545, Wisconsin Statutes:

- Prevent and reduce the incidence of youth violence and other delinquent behavior;
- Prevent and reduce the incidence of youth alcohol and other drug use and abuse;
- Prevent and reduce the incidence of child abuse and neglect;
- Prevent and reduce the incidence of non-marital pregnancy and increase the use of abstinence to prevent non-marital pregnancy; and
- Increase adolescent self-sufficiency by encouraging high school graduation, vocational preparedness, improved social and other interpersonal skills, and responsible decision-making.

Program Overview

BFI projects reflect the unique needs and resources of each community, while focusing on the legislative outcomes. Many projects consist of partnerships between agencies in order to maximize resources by using a cross-systems approach. These partnerships often involve:

- Social services
- Health departments
- School districts
- Youth justice
- Tribal agencies
- Police departments

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- Community-based faith-based organizations
 - Local businesses
 - Youth-focused coalitions/alliances

Descriptions of each of Wisconsin's county-based BFI programs can be found at the following link- <https://dcf.wisconsin.gov/files/cwportal/brighterfutures/bfi-programs.pdf>

BFI programs are an important part of the prevention end of the continuum of youth serviced.

In addition, to BFI, DCF supports a range of services for youth that follow Wisconsin's Ongoing Services Standards - <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf> - as the frame of reference for children and families involved in the child welfare system or youth placed in OHC through the delinquency system.

Administrative Rule DCF 80: "Services for Youth Who Are Adjudicated Delinquent" is the primary policy or rule in effect to assure that services are available for families involved in the youth justice system. The overall purpose of this rule is to assure that youth placed under supervision in the community following an adjudication of delinquency receive "timely habilitative and rehabilitative services to facilitate their social reintegration into the community." The rule assigns responsibility for the provision of services, establishes standards and procedures for the provision of services, provides for involvement of youth and their parents in services planning, and imposes requirements for the coordination of services. The general requirements for services are that they "shall build on the youth's strengths" and are directed to the overall goals of the rule. Those goals are: community based options for youth, maintain public safety and youth accountability through appropriate supervision and sanctions, provide treatment to help the youth and family make meaningful, positive changes in their lives, encourage crime-free lifestyle, and involve every youth in vocational training or employment.

Youth Services Framework

The Youth Services Framework provides the philosophical framework for how DCF envisions the delivery of youth services. The Framework establishes a unifying vision, core principles, foundational elements, and outcomes to guide the work of the DCF Bureau of Youth Services (BYS) and its partners. Under this framework, no matter which system "door" a youth enters, a coordinated and comprehensive response is available to provide the support needed to fulfill the youth-driven vision that "all youth have the tools to thrive in adulthood." The core outcomes are laid out in the framework, with connections and well-being serving as the Framework's "foundational elements" and education, employment, and housing being the outcomes DCF wishes all young people to achieve with success.

Table: Youth Services Framework Principles

<p>CORE PRINCIPLE: The right service at the right time</p>	<p>The approach to serving youth includes careful assessment of individual youth strengths and needs in order to effectively target services, and is driven by the most pressing needs of the youth first. The following principles serve the core principle.</p>
<p>Youth-Driven</p>	<p>Youth define their own success and services are provided with recognition of their strengths and how to help them achieve their goals. Youth are the drivers of change and are empowered to make decisions with the understanding that they are the experts on their needs.</p>
<p>Relationship-Based</p>	<p>Engagement with youth is essential to achieving positive outcomes. Services are provided in the context of respectful, trusting, and empowering relationships, and in a way that reaches and engages all youth, including those who are hardest to serve. Engagement of family and/or other individuals who support youths' positive development must also be part of the approach to serving youth.</p>
<p>Accountable</p>	<p>Services are provided with the understanding that part of growing up is making mistakes and learning to deal with them. Youth are given the opportunity to repair harm and rebuild relationships when their mistakes affect others. Those providing services hold themselves accountable for youth engagement and outcomes.</p>
<p>Accessible</p>	<p>Services are easily accessible with minimum requirements for entry, and are prioritized to youth with the greatest needs. Services are provided with a range of treatment and support that is individualized, flexible, and portable.</p>
<p>Evidence-Informed</p>	<p>Approaches and methods used to provide services are based in research that suggests they are effective in achieving the desired outcomes.</p>
<p>Trauma-Informed</p>	<p>Services are provided with respect for the complex trauma histories of youth and understanding of the ways trauma can manifest itself. Services support youth to heal, build resilience, and avoid re-traumatization.</p>
<p>Culturally Responsible</p>	<p>Youth are served with fairness and equity and within the context of their identity, family, community, tribe, history, culture, and traditions.</p>

Utilizing the framework will result in a system that is better able to assess the most effective evidence-based and promising practices (“right service at the right time”), which in turn creates a system more able to sustain interventions, services, and supports for youth.

Restructuring of Independent Living Services

Like other states, Wisconsin receives federal Chafee funds to serve youth who have or likely will age out of OHC. Historically, Wisconsin counties spent these funds on independent living (IL) services and skill development for youth who were still in care. Because of that prioritization, counties often exhausted Chafee funds on the OHC population and did not have the staff, supports,

or funds designated to serve youth after they aged out. This contributed to the poor outcomes experienced by youth who age out and leave the support of the child welfare system.

To address this shortcoming, the DCF restructured how IL services are provided throughout the state. The responsibility of delivering IL supports and services to youth aged 14-18 and still in care (possibly older, if they elect to remain in extended foster care) remains with the counties. The responsibility to provide IL services to youth who have already aged out (aged 18-21, typically), is included in a new regionalized service delivery model. The DCF divided the state into seven service regions, with a contracted agency in each to serve as the main point of contact and facilitator of IL services for the aged out population. Staff with these agencies collaborate with county staff as youth are aging out of the welfare system, do case management with the youth to provide them with IL services once they have aged out, and collaborate with community partners to identify and connect youth to resources to meet their specific needs. Five of the seven regions are operational as of December 2017. An additional regional agency is operational as of January 2018, and the final one will become active in January 2019. Through this regionalization process, the DCF is creating a safety net for youth after they age out.

The next stage of the regional independent living program will be creation of public-private partnerships on behalf of high-risk youth. The regional providers will be reaching out to private employers in their area to promote jobs for high risk youth. In order to access employment, youth also need stable housing. In Wisconsin and nationally nearly 40% of youth will become homeless within two years of aging out of care. Regional IL service providers are charged with assisting youth in their service area to access and maintain housing. This is one of the most important, and expensive responsibilities of the regional service providers.

Data and Information on Wisconsin's Youth Justice System

The National Youth in Transition Database (NYTD)

NYTD is a national survey created for the purpose of learning about the longer term outcomes of youth who have experienced foster care. Wisconsin has been collecting outcomes data since October 1, 2010 and is continuing to collect data. The survey asks questions about education, employment and finances, housing and experience with homelessness, positive adult connections, high risk behavior, and access to health services and insurance.

Outcomes information is obtained by directly surveying youth who are or were in OHC within 45 days following their 17th birthday. Each youth who completed at least one question on the NYTD Outcomes Survey at age 17 is a participant in the "NYTD Baseline Population." Baseline participants become follow-up participants and are required to complete the NYTD Outcomes Survey at age 19, and again at age 21. Those who participated in the data collection at age 17 (baseline population), but not 19 (follow-up population) for a reason other than being deceased remain part of the follow-up population at age 21.

The survey results offer ACF, DCF and other state and local agencies the opportunity to obtain important information on how Wisconsin youth fare once they leave OHC. Wisconsin compiled a report on its NYTD results.

Additional data for Independent Living is feedback from the mandated regional youth advisory councils (YAC) that meet monthly to provide former and current foster care youth the opportunity to socialize; network; provide input/feedback to the regional agency, DCF, and community members; develop leadership and advocacy skills; and work on initiatives important to them. These youth often serve on panels and/or participate in community events to share their experiences. Each region selects youth to participate in a statewide youth advisory council, which meets quarterly and serves many of the same functions as the local YACs on a larger scale. The DCF has refined its expectations regarding regional agencies' data and outcomes collection and reporting requirements which are in effect in 2018. The DCF has also developed program evaluation procedures to evaluate regional agencies' service provision that will also go into effect in 2018.

IV. DCF Collaborations to support Wisconsin Families:

Community Response Program

Administered and funded by the Child Abuse and Neglect Prevention Board, the Community Response Program (CRP) was created in 2006 to fill a gap in the child maltreatment prevention continuum. CRP provides voluntary supports to families reported to county child protective services (CPS) for alleged child abuse or neglect who are not receiving services because the referral is either screened out or the referral is screened in for further assessment, but the case is closed after the initial assessment.

The overall goal is to strengthen families, prevent child abuse and neglect, and reduce re-referrals to CPS. CRP is a short-term (20 week maximum) voluntary prevention program that includes:

- Case Management
- Home Visits
- Collaborative Goal Setting
- Comprehensive Assessment
- Flexible Funds to support individualized services

There are currently 8 CRP programs in Wisconsin that are coordinated locally with child welfare agencies. The CRP staff work with the families to identify immediate needs and assist families in connecting to formal and informal resources to meet these needs (e.g., parenting supports, mental health treatment, child health and development). CRP works not only to mitigate risk factors, but also to identify and build protective capacities of parents and caregivers. A primary focus of CRP is to assist families with economic stressors. Decades of research show evidence of a strong correlation between poverty and child maltreatment

On average CRP staff work with families for 16-20 weeks. The comprehensive assessment allows the family to discuss and identify their critical stressors and their goals. Families typically select between 2 to 5 goals.

Coordinated Services Teams (CST)

The CST brings together key partners in a child and family's life in a family centered, collaborative approach that brings together teams of professionals and peer supports identified as key partners in helping shape plans and provide links to community supports that will assist families meet their goals. The approach is strengths-based, driven by family voice to determine family goals and which services/supports are needed to meet goals. Essential principles of the CST process include:

- Building trust with families and the importance of identifying and engaging natural supports;
- Development of an interagency team that is appropriate to each family;
- Care coordination responsibilities; and,
- Team facilitation skills including conflict management.

The collaborative team building process includes completing a strength-based assessment, interagency plan of care, planning for crisis, and transition out of the formal team process.

CST Initiatives are for children who are involved in multiple systems of care such as mental health, substance abuse, child welfare, juvenile justice, special education, or developmental disabilities.

The Department of Health Services supports county and tribal CST Initiatives for children who:

- Have a severe emotional disorder;
- Are at-risk of placement outside the home;
- Are in an institution and are not receiving coordinated, community-based services; or
- Are in an institution, but would be able to return to community placement or their homes if services were provided.

A variety of tools have been developed to assist in the implementation of these collaboratives across the state. Training modules, support tools, and resources to support CST's can be found at: <http://www.wicollaborative.org/care-coordinationteam-development.html>

This effort is currently available in 69 counties and all of Wisconsin's 11 Tribes.

Care4Kids

The Department of Health Services (the state Medicaid agency) and DCF have partnered to implement Care4Kids, an innovative program designed to offer comprehensive and coordinated health services for children and youth in foster care. The program launched January 1, 2014, in the six Southeastern Wisconsin counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha.

The Care4Kids program creates a "medical home" team for children in foster care, assuring that children receive individualized treatment plans in order to address their specific health care needs, including trauma related care. As a result, children in OHC settings are expected to have improved physical and mental health, improved resiliency, and shorter stays in out-of-home care. These positive outcomes will also result in long-term savings in publicly funded programs.

A "medical home" is a concept, not a place. The concept was originally developed by the American Academy of Pediatrics. Today, a "medical home" means that each child has a team that coordinates care to meet a child's needs. These needs can be medical in nature, but also include community-based supports and services. The "medical home" seeks to promote a partnership focused on meeting the child's needs. The partnership is between team members and the child, and child's family, to assure the best possible outcomes.

The Care4Kids program serves approximately 3,000 children which is about 40% of the children in foster care in Wisconsin.

Program Goals in Care4Kids

- Integrated and Comprehensive Health Service Delivery - The Care4Kids program delivers coordinated, comprehensive health care including physical, behavioral and oral health care that is tailored to each child's individualized needs.
- Timely Access - The Care4Kids program provides timely access to a full range of developmentally appropriate services. The needs of the individual child are assessed during an initial health screening, which occurs within two business days of the child entering out-of-home care. This is followed by a comprehensive health assessment within 30 days of enrollment. Children receive well-child check-ups at an increased frequency, as recommended by the American Academy of Pediatrics. All other medical, behavioral, mental health, and oral health needs of the child are met in an effective and timely manner.
- High Quality and Flexibility of Care - The Care4Kids program coordinates, organizes, and facilitates care in order to deliver services in an effective and efficient manner. The Care4Kids providers are expected to utilize trauma-informed and evidence-informed practices.
- Transitional Planning and Cross-System Coordination - Children in OHC also receive transitional planning and follow-up services necessary to assure continuity of health care after achieving permanency or aging out of foster care. The Care4Kids program coordinates with other systems providing health and developmental services to the child, including the local school system, the county-administered Birth to 3 program, Children's Long Term Support Services, and county-funded mental health services. To promote continuity of care, children can remain in Care4Kids program for 12 months after achieving permanency or aging out of OHC, contingent on remaining Medicaid-eligible.

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- Well-Being Outcomes - The Care4Kids program will support children to have better health, improved behavior and mental health, an increase in positive permanency outcomes, and enhanced resiliency.

The Department of Health Services currently has contracts with Children’s Hospital Community Health Plan (CCHP) for the Care4Kids Program. The contract specifies services that must be provided to every child in out-of-home care in the six county region and highlights specific timelines that must be met for each service provided. CCHP is required to be certified as the Care4Kids provider every other year by DHS. The certification application process ensures that policies and procedures are in place at CCHP to ensure that all contractual requirements are being met.

The contractual requirements state that Care4Kids must complete and continually update a Comprehensive Health Care Plan for each member of Care4Kids. This requirement is currently monitored on a quarterly basis to determine if the plans are completed timely. Additionally, through a contract with DHS contracts with an external agency, MetaStar to complete quality assurance

Data on Care4Kids

Care4Kids is required to submit Quarterly and Annual reports that outline their level of compliance with contractual requirements. The most recent data about Care4Kids can be found in the Well-Being Section of this report for Items 17 and 18 in Section 1.

Counties that are not participating in the Care4Kids program work with their local Medicaid and private pay providers to meet the health, mental health and dental health needs of children and families in the child welfare system. Policy guidance can be found in the attached memo - <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2015-21i.pdf>. Policy requires that all children and youth in OHC are categorically eligible for Medicaid benefits in Wisconsin. The memo spells out policies for documentation of eligibility in the eWiSACWIS system and timelines that must be met such as the five day requirement for document child OHC placements in the state’s information system.

Comprehensive Community Services (CCS)

Comprehensive Community Services (CCS) is a Medicaid –funded program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care, but less than the intensive care provided in an inpatient setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual’s unique needs and goals. The goal of this community-based approach is to promote better overall health and life satisfaction for the individual. Birth parents and youth involved in the child welfare system can utilize this service, if appropriate. As of September 30, 2017, there were 5,525 individuals were enrolled in CCS. This program is available in 64 counties and 3 Tribes. Services available include case management, communication skills training, medication management, physical health monitoring, residential support services, and therapy.

Every Student Succeeds Act (ESSA)

The DCF has worked closely with the Department of Public Instruction (DPI) on a variety of collaborative initiatives, most recently ensuring compliance with the Every Student Succeeds Act (ESSA). DCF and DPI Leadership issued joint guidance to promote best practices around school stability including core factors that should be considered, such as student and parent preferences, student safety and educational needs in addition to supplemental considerations such as how many schools the student has attended, meaningful relationships with staff and peers at a school, travel time to a school and what schools a child's sibling attends.

Additional materials developed by the DCF are focused on transitions between schools for child welfare children and families and how to best promote and support educational success. These include:

- A Desk Guide – “Promoting School Success for Children in Foster Care” - <https://dcf.wisconsin.gov/files/cwportal/fc/fcschoolsuccess-dskguide.pdf>
- The “Education Passport” for the purpose of improved and easily accessible information that can guide schools and child welfare agencies when a child needs to change schools - <https://dcf.wisconsin.gov/files/mcps/policy-resources/2015-passport-form-example.pdf>.

In addition, on-line information is available for schools and communities about who to contact in particular counties as the education liaison for the child welfare agency through the Education Points of Contact Map - <https://dcf.wisconsin.gov/map/essa>. DCF has also established important data exchanges with DPI through the education portal to establish a “real time” connection between the child welfare and educational systems so that information is available promptly to schools and child welfare agencies to improve services and outcomes for youth in the child welfare system.

DCF Collaborations with Other Agencies to Meet Service Array

Needs Met	Program	Key Services	Program data (if available)
Children with significant mental health or developmental needs	Children's long Term Support Waiver	This program sponsored by the Department of Health Services (DHS) supports the needs of children with intellectual and developmental disabilities as well as children with physical disabilities and severe emotional disabilities.	In 2013-2014, 1% of substantiated children were in the CLTS program
Mental health needs	Child Psychiatry Hotline, supported by DHS	Consultation is provided to primary care physicians (PCP) in 15 Northern and 4 Eastern Counties with the aim of increasing capacity of PCP regarding diagnosis and management options for children/adolescents with mental health issues, establishing a referral support system for patients and providers and providing education and training on mental health issues for PCP	In 2016: -36 clinics participated -509 consults were completed with 88% of those consults focused on medication related questions
Services to meet early childhood developmental needs	Wisconsin Birth to 3 Program, coordinated by DHS	As required by federal law, all children under the age of three who are substantiated for maltreatment are referred to Wisconsin's Part C Individuals with Disabilities Act (IDEA) Program called Birth to 3. If eligible, services provided include special instruction, physical, occupational or speech therapy, family education and counseling and other services tailored to individual child needs	In 2013-2014, 17% of substantiated children aged 0-3 years were enrolled in the Birth to 3 Program.
Advocacy for children in child welfare	Child Advocacy Centers	11 centers across the state provide assistance to child welfare agencies through trauma-informed interview and support for families in the child welfare system.	Trauma-informed interviewing, supports and services for children in child welfare
Basic need services such as food, clothing, shelter, employment assistance	Wisconsin Community Action Agencies	Anti- poverty agencies across the state focused on meeting the basic needs of families such as energy assistance, housing and food assistance	Local agencies are connected to these local providers to meet additional family needs.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- Wisconsin's county based system is working well. It is flexible and tailored creatively to meet local needs.
- Initiatives such as Care4Kids, and the PS Program are helping meet family needs.
- Focus on trauma in training and approaches has been a strength of the current system.
- Collaborative efforts such as the CST and CCS are effective ways of meeting family needs.

Challenges:

- There is a lack of general service capacity, especially in mental health and AODA services, it is also challenging to provide these services in a timely manner.
- There may be an under-identification of substance abuse concerns, lack of expertise may contribute to this.
- Need for more dental care complicated by challenges securing Medicaid reimbursement for these services.

Item Summary

Wisconsin has an array of services that are provided to meet the service needs of child welfare families. A long-time sustained commitment to collaboration has assured that services are available through DCF, through DCF partnerships or through well-established referral relationships to meet identified needs. A robust statewide effort focused on trauma has been implemented across the state and is designed to address the complex trauma needs of families in the child welfare system. Data shows that Wisconsin is doing well when it comes to assuring safety of children that stay in their family's care and those that are removed into out-of-home care, meeting educational needs and mental health needs of families. Wisconsin has identified an array of culturally appropriate supports and processes for Tribes articulated in state policy documents. Wisconsin works with counties to ensure that culturally appropriate and trauma-informed efforts are available that support local needs. The Child Welfare Model for Practice provides a framework and road map for expectations of service delivery at the local level.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

State Policies

Ongoing Services Standards- <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf> - have specific policies and practices for individualizing plans and services to child welfare families that are articulated in this section. The CPS Safety Intervention Standards - <https://dcf.wisconsin.gov/cwportal/policy> - detail policies and practices related to the safety of children and individualized services that meet this need. In addition the Foster Parent Handbook - <https://dcf.wisconsin.gov/fostercare/handbook> provides information about individualizing services for children. Processes for individualizing the case plan and services are described as it relates to children who remain in the home and for children in out-of-home care (OHC).

Mechanisms described in Item 20, the Written Case Plan, such as the Child and Family Team meetings, the Family Interaction Plan and regular case worker visits provide an opportunity for child welfare staff to continually gauge emerging needs and ensure that individualized needs are met through the case planning process.

State Practices Focused on Individualizing the Case Plan

Individualized Planning for Children that remain in-home - Protective Planning

Protective Planning is the process used to assess and individualize services for youth and families that are determined to be safe in their homes.

The DCF recently redesigned the protective planning instrument with input from the Wisconsin County Human Service Association (WCHSA), county workers, and experts from the UW-Madison School of Social Work. The instrument was designed using an inclusive approach that incorporated all IA elements outlined in CPS Access and Initial Assessment Standards and CPS Safety

Intervention Standards and their appendices. The tool operationalizes the Standards using this all-inclusive approach which allows DCF to consistently measure data points and related outcomes.

A February 2016 DCF memo mandated that when a protective plan is put into place to control for present danger threats it must be developed in collaboration with the parents/caregivers and plan participants and tribal agents when there is known tribal affiliation. When modifications to the Protective Plan are needed, a new Protective Plan must be developed in collaboration with the parents/caregivers, plan participants and tribal agents. At the time of implementation of a Protective Plan, the caseworker must have the Protective Plan document (DCF-F-S2179) signed by all parties who are participating in the plan, including the parents, protective adults, supervisor, and worker.

Based on the plans put in place through this process, individualized services are provided and articulated in Item 29, service array.

Use of the Child and Adolescent Needs and Strengths Assessment

In Wisconsin, children in out-of-home care must undergo an evaluation using the Child and Adolescent Needs and Strengths tool that requires developing goals for any need identified and follow up to verify that these needs have been met through the case planning and service process. It has been a valuable tool to customize services for all families in OHC.

A worker must complete the CANS within 30 days of an OHC placement and every six months thereafter that the children is in OHC or sooner if placement changes.

The Child and Adolescent Needs and Strengths (CANS) assessment process and tool is used to:

- Identify the needs and strengths of the child.
- Determine the ability of the provider to meet the child's needs.
- Evaluate the stability of the placement.

Confirming Safe Environments in Group Homes or Residential Care Centers

One of the primary purposes of a group or residential care placement is to address the unique needs of children who require more intensive services than a family setting can provide. These placement settings offer specialized services in a structured environment for children and youth with special developmental, therapeutic, physical, or emotional needs. Services and supervision are provided by staff employed by the group or residential care setting. Therefore, evaluating safety of the environment in these settings is different from in placement homes where specific caregivers are licensed to provide care.

Confirming Safe Environments in Group Homes or Residential Care Centers

Prior to placement, the caseworker or designee must evaluate the safety of the group homes or residential care center by:

- Ensuring the facility has the capacity to meet the child's needs based on their Child and Adolescent Needs and Strengths (CANS) score.
- Making a determination with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child's safety.
- Addressing any additional needs to ensure the child is safe in the placement setting. Examples include additional or special training for agency staff, rearranging the living environment, etc.

At a minimum, the caseworker or designee must evaluate and confirm the safety of the environment in the group home or residential facility setting every six months while a child remains in this placement setting. The caseworker or designee must:

- Confirm the facility has the continued capacity to meet the child's needs based on the current CANS score.
- Evaluate changes in the child's CANS assessment to determine if this has any implications for the current facility to meet the child's needs or the stability of the placement.
- Confirm with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child's safety.
- Evaluate the child's adjustment to and views about the current placement.

When a safety concern is identified for the placed child that involves or may impact the safety of other children in the placement setting, the worker must address it by reporting the information to the appropriate authority (e.g., CPS, child welfare licensing, law enforcement, etc.).

Risk Management Planning

The caseworker or designee collaborates with other caseworkers or facility staff to understand the behaviors of other children in the placement setting. The following behaviors must be considered to determine if there is a risk to the child:

- Aggressive behaviors - especially children known to have a history of violence.
- Sexually abusive behaviors, including children within the placement setting who victimize other children physically or sexually.

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- Other behavior issues, including mental health, AODA, or other concerning behaviors such as fire setting, etc.

When risk is identified, a risk management plan must be created to mitigate the risk and ensure the environment is safe for the child. Considerations for a risk management plan include, but are not limited to, the following:

- Additional or special training for placement providers.
- Additional contact by agency or other providers.
- Re-arranging the living environment (changing sleeping arrangements, moving children to other units in a RCC, etc.).

The “Confirming Safe Environments” template in eWiSACWIS must be used to guide and document risk management.

Contacts during Ongoing Services

Establishing a relationship with the family is fundamental to developing a better understanding of the family dynamics leading to agency intervention and engaging the family in the change process. Accomplishing this necessitates a high level of contact by the caseworker to collaborate with the family to eliminate impending danger and achieve permanence.

The frequency of face-to-face contact is based on the needs of the family as identified in the safety or Permanency Plan. While a child is in out-of-home care, face-to-face contact is important to continuously assess safety and achieve permanence. It may be necessary to conduct unannounced or unscheduled face-to-face contact or, when appropriate, visits with the child should be alternated between the placement location and another community setting (e.g. daycare, school, counseling appointment). In these instances, the face-to-face contact should occur in a manner consistent with the purpose of the home visit and is respectful of the child and parents or caregivers involved. Full disclosure regarding announced and unannounced contacts should be discussed at the onset of the case

Caseworker face-to-face contacts focus on the assessment of safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of safety plan and goals of the Permanency Plan. The agency ensures that child(ren) and individuals in a parenting role (excluding out-of-home care providers) have monthly face-to-face contact with an individual (caseworker, contract agency, or tribal social worker) unless the safety plan or licensing requirements require more frequent contact.

In FFY 2017, Wisconsin’s rate of monthly caseworker contacts was 97.4% which exceeds the federal requirement of 95%.

Contact with Parents/Caregivers

When out-of-home care is sought to control impending danger, the caseworker or designee must have:

- Monthly face-to-face contact, at a minimum, with parents.

Documentation

The caseworker must document both completed and attempted face-to-face contacts with parents/caregivers and children in eWiSACWIS as a case note. The case note must include, at a minimum, the following information:

- Date, time, and duration of the visit.
- Participants involved.
- Location of the visit.
- Type of contact.
- Purpose and summary of the results of the contact.

In addition, at least one case note per month must include the following information:

- The status of impending danger (see Appendix II, page 277); the sufficiency, feasibility, and sustainability of the safety plan; and, any needed revisions including an evaluation of impending danger; a review of safety service actions and timeframes; a discussion of any issues to be resolved or clarified with safety service providers; the commitment of providers to remain involved in the plan; and whether family members understand and agree with their role in the safety plan.
- The progress towards meeting goals of the Permanency Plan including information about whether family members understand the reason for behavioral change and understand their role in the change process; the parent's engagement and involvement in the change process; and, any increase/enhancement in protective capacities that would mitigate identified threats.

Effective use of caseworker contacts supports the work that is done on a monthly basis to move the family forward in achieving a safe, permanent, and stable home. Progress and change related to enhancing parent/caregiver protective capacities is the essential concern along with achieving timely permanence for the child. Documentation of contact must reflect the caseworker's actions in supporting the family, child, and providers to achieve timely permanence, safety, and stability for the child.

Contacts with the Child

Private, face-to-face contact with children in out-of-home care is essential because it provides opportunities for the child to openly discuss adjustment to the placement setting and express thoughts and feelings about their out-of-home care experience. It also provides the caseworker with opportunities to confirm the safety of the placement setting.

The caseworker must have monthly face-to-face contact with the child, at a minimum. The majority (greater than 50%) of the fact-to-face contacts must be in the child's out-of-home placement.

When the child resides in a placement more than 60 miles from their residence, face-to face contact may be quarterly by the assigned agency caseworker if the placement facility or another agency or contract worker (licensing worker, residential staff, treatment foster care worker, etc.) maintains at least monthly face-to-face contact with the child. When courtesy supervision has been requested of another county or DMCPs and the other agency is providing courtesy supervision on a monthly basis, the requested county is not required to have face-to-face contact with the child. The worker providing courtesy supervision is a caseworker under these standards.

When a child is assessed at a Level 3 or higher on the CANS and placed with an out-of-home care provider with a certification of 3 or higher, the supervising agency (county or CPA) must have bi-weekly, face-to-face contact with the child.

The Department or county department must document information on a child's well-being in eWiSACWIS within 20 working days after face-to-face contact with the child regardless of whether the visits were conducted by the caseworker or a designee.

For additional information, refer to page 199 of Ongoing Standards

(<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf>).

Additional information regarding caseworker contact with children in Level 3, 4, and 5 foster homes is found in Ch. DCF 56.19(1)(b) Admin. Rule <http://dcf.wisconsin.gov/files/publications/pdf/0131a.pdf>

Contacts with Out-of-Home Care Provider

At a minimum the caseworker must have monthly face-to-face contact with the out-of-home care provider.

Contact with the OHC provider focuses on the safety, permanence, and well-being of the child. This includes:

- Evaluating the compatibility of the child with the out-of-home provider and other household members.
- Evaluating the ability of the OHC provider to meet the needs of the child in a safe manner.

-
- Evaluating the experiences the child has had to regularly engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
 - Discussing any additional support needed by the OHC provider to safely maintain any child living with the out-of-home provider.

Referral to Individualized Needs Based on Case Planning and Services

Based on needs identified through these planning processes for children who remain in their homes and children who are removed from their home, services described in the Item 29 section are provided to meet the needs of children and families.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- The CANS is a helpful tool that identifies service needs for children and families.
- The Parent Child Treatment Program that is being offered through the Trauma Project is working well.
- Overall use of a strengths-based approach with children and families is working well.

Challenges:

- There are growing concerns about resources available to meet the increased use of opioids in Wisconsin.
- There is a need to find ways to provide more support for children transitioning from OHC to adulthood.

Item Summary

Wisconsin has strengthened the in-home service planning process and continues to use the CANS to identify and ensure that child and family individualized needs are met as part of the planning process. Services articulated in item 29 provide an overview of the core services that are provided to families and children based on their individualized needs. Individualized planning for families and documenting of services and follow up is supported through a robust eWiSACWIS system that provides appropriate tracking and documentation mechanisms, timeliness reminders and other work management features to support effective service delivery and follow-up. Translation services and culturally specific services are provided by local child welfare agencies and Tribes focused on the individual needs of children and families based on their location and cultural background.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Wisconsin has established a strong structure and culture of cross-system, public-private collaboration. DCF assures collaboration through:

- Solicitation of input on federal plans and reviews
- Established processes to assure stakeholder feedback and coordination on all child welfare policies and practices
- Standing cross-system workgroups for ongoing collaboration
- Time-limited, issue-focused cross-systems workgroups to address particular issues
- Ongoing coordination and collaboration focused on key services for child welfare, education, employment, health care and others
- Standing bi-monthly meetings with tribal child welfare directors
- Participation by DCF on a wide range of cross-sector leadership chaired by other partners.

State Practices

Collaboration Specific to Federal Plans and Reviews

As articulated in the Model for Practice, DCF encourages stakeholder feedback in the development of all federal planning documents such as the CFSP and APSR as well as federal review and planning processes such as the CFSR and the PIP. In addition to posting the CFSP and APSR on-line for public comment and general information, DCF briefs standing advisory bodies and stakeholder groups on these plans. Wisconsin posts all current federal plans at the following website link - <https://dcf.wisconsin.gov/reports>.

As part of the current federal review planning process, key stakeholders have been actively engaged over the last two years to provide feedback for completing the statewide assessment and in developing the Program Improvement Plan (PIP). Efforts to date include developing a webinar series - <https://dcf.wisconsin.gov/cwportal/webinars> - that described all components of the upcoming CFSR including the statewide assessment, the case review process, and the state's performance on national performance standards. The webinar series covered the different plans the State completes, including the APSR, the CFSP and the PIP process. The webinar series was widely disseminated. As shown in the following table, DCF provided outreach presentations to a broad range of stakeholder groups between June 2016 and May 2017 that included representation from judicial partners, Tribes, foster parents, foster youth, and other key stakeholders. These presentations are summarized below.

Stakeholder Group	Date
Secretary's Advisory Council on Child Welfare	March 25, 2016
Citizen Review Panel Lead Staff	July 1, 2016
Foster Parent Advisory Council	September 23, 2016
Group Home Forum	November 8, 2016
Wisconsin Indian Child Welfare Directors	November 16, 2016
Out-of-Home Care Advisory Committee	December 7, 2017
Wisconsin County Human Services Agency Statewide Conference	December 1, 2016 and November 30, 2017
Wisconsin Commission on Children and the Courts	November 30, 2017 and June 25, 2017
Judicial Committee on Child Welfare	January 25, 2017 and December 13, 2017
Youth Advisory Council	February 11, 2017
Milwaukee Child Welfare Partnership Council	March 24, 2017

The goal was to identify strengths, challenges, and suggestions for improvements or continued investments in the child welfare system.

Program Improvement Plan Leadership Team

In December 2017, DCF launched a cross-sector PIP Advisory group to assist DCF in developing a PIP that is comprehensive, effective, trauma-informed and focused on strengthening the child welfare system and improving outcomes for the families and children involved in the system. This advisory committee brings together a broad range of stakeholders that work on the child welfare system including, judges, attorneys, tribal members, foster parents, foster youth, counties and other partners.

Collaboration to Support State Policies and Programs

Wisconsin uses collaboration to ensure a shared vision and ongoing coordination and collaboration across systems. Collaborative workgroups chaired by DCF include Casework and Out-of-Home Care (OHC)/Adoption Committees, Rate Regulation Advisory Committee, Title IV-E Waiver Advisory Group, CQI Advisory Committee, and others. Communication is fostered between the Department and county child welfare agencies through Department regional meetings for local child welfare agency foster care coordinators, child welfare program supervisors and fiscal managers to update them on policy and procedures and provide a forum for discussion of current child welfare issues for both state and local child welfare agencies. When DCF issues a policy that affects counties or Tribes, DCF provides the policy draft for comment to counties through the Wisconsin County Human Services Association (WCHSA) and the Indian Child Welfare directors prior to finalizing policy. Comments are solicited and included in updated policy guidance. This process is specified in the state/county contracts.

The Department regularly works with groups representing key constituencies to develop program and policy initiatives to strengthen the child welfare system. These groups include, but are not limited to, WCHSA, the Wisconsin Foster/Adoptive Parent Association, the Wisconsin Association of Family and Children's Agencies, the Great Lakes Inter Tribal Council, the Children's Court Improvement Project, the Child Abuse and Neglect Prevention Board, the Early Childhood Advisory Council (ECAC) and other state agencies. As described above, DCF also supports a Youth Advisory Council (YAC) for current and former foster youth. The statewide YAC meets quarterly. In addition, local YAC groups have been established in four counties across the state. Local YACs meet monthly to influence policy change and to educate communities and the DCF about youth experiences in foster care. Local YACs will be involved in supporting the transition of Independent Living services from a county-based to a regional service delivery model. The Youth Advisory Council's current priority is eliminating the stigma attached to being a foster child.

Standing Advisory Bodies for DCF

Secretary's Advisory Council on Child Welfare

The Secretary of the DCF has established an Advisory Council on Child Welfare that convenes key leaders involved with the child welfare system. The Council provides advice and counsel to the

Department on matters related to protecting vulnerable children and strengthening the child protective services system. The Council meets quarterly and is composed of county and tribal representatives, private sector service providers, advocates, representatives from the mental health and correctional systems, former foster youth, and foster parents. The purpose of the Secretary's Council on Child Welfare is to advise the Department's Secretary regarding policy, budget, and program issues that impact the safety, permanence, and well-being of Wisconsin's children and families.

Milwaukee Child Welfare Partnership Council

The DCF directly administers the child welfare system in Milwaukee County, the state's largest county. The Milwaukee Child Welfare Partnership Council is a broad-based advisory body, established by statute in 1998, which advises the Department on its administration of the system in Milwaukee County. The Partnership Council meets four times per year and is composed of state legislators, county elected officials, members of the judicial and legal systems, health care, and child welfare service providers, the birth to five system, advocates, community members, representatives from the K-12 educational system, and representatives from the mental health and alcohol and other drug abuse (AODA) system. The Partnership Council is charged with recommending policies and plans for the improvement of the Milwaukee County child welfare system including outcome measures and recommending measures for evaluating its effectiveness and funding priorities.

Secretary's Advisory Council on Youth Justice

In April 2016, the DCF established the Secretary's Advisory Council on Youth Justice. The Council is composed of key youth justice leaders from: state agencies, county-based youth justice system stakeholders, prevention service providers, and affected youth and families. The council meets quarterly to advise the DCF on matters related to supporting a stronger community-based youth justice system. Council members are appointed by and serve at the pleasure of the Secretary of the Department of Children and Families.

Child Abuse and Neglect Prevention Board (CANPB)

The DCF Secretary is a Director on the Child Abuse and Neglect Prevention Board which is the agency charged in Wisconsin statute to coordinate with the DCF on efforts to prevent child abuse and neglect. The DCF and CANBP are collaborating on the implementation and evaluation of two programs to prevent maltreatment in high-risk families: Project GAIN and the Community Response.

Project GAIN was a research project designed to answer, "How much maltreatment prevention can be achieved by intervening with at-risk families around economic stressors?" The focal population for the GAIN intervention is families who have been reported to and investigated by child protective services (CPS) in Milwaukee, but for whom no ongoing services are provided (i.e., cases closed following an investigation). Key features of GAIN include (1) a comprehensive eligibility assessment

for an array of public and private economic supports, and assistance accessing these resources, (2) financial counseling - collaborative work with a GAIN financial support specialist to identify financial goals and steps to achieve them, and improve financial decision-making, and (3) access to one-time emergency cash supplements to alleviate immediate financial stressors.

The Community Response Program provides voluntary supports to families who have been reported to county child protective services (CPS) for alleged child abuse or neglect, but who are not receiving services because the referral is 1) screened out, or 2) screened in for further assessment, but the case is closed due to a finding that the child(ren) was safe. The Community Response Program responds to compelling research indicating that families with closed child maltreatment cases are at high risk of re-referral into the child welfare system. The evaluation started in October 2016.

In addition, the DCF works closely with CANPB on parenting education and support. CANPB supports Family Resource Centers and parenting programs that offer a range of services including the following.

- Group services: delivering parent education courses, workshops, support groups, drop-in programs, respite care, and play groups.
- Individual services: providing families with personal consultations and support through services such as warm-lines, home visits, supervised visitation, or safe exchange programs.
- Outreach and family visiting services: reaching out to parents and families in their homes or in other community-based locations convenient for families. This might be through collaborations with birthing hospitals to connect with new families, through community response to ensure families have support in times of need or through universal services such as car seat checks.
- Community resource and referral and follow-up services: offering a reliable link to public and private agencies and providing strong family advocacy within local communities. Families can receive referrals to other community programs, public benefits, as well as assistance with transportation.

The following link is to a map of Family Resource Centers locations throughout the state:
<https://preventionboard.wi.gov/Pages/ForFamilies/FamilyResourceCenters.aspx>

Issue Specific DCF- Led Collaborations

In addition to DCF broad-based collaborations involving all child welfare issues, DCF leads cross-system collaborations on specific program areas as detailed below. DCF recognizes and leads efforts to provide more in-depth, cross-sector discussions about particular areas of the child welfare system.

Integration of Youth Justice System

As discussed above, in January 2016, oversight of community-based juvenile justice services was transferred from the Department of Corrections to the DCF. An intensive stakeholder engagement process was launched early in 2016 to gain insight into how the current system operates across the state, identify the most pressing concerns, and learn from key stakeholders about their vision for the system. Input was gathered through stakeholder meetings, community sessions and calls, site visits to juvenile detention centers across the state and an online survey of 300 individuals from more than 60 counties. The analysis of this feedback was compiled into key areas of services for youth including: prevention and diversion from entering the system, assessment and casework, and post-disposition. This process resulted in the development of Youth Justice Vision and Strategic plan.

Anti-Human Trafficking Task Force

Sex trafficking of children and youth is a growing concern nationally and in Wisconsin. A broad-based, cross-system Anti-Human Trafficking Task Force co-chaired by DCF Secretary Eloise Anderson and Wisconsin Attorney General Brad Schimel was formed in 2015 and met on a quarterly basis through December 2017. The Task Force involved cross-sector leadership from state departments, law enforcement, lawyers, judges, the faith community, local coalitions focused on addressing trafficking, service providers, advocates, and survivors of trafficking. The DCF hired an anti-human trafficking coordinator to oversee and coordinate the work of the Task Force and additional initiatives to address this issue.

Efforts on which the Task Force provided advice and counsel included the development of training competencies, a human trafficking curriculum, a screening tool, and prevention strategies. The DCF also recently launched the Anti-Human Trafficking Regional Hub model in the first of seven regions. The regional hubs will work with county and tribal child protective services workers to coordinate services for youth, train community stakeholders on how to serve this population, and promote prevention and awareness messaging to the public. Additional regional hubs will be launched over the next several months. A smaller more focused cross-sector group led by the DCF will continue to advise the department on critical anti-human trafficking efforts in the state.

Children with Disabilities in the Child Welfare System

As directed by state legislation in April 2016, the DCF established a Workgroup on Children with Disabilities served by the Child Welfare System. This cross-sector workgroup identified risk factors of children with disabilities in the child welfare system, analyzed the scope and experience of children with disabilities in the child welfare system, articulated the strengths and challenges of the current child welfare system in serving children with disabilities, explored practices in other states and made recommendations to DCF about steps to improve services for children with disabilities.. Recommendations included: increase evidence-informed education programs to parents and professionals who work with these children and families about the heightened risk for maltreatment; strengthen the identification of disabilities through improved data sharing across the child welfare, K-12, and Medicaid systems, strengthen training for child welfare workers on best practices, update

child welfare standards to incorporate best practices and strengthen coordination between the child welfare and children's long term care systems. The workgroup met monthly from June through December, 2016. The workgroup report can be found at:

<https://dcf.wisconsin.gov/files/cwportal/reports/pdf/act365.pdf>.

DCF Opioid Steering Committee

As directed by Executive Order from the Governor in October 2016, the DCF established a broad-based Opioid Steering Committee composed of representatives from DCF, the state public health agency, the state substance abuse agency, the courts, counties, Tribes, law enforcement, the medical profession, service providers, and a person with lived experience. The DCF Opioid Steering Committee is charged with developing an understanding of, and strategies to address, opioid and other drug abuse issues that affect child safety. The Steering Committee met on a monthly basis from January to December, 2017. The Opioid Steering Committee used the framework recommended by the National Center on Substance Abuse and Child Welfare, which examines the following five points of intervention: Pre-pregnancy; Prenatal; Birth; Neonatal; and Childhood and Adolescence.

Cross-Systems Collaborations Targeted to Well-Being Outcomes

Health

As described in Item 29, the DCF and the DHS collaborate closely to improve the quality, access, and timeliness of health care services to children and youth in OHC through the implementation of a Medicaid medical home service delivery model called Care4Kids. The Care4Kids program provides comprehensive, coordinated care for children and youth in foster care tailored to each child's individualized needs. Other collaborative health projects include: the Children's Behavioral Health Project, which encourages appropriate utilization of psychotropic medications for Medicaid children and youth, and the use of Coordinated Service Teams to coordinate care for children and youth in multiple systems of care.

Trauma

The WI Trauma Project, in partnership with the Wisconsin First Lady's Fostering Futures Initiative, described in more detail in Item 29, Service Array, creates a more trauma-informed and responsive child welfare system of care by introducing evidence-based trauma screening, intervention and treatment into the service array, training agency social workers and birth, foster and adoptive parents, kinship caregivers on childhood trauma and how to effectively respond to trauma in the home environment, and training and technical support to help county child welfare agencies and state agencies engage in organizational culture change to become trauma-informed agencies.

Education

The DCF has a strong collaboration underway with the Department of Public Instruction (DPI), the state education agency to improve the educational outcomes of children and youth in the child welfare system.

In the last year, the DCF and the DPI effectively launched an educational portal that provides access to child welfare workers to data in the educational system for children on their caseloads. This portal is used to facilitate improved understanding of the needs and experiences of children. In partnership with the University of Wisconsin-Madison, DCF and DPI continue to engage in research about the educational outcomes of children in OHC to inform policy development.

The DCF has also extensively coordinated with the DPI to implement key elements of the Every Student Succeeds Act. The DCF and the DPI issued joint guidance to promote best practices around school stability including core factors that should be considered, such as student and parent preferences, student safety and educational needs in addition to supplemental considerations such as how many schools the student has attended, meaningful relationships with staff and peers at a school, travel time to a school and what schools a child's sibling attends.

Additional materials developed by the DCF are focused on transitions between schools for child welfare children and families and how to best promote and support educational success. These include:

- A Desk Guide – “Promoting School Success for Children in Foster Care”
- <https://dcf.wisconsin.gov/files/cwportal/fc/fcschoolsuccess-dskguide.pdf>
- The “Education Passport” for the purpose of improved and easily accessible information that can guide schools and child welfare agencies when a child needs to change schools -
<https://dcf.wisconsin.gov/files/mcps/policy-resources/2015-passport-form-example.pdf>.

In addition, online information is available for schools and communities about who to contact in particular counties that is identified as the education liaison for the child welfare agency through the Education Points of Contact Map - <https://dcf.wisconsin.gov/map/essa>

Youth Employment and Post-Secondary Education

Over the last year, the DCF forged a closer collaboration with the Department of Workforce Development (DWD) to identify and better connect youth aging out of care, and at-risk youth to programs that help build important educational and employability skills through expanded opportunities made available by the Wisconsin Innovation and Opportunity Act (WIOA) Youth Project.

The DCF is engaged in collaboration with other state agencies and external stakeholders to promote the employment of youth with disabilities who are on the Supplemental Security Income

(SSI) program. Led by the DWD, the collaboration successfully applied for and is now implementing the PROMISE federal demonstration grant from the Department of Education, which is designed to increase the education, career, and income outcomes of children and youth with disabilities receiving SSI and their families.

The DCF worked with the DWD to align services with Workforce Development Boards and the Youth Service regions. In addition, the DCF secured a partnership with a local business, Culvers Restaurant to promote the hiring of foster youth and support partnerships between Culvers and county child welfare agencies.

Since 2001 the DCF has had a cross-system collaborative workgroup to promote the enrollment of former foster youth in post-secondary education. The Foster Youth to College (FYC) advisory group is composed of professionals from child welfare, private colleges, technical colleges, the state university system, and the DPI.

Early Childhood

The DCF Secretary and the Superintendent of the DPI co-chair the Early Childhood Advisory Council (ECAC). The ECAC is a high level stakeholder group comprised of public and private leaders that provides advice on the strategic direction for the state's efforts to promote early childhood development. The ECAC has developed a cross-system agenda with the overall goal of having all young children be safe, healthy, and successful. The Division Administrators for the Division of Early Care and Education and Safety and Permanence serve on the Early Childhood Advisory Council.

Collaboration to Strengthen Parent and Youth Voice

The DCF is participating in the Wisconsin Children's Mental Health Collective Impact Initiative in the Office of Children's Mental Health to integrate parent and youth voices in policy and program decisions. The collective impact framework brings staff from a wide variety of organizations together, including staff from several state departments and agencies, to examine data to identify root causes, develop a common agenda and identify shared measures across systems to gauge progress. The ten parents and five youth involved bring decades of lived experience to the effort. Parents co-chair each of the committees. With the parent and youth guidance and support, the DCF and other state agencies will be able to better recognize gaps in services, failing programs and unhelpful or cumbersome policies and practices.

Youth Leadership Teams

In the fall of 2016, the DCF launched four "Youth Leadership Teams," covering all parts of the state, to involve young people who have had involvement with the justice system (past or present) to share their perspectives and give input. Thirteen founding partners that are counties or youth-serving organizations support these for teams.

Each meeting has three core activities: (1) give input to DCF, (2) develop and strengthen leadership skills, and (3) work on a project of the team's choosing to help improve the youth justice system. At all meetings, young people have been actively engaged. Adult supporters, ranging from social workers, mentors, therapists, biological parents, and foster parents, have also found value in the meetings. Evaluations from the young people indicated that they felt their time was well spent. One young person said the best part of the meeting was "feeling our voices matter." Young people may apply to join a team at any time by filling out the online application. More details on the teams and this process can be found in the following report describing efforts:

<https://dcf.wisconsin.gov/files/cwportal/yj/pdf/ylt-youthvision.pdf>

Collaboration to Support for the Child Welfare Workforce

The DCF Bureau of Regional Operations (BRO) supports regular regional meetings that are used to share information with county child welfare supervisors. The supervisors use the meetings to talk about child welfare workforce recruitment and retention issues. Supervisors can provide peer support to each other at those meetings. In addition, PDS shares information about child welfare worker training at the regional meetings. The regional meetings are limited to child welfare supervisors.

The DCF participates in a WCHSA-led workforce recruitment and retention workgroup that has met over the last couple of years to make recommendations for statewide strategies to improve child welfare worker recruitment and retention. The committee and the DCF conducted a worker intent to leave survey, developed child welfare worker recruitment videos, and are working on a centralized recruitment strategy to improve the availability and retention of child welfare workers state-wide.

- The first video is about 3 minutes and is like a movie trailer. It is a quick and high impact overview of the work of child welfare. This video is intended to be used at the beginning of the recruitment process before an applicant applies: https://youtu.be/eT_nqR5GFGU
- The 2nd video is about 20 minutes and gives a comprehensive overview of the different aspects of child welfare work. It is a job realistic video as it portrays both the positive and challenging parts of this work. This video would also be used as part of the recruitment process. This video is undergoing final revisions to reflect all aspects of child welfare work.

Other Cross-System Collaborative Efforts

The DCF Secretary or Secretary's designee serves on additional statewide Councils and Workgroups that promote cross-system collaboration and coordination including: the State Council on Alcohol and Other Drug Abuse; the Wisconsin Council on Mental Health, the Council on Offender Reentry, and the Criminal Justice Coordinating Council.

DCF staff have served on the Department of Justice Multidisciplinary State Task Force on Children in Need, as required under sections 107(b)(2) and 107(c)(1) since 1991. This is a key component of Wisconsin's plan to comply with the Children's Justice Act.

Citizen Review Panels

Consistent with CAPTA requirements for citizen review panels (CRP), Wisconsin has eight panels:

- Marathon County Citizen Review Panel
- Outagamie County Citizen Review Panel
- Milwaukee Partnership Council
- Wisconsin Youth Advisory Council
- St. Croix County Citizen Review Panel
- Polk County Citizen Review Panel
- Langlade County Citizen Review Panel
- Jefferson County Citizen Review Panel

All panels fulfilled their responsibilities under CAPTA regarding meetings, mission, and submission of annual reports. Each panel received CAPTA funds in the amount of \$10,000 to support their activities, which includes sending panel members to the annual National Citizen Review Panel Conference.

The panels benefit from participation in the national conference and are engaged in locally driven activities. Increasingly, all panels have been active in promoting child abuse prevention. The Youth Advisory Council has actively led the "Hands Around the Capitol" event over the last two years in May which is focused on generating awareness of the importance of becoming a foster parent and supporting older foster youth and the foster care system in general.

For more information about each panel's 2016 activities, please see the citizen review panels' annual reports and DCF responses online at <https://dcf.wisconsin.gov/prevention/crp>.

Court System Collaboration

The DCF and the Wisconsin Director of State Courts Office (DSCO) have a long-standing, strong collaboration to support the jointly-held goal of improving the safety, permanency, and well-being of children, youth, and families in our state. The DCF Secretary serves as a member of the Wisconsin Commission on Children, Families and the Courts, which is a broad-based stakeholder advisory body that provides input on court improvement projects and child welfare related policies and activities.

The Child Safety Decision-Making Subcommittee of the Wisconsin Commission was established to improve the well-being of children in Wisconsin by implementing consistent safety practices across the state and ensuring that all stakeholders have necessary and sufficient information to determine

when a child should be removed and when the child should return home. This multidisciplinary committee is comprised of state, county, and tribal representatives working in the child welfare and court systems. The Subcommittee also serves in a leadership and advisory role and makes recommendations related to development of policy, resource materials, statutory changes, and training curricula. The Subcommittee created the Child Safety Decision-Making Model to educate child welfare, court, and legal professionals on child safety, create common language across these disciplines regarding child safety, and implement consistent child safety practices across the state of Wisconsin. The Model is currently being piloted in three counties: Waukesha, Jackson, and La Crosse.

The DCF has been able to utilize the Wisconsin Commission on Children, Families and the Courts, the Wisconsin Judicial Committee on Child Welfare, and other committees staffed by Division of State Courts Office (DSCO) to provide agency updates to and solicit input from judicial officers, attorneys, and other stakeholders regarding legislation and policies. Recent discussion topics have included the Annual Progress and Services Report (APSR), Anti-Human Trafficking Task Force, youth justice issues, Three Branch Institute on Improving Safety and Preventing Child Fatalities, Every Student Succeeds Act, and the Child and Family Services Review (CFSR).

In addition, staff from the Children's Court Improvement Program (CCIP) and/or circuit court judicial officers participate in a number of committees staffed and led by the DCF, such as the Child Welfare Continuous Quality Improvement Advisory Committee, Wisconsin's DCF Opioid Steering Committee, Title IV-E Waiver Advisory Group, OHC and Adoption Committee, Secretary's Juvenile Justice Advisory Council, Anti-Human Trafficking Task Force and Implementation Advisory Workgroup, and the Program Improvement Plan Advisory Group. .

The Department values and is committed to strong collaboration with the judicial branch and the CCIP. The Department will continue to include CCIP representatives as part of CFSR and Title IV-E activities and the development of the CFSP and APSR. The DCF also shares AFCARS and eWiSACWIS administrative data with CCIP on an ongoing basis.

The CCIP and the DCF have worked in partnership to advance the implementation of trauma-informed care practices in the court and child welfare systems throughout the state. Examples of these efforts include: (1) Co-sponsoring the 2015 Conference on Child Welfare and the Courts: Moving Toward a Trauma-Informed Wisconsin, which built awareness of the impact of trauma and provided resources to respond in an effective manner to children and families. Multidisciplinary teams of professionals, representing 58 counties, 9 tribes, and multiple state agencies, met during the conference to create an action plan to implement in their community or organization; and (2) providing regional Trauma-Informed Care Peer Learning Collaborative training events in 2016, where judicial, legal, and child welfare professionals learned about practical steps to address trauma, shared solutions-based ideas and innovative projects, and continued to develop an action plan to integrate trauma-informed practices in their county or tribe.

The CCIP and judges from Milwaukee County partnered and received support from the National Council of Juvenile and Family Court Judges for Milwaukee County to become a Project ONE demonstration site. Project ONE stands for One Family/One Judge, No Wrong Door, and Equal and Coordinated Access to Justice. Project ONE seeks to develop a holistic approach to addressing the needs of children and families in the court system no matter which jurisdictional “door” of the courthouse – family law, child welfare, domestic violence, juvenile justice, etc. – they enter. Milwaukee County was selected to be one of six jurisdictions from across the country to assess current practice and pilot new approaches that maximize judicial coordination across case types to promote positive outcomes and prevent unnecessary court involvement. The court system continues to work closely with the Division of Milwaukee Child Protective Services (DMCPS) as part of the multidisciplinary advisory committee that is currently focusing on the issue of dual-status youth.

In February 2014, Wisconsin was selected as one of eight Casey Family Programs Judicial Engagement states. After considering state data, the goals of the initiative, and size and demographic composition of counties, three counties were selected as pilot sites for the Judicial Engagement Initiative (Monroe, Dane, and Kenosha). The goals of this initiative are to engage judicial systems to support children remaining safely in their homes, timely exits to permanency, full consideration of well-being, and ICWA compliance. The court system has benefited by receiving technical assistance in the following areas: judicial and legal representation best practices, court/agency data integration and analysis, docket management, and Court Improvement Program continuous quality improvement (CQI) standards. A team of consultants from the National Center for State Courts, National Council of Juvenile and Family Court Judges, and the American Bar Association (ABA) Center on Children and the Law will provide program support.

Collaboration with Children’s Justice Act Partners

DCF collaborates with the Department of Justice Children’s Justice Act (CJA) Program in several ways to meet shared goals of the child welfare system and CJA program including addressing areas of trafficking and exploitation in the child welfare system.

Further connections to ensure communication and coordination of programs and services throughout the year include: the DCF has staff on the Children’s Justice Act Council, Division leadership serves on the Department of Justice Child Maltreatment Task Force, and DCF’s Anti-Human Trafficking Coordinator is sharing information and collaborating with DOJ on a wide range of efforts related to Wisconsin’s anti-human trafficking goals and objectives.

Collaboration Across Government Branches

Wisconsin was selected to participate in the Three Branch Institute on Improving Child Safety and Preventing Child Fatalities in 2016-2017. Wisconsin’s team for the Three Branch Institute was composed of members of the Executive Branch (DCF and CANPB), legislators from both parties and members of the judicial branch (CCIP Director and a judge). The team developed an action

plan that included: the development of a predictive risk model, and strategies to provide timely and effective intervention to high risk families that touch, but do not enter the child welfare system; the implementation of the Collaborative Safety Services model that reviews child maltreatment deaths and near deaths in a more systemic, trauma-informed manner; the implementation of a bi-partisan legislative caucus; support for the judicial safety decision-making pilots; and, the establishment of a Statewide and DCF Opioid Task Force. Participation in the Three Branch Institute enabled Wisconsin to accelerate the momentum of existing safety efforts and engage in thoughtful planning of new initiatives to strengthen child safety.

Wisconsin participated in two prior National Governor's Association (NGA) Three Branch Institutes. In recognition of the profound and lifelong negative impact of adverse childhood experiences, Wisconsin applied for and was accepted to participate in the 2013 National Governors Association Three Branch Institute on Child Social and Emotional Well-being. The core team attending the Institute included the Wisconsin First Lady, the DCF Secretary, the Deputy Secretary of DHS, the CEO of a community-based family-serving organization, state legislators, and members of the judiciary. Wisconsin used the Three Branch Institute to support and advance the work of Fostering Futures, which is an initiative to strengthen the use of trauma-informed principles in child and family serving systems. Fostering Futures continues to be the umbrella for Wisconsin's efforts to expand an effective and comprehensive approach to addressing the trauma needs of the child population in Wisconsin.

In recognition of the unique challenges faced by vulnerable youth, Wisconsin applied for and was accepted to participate in the 2011 National Governors Association Three-Branch Institute on Improving Outcomes for Adolescents in the Child Welfare system. The eight-person core team attending the Institute included the Secretary and members of DCF, senior management from DOC, state legislators, and members of the judiciary. A number of key action items were an outgrowth of this Three Branch Institute including the creation of a video featuring foster youth used as a training tool with judges to promote youth engagement in court processes and the establishment of a Bureau of Youth Services within the DCF to provide heightened focus and coordination on supports and services for foster youth and other vulnerable youth.

Collaboration with Tribes

Background and Policy

The Wisconsin Indian Child Welfare Act (WICWA) was created by 2009 Wisconsin Act 94, and became effective on December 22, 2009. The bill was approved unanimously by the Senate and Assembly. The law can be found at: <http://docs.legis.wisconsin.gov/statutes/statutes/48/I/028>. . The codification of the federal Indian Child Welfare Act into state statute was an important step to more effectively implement ICWA in Wisconsin. The process of developing and passing the Wisconsin Indian Child Welfare Act is shown in the following documentary video:

<https://www.youtube.com/watch?v=ZCLUbS4FxWo>

The DCF and Wisconsin Tribes collaborate closely to ensure effective communication and to support the safety, health, and well-being of tribal children, families, and communities. The DCF provides limited child and family service (child welfare, child care, domestic violence) funding directly to the Tribes through a consolidated Family Services program, which combines a number of funding streams. Additionally, Tribes have the option to receive TANF funding to operate the Kinship Care program.

The Department's Tribal Affairs Specialist and Tribal Liaison and DCF Child Welfare Managers meet with the child welfare directors of the eleven tribes bi-monthly at the Intertribal Child Welfare (ICW) Committee to discuss child welfare-related issues. In addition, child welfare and legal staff of the Department and Tribes, along with professionals from related organizations (e.g., Children's Court Improvement Program, Wisconsin Judicare/Indian Law Office) meet upon request of the ICW Directors as the Tribal/State Child Welfare Policy & Law (PALS) Workgroup to discuss policy and legal issues.

Collaboration with Tribes, DCF, and the Courts

The Department and CCIP have developed a continuous quality improvement review process to improve adherence to the Wisconsin Indian Child Welfare Act (WICWA) in the circuit court and child welfare systems. The project also aims to increase collaboration among the circuit courts, tribes, county child welfare agencies, attorneys, and other stakeholders. WICWA, which was enacted in 2009, protects the best interests of Indian children while promoting the stability and security of Indian tribes and families.

As part of the WICWA Continuous Quality Improvement project, onsite reviews are conducted in the counties with the greatest number of circuit court cases subject to WICWA. The onsite reviews consist of three data collection methods: court file review, focus groups, and surveys. The findings from each review are presented in the form of a written report and summary presentation approximately three months after the onsite review. Technical assistance is provided to the circuit court after the onsite review in an effort to implement practice enhancements. The DCF will continue to collaborate when possible with CCIP and hold WICWA joint review of counties when

schedules permit. In 2013-2014, the eight counties with the greatest number of circuit court cases subject to WICWA were reviewed by CCIP and DCF. In 2015-2016, CCIP conducted court file reviews in 12 additional counties. In 2017-2018, CCIP and DCF will conduct the second round of onsite reviews in the eight counties that were reviewed in 2013-2014: Shawano, Milwaukee, Bayfield, Jackson, Brown, Forest, Vilas, and Burnett.

Collaboration around Service Provision and Policy

Coordination with Tribes is important in terms of how tribal children are placed in OHC. Currently, funding for some Indian children placed in OHC by tribal courts is provided through written agreements, called "161 Agreements," entered into by some Tribes with some counties. The intent of the 161 Agreements was to recognize the jurisdictional authority of tribal courts and to provide a mechanism to permit county payment for OHC placements made by tribal courts. The state statutory language creating these agreements is permissive and counties are not required to enter into a 161 Agreement. Some of the agreements, at the recommendation of the DCF, have since been expanded to include support for and services to Indian children in care and their families, IV-E eligibility determinations, permanency planning requirements, independent living, and in some cases, additional agreements related to child protective service investigations and removals.

DCF also offers limited funding for tribal children placed in high cost placements by tribal courts or circuit courts. This funding can also cover a portion of the costs of subsidized guardianships. Tribes may apply for this funding directly or may support a county agency application.

Ten (10) of the eleven (11) federally-recognized Tribes in Wisconsin have tribal courts that can exercise jurisdiction in child welfare cases. The Oneida Tribe does not currently have a children's code, but plans to have one finalized in the future.

Tribal/State Title IV-E Agreements

The DCF has engaged in discussion and concluded a Title IV-E Agreements with any interested Tribe. Five of the 11 Tribes in Wisconsin currently have state/tribal IV-E agreements: Bad River, Lac du Flambeau, Lac Courte Oreilles, Oneida, and Menomonie Tribes. Under the agreements, the State claims and passes through to the tribes the federal Title IV-E funding for Title-IV- E reimbursable activities, based on the tribe's reporting of administrative activities.

The DCF continues to work with interested Tribes in development of new IV-E agreements as well supporting the tribes with current agreements in reporting. During this past year, the DCF has begun coordinating and facilitating quarterly IV-E meetings between the department and those tribes with IV-E agreements.

Wisconsin Indian Child Welfare Act (WICWA) Training

The DCF also collaborates with Tribes around training needs. Through the Wisconsin Child Welfare Professional Development System (WCWPDS), DCF continues to offer “Case Practice American Indian Tribes”. This training presents the reason and legislative intent of the Indian Child Welfare Act, as well as the process for workers to follow in complying with WICWA in Wisconsin. Participants learn about Native American cultures and how to work effectively with American Indian families. They also learn to work collaboratively with tribal partners and offer culturally specific services to American Indian families.

The DCF has collaborated with WCWPDS in 2016 to develop an online WICWA training resource for county workers which was published in Spring, 2017. This training provides a deeper understanding of ICWA elements such as Active Efforts, Notification, etc. It also provides greater details about proper documentation in eWiSACWIS. This guide is available at: <https://dcf.wisconsin.gov/files/publications/pdf/464.pdf>

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- The Child Welfare Model for Practice is a strength for Wisconsin.
- DCF routinely and effectively collaborates with key child welfare stakeholders to improve services for child welfare families.
- Collaborative initiatives such as the CST and the CCS program have been effective in helping families.

Challenges:

- DCF recognizes and is working on ways to incorporate more consumer feedback into service delivery, particularly birth parents.
- There is a need to continue working on improving coordination between DCF child welfare services and other adult services within other state agencies.

Item Summary

Agency responsiveness is a hallmark of DCF's child welfare system, and is evident in all aspects of child welfare service delivery and planning. This is illustrated through the development and adherence to the Child Welfare Model for Practice. Ongoing feedback from Tribes, judicial partners, counties, other state agencies and statewide organizations and advisory groups helps the DCF shape, review and update all state and federal policy documents including the CFSP, APSR and the CFSR. DCF has spent the last two years providing information on the Round 3 CFSR process to inform stakeholders of the assessment process, data about Wisconsin's performance and to solicit feedback about how to improve the system. This includes a December 2017 launch of the Round 3 PIP advisory group to proactively plan for anticipated findings based on currently available data on the child welfare system. Collaboration is pursued on all levels and types of policy and program development.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

State Policies:

- Foster parents must use 3 star or higher care in Wisconsin's quality rating system, YoungStar unless other circumstances such as lack of availability of such care or emergency situations related to out-of-home placements.
- Wisconsin is also required to refer any child who has received a substantiated report of abuse and neglect to the Wisconsin Birth to 3 Program (Wisconsin IDEA, Part C Program).

State Practice

In addition to child welfare, the DCF administers the following key federal programs that serve children and families: child care, TANF, known as Wisconsin Works (W-2) and child support. Co-location of these programs in the department promotes collaboration and alignment. In addition, DCF works closely with other state programs to ensure access to key benefits such as Medicaid. To support collaborative efforts, DCF has spearheaded and launched data exchanges to improve information available about, and services provided to families in the child welfare system and other state systems. The individualized planning for child welfare families and the use of the CANS for children in OHC (described in Item 29) are the primary way that families are identified as being eligible for, and connected to appropriate programs and services.

The Wisconsin Shares Child Care Subsidy Program provides subsidies to low-income working parents for child care services. The Wisconsin Shares program is connected to the YoungStar Quality Rating and Improvement system. Parents receive higher rates of reimbursement for higher quality programs as determined through a star level system using research-based criteria to determine the level of quality of a child care program. To further support the use of high quality programs, the DCF has established a policy that requires foster parents use child care rated as three star or higher scale - on a scale of 1-5 with 3-5 stars being established as high quality – unless there are extenuating circumstances such as lack of availability or emergency child care needs that make this not possible.

In Systemic Factor Item 29, a description is provided of efforts to improve communication and understanding of the importance of quality child care for foster children including: collaboratively

developed training between child care and child welfare and improved functionality of the state child welfare data system to map high quality child care programs so that foster parents and child welfare agencies are able to select high quality child care programs in their communities. As noted, the DCF has been able to ensure that foster children are able to participate in higher quality child care recognizing the research that shows higher quality programs are especially critical for children that have experienced trauma.

Access to Work Support Benefits

The Wisconsin Works (W-2) Temporary Assistance to Needy Families (TANF) program provides support to working families. Information on programs that a family may be eligible for are provided to families that are receiving in-home services. In addition, when a child is temporarily absent from the home through an OHC placement, Wisconsin has established the policy that a family can secure a W-2 benefit for up to 6 months under the Temporary Absence Policy. For both in-home and OHC cases, the DCF works with agencies administering services to ensure information is provided to families that are eligible.

Access to Medicaid

As described in Item 29, the service array section (Item 29), DCF works closely with which DHS to assure access to physical, behavior, and dental health care for children and families in the child welfare system through Medicaid including the Care4Kids program. Health care needs are identified through the CANS for OHC children and through initial planning with families where services are provided in the home. As part of these efforts, DCF and DHS recently collaborated to link the eWiSACWIS and Wisconsin Medicaid enrollment system to provide immediate enrollment in Medicaid when a child enters OHC. This policy is described in the following memo:

<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2015-21i.pdf>.

Access to the Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) Nutrition Program

As part of a family's individualized case plan, it is determined if the family is eligible for SNAP or the WIC program, both of which are administered at the state level by the Department of Human Services (DHS).

Access to Birth to 3

As required by federal law, all children substantiated for child maltreatment who are age birth to 3 are referred to Wisconsin's Program for the Individuals with Disabilities Education Act (IDEA), Part C which is called the Birth to 3 Program in Wisconsin. Local counties and Tribes work with their local county-based Birth to 3 system to assure that children who are eligible for Birth 3 have access to programs and services to meet their needs.

Improving Access to Education

The DCF has been working with the Department of Public Instruction (DPI) to implement key elements of the Every Student Succeeds Act (ESSA). Joint guidance was issued by DCF and DPI leadership to promote best practices around school stability including core factors that should be considered, such as student and parent preferences, student safety and educational needs in addition to supplemental considerations such as how many schools the student has attended, meaningful relationships with staff and peers at a school, travel time to a school and what schools a child's sibling attends.

Services for Children with Disabilities

Item 30 provides a description of recent effort to strengthen Wisconsin's efforts to serve children with disabilities in the child welfare system.

Access to Employment Services and Supports

The DCF also works regularly with the Department of Workforce Development (DWD), the state's administrative home for workforce initiatives and workforce development boards on efforts related to youth employment initiatives. DCF collaborates with DWD through serving on inter-departmental workgroups focused on promoting employment. The DCF also redesigned the Independent Living Program to better connect youth in the Independent Living Program to regional employment services. As a result, three of the state's current regional contracts for Independent Living are coordinated by regional Workforce Development Boards that are strengthening connections to critical employment and skill building opportunities for youth and young adults.

As noted in Item 31 the DCF continues to work with DWD to identify and connect youth aging out of care, and at-risk youth to expanded opportunities through the Wisconsin Youth Opportunities Act (WIOA).

Technological Connections to Promote Service Access

In addition to the education portal described earlier in this section, the DCF has also spearheaded several data exchanges to improve information about child welfare families in other state systems and to improve services and coordination with other state systems. The DCF has established data sharing agreements with the Department of Health Services (DHS) to share data on immunizations and Medicaid certification and a joint data warehouse.

A significant investment of DCF technological resources allowed the DCF to bring together data previously housed in "separate silos" in a DCF enterprise data warehouse called "LIFT," which stands for Longitudinal Information of Family Touchpoints.

Funding for this effort came from the Wisconsin Race to The Top Early Learning Challenge (RTTT-ELC), a federal grant that ended in December 2016. One of the major RTTT-ELC projects was to create an Early Childhood Integrated Data System, or ECIDS, to connect data from three

participating state agencies. In order for DCF to participate in the ECIDS, it was critical to integrate DCF data.

LIFT will have a number of program views, a Distinct Count Dashboard, and the capability for overview reports. The Distinct Count Dashboard will allow viewers to look at participation information by one or more combinations of programs. For example, a researcher could look at how many children under the age of five are participating in two or more DCF programs. The programs included in LIFT are: child welfare Initial Assessment, child welfare OHC, Wisconsin's TANF program - Wisconsin Works (W2), and Wisconsin's CCDBG child care program: Wisconsin Shares.

Having access to de-identified information about children receiving services from multiple DCF program areas allows DCF program managers to make data-driven policy decisions.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- The development of effective cross-system data sharing efforts between DCF, DPI and DHS including the education portal and Medicaid data sharing agreement are leading to better understanding of children's needs and more effective service delivery.
- DCF and DPI have worked together to develop several tools and resources to improve educational outcomes for children in the child welfare system.
- Child welfare agencies indicate that they believe DCF listens carefully to their concerns about policies and programs and incorporates these concerns.

Challenges:

- When services are identified, they are not always available such as dental care.
- DCF is working to better incorporate consumer input into how to better individualize services.

Item Summary

DCF is able to work closely to assure coordination of benefits for which child welfare families are eligible. This work is bolstered by strong collaboration across service systems in the state and regional collaboration across all programs. Significant advancements in automated data connections continue to improve DCF's understanding of families served through child welfare and other systems, and inform data-driven decisions that meet needs and improve outcomes for child welfare families.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

State Policies

Under Wisconsin statutes, the DCF is responsible for the development of administrative rules related to licensure of OHC placements for children. The Department currently licenses child placing agencies (DCF 54), group foster homes (DCF 57), shelter care (DCF 59) and residential care centers (DCF 52). These agencies are monitored at a minimum of twice a year for compliance with licensing rules. Licensing staff also investigate all complaints against rule violations and take appropriate action as necessary. Additional visits are conducted based on complaints/other concerns, or technical assistance.

Foster homes are both licensed and monitored by a county, tribe, or private child placing agency according to DCF 56 (foster homes). Individuals must pass background checks, physical plant checks of the home, and complete an assessment process with the licensing agency in order to become a licensed foster home. DCF OHC staff are responsible for training licensing staff across the state, providing technical assistance, and reviewing licensing situations as requested.

The standards for the administrative code for all of the above licenses were developed using national standards, the Child Welfare League of America standards, federal laws, State Law, Chapter 48, stakeholder feedback, and legislative input.

The administrative codes are minimum standards that each licensed facility must follow. The state always encourages providers to operate above the minimum standards.

OHC facilities may only be licensed under rules promulgated by the DCF. Complete foster home licensing requirements are listed in Wisconsin Administrative Code Chapter [DCF 56](#). Foster home licensing standards apply equally to all potential foster homes, regardless of the provider's relationship to the child. Foster home licenses are issued as regular licenses with an expiration date of no later than two years from date of issuance. Probationary licenses are not issued.

Exceptions may be made to requirements in Ch. DCF 56 as long as there is a plan in place to meet the intent of the requirement or a plan to come into compliance with the code is made with the foster home. An agency may impose conditions to be met within a specified period of time by the licensee as an alternative to compliance with the requirement for which an exception has been granted. No agency, including the Department of Children and Families, can grant an exception to a requirement in the rule that is also a statutory requirement (e.g. building code regulations). All exceptions, whether granted by the licensing agency or the Department of Children and Families, need to be documented on the license of the foster home. The exception shall remain in effect only as long as the conditions under which the exception was granted remain, but no longer than 2 years from the date on which the exception was granted. Similar to exceptions, the DCF has incorporated non-safety related Waivers into Ch. DCF 56 for relatives who seek licensure.

With regard to foster care, a county, tribe, private child placing agency or the DCF Exceptions Panel may grant exceptions or waivers to certain aspects of the licensing rules if the exception is not contrary to the health, safety, and welfare of a child. The DCF has issued an annotated version of the licensing rule that describes situations in which an exception or waiver may be appropriate. This results in uniform application of the licensing standards.

Under Wisconsin statutes Chapter DCF 56.10, Administrative Code, a foster parent may appeal any decision of a licensing agency to the State Division of Hearings and Appeals (a state agency external to the Department of Children and Families). This appeal process provides added security to assure that a licensing agency is appropriately applying licensing standards.

Once the base licensing standards are applied to all applicants for foster care, all foster parents are designated a Level of Care certification 1-5 during the foster care licensing process based on meeting the following:

- Qualifications
- Training
- Foster parent references
- Foster parent experience

There are five Levels of Care. Each Level of Care certification has a specified number of training hours, personal references, knowledge, and experience requirements. Foster parents must comply with the training requirements in accordance with their Level of Care certification. Training requirements fall into three categories: pre-placement, initial licensing, and ongoing. The training requirements are explained in depth in Item 28 of this document. The five Levels of Care are:

Level of Care	Description
Level 1: Child-Specific Foster home	Pre-existing relationship with child relative and non-relative; minimal training required.
Level 2: Basic Foster Home	Requires additional training and positive references. General foster care.
Level 3: Moderate Treatment Foster Home	Provides treatment service levels for children with more significant needs. Must meet additional training and experience requirements.
Level 4: Specialized Treatment Foster Home	Provides treatment service levels for children with more significant needs. Must meet additional training and experience requirements.
Level 5: Exceptional Treatment Foster Home	Provides skilled staffing in addition to foster parents for children with significant needs (i.e. medically fragile or those who will continue into long-term adult services).

The Level of Care certification does not necessarily need to match the Level of Need of a child placed in the home. The Child and Adolescent Needs and Strengths (CANS) tool will help determine the type of service provision needed to support a placement at a lower assessed level for a child.

The Child and Adolescent Needs and Strengths (CANS) tool is a multi-purpose instrument developed to support decision making, facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS tool assesses a child's needs and strengths in different areas such as: school, trauma, mental health needs, and risk behaviors. The CANS conveys the needs and strengths of the child and the family and is used across case practice to inform the child's and family's case. The information gathered in the CANS is used to:

- Communicate information about the needs and strengths of the child and family
- Assist with determining the child's service needs and developing the child's case plan
- Determine a Level of Need for the child
- Inform decisions regarding a placement at a Level of Care appropriate to meet the child's Level of Need
- Evaluate the match between the knowledge, skills, and abilities of an OHC provider and the needs and strengths of the child
- Assist in the development of services and supports needed for a specific child and OHC provider to promote the stability of the placement
- Provide a mental health screen to all children entering OHC
- Determine any supplemental payments, if a child is in foster care

To ensure that all licensors receive adequate training and support on licensing requirements, the DCF holds quarterly trainings on Ch. DCF 56, the administrative rule for foster homes. Attendance at the training is mandated for licensors in the State of Wisconsin. All training participants are provided a copy of Ch. DCF 56, as well as all the resources and forms required to license a home. The two-day training thoroughly covers all aspects of rule, policy, and guidance, which ensures consistent application across counties and private child placing agencies.

Since October 1, 2016, the DCF requires the use of the Structured Analysis Family Evaluation (SAFE) home study as the standard assessment tool for all foster care licenses and adoption approvals. Use of the SAFE home study assessment requires that anyone who will be administering, approving, and supervising the SAFE home study attend mandatory training. The required SAFE trainings include: two-day Initial SAFE Training and SAFE Supervisors Training. Additionally, supervisors and caseworkers may attend an optional SAFE Booster Training. The DCF has supported all costs of this training for all foster care and adoption staff statewide and continues to do so as funds are available. Trainings are held quarterly to support the need.

In order to monitor processes and practice of licensing agencies throughout the state, the DCF holds regular meetings for Foster Care Coordinators to receive updates, clarifications, and technical assistance from state policy staff. Monthly teleconferences are held to keep workers up-to-date on policies or guidance that impact the licensing process. Coordinators are also given time to seek assistance on licensing scenarios or barriers that they are facing. Regional and statewide meetings take place so that Coordinators can have face-to-face learning opportunities that provide a consistent message on rules, policies, and guidance.

The DCF also has a number of reports that monitor compliance with licensing. These reports are used by DCF and can be used at the local level by agency staff:

- PM04A100 - Level of Care Monitoring: provides information to better manage the timely provision of conversions of court-ordered Kinship Care (COKC) providers to licensed foster parents.
- PM04A103 - Licensing Timeliness Report: provides information related to licensing decisions and the timeliness of those decisions. Contains information regarding all decisions for initial and renewal license applications that are due within the reporting period. The report also contains information regarding licenses that are revoked, closed, or expired within the reporting period.
 - In calendar year 2016 there were 2659 licensing decisions made.
 - 59% of the licensing decisions were made timely.
 - 7 licensing decisions were over 30 days overdue, all other overdue licensing decisions were completed within 30 days of the date they were due.
 - Of the 2659 license applications, 2515 licenses were issued, 22 denied, 120 application withdrawn, and 2 were non-renewed.

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- ADHOC501 Federal Waiver – Non-Safety Licensing Standards: provides a list of the number of exceptions or waivers granted by Ch. DCF 56 code citations for the reporting period.
 - In calendar year 2016 there were 1896 exceptions or waivers granted for foster care licensure.
 - Of those granted exceptions the most common exception, granted 1258 times is to Ch. DCF 56.09(2)(b) Supervision of children which allows both foster parents to work outside of the foster home.

Strengths and Challenges Identified by DCF Stakeholders and Partners

- DCF stakeholder feedback confirmed that policies about background checks are effective and understood.
- DCF staff are responsive to questions and support that help providers understand and comply with rules.

Item Summary

DCF has appropriate and comprehensive policies in effect to assure that standards are applied equally. Supports and training are provided to ensure that providers are aware of standards and treated consistently across the state and across settings.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

State Policies and Practices

Wisconsin complies with federal requirements for criminal background clearances that relate to licensing or approving foster and adoptive placements. Licensing agencies must conduct background checks before licensing foster and adoptive parents. The background checks have different expiration dates. The background checks must be done on foster parents, any residents of the home who are 12 or older and are non-client residents, and any employees who will have regular, direct contact with a foster child. For a child under 18 years old, the licensing agency is not required to obtain further information if the child's background information disclosure does not indicate an offense that would be a bar. Comparable convictions from other states or US jurisdictions are treated the same as if they were in Wisconsin.

The foster home licensing agencies conduct background checks at initial and re-licensure. There are six required types of background checks:

- Adam Walsh (FBI)
- Adam Walsh Child Protective Services (CPS)
- Wisconsin Department of Justice (DOJ)
- Caregiver or Integrated Background Information System (IBIS) Check
- Reverse Address Sex Offender registry check
- Local Law Enforcement Checks

Following is a resource developed for foster care coordinators regarding each type of background check:

Type of Check	Timeframe	What is checked?	How do you do it?	Expiration	Resources
Adam Walsh: FBI (Federal Bureau of Investigation)	Initial Licensure: Required for prospective foster and adoptive parents who are caring for children from the public child welfare system. It does not apply to adoptive families seeking domestic or international adoptions unless the child qualifies for Adoption Assistance.	Check of the Federal Bureau of Investigation (FBI) records; not all arrests or convictions are reported to the FBI.	<ul style="list-style-type: none"> Agency must have an account with the WI Dept. of Justice (DOJ). DOJ will provide fingerprint cards once agency has an approved policy on record with DOJ regarding consent and records management. Or the agency may have the applicant complete an electronic capture of their fingerprints for submission. Agency must obtain a signed consent, previously approved by DOJ, from each applicant and submit with the completed fingerprint card. Results will be sent through the agencies on-line account. Results must be scanned into eWISACWIS. 	This check is valid as long as the foster or adoptive parent is continually licensed. If there is a break in licensure, the applicant must be re-fingerprinted and the checks completed before a license can be renewed.	DCF Memo Series 2007-16: Adam Walsh Requirements State Child Abuse and Neglect Registry Info Memo 2008-03: Adam Walsh Child Protection and Safety Act Questions and Answers
Adam Walsh: Child Protective Services (CPS) Checks	Initial Licensure: Required for prospective foster and adoptive parents.	Check of Child Protective Service records in each county or state the person has lived in for the last 5 years.	<ul style="list-style-type: none"> Agency requests records from each county/state the applicant has lived in for the last five years. It is not enough to just check eWISACWIS records, as those records only go back to when each county agency or DMCPS (Division of Milwaukee Child Protective Services) began using eWISACWIS - typically only back through 2001. DMCPS and county agencies are required to comply with requests for CPS records for the purposes of foster care licensing. To complete checks outside of WI there is a resource created with each state's process – the State Child Abuse and Neglect Registry. Results must be scanned into eWISACWIS 	4 years, although many licensing agencies complete this at each re-licensing period.	

Type of Check	Timeframe	What is checked?	How do you do it?	Expiration	Resources
WI Dept. of Justice (DOJ) and Caregiver	Initial Licensure: Required for prospective foster and adoptive parents.	Check of arrests and convictions submitted to WI DOJ, not all local arrests and convictions are submitted to DOJ. This is a name-based check.	<ul style="list-style-type: none"> • Applicant completes the Background Information Disclosure form or BID. • The agency completes the Single or Multiple Name based check form for each applicant. • Agency submits request to DOJ. • DOJ results will be sent through the agencies online account. • Results must be scanned into eWISACWIS. 	4 years, although many licensing agencies complete this at each re-licensing period.	Forms: Background Information Disclosure form DCF-F-2978 WI Criminal History Single Name Record Request form DJ-LE-250 WI Criminal History Single Name Record Request form DJ-LE-250A
IBIS or Caregiver	Initial Licensure: Required for prospective foster and adoptive parents.	Check of entity records for persons who have been denied, revoked, or otherwise prohibited from working with children or vulnerable populations. <i>Note: this does not check child abuse and neglect records in WI.</i>	<ul style="list-style-type: none"> • Applicant completes the Background Information Disclosure form or BID. • The agency completes the Single or Multiple Name based check form for each applicant. • Agency submits request to DOJ. • DOJ will automatically send the request to review the Children’s Licensing Denial System. • The agency will receive notification from the Department of Health Services whether or not the name submitted is included in the system. This is known as the IBIS letter. • Results must be scanned into eWISACWIS. 	4 years, although many licensing agencies complete this at each re-licensing period.	Forms: Background Information Disclosure form DCF-F-2978 WI Criminal History Single Name Record Request form DJ-LE-250 WI Criminal History Single Name Record Request form DJ-LE-250A

Type of Check	Timeframe	What is checked?	How do you do it?	Expiration	Resources
Reverse Address Sex Offender Registry Check	Initial Licensure and Relicensure: Required for prospective foster and adoptive parents.	The database checks nationwide sex offenders. This check indicates where registered sex offenders have reported to authorities they are living. This is an address check, not a name-based check. Sometimes people are not forthright about who lives in their home.	<ul style="list-style-type: none"> The Sexual Offender Registry Check shall be done on the Wisconsin DOC website: http://offender.doc.state.wi.us/public/ Agencies shall use the "Geographical Search" function and check all address within a 1 mile radius. Agencies shall use the "List" view when checking the results and ensure that no address on the list matches the provider's address. Agencies shall print and save the entire list in the provider file, and scan the entire list into eWISACWIS. 	2 years or the end of the licensing period, whichever occurs first. Must be completed at each licensing renewal.	DSP Numbered Memo Series 2015-01 : Reverse Sex Offender Checks
Local Law Enforcement Checks	Initial Licensure: Required for prospective foster and adoptive parents.	Due to the fact that not all local contact with law enforcement is reported to DOJ, agencies must run local checks to determine the complete understanding of the background. This is done through CCAP (Consolidated Court Automation Programs) and checks with local law enforcement agencies where the applicant has lived for at least the last five years.	<ul style="list-style-type: none"> CCAP checks are run through this website: http://wcca.wicourts.gov/index.xsl, which contains most records handled through Wisconsin Circuit Courts. Local law enforcement agency checks are completed by contacting each law enforcement agency in the city where the person has lived. Some law enforcement agencies have specific processes for requesting such information. 	4 years, although many licensing agencies complete this at each re-licensing period.	

Section [48.685](#), Wis. Stats., [Ch. DCF 56.055](#) and [Ch. DCF 12](#) Administrative Code set forth criminal history and child abuse record search requirements, including barred crimes and other offenses that prohibit licensing a person as a foster parent, allowing a person to live in a foster home, or employing a person as a caregiver. Some offenses are a permanent bar, some are a bar for 5 years with rehabilitation approval, and some are a bar unless the person obtains rehabilitation approval. The procedures for obtaining rehabilitation approval are in Ch. DCF 12 Administrative Code.

In order to receive a rehabilitation review, the applicant must submit a Rehabilitation Review Application Packet. The DCF will appoint a rehabilitation review panel once the application and all requested documents are received. The application will be denied if all requested documents are not provided within 90 days. The panel may also request information from other agencies or people who are familiar with the applicant.

A rehabilitation review meeting will be scheduled after the panel receives all requested information. The applicant will receive notice of the date, time, and location of the meeting by mail. The applicant is not required to appear at the rehabilitation review meeting, but it is recommended that the applicant attends. At this meeting, the applicant will have the opportunity to answer questions from the panel. The applicant must provide evidence to convince the panel that the applicant has been rehabilitated.

The panel will make a decision whether the applicant is present at the meeting or not. If the panel decides it does not have enough information to make a decision, it may defer a final decision for up to six months. The applicant will receive the panel's decision in the mail. The panel's decision may be a rehabilitation approval, denial, or deferral.

In addition to the crimes and offenses listed in the statute, s. 48.685 (5m), Stats., provides that the licensing agency must review the circumstances of convictions of any offense that is not barred by the statute to determine if the crime is substantially related to the care of a foster child. Section [DCF 12.06](#) provides factors for the licensing agency to consider in determining whether a crime is substantially related. Rehabilitation approval is not available for crimes that are substantially related.

A licensing agency must make a reasonable effort to contact to obtain further information if any of the following apply:

- The statute specifically requires a determination on whether the circumstances of certain convictions are substantially related to the care of a foster child. If a person was convicted of any of the following crimes less than 5 years before the background check, the licensing agency must obtain a copy of the criminal complaint and judgement of conviction and make the substantially-related determination:

940.19(1)	Misdemeanor battery
940.195	Battery to an unborn child
940.20	Battery, special circumstances

941.30	Reckless endangerment
942.08	Invasion of privacy
947.01(1)	Disorderly conduct
947.013	Harassment

- If the DOJ criminal history indicates a charge of a crime that would be a bar, but does not clearly indicate whether there was a conviction, the person was found not guilty, or the charge was dropped or dismissed, the licensing agency must make reasonable efforts to determine the final disposition of the charge.
- If the person’s background information disclosure indicates a charge or conviction of a barred crime but the DOJ criminal history does not include the charge or conviction, the licensing agency must make every reasonable effort to contact the clerk of courts to obtain a copy of the complaint and the final disposition.
- A military discharge was other than “honorable.”

All background checks must be scanned into the eWiSACWIS system and all results of the background checks must be documented in the home study report the agency completes. Any conviction or finding must be mitigated in the home study if the person is licensed.

Wisconsin contracts for a Title IV-E determination unit which reviews all placements and associated necessary licensing requirements, including background checks, for foster care and treatment foster care. This third-party check allows for ongoing quality assurance of licensing determinations as related to background checks. In addition, eWiSACWIS functionality was enhanced to include electronic records of background check results. The contractor uses the PM04A102 FH CBC Report to check compliance with each licensee and each background check. DSP staff meet monthly with the contractor to review any compliance issues. If a problem is noted, they work with the foster care licensing agency to obtain the necessary information. In the rare circumstances that issues arise that are not resolved with the local agency and the contractor, DSP OHC staff will engage in corrective action planning with the agency to ensure they comply with the background check rules and regulations. Additionally, DSP runs a monthly check of all OHC providers with the Sex Offender Registry in Wisconsin and if there are any matches found, DSP OHC staff work with the local agency to identify a swift resolution.

Case Planning Process to Address Safety of Placement

In addition to the provider background checks that are completed at licensure and re-licensure, DCF policy requires agencies to verify the safety of a placement when a child is placed in OHC and at specific intervals. In Wisconsin this is done through the Confirming and Re-Confirming Safe Environments to identify Placement Danger Threats and plan for any known risks.

Placement danger threats are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for the child (Appendix V, page 288 of the [Ongoing Services Standards](#)).

- When a placement danger threat(s) is confirmed at the first encounter with the OHC provider, the caseworker must immediately pursue an alternative placement for the child.
- When a placement danger threat(s) is confirmed for a child currently in placement, the caseworker must immediately begin the process of transitioning the child to an alternative placement.
- When a placement danger threat is confirmed for a specific child, the caseworker must immediately assess the safety of all children in the home. To accomplish this, the caseworker collaborates with other caseworkers with children placed in the home as well as the foster care coordinator. If a determination is made that the placement home is unsafe, the caseworker for each child must immediately transition the child to an alternative placement.

Confirming and Reconfirming Safe Environments is completed as follows:

Unlicensed Homes

- Before placing a child in an unlicensed home the case worker or designee must conduct:
 - A home visit.
 - A reverse address Sex Offender Registry check.
 - A check of law enforcement or CCAP and eWiSACWIS records on all adults living in the placement home.
- The case worker or designee must talk to the provider if a home visit cannot occur before placement. A home visit must occur within 24 hours of placement.
- During the home visit, the case worker will assess and check the safety of the placement setting, and conduct a home visit within 24 hours. Another home visit must occur within 5 working days of the placement.

Requirements when Respite and Pre-Placement Visits Have Been Approved in Unlicensed Homes

- According to Wisconsin law, background checks and a home visit must occur before respite or pre-placement visits occur in unlicensed homes.
- The case worker/designee must assess and check the safety of the placement environment. A home visit must occur within 3 working days following placement of the child.

Requirements for Licensed Foster Homes

- A caseworker or designee must talk to the foster parent(s) at the time of the child's placement. This person must assess and check the safety of the placement during the discussion.
- Within 24 hours, a caseworker or designee must conduct a background check on the people in the home 17 and older. A reverse sex offender check must also occur.

- Within 3 business days the case worker or designee must conduct an initial home visit.
- Within 7 business days after the first home visit another home visit occurs.

Requirements for Group Homes and Residential Care Centers

- Before placement, the caseworker or designee must check the safety of the group homes or residential care center by:
 - Ensuring the facility has the capacity to meet the child's needs based on the child's CANS score.
 - Making a determination with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child's safety.
 - Address any other needs to ensure the child is safe in the placement setting.

Risk Management in All Placement Setting Types

At times, the behaviors of other minors in the placement setting (e.g. birth or adoptive children of the placement providers, other children in the placement, children receiving day care services, etc.) or conditions of the physical environment may present risk to the child.

The caseworker or designee should assess and evaluate the behaviors of other minors within the home to determine the needs of the child and to assist the placement provider in meeting identified needs.

Reconfirming Safe Environments of Unlicensed Homes and Foster Care

While the child resides in OHC the caseworker must, at a minimum, evaluate and confirm the safety of a specific placement every six months or at the review of the Permanency Plan, whichever comes first.

The caseworker, designee, or other individual identified by agency policy (e.g. foster care coordinator, paraprofessional staff, etc.) must:

- Conduct a CCAP records check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a reverse address Sex Offender Registry check and a CPS records check on any individual seventeen years of age and older that has moved into the identified placement home since the previous confirmation or reconfirmation of safety in the placement environment.

Additionally, the caseworker or designee must:

- Have face-to-face contact with OHC provider(s) to judge the safety of the placement home by assessing placement danger threats (Appendix V, page 288 [Ongoing Services Standards](#)). If a placement danger threat(s) is confirmed, the caseworker must locate another placement home for the child immediately.
- Assess the OHC provider's ability to meet the combined needs of all the children and any other individuals requiring care in the home.
- Evaluate changes in the child's most recent CANS assessment to determine if there are implications regarding the current OHC provider's ability to meet the child's needs or the stability of the placement.
- Evaluate changes in the current OHC provider's CANS assessment to determine if there are implications regarding the provider's ability to meet the child's needs or the stability of the placement.
- Evaluate the child's adjustment to and attitude about the current placement as well as the child's overall integration into the placement family.
- Evaluate the current OHC provider regarding the provider's ability to support the permanency goal for the child, establish a relationship with the identified permanent placement for the child (unless the current OHC provider is also the identified permanent placement), and establish a relationship with the caseworker/agency.

Additional Situations When Reconfirming a Safe Environment is Required

The caseworker or designee must review and, if necessary, document changes to the Confirming Safe Environments (CSE) in an Unlicensed or Foster Care Placement at each of the following points in the case:

- When conditions in the placement home that might affect a child's safety change either positively or negatively (e.g., an adult moves in or out of the home);
- When the physical address of the placement changes (e.g., when a caregiver moves to a new home);
- When a report of alleged maltreatment is received; or
- When there is concern of a possible Placement Danger Threat (Appendix V, page 288 [Ongoing Services Standards](#)).

Current Caregiver CANS Rating of "3"

The caseworker uses the CANS tool to assist in identifying a child's needs and strengths in order to meet his/her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver's needs in order to support him/her in providing care for the child placed in the home.

- When the caseworker rates any area a “3” on the CANS tool for the “Current Caregiver,” the caseworker must reassess placement danger threats for the child.
- If a placement danger threat(s) is confirmed, the caseworker must immediately begin the process of transitioning the child to an alternative placement.
- When a placement danger threat is identified for a specific child, the caseworker must assess the safety of all children placed in the home. If a determination is made that this is an unsafe environment for other children in the home, the caseworker must immediately begin the process of transitioning the child(ren) to an alternative placement.

Documentation

The caseworker must use the “Reconfirming Safe Environments” page in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed, foster care, group home, and residential care center placements. Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a supervisor or designee.

DSP has created the SM06A128 – Confirming Safe Environment Report which was released in late 2017 to assist agency staff and DCF with ensuring compliance with this requirement. For the month of November 2017 17% of CSE’s were documented timely, while 71% of Re-Confirming Safe Environments were timely.

Courts also review the safety of placement at each Permanency Plan review/hearing that is held.

Strengths and Challenges Identified by DCF Stakeholders and Partners

DCF stakeholder feedback about background checks was that policies were comprehensive, easy to understand. In addition, DCF has developed several tools and resources to help in implementing background checks.

Item Summary

DCF has comprehensive rules in place and processes to complete background checks on providers in accordance with state and federal law. DCF has developed a range of tools and training to assist providers in following these rules.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

State Policies and Practices

Wisconsin Administrative Rule for foster parent licensing, Ch. DCF 56, requires licensing agencies to recruit a pool of foster parents. There are three different types of foster home recruitment: general, targeted, and child specific. Child welfare agencies often struggle the most with recruiting targeted and general foster homes. There are current resources and supports throughout the state to assist agencies with general, targeted, and child specific recruitment, such as assistance from the State Permanency Consultants (SPCs), the Geographic Placement Resource System, and the Coalition for Children, Youth, and Families. Each of these resources is described below.

Each geographical region is assigned a SPC who is a DCF employee. The SPC provides consultation and technical assistance for child specific recruitment through initiatives such as Family Find and Engagement. The Family Find and Engagement process follows a model which requires caseworkers to make every effort to locate at least 40 relatives per child. Once family members are found, SPCs and caseworkers work to re-establish relationships, where appropriate, and explore ways to build lifelong connections with family and/or find a permanent home with family.

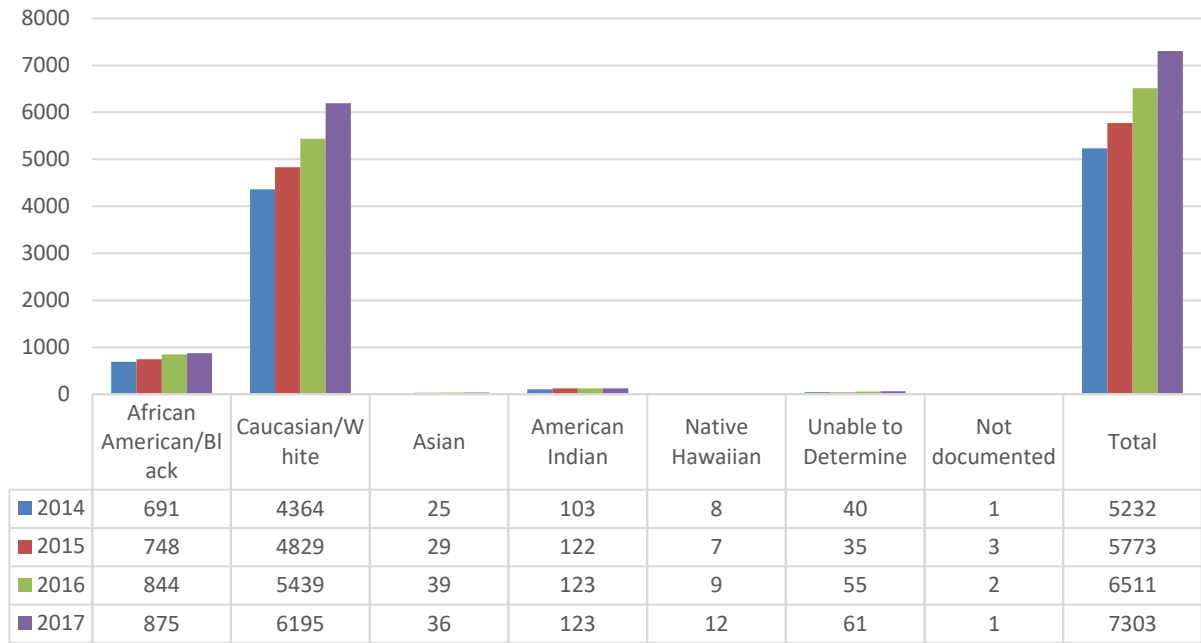
The Geographical Placement Resources System (GPRS) is an electronic tool available through eWISACWIS that can be used to search for a family that may meet a child's needs. GPRS can match children to appropriate homes by analyzing placement characteristics against a child's Child and Adolescent Needs and Strengths (CANS) results. GPRS can also be used as a targeted recruitment tool for workers to assess where they have geographical gaps in their licensed homes. By being able to visually see where an agency's licensed homes are located on an interactive map, workers can identify where they may want to focus their recruitment efforts.

DCF Diligent Recruitment Plan

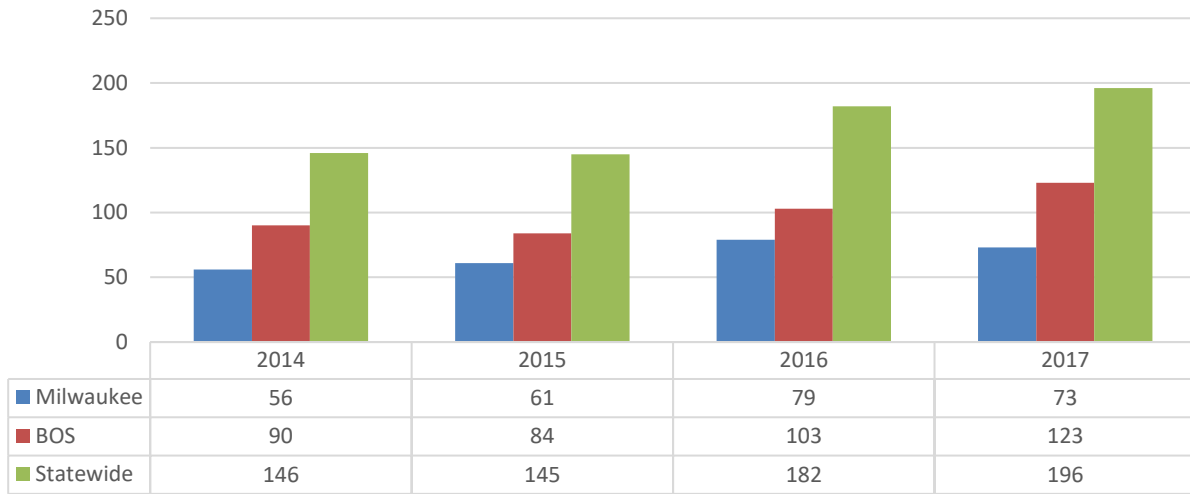
DCF Diligent Recruitment Plan Annual Update for CFSR 2018

As shown in the tables below, Wisconsin has been successful in increasing the number of licensed foster parents each year from 5,232 in 2014 to 7,303 in 2017. In addition, Wisconsin has strengthened the racial and ethnic diversity of its licensed foster parents over this period by increasing the number of African American and Hispanic licensed foster parents.

Figure: Number of Licensed Foster Parents Statewide



Foster Parents with Hispanic Ethnicity



Strategies to Reach the Community

Wisconsin has a process for and is committed to recruiting foster and adoptive parents that reflect the racial, ethnic, and cultural diversity of the children in OHC. Local child welfare agencies, including the state’s Division of Milwaukee Child Protective Services (DMCPS) and SNAP programs, counties, and private child placing agencies are responsible for recruiting families for the children living in OHC. The state has no statewide bans, restrictions or limitations on same sex couples, lesbian, gay, bisexual or transgender (LGBTQ) individuals becoming foster parents. The DCF continues to increase resources to all licensing and placing agencies to support their efforts to recruit foster and adoptive parents who reflect the children in our care.

SPCs work with counties to identify children needing targeted recruitment efforts so that these children can also move to permanence in a more timely fashion. To help facilitate the timely movement of children to permanence, the DCF required all adoption agencies working with the public child welfare system and supported counties, tribes, and private agencies in using the Structure Analysis Family Evaluation (SAFE) foster and adoption family assessment format so that the completion of an adoptive home study is not a barrier to a timely adoption. The DCF supports SAFE trainings each year for new licensors and their supervisors.

Recruitment and Retention

Wisconsin Statewide Recruitment Goals

In collaboration with counties and tribes, the DCF works with public, private, and tribal agencies to develop a pool of waiting families to meet the diverse needs of children in OHC. Specific strategies that are used include the following:

- A consistent, statewide recruitment campaign with materials that can be used by local agencies to build on the recognition gained from the statewide activities. During 2012,

billboards were released to support recruitment of foster homes for Indian children through collaboration with Wisconsin tribes. In 2018, a new general campaign will be released in May and the billboards to support foster homes for Indian children will continue.

- Continuing to improve use of recruitment and retention data to enable agencies to make program improvement decisions based upon current and accurate data concerning family recruitment and retention. The DCF has implemented GPRS to target recruitment and better identify areas in need and where foster children are removed. Being able to visualize on a map where foster children come from and where they are placed will improve the identification of areas in need of recruitment efforts by local agencies. The GPRS will display the race, ethnicity, relationship status, level of care certification, and provider characteristics. GPRS became available to agencies in 2013. In 2015, licensing agencies were required to enter more specific provider characteristics into eWiSACWIS to improve the information available to improve the match between the child and potential foster homes. In 2018, the DCF will implement a release in GPRS which will provide targeted recruitment for agencies to recruit foster parents who will be better suited to care for the specific children who are placed in foster care.
- Promoting SPCs work with counties, tribes, and private agencies to facilitate timely, quality permanence for children. In 2014, the SPCs were trained in Family Finding and Engagement and completed the process for a child in state guardianship or a child identified through Permanency Roundtables. In 2015, the SPC's have been available to public child welfare agencies to request Family Finding and Engagement for children needing a permanent resource and they provide consultation and coaching to workers and supervisors trained in Family Finding and Engagement. To date, 22 county agencies have been trained in FFE with over 300 staff composed of DCF staff, county CPS and JJ staff, supervisors, and managers.
- Collaborating with counties, tribes, and private agencies to develop policies and procedures to increase the identification of relatives as placement resources.
- Providing support and training to counties, tribes, and private agencies to improve community and cultural responsiveness to recruitment and retention activities, including access to services.
- Implementing a dual licensing process (SAFE) to help facilitate quality, timely permanence by having studied and approved foster/adopt families as resources for children in need of permanence. Legislation passed recently that requires the use of a standardized assessment in licensing a home for foster care and approval of adoption.

The Foster Care and Adoption Resource Center (FCARC) produces a variety of recruitment resources for agencies to use at the local level. Resource Center brochures and information are also being used by local agencies to connect with families. In addition, the Resource Center has supported the recruitment and retention of foster and adoptive families through a pre-conference summit before the annual foster care coordinators' conference. In 2014, the focus of the pre-

conference summit was recruitment of foster homes. The DCF is committed to assisting local agencies with targeted and child-specific recruitment. Beginning in 2010 and continuing through the present, the FCARC created new resources for relative caregivers, especially those who become licensed families due to changes in Wisconsin's foster care licensing rules. FCARC created a resource guide to assist workers for working with relative caregivers and the DCF approved the guide for issuance in 2013. In 2016, a training was conducted on the relative caregiver guide.

In 2017, to assist foster home licensing agencies in recruiting qualified foster parents, the DCF implemented a recruitment plan that went into effect on July 1, 2017 and will continue until June 30th, 2018. DCF, in partnership with FCARC, hosted a series of recruitment activities, which sought to increase the capacity within child welfare agencies to recruit. These activities were open to all foster home licensing agencies throughout the state, including county agencies, private child placing agencies, and tribal agencies. A total of 43 agencies voluntarily participated in the activities with the Coalition. Agencies that chose to participate were expected to:

- Conduct an assessment of needs specific to their agency.
- Create a recruitment plan with assistance from FCARC.
- Learn how to use their current licensed foster homes as a recruitment resource.

For all participating agencies, the DCF produced a data summary specific to each agency. For example, county child welfare agencies were provided a breakdown of the demographics for the children currently in care within their county, as well as demographics on the agency's current licensed foster parents. The data was provided as a tool to allow agencies to see how well their foster families were currently meeting the needs of the children in their care and whether there were gaps that needed to be targeted in recruitment efforts.

In addition to the recruitment activities, FCARC trained and coached licensed foster parents to recruit foster homes within the participating communities. Each participating agency identified at least one Foster Parent Champion to be an active member of their recruitment efforts. Foster Parent Champions were gathered for a day-long conference to learn about recruitment strategies and how they could be an asset to their agency's recruitment goals. To acknowledge foster parents for their efforts, the DCF provided licensing agencies reimbursement funds for costs incurred by their licensed foster parents who participate in recruitment activities for their time, travel, child care, and mileage. The DCF will continue to reimburse these costs until at least the end of FY 2018. Agencies submit requests for the reimbursement and the DCF provides the funds to the agency. Once awarded, the agency provides a stipend to reimburse their licensed foster parents.

The DCF is continuing to support child welfare agencies in their recruitment of new licensed foster homes by providing licensed foster parents with a gift card with a value of \$100 for successfully recruiting new licensed foster parents. This is open to any foster parent licensed by a public, private, or tribal licensing agency. Foster parents are the greatest recruiter of new foster parents.

Foster parents who successfully recruit new foster parents throughout the state will receive a gift card with a \$100 value from the Department until at least the end of FY 2018.

The Recruitment Activities are explained in [Memo Series 2017-09j](#).

In addition to the recruitment activities being offered to all counties and private child placing agencies, the DCF has provided additional targeted recruitment assistance to tribal agencies. The tribal recruitment work group provides technical assistance to the tribes and helps to identify barriers and gaps in the licensing process. Tribes were provided in-depth assistance in the identification of child needs within the population they serve and support in developing strategies for reaching families that will best meet those needs. The group has also worked closely with the DCF and FCARC to develop materials for recruitment purposes, such as lawn signs, brochures, and billboards. Furthermore, the DCF and FCARC are working alongside tribal stakeholders to create a video detailing the need for licensed foster parents and preserving culture within the tribal communities of Wisconsin. The launch of the recruitment campaign will take place in early 2018.

Staff at FCARC continue to operate a 1-800 toll-free recruitment line and have enhanced their web site to accept electronic inquiries regarding foster care and adoption. FCARC will continue to meet with local county and tribal agencies to gather information and ideas about how to expand services to meet the needs of local agencies.

The Department continues to maintain and refresh a recruitment campaign to garner interest, counter negative images of foster care, and redefine what it means to be a foster parent in Wisconsin. This public awareness campaign will be refreshed in 2018 in celebration of National Foster Care Month and continues throughout the year. As a result of the media campaign interest in foster care has risen.

The DCF also supports the Wisconsin Foster and Adoptive Parent Association through funding and technical support for a statewide newsletter created by foster parents and the Foster and Adoptive Support and Preservation Program. The support includes foster parents who are trained to respond to concerns by other foster parents specifically around circumstances of allegations of abuse and neglect. The DCF meets quarterly with foster parents from across Wisconsin in the Foster Parent Advisory Committee to gather input on pending policies and legislation and to allow foster parents to bring forward concerns they are hearing from other foster families.

Quality Parenting Initiative

Wisconsin has also been working on the Quality Parenting Initiative (QPI) led by the Division of Milwaukee Child Protective Services in concert with the University of Wisconsin Milwaukee, training partnership.

This initiative seeks to rebrand the image of foster parenting with the goal of recruiting an expanded pool of foster parents. Agencies contracting with the DCF have executed numerous recruitment and retention strategies over a number of years. Some of these strategies have been successful in attracting new families in the short run.

Sending and reinforcing clear and consistent messages to families about the purpose of fostering and what is expected of foster parents has also proven challenging. While this could be expected in most instances of mass communication, the challenge is greater when agency leadership, staff, community partners, and existing foster families have not necessarily clarified their understandings or committed to how these understandings will be translated into action.

The QPI, developed by the Youth Law Center in San Francisco, offers a way to respond deeply and systemically to these challenges. This approach has been used successfully in a number of states and jurisdictions and promises to have a similar effect in Milwaukee. The QPI seeks to change what foster parenting, including kinship care means to a community. Only the community itself can decide exactly what that is. Similarly, each community must identify local barriers to making the “brand” a reality and opportunities for improvement. Most importantly, bringing the community together to discuss parenting and expectations of caregivers is the first step in increasing mutual respect and team building.

A broad group of community stakeholders has crafted a brand statement for foster care in Milwaukee and has identified four key areas of action needed to align system practices with the values articulated in the brand statement. These areas include clarifying legal constraints and requirements around confidentiality, increasing foster parent participation in court, improving the quality of visitation (family interaction) and establishing structures early in a case that encourage birth parent-foster parent relationships. Workgroups have been formed to address each of these areas and have made preliminary recommendations to a steering committee. The steering committee has asked for some revisions and the plans are expected to be finalized in mid-July. The final recommendations will then be presented to the community stakeholder group once again and further actions identified.

A communication team has also been formed to create a comprehensive plan for ongoing communication of the purpose, values, and actions associated with QPI to all key constituencies.

Adoption Training Program

The Public Adoption Program recognizes that there are a number of options for families to receive adoption training and gives credit where possible to limit the number of extra hours of training that a family may need to complete. Consideration is given to any family that has completed training through another program, state, county, or tribe. After reviewing documentation the family provided regarding completed training, a decision is made on what additional training, if any, the family may need to complete. Recent legislation passed in 2016 increased the training requirements for adoptive parents.

The adoption program brought together international and domestic adoption agency staff to discuss issues related to adoption at a statewide conference in May 2017. The conference combined the public adoption program, domestic/international and foster care adoption to address common themes and training topics.

Post Adoption Resource Centers

The DCF contracts with six service providers to operate PARC services in Green Bay, Stevens Point, Milwaukee, Madison, Eau Claire, and La Crosse. PARC services are funded by federal IV-B, Subpart 2 funds and state funding and are available to all adoptive families, including parents of children who are adopted through domestic and international adoption programs. The names of all families who enter into an adoption assistance agreement are shared with the respective PARC, unless the family opts not to have their contact information shared.

The DCF also participates in the Quality Improvement Center for Adoption and Guardianship (QIC-AG) with the Adoption and Guardianship Enhanced Support (AGES) program. This initiative is testing a promising practice designed to help adoptive and guardianship families manage stress and prevent post-permanence discontinuity in 17 identified Wisconsin Counties and three Tribes in the Northeastern Region. It will also determine whether the enhanced response to emerging needs of adoptive and guardianship families is effective in increasing the capacity of adoptive parents and guardians to address the needs of their children and equipping parents and guardians to better manage family stress. More about the program can be found on the [Wisconsin Site Page](#).

Identified outcomes that will be measured for the AGES project, in collaboration with QIC, include:

- Decreased familial stress
- Increased family satisfaction with services
- Increased caregiver confidence.

In our usability testing for the program, the DCF is serving 8 families. Of the current families receiving services 56% are SNAP adoptions, 36% are international/private adoptions, and 9% are private guardianships. Families provided the following types of child-related concerns: mental health conditions, school-related issues, and parent-child relationship issues.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Feedback from stakeholders was supportive of DCF efforts to encourage and support placement of foster and adoptive youth in homes that reflect the child's racial and ethnic background.

Item Summary

DCF data shows that efforts to ensure diversity in the foster and adoptive homes that reflect children in care have been successful. This has been accomplished through the support of state staff and resource centers that provide a range of services to assist families. DCF has a robust public awareness effort that develops new foster parent recruitment campaigns annually and recently began an incentive recruitment plan. The new AGES program will provide additional insight into how to best support adoptive families so that greater stability of adoptions and guardianships is achieved.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

State Policies

The Division of Safety and Permanence (DSP) is responsible for processing requests for the placement of children across state lines under the Interstate Compact of the Placement of Children (ICPC) and Wisconsin law under s. [48.988](#) (the proposed ICPC has been included in s. [48.99](#)). The Wisconsin ICPC Specialists work with other states as well as Wisconsin local agencies to process incoming and outgoing requests.

State Practices

Until recently, Wisconsin had a process of receiving paper ICPC request packets from local agencies through mail and sending incoming requests from other states through mail to Wisconsin local agencies. Since 2013, Wisconsin has continually worked on improving our processes for the timely placement of children across state lines.

Wisconsin was one of the six original states to pilot the National Electronic Interstate Compact Enterprise (NEICE) beginning in November 2013, and continued beyond the pilot with NEICE in 2015. Wisconsin has since used the NEICE Web-based Case Management System with the intent of creating an interface with NEICE to use the NEICE Clearinghouse.

In May 2015, DSP participated in a LEAN Government project pertaining to the ICPC to review all the steps involved in Wisconsin's process, determine what issues could be addressed, and create a plan to address and improve the ICPC process to ensure timely placement of children across state lines. The resulting plan included updating eWiSACWIS functionality, which would eliminate duplicative work and reduce paper, as well as decrease the amount of time that the ICPC Specialists spend on individually educating workers on the ICPC process.

In November 2015, eWiSACWIS was updated to include new imaging categories so that local agencies and the state ICPC Office had the ability to electronically exchange the required documentation for interstate placement requests.

In June 2017, an eWiSACWIS enhancement completely changed Wisconsin's process for requesting placements under the ICPC. The enhancement had two purposes. The first was to improve the process for requesting/receiving placements under the ICPC. The second was to build functionality that is compatible with NEICE so that an interface could be implemented. Under the new process, local agencies are required to submit any outgoing ICPC requests through eWiSACWIS (with the exception of private adoption agencies that do not have access to eWiSACWIS). The local agency is only able to electronically submit the request if all necessary information and required documentation is included. The system now requires information regarding the participants in the request, helps the worker determine the ICPC regulation type, gathers information regarding the proposed placement resource, and requires all documentation specific to the type of request. Requiring this information prior to submitting the request to the Wisconsin ICPC office has helped local agencies understand what they need for a request, and reduced the time ICPC Specialists spend explaining ICPC requirements to workers. The ICPC Specialists use the same functionality to upload incoming ICPC requests into eWiSACWIS for assignment and review by Wisconsin local agencies. The system now allows for all ICPC information to be in one place, which improves communication between the local agencies and the Wisconsin ICPC Specialists.

In order to support local agencies in preparing outgoing ICPC requests and responding to incoming ICPC requests, policy and procedures for ICPC were documented more thoroughly in [Wisconsin's Ongoing Services Standards](#) in June 2017. Online training and other supporting materials are in development and scheduled for release to local agencies in early 2018. These resources will allow local workers to quickly access the information they need about the ICPC to facilitate timely placement of children in and out of Wisconsin.

In March 2018, eWiSACWIS will have additional enhancements to further improve functionality for ICPC. This enhancement was originally planned to include building an interface between eWiSACWIS and the NEICE Clearinghouse. Due to changes in technical requirements for the NEICE Clearinghouse and other barriers, Wisconsin has put plans for an interface with NEICE on hold. Until an interface is implemented, the ICPC Specialists are responsible for entering and retrieving information through the NEICE Case Management System. This has been most effective for Wisconsin, as having local agencies learn the NEICE Case Management System created a barrier in timely requests and documentation. Wisconsin continues to participate in NEICE Project Management Team and Committee Meetings to raise questions, receive information, and share experiences to continue to improve the project.

Prior to the updates to eWiSACWIS, Wisconsin had limited data for both incoming and outgoing ICPC requests. Since the June 2017 eWiSACWIS updates, Wisconsin has been collecting significantly more data about both incoming and outgoing requests. Following the March 2018 eWiSACWIS update, Wisconsin will create reports that reflect accurate and comprehensive ICPC

data. This data will be used to further evaluate the effectiveness and efficiency of our ICPC process in Wisconsin. While we do not yet have robust quantitative reporting, Wisconsin has already seen improvement in the timeliness of processing ICPC requests, and subsequently placement across state lines.

Strengths and Challenges Identified by DCF Stakeholders and Partners

Strengths:

- Wisconsin's leadership role in the NEICE process.
- Efforts to reduce paperwork were noted as a significant improvement.
- DCF efforts to implement a systematic data and record keeping system will improve functioning at the state level.

Challenges:

- A challenge of significant paperwork involved in the adoption process that was identified is currently being addressed by DCF through modernizing the system and ensuring that most processes are on-line and easier to navigate.

Item Summary

Wisconsin has standards established in statute and effective practices for assuring that cross-jurisdictional resources are used to facilitate timely adoptive or permanent placements for children. DCF has been a leader in the NIECE system. These efforts will lead to improved timeliness when working on placements across state lines. Upgrades to the technology system for the adoption program will also lead to improved efficiency that results in improved services for families involved in adoptive placement processes.

Appendix 1
Wisconsin Out-of-Home Care Committee
Membership List

**OUT-OF-HOME CARE AND ADOPTION COMMITTEE
Committee List**

	NAME	AGENCY	SIGNATURE
1.	Agenten, Kristin	Children’s Hospital of Wisconsin Community Services (CHWCS)	
2.	ALRIGHT, Joan	Community Care Resources	
3.	ALTIZER, Eve	Waukesha County	
4.	ANDRADE, Maria	SaintA	
5.	BAHR, Kim	LSS	
6.	BALTZ, Megan	WCWPDS	
7.	BARLOW, Lila	La Crosse County	
8.	BAUER, Grace	Wood County	
9.	BEHLING, Toni	Racine County	
10.	BERNDT, Dave	DCF	
11.	BOOE, Monica	DCF	
12.	BREY, Danielle	DCF	
13.	BROM, Jonelle	DCF	
14.	BROOKS, Kari	Community Care Resources	
15.	BUCHHOLZ, Lois	DCF	
16.	BUDZINSKI, Allison	DCF	
17.	BUEHL, Michelle	DOC	
18.	BUNDRAGE, Jenny	DCF	
19.	BURNS, Terry	Community Care Resources	
20.	CALVINO, Eric	Waukesha County	
21.	CAREY, Oriana	Coalition - FCARC	
22.	CHYBOWSKI, Bridget	DCF	
23.	COCKER, Teresa	Norris	
24.	COLLINS, Deanna	Potawatomi Tribe	
25.	CONN, Audrey	UW-Madison	
26.	CONNELL, Becky	SaintA	
27.	CORN, Carol	Menominee Tribal SW	
28.	CORNELIUS, Tania	DCF	
29.	COTTON, Pam	LSS	
30.	CURTIS, Amanda	DCF	
31.	DURKIN, Therese	DCF	
32.	ECKSTEIN, Maureen	LSS	
33.	FRANKE, Denise	DCF	
34.	GOBA, Laura	CHWCS	
35.	GRUBER, Janine	CHWCS	
36.	GUERTIN, Christie	CHWCS	
37.	HALMAR, Lynn	DCF	
38.	HARTMANN, Lorraine	DMCPS	
39.	HEGEWALD, Chrissy	DCF	
40.	HENDERSON, Wendy	DCF	

Section IV: Assessment of Systemic Factors

41.	HERMES, Ron	DCF	
42.	HILL, Kelsey	DCF	
43.	HOFFMEISTER, Michael	DCF	
44.	HRIBAL, Chris	Kenosha County	
45.	JENSEN, Michelle	Child Abuse and Neglect Prevention Board	
46.	KAROW, Rachel	Family Works	
47.	KNOTT, Laura	Walworth County	
48.	KREEGER, Amber	WFAPA	
49.	KRUSE, Merriel	DCF	
50.	LANDERMAN, Liz	DCF	
51.	LAWTON, Sarah	Dane County	
52.	MACRITCHIE, Bonnie	DCF	
53.	MARKLAND, Kathy	WAFCA	
54.	MEIER, Heidi	LSS	
55.	MEREDITH, Tiffany	The Coalition	
56.	MIESS, Erin	DCF	
57.	MOLLBERG, Sandy	CHWCS	
58.	MORSE, Mary	DCF	
59.	NISBET, Chelsey	Waukesha County	
60.	NULL-NAVIS, Wendy	LSS	
61.	PETER, Malorie	CHWCS	
62.	RADUE, Kathy	Brown County	
63.	RAWLINGS, Michelle	DCF	
64.	ROBERTS, Lisa	Waukesha County	
65.	RUDER, Nicole	Family Works	
66.	SALAVA, Cheri	Rock County	
67.	SCHICKOWSKI, Katie	Jefferson County	
68.	SCHLEY, Cindy	Manitowoc County	
69.	SEPNIESKI, Katie	DCF	
70.	SHELTON-MORRIS, Yolanda	DCF	
71.	SMITH, Vicki	Waukesha County	
72.	STAFFORD, Diana	LSS	
73.	TELFER, Holly	DCF	
74.	TOFTE, Emily	DCF	
75.	TREGLOWNE, Tara	LSS	
76.	VAN HOORN, Maria	DMCPS	
77.	WESTFAHL, Kim	LSS	
78.	WIERSMA, Jim	Dodge County	
79.	WILLS, MaryKay	Dane County	
80.	WOOD, Lindsay	DCF	
81.	YOUNG, Jillian	DCF	
82.	ZACCARD, Michelle	State Courts	
83.	ZELLMER, Phillip	DCF	
84.	ZIDEK, Julie	LSS - SNAP	